IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 8, Issue 1 (May.- Jun. 2013), PP 55-60
www.iosrjournals.org

Vavigram

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ABSTRACT : *In this publication we will present the main outcomes of medical trials of the new Biologically Active Food Supplement (BAFS) called Vavigram.*
Keywords – *biologically active food supplement, trials, Vavigram*

Submitted date 11 June 2013 **Accepted Date: 17 June 2013**

I. Introduction

Known as Vavigram in the West and as Choratan in its native Armenia, this food supplement has been created by Dr Alexander Selimian from milk, using microbiological innovative processes and innovative technology at the beginning of the 21st century.

The prototype for this BAFS should also be mentioned to the readers. It is called Narineh and it has been used for the past 50 years. Narineh was recommended by the World Health Organisation to be used to save the lives of newborn babies. It is still widely sold and commonly praised for the positive impact on the digestive system of humans.

Why is it beneficial for babies and people in general? With the constantly increased usage of the antibiotics in our times, there is a significant rise in the number of babies being born without enough good bacteria to digest food. Thus the mortality rate is at its increase, as the babies do not survive when they are deprived of food and basically can starve to death. When Narineh is recommended and used, the babies regain the ability to digest their food properly and hence their chance of survival is greater.

The new BAFS Vavigram is much more powerful than its predecessor.
Since its creation we have collected a vast amount of evidence of the positive power of this new BAFS.
Below we describe the outcomes of the medical trials that were conducted by the medical clinic specialists to uncover the results of the usage of Vavigram on patients with different health disorders.

It is necessary to stress that the trials were organised by the Armenian National Institute of Healthcare, financed by the Science and Technology Committee of Armenia. The authors wish to extend their sincere gratitude for the effort put by the professionals of above-mentioned institutions towards the success of the trials.

II. The Content and the Power of Vavigram

We are not going to be presenting arguments for the positive impact that BAFS in general can have upon the health of human beings. It is a widely publicised issue and even the existence of unprofessional producers of them cannot undermine the importance of BAFS in our lives.

The facts that are described in this article are not new. There is a vast bibliography dedicated to the usage of BAFS. From these sources one is able to conclude that all the results described in this article are true and reliable.

The authors believe that this is the first thorough medical trial that has been conducted and would welcome suggestions from all readers and particularly those from a medical background.
Before the description of the actual trials and their results, we would like to present here significant information on the chemical content of BAFS Vavigram.

The following TABLE 1 contains the outcomes of chemical and microbiological tests of Vavigram.

Table 1. Chemical Contents of Vavigram

Protein content %	2.96
Amino acids mg/100g	
1. Asparagine	320.0
2. Glutamine	995.0
3. Threonine	205.0
4. Glycine	94.8
5. Arginine	163.0
6. Valine	318.4
7. Methionine	127.6
8. Leucine	294.3
9. Isoleucine	185.0
10. Phenylalanine	165.0
11. Cysteine	23.0
12. Lysine	252.0
13. Histidine	97.0
14. Tyrosine	175.0
15. Tryptophan	66.8
16. TOTAL OF IRREPLACEABLE AMINO ACIDS	1614.1
Microbiological content	
Lactobacilli per 100g	2.5x10^7

We also were keen to test the antibacterial properties of Vavigram. We tested two samples- dried and liquid. The bacteria were chosen and the antibacterial properties of Vavigram were tested using two commonly known methods- agar diffusion method and double series dissolving method. As substrates the meat peptone stock (pH 7.2-7.4) and dried nutritious agar were used.

The microbial load was 2x10^6 in 1 mL of substrate and tests were conducted three times and then averaged.

The following strains of gram-positive bacteria were chosen: staphylococcus aureus - 209p, 91, 34, 118 and gram-negative bacteria: S. Typhi 31120-90, Proteus vulgaris, Sh. Dysentery Flexneri 6858, and E. Typhi 79. The results are presented in TABLES 2 and 3.

Table 2.

Strains	**The diameters of zones free of bacteria in mm**							
	Staphylococcus aureus				S. Typhi 31120-90	Proteus vulgaris	Sh. Dysentery Flexneri 6858	E. Typhi 79
Vavigram	200p	91	34	118				
Dried	16	17	13	15	18	15	16	17
Liquid	17	18	13	15	18	15	16	17

Table 3.
(- no growth, ++++ very intensive growth)

Vavigram	**Concentration**	**Strains**							
		Staphylococcus aureus				S. Typhi 31120-90	Proteus vulgaris	Sh. Dysentery Flexneri 6858	E. Typhi 79
		200p	91	34	118				
Dried	pure	-	-	-	-	-	-	-	-
	1:2	-	-	-	-	-	-	-	-
	1:4	-	-	-	-	-	-	-	-
	1:8	-	-	-	-	-	-	-	-
	1:16	+	+	+	+	+	+	++++	-
Liquid	pure	-	-	-	-	-	-	-	-
	1:2	-	-	-	-	-	-	-	-
	1:4	-	-	-	-	-	-	-	-
	1:8	++++	-	-+ -+	++	-	++	++++	----
	1:16	++++	++	++++	++++	++++	++++	++++	-+ -+

As the above TABLES 2 and 3 show, Vavigram has definite antibacterial properties upon all the tested strains of bacteria.

III. Medical Trials

Overall, the tests were conducted on 141 patients who were chosen according to common medical practices necessary to conduct the trials.

During the trials the doctors involved made several discoveries, which will be published separately upon completion of further scientific research.

Four groups of patients were formed.

First group consisted of 44 sufferers of digestive disorders (DD group).
Second group consisted of 34 patients with allergic disorders (AD group).
Third group consisted of 32 patients with second type diabetic disorder (DD2 group).
And the fourth group consisted of 31 patients with no specific pathological problems of the previous three groups but still with some complaints of the discomfort in their digestion and stomach (CG group).
This group served as a controlled group.

IV. The Aim Of The Trials

The program had one aim - to uncover and investigate the impact of the usage of BAFS Vavigram on the improvement of the bacteriological climate in the guts (digestive system) of the patients with different types of disorders and the necessity of the usage of Vavigram in the processes of rehabilitation of such patients.

V. The Procedure of the Trials

All patients were prescribed to take Vavigram 2-3 times a day for the duration of two months. The actual dosage depended upon the age and the gender of the patients.

Before the start of the program every patient had undergone a series of tests, recommended for their particular disorders including the bacteriological test of their guts (faeces).

The dosage of Vavigram for each patient was determined also according to the results of these tests.
In TABLE 4 below, the levels of Dysbiosis are described.

Table 4. Levels of Dysbiosis

Levels	**Descriptions**
1-2	Low number of only lacto/bifido bacteria/guts' tsupick or an increased number of Escherichia coli of an unusual type
3	Low number of lacto/bifido bacteria/guts' tsupick and the growth of the conditional pathogenic microflora.
4	The normal conditional pathogenic microfloral disturbances and the presence of the pathogenic microflora.

VI. Dosages

Here is a description of dosages:

For patients of all four groups over the age of 12 and with 3-4 level of Dysbiosis, 6gr. of Vavigram was prescribed three times a day during or immediately after the meal.

For patients of the first, second and third groups, over the age of 12, with 1-2 level of Dysbiosis, 6 gr. of Vavigram was prescribed twice a day.

For patients of all four groups under the age of 12 with 3-4 level of Dysbiosis 6 gr. of Vavigram was prescribed twice a day.

For the fourth group (CG) under the age of 12 and with 1-2 level of Dysbiosis 3 gr. of Vavigram was prescribed three times a day.

TABLE 5 below describes the number of patients from each group:

Table 5.

Levels of Dysbiosis	**Groups**									
	DD (no.=44)		AD (no.=34)		DD2 (no.=32)		CG (no.=31)		Total (no.=141)	
	No.	%	No.	%	No.	%	No.	%	No.	%
1-2	6	13.6	11	32.4	10	31.25	11	35.5	38	27.0
3	15	34.1	13	38.2	6	18.75	13	41.9	47	33.3
4	23	52.3	10	29.4	16	50.0	7	22.6	56	39.7

As seen from the table above, the fourth level is at 52.3% and 50.0% for the patients in groups DD and DD2 respectively.

During the trials the patients were examined regularly after the first, second, fourth and eighth weeks. During the trials 5 patients expressed some discomfort in the form of heartburn and another 16 patients changed their minds and left the trial.

Thus the final number of patients in all four groups were as follows:
Group DD- 36, group AD- 29, group DD2- 27, and group CG- 28, a total of 120 patients.

VII. The Outcomes

TABLE 6 below has essential data describing the outcomes of the trials of Vavigram.
It is obvious from the data collected that the guts' microflora has improved in general. The tests have shown that in the data collected before and after Vavigram is taken there are several significant changes. Thus the level of the imbalance of the lacto bacteria (with the confidence of $p<0.05$) has been improved in every group except the DD group. Also the level of the imbalance of the bifido bacteria has been improved in the groups DD and CG (again with the confidence of $p<0.005$).

The level of the imbalance of the conditionally pathogenic and pathogenic bacteria has been significantly improved in all groups.

Table 6.

Different types of microfloral imbalances		**Groups**									
		DD (no.=36)		AD (no.=29)		DD2 (no.=27)		CG (no.=28)		Total (no.=120)	
		before	after	before	after	before	after	before	after	before	after
Lowered level of Lacto bacteria	No.	25	26	28	21	23	10	25	16	101	73
	%± m	69.4 ±7.7	72.2±7.5	96.6 ±3.6	72.4±8.5	85.2 ±7.0	37.0±9.5	89.3 ±6.0	57.1±9.5	84.2 ±3.3	60.8± 4.5
Lowered level of Bifido bacteria	No.	35	19	19	12	22	18	19	11	95	60
	%± m	97.2 ±2.8	52.8 ±8.3	65.5 ±9.0	41.4 ±9.3	81.5 ±7.6	66.7 ±9.2	67.9 ±9.0	39.3 ±9.4	79.2 ±3.7	50.0 ±4.6
Lowered level of E-coli	No.	24	18	18	16	15	16	12	11	69	61
	%± m	66.7 ±7.9	50.0 ±8.3	62.1 ±9.2	55.2 ±9.4	55.6 ±9.7	59.3 ±9.6	42.9 ±9.5	39.3 ±9.4	57.5 ±4.5	50.8 ±4.6
Increase in weak fermentative E-coli	No.	2	1	7	-	1	-	5	1	17	2
	%± m	5.6 ±3.8	2.8 ±2.8	24.1 ±8.1	-	3.7 ±3.7	-	17.9 ±7.4	3.6 ±3.6	14.2 ±3.2	1.7 ±1.2
Increase in hemoliz and lactose negative E-coli	No.	2	-	4	-	1	2	1	-	6	2
	%± m	5.6 ±3.8	-	13.8 ±6.5	-	3.7 ±3.7	7.4 ±5.1	3.6 ±3.6	-	5.0 ±2.0	1.7 ±1.2
Increase in clostridia	No.	13	8	9	4	8	6	7	2	37	20
	%± m	36.1 ±8.0	22.2 ±6.9	31.0 ±8.7	13.8 ±6.5	29.6 ±9.0	22.2 ±8.2	25.0 ±8.3	7.1 ±4.9	30.8 ±4.2	16.7 ±3.4
Increase in candida fungi	No.	6	1	5	1	10	4	1	-	22	6
	%± m	16.7 ±6.2	2.8 ±2.8	17.2 ±7.1	3.5 ±3.5	37.0 ±9.5	14.8 ±7.0	3.6 ±3.6	-	18.3 ±3.5	5.0 ±2.0
Other pathogenic numbers increase	No.	6	1	2	-	1	-	-	-	9	1
	%± m	16.7 ±6.2	2.8 ±2.8	6.9 ±4.8	-	3.7 ±3.7	-	-	-	7.5 ±2.4	0.8 ±0.8

The following TABLE 7 describes the distribution of the patients with the improvements in microflora after 8 weeks of trials with Vavigram

Table 7.

Different misbalances of microflora improved	**Groups**														
	DD (no.=36)			AD (no.=29)			DD2 (no.=27)			CG (no.=28)			Total (no.=120)		
	misbalance	improved	%	misbalance	improved	%	misbalance	improved	%	misbalance	improved	%	misbalance	improved	%
Improved number of lacto bacteria	25	9	36.0	28	22	78.6	23	17	73.9	25	21	84.0	101	69	68.3
Improved number of bifido bacteria	35	19	54.3	19	16	84.2	22	10	45.5	19	15	79.0	95	60	63.2
E-coli improvement	24	18	75.0	18	8	44.4	15	12	80.0	12	8	66.7	69	46	66.7
Decrease E-coli with weak fermentative activity	2	2	100.0	7	7	100.0	1	1	100.0	5	5	100.0	17	17	100.0
Decrease in hemoliz and lactose negative E-coli	3	3	100.0	4	4	100.0	1	1	100.0	1	1	100.0	6	6	100.0
Decrease in clostridia	13	10	76.9	9	7	77.8	8	3	37.5	7	6	85.7	37	26	70.3
Decrease in candida fungi	6	6	100.0	5	5	100.0	10	7	70.0	1	1	100.0	22	19	86.4
Other pathogenic bacteria numbers decrease	6	6	100.0	2	2	100.0	1	1	100.0	-	-	-	9	9	

TABLE 7 shows that as a result of taking Vavigram significant improvement occurred to the level of the conditionally pathogenic and pathogenic bacteria (70.3% -100%).
Also there is an increase (63.2%-68.3%) in the level of normal microfloral data (lacto/ bifido bacteria and guts' tsupick).

During the eight-week trials of Vavigram, the patients were observed by doctors and their conditions were carefully documented and subjective improvements particularly in the following areas were noted: general well being, digestive improvements, reduction in discomfort in stomach and guts, less constipation etc.

The results are summarised in the following TABLE 8.

Table 8.

The distribution of patients receiving Vavigram during the trials and subjective improvements in their conditions					
	Groups				
Changes in conditions	DD no.=44	AD no.=34	DD2 no.=32	CG no.=31	Total no.=141
Significant improvement	13.60%	20.60%	6.30%	16.10%	14.20%
Improvement	54.60%	61.80%	65.60%	71%	63.10%
No improvement	20.50%	14.70%	26.70%	12.90%	18%
Worsening	11.40%	2.90%	3.30%	0%	5%

The same results are represented in Fig. 1 for visual clarity:

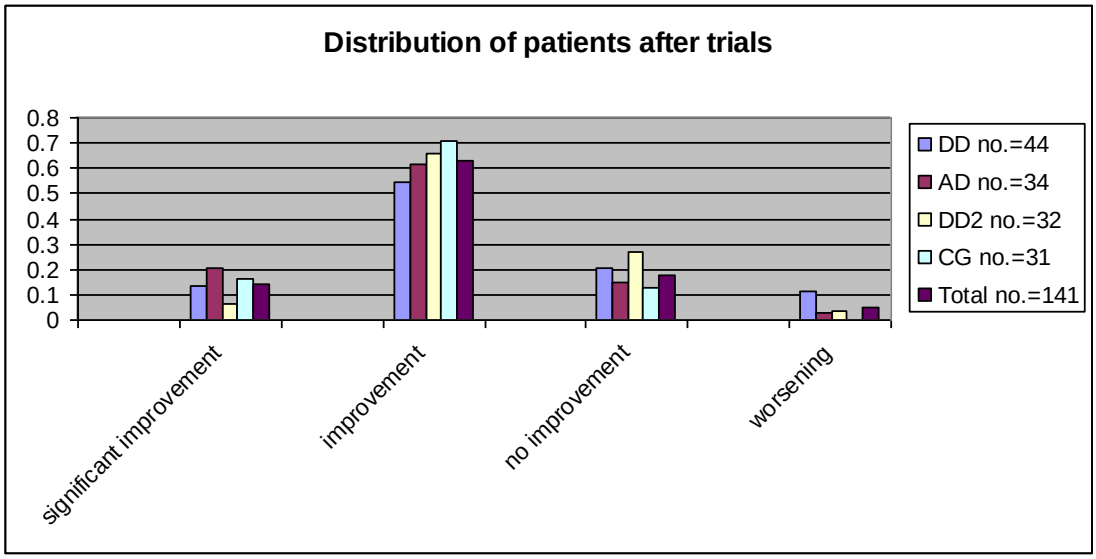

Figure 1.

As can be seen from Fig. 1, 77.3% of patients taking Vavigram noticed improvements in their conditions, 18% did not notice any changes and only 5% of patients developed heartburn condition as a result of increased acidity in the stomach. In those cases it is recommended to lower the dosage of Vavigram to avoid such a complication.

It is interesting to notice that more improvement was evident in groups CG and AD (87.1% and 82.4%), whereas in groups DD and DD2 the improvements were less impressive (71.9% and 68.2%).

VIII. Conclusion

The research described in this article has underlined the following main points:

1. Vavigram is a very valuable food supplement to be used to improve the digestive system of humans.
2. The contents of Vavigram show that it has many irreplaceable amino acids, which in itself are important and which also allow the use of Vavigram in many programs such as weight management or heavy sport regimes for athletes and dancers, to mention a few.
3. The ability of Vavigram to kill several nasty bacteria is another invaluable property of this BAFS. Authors would recommend further studies in this direction, which could lead to further far-reaching consequences.
4. Medical trials of Vavigram have revealed many wonderful properties of it, which definitely need to be researched further.

The authors would like to thank everyone who has contributed to the success of the trials and tests of Vavigram.

It is also advisable to refer the readers to the numerous testimonials, received from people who have used Vavigram in the last five years, available on website: www.armacarevavigram.co.uk