Previous clinical trials designed to stop Parkinson’s Disease (PD) progression have failed to demonstrate significant clinical stabilization. We designed an oral treatment to stop the disease’s progression (Cervô), which controls the most important known mechanism of disease’s progression: aberrant apoptosis, oxidative damage, mitochondrial degeneration, caspases activation and Mitogen-Activated Protein-Kinases activation. We previously had demonstrated that it is safe to use Cervô in humans.

**Material and methods:** Cohort-phase II/III trial. Primary end point: clinical outcome. We achieved the best medical status of every patient and recorded their basal UPDRS score. Then, we did not raise or added any other medication during the trial, but Cervô at a dose of 1 every 12 hours. We evaluated all patients with clinical examination and UPDRS scoring every 3 months during the follow-up period.

**Results:** We included 24 patients with PD. Age= 42 to 90 years, mean 69.29 years, 12 female (50%), 12 male (50%). Mean follow-up period= 15.25 months (+/- 7.45 SD). Basal UPDRS= 1-12, mean = 4.

**Clinical evaluations:** There was no increase in the UPDRS score in any patient (100%) and 23 patients (95.83%) improved their UPDRS score. The mean UPDRS score at 12 months diminished from 4 to 3.

**Conclusions:** There was no disease progression in the follow-up period versus an expected progression rate index of 7.8 at 42 weeks. Cervô is a very promising treatment that in this trial, showed an evident control over PD’s progression. We need to evaluate its effect in a larger, multicenter, randomized and double-blinded trial.