

**Hope for
the
hopeless:
how a
unique form
of immune
therapy has
saved
hundreds of
end stage
cancer
patients**

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Medical progress depends in no small measure on creative, even unconventional thinking and gutsy experimentation. Here's how a little-known group of doctors, scientists and others used a unique experimental method to rescue scores of end stage cancer patients from certain death.

**Donor
immune cells
& HLA
mismatched
cord blood
stem cells &
more**

One of the most successful treatment programs for advanced cancer doesn't advertise on TV or much of anywhere else and has its news releases and articles routinely eclipsed on the Internet by media coverage of work being done at well-known university and research hospital cancer treatment centers. And yet of the many patients it has treated with end stage cancer of the breast, lung, prostate, liver, and other organs, over half have been cancer free for over five years.

This experimental program, launched in March 2011 by [Nova Cells Institute of Mexico \(NCIM\)](#), requires patients to spend ten to fourteen days in hospital where they are given precisely timed daily doses of immune cells called granulocytes by intravenous drip. The immune cells are donated by very healthy, disease free young university, medical and nursing school students who have little or no family history of cancer.

The Nova Cells approach is largely based on the separate work of two Americans: A laboratory researcher and a biomedical theorist.

In 1999 the lab man, a Wake Forest University researcher named Zheng Cui, MD, carried out some truly amazing experiments in which he injected mice with an ultra-aggressive form of cancer that was expected to kill all the treated animals. However, one mouse didn't contract cancer. Curious as to why, Dr. Cui discovered that the cancer resistant mouse had white blood cells (called granulocytes) that were quick to attack and destroy cancer cells. More work followed which led Dr. Cui to propose that a small percentage of people harbor granulocytes that make them resist developing cancer, and that these cancer-resistant granulocytes could be identified and then harvested from donors and given to cancer patients.

With Dr. Cui's pioneering work in mind, oncologists and others working with Nova Cells Institute asked a medical theorist or "ideas man", [Dr. Anthony G. Payne](#) (Photo right), to work with them and other NCIM

affiliated Mexican MDs and scientists to develop an experimental treatment approach involving the use, in



part, of granulocytes collected from healthy young people which have been pooled or mixed together. What emerged was a treatment program in which donor granulocytes were activated in the lab and then administered in precise doses according to a carefully worked out schedule, followed at specific intervals by the intravenous (i.v.) infusion of HLA (immune) mismatched human umbilical cord blood derived stem cells. Payne included immune mismatched umbilical cord stem cells in the treatment program based on the fact he had documented notable shrinkage in prostate and other forms of cancer treated with them in Mexico dating back to 2003.

Like a carefully planned armed assault on an entrenched enemy, the granulocytes were expected to directly attack tumors while the cord blood stem cells would be attracted by specific chemical compounds the tumors secrete, embed in them and then attract granulocytes and other immune cells that would eradicate tumor cells.

The medical and scientific teams realized from day one that the use of donor immune and cord blood stem cells could cause an adverse reaction such as rejection. However, according to their published studies indicated a less than 1% chance that donor granulocytes would cause a serious or fatal rejection event, while others indicated that rejection reactions to donor umbilical cord blood stem cells were mild to nil. But even so, the Nova Cells team agreed that their approach should only be used on end stage cancer patients who had exhausted all mainstream treatment options and were essentially told to go home and get their affairs in order.

The first end stage cancer patient to qualify for Nova Cell's new immunotherapy program was a 71-year-old self-employed

accountant from the Pacific Northwest who was in the last throes of end-stage prostate cancer that had spread into his liver and bones. He was, in fact, so bad off that when he presented himself to NCIM doctors they thought he might not live more than a handful of days, at best. But, like so many people struggling with cancer, this gentleman refused to abandon hope until, as he put it, "I take my last breath".

After checking in to the hospital, Nova Cell Institute contracted MDs set about stabilizing their patient to help insure he could handle the biological blitzkrieg (lightning war) that NCIM's experimental tumor-killing method might unleash in his body. This process took three days.

Once he was physically stabilized, he began getting the donor granulocytes and umbilical cord blood stem cells. Although he did have a mild immune reaction (rash), it was easily controlled using an i.v. antihistamine. This is how NCIM's own patient care coordinator, Grace Odgers, Ph.D. (cand.), summed up what transpired:

"Within three days his face was pinkish and his hands were getting pink. He was eating so well that the staff could not believe it. After the 7th granulocyte treatment he was walking a half mile around the hospital and feeling great. He was feeling so good in fact that he decided to return to his home state of Washington to finish up a million-dollar real estate deal. NCIM doctors and staff protested, wanting him to finish the entire course of therapy first, but he was adamant about getting home. He did, however, promise to return and complete his care once his real estate deal was wrapped up. This he did and by October his US oncologist reported that his PSA was 1.1, his prostate had shrunk to that of a normal 20-year-old, and he could find no cancer at all

on any scans. Also, his Alkaline Phosphatase level, which was about 2,000 during his treatment, had dropped to something around 89."

The patient remains in full remission to this day, almost seven years later.

Following this exciting clinical success, other people with end-stage cancer including prostate, breast, lung, and liver were treated using the same method, most being from the US and the EU. According to statistics supplied by NCIM, more than half achieved total remission and have remained

so for many years with few exceptions, while around forty percent experienced tumor shrinkage (partial remission) or oncostasis (No more progression) which endured across time with very few exceptions. Less than 10% failed to respond to the treatment or had an initial good response and then relapsed and progressed.

In addition, other novel cancer-fighting measures were tested both alone and in combination with the donor granulocytes & cord blood stem cells (Gr-UCSC). Those that brought about tumor shrinkage or destruction, as well as those that bolstered the anti-cancer impact of the Gr-UCSCs, were added to the program's anticancer arsenal.

Among these are two chemical compounds that throw a chemical monkey wrench into the tiny power-generating factories (mitochondria) in tumor cells but do not adversely affect the mitochondria in normal cells, as well as a unique injectable protein which amplifies the cancer-fighting activity of a patient's own immune cells (macrophages).

NCIM has not chosen to publish papers or professional monographs on its work as this, according to Grace Odgers, would

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entail disclosing details that would likely be grabbed up and implemented by doctors and clinics that currently dominate the world of private cancer treatment.

Adds Grace, "Nova Cells was founded by a group of professionals who were fed up with the shenanigans and unbridled greed they ran into with respect to many private doctors and clinics treating cancer who offer various kinds of stem cell treatments.

"Of course, by not publishing our trade secrets we insure that we alone control our therapeutic creations.

"But as you might expect, various private clinics began to pick up on NCIM's success with cancer and began advertising that they do donor granulocyte treatments. However, these copycat treatments all reflect a profound lack of understanding concerning dosing and timing for this kind of therapy. And most, sad to say, toss in ineffective treatment measures including things that bombed out in controlled studies. And, as if to add insult to injury, these clinics often charge three times or more what Nova Cells does to treat cancer."

Nova Cells Institute website:
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NCIM email: NCInfodesk@gmail.com

NCIM phone # (US desk): +1-562-916-3410

NCIM online health questionnaire (for those who wish a free, no obligation case evaluation:

<https://docs.google.com/forms/d/1APvo1bA37qWZNXuznpBUZC8QOomqt5BdTw7zw5oZI0HE/edit>

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NCIM director of laboratory services, Dr. Abel Pena



NCIM internal medicine & traumatology physician

An advertisement for Nova Cells Institute's Extraordinary Healing Program. The ad features a blue background with a white cross and a stylized figure holding a cross. The text reads: "Heroic Medicine", "Nova Cells Institute's Extraordinary Healing Program", "We are revolutionizing medicine one turnaround at a time", "Nova Cells Institute", "562-916-3410", and "www.novacellsinstitute.com".

NCIM's free e-book <https://goo.gl/f3V5Xh>