Donor Granulocyte-based Treatment Saving End-Stage Cancer Patients

During 1999 Wake Forest University researcher Zheng Cui, MD, PhD injected mice with an ultra aggressive form of cancer that should have killed all the treated animals. One didn’t contract cancer. Curious as to why, Dr. Cui went about determining what was protecting the resistant mouse and found that the little bugger has white blood cells (granulocytes) that are quick to attack and dispatch cancer cells. More work followed that led Dr. Cui to propose that between 10-15% of people harbor granulocytes that make them resist developing cancer. He also proposed that these cancer-resistant granulocytes could be harvested from donors and given to cancer patients1,2. This idea gathered momentum resulting in a clinical study proposal that was approved by the FDA. However, the Wake Forest study ultimately was withdrawn3. More recently the South Florida Bone Marrow/Stem Cell Transplant Institute has received FDA approval to conduct a similar study but is “enrolling participants by invitation only”4.

In early 2011 Nova Cells Institute of Mexico (NCIM) engaged biomedical theorist A. G. Payne to come up with a suitable experimental cancer treatment program design. Payne, who has been publishing papers5,6 on novel theoretical approaches to eradicating cancer since the early 1990s, approached this project with Dr. Cui’s pioneering work in mind. What he came up with was a protocol that combined the use of donor granulocytes from healthy young people with HLA mismatched umbilical cord stem cells from healthy newborns. Payne based his inclusion of mismatched cord blood stem cells on the fact he had tracked ten (10) metastatic prostate cancer patients who had been treated with mismatched cord blood stem cells by physicians in Mexico from 2003-7 with resulting significant tumor shrinkage and an almost total cessation of pain in virtually all of them. In addition, Dr. Payne crafted an oral supplement regimen rich in compounds shown to enhance the oncolytic (cancer killing) activity of granulocytes in various published (Medline) studies, which was to be used by granulocyte donors for at least one month prior to the harvesting and infusion of their granulocytes in NCIM cancer patients.

In addition to the protocols for treating cancer with donor granulocytes & umbilical cord stem cells, Dr. Payne provided NCIM’s scientific and medical teams with a prostate cancer-specific diet and supplement program designed to support the body’s own cancer-killing mechanisms. He also included key components of a cancer fighting method he originally developed in 1990 and has refined ever since that gets low oxygen regions of solid tumors to produce prodigious amounts of lactic acid while simultaneously blocking its excretion. This process encourages these tumor areas to become very acidic resulting in die off. Dubbed “The Metabolic Oncolytic Regimen”7 by Payne, it is a method that has produced reports of many cases of partial and total remission in people with a wide variety of solid tumor conditions from 1990 to present.

Once NCIM doctors were satisfied the experimental program created by Dr. Payne was sound and sufficiently safe based on a body of published studies, e.g., animal in the case of donor granulocytes and various laboratory and clinical studies with respect to various components of Payne’s granulocyte activation supplement regimen and Metabolic Oncolytic Regimen, it was decided to enroll advanced, end stage cancer patients who had little to no chance of being helped by conventional cancer treatments into NCIM’s experimental donor granulocyte & dietary/supplement cancer program.
The first patient, a prostate cancer sufferer with metastases to his hip bones and spine was treated with mismatched donor granulocytes & umbilical cord stem cells over a 2 week period in February 2011 and then put on Dr. Payne’s special diet & supplement program. His response was very swift. This gentleman, a US businessman from the Pacific Northwest, was wasting away due to cancer-spawned cachexia, had little energy and was as white as a sheet of paper had his color, appetite and energy return in short order. By October 2011 the patient’s US oncologist declared his cancer in full remission. Tests and scans revealed that his PSA had gone from a figure over 1000 to less than 1. And his prostate — once enlarged to an almost unbelievable size — was found to be smaller than normal. He was still in total remission as of May 2012.

The results seen in the first cancer patient were replicated in others. Among them:

A gentlemen with advanced disseminated prostate cancer with metastases to the bone who arrived at NCIM’s treatment facility in Mexico (from Eastern Europe) in July 2011, slumped over in a wheelchair and close to death. After only 2 treatments his color returned to normal and strength returned to his arms. By the time he completed his full course of treatment he was walking about and eating voraciously. He returned to his home and as of May 2012 is alive and in partial remission (The cancer retreated and is no longer growing or spreading according to his oncologist). His MDs discontinued all pain-killing medications including morphine as the patient is free of all pain.

And in February of this year (2012) a Mexican national, age 58, with advanced prostate cancer that had spread to his liver and bones (femur and others) was treated using the core NCIM treatment approach. He had had no prior conventional cancer care such as chemotherapy or radiotherapy. At the time of his initial infusion of donor granulocytes his PSA level was almost 1000 and he was very thin, pale, was jaundiced, and could not sit on a sofa comfortable due to the massive size of his tumor-laden prostate gland. Since his series of donor granulocyte treatments his PSA has plummeted to 47, his jaundice is gone, and the tumors throughout his body are shrinking very rapidly.

Additional patients with advanced, terminal cancer including prostate and lung have been treated very recently and their responses have been uniformly favorable including pain attenuation and rapid tumor shrinkage.

NCIM laboratory and medical work is done in Mexico in government accredited and licensed facilities.

REFERENCES-ADDITIONAL READING

1. Cancer Cured? Granulocytes Treatment Worked 100 Percent In Mice Work But Will It Work In Humans?

2. Cancer cure ‘may be available in two years’ – 19 Sept 2007 (Great graphic showing how granulocytes are harvested from young donors and then given to cancer patients)

3. Donor White Blood Cell Infusion in Treating Patients With Metastatic or Unresectable Cancer – Clinical study (Wake Forest University) Note: This study has been withdrawn prior to enrollment (First Received on January 30, 2008. Last Updated on September 30, 2009)
4. **A Study Using White Blood Cells From Healthy Donors To Treat Solid Cancers** – This study is enrolling participants by invitation only (First Received on May 11, 2009. Last Updated on June 3, 2010)


6. **Effecting Oncolyis by Depleting Intracellular Glutathione, Boosting Oxidative Stress, and Reducing IGF-1**


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