Case Report

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Plant-Based Stem Cell Immunotherapy for Five Cancer Patients, with Age Reversal and Improved Quality of Life without Exorbitant Costs

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ABSTRACT

We report here five cancer cases, consisting of follicular lymphoma, colon cancer, ovarian cancer, and two cases of lung cancer, in which the patients were concerned about the side effects of chemotherapy and opted instead to use APCO innovation, Fortified Mangosteen Extract (FME), a plant-based stem cell immunotherapy. The treatment was administered over a 12-week period, with clinical follow-up and assessment of treatment outcomes. Across these cases, the patients became cancer-free without observed side effects. All patients also reported an improved quality of life compared with the period before their cancer diagnosis. In three patients, telomere length was found to have increased, indicating biological age reversal.

Keywords

APCO innovation, Cancer, CD4, CD8, Colon cancer, Follicular lymphoma, Fortified Mangosteen Extract, FME, Hematopoietic stem cells, Lung cancer, Mesenchymal stem cells, Ovarian cancer, Plant-based stem cell immunotherapy, Telomere.

Introduction

Chemotherapy has been the treatment of choice for cancer for many decades. However, its well-known side effects suggest that this method may not always be the best option, as the side effects can sometimes be more severe than the disease itself. In the last decade, targeted chemotherapy has been developed and used as an alternative to conventional chemotherapy, with the expectation of causing fewer side effects during treatment. However, although the side effects are generally less severe, many targeted chemotherapies can still have damaging effects on the bone marrow. As a result, side effects remain, while the cost of treatment has increased significantly.

Based on our successful experience using Fortified Mangosteen Extract (FME), a plant-based stem cell immunotherapy, to treat various diseases caused by microbial infections, particularly viral infections such as HIV [1], together with our previous experience with cancer patients [2] over the last two decades, we believe that FME stimulates mesenchymal stem cells (MSCs), which differentiate into cells that regenerate impaired cells in patients, while concurrently stimulating hematopoietic stem cells (HSCs), which differentiate into T cells that selectively kill cancer cells with great efficacy.

We therefore believe that FME can be developed into the treatment of choice for stage 1 and stage 2 cancer within a period of 12 weeks, without any side effects and with the additional benefit of age reversal. Thus, we recruited individuals who chose FME treatment instead of chemotherapy into a special program in which they received a supercharged formulation of FME.

We previously reported the successful outcome of the first case that followed our standard treatment procedure in the article "Natural Cancer Cure with Age Reversal Through Stem Cell Activation by FME: A Case Report" [3]. The report describes a natural cancer cure with age reversal achieved through stem cell activation by FME. In that study, a 61-year-old male patient with stage 2 lymphoma took 9 capsules per day, with each capsule containing 500 mg of FME, for 12 weeks. The patient attended three scheduled visits: week 0 (first visit), week 6 (second visit),

and week 12 (third visit). Spontaneous regression was confirmed within 12 weeks, along with a three-year reversal of biological age. No side effects were observed, and the patient also experienced improved kidney and liver function during the study period.

This effective outcome may have resulted from specific components in FME stimulating hematopoietic stem cells, which were further activated to differentiate into CD4 T cells (mainly Th1 and Th17 cells), and CD8 (killer T cells). FME therefore offers a natural treatment approach that is superior to chemotherapy, which not only causes various side effects but also impairs the bone marrow's ability to generate stem cells and, subsequently, T cells that are crucial for immune defense. Based on our successful experience with this first case, we then planned to expand this innovation to other stage 1 and stage 2 cancer patients.

We report here five cases, including the above-mentioned first case, of patients who became cancer-free after using the supercharged FME, developed by increasing the concentration of the water-soluble component of FME.

Case 1, S. EP: Male, age 61 years

Clinical presentation and diagnosis: The patient presented with a palpable mass in the inguinal region and was subsequently diagnosed with stage 2 lymphoma (Table 1).

Treatment selection: Due to concerns regarding the potential adverse effects associated with conventional chemotherapy and radiotherapy, the patient opted to decline standard medical interventions in favor of APCO innovation (FME) as an alternative therapeutic approach.

FME treatment: FME, a plant-based dietary supplement, is formulated based on Mylife®/Mylife100®, but with a different concentration of active ingredients derived from five edible plants, namely pennywort leaves, black sesame seeds, soybeans, guava fruit, and mangosteen aril. Each capsule contains specific amounts of these powders, and the product is registered with the Thai FDA under the names BIM CC®/KTCEL®. The patient received FME for 12 weeks, with 3 scheduled visits: week 0 (first visit), week 6 (second visit), and week 12 (third visit). During weeks 1-12, the patient took 3 capsules (500 mg per capsule) of FME before breakfast, lunch, and dinner. Physical examination, body composition analysis, and blood sample collection were performed at each visit: weeks 0, 6, and 12. The patient was instructed to maintain his usual lifestyle, including his daily dietary intake and exercise habits, throughout the 12-week period [3].

Blood sample collection and analysis: Blood samples were collected by venipuncture after a 12-hour fasting period to measure various biomarkers analyzed using an automated blood BS-400 chemistry analyzer for hemoglobin, fasting plasma glucose, blood urea nitrogen (BUN), creatinine, serum glutamic oxaloacetic transaminase (SGOT) and serum glutamate pyruvate transaminase (SGPT). An aliquot of EDTA blood was used for a complete blood count and to assess T-lymphocyte subpopulations. Another EDTA blood sample was used to isolate peripheral blood mononuclear cells (PBMCs) for measuring absolute telomere length [4].

Clinical outcomes and physiological improvements

Clinical progress: Following six weeks of the alternative regimen, the tumor regressed significantly from 6 cm to 1 cm. A subsequent physical examination by a physician confirmed that the mass was no longer palpable (Table 1). At the 12-week follow-up, laboratory results indicated that liver and kidney function markers, which were previously abnormal, had returned to physiological reference ranges. Furthermore, the patient reported enhanced physical vitality and a more youthful appearance, with no documented side effects (Table 2).

Immunological profile: Laboratory results showed increases in the absolute white blood cell count, CD4 T-cell count, and CD4:CD8 ratio, suggesting an enhanced immune response (Table 3).

Cellular aging: Genetic analysis revealed telomere lengthening of 206 base pairs, effectively reversing the patient's biological age by approximately 2.9 years (Table 4).

Case 2, N. RT: Female, age 50 years

Clinical presentation and diagnosis: Initial screening by CT scan revealed a pulmonary lesion, which was diagnosed as stage 1 lung cancer (Table 1).

Surgical intervention and persistence: The patient underwent a left lower lobectomy. However, postoperative imaging identified a persistent 8 mm nodule in the right lung. Due to the significant physical trauma and reduced lung capacity from the first surgery, the patient sought non-surgical alternatives (Table 1).

Therapeutic intervention: The patient commenced a regimen of APCO innovation (FME) supplements for 12 weeks with successful results.

FME treatment and blood sample collection and analysis: The same as described in Case 1 at weeks 0, 6, 12, and 28.

Clinical outcomes and physiological improvements

Clinical progress: Physical evaluation at the end of 12 weeks showed complete resolution of chronic fatigue, night sweats, body aches, and excretory dysfunction.

Immunological profile: At the end of 12 weeks, there was a documented increase in CD4 and CD8 T-lymphocyte levels, signifying enhanced immune system (Table 3).

Radiological findings: After continuous use of FME, a pre-scheduled CT scan at week 28 confirmed that all findings had returned to normal (Table 1).

Case 3, P. KR: Female, age 64 years

Clinical presentation and diagnosis: The patient presented

with urinary frequency and was diagnosed with an ovarian cyst measuring 14 cm. Following surgical resection, the biopsy results confirmed stage 1 ovarian cancer (Table 1).

Treatment selection: Although chemotherapy was clinically recommended, the patient declined the treatment due to concerns regarding potential debilitating side effects. She subsequently opted for APCO innovation (FME) as her primary health management strategy (Table 1).

FME treatment and blood sample collection and analysis: The same as described in Case 1.

Clinical Outcomes and Physiological Improvements

Clinical outcomes (3-month period)

Oncological markers: Following 3 months of the regimen, follow-up evaluations indicated that the tumor marker (CA-125) was no longer detectable (Table 1).

Immunological profile: Laboratory results showed increases in CD4 and CD8 T-lymphocyte percentages, suggesting an enhanced immune response (Table 3).

Cellular aging: Genetic analysis revealed telomere lengthening of 583 base pairs, effectively reversing the patient's biological age by approximately 8.3 years (Table 4).

Case 4, C. KS: Female, age 73 years

Clinical presentation and diagnosis: A patient with a pre-existing condition of diabetes. During a routine check-up, a chest X-ray revealed a 1.3 cm lesion in the back of her right lung, which was subsequently diagnosed as lung cancer (Table 1).

Initial treatment: She was prescribed a 20-month course of targeted therapy. However, she discontinued the medication after 5 months due to severe gastrointestinal side effects and physical exhaustion (Table 1).

Alternative intervention: Following her daughter's recommendation, she began using APCO innovation (FME). She reported significant improvements in her quality of life, including increased strength, reduced fatigue, and faster recovery from surgery (Table 1).

FME treatment: The same as described in Case 1.

Clinical Outcomes and Physiological Improvements

Clinical Outcome: After 3 months of using the supplement alongside her medical care, a follow-up CT scan and blood tests showed no remaining signs of cancer and overall improved health markers (Table 1).

Case 5, B. CC: Male, age 54 years

Clinical presentation and diagnosis: Stage 2 colon cancer. Initial symptoms included passing bloody mucus and irregular bowel movements, confirmed by an endoscopy (Table 1).

Medical treatment: He underwent surgery to remove 20 cm of his colon. Although chemotherapy was recommended, the patient was deeply concerned about potential side effects and his ability to remain the family's primary provider (Table 1).

Alternative intervention: After surgery, he chose to use APCO innovation (FME) as an alternative to chemotherapy. He also maintained a positive mindset and a healthy diet (Table 1).

FME treatment: The same as described in Case 1.

Table 1: Comparative Summary of Patient Case Reports.

Case	Patient Profile	Diagnosis	Conventional Treatment & Challenges	Intervention FME	Clinical & Physiological Outcomes
1	S. EP (Male, 61 yrs.)	Stage 2 Lymphoma (6 cm mass)	Declined chemo/radiotherapy due to side effect concerns.	9 capsules/day 12 weeks	Tumor regressed to 1 cm (6 wks) then became non-palpable. Increased CD4, CD4:CD8 T cell. Telomere lengthened by 206 bp (2.9 years younger). Liver and renal function markers returned to normal values
2	N. RT (Female, 50 yrs.)	Stage 1 Lung Cancer (Post-surgery nodule)	Left lower lobectomy; sought non-surgical option for remaining 8 mm nodule.	9 capsules/day 12 weeks 28 weeks	Increased CD4 and CD8 T-cells. Resolution of chronic fatigue and aches. Follow-up CT scan showed normal findings.
3	P. KR (Female, 64 yrs.)	Stage 1 Ovarian Cancer (Post-surgery)	Declined recommended chemotherapy due to potential debilitating side effects.	9 capsules/day 12 weeks	Tumor markers undetectable (CA-125). Telomere lengthened by 583 bp (8.3 years younger). Increased percentage of CD4 and CD8 T cells.
4	C. KS (Female, 73 yrs.)	Lung Cancer (1.3 cm lesion) & Diabetes	Discontinued targeted therapy after 5 months due to intolerable side effects.	9 capsules/day 12 weeks	CT scan showed no remaining cancer. Improved blood marker (CRP). Significant increase in physical strength.
5	B. CC (Male, 54 yrs.)	Stage 2 Colon Cancer	20 cm colon resection; declined chemo to remain family provider.	9 capsules/day 12 weeks	Decreased cancer markers (CEA). Returned to heavy physical labor. Normal physical state restored.

Clinical outcomes and physiological improvements

Clinical outcome: Follow-up blood tests showed a decrease in the cancer marker CEA. The patient reported a return to his normal physical activities, such as lifting fruit crates, and felt that his body had returned to a strong and healthy state (Table 1).

Psychological aspect: The patient and his family experienced a significant shift from worry and anxiety to happiness and confidence in his recovery.

Table 2: Liver and Renal Function Tests During Treatment with FME at 9 Capsules/Day.

Parameter	Week	S. EP	N. RT	P. KR
SGOT, U/L	0	47	19	16
(normal F = 0 – 31	6	29	20	18
M = 0 – 35)	12	30	19	18
	28	-	21	-
SGPT, U/L	0	101	17	12
(normal F = 0 – 34	6	53	18	11
M = 0 – 45)	12	45	16	15
	28	-	18	-
Blood Urea Nitrogen, mg/dL	0	16.4	16.2	12.9
(normal 7.8 – 20.3)	6	18.7	15.9	14.2
	12	13.8	15.6	14.7
	28	-	18.2	-
Creatinine, mg/dL	0	1.02	0.69	0.79
(normal F = 0.65 – 1.08	6	0.80	0.80	0.81
M = 0.81 – 1.43)	12	0.81	0.74	0.68
	28	-	0.77	-

Table 3: Absolute Counts and Percentages of CD4 and CD8 T Cells During Treatment with FME at 9 Capsules/Day.

Parameter	Week	S. EP	N. RT	P. KR
CD4, cells/uL	0	780	803	697
(Normal 470 – 1,404)	6	833	887	670
	12	803	848	703
	28	-	909	-
CD4, %	0	44.31	41.60	37.67
(Normal 24.10 – 50.70)	6	51.11	38.05	46.20
	12	49.76	39.09	41.81
	28	-	38.16	-
CD8, cells/uL	0	421	494	326
(Normal 360 – 1,250)	6	397	668	287
	12	380	595	329
	28	-	708	-
CD8, %	0	23.93	25.58	17.63
(Normal 17.10 – 44.60)	6	24.33	28.67	19.76
	12	23.54	27.44	19.58
	28	-	29.72	-
CD4:CD8	0	1.85	1.63	2.14
(Normal 0.65 – 2.49)	6	2.10	1.33	2.34
	12	2.11	1.42	2.14
	28	-	1.28	-

Table 4: Absolute Counts of White Blood Cells and Lymphocytes, and Telomere Length During Treatment with FME at 9 Capsules/Day.

Parameter	Week	S. EP	N. RT	P. KR
White Blood Cells, cells/uL	0	5,320	5,320	5,320
(Normal 4,000 – 10,000)	6	5,660	5,470	4,520
	12	5,930	5,800	4,630
	28	-	5,970	-
Lymphocyte, cells/uL	0	1,761	1,931	1,850
(Normal 1,500 – 4,000)	6	1,630	2,330	1,451
	12	1,613	2,169	1,681
	28	-	2,382	-
Telomere Length, base pairs	0	6,370	7,049	4,853
	6	6,506	6,928	5,160
	12	6,576	6,490	5,436
	28	-	7,205	-

Conclusion

As evident from the clinical data of these five patients, APCO innovation (FME) produced consistently positive results: cancer was successfully treated without observed side effects. Three of these patients were shown to have longer telomeres, indicating biological age reversal. All patients reported an improved quality of life compared with the period before their cancer diagnosis. We postulate that this successful cancer immunotherapy resulted from the stimulation of stem cells by FME. This innovation can be expanded to provide similar benefits to patients with all stages of cancer, without great suffering or exorbitant costs.

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