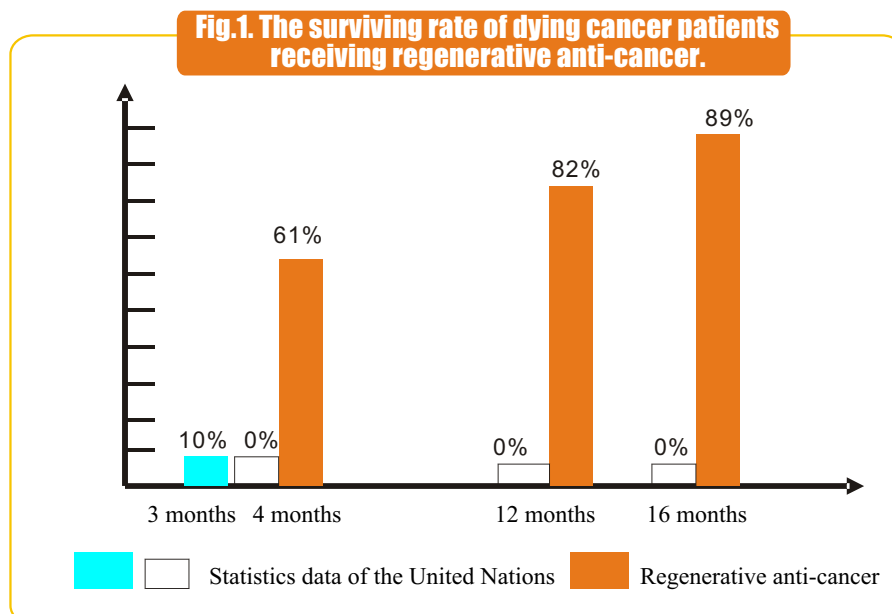


8 Regenerative anti-cancer research

8.1 Results of basic research:

We have discovered the growth law of cancer cells on cellular level, and also found the law of cell organelle change in cancer cell apoptosis caused by regenerative substances. In January, 2008, we declared that we would cure cancers. We started the research on nutritional caring for the end stage cancer patients, which included using 'total nutrition dietotherapy' to help the patients to relieve pain and prolong lifespan. The statistic data indicated that the surviving rates were 61% in the first 4 months, 82% in 12 months, and 89% in 16 months of dietotherapy. These basic researches have showed the possibility of overcoming cancers in the future. (See Fig.1)



As a result, we also make overcoming cancer as our major task of future human body regenerative restoration research. The results of our basic research are showed as follows:

1. Results of cancer cell induction test:

By standard protocol, regenerative substances were added to cell media which contained carcinogenic agent, and no normal cells were transformed into cancer cells. The results suggested that the regenerative substances prevented the carcinogenesis caused by carcinogenic agent.

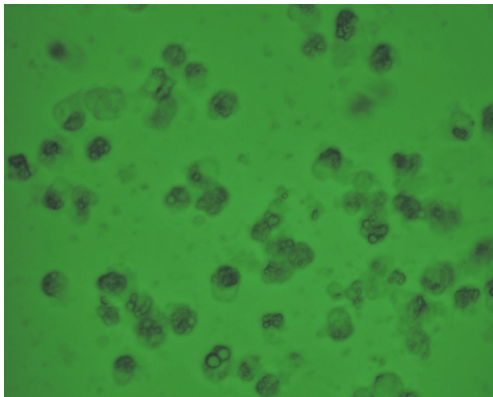
2. Results of cancer cell surviving tests:

1) Culture test of cancer cells: Several cancer cell lines were selected and cultured in vitro

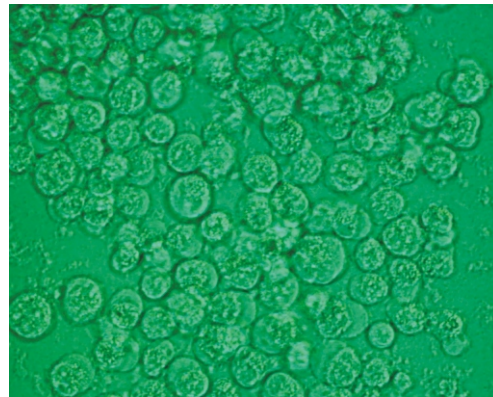
with a certain amount of regenerative substances added into the culture. The cancer cells died after 48 hours. (See Fig.2-6)

Fig.2. K562 Cell line

Leukemia cells



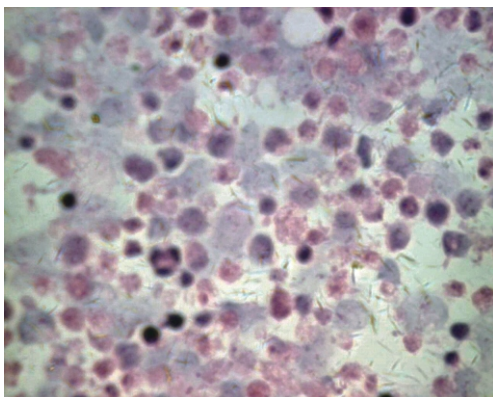
Test group: Cells died 48 hours after addition of regenerative substances.



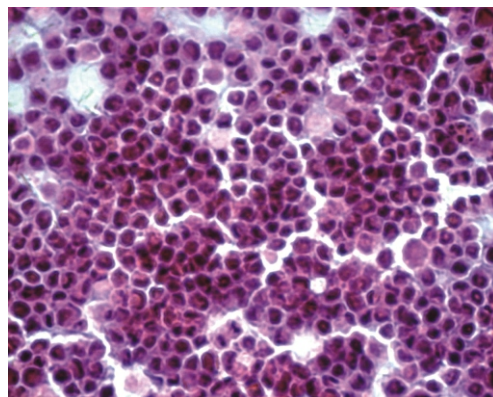
Control group: No addition of regenerative substances, cells proliferated violently.

Fig.3. SP20 Cell line

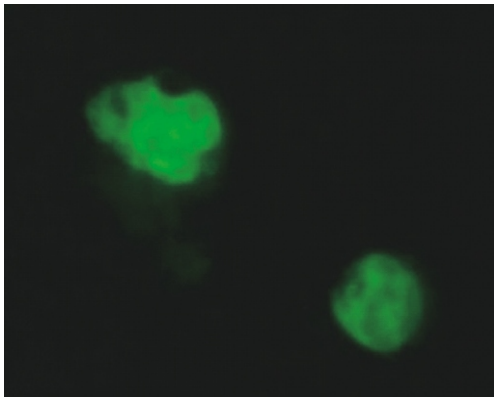
Myeloma cells



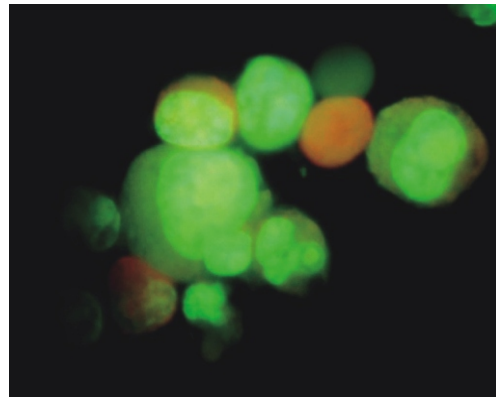
Test group: Cells died 48 hours after addition of regenerative substances.



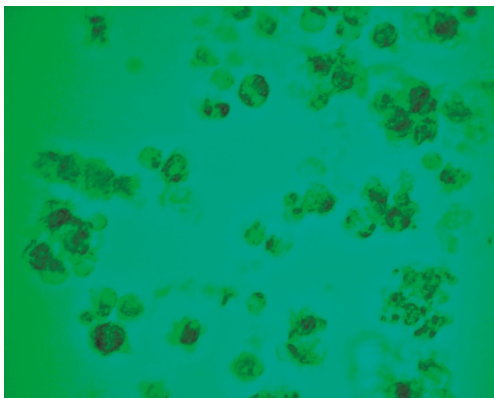
Control group: No addition of regenerative substances, cells proliferated violently.

Fig.4. H22 Cell line**Liver cancer cells**

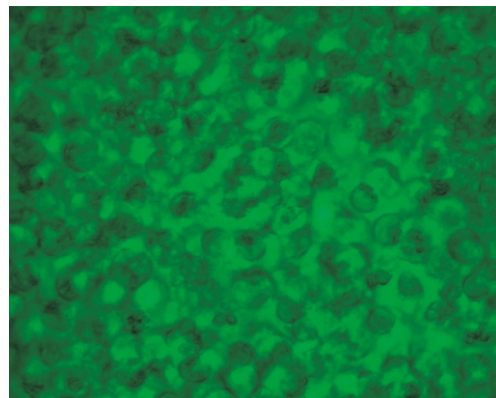
Test group: cancer cells died 48 hours after addition of regenerative substances.



Control group: No addition of regenerative substances, cells proliferated violently.

Fig.5. Jurkat cell line**T lymphocytes**

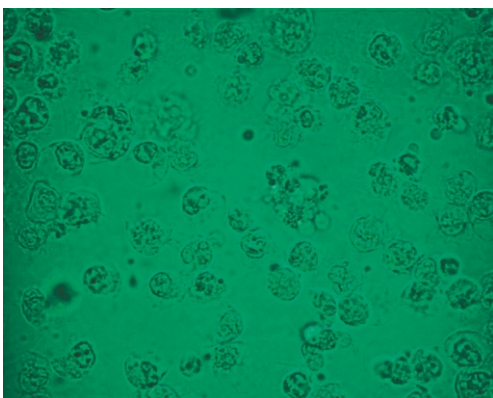
Test group: Cells died 48 hours after addition of regenerative substances.



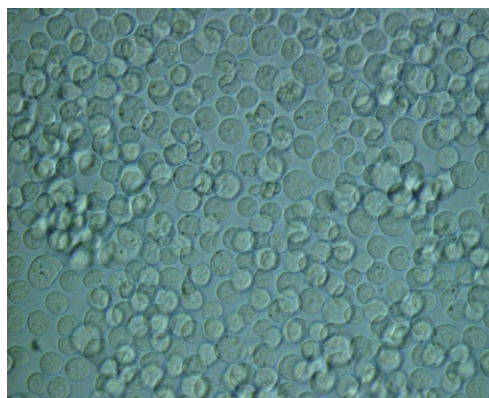
Control group: No addition of regenerative substances, cells proliferated violently.

Fig.6. S180 Cell line

Ascites tumor cells



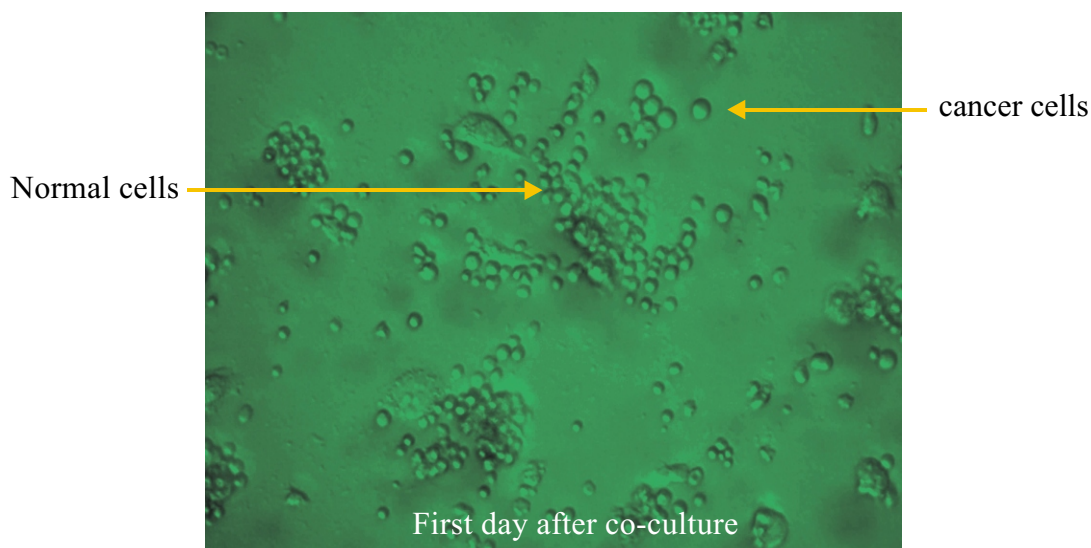
Test group: Cells died 48 hours after addition of regenerative substances.



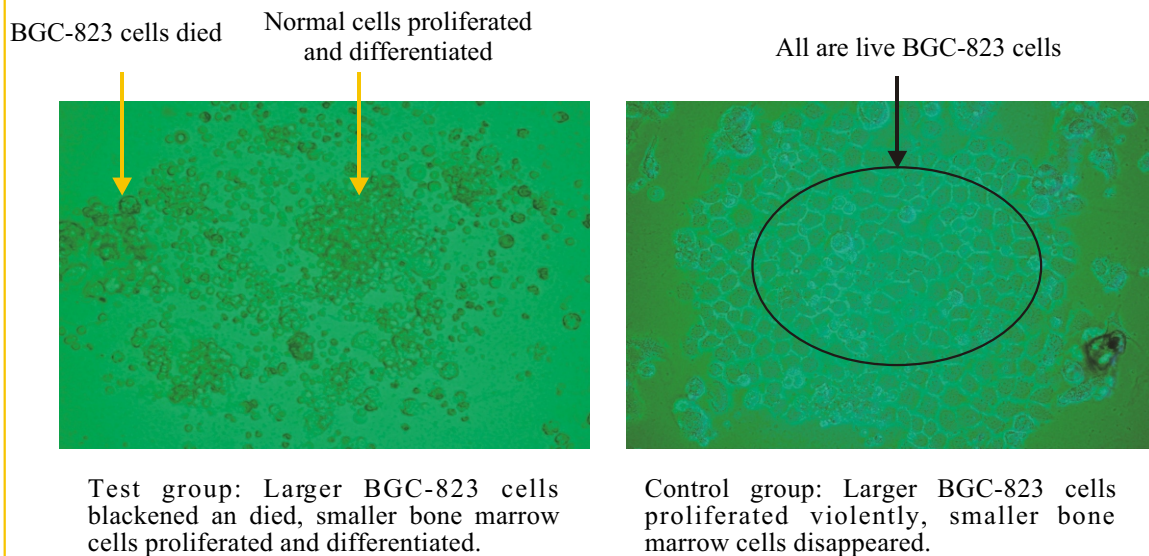
Control group: No addition of regenerative substances, cells proliferated violently.

2) Co-culture test of normal cells and cancer cells:

Mouse bone marrow progenitor cells and gastric cancer cell line BGC-823 were cultured with a certain amount of regenerative substances added into the culture. Cancer cells died and disappeared after 5 days, but mouse bone marrow progenitor cells proliferated and formed tissue colonies of bone marrow. In the control group without regenerative substances, bone marrow progenitor cells disappeared and gastric cancer cells proliferated vigorously after 5 days. (See Fig.7-10)

Fig.7. Co-culture of BGC-823 cells (gastric carcinoma cell line) in low density and bone marrow cells in high density

Picture showed that both BGC-823 cells and bone marrow cells were growing. Larger cells are BGC-823 cells, and smaller cells are bone marrow cells.

Fig.8. Fifth day after co-culture**Fig.9. Seventh day after co-culture**

On seventh day after co-culture, number of bone marrow cells in test group increased, number of BGC-823 cells became much less. In control group, live cells were almost BGC-823 cells.

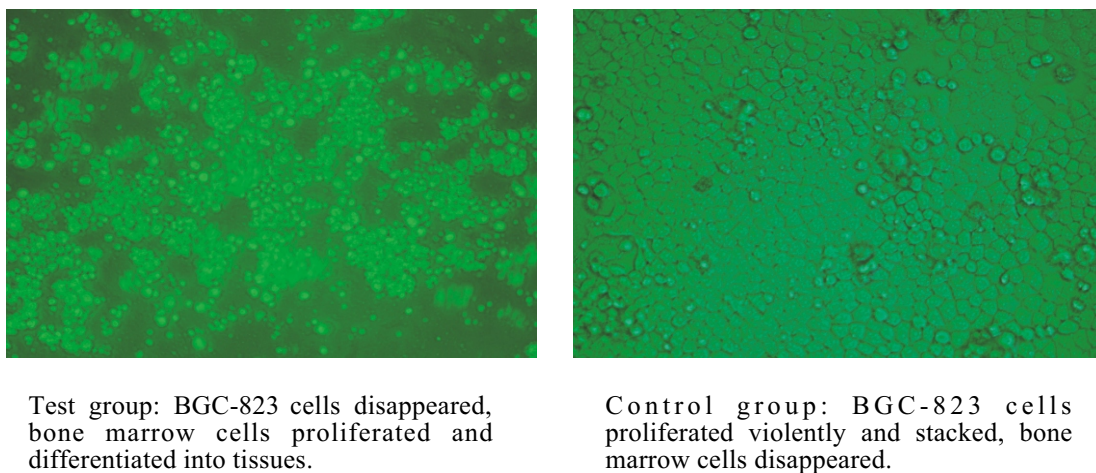
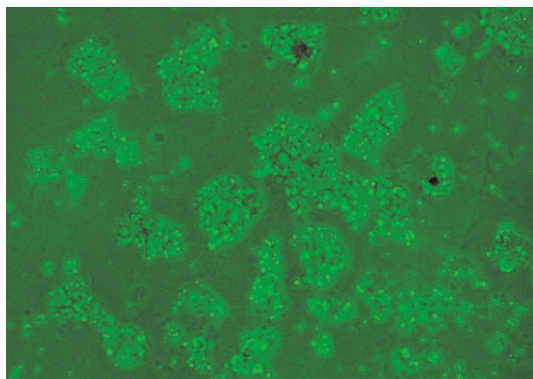
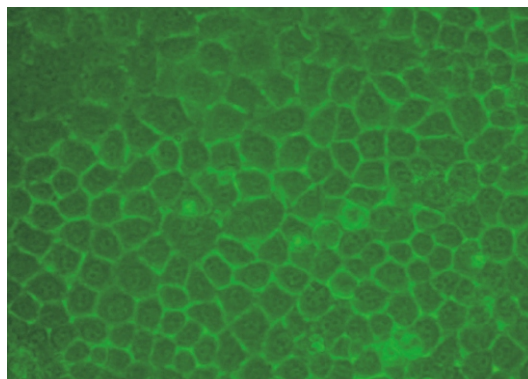


Fig.10. Eighth day after co-culture

On the eighth day after co-culture, number of bone marrow cells in test group increased, number of clones also increased, and tissue formed. In control group, all cells were BGC-823 cells, grew more obviously.



Test group: Bone marrow cells were cloned and formed new bone marrow tissue, no BGC-823 cells.



Control group: BGC-823 cells proliferated violently and stacked, no normal cells.

3. Results of mouse tumor inhibition test:

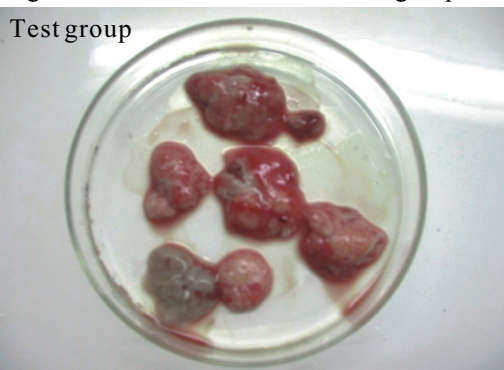
S-180 cells were injected into the abdominal cavity of mice to form tumors. The mice were divided into two groups when the tumors grew to certain size, One group was fed with common nutritional feed mixed with regenerative substances (test group), the other group with the same common nutritional feed without regenerative substances (control group). Some time later, the mice were killed and the whole tumors from the abdominal cavity of mice from two groups were taken out and weighed. The results of two groups were compared. The weight of tumor from test group (0.982g/mouse) was significantly less than that from control group (3.120g/mouse), and the color and appearance of tumor tissues in two groups were also different. (See fig. 11)

Fig.11. Intraperitoneal growth test for S180 cells

Injected S180 cells into abdominal cavity of mice, let them grow and form tumors, then divided the mice into two groups, test group were fed with food mixed with regenerative substances, control group with none, the result was as follows:

Test group: Weight sum of tumors: 6.874g/7 mice=0.982g/mouse,

Control group: Weight sum of tumors: 21.90g/7 mice=3.129g/mouse; There is significant difference between two groups.



Test group



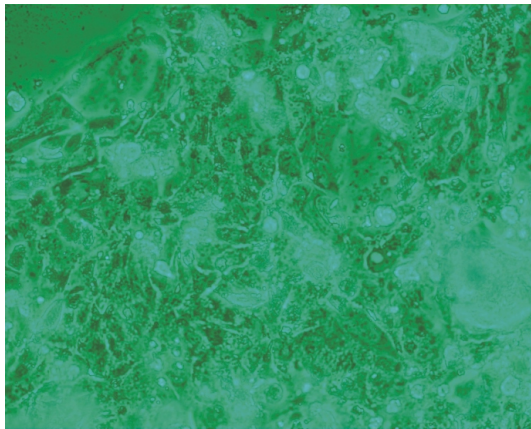
Control group

Pictures of ascites tumors, including tumors of 7 mice from test group and tumors of 7 mice from control group. Sizes of tumors in test group are smaller, more blood on surfaces, sizes of tumors in control group are larger, less blood on surface.

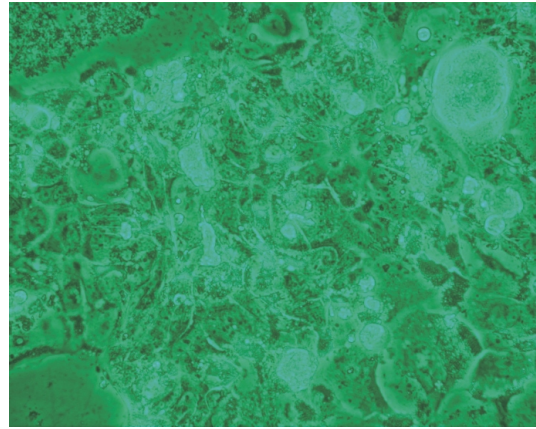
4. Results of In vitro human tumor tissue culture test:

Tissue explants from human gastric cancer and human cecum cancer were cultured in vitro. The explants were divided into two groups. Regenerative substances were added into one group (test group), but not the other (control group). The result was: explants in test group died one week later, and explants in control group survived. (See fig. 12-15)

Fig.12. Change of cecal cancer explants under effect of regenerative substances(1)

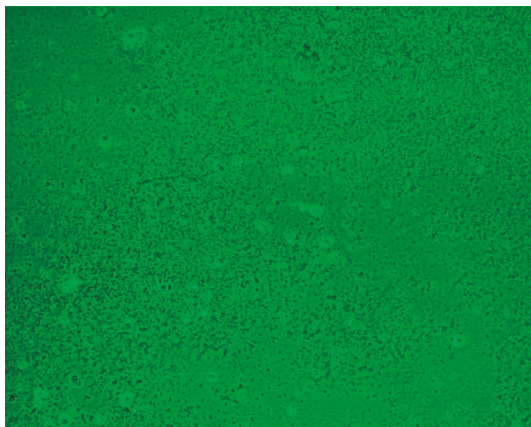


Regeneration group: Alive cancer tissue before addition of regenerative substances.

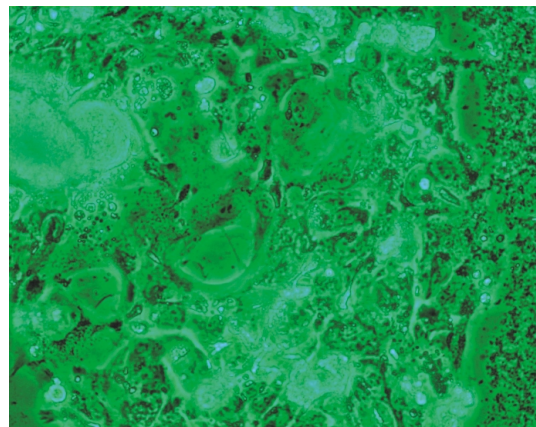


Non regeneration group: At the same time, cancer tissue was alive.

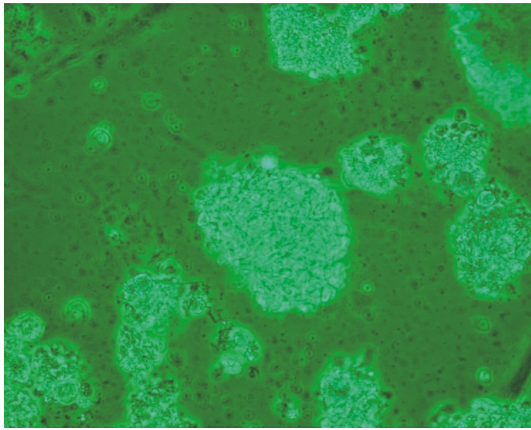
Fig.13. Change of cecal cancer explants under effect of regenerative substances(2)



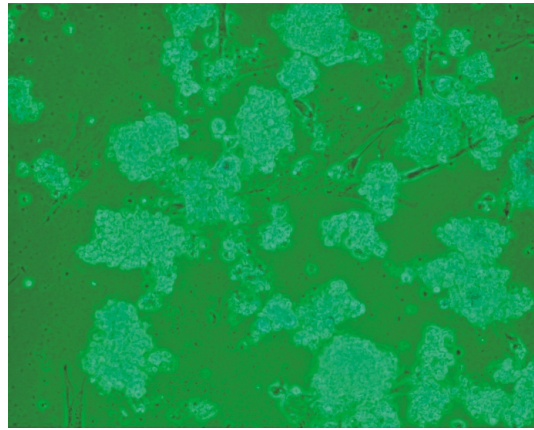
Regeneration group: Cancer tissue died after addition of regenerative substances.



Non regeneration group: At the same time, cancer tissue was still alive.

Fig.14. Change of cecal cancer explants under effect of regenerative substances(1).

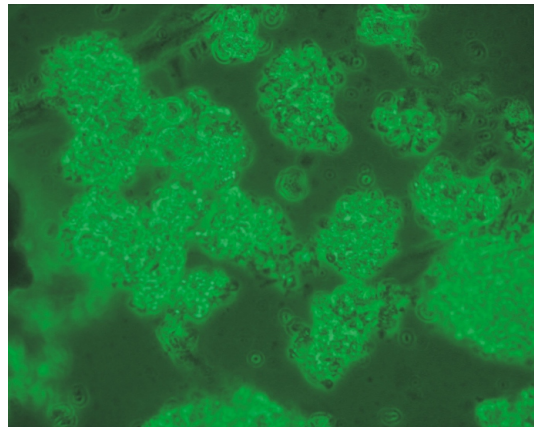
Regeneration group: Alive cancer tissue before addition of regenerative substances.



Non regeneration group: At the same time, cancer tissue was alive.

Fig.15. Change of gastric carcinoma explants under effect of regenerative substances(2).

Regeneration group: Cancer tissue died after addition of regenerative substances.

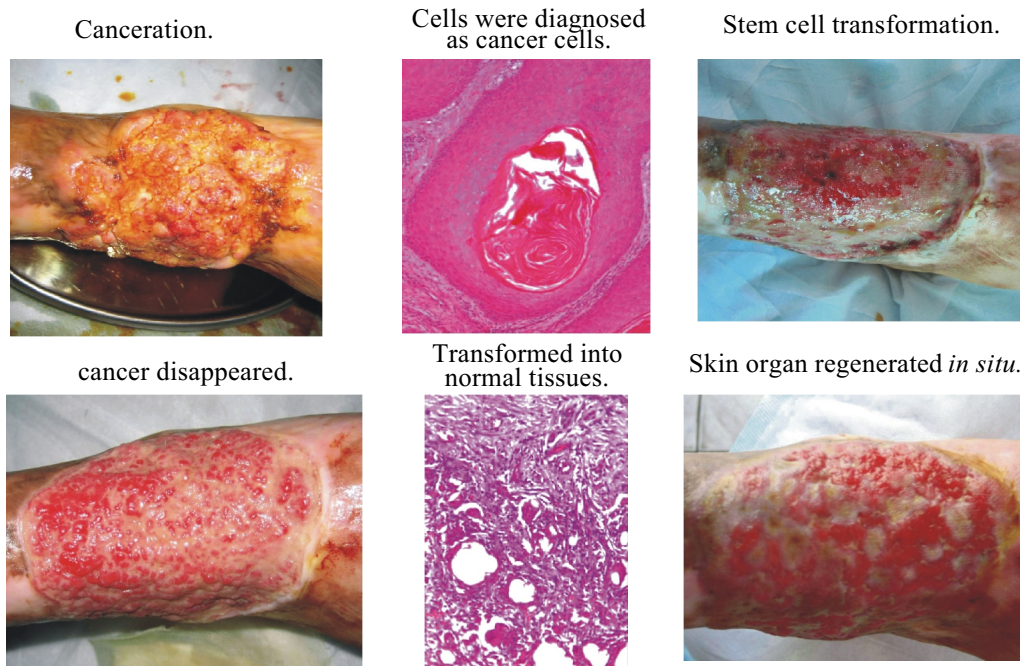


Non regeneration group: At the same time, cancer tissue was still alive.

5. Results of in situ human cancer application:

Squamous cell carcinoma patients: the necrotic tissues on the surface of the cancer tissues were removed so the fresh and live cancer tissues were exposed. Regenerative substances were applied locally and changed twice daily. 21 days later, cancer cells in the skin carcinoma wound disappeared, followed by wound healing. (See fig.16)

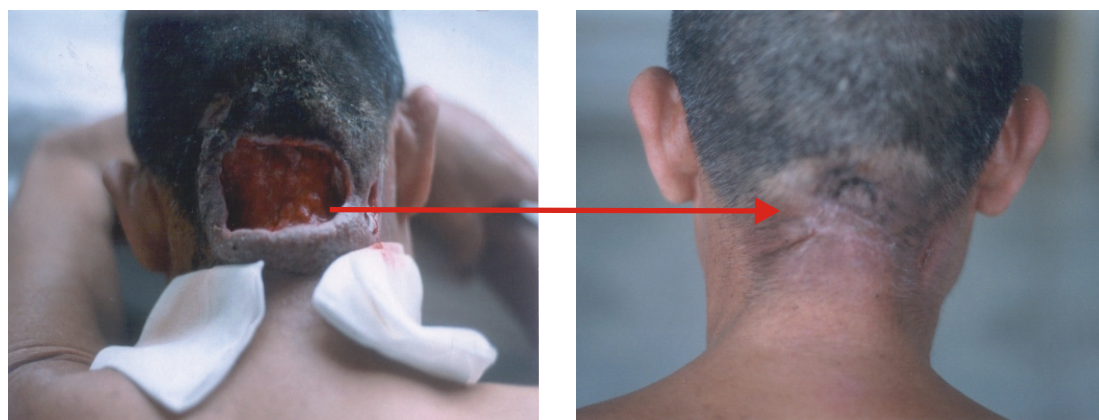
Fig.16. Stem cell transformation during treatment of skin squamous carcinoma



(Doctor: Yongchong Chen, Xiaojun Ye)

6. Replication of the clinical application on skin cancer: adenocarcinoma was cured in 52 days; skin squamous cell carcinoma was cured in one month. (See fig.17-18)

Fig.17. Treatment of skin cancer with skin regenerative substances

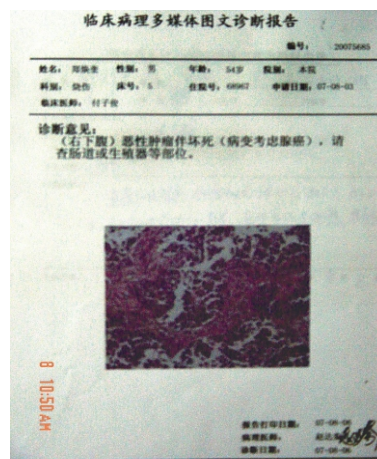


Before treatment: Skin cancer, ulcer formed.

Complete regeneration and healing after local administration of MEBO regenerative substances.

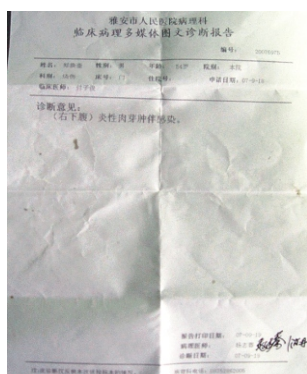
(Doctor: Duoqing Wu)

Fig.18. Treatment of skin cancer with skin regenerative substances



Diagnosed as squamous cancer.

Cancer cells disappeared after treatment with MEBO regenerative substances for 10 days!



Examination showed that cancer cells disappeared.

Wound surface healed rapidly.

Wound surface healed completely.

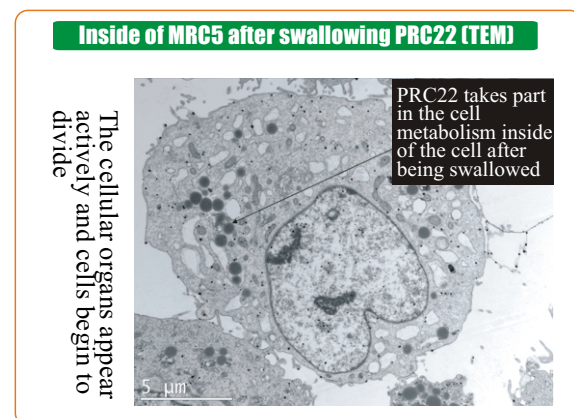
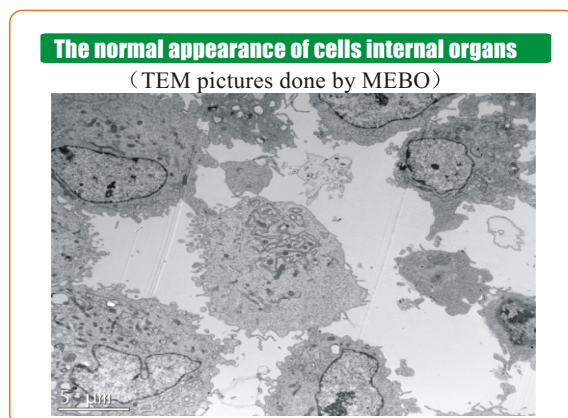
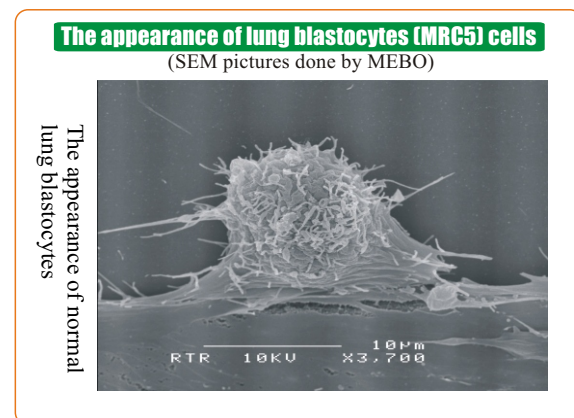
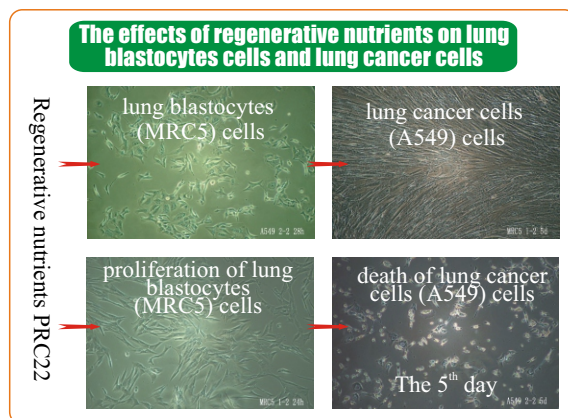
(Doctor: Zijun Fu)

8.2 Study on mechanisms of regenerative anti-cancer:

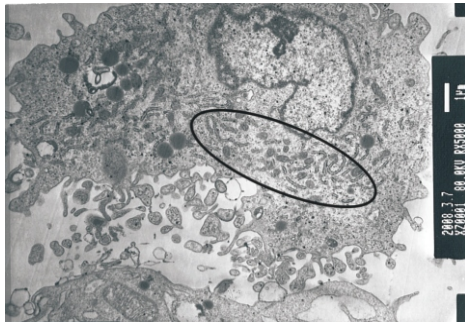
Based on the above basic research results indicating that regenerative substances affected the lives of cancer cells, we chose human embryonic lung cell line MRC5 as normal control cells, and human lung cancer cell line A549 as test cancer cells. We also selected the regenerative nutritious substances especially for human lung tissue as testing materials to culture the above two cell lines and observed how the regenerative nutritious substances acted after entering the cells.

The results were as follows: after the normal cells ingested the regenerative substances, metabolism of the cell organelles was stimulated, nuclei divided actively, regenerative substances were exhausted by metabolism; however, no obvious proliferation occurred in normal control lung cells without the presence of regenerative substances. After lung cancer cells ingested the regenerative substances, metabolism of organelles of cells stopped immediately; on the first day, pseudopodia of cells broke, mitochondrion swelled and died, chromocenters shrank, there was no metabolic exhaustion of the ingested regenerative substances, and cells died by apoptosis on the second day with no changes for ingested regenerative substances.

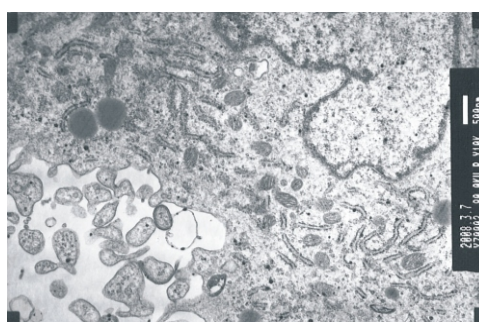
These results indicated that for normal control lung cells, regenerative substance was regenerative nutrition; while for cancer cells, regenerative substance was fatal. The results also showed that regenerative substances acted first in cytoplasm, then in nucleus. This will probably be a new approach for us to overcome cancer. (See pictures of electron microscope)



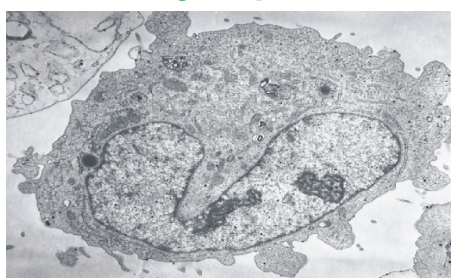
The rough endoplasmic reticulum (RER) of MRC5 after swallowing PRC22 were metabolically active



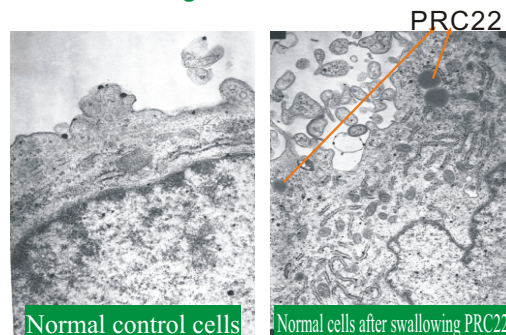
The mitochondrion of MRC5 after swallowing PRC22 were metabolically active



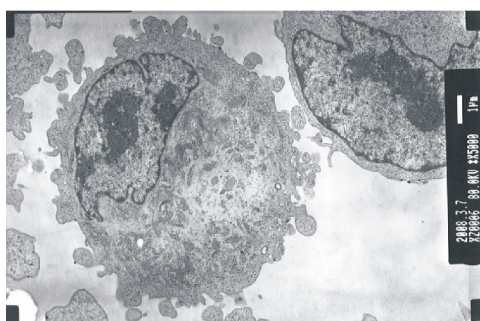
The metabolism of MRC5 was normal, the swallowed PRC22 has already participated the metabolism and gradually disappeared, the MRC5 cell was in the vigorous proliferation state.



physiological displays of the normal cell membrane and cellular organs under the effects of PRC22

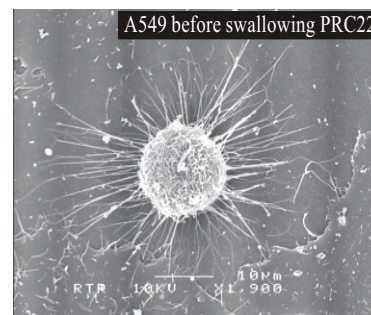


The inside appearance of MRC5 without swallowing PRC22 was not in the status of division

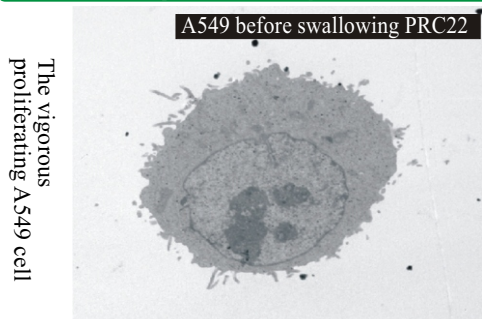


The appearance of lung cancer cells (A549) (SEM pictures done by MEB0)

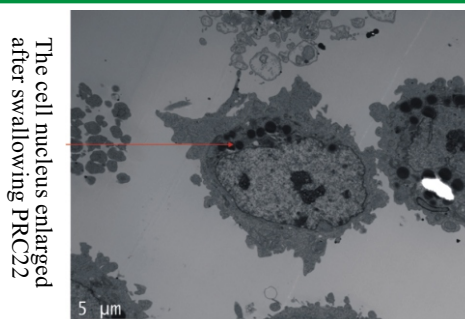
The vigorous proliferating cancer A549 cell with lots of thin and long pseudopodia

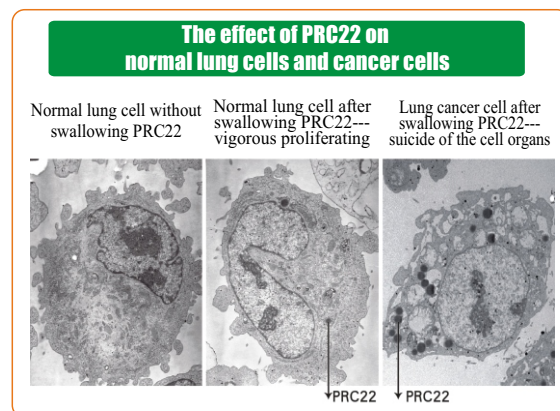
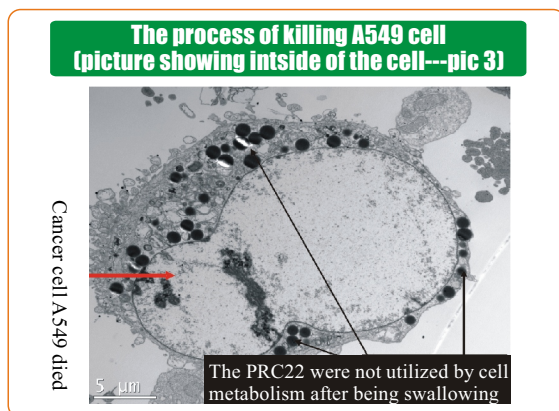
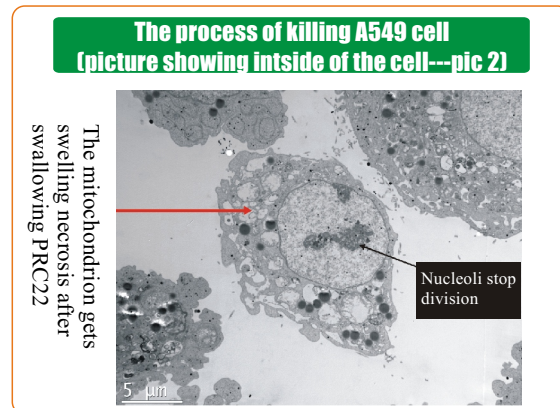
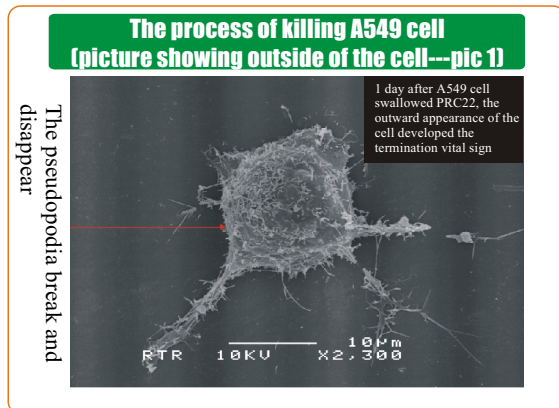


The inside appearance of lung cancer cells (A549) (TEM pictures done by MEB0)



The process of killing A549 cell (picture showing inside of the cell-pic 1)





8.3 Preliminary understanding on the mechanisms of carcinogenesis of cells:

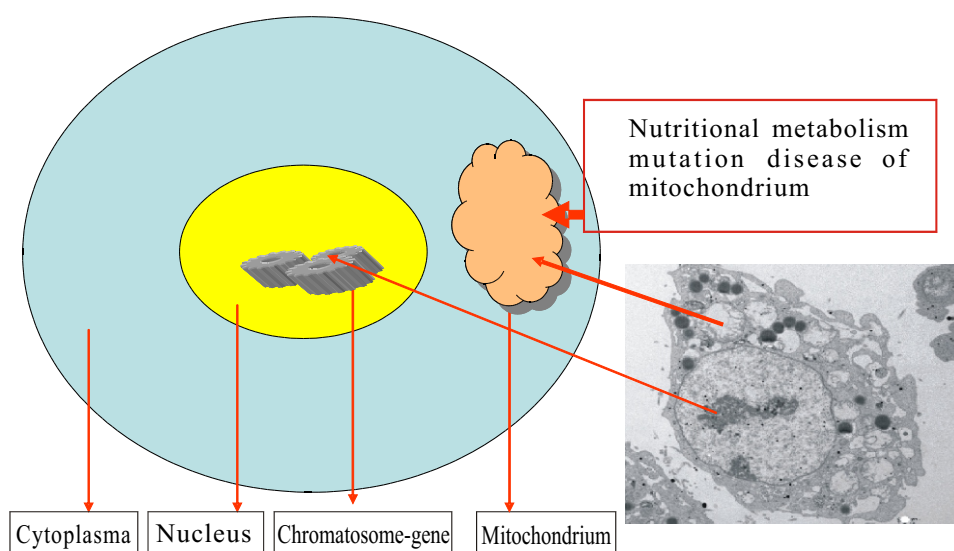
Based on our research on cells and primary clinical exploration, and based on the changes of cell life state occurred after the ingestion of regenerative substances, we concluded on carcinogenesis:

1. According to the results from co-culture of cancer cells and normal cells and other tests on various cell lines, we believe that the nutritional necessity for cancer cells and normal cells are different, i.e. nutritious substances, while making normal cells proliferate and differentiate, can induce apoptosis in cancer cells.
2. According to the dynamic changes of cancer cell organelles caused by regenerative substances, we consider that proliferation and differentiation pattern of cancer cells is completely different from that of normal cells. The conditions suitable for normal cells to proliferate and differentiate will render cancer cells to death by apoptosis.
3. Based on the effects and mechanisms of skin cancer treatment, as well as the digestion process of regenerative substances observed during the experiments, we consider that cancer is a nutritional metabolic disease caused by cellular malnutrition, and therefore it is curable.
4. Based on the results of the research, which explored the effects of regenerative

substances on induction of carcinogenesis, we believe that cancer is absolutely preventable.

5. We observed, during the apoptosis of cancer cells, that mitochondrion swelled and necrotized firstly, followed by nucleus changes. Thus, we believe that cell carcinogenesis occurs in mitochondrion firstly. (See fig.19)

Fig. 19 Initial conclusion on etiology of cancer cells



8.4 Timetable for overcoming cancer clinically

The Clinical practice of treating skin cancers effectively by MEBO in many hospitals verified that we have overcome skin squamous carcinoma clinically. Sooner or later we will overcome other cancers. Currently we are developing the injection of regenerative substances because we found that the cure of skin cancer was caused by the direct external use of regenerative substances. By the direct exposure, cancer tissues can obtain sufficient regenerative substances resulting in quick control of cancer cells. But for the internal organs, the limited gastrointestinal absorption provides inadequate tissue and organ specific regenerative substances to cancer cells, and therefore the clinical effects will not be comparable to that in skin cancer treatment. As a result, developing various techniques that increase the supply of regenerative substances for internal target organs might be effective approach to accelerate the cancer treatment research.

Opinion

The accomplishments in this research report are all beyond the expectation of studies in modern medicine or life science, thus are undoubtedly the miracles of modern life science.

Since we have independently invented and established the scientific system of inducing stem cells from somatic cells, consequently realized in situ regenerative restoration of tissues and organs, and gained the protection of copyright and patent as well as the success in the product and technique commercialization, we have not only the dominant right to speak in life science (for the somatic cells have not been induced to stem cells by others in the field of life science in the world), but also the authoritativeness on the clinical fulfillment of life science (because the in situ regenerative restoration of tissues and organs has not been achieved in any other life science researches in any countries till now). If the stem cell research is considered as the symbolism of advanced life science in 21st century, our life science research is undoubtedly at the definitely dominating position.

According to the clinical application results of inducing stem cells from somatic cells and in situ regenerative restoration of tissues and organs of human body for two years, the nature and rules of in situ regeneration of human organs have been clearly disclosed. A new 'Human Body Regeneration Science' within human life sciences has been established, which will change the life and living patterns of human beings, change the structure of food source energy in human life, and change the economic structure of the whole world. According to the present clinical application results and experiences, this research can not be simply considered as a scientific research any more, but a great event involving life and living, economy and politics of human beings, which will lead to an inexorable revolution of the life science and therefore restructure and create a new world .

Acknowledgement to the participating volunteers

The first phase of our clinical trial could not have been accomplished without the participation of volunteers. In this occasion, we would like to express our great gratitude to them. The volunteers, besides some patients having wounds and ulcers cured by regenerative restoration, are not ordinary people. On the contrary, they are all prestigious leaders, senior scientists, medical scientists and middle-aged or elderly elites from the fields of business, finance and culture & art both at home and abroad. Some of them from the enterprises and business industry even donated sums of funds for the scientific research. All diagnosis of terminal cancer patients, including elder leaders, entrepreneurs, farmers, and economically disadvantaged patients who applied for enrollment in this program was confirmed by certificate provided by hospitals or family doctors. As a life scientist, I again want to express my appreciation and respect to all the above volunteers for their kind cooperation.