



US-IBDC NEWSLETTER

December 2025 Edition

Building Bridges Between Modern Medical Innovation and Vietnamese Healthcare

FROM THE LEADERSHIP DESK

AAS DECA: Vietnam's First Integrative BioHealth Center Goes Live

This December marks a milestone in US-IBDC's mission to bridge US medical expertise with Vietnamese healthcare delivery. Our AAS DECA center in Hanoi (the first operational prototype of what will become the AASuccess BioGen Centers network) demonstrates that integrative medicine can deliver measurable patient outcomes while maintaining rigorous standards combining curated herbal medicine with modern Western diagnostics and US medical consultation.



What began as a vision is now a functioning proof-of-concept: patients receiving comprehensive care that combines Dr. Hoang Thu Thuy's 20+ years of herbal medicine expertise with US medical consultation networks, systematic monitoring, and evidence-based protocols. The results speak for themselves, not in promises, but in documented patient outcomes.

This newsletter showcases two patient cases that demonstrate the positive advancement of AAS DECA Integrative Medicine when executed with rigor, compassion, and accountability.

INTRODUCING OUR TEAM

Core Leadership: Building Vietnam's BioHealth Future

US-IBDC Management Team leads the strategic vision for integrating American medical innovation with Vietnamese healthcare delivery. Through collaborations with institutions like the Inventive Medical Foundation (Dr. Hoang Xuan Ba) and partnerships with experts in Traditional Vietnamese Medicine, we bring curated herbal medicine combined with modernized integrative and regenerative medical expertise via AAS DECA to patients and clients in need of metabolic health services and quality care with affordability.

AAS Core Members including **Nguyen Nguyen (Executive Manager for Marketing, Mentoring, Student Projects, and Fundraising)** drive the operational excellence and community engagement that makes our mission sustainable.

Every individual affiliated with AAS commits to our signature AAS LEAP (Leadership Empowerment & Advancement Program) certification, a character-based leadership development framework built on the **3H-3S-3A principles** (*Head-Heart-Hands, Seek-See-Seize, Attitude-Action-Authenticity*).



Dr. Hoang Thu Thuy
Medical Director, AAS DECA

With over 20 years of experience combining curated herbal medicine with modern medical protocols, Dr. Thuy brings proven clinical expertise to complex chronic conditions that don't respond to conventional care alone. She is recognized by patients and colleagues at major Hanoi hospitals for her expertise in personalizing post-surgical and post-chemotherapy recovery. Dr. Thuy's approach integrates pharmaceutical-grade herbal formulations (developed through decades of clinical research) with systematic Western medical monitoring, creating a unique methodology we call AAS DECA Integrative Medicine - distinct from both conventional Traditional Vietnamese Medicine and standard Western-only protocols.

Notable Accomplishments

- Founder and Director of Hanoi's first Early Cancer Detection and Palliative Care Center (2020-2025)
- 20+ years of successful integration of YHCT (Traditional Vietnamese Medicine) with modern diagnostics
- Partnership with Dr. Hoang Van Sam for pharmaceutical-grade herbal formulations
- Collaboration with US medical experts through US-IBDC network

Current Focus

Leading AAS DECA's operational launch, developing proprietary treatment products supporting muscle and tissue restoration, and demonstrating that Vietnamese traditional medicine can meet rigorous Western medical standards.

AAS Values in Action: From Physicians to Change Agents



One unique aspect of the AAS ecosystem is our commitment to developing every affiliated individual through a holistic framework that integrates **Head, Hands, and Heart**—strengthening critical thinking, practical application, and character-driven service across all disciplines, including medicine.

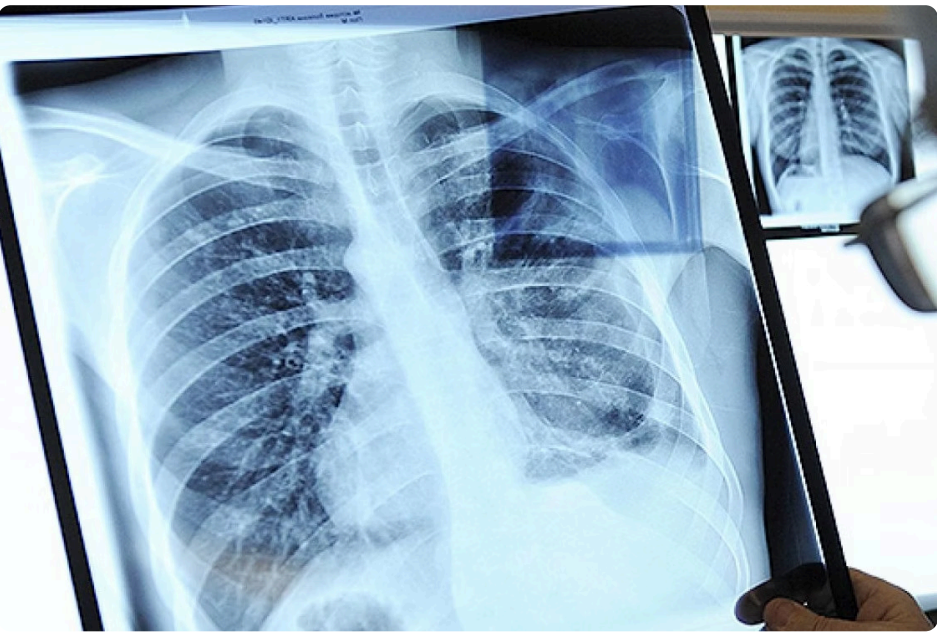
Dr. Mai Mac, a young pediatric physician from Hanoi and an AAS volunteer, exemplifies this commitment. Her written perspective on chronic pain research (featured in this newsletter) reflects the disciplined, application-focused thinking encouraged within the AAS framework, grounded in real-world cases and a deep sense of service to patients and community.

HEALTH NEWS: INTEGRATIVE MEDICINE IN ACTION

Case 1: Sixteen Years and Counting: Lung Cancer Patient Defies Stage 4B Prognosis

HANOI, VIETNAM - When Patient KTL's lung cancer returned in August 2024 after 15 disease-free years, conventional medicine offered chemotherapy with a median survival of 8-12 months. Instead, the 65-year-old retired factory worker chose AAS DECA's integrative approach, and sixteen months later, she remains ambulatory, cognitively intact, and managing her own care.

"This isn't about miracles," explains Dr. Hoang Thu Thuy, AAS DECA's Medical Director. "It's about systematic, multi-targeted support that addresses the whole person, not just the tumor."



The Remarkable Journey:

- **2009:** Initial lung cancer diagnosis, surgical resection, declined chemotherapy
- **2009-2024:** 15 years disease-free using macrobiotic dietary intervention
- **August 2024:** Recurrence detected (Stage 4B with metastases)
- **December 2024:** Joined AAS DECA with severe symptoms including hemoptysis
- **December 2025:** Sixteen months from recurrence, maintaining functional independence

What Made the Difference:

The patient receives a comprehensive protocol combining Traditional Vietnamese Medicine with modern medical monitoring. Dr. Thuy's approach includes pharmaceutical-grade herbal formulations developed through decades of clinical research, bioavailability-optimized natural compounds, quarterly IV infusion cycles for cellular support, and systematic dietary protocols. All components are tailored to the patient's specific condition and adjusted based on ongoing assessment.

2	42	12	93%
Hemoptysis Episodes	Albumin Level (g/L)	Months Maintained	Cost Reduction
Successfully controlled including 5-day resolution of acute crisis	Preserved despite severe weight loss, indicating maintained liver function	Ambulatory status, cognitive function, and self-care throughout treatment	Compared to conventional US treatment (\$6,000-\$10,000 vs. \$135,000-\$255,000 for 6 months)

The Reality Check:

Dr. Thuy is transparent about limitations: *"Pain increased from 6/10 to 8/10 over twelve months. The disease is progressing. But our patient travels independently to clinic, manages her daily regimen, and maintains cognitive clarity. That matters for quality of life."*

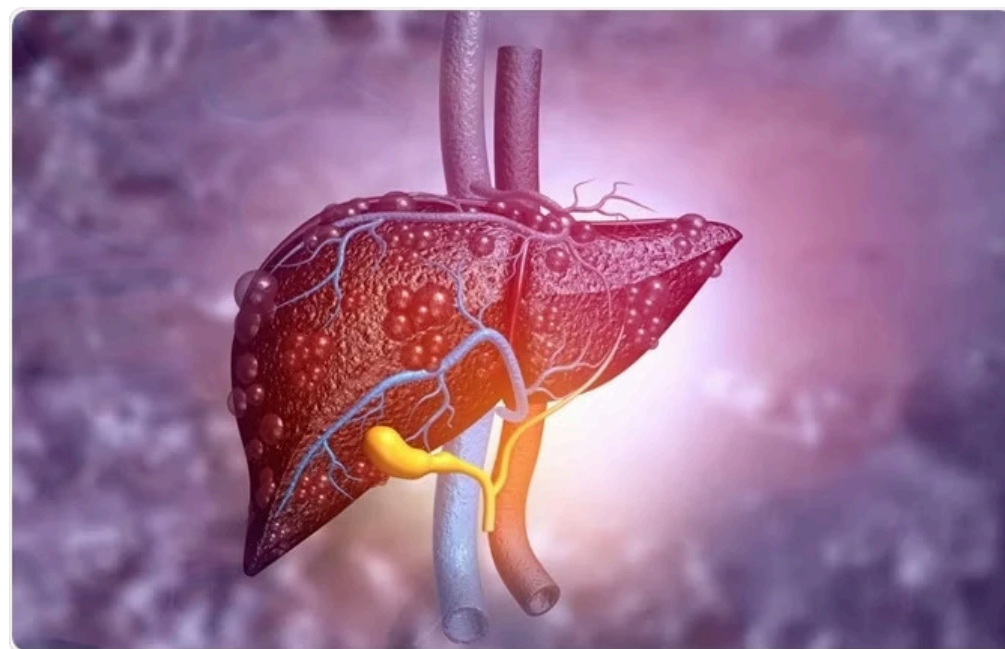
The patient's 16-year disease-free interval following surgery raises important questions about dietary intervention for secondary cancer prevention, questions that deserve rigorous study beyond single case reports. More can viewed via this NotebookLM video link:

[A_16-Year_Cancer_KTL_Dec25_Journey.mp4](#)

Case 2: Liver Regeneration: 74% Reduction in Liver Damage Markers in Just Two Months

HANOI, VIETNAM - A 61-year-old Vietnamese man with severe F4 cirrhosis (the most advanced stage of liver scarring) achieved remarkable biochemical improvements after just two months of integrative treatment at AAS DECA. Most striking: his AST liver enzyme dropped 74% (from 207 to 53.6 U/L) and ALT completely normalized (from 83 to 33.4 U/L), indicating significant hepatocellular recovery.

"When Patient VQH came to us in October 2025, he had severe cirrhosis confirmed by FibroScan at 72.2 kPa, which is nearly 10 times the normal level," recalls Dr. Thuy. "He had years of alcohol-related liver damage, severe anemia, and was experiencing fatigue and bone pain from mineral deficiencies."



The Clinical Challenge:

Patient VQH's baseline diagnostic findings painted a concerning picture:

- **FibroScan:** 72.2 kPa (severe F4 cirrhosis, normal is less than 7.0 kPa)
- **AST:** 207 U/L (very high, indicating active liver cell damage)
- **GGT:** 779 U/L (extremely elevated, showing severe cholestasis)
- **Severe macrocytic anemia:** Hemoglobin only 101 g/L (normal 136-175)
- **Low platelets:** 143 G/L (suggesting portal hypertension)
- **AST/ALT ratio** of 2.49 (strongly indicating alcoholic liver disease pattern)

The patient had been experiencing chronic alcohol consumption for years. While he reduced his intake during treatment, he was not completely abstinent (averaging about 1 beer per day during the treatment period).

The Multi-Targeted Protocol

Dr. Thuy designed a comprehensive 2-month intensive program (October through December 2025) addressing liver regeneration through multiple pathways:



01

Pharmaceutical-Grade Herbal Formulations (Daily)

Patient VQH took 48 pills daily across eight different formulations, each targeting specific organ systems:

- Gan Saman (9 pills/day): Hepatoprotective formula for liver regeneration
- Quy tỳ Saman (9 pills/day): Spleen and digestive support for metabolic function
- Morinda Saman (9 pills/day): Adaptogenic immune support
- Thận 5 Saman (6 pills/day): Kidney support for mineral balance and calcium metabolism
- Spirulina (9 pills/day): Protein, micronutrients, B vitamins for addressing macrocytic anemia
- Additional formulations targeting sleep, multi-system support, and liver detoxification

All medications taken at consistent times (8:00, 14:00, 20:00) either 30 minutes before meals or 1-2 hours after for optimal absorption.

02

Intensive IV Nutritional Therapy

24 IV infusion sessions over the 2-month period, likely including:

- High-dose B-vitamin complex (B1, B6, B12, folate) to address alcohol-related deficiencies
- Amino acid infusions for hepatocyte regeneration support
- Trace minerals (zinc, selenium, magnesium) commonly deficient in cirrhosis
- Antioxidants (glutathione, vitamin C, alpha-lipoic acid) to reduce oxidative stress
- Calcium and mineral supplementation for the patient's hypocalcemia

03

Regular Monitoring

Comprehensive laboratory panels and imaging studies tracked progress systematically, allowing real-time protocol adjustments.



Dramatic Biochemical Recovery:

November 29, 2025 laboratory results (after just 2 months of treatment) showed remarkable improvements:

Parameter	Baseline (Nov 4)	After 2 Months (Nov 29)	Change	Clinical Meaning
AST	207 U/L	53.6 U/L	-74%	Massive reduction in liver cell injury
ALT	83 U/L	33.4 U/L	-60% (NORMALIZED)	Complete resolution of acute injury
GGT	779 U/L	511 U/L	-34%	Cholestasis improving
ALP	159 U/L	93 U/L	-41% (NORMALIZED)	Bile flow normalized
Bilirubin	22.9 µmol/L	11.3 µmol/L	-51% (NORMALIZED)	Improved bile excretion
Albumin	34.9 g/L	37.4 g/L	+7%	Liver producing proteins effectively
Hemoglobin	101 g/L	114 g/L	+13%	Anemia improving
Platelets	143 G/L	160 G/L	NORMALIZED	Within normal range

Liver Regeneration Results and Quality of Life



Liver Stiffness Improvements:


FibroScan measurements showed initial dramatic reduction followed by partial stabilization:

- **Baseline (Nov 4, 2025):** 72.2 kPa (severe F4 cirrhosis)
- **2 months later (Jan 8, 2026):** 43.5 kPa (40% reduction)
- **3 months (Dec 10, 2025 by ARFI method):** 53.5 kPa (net 26% sustained improvement)


The partial rebound from 43.5 to 53.5 kPa likely reflects ongoing low-level alcohol consumption and the difference between measuring methods, but the net 26% improvement still represents clinically meaningful reduction in liver stiffness.

Quality of Life Restored:


Beyond the numbers, Patient VQH's daily life transformed:




Energy restored
No longer experiencing chronic fatigue




Pain resolved
Bone pain from hypocalcemia eliminated



Normal vital signs
Blood pressure 130/70, all parameters stable



Zero complications
No decompensation events (ascites, bleeding, encephalopathy)



Eating and sleeping normally
Returned to regular daily activities

What Makes This Remarkable:

The speed and magnitude of VQH's improvement exceed conventional approaches:

- 74% AST reduction in 2 months compared to typical 30-50% over 6-12 months with alcohol abstinence
- Complete ALT normalization indicating real hepatocellular healing
- Improvement despite imperfect compliance (reduced but not eliminated alcohol intake)
- Multi-system recovery (liver, blood, metabolic) happening simultaneously
- Cost-effective: Total treatment cost approximately \$3,000 vs. \$250,000-500,000 for 5 years of conventional US cirrhosis management (98% cost reduction)

The Integrative Advantage:

"We don't ask patients to choose between traditional and modern medicine," explains Dr. Thuy. "Patient VQH continued necessary conventional monitoring while adding multi-targeted herbal support, intensive nutritional therapy, and systematic assessment. We address multiple pathways simultaneously: reducing inflammation, supporting cellular regeneration, correcting nutritional deficiencies, and enhancing the liver's natural healing capacity."

Watch our NotebookLM video regarding this case: [A_Stunning_Liver_Reversal.VQH.25mp4](#)

Important Context:

This represents one patient's documented experience. The combination of dramatic transaminase reductions (AST -74%, ALT -60%) along with FibroScan improvements and normalized secondary parameters (platelets, bilirubin, alkaline phosphatase) provides strong objective evidence of hepatocellular recovery. However, individual outcomes vary based on many factors including disease severity, compliance, and individual biology.



"Every patient is different, and we make no universal promises," emphasizes Dr. Thuy. "What we can demonstrate is that systematic, multi-targeted integrative approaches can support the liver's remarkable regenerative capacity, even in advanced cirrhosis, when executed with rigor and proper monitoring."

MEDICAL DISCLAIMER FOR CASES ABOVE:

These cases describe individual patient experiences at a licensed medical facility in Vietnam. Individual outcomes vary significantly based on many factors including underlying health conditions, disease severity, disease characteristics, and individual response to treatment. Results documented through standard medical testing at accredited laboratories. All patients continue necessary conventional medications as prescribed by their physicians. Treatment protocols are highly personalized based on individual assessment and ongoing monitoring and may include various combinations of therapies tailored to specific conditions. Example compounds and medications listed represent possibilities for certain condition types but may not reflect complete protocols for any individual patient. Results should not be interpreted as typical, expected, or guaranteed. This information is for educational purposes only and does not constitute medical advice, diagnosis, or treatment recommendations. Patients considering integrative medicine approaches should consult qualified healthcare providers about their specific situations, obtain appropriate diagnostic testing for accurate disease identification, and maintain appropriate medical supervision throughout treatment.

EXPERT PERSPECTIVE

From Research to Practice: Dr. Mai Mac on Chronic Pain Management

By Dr. Mai Mac, Pediatric Physician & AASuccess Volunteer

When I reviewed recent research on chronic pain mechanisms (specifically, "A parabrachial hub for need-state control of enduring pain"), I was struck by a finding with immediate clinical relevance: the body has natural pain relief systems that respond to hunger or thirst through neuropeptide Y.

The Research in Plain Language:

Scientists discovered that certain brain neurons respond specifically to sustained pain (not acute pain). These neurons can be naturally suppressed by the body's own neuropeptide Y during states of hunger or thirst. The body essentially prioritizes survival needs over chronic pain signals.

My Initial Question:

Could controlled fasting trigger natural pain relief for my pediatric patients with chronic conditions?

The Reality Check:

As I worked through this question, several challenges emerged:

1. Safety Concerns for Children:

- Children need consistent energy for growth and development
- Fasting protocols safe for adults may harm developing bodies
- How long is "controlled" before it becomes harmful?

2. Diagnostic Uncertainty:

- Does reduced pain mean actual healing?
- Or are we just blocking pain signals while damage continues?
- In children, distinguishing these is critical

3. Water Restriction:

- Absolutely too risky for pediatric patients
- Dehydration poses serious developmental threats
- This avenue is closed for my patient population

Redirecting Toward Safer Options:

Instead of fasting protocols, I explored:

- Medically supervised meal timing combined with cognitive behavioral therapy
- Activating the body's natural pain relief through safer interventions
- Meditation protocols that don't restrict necessary nutrition

The Bigger Insight:

If chronic pain uses different brain circuits than acute pain (which the research confirms), then perhaps standard pain scales miss important information. Maybe pediatric medicine needs different assessment tools for sustained versus acute pain.



A Concrete Proposal:

For children with lingering post-surgical pain, I propose combining:

1. Medically supervised meal timing (NOT fasting but carefully scheduled nutrition)
2. Cognitive behavioral therapy to activate pain-modulating pathways
3. Integrated care: pain specialists + nutritionists + psychologists
4. Character-based leadership supporting coordinated team approach

What I'm Learning Through This Research:

This exercise taught me to move beyond analyzing research toward building actionable applications. It's not enough to understand mechanisms. I need to translate findings into safe, practical interventions for real patients.

The AAS Framework in Practice:

- **Head:** Understanding the neuroscience
- **Heart:** Staying focused on patient safety and wellbeing
- **Hands:** Building protocols that frontline clinicians can actually implement

Whether I've succeeded in generating genuinely useful, evidence-based methods is part of ongoing learning. But the process itself (learning to think through implementation challenges, safety considerations, and practical constraints) is exactly the kind of disciplined innovation that has empowered me to keep learning and wanting to be part of AAS.

LOOKING AHEAD: JANUARY 2026



We believe that AAS DECA's integrative medicine services can continue to help and provide both affordable and quality of unique services of care to not only patients in Vietnam but many patients elsewhere. Target patients include:

Target Patients

- Post-surgery cancer patients seeking recovery support
- Family wellness programs for multi-generational health
- VIP health optimization and preventive care

Proprietary Product Development

Dr. Thuy's formulations showing promising results in long-lasting restoration and bio-healing:

- **"VM" cream and spray:** Supporting muscle and tissue restoration with observed movement improvement
- **"AC" product:** Addressing skin conditions with progressive tissue healing
- Both developed through years of patient observation and Traditional Vietnamese Medicine principles

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ABOUT US-IBDC

US-IBDC, a branch of the 20-year nonprofit AASuccess (AAS), builds bridges between modern medical innovation and Vietnamese healthcare delivery. Through collaborations with institutions like the Inventive Medical Foundation (Dr. Hoang Xuan Ba) and partnerships with experts in Traditional Vietnamese Medicine, we bring curated herbal medicine combined with modernized integrative and regenerative medical expertise to Vietnam's expanding healthcare infrastructure.



Our Proof-of-Concept

AAS DECA in Hanoi demonstrates that rigorous Traditional Medicine can meet Western medical standards while delivering measurable patient outcomes at affordable costs.



Our Vision

A network of AASuccess BioGen Centers across Vietnam, each serving as a hub for integrative medicine, medical education, and community health transformation.

Who This Newsletter Serves

This US-IBDC E-Newsletter is designed for audiences seeking:

- Affordable, High-Quality Healthcare:** Americans and Vietnamese diaspora in need of integrative medicine for natural bio-healing, healthy aging, organ repair and regeneration, and pain management for quality of life.
- Business Partnership Opportunities:** Qualified business members who pledge to work on social impacts via the AAS ecosystem while benefiting from services or involvement (see USibdc.com for membership pledge details).
- Healthcare Information:** Healthcare professionals and patients exploring Vietnam's emerging integrative medicine capabilities backed by US medical expertise.

Join Our Mission

We invite qualified individuals and organizations to become US-IBDC Business Members, committed to social impact through the AAS ecosystem while accessing affordable integrative healthcare services at AAS DECA.

Learn more: www.usibdc.com

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Next Issue: January 2026 with AAS DECA's first quarterly outcomes report, VIP membership program launch, and LEAP certification progress.