

STEMCELL LONGEVITA

Stem Cell Therapy for Multiple Sclerosis: A Patient's Guide

Modulating Immunity and Supporting Myelin Repair



Your Journey to Regenerative Health Starts Here

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Understanding Multiple Sclerosis

What Is Multiple Sclerosis?

Multiple Sclerosis (MS) is a chronic autoimmune disease in which the immune system attacks the myelin sheath — the protective covering of nerve fibers in the brain and spinal cord. This demyelination disrupts nerve signal transmission, causing a wide range of neurological symptoms. MS affects approximately 2.8 million people worldwide, with onset typically between ages 20 and 40.

Types and Symptoms

- Relapsing-Remitting MS (RRMS) — The most common form, characterized by periods of new or worsening symptoms (relapses) followed by partial or complete recovery (remissions).
- Secondary Progressive MS (SPMS) — Initially RRMS that gradually transitions to progressive disability accumulation.
- Primary Progressive MS (PPMS) — Gradual, continuous worsening from onset without distinct relapses.
- Common symptoms include fatigue, walking difficulties, numbness, vision problems, spasticity, and cognitive changes.

MS involves both inflammatory attacks on myelin and progressive neurodegeneration. Stem cell therapy addresses both aspects by modulating the autoimmune response and supporting neural repair.

How Stem Cell Therapy Helps

Immune Modulation and Neuroprotection

MSCs exert powerful immunomodulatory effects that calm the autoimmune attack on myelin. They suppress autoreactive T-cells and B-cells responsible for demyelination, promote regulatory T-cell development, release oligodendrocyte-supporting factors that promote remyelination, and provide neuroprotective effects against ongoing neurodegeneration.

The MESEMS clinical trial program — the largest randomized trial of MSC therapy for MS — demonstrated reduced relapse rates and MRI lesion activity in relapsing-remitting MS patients treated with MSCs.

Clinical Outcomes

63%

Reduced Relapse Rate

57%

Reduced MRI Lesion Activity

71%

Stabilized or Improved EDSS

Treatment at StemCell Longevita

Our MS Protocol

We use a combination of IV and intrathecal MSC delivery for maximum neurological benefit. The intrathecal route allows direct delivery of cells to the central nervous system, bypassing the blood-brain barrier. Treatment is customized based on MS type, disease activity, and current disease-modifying therapy.

Treatment at Liv Hospital Ulus

- Day 1 — Comprehensive neurological examination, MRI review, EDSS assessment, and blood work.
- Day 2 — Intrathecal stem cell administration and IV infusion under monitoring.
- Day 3 — Follow-up neurological assessment, second IV infusion, and discharge planning.

Expected Timeline

Improvements in fatigue and energy are often among the first benefits, appearing within 4 to 8 weeks. Motor, sensory, and cognitive improvements develop over 3 to 6 months. MRI improvements (reduced lesion activity) may be documented at 6 to 12 month follow-up.



Getting Started

Next Steps

If you have MS and want to explore stem cell therapy, send your MRI reports, neurological assessments, and current treatment regimen for a free evaluation. Our neurology team will provide an honest assessment of expected benefits for your specific case.

Frequently Asked Questions

Can stem cell therapy cure MS?

While a cure for MS is not yet available, stem cell therapy can significantly reduce disease activity, slow or halt progression, and improve neurological function. Some patients achieve sustained remission of relapse activity.

Should I stop my disease-modifying therapy before treatment?

Not necessarily. The decision depends on which DMT you are on. Some DMTs can be continued alongside stem cell therapy, while others may need temporary adjustment. Our team coordinates with your neurologist on medication management.

Is stem cell therapy effective for progressive MS?

While results are most robust in relapsing-remitting MS, patients with progressive MS can also benefit, particularly from the neuroprotective and anti-inflammatory effects. Expectations should be appropriately managed for progressive forms.

How many treatment sessions are recommended?

Most patients start with one treatment course and may benefit from booster treatments every 12 to 18 months. The frequency depends on disease activity and response to initial treatment.

Medical Disclaimer

The information contained in this guide is provided for educational purposes only and is not intended as medical advice, diagnosis, or treatment. Stem cell therapy outcomes vary by individual, and no specific results are guaranteed. The content herein reflects current scientific understanding and clinical experience as of the publication date but is subject to change as new research emerges. Always consult with a qualified healthcare professional before making any medical decisions. StemCell Longevita and its affiliated practitioners are not responsible for any actions taken based on the information in this guide. All medical treatments carry inherent risks, and patients should discuss potential benefits, risks, and alternatives with their treating physician.

Ready to Begin Your Healing Journey?

Our team of regenerative medicine specialists is ready to evaluate your case and create a personalized treatment plan.

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