

STEMCELL LONGEVITA

Stem Cell Therapy for Parkinson's Disease: A Patient's Guide

Neuroprotection and Dopaminergic Support Through Regenerative Medicine



Your Journey to Regenerative Health Starts Here

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Understanding Parkinson's Disease

What Is Parkinson's Disease?

Parkinson's disease (PD) is a progressive neurodegenerative disorder caused by the loss of dopamine-producing neurons in the substantia nigra region of the brain. This dopamine deficiency leads to the characteristic motor symptoms of PD. Over 10 million people worldwide live with Parkinson's, with most cases diagnosed after age 60, though early-onset PD can occur in younger individuals.

Symptoms and Progression

- Tremor — Involuntary shaking, typically starting in one hand, most noticeable at rest.
- Bradykinesia — Slowness of movement, making simple tasks difficult and time-consuming.
- Rigidity — Muscle stiffness throughout the body, causing pain and restricted range of motion.
- Postural instability — Balance and coordination difficulties leading to fall risk.
- Non-motor symptoms — Depression, anxiety, sleep disturbances, cognitive changes, constipation, and loss of smell.

By the time motor symptoms appear in Parkinson's, approximately 60-80% of dopaminergic neurons have already been lost. Stem cell therapy aims to protect remaining neurons and support compensatory neural mechanisms.

CHAPTER 2

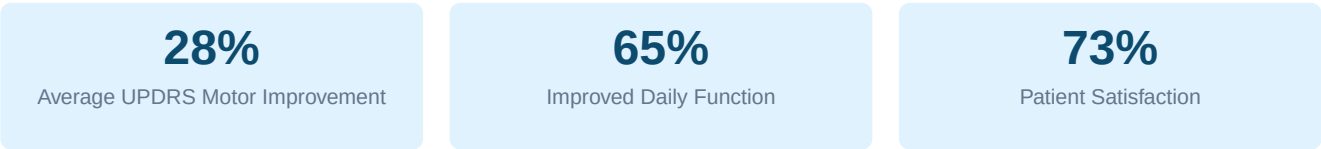
How Stem Cell Therapy Helps

Neuroprotective Mechanisms

MSCs support Parkinson's patients through multiple mechanisms: releasing neurotrophic factors (BDNF, GDNF) that protect surviving dopamine neurons from further degeneration, reducing neuroinflammation that drives disease progression, promoting neuroplasticity to compensate for lost neurons, and potentially stimulating endogenous neural stem cell activity in the brain.

Clinical studies have shown that intrathecal MSC delivery in PD patients improved UPDRS motor scores by 20-35% and reduced medication requirements, with benefits sustained for 12 to 18 months.

Clinical Results



Treatment at StemCell Longevita

Our Parkinson's Protocol

We use intrathecal (spinal) delivery of MSCs to bypass the blood-brain barrier and provide direct access to the central nervous system. This is combined with IV infusion for systemic anti-inflammatory benefits. Our neurology team customizes dosing and delivery based on disease stage and symptom profile.

Treatment at Liv Hospital Ulus

- Day 1 — Comprehensive neurological evaluation including UPDRS assessment, DaTscan review, medication history, and cognitive screening.
- Day 2 — Intrathecal stem cell administration under light sedation and IV infusion.
- Day 3 — Follow-up neurological assessment, medication adjustment guidance, and discharge planning.

Expected Timeline

Motor improvements typically begin within 4 to 8 weeks. Non-motor symptoms (mood, sleep, energy) often improve earlier. Maximum benefits are usually achieved by 3 to 6 months post-treatment. Some patients are able to reduce their levodopa dosage under neurologist supervision.



Getting Started

Next Steps

If you have Parkinson's disease and want to explore regenerative treatment options, contact us with your neurological assessments, medication history, and imaging for a free evaluation. Our neurology team will provide an honest assessment of expected benefits for your stage of disease.

Frequently Asked Questions

Can stem cells cure Parkinson's disease?

Current stem cell therapy cannot cure Parkinson's, but it can significantly improve symptoms, slow progression, and enhance quality of life. Research into direct dopamine neuron replacement is advancing and may offer more definitive treatments in the future.

At what stage of Parkinson's is stem cell therapy most effective?

Earlier stages (Hoehn and Yahr stages 1-3) generally respond best because there are more surviving neurons to protect. However, patients at all stages can benefit from the anti-inflammatory and neuroprotective effects.

Will I be able to reduce my Parkinson's medications?

Some patients are able to reduce their levodopa and other medications after stem cell therapy, but this should only be done under close neurologist supervision. Medication adjustments are based on individual response.

How often should treatment be repeated?

We recommend booster treatments every 12 to 18 months to maintain neuroprotective benefits, as Parkinson's is a progressive condition requiring ongoing therapeutic support.

Is the intrathecal procedure safe for Parkinson's patients?

Yes, intrathecal delivery is well-established and safe. Common temporary effects include mild headache lasting 24-48 hours. The procedure is performed under light sedation for comfort.

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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