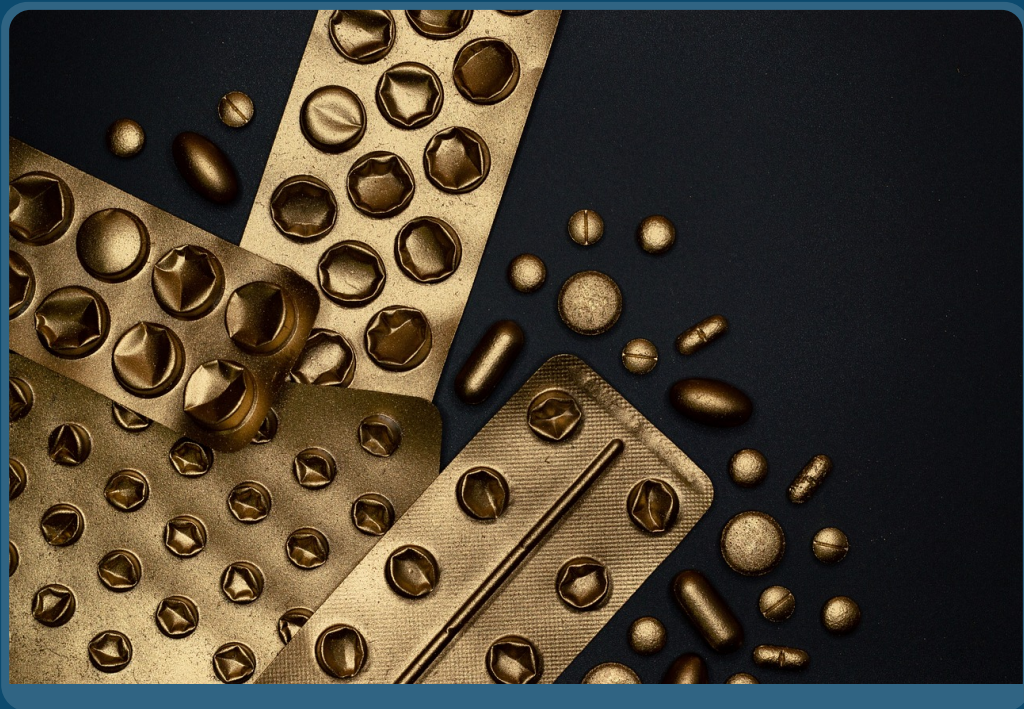


STEMCELL LONGEVITA

Stem Cell Therapy for Ulcerative Colitis: A Patient's Guide

Immune Modulation and Gut Healing for UC Patients



Your Journey to Regenerative Health Starts Here

Table of Contents

Chapter 1

Understanding Ulcerative Colitis

Chapter 2

How Stem Cell Therapy Helps

Chapter 3

Treatment at StemCell Longevity

Chapter 4

Results & Recovery

Chapter 5

Getting Started

Frequently Asked Questions

Medical Disclaimer & Contact

Understanding Ulcerative Colitis

What Is Ulcerative Colitis?

Ulcerative colitis (UC) is a chronic inflammatory bowel disease (IBD) that causes inflammation and ulceration of the inner lining of the colon and rectum. It is an autoimmune condition where the immune system attacks the intestinal lining, causing bloody diarrhea, abdominal pain, and significant impact on quality of life. UC affects approximately 5 million people worldwide.

Symptoms and Complications

- Bloody diarrhea with urgency and frequency, often 10 or more times per day during flares.
- Abdominal cramping and pain, typically in the lower left abdomen.
- Fatigue, weight loss, and nutritional deficiencies from chronic inflammation and malabsorption.
- Risk of colon cancer increases with disease duration and extent.
- Extraintestinal manifestations affecting joints, skin, eyes, and liver.

Current UC medications suppress the immune system broadly, often with significant side effects. Stem cell therapy offers targeted immune modulation that calms the autoimmune attack on the colon while preserving protective immunity.

CHAPTER 2

How Stem Cell Therapy Helps

Intestinal Healing and Immune Reset

MSCs promote UC remission through multiple mechanisms: modulating the Th1/Th17 immune response that drives colonic inflammation, promoting regulatory T-cell development that suppresses autoimmune attacks, releasing anti-inflammatory cytokines (IL-10, TGF-beta) that reduce mucosal inflammation, and secreting growth factors that promote intestinal epithelial regeneration and mucosal healing.

A Phase III clinical trial of MSC therapy for refractory UC demonstrated clinical remission in 53% of patients and endoscopic improvement in 62%, with sustained benefits at 12-month follow-up.

Clinical Evidence



Treatment at StemCell Longevita

Our UC Protocol

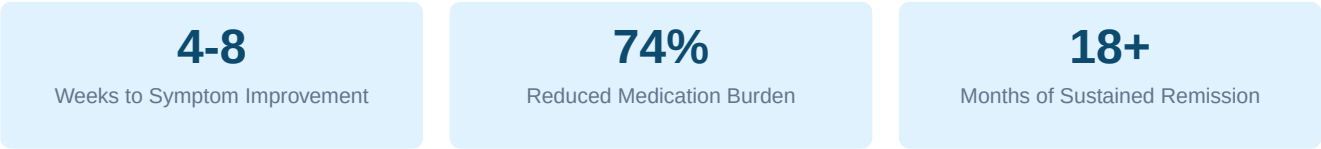
We use high-dose IV infusion of umbilical cord-derived MSCs administered over multiple sessions. IV delivery ensures significant cell delivery to the intestinal vasculature. Treatment is coordinated with your gastroenterologist to optimize medication management and timing.

Treatment at Liv Hospital Ulus

- Day 1 — Comprehensive GI evaluation including inflammatory markers, fecal calprotectin, and medication review.
- Day 2-3 — Sequential IV stem cell infusions with GI symptom monitoring.
- Day 4 — Post-treatment assessment, medication adjustment guidance, and discharge planning.

Expected Improvements

Symptom improvement (reduced diarrhea frequency, less blood, reduced urgency) typically begins within 4 to 8 weeks. Inflammatory markers (CRP, fecal calprotectin) may normalize by 2 to 3 months. Endoscopic improvement is often documented at 6-month follow-up colonoscopy.



Getting Started

Next Steps

If you have ulcerative colitis that is not adequately controlled with current medications, contact us with your endoscopy reports, lab results, and medication history for a free evaluation.

Frequently Asked Questions

Can stem cell therapy induce remission in ulcerative colitis?

Yes, clinical trials have demonstrated that MSC therapy can induce clinical and endoscopic remission in UC patients, including those who were refractory to biologic therapy.

Will I need to change my UC medications?

Initially, continue all medications. After treatment, your gastroenterologist may gradually taper immunosuppressive or biologic medications based on your response. Medication changes should always be made under medical supervision.

Is stem cell therapy safe for IBD patients?

Yes, extensive clinical trial data supports the safety of MSC therapy in IBD patients. There is no increased risk of infections or malignancy, and the treatment has been well-tolerated even in patients on immunosuppressive medications.

How many treatments are typically needed?

Most patients receive one initial treatment course. A booster treatment at 6 to 12 months may be recommended, particularly for patients with more severe or refractory disease.

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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