

SUBMISSION TO TGA ON AUTOLOGOUS STEM CELLS

25/01/2015

BACKGROUND

I was diagnosed with Parkinson's Disease in 2006, at age 62 (DOB 1944).

I was and remain under the care of the same neurologist at a major Sydney hospital. By December 2011 my symptoms were – noticeable tremor in right hand and lower arm, shortened hesitant steps and occasional freezing, and other characteristics typical of the ailment. I had also become sad and depressed.

I began to investigate alternative therapies on the internet, through reading journals such as New Scientist, and books such as “Stop Parkin’ and Start Livin’ – reversing the symptoms of parkinson’s disease” by John C Coleman ND. I considered treatment using embryonic stem cells (not possible in Australia) and then by using autologous stem cells. I investigated travelling for treatment by a USA clinic, a German clinic, a Russian doctor and finally a Chinese clinic. I was considering which country to travel to when I found Macquarie Stem Cells. After several phone conversations and email exchanges my wife and I visited Dr Ralph Bright at his clinic, interviewed him, discussing the treatment, cost and possible outcomes.

RESULTS

It was explained to us that the treatment was experimental and that there was no certainty as to a positive result. As the stem cells to be used were my own I decided the risk level was low and to proceed. The cells were harvested by way of liposuction. I had the first infusion in December 2011 immediately after the harvesting. Over the next 18 months I had a further 3 infusions.

Within 2 weeks I noticed a significant positive change, and within 4 weeks friends and associates were remarking on how much I had improved. The tremor reduced to be largely un-noticeable, my walking lost much of its hesitancy and my general outlook and demeanour improved significantly. I continued taking the medication prescribed by my neurologist. This has not been changed or increased in nearly three years. I got a small improvement from the second infusion from frozen stem cells, negligible impact from the others. The benefits have remained with me.

COMMENT

1. Certainty is needed to ensure that infusions from frozen autologous cells are only made of live active cells. It should be mandatory that appropriate tests are carried out by practitioners before any infusion is carried out.
2. There is a growing body of clinical data of the use of autologous stem cells for a range of treatments including arthritis, knee ligament repairs, MS, etc including some sufferers of Parkinson's disease.
3. Until such time as there is clear evidence of adverse effects from the use of autologous stem cells (on the donor) the only restrictions on the use of such cells in treatment should be in accordance with Guidelines set out by the appropriate body. I believe such Guidelines should include the following.
4. * The experimental nature of the treatment must be properly explained to the patient.
 - * Before any cells are infused into the patient they must have been independently tested for viability.
 - * Medical practitioners using autologous stem cells must follow clearly set-out protocols.
 - * Detailed notes of the treatment and techniques used should be made available to an independent research body to enable constant revising of the techniques for future practitioner's use.

