



Systemic Lupus Erythematosus (SLE)

Stem Cell + Allogeneic CIK Immune Cell Therapy for Severe Systemic Lupus Erythematosus – Case Snapshots

Patient	Age / Background	Condition & Complications	Outcome After Stem Cell Therapy
Ms. G	48, female	10 yrs SLE, lupus cerebritis, severe leg edema, blackened skin, 11 ulcers with gangrene, extreme pain; advised amputation	Swelling disappeared, 10/11 ulcers healed, new skin grew, regained mobility; back to normal life within 2 yrs
Mr. C	18, male	5 yrs SLE, lupus cerebritis + nephritis, pleural effusion, anemia (weekly transfusions), forced to quit school	Symptoms resolved, labs normalized (except proteinuria), no longer transfusion-dependent; returned to school after 3 yrs break
Prof. Liao	Middle-aged, genetics professor, Sichuan Univ.	Severe SLE, refractory to conventional treatment	Health stabilized; wrote a heartfelt testimonial letter , praising therapy and doctor's ethics/skill
Ms. Q	Adult, congenital SLE	Recurrent severe colds (7–8 times per year) due to weak immunity	After therapy, immune system strengthened , infections greatly reduced, quality of life improved
Ms. C	31, female	10+ yrs SLE; lupus nephritis (5 yrs), bilateral femoral head necrosis (3 yrs), worsening facial rash despite standard treatment	After 1st course: symptoms eased, facial rash faded; now in 2nd course , long-term results under observation

- ✓ **Common theme:** All patients had **severe, treatment-resistant SLE** with serious complications.
- ✓ **Results:** Stem cell + CIK immune cell therapy led to **dramatic improvements** — from limb salvage, restored study/work, reduced infections, to visible remission of symptoms.
- ✓ **Impact:** Showcases stem cell therapy as a **life-restoring option** even for patients with no hope from conventional medicine.

Case ONE (1): Severe Systemic Lupus Erythematosus (SLE) Treated with MSC and allogeneic CIK Immune Cell Therapy

Patient: Female, 48 years old

Diagnosis: Severe systemic lupus erythematosus (SLE) for 10 years, complicated with lupus cerebritis

Pre-Treatment Status (Before June 2004)

- **Symptoms & Complications:**
 - Severe bilateral lower limb edema
 - Progressive skin darkening, ulceration, foul-smelling infection
 - 11 sites of gangrene, ulcers extending to tibia
 - Intractable severe pain, loss of mobility
- **Clinical course:**
 - Multiple therapies tried without success
 - Disease worsening, hospitals refused further treatment
 - Physicians recommended amputation as only life-saving measure

MSC and Allogeneic CIK Treatment & Outcomes

First Infusion: June 3, 2004

- Rapid, almost miraculous improvement
- Bilateral leg edema completely resolved
- 11 sites of gangrene/ulcers: majority healed, black necrotic scabs fell off, revealing healthy new skin

After 3 Courses (December 6, 2004):

- Patient regained mobility, able to resume normal life
- 10 of 11 ulcers completely healed
- Black scabs largely detached, fresh skin covering wound sites

One-Year Follow-Up (July 6, 2005):

- Black scabs almost completely recovered
- Healthy skin tissue fully covering ulcer sites
- Patient returned to independent daily life

Two-Year Follow-Up (2006):

- Patient resumed normal life activities, stable recovery maintained

Clinical Significance

- ✓ Efficacy: Part of a cohort of 12 severe SLE cases treated with MSC+CIK, showing >90% effective rate
- ✓ Limb salvage: Avoided amputation despite end-stage gangrene
- ✓ Quality of life: From terminal despair and immobility → full return to normal life
- ✓ Durability: Sustained recovery maintained over 2 years.



Jun 2004



Dec 2004



Jul 2005

Case TWO (2): Severe Systemic Lupus Erythematosus (SLE) Treated with MSC+ Allogeneic CIK Immune Cell Therapy

Patient: Male, 18 years old

Diagnosis: Systemic lupus erythematosus (SLE) with complications:

- Lupus cerebritis (brain involvement)
- Lupus nephritis
- Bilateral pleural effusion (fluid in lungs)
- Generalized edema
- Chronic cough with sputum, vomiting
- Severe anemia, requiring weekly blood transfusions for survival

Pre-Treatment Status (Before October 2005)

- Illness persisted for 5 years, unresponsive to multiple treatments
- Health progressively deteriorated
- Severe weakness and dependency on transfusions
- Treating doctors lost confidence; family advised to give up
- Patient forced to withdraw from school for 3 years

MSC + Allogeneic CIK Treatment & Outcomes

Start of Cell Therapy: October 8, 2005

- After 1 Course:
 - Cough, sputum, vomiting significantly improved
 - Generalized edema resolved
 - Pleural effusion disappeared
- After 2 Courses:
 - Laboratory tests: most indices returned to normal range
 - Only proteinuria showed no marked change
 - Patient regained strength and health
 - Able to return to school after 3 years of interruption

	生物治疗前	生物治疗后	参考值血
• 血红蛋白	75.0(050926)	115(060217)	120-160 g/L
• 血清尿素氮	24.5(050920)	4.9(060217)	1.8-7.1mmol/L
• 血清IgA	1.03(050930)	1.10(060217)	0.69-3.82
• 血清IgG	5.160	6.200	8-16
• 血清IgM	0.441	0.646	0.62-2.77
• 补体3	0.716	1.250	0.85-1.93
• 补体4	0.249	0.276	0.12-0.36
• 尿蛋白	3.0(050920)	3.0(060114)	0g/L

Clinical Significance

✓ Life-threatening, treatment-resistant SLE improved rapidly after MSC+ Allogeneic CIK therapy

- ✓ Resolution of severe systemic symptoms (edema, effusion, anemia-related weakness)
- ✓ Restored ability to study and return to normal life
- ✓ Demonstrates potential of MSCs to rescue young patients from otherwise hopeless conditions



Pre Treatment , 14 yr old



Post Treatment , 15 yr old



Post Treatment with Prof Qi , 18 yr old

Case THREE (3): Severe Systemic Lupus Erythematosus (SLE) Treated with Stem Cell + Allogeneic CIK Immune Cell Therapy

Patient: Prof. Liao, Sichuan University, Genetics Department

Diagnosis: Severe systemic lupus erythematosus (SLE)

Background:

- Long history of lupus with serious complications
- Conventional treatments failed
- Patient reached a desperate stage, seeking a new option

Treatment:

- Stem cell + Allogeneic CIK therapy

Outcome:

- Marked improvement in health and symptoms
- Patient regained stability and recovery, avoiding the progressive decline associated with severe lupus

Patient's Letter of Gratitude

“我是个小人儿，没资格对您进行评价。我们崇拜您是因为您的成就和对人类健康事业的贡献，我们敬仰您是因为您高尚的医德和人品，如果所有患者的评价加在一起，就会为您竖起一座丰碑！”

“您是世界上最优秀的医生，不仅掌握最前沿医学干细胞治疗的全部技术（基础理论，干细胞及细胞因子提取技术，科研到临床……），您是医学界难得的全才，更难得您的个人品质特别高尚，发自内心的万分崇敬。”

“您真正是一位了不起的医生，绝不是讨好您，完全出于内心的崇拜敬仰！再谢！”

—— Prof. Liao, Sichuan University (遗传学教授)

Translated from text: Patient's Letter of Gratitude

I am just an ordinary person, not qualified to evaluate you.

We admire you because of your great achievements and contributions to human health.

We respect you because of your noble medical ethics and character.

If all the patients' words of praise were gathered together, they would form a great monument in your honor!

You are the best doctor in the world, not only mastering all the cutting-edge techniques of stem cell therapy (from basic theory, stem cell and cytokine extraction, to research and clinical application...), but also being a rare all-round talent in the medical field. Of

course, you already have very high achievements. What is even rarer is your exceptionally noble personal character, for which I feel deep respect from the bottom of my heart.

You are truly a remarkable and outstanding doctor. These words are not to flatter you, but are spoken out of genuine admiration and reverence! Thank you again!

Sincerely,
Liao Chang
Professor of Genetics, Sichuan University



Post Treatment, 10 years



Post Treatment with Prof Qi, 15 years

Case FOUR (4): Congenital Systemic Lupus Erythematosus (SLE) Treated with Stem Cell + Allogeneic CIK Immune Therapy

Patient: Female, Sichuan

Condition: Congenital systemic lupus erythematosus, 5 years duration

Main Symptoms

- Repeated severe colds and infections
- 7–8 episodes per year, leading to poor quality of life and health instability

MSC + Allogeneic CIK Treatment

- Mesenchymal Stem Cell (MSC) + Allogeneic CIK biological therapy

Outcomes

- Significant strengthening of immune system
- Frequency and severity of infections markedly reduced
- Patient's health stabilized, able to enjoy daily life with fewer interruptions from illness



Case FIVE (5): Severe Systemic Lupus Erythematosus (SLE) Treated with Stem Cell + Allogeneic CIK Immune Cell Therapy

Patient: Female, 31 years old

Diagnosis: Systemic lupus erythematosus (SLE), 10+ years

Clinical History

- 10 years: Long-standing SLE, treated with both conventional Western and Chinese medicine, but disease repeatedly relapsed and worsened
- Key Complications:
 - Lupus nephritis (onset 5 years ago)
 - Bilateral femoral head necrosis (onset 3 years ago)
- Symptoms before cell therapy:
 - Severe facial erythema ("butterfly rash")
 - Progressive disease despite standard therapy

Treatment & Outcome

- Began stem cell + Allogeneic CIK therapy, discontinued corticosteroids and conventional medications
- Post-treatment:
 - Subjective symptoms improved significantly
 - Facial erythema markedly reduced and lightened
- Completed 2 courses of MSC + CIK therapy treatment



Pre Treatment, Jan 2015, facial rash



Post Treatment, Jun 2015, facial rash significantly reduced