The “Mexican Method” as performed by Clínica Ruíz
Non-Myeloablative HSCT for MS & Autoimmune Disease
Dr. GJ Ruíz-Argüelles

1. Extensive medical tests include review of patient MRIs (brain plus cervical, thoracic & lumbar spine), chest X-ray, blood panel, electrocardiogram, spirometry. Consultation with neurologist, cardiologist & hematologist. Medical history.

2. Two days of cyclophosphamide chemotherapy to condition the immune system—begin to kill white blood cells and mobilize new stem cells.

3. Subcutaneous injections twice daily to mobilize the stem cells from the bone marrow into the blood. Outpatient surgery to install a hemodialysis catheter.

4. Apheresis. Patient’s own adult stem cells are filtered out of the blood by a centrifuge and stored at four degrees celcius.

5. Two days of high-dose cyclophosphamide chemotherapy to destroy the majority of the existing immune system. This is the most crucial part of HSCT; everything else supports this step.

6. Day Zero. Stem cells are given back to the patient to speed up recovery.

7. During neutropenia, white blood cell count is abnormally low and susceptibility to infection is high. Diet and exposure are highly controlled. Stem cells grow into new immune cells without memory of MS. Additional growth factors are given to encourage additional new stem cells. Blood samples every 48 hours. Lots of prophylactic medication.

8. White blood cells return to safer levels, but cautionary diet and exposure persist.

9. To minimize the chance of a post-procedural relapse, a rituximab infusion is given to deplete any remaining CD20 B-cells. Some people report noticeable reversal of MS symptoms by this point. Patient is safe enough to return home.

NOTE: this chart is my interpretation of the procedure. Timeline is approximate, different for each group and each individual.