

# CONTRAINDICATIONS AND USE OF MEDICATIONS

## ABSOLUTE CONTRAINDICATIONS

These conditions **must exclude** a patient from IV stem cell therapy:

1. **Active Malignancy or Recent Cancer History**
    - Risk of tumor promotion by growth factors secreted by stem cells.
  2. **Ongoing Systemic Infection**
    - Bacteremia, sepsis, tuberculosis, HIV with high viral load, etc.
  3. **Pregnancy or Breastfeeding**
    - No safety data; fetal effects unknown.
  4. **Uncontrolled Autoimmune Diseases**
    - Exacerbation risk due to immunomodulatory effects (e.g., active lupus, MS flare, rheumatoid arthritis in active stage).
  5. **Severe Organ Failure**
    - Uncompensated heart failure (NYHA IV), liver cirrhosis (Child-Pugh C), or end-stage renal disease without dialysis.
  6. **Known Allergy to Cell Preparation Components**
    - Such as DMSO (used in cryopreservation), albumin, or carrier medium.
  7. **History of Anaphylaxis or Severe Infusion Reactions**
  8. **Uncontrolled Hypertension or Cardiac Instability**
    - Risk of cardiovascular events during infusion.
  9. **Ongoing Anticoagulation with High Bleeding Risk**
    - Especially if stem cells are infused in high volume or with vascular puncture.
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## RELATIVE CONTRAINDICATIONS (USE WITH CAUTION / CASE-BY-CASE)

These require clinical judgment and risk-benefit analysis:

1. **Previous Thromboembolic Events**
    - Some reports suggest a theoretical risk of emboli, especially with poorly prepared cell products.
  2. **Chronic Immunosuppression or Organ Transplant Patients**
    - Altered immune profile may affect response or rejection risk.
  3. **History of Stroke or Intracranial Hemorrhage**
    - Infusion-related blood pressure variations may increase risk.
  4. **Severe Allergies / Mast Cell Disorders**
    - May predispose to unpredictable immune responses.
  5. **Unstable Psychiatric Conditions**
    - Especially if the patient is unable to provide consistent consent or follow-up.
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## SPECIAL CAUTION WITH ALLOGENEIC CELLS

- Allogeneic IV therapy should always be done with:
    - Full infectious screening
    - HLA testing if indicated
    - GMP-certified manufacturing
    - Ethical and legal approval
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## CLINICAL BEST PRACTICE:

- Always perform a **thorough medical history, physical exam, and lab screening** before IV stem cell infusion.
- Document **informed consent** clearly, noting off-label use (if applicable).

Restriction	Why Avoid It	Duration
<b>Strenuous physical activity / heavy exercise</b>	To avoid systemic inflammation and support cell homing	At least <b>7–10 days</b>
<b>Alcohol consumption</b>	Alcohol is inflammatory and may impair cellular repair	<b>7–14 days</b>
<b>Smoking</b>	Nicotine and toxins impair vascular health and healing	Ideally <b>permanently</b> , but minimum <b>2 weeks</b>
<b>NSAIDs (e.g., ibuprofen, diclofenac)</b>	These may suppress the inflammatory signals needed for cell activation	<b>7–14 days</b> (unless medically necessary)
<b>Steroids (unless prescribed)</b>	Immunosuppressive effect may interfere with MSC activity	<b>As advised by physician</b>
<b>Vaccinations</b>	Risk of immune system interference	<b>2 weeks before and after</b> infusion (consult physician)
<b>High-stress environments</b>	Cortisol dampens regenerative processes	<b>7–14 days</b>
<b>Travel (especially long flights)</b>	Risk of fatigue, clotting, or exposure to illness	<b>3–5 days</b> (or until stable)
<b>Infections or sick contacts</b>	Patient may be temporarily immunomodulated	<b>At least 7 days</b>
<b>Unprotected sun exposure (for skin-related protocols)</b>	May counteract regenerative effects (if aesthetic purpose)	<b>7–10 days</b>

<i>Medication (Avoid)</i>	<i>Alternative (Use Instead)</i>
<b>NSAIDs</b> ( <i>ibuprofen, diclofenac, naproxen</i> )	<b>Paracetamol</b> (acetaminophen)
<b>Systemic corticosteroids</b> ( <i>prednisone, dexamethasone</i> )	Avoid if possible; use <b>lowest effective dose</b> if necessary
<b>Immunosuppressants</b> ( <i>tacrolimus, methotrexate</i> )	Only under <b>strict medical guidance</b>
<b>Chemotherapy agents</b>	Not recommended unless prescribed by oncologist
<b>TNF inhibitors</b> ( <i>infliximab, etanercept</i> )	Evaluate <b>risk-benefit</b> individually
<b>Live vaccines</b>	<b>Delay</b> 2 weeks before and after therapy
<b>Certain antibiotics</b> ( <i>high-dose ciprofloxacin, tetracycline</i> )	Use <b>narrow-spectrum antibiotics</b> if needed
<b>Alcohol or recreational drugs</b>	<b>Avoid completely</b> for 7–14 days
<b>Anticoagulants</b> ( <i>warfarin, rivaroxaban</i> )	May continue with <b>monitoring</b> , if needed

