CLAIMS:

1. A method for treating or preventing an inflammatory neurological disease, the method comprising administering to the subject a population of cells enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom.

2. The method of claim 1, wherein the inflammatory neurological disease is associated with or caused by a T cell response to an inflammatory stimulus.

3. The method of claim 1 or 2 comprising administering a population of cells enriched for STRO-1^{bright} cells and/or progeny thereof and/or soluble factors derived therefrom.

4. The method of any one of claims 1 to 3, wherein the inflammatory neurological disease is selected from the group consisting of multiple sclerosis, systemic lupus erythematosus, Guillain-Barre syndrome, Lambert-Eaton myasthenic syndrome, myasthenia gravis, transverse myelitis, leukodystrophy and progressive multifocal leukoencephalopathy.

5. The method of any one of claims 1 to 4, wherein the disease is systemic lupus erythematosus.

6. The method of any one of claims 1 to 4, wherein the disease is multiple sclerosis.

7. The method of claim 6, wherein the disease is a chronic progressive form of multiple sclerosis or a relapsing-remitting form of multiple sclerosis.

8. The method of any one of claims 1 to 7, wherein the population enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom are administered systemically.

9. The method of any one of claims 1 to 8, wherein the disease is a relapsing-remitting disease and the population enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom are administered during disease relapse to prevent or delay relapse of the disease.

10. The method of any one of claims 1 to 9, comprising administering an amount of the population enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom effective to increase the number of regulatory T (Treg) cells in the subject and/or at the site of pathogenesis of the disease.

11. The method of any one of claims 1 to 10, comprising administering between 2 x 10^6 to 8 x 10^6 STRO-1$^+$ cells and/or progeny thereof per kg.

12. The method of any one of claims 1 to 11, comprising administering between 3 x 10^6 to 6 x 10^6 STRO-1$^+$ cells and/or progeny thereof per kg.

13. The method of any one of claims 1 to 12 comprising administering a low dose of STRO-1$^+$ cells and/or progeny thereof.

14. The method of claim 13, wherein the low dose of STRO-1$^+$ cells and/or progeny thereof comprises between 0.1 x 10^6 and 3 x 10^6 STRO-1$^+$ cells and/or progeny thereof per kg.

15. The method of claim 14, wherein the low dose of STRO-1$^+$ cells and/or progeny thereof comprises about 3 x 10^6 STRO-1$^+$ cells and/or progeny thereof per kg.

16. The method of any one of claims 1 to 15, wherein the population enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom are administered once weekly or less often.

17. The method of any one of claims 1 to 15, wherein the population enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom are administered once every four weeks or less often.

18. The method of any one of claims 1 to 17, wherein the population enriched for STRO-1$^+$ cells and/or progeny thereof are genetically-engineered to express a molecule to block stimulation of T cells and/or the soluble factors are from such genetically-modified cells.

19. The method of any one of claims 1 to 18, wherein the population enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors therefrom are administered with a compound to block stimulation of T cells.

20. The method of any one of claims 1 to 19, wherein the population enriched for STRO-1$^+$ cells and/or progeny cells are autogeneic or allogeneic and/or the soluble factors are derived from autogeneic or allogeneic cells.

21. The method of any one of claims 1 to 19, wherein the population enriched for STRO-1$^+$ cells and/or progeny cells have been culture expanded prior to administration and/or prior to obtaining the soluble factors.

22. A method for preventing an immune response in response to an antigen, the method comprising administering to the subject a population of cells enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom.

23. The method of claim 22, wherein the immune response is a T cell-mediated immune response.

24. The method of claim 23, wherein the T cell-mediated immune response comprises T cell proliferation.

25. The method of any one of claims 22 to 24, wherein the T cell-mediated immune response is suppressed in response to a specific antigen and a T cell-mediated immune response in response to another antigen is not suppressed.

26. The method of any one of claims 22 to 25, wherein the subject has previously raised an immune response to the antigen and the population, progeny and/or soluble factors suppress a further immune response to the antigen.

27. The method of claim 26, comprising administering the population, progeny and/or soluble factors after the subject raises an immune response to the antigen to thereby prevent a further immune response to the antigen.

28. The method of any one of claims 22 to 27, wherein the immune response is suppressed for at least about 24 days following administration of the population of cells

enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom.

29. A method for inducing tolerance to an antigen in a subject, the method comprising administering to the subject a population of cells enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom.

30. The method of any one of claims 22 to 29, wherein the antigen or the specific antigen is one against which an inflammatory response is raised.

31. The method of claim 30, wherein the inflammatory response is causative of an inflammatory neurological disease.

32. The method of any one of claims 1 to 31, wherein the population of cells enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom is administered with a compound that treats or prevents an inflammatory neurological disease.

33. The method of claim 32, wherein the compound is glatiramer acetate and/or beta-interferon.

34. A population of cells enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom for use in the treatment or prevention of an inflammatory neurological disease and/or for suppressing an immune response against an antigen and/or for inducing tolerance to an antigen..

35. Use of a population of cells enriched for STRO-1$^+$ cells and/or progeny thereof and/or soluble factors derived therefrom in the manufacture of a medicament for treating or preventing an inflammatory neurological disease and/or for suppressing an immune response against an antigen and/or for inducing tolerance to an antigen.

CLAIMS

1. Use of a therapeutically effective amount of a population of cells enriched for STRO-1^+ multipotential cells in the manufacture of a medicament for treating or preventing an inflammatory neurological disease in a subject.

2. Use according to Claim 1, in which the inflammatory neurological disease is selected from the group consisting of multiple sclerosis, systemic lupus erythematosus, Guillain-Barre syndrome, Lambert-Eaton myasthenic syndrome, myasthenia gravis, transverse myelitis, leukodystrophy and progressive multifocal leukoencephalopathy.

3. Use of a population of cells enriched for STRO-1^+ multipotential cells in the manufacture of a medicament for treating or preventing an inflammatory neurological disease in a subject, in which the inflammatory neurological disease is multiple sclerosis.

4. Use according to Claim 1, 2 or 3, in which the inflammatory neurological disease is associated with or caused by a T cell response to an inflammatory stimulus.

5. Use according to any of Claims 2 to 4, in which the multiple sclerosis is a chronic progressive form of multiple sclerosis or a relapsing-remitting form of multiple sclerosis.

6. Use according to any preceding claim, in which the medicament is in a form suitable for systemic administration.

7. Use according to any preceding claim, in which the medicament is suitable for administering between 2 x 10^6 to 8 x 10^6 STRO-1^+ multipotential cells per kg.

8. Use according to any preceding claim, in which the medicament is suitable for administering between 3 x 10^6 to 6 x 10^6 STRO-1^+ multipotential cells per kg.

9. Use according to any preceding claim, in which the medicament is suitable for administering between 0.1 x 10^6 and 3 x 10^6 STRO-1^+ multipotential cells per kg.

10. Use according to any preceding claim, in which the medicament is suitable for administration once weekly or less often, or once every four weeks or less often.

11. Use according to any preceding claim, in which the population enriched for STRO-1^+ multipotential cells are genetically-engineered to express a molecule to block stimulation of T cells.

12. Use according to any preceding claim, in which the population enriched for STRO-1^{+} multipotential cells are autogeneic or allogeneic.

13. Use according to any preceding claim, in which the population of cells enriched for STRO-1^{+} multipotential cells are culture expanded prior to manufacture of the medicament.

14. Use according to any preceding claim, in which the population of cells is enriched for STRO-1^{bright} multipotential cells.