

13th Tissue Repair and Regeneration Congress

August 08-09, 2022 Berlin,

In Regenerative Medicine, Macrophage-based Treatment Techniques**Garcia O***Universitas Airlangga, Indonesia***Abstract: (600 Words)**

In 1973 the American Spinal Injury Association made the International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI). In this clinical review our patient was classified after the vertebral fixation surgery with a ASIA-A scale injury after suffering a fracture and luxation at T-12-L1, having total spinal cord section. Based on the research made by Sergei Paylian, PhD on animal models and the safety use of allogeneic MSCs demonstrated on multiple animal models applications, we decided to apply a experimental translational medical protocol based the research and the previous outcomes obtained by Hamid and MacEwan and decided to customize it exclusively to our patient based on the clinical evidence and personalizing the therapy on evidence. The medical team designed an ambulatory method utilizing a C-arm to apply the allogeneic MSCs in situ and using a intrathecal (subdural) catheter using a slow pump release system for the rest of the biological material with an optimum tolerance and minor side effects (mild fever, myalgias and headache) on the first 48 hrs hour after application.

Importance of Research: (200 Words)

At this date, after 8 intrathecal applications of allogeneic MSCs and Bioquantine® in situ combined together we have got the following outcomes: an improvement in sensitivity, strength in striated muscle and smooth muscle connection by increased muscle mass and sphincter control, at 23 months after the first regenerative therapy and 12 months after the placement of RestoreSensor® the patient is showing an evident improvement on his therapy of physical rehabilitation (legs movement and control of them) having the following movements reported by the physical therapist: a) hip: adduction and external rotation, extension, abduction, internal rotation; b) knee: flexion; c) toe: MP and IP extension, also reporting an easier and

functional crawling forward and backwards and since 3 months ago the patient is capable to stand on his knees for 2 or more minutes without any support and taking small steps on his knees forward and backwards for the first time in his process, showing a progressively important functionality on both limbs, voluntary movement at both feet and an increase in sensory perception.

Biography: (200 Words)

Garcia is the CEO and Founder of Biotechnology and Regenerative Medicine at RegenerAg. He is also the Vice President of International Clinical Development for Bioquark, Inc., Founder and President for the

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Dr. Jois A.C initiative Advance Fellow by the American Board of Anti-Aging and Regenerative Medicine. He is also the Visiting Scholar at University of North Carolina at Chapel Hill (Dermatology). Fellow in Stem Cell Medicine by the American Academy of Anti-Aging Medicine and University of South Florida.

Information of Institute: (200 Words)

Airlangga University
(Indonesian: Universitas
Airlangga; Javanese:

abbreviated as Unair or

References: (15-20)

1. Xue J, Schmidt SV, Sander J, Draffehn A, Krebs W, Quester I, et al. Transcriptome-based network analysis reveals a spectrum model of human macrophage activation. *Immunity*. 2014;40(2):274–88. [PMC free article] [PubMed] [Google Scholar]
2. Mosser DM, Edwards JP. Exploring the full spectrum of macrophage activation. *Nat Rev Immunol*. 2008;8(12):958–69. [PMC free article] [PubMed] [Google Scholar]
3. [Mantovani A, Sica A, Sozzani S, Allavena P, Vecchi A, Locati M. The chemokine system in diverse forms of macrophage activation and polarization. *Trends Immunol*. 2004;25\(12\):677–86. \[PubMed\] \[Google Scholar\]](#)
4. Nassiri S, Graney PL, Spiller KL. Manipulation of macrophages to enhance bone repair and regeneration. In: Zreiqat H, Rosen V, Dunstan CR, editors. *A Tissue*

UA) is the second-oldest university in Indonesia and also a public university located in Surabaya, East Java. Despite being officially established by Indonesian Government Regulation in 1954, Universitas Airlangga was first founded in 1948 as a distant branch of the University of Indonesia, with roots dating back to 1913. It started with a medical school and school of dentistry. Now Universitas Airlangga hosts 16 faculties with more than 35,000 students (during the 2015-2016 academic year) and 1,570 faculty members. Universitas Airlangga has university hospitals for the faculties of Medicine, Veterinary Medicine, Nursing, and Dentistry, as well as a tropical infection hospital for its Institute of Tropical Disease. The university is also equipped with biosafety level three facilities.

Regeneration Approach to Bone Repair. Springer; 2014. [Google Scholar]

5. Willenborg S, Lucas T, van Loo G, Knipper JA, Krieg T, Haase I, et al. CCR2 recruits an inflammatory macrophage subpopulation critical for angiogenesis in tissue repair. *Blood*. 2012;120(3):613–25. [PubMed] [Google Scholar]
6. [Lucas T, Waisman A, Ranjan R, Roes J, Krieg T, Muller W, et al. Differential roles of macrophages in diverse phases of skin repair. *J Immunol*. 2010;184\(7\):3964–77. \[PubMed\] \[Google Scholar\]](#)
7. Ploeger DT, Hosper NA, Schipper M, Koerts JA, de Rond S, Bank RA. Cell plasticity in wound healing: paracrine factors of M1/M2 polarized macrophages influence the phenotypical state of dermal fibroblasts. *Cell Commun Signal*. 2013;11(1):29. [PMC free article] [PubMed] [Google Scholar]