

HYALURONIC ACID FOR JOINTS TENDONS AND MUSCLES

















# **What is Hyaluronic Acid (HA)**

- It is a natural component of the connective tissue
- Given its ability to form connections with collagen, proteoglycans, fibronectin and water, it is the basis of large molecular units that support the extracellular matrix
- It is an important component of the synovial fluid
- Helps to lubricate the joint and to damp down mechanical stress (lubricating and damping function)
- Protects the cartilage against the penetration of inflammatory cells and from the lytic enzymes
- It binds to LUBRICIN, glycoprotein that protects articular surfaces by lubricating them and that plays a fundamental role in osteoarthritis and tendinopathies.

### **HA and Joints**











### **HA Tendons & Muscles**





In trauma-caused and degenerative diseases of the joints there is an in situ decrease of hyaluronic acid, due to which the synovial fluid is less viscous. Such deficiency determines a compression of the articular function and causes pain.

The intra-articular administration of exogenous hyaluronic acid helps to:

In traumatic and degenerative pathologies of the tendon body of the muscle-tendon and bone-tendon transition area, (also determining a better muscular contractility) the administration of hyaluronic acid, in combination of 5 fractions with progressive molecular weight, carries out a bioinduction, able to activate:

PREVENT THE NATURAL DEGRADATION OF THE JOINTS

REDUCE THE PAIN AND INFLAMMATION

RESTORE
THE VISCO-ELASTIC PROPERTIES
OF THE SYNOVIAL FLUID

**IMPROVE ARTICULAR MOBILITY** 

**REPAIR** 

**REGAIN ELASTICITY** 

**REVASCULARISATION - NEOANGIOGENESIS** 

**ACTIVATION OF BIOLOGICAL FACTORS** 







REGENFLEX PROJECT is a line of INTRA-ARTICULAR INJECTABLE products, TENDON INJECTABLES and TOPICAL USE GELS based on Hyaluronic Acid. Injectables are recommended in PREVENTION and TREATMENT of degenerative and traumatic pathologies of joints, tendons and muscles. Gels are recommended in PAIN THERAPY for joints and muscles.











1 INTRA-ARTICULAR INJECTIVE 32mg / 2ml

1 INTRA-ARTICULAR INJECTIVE 16mg / 2ml

### **BIO**RIV@LUMETRIA





1 INTRA-ARTICULAR INJECTIVE 75mg/3ml





1 TENDONS AND MUSCLES INJECTIVE 32mg / 2ml



1 STARTER 32mg / 2ml - 1 BIO-PLUS 75mg/3ml





2 HOT / COLD GELS 100 ml







- HIGH HA DENSITY 1.6%
- ◀ INHIBITION OF THE INTERLEUKIN
- IMMEDIATE REDUCTION OF PAIN AND INFLAMMATION
- FAST RESTORATION OF THE FUNCTIONS
- ◀ VISCO-SUPPLEMENT, ANALGESIC EFFECT
- ◀ TROPISM FOR ARTICULAR CAPSULAR PAIN RECEPTORS
- ◀ INHIBITION OF ACID PHOSPHATISE



- **LOW HA DENSITY 0.8%**
- RECOVERY OF RHEOLOGY AND MAINTAINS OF RHEOLOGY AND METABOLIC HOMEOSTASIS OF THE ARTICULAR CHAMBER
- ANTIPHLOGISTIC EFFECT, INCLUDING RHEUMATIC PATIENTS WITH
- ASSOCIATED CORTISONIC TREATMENT NORMALISED CONCENTRATION OF THE MATRIX METALLOPROTEASE
- ◀ MAINTAINMENT OF THE OBTAINED RESULTS

REGENT**EX** 

3 molecular weights



REGEN**TEX** 

HADINEAR

1.6%

Concentration



### **BIO**RIV@LUMETRIA

- ◆ VISCO-SUPPLEMENTATION HIGH MOLECULAR FRACTION (HA 1 M DALTON + HA 2 M DALTON)
- ◀ VISCO-INDUCTION LOW MOLECULAR FRACTION (HA 500 K DALTON)
- ◀ REGULATES THE ACTION OF MACROPHAGES AND NORMALISES THE
  METALLOPROTEASE
- ◀ STIMULATES THE SYNOVIOCYTES TO PRODUCE ENDOGENOUS HYALURONIC
  ACID.
- ◀ HAS AN ANALGESIC EFFECT BY OCCUPYING THE CD42 SITES (pain receptors)
- ◆ RESTORATION OF THE CARTILAGE THE 500 THOUSAND DALTON MOLECULAR FRACTION STIMULATES
- ◀ LONG PRESENCE INSIDE THE ARTICULAR CHAMBER
- ◀ GRADUAL RELEASE OF THE HA WITH MW 500 KDALTON



◆ 5 DIFFERENTIATED MOLECULAR WEIGHTS FROM 2000 DALTON to 1 MILL. DALTON

### BIOINDUCTION:

- ◀ REPAIR
- ◀ REGAIN ELASTICITY
- REVASCULARISATION

# REGENFLEX PRODUCTS MAIN PROPERTIES

		COMPOSITION	DOSAGE	MOLECULAR WEIGHT	CONCENTRATION HA	PROPERTIES	PACKAGE	CROSS-LINKING AGENT	
•	REGENTEX	BUFFERED PHYSIOLOGICAL SOLUTION OF THE HYALURONIC ACID SODIUM SALT	2 ML	800 KDALTON 1.200 KDALTON	1.6% 32MG / 2ML OF HYALURONIC ACID SODIUM SALT	VISCOSUPPLEMENTATION and VISCO-INDUCTION	1 PRE-FILLED SINGLE USE SYRINGE	NOT CROSS-LINKED	
	REGENTIEX	BUFFERED PHYSIOLOGICAL SOLUTION OF THE HYALURONIC ACID SODIUM SALT	2 ML	800 KDALTON 1.200 KDALTON	0.8% 16MG / 2ML OF HYALURONIC ACID SODIUM SALT	VISCOSUPPLEMENTATION and VISCO-INDUCTION	1 PRE-FILLED SINGLE USE SYRINGE	NOT CROSS-LINKED	7
	REGENTIEX	CROSS-LINKED AND INTERCALATED HYALURONIC ACID	3 ML	HA 1+2 MLN DALTON CROSS-LINKED FRACTIONS + 500 THOUSAND DALTON NOT CROSS-LINKED	2.5% 75MG / 3ML	VISCOSUPPLEMENTATION and VISCO-INDUCTION	1 PRE-FILLED SINGLE USE SYRINGE	BDDE	
\	REGENT EX	HYALURONIC ACID SODIUM SALT IN BUFFER PHYSIOLOGICAL SOLUTION	2 ML	2 THOUSAND DALTON 100 THOUSAND DALTON 200 THOUSAND DALTON 500 THOUSAND DALTON 1 MILION DALTON	1.6% 32MG / 2ML OF HYALURONIC ACID SODIUM SALT	PROTECTIVE RESTRUCTURING REGENERATING	1 PRE-FILLED SINGLE USE SYRINGE	NOT CROSS-LINKED	

# **Regenflex BIO-PLUS and Biorivolumetria**



BIORIVOLUMETRIA is an innovative concept in the field of HYALURONIC ACID-based injectiable medical devices.

### BIO

BIOCOMPATIBLE AND BIO-ABSORBABLE SUBSTANCES

### RI

**RE-GENERATION AND RE-STRUCTURING** 

### **VOLUMETRIA**

**CREATION OF NEW VOLUMES** 

### VOLUME

NORMALISES THE HYDROSTATIC PRESSURE INSIDE THE JOINT CHAMBER

### KEGENEKAII MILLATES THE SYNOVIC

STIMULATES THE SYNOVIOCYTES TO PRODUCE ENDOGENOUS HYALURONIC ACID



**VISCO-SUPPLEMENTATION** 

HYDROSTATIC ACTION

### **VISCO-INDUCTION**

CELL STIMULATION

The same product makes it possible to simultaneously: restore the volume of the joint chamber by injecting **CROSS-LINKED HYALURONIC ACID**, and to stimulate receptors of the synoviocytes and chondrocytes thanks to the gradually released linear fraction of the **INTERCALATED HA**.

The **BIORIVOLUMETRIA** complies with the international standard of **GREEN INJECTIONS** applicable to injectable products and regarding their safety and the environmental friendliness of the manufacturing process:

**GREEN PRODUCTS** - Products of the highest quality created with the purest Hyaluronic Acid, with minimal levels of external chemical substances.

**GREEN TECHNOLOGY** - New generation products created in Italy in compliance with the strictest rules on environment protection: limited waste, energy saving, water purification, recycling, use of machinery at low energy consumption (ISO 14001 certified).

**GREEN TECHNIQUES** - Injective techniques with cannulae or needles, developed by highly qualified medical experts, that guarantee high performance and safe treatments, while the risk of complications in the "difficult areas" is reduced to the minimum.

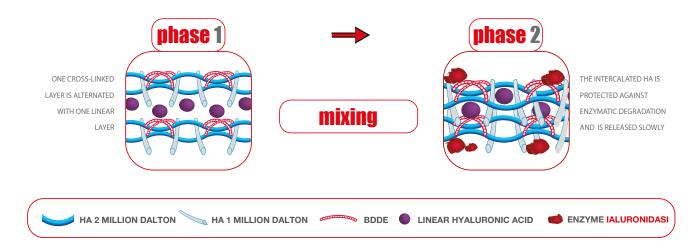
# **Production technology and working mechanism**

The production technology used in the Regenflex BIO-PLUS is the BIOREVOLUMETRY.

Biorevolumetric products are MONOPHASIC GELS obtained by "gentle crosslinking", a low-temperature and prolonged duration cross-linking process. Slow mixing allows the cross-linking agent (BDDE) to distribute itself better and more evenly. BDDE used quantity is 30% lower compared to the majority of other products, with the same viscosity, on the market and the free residual is lower than 0.1 ppm. In Regenflex BIO-PLUS 3 molecular weights of Hyaluronic Acid are used, of 1 MILL., 2 MILL. and 500 THOUSAND Dalton. The latter, linear and intercalated, corresponds to 10% of the total Hyaluronic Acid. HA chains of different length allow for a better calibration of product viscosity. Linear Hyaluronic Acid is released gradually over time with a prolonged biological action (visco-induction).

### **Intercalation process**

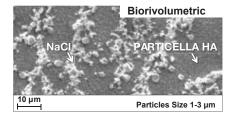
Intercalation is carried out during one of the last production phases and consists in alternating very thin layers of linear sodium Hyaluronate with thicker layers (of a few millimetres) of cross-linked hyaluronic acid inside special containers in the absence of oxygen. Everything is left resting for 12 hours at low temperature so as to form weak bonds (hydrogen and Van der Waals bonds). After 12 hours we proceed with a homogenization carried out with the use of an orbital mixer equipped with special blades designed specifically for this purpose. After some hours of mixing, micro-aggregates are obtained, formed on the outside by cross-linked hyaluronic acid and on the inside by linear sodium hyaluronate.

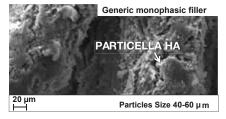


# **Hyaluronic Acid MICROPARTICLES**

Images obtained with scanning electron microscopy (SEM) technique reveal that BIOREVOLUMETRIC PRODUCTS are MORE COMPACT and HOMOGENEOUS than fillers, thanks to the smaller size of cross-linked hyaluronic acid particles.

Smaller particles allow a better distribution of the gel in the articular chamber, with a better distribution of the compression forces.











# **Clinical studies**

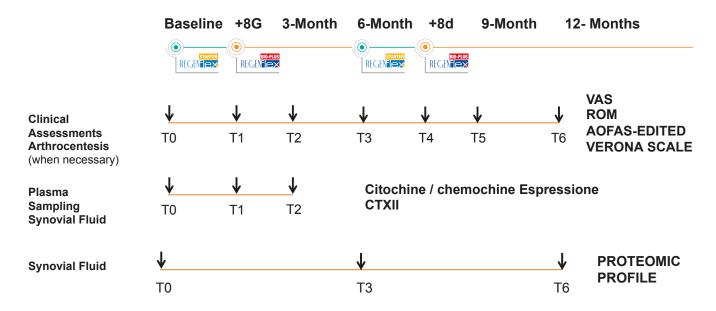


The University of studies of Urbino Carlo Bo carried out a clinical study on the combined protocol of STAR-TER and BIO-PLUS. They enrolled 53 patients, 35 of them were eligible, in order to evaluate the clinical and biochemical effects on patients with osteoarthritis.

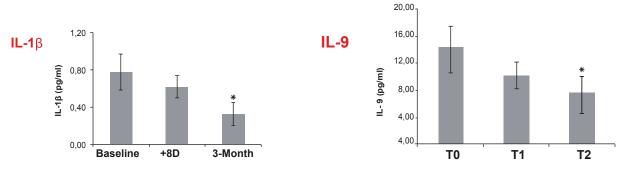
### **RESEARCH STUDY:**

"CLINICAL ADVANTAGE AND EVALUATION OF BIOCHEMICAL PARAMETERS AFTER TREATMENT WITH INTRA-ARTICULAR INJECTION OF HYALURONIC ACID IN PATIENTS WITH KNEE OSTEOARTHROSIS WITH INTERVALS OF 6 MONTHS"

# **Experimental drawing**



### **Plasma**



Three months after the second infiltration, there is a significant decrease in pro-inflammatory interleukins.

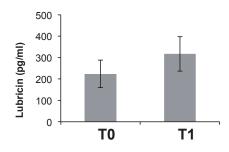


# **Local biochemical markers** (synovial samples)

# Delta CTX-II 1- 3 Months 3 2,5 2 1,5 1 0,5 0 Synovial Fluid Dry

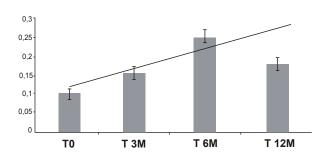
Patients with a moderate chondropathy, 3 months later, no longer have joint effusion and have a marked decrease of CTX-II.

# LUBRICIN



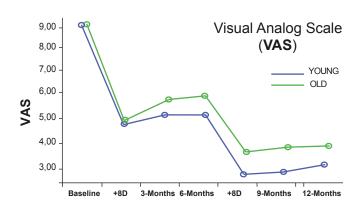
Lubricin is a glycoprotein that carries out a cartilage protective action.

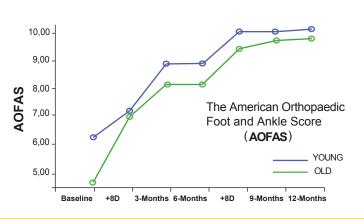
### TRANSTHYRETIN

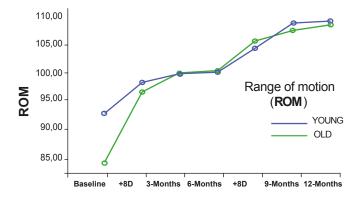


Transthyretin is a constitutive inhibitor of the production of interleukin 1 (IL-1). It carries out a physiological and Anti-aging function

# **VAS e ROM + AOFAS DOUBLE**







### **CONCLUSIONS**

Regenflex Starter + Bio-Plus protocol has been demonstrated to be effective on both mild and high-grade chondropathies with a clinical improvement in articular function and a slowing of disease progression.



# **APPLICATION PROTOCOL**

### CARE AND PREVENTION FOR ALL JOINTS INDEPENDENTLY OF ETHIOPATHOGENESIS WITHOUT USE OF NSAIDS OR CORTISONE PRODUCTS













T 0 days



T 6 months



T 8 days

### CARE AND PREVENTION FOR TENDONS AND MUSCLES







### Who can carry out the treatment?

**ORTHOPAEDICS** 

**SPORTS DOCTORS** 

**GERIATRISTS** 

**PHYSIATRISTS** 

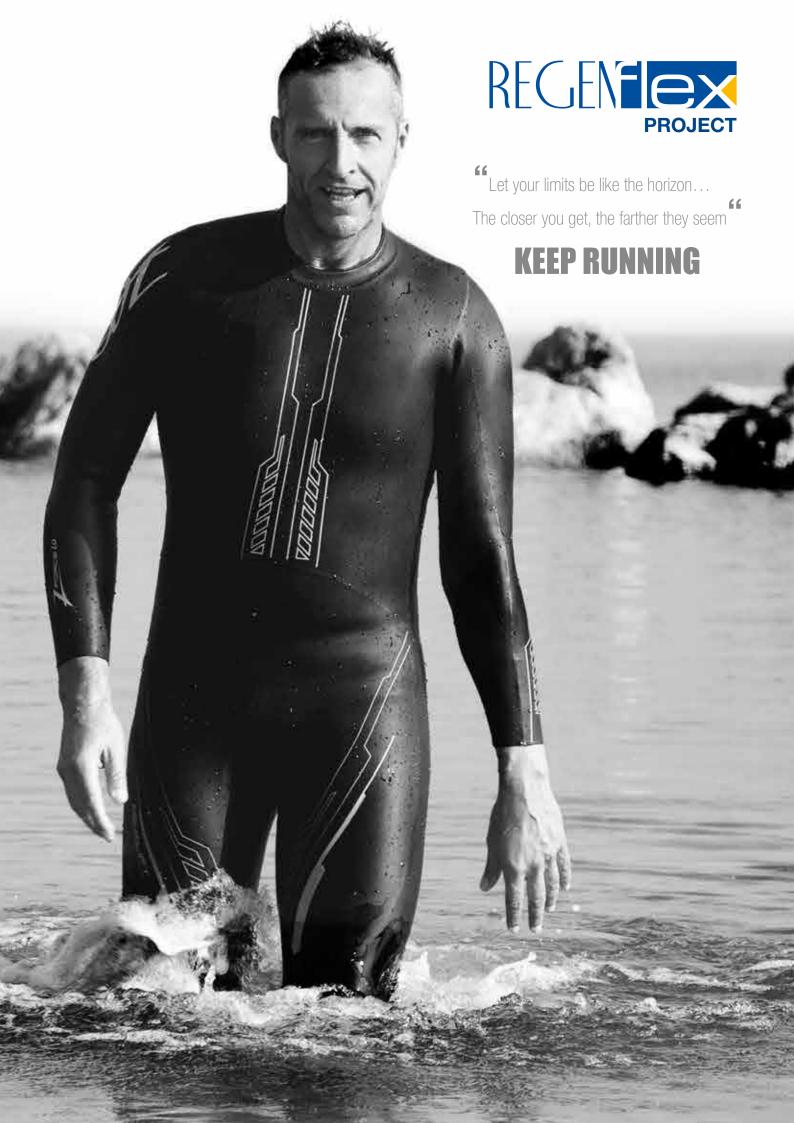
**RHEUMATOLOGISTS** 



# **Bibliography**

- 1. 52° Congresso Nazionale della Società Italiana di Reumatologia RIMINI 25-28 NOVEMBRE 2015
- L'uso dell'acido ialuronico nelle condropatie del ginocchio: Regenflex Starter contro Bioplus nelle patologie traumatiche I. Capparucci (1), C. Bartolucci, A. Federici, Valentini, V. Vita (1) Dipartimento di Scienze Biomolecolari Facoltà di Scienze Motorie Insegnamento di Medicina dello Sport Uniurb, Urbino (Italy).
- 2. VII CONGRESSO NAZIONALE SISMeS Ricerca e Formazione applicate alle Scienze Motorie e sportive Padova, 2-4 Ottobre 2015
- The use of hyaluronic acid in chondral disorders of the knee: Regenflex Starter versus Bioplus in traumatic diseases I. Capparucci, C. Bartolucci, A. Federici, M. Valentini, V. Vita Università degli Studi di Urbino.
- 3. 51° Congresso Nazionale SIR e 17° Congresso Nazionale CROI 26-29 Novembre 2014 Rimini TRATTAMEN-TO INTRARTICOLARE CON ACIDO IALURONICO PER LA LIGAMENTIZZAZIONE IN TRAPIANTO OMOLOGO IN CHIRURGIA SOSTITUTIVA DELLO LCA - I. Capparucci, C. Bartolucci, I. Testa, V. Vita (Urbino, L'Aquila).
- 4. THE JOURNAL OF ORTHOPAEDICS TRAUMA SURGERY AND RELATED RESEARCH The use of hyaluronic acid in chondral disorders of the knee: single-phase system vs. two-phase system. - I. Capparucci, C. Bartolucci, A. Federici, I. Testa, M. Valentini. (Urbino, L'Aquila)
- 5. Antalgic effect and clinical tolerability of hyaluronic acid in patients with degenerative diseases of knee cartilage: an outpatient treatment survey - Castellacci E.; Polieri T., Drugs Exp Clin Res, 2004; 30(2): 67-73.
- 6. The Safety and Efficacy of Intra-Articular Dual Molecular Weighted Hyaluronic Acid in the Treatment of Knee Osteoarthritis: the I.D.E.H.A. Study - Shen X.; Gatti R., Orthop Rev (Pavia), 2013; 5(4): e33.
- 7. Efficacy and safety of a single intra-articular injection of non-animal stabilized hyaluronic acid (NASHA) in patients with osteoarthritis of the knee - Altman R.D.; Åkermark C.; Beaulieu A.D.; Schnitzer T., Osteoarthritis Cartilage, 2004; 12(8): 642-9.
- 8. A randomized saline-controlled trial of NASHA hyaluronic acid for knee osteoarthritis Arden N. K.; Åkermarkb C.; Anderssonc M.; Todmand M.G.; Altman R.D., Curr Med Res Opin, 2014; 30(2): 279-86.
- 9. NASHA hyaluronic acid vs methylprednisolone for knee osteoarthritis: a prospective, multi-centre, randomized. non-inferiority trial - Leighton R.; Akermark C.; Therrien R.; Richardson J.B.; Andersson M.; Todman M.G.; Arden N.K., Osteoarthritis Cartilage, 2014;22(1): 17-25.
- 10. Intra-articular hyaluronic acid injection versus oral non-steroidal anti inflammatory drug for the treatment of knee osteoarthritis: a multi-center, randomized, open-label, non- inferiority trial - Ishijima M.; Nakamura T.; Shimizu K.; Hayashi K.; Kikuchi H.; Soen S.; Omori G.; Yamashita T.; Uchio Y.; Chiba J.; Ideno Y.; Kubota M.; Kurosawa H.; Kaneko K., Arthritis Research & Therapy, 2014; 16(1): R18.
- 11. Chang SC, Hoang 8, Thomas JT. et a/: Cartilage-derived morphogenetic proteins: New members of the transforming growth 2(28)2012 factor-beta supe!family predominant(\' expressed in long bones during human embryonic developme/11. J Bioi Chem /994; 269: 28227-28234. -
- 12. Jackson DW: Felt JC. Song Y. Van Sickle DC, Simon TM: Restoralion of large femoral Iroch!ear sulcus articular cartilage lesions using a flowable polymer: An experimental study in sheep. Trans Orthop Res Soc 2000:25:670.
- 13. Altman RD. Status of hyaluronan supplementation therapy in osteoarthritis. Curr Rheumatol Rep. 2003 Feb;5(1):7-14.
- Castellacci E. et al. Antalgic effect and clinical tolerability of hyaluronic acid in patients with degenerative diseases of knee cartilage: an outpatient treatment survey. Drugs Exp Clin Res. 2004;30(2):67-73
- 14. Coleman PJ. et al. Role of hyaluronan chain length in buffering interstitial flow across synovium in rabbits. J Physiol. 2000 Jul 15;526 Pt 2:425-34
- 15. Ghosh P. et al. Potential mechanism of action of intra-articular hyaluronan therapy in osteoarthritis: are the effects molecular weight dependent? Semin Arthritis Rheum. 2002 Aug;32(1):10-37.
- 16. Kelly MA. et al. Intra-articular hyaluronans in knee osteoarthritis: rationale and practical considerations. Am J Orthop. 2004 Feb;33(2 Suppl):15-22.
- 17. Moreland LW. Intra-articular hyaluronan (hyaluronic acid) and hylans for the treatment of osteoarthritis: mechanisms of action. Arthritis Res Ther. 2003;5(2):54-67.
- 18. Moskowitz RW. et al. Understanding osteoarthritis of the knee-causes and effects. Am J Orthop. 2004
- 19. Moskowitz RW. Hyaluronic acid supplementation. Curr Rheumatol Rep. 2000 Dec;2(6):466-71.
- 20. Pleimann JH. et al. Viscosupplementation for the arthritic ankle. Foot Ankle Clin. 2002 Sep;7(3):489-94.
- 21. Lotz M, et al. Value of biomarkers in osteoarthritis: current status and perspectives. Ann Rheum Dis. 2013 Nov 1;72(11):1756-63.
- 22. Reijman M, Hazes JM, Bierma-Zeinstra SM, et al. A new marker for osteoarthritis: cross-sectional and longitudinal approach. Arthritis Rheum 2004;50:2471-8.
- 23. Larsson S, Englund M, Struglics A, et al. The association between changes in synovial fluid levels of ARGS-aggrecan fragments, progression of radiographic osteoarthritis and self-reported outcomes: a cohort study. Osteoarthritis Cartilage 2012;20:388-95.
- 24. Ku JH, Lee CK, Joo BS, et al. Correlation of synovial fluid leptin concentrations with the severity of osteoarthritis. Clin Rheumatic 2009;28:1431-5.
- 25. Schaffler A, Ehling A, Neumann E, et al. Adipocytokines in synovial fluid. JAMA 2003;290:1709-10.
- 26. labal. S.M. et al. Lubricin / Proteoglycan 4 binds to and regulates the activity of Toll-Like Receptors In Vitro. Sci. Rep. 6, 18910; doi: 10.1038/srep18910 (2016).













REGENYAL LABORATORIES Srl Via Valtellina, 21 63074 S. Benedetto del Tronto (AP) - ITALY www.regenyal.eu







