Review article

A review of nanotechnology strategies for neuron regeneration after spinal cord injury

Fatemeh Ramezani*, Farinaz Nasirinezhad, Nahid Abotaleb

Physiology Research Center and Department of Physiology, Faculty of Medicine, Iran University of Medical Sciences, Tehran, Iran

Received: May 2016; Accepted: October 2016

Abstract: It was estimated that 2.5 million people have spinal cord injury, which more than 130,000 new injuries reported each year. These patients have serious complications. To date, there are not any available definite and reliable clinical treatments for spinal cord injury to restores the injury-induced loss of function to reach a degree that an independent life can be guaranteed. In the last decade, with the emerging of nanotechnology, nanomaterials such as nanowires, nanofibers, nanoparticles, liposomes, and carbon-based nanomaterials were offered for effective treatments of spinal cord injury. The use of nanotechnology offers promising future perspectives for spinal cord injury treatment. This article reviews the recent applications of the most widely used nanomaterials such as nanowire, nanofiber, graphene and nanotube for SCI treatment.

Keyword: Spinal Cord Injury; Treatment; Nanotechnology; Graphene; Nanotube; Nanofiber; Nanowire Cite this article as: Ramezani F, Nasirinezhad F, Abotaleb F. A review of nanotechnology strategies for neuron regeneration after spinal cord injury. J Med Physiol. 2016; 1(2): 42-54.

1. Introduction

he normal architecture of the human spinal cord can be radically disrupted by injury that interferes with the signals transduction (1, 2). The main reason associated with treatment failure of spinal cord injury (SCI) is damage of axons that can't spontaneously regenerate, and prevent recovery of axonal circuits involved in the function after injury (3). SCI leads to many serious complications such as infections in the bladder, kidneys, bowel problems, and cardiac and respiratory dysfunctions (1, 4, 5). All of these problems have a strong impact on the quality of life (6). In the worldwide, was estimated that 2.5 million people lives with SCI, that more than 130,000 new injuries reported each year (2). Due to the considerable personal and social impacts of SCI and its high prevalence, it is a medical emergency so that, should be explored therapeutic strategies for target the SCI (1). Available treatments of SCI have involved medication, surgery, stem cell transplantation, molecular therapy and tissue engineering. To date, there isn't any available definite and reliable clinical treatments for patients with SCI that restores the injury-induced loss of function to reach a degree that an independent life can be guaranteed (7).

During the last decade, nanotechnology has raised as a required technology for producing of great scientific developments in medicine and health care. Nanomaterials including nanowires, nanofibers, nanoparticles, and carbon-based nanomaterials have been used to provide more effective treatments for SCI. Although the use of new techniques based on nanotechnology is still very young and have not yet led to a definitive cure but reveal possible treatment revolution.

Many researchers are working on the SCI treatment based on nanotechnology, and analyzing of all of them is more than the scope of this article. In this review, for enhancing the future researches quality, after a review of available treatment methods, we've focused on the most widely used nanomaterials including nanowire, nanofiber, graphene and nanotube for treatment of SCI. In this article, our purpose is, finding of the missing parts and taking a step to facilitate future researches.

2. SCI treatment

2.1. Conventional therapies

For treatment of SCI, there are several conventional methods with benefits and drawbacks (Table 1). Typically, the physicians stabilize and decompress spinal

^{*} **Corresponding author:** Fatemeh Ramezani, Physiology Research Center, Iran University of Medical Sciences, Hemmat Highway, Tehran, Iran. P.O Box: 14665-354; Tel/Fax: +982188622709; Email: <u>framezani2014@gmail.com</u>

Method	Advantages	Disadvantages
Surgery	Remove fragments of bones and foreign objects, avoid the pain and spinal deformities in the fu- ture.	Surgery cannot reverse damage to the nerve cell and spi- nal cord.
Medications: Intrave- nous methylpredniso- lone	Reducing damage to nerve cells. Decreasing inflammation near the site of injury.	Immune suppression followed by increased susceptibil- ity to infections (pneumonia, infection, etc.). Increasing the risk of gastrointestinal abnormalities (ul- cers, bleeding and bowel obstruction), hyperglycemia, adult respiratory distress syndrome, deep vein throm- bosis and pulmonary embolism.
Stem cell	Self renewality. Ability to become any cell in the body.	Ethical concerns. Human neural stem cell tendency to generate more glial cells, especially astrocytes, than neurons in natural states.
Molecular therapy	Control axonal growth using acti- vator and inhibitor molecules and moderate the inflammatory responses.	Uses of these treatment methods are usually not suffi- cient alone, and in combination with other methods are used.
Tissue engineering: hydrogels	Bridging the spinal cord injury and reconstructing the damaged connections.	Natural hydrogels biodegradation rate is hard to control. The most used synthetic hydrogels are non-degradable. Hydrogels may elicit immune reactions from the host where they will be implanted and heterogeneity be- tween batches may also be observed.

Table 1.	Commentional	moth a da far	two atms and af CCI
Table 1:	Conventional	methods for	treatment of SCI

cord by surgery that associated with high dose methylprednisolone (MP) therapy (8-10). There are much controversy in the use of surgical procedure and MP because there is no consensus about the real beneficial effects of these two methods (1). Surgery is recommended for many reasons such as removing bone fragments, foreign bodies, blood clots, broken vertebrae, herniated discs, spinal tumors and etc. (8). If the vertebrae of the spine appear unstable, the doctor may do a spinal fusion. Spinal fusion may be done by metal plates, screws, wires and / or metal rods and sometimes small pieces of bone from other parts of the body (usually hip or knee) or from a cadaver (bone bank). Surgery cannot reverse damage to the spinal cord but is often needed for stabilizing of the spine to prevent future pain or deformity (8).

MP with anti-inflammatory properties has been used for treatment of acute SCI. When the MP is administered within 8 hours after spinal cord injury, some sensory and motor improvement have been reported (9). In recent years the use of MP has been challenged. Some evidence showed that harmful effects of MP, including immune suppression followed by increasing of susceptibility to infections (pneumonia, infection, etc.), increasing the risk of gastrointestinal abnormalities (ulcers, bleeding and bowel obstruction), hyperglycemia, adult respiratory distress syndrome, deep vein thrombosis and pulmonary embolism (11-15).

Self-renewality and ability to be any cell in an organism made stem cell an attractive candidate to contribute to SCI (7). Aguayo's and his colleagues in the late 1970s were pioneer that showed peripheral nerve grafts promoted regeneration of CNS axons in the cell therapy (16) and Reier's group showed that grafted fetal spinal cord supported regrowth of host axons (8). In 2010, a Swiss agency has sponsored phase I/II clinical trial on treatment of chronic spinal cord injury using stem cells. The company has used human neural stem cells (hNSCs) and the patient immune system has suppressed for 9 months after transplantation. Interim analysis of clinical data in May 2014 has shown that the significant posttransplant was gained in sensory function first reported in two patients that now have been observed in two additional patients (17). Transplantation of Different stem cells was used by researchers for SCI treatment such as mesenchymal stem cells (18-22), induced pluripotent stem cells (iPSCs) (23-26), Schwann cells (27-32), olfactory ensheathing glia (33, 34), neurotrophin-expressing

fibroblasts (35-37), activated macrophage (38-40) and Embryonic stem cells (41-44).

Promising results have been obtained from cell therapy of an in-vivo model of SCI. Despite the hopes of repairing SCI using stem cell transplantation, is an issue that need to be resolved, including ethical concerns (7) and human neural stem cells tendency to generate more glial cells, especially astrocytes, than neurons in natural states, even though neurons are largely considered to be more critical than glial cells for the treatment of SCI (45).

In recent years, molecular therapy represent significant advances towards the better understanding of the mechanisms involved in the SCI, control of axonal growth using activator and inhibitor molecules and moderates the inflammatory responses. It is hoped that with the development of this science, we can develop therapeutic strategies to promote axonal regeneration through the injured spinal cord and reduce the damage caused by SCI (46, 47). Anti-inflammatory factors such as interleukin-10 (47), minocycline (48-50), non-steroidal anti-inflammatory drugs (NSAIDs) (51-56), erythropoietin (55, 57), riluzole (58-60), have been used to treat SCI by molecular therapy. Different researchers worked on many axonal promoting factors such as synthetic glycolipid (61) and Neurotrophic factors (62, 63). Using of these treatment methods is not sufficient alone, and usually are used in combination with other methods.

In recent years, studies have begun to explore the possibility of using tissue engineering technology to repair SCIs. Tissue engineering is an emerging area in biomaterial research that possesses great therapeutic potential (64, 65). One of the primary goals of SCI treatment is to bridge the SCI and reconstruct the damaged connections. Hydrogels are biocompatible implants used in tissue engineering in SCI patients. They built a permissive environment and bridge the lesion cavities and they act as a scaffold for the regeneration of neurons and their axons, glia and other tissue elements.

The important specifications of scaffold are a simpler design, easier to transplant and suitable for various types of injury. Collagen (66, 67), Alginate (47, 68, 69), Poly (α -hydroxy acids (Poly (alpha-hydroxy acids), Methacrylate-based hydrogels (19), chitosan (70-72), synthetic hydrogels (19, 73), Polyethylene glycol (74, 75), Fibrin (76, 77), Fibronectin (78), Agarose (79, 80), Silk fibroin (81-83) have been used as a scaffold for treatment of SCI injury. Although usage of hydrogels are the most promising tools for treatment of the spinal cord (12, 84), there are also some challenges: the natural hydrogels degradation rate is hard to control and the most used synthetic hydrogels are non-degradable (85). Hydrogels may elicit immune reactions from the host where they will be implanted and then heterogeneity

between batches may also be observed (19).

2.2. New Medical approaches based on Nanotechnology

Although many studies in recent years have promised for the future, and many groups are working on development of treatments that address the SCI injury, but to date, almost all therapies have failed to be effective and it is urgent to develop new therapeutic strategies to treat SCI patients (6).

Nanotechnology contain an enormous number of nanostructures with the size of 1 to 100 nm (86). The result of their small size have different structural and functional properties from bulk materials such as chemical reactivity, electrical conductance, optical effects, magnetism, and physical strength (87, 88). The use of Nanotechnology offers promising future perspective for treatment of incurable diseases such as SCI. In the following, we reviewed nano-materials with more attention in SCI treatment.

2.2.1 Graphene

A two-dimensional sheet of carbon atoms arranged in a hexagonal grid, that makes for the thinnest, most electrically and thermally conductive material in the world while still being flexible, transparent and super strong (Figure 1) (89).

Graphene's photo-conversion efficiency, biocompatibility and flexibility in size, coupled with mechanical strength, are beneficial for making composite bio-materials. Its electrical conductivity can be applied to organs with properties, like nerve tissues and spinal elements (89).

Graphene has been used for two goals in SCI treatment: scaffold for neural cell growth and directing hNSCs to neurons than glial cells (90).

Park and colleagues in 2011 showed neuronal differentiation of hNSCs enhance on grapheme (91). They found graphene worked as an excellent cell-adhesion layer during the long-term differentiation process and induced the differentiation of hNSCs more toward neurons to glial cells. They also found good electrical conductivity of graphene helps the differentiation of neurons. Their results suggested that graphene can be used as an excellent nanostructure scaffolds for promoting neuron stem cell adhesion (91).



Figure 1: A visual depiction of the structure of a microscopic segment of graphene, one layer graphene and multi layered graphene.

In 2014, Serrano reported that novel free-standing, porous and flexible scaffolds of 3D graphene oxide with potential for neural tissue regeneration. Embryonic neural progenitor cell adhesion, morphology, viability, and neuronal/glial differentiation were investigating (92). Highly viable neural networks were formed on these 3D scaffolds, contributed from both neurons and glial cells and full of axons, dendrites, and synaptic connections (92).

Biocompatibility of graphene for interface with cortical neurons of rat was investigated by Sahni and colleagues in 2013. In their experiment, lactate dehydrogenase levels were measured as cytotoxicity markers. There was little difference in cell viability between surface coated with graphene and uncoated surfaces (93). They indicated that graphene was not more cytotoxic than the bare control surface. Phase contrast microscopy showed the attachment of neurons to the graphenecoated surface and their ability to extend longer. Neurotic processes showed that neuron had normal morphology and metabolism (93).

Graphene foam (a three-dimensional porous structure), as a novel scaffold for neuronal stem cell was used for the first time by Li and colleagues in 2013 (87). It was revealed that three-dimensional graphene foams not only can support neuron stem cell growth, but also in comparison between the two dimensional graphene films, keep cell at an active proliferation state than that of two-dimensional graphene films.

Phenotypic analysis showed that three-dimensional graphenes can increase the neuron stem cell differentiation towards astrocytes and in particular neurons. In addition, good electrical coupling of three-dimensional graphene, with differentiated neuron stem cells for efficient electrical stimulation was observed (94).

2.2.2 Nanotube

A carbon nanotube (CNT) is a one-atom thick sheet of graphene rolled up into a seamless cylinder with diameter of the order of nanometer (Figure 2) (95).

Since the beginning of the 2000s, CNTs have been introduced in pharmacy and medicine in therapeutics (96). CNTs have attracted a great deal of attention due to their unique superior strength, flexibility, electrical conductivity, and availability of chemical functionalization (96, 97). CNT is a good candidate for scaffold and drug carriers in neuronal tissue because:

- CNTs structural characteristics and dimensions are similar to the neural machinery elements (cytoskeletal elements in neurons, ion channels and signalling proteins).

 CNTs can show the electrophysiological activity of nerve cells. The electrical properties of CNT can be designed in a way that is proportional to the charge transport features of neuro-electrical neural interfacing.
 The CNT mechanical and chemical properties are suitable for prolonged implantation in neuronal tissue.

- CNT biocompatibility and biodegradability in the neural tissue (98).

- The conductivity of the CNT is stable in biological environments and will not degrade when it oxidizes in aqueous solution (99).

- Easy functionalization of the insoluble pristine CNT that enhance its aqueous dispersibility and has licensed their application in physiological environments including the nervous system (100).

The first use of carbon nanotubes in neuroscience investigation was reported in 2000 by Mattson et al. (97) who grow rat-brain's neurons on multiwall carbon nanotubes (MWCNTs). Only one or two neurite extended on the uncoated nanotubes, but when MWCNTs were covered with biomolecules 4-hydroxynonenal, the neurons exhibit extensive branching. The findings of this study showed nanotubes can be used as a suitable substrate for the growth of nerve cells. Chemical functionalized CNTs were used for this purpose by researchers. Jose A. Roman and colleagues in 2011 showed that singlewalled carbon nanotubes coated with polyethylene glycol (SWNT-PEG) increased the length of selected neurites in vitro. They found that after SCI administration of SWNT-PEG, neurofilament-positive fibers and corticospinal tract fibers in the lesion increased, and reactive gliosis did not increase. Therefore the size of the lesion reduced. In addition, SWNT-PEG caused recovery in hind limb locomotor without causing hyperalgesia (101).



This open-access article distributed under the terms of the Creative Commons Attribution NonCommercial 3.0 License (CC BY-NC 3.0). Downloaded from: www.jmp.iums.ac.ir

Ding and colleagues in 2015 evaluated the neuroprotective role of functionalized MWCNTs carrying brain derived neurotrophic factor (BNDF), nogo-66 receptor (NgR) and Ras homolog gene family member A (RhoA) in SCI. Results showed that in the therapeutic group BDNF level was clearly increased while the expression of RhoA and NgR was decreased in the cerebral cortex. Treatment with functionalized MWCNTs diminished the spinal cord injury and promoted the functional recovery in SCI mice (102). Nanotube in combination with other substances as nanocomposite was used for the restoration of damaged neural tissue. For example, after experimental SCI, administration of the CNT/Nafion nanocomposite in a rat model, promote axon's regeneration into the lesion cavity and functional recovery of the hind limbs. CNT/Nafion nanocomposite caused a decrease in lesion volume, increase in neurofilament-positive fibers and corticospinal fibers in the lesion, and no increase in reactive gliosis. Additionally, after SCI, administration of CNT/Nafion nanocomposite induced a modest improvement in hind limb locomotor recovery without inducing hyperalgesia (103).

Gupta and colleagues in 2015 studied (104) the challenge of directional neuron growth on the MWCNTs / chitosan composite. Uniform distribution and alignment of MWCNTs in the chitosan matrix and good interfacial bonding, of carbon nanotubes (CNTs) improve the strength by 21.9%, elastic modulus by 12.7% and tensile strength by11.2%, as compared with the random MWCNT/chitosan scaffold. 50-60% of neurons are found to be aligned in the direction of MWCNT alignment in the scaffold (104). Chi-Shuo Chen in 2011 used CNT-silk composite scaffolds for improvement of neuron differentiation efficiency from human embryonic stem cells. In addition, axonal lengths for evaluating the progress of neuronal development were measured. Increasing of β-III tubulin and nestin expression on silk-CNT scaffolds, suggested augmented neuronal differentiation. In addition, longer axons with higher density were found to associate with silk-CNT scaffolds. The silk-CNT composite scaffolds can serve as a promising opportunity for nerve repair for SCI patients (105).

CNT direction in composite is an important factor in neural growth. Alignment of MWCNTs introduces highly anisotropic electrical conductivity (100,000 times higher) along its orientation, as compared to the transverse direction of the scaffold. This is the ideal requirement for a neural scaffold to guide cells in the appropriate direction (104).

The surface charge of CNTs can be used to control the neurite outgrowth. As Hu and colleagues showed in 2004, that more numerous growth cones, longer average length of neurite, and elaborate neurite branching are on the positively charged CNTs compare to neutral or negatively charged ones (101).

In interfacing nanotube with neural circuits, nanotube substrates in a narrow range of conductivity promote the outgrowth of neurites with a decrease in the number of growth cones as well as an increase in cell body area, while at higher conductance these effects disappear (99).

Nanotube has several disadvantages including: lack of solubility in aqueous media, and the biodistribution and pharmacokinetics of CNTs that was affected by many physicochemical characteristics such as shape, size, chemical composition, aggregation, solubility surface, and fictionalization (106).

2.2.3 Nanowire

Nanowires are extreme slender structures with a diameter on the order of nanometer scale in two dimensions, and their length is thousand times longer

This structure causes the electrons and photons within nanowire experience quantum confinement effects and also distinctive electrical and optical properties (107-110). Nanowire exists in many forms made of metals, semiconductors, insulators and organic compounds (107, 111). The composition can be altered to create heterostructures, make it possible to tailor the band structure and electronic properties of the wire (112). Nanowires are being studied for using in electronics, energy conversion, optics, chemical sensing and biological systems (107, 111). The morphology and high aspect ratio makes them interesting for applications as a substrate for neuron growth.

A gallium phosphide (GaP) nanowire that is biocompatible, III/V semiconductor with well-characterized electrical and optical properties was used by Hallstrom and colleagues in 2007 for neuron attachment and extension (112). Substrate covered by nanowires with 2.5 μ m long and 50 nm wide, supported axonal growth. Cell survival was better on nanowire substrates than on planar control substrates (113). Then they investigated the neuron growth on the rows of GaP nanowires (114). The axons are prevented from crossing the rows and aligned in parallel in close to each other. The ability of cells to form distinct adhesion to individual nanowires is one of the mechanisms promotes axonal guidance (114).

Fredrik Johansson in 2008 attempted to induce guidance of nerve cells using magnetic Ni-nanowires. Dorsal root ganglia neurons from mice were cultured on the nanowire. Regenerated axons also displayed contact guidance on the wires. There were no overt signs of toxicity caused by the Ni-nanowires (115).

Bechara and colleagues in 2012 have developed polymeric scaffolds with nanowire surfaces that were biofunctionalized with an electro-conductive polymer that able to provide physiological levels of electrical stimulation to NSCs. The presented results showed that these nanowire surfaces enhance NSC adhesion, proliferation

and differentiation for up to 7 days of culture (116).

2.2.4 Nanofiber

The nanofibrous porous network structure highly resembles to the native extracellular matrix, and the high aspect ratio has been shown to promote the adhesion, proliferation and differentiation of various cells (117). According to numerous in vitro studies, nanofibrous scaffolds, can serve as excellent guidance conduits for cell therapy and nerve tissue repair (117). Yang et al. in 2004, have studied the influence of the poly (l-lactic acid) (PLLA)-based electrospun nanofibrous scaffolds on neural stem cells (NSCs). Their results indicated that nanofibers oriented randomly (150-350 nm) in addition to stem cell adhesion, will made their differentiation as well (118, 119). Xua and colleagues found NSCs grown on Polyhydroxyalkanoates (PHA) nanofiber with copolymer 3-hydroxybutyrate /3-hydroxyhex-anoate (PHBHHx) is useful for repairing SCI injury. Compared to the 2D films, 3D nanofiber matrixes appeared to be more suitable for NSC attachment, synaptic outgrowth and synaptogenesis (120). Studies have shown the nanofiber diameter effects on the neuron growth. Christopherson in 2008 cultured rat hippocampus-derived adult NSCs on laminin-coated electrospun polyethersulfone nanofiber meshes with different diameters and demonstrated that fiber diameter significantly influences NSC differentiation and proliferation. NSCs showed a 40% increase in oligodendrocyte differentiation on 283-nm fibers and 20% increase in neuronal differentiation on the 749-nm fibers, in comparison to tissue culture polystyrene surface. As the fiber diameter decreased, higher degree of proliferation and cell spreading and lower degree of cell aggregation was observed (121).

According to studies, the use of nanofibers as a substrate increases the growth of neurons. The question is whether the structural order of nanofibers has any effect in the growth of neurons? Yang et al in another study tried to understand the role of aligned nanofibers in neural tissue engineering. The results demonstrated that NSCs elongated and their neurites outgrew along the direction of the fiber orientation of the aligned nanofibers. Further, it was observed increased rate of NSCs differentiation on aligned nanofibers (119). Also, Corey and colleagues in 2007 examined growth of neurites from dorsal root ganglia explants on electrospun poly- L -lactate nanofibers of high, intermediate, and random alignment. Neurites on highly aligned substrates were 20 and 16% longer than neurites on random and intermediate fibers, respectively (122). In 2009, Xie and colleagues understand the unique patterns of neurite outgrowth from primary dorsal root ganglia (DRG) cultured on scaffolds of electrospun nanofibers having different orders, structures, and surface properties. They

demonstrated that the neurites when cultured on randomly oriented nanofibers extended radially outward from the DRG main body without specific directionality. In contrast, the neurites cultured on a parallel array of aligned nanofibers preferentially extended along the long axis of fiber. When seeded at the border between regions of aligned and random nanofibers, the same DRG in response to the underlying nanofibers simultaneously expressed aligned and random neurite fields. When cultured on a double-layered scaffold where the each layer nanofibers were aligned along a different direction, the neurites were found to be dependent on the fiber density in both layers. This biaxial pattern clearly indicates that neurite outgrowth can be influenced by nanofibers in different layers of a scaffold, rather than the top layer only (123).

Nanofiber diameter and orientation effects on the neuron growth and in the application of nanofibers, finding its suitable physical properties are challengeable. After becoming clear that neuron growth on the nanofiber has a large impact on neuron regeneration, effects of nanofiber surface modification on neuron growth were investigated. When polymers are convert to nanofibers, many of their properties, including antibacterial properties, biodegradability, cell adhesion and proliferation, and mechanical properties changed and need to be regulated by controlling the structure and properties of the nanofibers or compositing with other synthetic polymers (124).

Li and colleagues in 2007 used collagen-modified nanofibers (from polymer with different amount of carboxyl groups) for neural stem cell culture, and unmodified nanofibers were used as a control. Results indicated that the modification of collagen could increase the attachment and viability of the cultured neural stem cells (125). Yiqian Zhu in 2010, have shown that aligned Poly (L-lactide) /Poly (D, L-lactide-co-glycolide) nanofibers immobilized with anti- inflammatory factor Rolipram can promote axon growth from the dorsal root ganglion tissue and reduce the population of astrocytes and chondroitin sulfate proteoglycans in the lesion (126). Aligned Laminin-functionalized polycaprolactone (PCL) nanofibers embedded to three-dimensional hyaluronic acid hydrogels used by McMurtrey to support neuronal cell cultures. Aligned nanofibers were shown to enable considerable control over the direction of neurite outgrowth in (3D) neuronal cultures. Specifically, the average length of neurites per cell in 3D HA constructs with laminin-functionalized nanofibers compared to the same laminin fibers on 2D laminin surfaces increased by 66%, increased by 59% compared to 2D surface coated by laminin without fibers, and increased by 1052% compared to HA construct without fibers. Laminin functionalization of fibers also was doubled in average neurite length over plain PCL fibers in

Nanomaterial	Advantages	Disadvantages
Graphene	Differentiation of hNSCs more toward neurons to glial cells. Excellent cell-adhesion layer Biocompatible. Efficient electrical stimulation of neuron.	One-atom-thick graphene is so thin that it can slice directly into the cell
Nanotube	Similarity to the neural machinery elements. The electrical properties of CNT can be designed in a way that is proportional to the charge transport features of neuro-electrical neural interfacing. Suitable mechanical and chemical properties for pro- longed implantation in neuronal tissue. Biocompatible and biodegradable in the neural tissue. Stable conductivity in biological environments. Easy functionalization of insoluble pristine CNT that en- hance its aqueous dispersibility and has licensed their application in physiological environments including the nervous system. Surface charge of CNTs can be used to control the neu- rites outgrowth.	Lack of solubility in aqueous media The biodistribution and pharmacokinet- ics of CNTs are affected by many physi- cochemical characteristics such as shape, size, chemical composition, ag- gregation, solubility surface, and fiction- alization
Nanowire	Nanowire helps axonal outgrowth. Cell survival was bet- ter on nanowire substrates than on planar control sub- strates. There were no overt signs of toxicity caused by tested nanowires.	
Nanofiber	The nanofibrous network porous structure highly re- sembles to the native extracellular matrix, and the high aspect ratio has been shown to promote the adhesion, proliferation and differentiation of various cells. Ran- domly oriented nanofibers (150–350 nm) in addition to cause stem cell adhesion, will cause their differentiation as well. 3D nanofiber matrices appeared to be more suitable for NSC attachment, synaptic outgrowth and synaptogene- sis. As the fiber diameter decreased, higher degree of proliferation and cell spreading and lower degree of cell aggregation were observed. Neural stem cells elongated and their neurites outgrew along the direction of the fiber orientation of the aligned nanofibers. Increased rate of Neural stem cells differentiation on aligned nanofibers than random fibers. Nanofiber made of conductive polymers could be a good candidate for neuronal tissue scaffolds exhibited 40– 90% more neurite formation and 40–50% longer neuri- tis.	Such toxic solvents that used during the synthesis of nanofiber might affect the structural conformation of several bi- opolymers, proteins and result in unde- sired cellular response. A critical need exists to replace these toxic organic sol- vents with aqueous based or less toxic solvents during the synthesis. Polymers are prepared to nanofibers, many of their properties, including anti- bacterial properties, haemostatic prop- erties, biodegradability, cell adhesion and proliferation, and mechanical prop- erties, need to be regulated by control- ling the structure and properties of the nanofibers or compositing with other synthetic polymers Nanofiber diameter and orientation ef- fects on the neuron growth and finding suitable diameter of nanofiber is chal- lengeable.

 Table 2: Advantage and disadvantage of the most used nanoparticles in neuron growth

the same 3D HA constructs (127).

Electrical stimulation of neurons in the absence of topographical features also has been shown to guide axonal extension. Currently, electroactive nanofibers have often been fabricated as scaffolds to induce electrical stimulation for neural tissue engineering. Polymers with electrons in their backbones such as Polyaniline (PANI), Polypyrrole (PPY), and poly (3,4-ethylenedioxythiophene) (PEDOT) known as conductive polymers and could be a good candidate for use as a substrate for synthesis of nanofiber and the growth of neurons (128, 129). despite these polymers having suitable characteristics for use in the body, have features such as PPy fragility and insolubility after synthesis or PANI low process ability, flexibility and biodegradability that limit their use alone (128). To compensate the deficiencies of conductive polymers, they must be used in combination with other component. Lee and colleagues in 2009 examined the combined effect of nanofiber structures and electrical stimulation. Conductive meshes of PPy on random and aligned electrospun poly (lactic-co-glycolic acid) (PLGA) nanofibers maked PPy-PLGA scaffold that supported the growth and differentiation of rat hippocampal neurons comparable to non-coated PLGA control meshes. This experiment suggested that PPy-PLGA is suitable as conductive nanofibers for neuronal tissue scaffolds. Electrical stimulation studies exhibited 40-90% more neurite formation and 40-50% longer neurites compared to unstimulated cells on the same scaffolds. In addition, stimulation of the cells on aligned PPy-PLGA fibers resulted in longer neurites and more neurite-bearing cells than stimulation on random fibers of PPy-PLGA, suggesting a combined effect of electrical stimulation and topographical guidance (128). Xie in 2009 prepared conductive core-sheath nanofibers. Poly (e-caprolactone) (PCL) and poly (L -lactide) (PLA) used as templates to produce uniform sheaths with in-situ These polymerization. conductive core-sheath nanofibers suggest a unique system to study the synergistic effect of different cues on neurite outgrowth in vitro. It was demonstrated that explanted dorsal root ganglia (DRG) cohere well to the conductive coresheath nanofibers and produce neurites across the surface when there is a nerve growth factor in the medium. Furthermore, the neuritis can be oriented along one direction and enhanced by 82% in terms of maximum length when uniaxially aligned conductive core-sheath nanofibers are compared with their random counterparts. Electrical stimulation, when applied via the conductive core-sheath nanofibers, was shown to further increase the maximum length of neurites for random and aligned samples by 83% and 47%, respectively, relative to the controls without electrical stimulation. Together these, results indicate the potential use of the conductive core-sheath nanofibers as scaffolds in applications such as neural tissue engineering (123). Abidian in 2009 reported an application of PEDOT traces within agarose gel for axonal regeneration. PEDOT-modified agarose conduits support superior neural regeneration as compared to the plain agarose conduits (130).

A challenge for use of nanofibers in SCI treatment is such toxic solvents used during the synthesis pathway of nanofiber that might affect the structural conformation of several biopolymers and proteins and result in undesired cellular response. A critical need exists to replace these toxic organic solvents with aqueous based or less toxic solvents during the synthesis (131).

3. Conclusion:

In this review we investigated the nanotechnology based methods for neuron regeneration and treatment

of SCI. Now, the nano-structures contain carbon nanotube, graphene; nanowire and nano-fiber have been used for this purpose more than others. Researchers showed graphene has not cytotoxic effect and can be used as an excellent nanostructure scaffolds for promoting neuron stem cell adhesion and directing hNSCs to neurons than glial cells. Also functionalized CNT scaffolds can serve as promising opportunity for nerve repair of SCI. Of course, the direction and charges of CNT in composite are two important factors in neural growth. In addition to these two carbon nanostructures, the morphology and high aspect ratio of nanowire makes them interesting for applications as a substrate for neuron growth. At the end of the list are nanofibers that numerous studies have been done on them and have more potential for neuron regeneration and SCI treatment. According to the studies, nanofibers scaffolds especially electro active nanofibers, can serve as excellent guidance conduits for nervous tissue repair. As mentioned above, the proposed new therapies in

As mentioned above, the proposed new therapies in SCIs, such as cell therapy, do not have full efficacy in improving symptoms after injury and therefore need to be used for combination therapy to improve the conventional therapies. Based on in vitro studies, animal models and a few available clinical trials seem to use nanoparticles as a complementary therapy can be helpful in this area. Finally, we summarized advantage and disadvantage of the most used nanoparticles in neuron growth in table 2. Further studies and move them to the clinical phase are needed to reach a general conclusion.

4. Acknowledgment

None.

5. Conflict of interest

No conflict of interest was declared.

6. Funding source

None.

7. Author contribution

All authors passed four criteria for authorship contribution based on recommendations of the International Committee of Medical Journal Editor.

8. Reference

1. Silva NA, Sousa N, Reis RL, Salgado AJ. From

basics to clinical: A comprehensive review on spinal cord injury. Prog Neurobiol. 2014;114:25-57.

2. Thuret S, Moon LDF, Gage FH. Therapeutic interventions after spinal cord injury. Nat Rev Neurosci. 2006;7(8):628-43.

3. Haggerty AE, Oudega M. Biomaterials for spinal cord repair. Neurosci Bull. 2013;29(4):445-59.

4. Bradbury EJ, McMahon SB. Spinal cord repair strategies: why do they work? Nat Rev Neurosci. 2006;7(8):644-53.

5. Cadotte DW, Fehlings MG. Spinal Cord Injury: A Systematic Review of Current Treatment Options. Clin Orthop Relat Res. 2010;469(3):732-41.

6. Varma AK, Das A, Wallace G, Barry J, Vertegel AA, Ray SK, et al. Spinal Cord Injury: A Review of Current Therapy, Future Treatments, and Basic Science Frontiers. Neurochem Res. 2013;38(5):895-905.

7. Nandoe Tewarie RS, Hurtado A, Bartels RH, Grotenhuis A, Oudega M. Stem Cell-Based Therapies for Spinal Cord Injury. J Spinal Cord Med. 2009;32(2):105-14.

8. Bagnall AM, Jones L, Duffy S, RP. R. Spinal fixation surgery for acute traumatic spinal cord injury. Cochrane Database Syst Rev. 2008;23(1):CD004725.

9. Hugenholtz H, Cass DE, Dvorak MF, Fewer DH, Fox RJ, Izukawa DMS, et al. High-Dose Methylprednisolone for Acute Closed Spinal Cord Injury - Only a Treatment Option. Can J Neurol Sci. 2002;29(03):227-35.

 Bracken MB. Steroids for acute spinal cord injury. Cochrane Database Syst Rev. 2012;1:CD001046.
 Sure U. Greenberg: Handbook of neurosurgery,

6th edn. Neurosurg Rev. 2007;30(2):161-3.

12. Chen B, He J, Yang H, Zhang Q, Zhang L, Zhang X, et al. Repair of spinal cord injury by implantation of bFGF-incorporated HEMA-MOETACL hydrogel in rats. Sci Rep. 2015;5:9017.

13. Lim PAC, Tow AM. Recovery and regeneration after spinal cord injury: a review and summary of recent literature. Ann Med Singapore. 2007;36(1):49-57.

14. Short DJ, El Masry WS, Jones PW. High dose methylprednisolone in the management of acute spinal cord injury – a systematic review from a clinical perspective. Spinal Cord. 2000;38(5):273-86.

15. Evaniew N, Noonan VK, Fallah N, Kwon BK, Rivers CS, Ahn H, et al. Methylprednisolone for the Treatment of Patients with Acute Spinal Cord Injuries: A Propensity Score-Matched Cohort Study from a Canadian Multi-Center Spinal Cord Injury Registry. J Neurotrauma. 2015;32(21):1674-83.

16. Richardson PM, McGuinness UM, Aguayo AJ. Axons from CNS neurones regenerate into PNS grafts. Nature. 1980;284(5753):264-5.

17. Tsukamoto A, Uchida N, Capela A, Gorba T, Huhn S. Clinical translation of human neural stem cells. Stem Cell Res Ther. 2011;4(4):102.

18. Osaka M, Honmou O, Murakami T, Nonaka T, Houkin K, Hamada H, et al. Intravenous administration of mesenchymal stem cells derived from bone marrow after contusive spinal cord injury improves functional outcome. Brain Res. 2010;1343:226-35.

19. Assunção-Silva RC, Gomes ED, Sousa N, Silva NA, Salgado AJ. Hydrogels and Cell Based Therapies in Spinal Cord Injury Regeneration. Stem Cells Int. 2015;2015:1-24.

20. Oraee-Yazdani S, Hafizi M, Atashi A, Ashrafi F, Seddighi AS, Hashemi SM, et al. Co-transplantation of autologous bone marrow mesenchymal stem cells and Schwann cells through cerebral spinal fluid for the treatment of patients with chronic spinal cord injury: safety and possible outcome. Spinal Cord. 2015;54(2):102-9.

21. Chotivichit A, Ruangchainikom M, Chiewvit P, Wongkajornsilp A, Sujirattanawimol K. Chronic spinal cord injury treated with transplanted autologous bone marrow-derived mesenchymal stem cells tracked by magnetic resonance imaging: a case report. J Med Case Reports. 2015;9(1):79.

22. Dasari VR. Mesenchymal stem cells in the treatment of spinal cord injuries: A review. World J Stem Cells. 2014;6(2):120.

23. Khazaei M, Siddiqui A, Fehlings M. The Potential for iPS-Derived Stem Cells as a Therapeutic Strategy for Spinal Cord Injury: Opportunities and Challenges. J Clin Med. 2014;4(1):37-65.

24. Nori S, Okada Y, Yasuda A, Tsuji O, Takahashi Y, Kobayashi Y, et al. Grafted human-induced pluripotent stem-cell-derived neurospheres promote motor functional recovery after spinal cord injury in mice. Proc Natl Acad Sci. 2011;108(40):16825-30.

25. Fujimoto Y, Abematsu M, Falk A, Tsujimura K, Sanosaka T, Juliandi B, et al. Treatment of a Mouse Model of Spinal Cord Injury by Transplantation of Human Induced Pluripotent Stem Cell-Derived Long-Term Self-Renewing Neuroepithelial-Like Stem Cells. Stem Cells. 2012;30(6):1163-73.

26. Tsuji O, Miura K, Okada Y, Fujiyoshi K, Mukaino M, Nagoshi N, et al. Therapeutic potential of appropriately evaluated safe-induced pluripotent stem cells for spinal cord injury. Proc Natl Acad Sci. 2010;107(28):12704-9.

27. Guest J, Santamaria AJ, Benavides FD. Clinical translation of autologous Schwann cell transplantation for the treatment of spinal cord injury. Curr Opin Organ Transplant. 2013;18(6):682-9.

28. Bareyre FM, Kerschensteiner M, Raineteau O, Mettenleiter TC, Weinmann O, Schwab ME. The injured spinal cord spontaneously forms a new intraspinal circuit in adult rats. Nat Neurosci. 2004;7(3):269-77.

29. Oudega M, Moon LDF, de Almeida Leme RJ. Schwann cells for spinal cord repair. Braz J Med Biol Res. 2005;38(6):825-35.

30. Imaizumi T, Lankford KL, Kocsis JD. Transplantation of olfactory ensheathing cells or Schwann cells restores rapid and secure conduction across the transected spinal cord. Brain Res. 2000;854(1-2):70-8.

31. Bunge MB. Chapter 19 Bridging the transected

or contused adult rat spinal cord with Schwann cell and olfactory ensheathing glia transplants. Prog Brain Res. 2002;137:275-82.

32. Agudo M, Woodhoo A, Webber D, Mirsky R, Jessen KR, McMahon SB. Schwann cell precursors transplanted into the injured spinal cord multiply, integrate and are permissive for axon growth. Glia. 2008;56(12):1263-70.

33. Tello Velasquez J, Ekberg JAK, St John JA. Transplantation of Olfactory Ensheathing Cells in Spinal Cord Injury. Cell Ther Stroke CNS Inj. 2014;22(9):1591-612.

34. Salazar I, Barrios Santos WA, Zubizarreta A, Sánchez Quinteiro P. Harvesting of olfactory ensheathing cells for autologous transplantation into the spinal cord injury. Its complexity in dogs. Front Neuroanat. 2015;9:110.

35. Zhang H-T, Gao Z-Y, Chen Y-Z, Wang T-H. Temporal changes in the level of neurotrophins in the spinal cord and associated precentral gyrus following spinal hemisection in adult Rhesus monkeys. J Chem Neuroanat. 2008;36(3-4):138-43.

36. Li X-L, Zhang W, Zhou X, Wang X-Y, Zhang H-T, Qin D-X, et al. Temporal changes in the expression of some neurotrophins in spinal cord transected adult rats. Neuropeptides. 2007;41(3):135-43.

37. Wang Y, Ying Y, Cui X. Effects on Proliferation and Differentiation of Human Umbilical Cord-Derived Mesenchymal Stem Cells Engineered to Express Neurotrophic Factors. Stem Cells Int. 2016;2016:1-11.

38. Butovsky O, Talpalar AE, Ben-Yaakov K, Schwartz M. Activation of microglia by aggregated β amyloid or lipopolysaccharide impairs MHC-II expression and renders them cytotoxic whereas IFN- γ and IL-4 render them protective. Mol Cell Neurosci. 2005;29(3):381-93.

39. Shaked I, Tchoresh D, Gersner R, Meiri G, Mordechai S, Xiao X, et al. Protective autoimmunity: interferon- γ enables microglia to remove glutamate without evoking inflammatory mediators. J Neurochem. 2005;92(5):997-1009.

40. Knoller N, Auerbach G, Fulga V, Zelig G, Attias J, Bakimer R, et al. Clinical experience using incubated autologous macrophages as a treatment for complete spinal cord injury: Phase I study results. J Neurosurg Spine. 2005;3(3):173-81.

41. Shroff G, Agarwal P, Mishra A, Sonowal N. Human Embryonic Stem Cells in Treatment of Spinal Cord Injury: A Prospective Study. J Neurol Res. 2015;5(3):213-20.

42. Ronaghi M, Erceg S, Moreno-Manzano V, Stojkovic M. Challenges of Stem Cell Therapy for Spinal Cord Injury: Human Embryonic Stem Cells, Endogenous Neural Stem Cells or Induced Pluripotent Stem Cells? Stem Cells. 2009;9(1):93-9.

43. McCreedy DA, Wilems TS, Xu H, Butts JC, Brown CR, Smith AW, et al. Survival, differentiation, and migration of high-purity mouse embryonic stem cell-derived progenitor motor neurons in fibrin scaffolds

after sub-acute spinal cord injury. Biomater Sci. 2014;2(11):1672-82.

44. Hiemstra LE, Terblanche L, Adriaanse B. Rehabilitation outcomes following autologous human stem cell transplantation in a chronic complete C4 tetraplegic - the first 12 months: A case report. S Afr j occup ther. 2015;45(2):29-42.

45. Kriegstein A, Alvarez-Buylla A. The Glial Nature of Embryonic and Adult Neural Stem Cells. Annu Rev Neurosci. 2009;32(1):149-84.

46. Yousefifard M, Rahimi-Movaghar V, Nasirinezhad F, Baikpour M, Safari S, Saadat S, et al. Neural stem/progenitor cell transplantation for spinal cord injury treatment; A systematic review and meta-analysis. Neuroscience. 2016;322:377-97.

47. McKay CA, Pomrenke RD, McLane JS, Schaub NJ, DeSimone EK, Ligon LA, et al. An Injectable, Calcium Responsive Composite Hydrogel for the Treatment of Acute Spinal Cord Injury. ACS Appl Mater Interfaces. 2014;6(3):1424-38.

48. Wells JEA. Neuroprotection by minocycline facilitates significant recovery from spinal cord injury in mice. Brain. 2003;126(7):1628-37.

49. Lee SM, Yune TY, Kim SJ, Park DW, Lee YK, Kim YC, et al. Minocycline Reduces Cell Death and Improves Functional Recovery after Traumatic Spinal Cord Injury in the Rat. J Neurotrauma. 2003;20(10):1017-27.

50. Celik EC, Erhan B, Lakse E. The clinical characteristics of neuropathic pain in patients with spinal cord injury. Spinal Cord. 2012;50(8):585-9.

51. Mustafa A. Is Oral Ibuprofen Better than Intravenous Indomethacin for Medical Closure of the Patent Ductus Arteriosus in Preterm Infants? Pediatr Theraput. 2015;5:231.

Streijger F, Lee JHT, Duncan GJ, Ng MTL, Assinck 52. P, Bhatnagar T, et al. Combinatorial treatment of acute spinal cord injury with ghrelin, ibuprofen, C16, and ketogenic diet does not result in improved histologic or functional outcome. [Neurosci Res. 2014;92(7):870-83. 53. Wang X, Budel S, Baughman K, Gould G, Song K-H, Strittmatter SM. Ibuprofen Enhances Recovery from Spinal Cord Injury by Limiting Tissue Loss and Stimulating Axonal Growth. Neurotrauma. J 2009;26(1):81-95.

54. Arnold SA, Hagg T. Anti-Inflammatory Treatments during the Chronic Phase of Spinal Cord Injury Improve Locomotor Function in Adult Mice. J Neurotrauma. 2011;28(9):1995-2002.

55. Xue H, Zhang X-y, Liu J-m, Song Y, Liu T-t, Chen D. NDGA reduces secondary damage after spinal cord injury in rats via anti-inflammatory effects. Brain Res. 2013;1516:83-92.

56. Pantović R, Draganić P, Eraković V, Blagović B, Milin Č, Simonić A. Effect of indomethacin on motor activity and spinal cord free fatty acid content after experimental spinal cord injury in rabbits. Spinal Cord. 2005;43(9):519-26.

57. Mofidi A, Bader A, Pavlica S. The Use of Erythropoietin and its Derivatives to Treat Spinal Cord

Injury. Mini Rev Med Chem. 2011;11(9):763-70.

58. Fehlings MG, Wilson JR, Frankowski RF, Toups EG, Aarabi B, Harrop JS, et al. Riluzole for the treatment of acute traumatic spinal cord injury: rationale for and design of the NACTN Phase I clinical trial. J Neurosurg Spine. 2012;17(Suppl1):151-6.

59. Wilson JR, Fehlings MG. Riluzole for Acute Traumatic Spinal Cord Injury: A Promising Neuroprotective Treatment Strategy. World Neurosurg. 2014;81(5-6):825-9.

60. Costa DD, Beghi E, Carignano P, Pagliacci C, Faccioli F, Pupillo E, et al. Tolerability and efficacy of erythropoietin (EPO) treatment in traumatic spinal cord injury: a preliminary randomized comparative trial vs. methylprednisolone (MP). Neurol Sci. 2015;36(9):1567-74.

61. García-Álvarez I, Fernández-Mayoralas A, Moreno-Lillo S, Sánchez-Sierra M, Nieto-Sampedro M, Doncel-Pérez E. Inhibition of glial proliferation, promotion of axonal growth and myelin production by synthetic glycolipid: A new approach for spinal cord injury treatment. Restor Neurol Neurosci. 2015;33(6):895-910.

62. Bregman BS, McAtee M, Dai HN, Kuhn PL. Neurotrophic Factors Increase Axonal Growth after Spinal Cord Injury and Transplantation in the Adult Rat. Exp Neurol. 1997;148(2):475-94.

63. Bregman BS, Coumans J-V, Dai HN, Kuhn PL, Lynskey J, McAtee M, et al. Transplants and neurotrophic factors increase regeneration and recovery of function after spinal cord injury. Prog Brain Res. 2002;12:257-73.

64. Samadikuchaksaraei A. An overview of tissue engineering approaches for management of spinal cord injuries. J Neuroeng Rehabil. 2007;4(1):15.

65. Zhang Y. Tissue engineering is a promising method for the repair of spinal cord injuries (Review). Exp Ther Med. 2013;7(3):523-8.

66. Klapka N, Müller HW. Collagen Matrix in Spinal Cord Injury. J Neurotrauma. 2006;23(3-4):422-36.

67. Cholas RH, Hsu H-P, Spector M. The reparative response to cross-linked collagen-based scaffolds in a rat spinal cord gap model. Biomaterials. 2012;33(7):2050-9.

68. Grulova I, Slovinska L, Blaško J, Devaux S, Wisztorski M, Salzet M, et al. Delivery of Alginate Scaffold Releasing Two Trophic Factors for Spinal Cord Injury Repair. Sci Rep. 2015;5:13702.

69. Ansorena E, De Berdt P, Ucakar B, Simón-Yarza T, Jacobs D, Schakman O, et al. Injectable alginate hydrogel loaded with GDNF promotes functional recovery in a hemisection model of spinal cord injury. Int J Pharm. 2013;455(1-2):148-58.

70. Jian R, Yixu Y, Sheyu L, Jianhong S, Yaohua Y, Xing S, et al. Repair of spinal cord injury by chitosan scaffold with glioma ECM and SB216763 implantation in adult rats. J Biomed Mater Res. 2015;103(10):3259-72.

71. Cho Y, Shi R, Borgens RB. Chitosan produces potent neuroprotection and physiological recovery

following traumatic spinal cord injury. J Exp Biol. 2010;213(9):1513-20.

72. Li X, Yang Z, Zhang A, Wang T, Chen W. Repair of thoracic spinal cord injury by chitosan tube implantation in adult rats. Biomaterials. 2009;30(6):1121-32.

73. Li HY, Führmann T, Zhou Y, Dalton PD. Host reaction to poly(2-hydroxyethyl methacrylate) scaffolds in a small spinal cord injury model. J Mater Sci Mater Med. 2013;24(8):2001-11.

74. Shi R. Polyethylene glycol repairs membrane damage and enhances functional recovery: a tissue engineering approach to spinal cord injury. Neurosci Bull. 2013;29(4):460-6.

75. Luo J, Borgens R, Shi R. Polyethylene glycol immediately repairs neuronal membranes and inhibits free radical production after acute spinal cord injury. J Neurochem. 2002;83(2):471-80.

76. Sharp KG, Dickson AR, Marchenko SA, Yee KM, Emery PN, Laidmåe I, et al. Salmon fibrin treatment of spinal cord injury promotes functional recovery and density of serotonergic innervation. Exp Neurol. 2012;235(1):345-56.

77. Johnson PJ, Parker SR, Sakiyama-Elbert SE. Fibrin-based tissue engineering scaffolds enhance neural fiber sprouting and delay the accumulation of reactive astrocytes at the lesion in a subacute model of spinal cord injury. J Biomed Mater Res. 2010;92A(1):152-63.

78. Zhu Y, Soderblom C, Trojanowsky M, Lee D-H, Lee JK. Fibronectin Matrix Assembly after Spinal Cord Injury. J Neurotrauma. 2015;32(15):1158-67.

79. Koffler J, Samara RF, Rosenzweig ES. Using Templated Agarose Scaffolds to Promote Axon Regeneration Through Sites of Spinal Cord Injury. Methods Mol Biol. 2014;1162:157-65.

80. Stokols S, Tuszynski MH. Freeze-dried agarose scaffolds with uniaxial channels stimulate and guide linear axonal growth following spinal cord injury. Biomaterials. 2006;27(3):443-51.

81. Chung YG, Algarrahi K, Franck D, Tu DD, Adam RM, Kaplan DL, et al. The use of bi-layer silk fibroin scaffolds and small intestinal submucosa matrices to support bladder tissue regeneration in a rat model of spinal cord injury. Biomaterials. 2014;35(26):7452-9.

82. Chen C-H, Liu J, Chua C-K, Chou S-M, Shyu V, Chen J-P. Cartilage Tissue Engineering with Silk Fibroin Scaffolds Fabricated by Indirect Additive Manufacturing Technology. Materials. 2014;7(3):2104-19.

83. Bhardwaj N, Kundu SC. Chondrogenic differentiation of rat MSCs on porous scaffolds of silk fibroin/chitosan blends. Biomaterials. 2012:33(10):2848-57.

84. Li X, Liu X, Cui L, Brunson C, Zhao W, Bhat NR, et al. Engineering an in situ crosslinkable hydrogel for enhanced remyelination. FASEB J. 2012;27(3):1127-36. 85. Trimaille T, Pertici V, Gigmes D. Recent advances in synthetic polymer based hydrogels for spinal cord repair. Comptes Rendus Chimie. 2016;19(12):157-66.

86. Pitkethly MJ. Nanomaterials – the driving force. Materials Today. 2004;7(12):20-9.

87. Krishnamoorti R. Extracting the Benefits of Nanotechnology for the Oil Industry. J Petrol Tchnol. 2006;58(11):24-6.

88. Koch C, Ovidko I, Seal S, Veprek S. Structural Nanocrystalline Materials: Cambridge University Press (CUP); 2007.

89. Soldano C, Mahmood A, Dujardin E. Production, properties and potential of graphene. Carbon. 2010;48(8):2127-50.

90. Bressan E, Ferroni L, Gardin C, Sbricoli L, Gobbato L, Ludovichetti FS, et al. Graphene based scaffolds effects on stem cells commitment. J Transl Med. 2014;12(1):296.

91. Park SY, Park J, Sim SH, Sung MG, Kim KS, Hong BH, et al. Enhanced Differentiation of Human Neural Stem Cells into Neurons on Graphene. Adv Mater. 2011;23(36):H263-H7.

92. Serrano MC, Patiño J, García-Rama C, Ferrer ML, Fierro JLG, Tamayo A, et al. 3D free-standing porous scaffolds made of graphene oxide as substrates for neural cell growth. J Mater Chem. 2014;2(34):5698.

93. Sahni D, Jea A, Mata JA, Marcano DC, Sivaganesan A, Berlin JM, et al. Biocompatibility of pristine graphene for neuronal interface. J Neurosurg Pediatr. 2013;11(5):575-83.

94. Li N, Zhang Q, Gao S, Song Q, Huang R, Wang L, et al. Three-dimensional graphene foam as a biocompatible and conductive scaffold for neural stem cells. Sci Rep. 2013;3:1604.

95. Jawahar N, Surendra E, Radha K. A Review on Carbon Nanotubes: A Novel drug Carrier for Targeting to Cancer Cells. J Pharm Sci Res. 2015;7(3):141–54.

96. Lamberti M, Pedata P, Sannolo N, Porto S, De Rosa A, Caraglia M. Carbon nanotubes: Properties, biomedical applications, advantages and risks in patients and occupationally-exposed workers. Int J Immunopathol Pharmacol. 2015;28(1):4-13.

97. Mattson MP, Haddon RC, Rao AM. Molecular Functionalization of Carbon Nanotubes and Use as Substrates for Neuronal Growth. J Mol Neurosci. 2000;14(3):175-82.

98. Nunes A, Al-Jamal K, Nakajima T, Hariz M, Kostarelos K. Application of carbon nanotubes in neurology: clinical perspectives and toxicological risks. Arch Toxicol. 2012;86(7):1009-20.

99. Kabiri M, Oraee-Yazdani S, Shafiee A, Hanaee-Ahvaz H, Dodel M, Vaseei M, et al. Neuroregenerative effects of olfactory ensheathing cells transplanted in a multi-layered conductive nanofibrous conduit in peripheral nerve repair in rats. J Biomed Sci. 2015;22(1):35.

100. Burgess R. Medical applications of nanoparticles and nanomaterials. Stud Heal Technol Inf. 2009;149:257–83.

101. Roman JA, Niedzielko TL, Haddon RC, Parpura V, Floyd CL. Single-Walled Carbon Nanotubes Chemically Functionalized with Polyethylene Glycol Promote Tissue Repair in a Rat Model of Spinal Cord Injury. J Neurotrauma. 2011;28(11):2349-62.

102. Ding S, Bao Y, Lin Y, Pan Y, Fan Y, Wan J, et al. Neuroprotective effect of functionalized multi-walled carbon nanotubes on spinal cord injury in rats. Int J Clin Exp Pathol. 2015;8(12):15769-77.

103. Imani S, Zagari Z, Rezaei Zarchi S, Jorjani M, Nasri S. Functional Recovery of Carbon Nanotube/Nafion Nanocomposite in Rat Model of Spinal Cord Injury. Artif Cells Nanomed Biotechnol. 2015;44(1):144-9.

104. Gupta P, Sharan S, Roy P, Lahiri D. Aligned carbon nanotube reinforced polymeric scaffolds with electrical cues for neural tissue regeneration. Carbon. 2015;95:715-24.

105. Chen C-S, Soni S, Le C, Biasca M, Farr E, Chen EYT, et al. Human stem cell neuronal differentiation on silk-carbon nanotube composite. Nanoscale Res Lett. 2012;7(1):126.

106. Eatemadi A, Daraee H, Karimkhanloo H, Kouhi M, Zarghami N, Akbarzadeh A, et al. Carbon nanotubes: properties, synthesis, purification, and medical applications. Nanoscale Res Lett. 2014;9(1):393.

107. Wang N, Cai Y, Zhang RQ. Growth of nanowires. Materials Science and Engineering: R: Reports. 2008;60(1-6):1-51.

108. Kubinová Š, Syková E. Nanotechnology for treatment of stroke and spinal cord injury. Nanomedicine. 2010;5(1):99-108.

109. Li Y, Qian F, Xiang J, Lieber CM. Nanowire electronic and optoelectronic devices. Materials Today. 2006;9(10):18-27.

110. Rahong S, Yasui T, Kaji N, Baba Y. Recent developments in nanowires for bio-applications from molecular to cellular levels. Lab Chip. 2016;16(7):1126-38.

111. Berthing T, Sørensen CB, Nygård J, Martinez KL. Applications of Nanowire Arrays in Nanomedicine. J Nanoneurosci. 2009;1(1):3-9.

112. Hällström W, Mårtensson T, Prinz C, Gustavsson P, Montelius L, Samuelson L, et al. Gallium Phosphide Nanowires as a Substrate for Cultured Neurons. Nano Letters. 2007;7(10):2960-5.

113. Hällström W, Prinz CN, Suyatin D, Samuelson L, Montelius L, Kanje M. Rectifying and Sorting of Regenerating Axons by Free-Standing Nanowire Patterns: A Highway for Nerve Fibers. Langmuir. 2009;25(8):4343-6.

114. Prinz C, Hällström W, Mårtensson T, Samuelson L, Montelius L, Kanje M. Axonal guidance on patterned free-standing nanowire surfaces. Nanotechnology. 2008;19(34):345101.

115. Johansson F, Jonsson M, Alm K, Kanje M. Cell guidance by magnetic nanowires. Exp Cell Res. 2010;316(5):688-94.

116. Bechara S, Wadman L, Popat KC. Electroconductive polymeric nanowire templates facilitates in vitro C17.2 neural stem cell line adhesion,

proliferation and differentiation. Acta Biomaterialia. 2011;7(7):2892-901.

117. Vasita R, Katti DS. Nanofibers and their applications in tissue engineering. Int J Nanomed. 2006;1(1):15-30.

118. Yang F, Murugan R, Wang S, Ramakrishna S. Electrospinning of nano/micro scale poly(l-lactic acid) aligned fibers and their potential in neural tissue engineering. Biomaterials. 2005;26(15):2603-10.

119. Yang F, Xu CY, Kotaki M, Wang S, Ramakrishna S. Characterization of neural stem cells on electrospun poly(L-lactic acid) nanofibrous scaffold. J Biomater Sci Polym Ed. 2004;15(12):1483-97.

120. Xu X-Y, Li X-T, Peng S-W, Xiao J-F, Liu C, Fang G, et al. The behaviour of neural stem cells on polyhydroxyalkanoate nanofiber scaffolds. Biomaterials. 2010;31(14):3967-75.

121. Christopherson GT, Song H, Mao H-Q. The influence of fiber diameter of electrospun substrates on neural stem cell differentiation and proliferation. Biomaterials. 2009;30(4):556-64.

122. Corey JM, Lin DY, Mycek KB, Chen Q, Samuel S, Feldman EL, et al. Aligned electrospun nanofibers specify the direction of dorsal root ganglia neurite growth. J Biomed Mater Res. 2007;83A(3):636-45.

123. Xie J, MacEwan MR, Willerth SM, Li X, Moran DW, Sakiyama-Elbert SE, et al. Conductive Core-Sheath Nanofibers and Their Potential Application in Neural Tissue Engineering. Adv Funct Mater. 2009;19(14):2312-8.

124. Zhao Y, Qiu Y, Wang H, Chen Y, Jin S, Chen S.

Preparation of Nanofibers with Renewable Polymers and Their Application in Wound Dressing. Int J Polym Sci. 2016;2016:1-17.

125. Li W, Guo Y, Wang H, Shi D, Liang C, Ye Z, et al. Electrospun nanofibers immobilized with collagen for neural stem cells culture. J Mater Sci Mater Med. 2007;19(2):847-54.

126. Zhu Y, Wang A, Shen W, Patel S, Zhang R, Young WL, et al. Nanofibrous Patches for Spinal Cord Regeneration. Adv Funct Mater. 2010;20(9):1433-40.

127. McMurtrey RJ. Patterned and functionalized nanofiber scaffolds in three-dimensional hydrogel constructs enhance neurite outgrowth and directional control. J Neural Eng. 2014;11(6):066009.

128. Balint R, Cassidy NJ, Cartmell SH. Conductive polymers: Towards a smart biomaterial for tissue engineering. Acta Biomaterialia. 2014;10(6):2341-53.

129. Lee JY, Bashur CA, Goldstein AS, Schmidt CE. Polypyrrole-coated electrospun PLGA nanofibers for neural tissue applications. Biomaterials. 2009;30(26):4325-35.

130. Abidian MR, Ludwig KA, Marzullo TC, Martin DC, Kipke DR. Interfacing conducting polymer nanotubes with the central nervous system: chronic neural recording using poly (3, 4-ethylenedioxythiophene) nanotubes. Adv Mater. 2009;21(37):3764-70.

131. Kumbar SG, James R, Nukavarapu SP, Laurencin CT. Electrospun nanofiber scaffolds: engineering soft tissues. Biomed Mater. 2008;3(3):034002.