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CASE REPORT article

Action of Regenerator Cel gel (acetyl dressing/antiseptic) and Remotis solution (acetyl dressing/antiseptic) in the treatment of wounds

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Abstract: A wound is a tissue injury that results in widespread cellular damage to cell and nuclear membranes, cytoplasm, and organelles in the affected area. There are countless alternatives for treating wounds; however, most rely on the regenerative capacity of the injured tissue. The product Remotis is a storehouse of amino acids, sugars, phosphorus, sulfur, and oxygen, which are necessary for the supply of genetic material for the repair of DNA molecules. Regenerator Cel Gel is an organic system composed of acecit, sugars, amino acids, trace elements, vitamins, organic stem cells (plant-based), and hyaluronic acid. This system is rich in carbon and has a pH of 2.5 ± 0.5. When regenerator Cel Gel contacts the wound, after Remotis is applied, cellular transport is activated through simple and facilitated diffusion, allowing the entry of genetic material (A, T, G, C). The aims to report the response of the combination of Regenerator Cel Gel and Remotis solution in patients who decided to seek an alternative to managing their lesions after not seeing progress with usual treatments. This study concludes that the strategy could accelerate healing processes, improve tissue quality, and reduce the need for surgical procedures.

Introduction

A wound is a tissue injury that results in widespread cellular damage to cell and nuclear membranes, cytoplasm, and organelles in the affected area. This triggers damage to DNA and RNA. This damage is partial when the genetic material of one or both DNA strands spreads into the damaged area and/or breaks down into purulent material, and it is complete when its molecular structure disappears [1]. As is well known, the genetic code of cells is found in the form of DNA, and the code of each gene uses the four nitrogenous bases of DNA: adenine (A), cytosine (C), guanine (G), and thymine (T). These four nitrogenous bases are linked so that the cellular machinery, namely the ribosome, can read them and convert them into proteins. In the genetic code, every three consecutive nucleotides act as a triplet that encodes an amino acid. A protein can be composed of hundreds of amino acids. When DNA damage occurs in a cell because of injury, the first reaction is a repair response through the activation of molecular pathways that specifically eliminate the damage through nucleotide excision or the removal of nucleotide(s) [2, 3]. In this process, a helicase (an enzyme that opens DNA) opens the DNA to form a bubble, and DNA-cutting enzymes remove the damaged DNA segment. When repair is not possible, the cell initiates tolerance; when tolerance is not possible, it activates the cell death pathway. In this process, when DNA repair is not possible, an infectious process becomes a potential risk. There are countless alternatives for treating wounds; however, most rely on the regenerative capacity of the injured tissue. The objective of this study is to provide evidence of the efficacy of combining two novel products in wound repair using genetic engineering.

Remotis: The product Remotis acecit dressing solution/antiseptic solution (pH 2.5±0.5) is an antiseptic compound enriched with 10.0 g of Acecit: a new term derived from ACE (endoplasmic cellular amino acids and CIT: inter- and intratissue carbohydrates). It is a storehouse of amino acids, sugars, phosphorus, sulfur, and oxygen, which are necessary for the supply of genetic material for the repair of DNA molecules; 12 g of amino acids; 12.0 g of organic or plant stem cells; 3.0 g of oxygen; 3.0 g of hyaluronic acid; and 60 g of essential organic acids. Remotis is a solution slightly denser than water, with a mild, characteristic odor. It removes the inbursa (false sac) that forms inside surgical wounds, burns, bites, and other injuries. It also extracts gunpowder residue from grenade and bullet wounds. It is used to treat metal or cosmetic prostheses, preventing rejection and the formation of an inbursa. It dissolves the transparent tissue with a gelatinous characteristic without requiring surgical treatment (**Figure 1**); this gelatinous tissue has been named Axianuz (a new term derived from Axi: axiom and Nuz: fruit, presented at medical congresses inside and outside of Mexico) [4, 5]. This tissue is seen as slime that allows the formation of infectious agents, promotes the formation of purulent material, and prevents DNA and cell regeneration. This product was developed more than 15 years ago and has been used in patients with various wounds [6, 7]. It works through a mechanism called the Tissue Suction Process. As soon as Remotis comes into contact with the wound, it initiates a process such as osmosis, the movement of a solution through semipermeable membranes, and facilitates the extraction of pus and bloody fluid. Remotis is applied using a spray bottle or administered using a syringe. As soon as it encounters the tissues, it begins the process of extracting pus, bloody fluids, foreign particles, and milky tissue from wounds (which necessitates surgical scraping under anesthesia), reducing swelling and pain.

Figure 1: Remotis action

A photo taken after a finger was immersed in Remotis. Any Axianuz tissue that formed after the bite, due to an infectious process that remained inside the Remotis

Remotis solution has three functions: Antiseptic; the pH (2.5 ± 0.5) of Remotis makes it an ideal antiseptic, preventing the formation of infectious agents in wounds or the formation of Axianuz tissue. When Axianuz tissue is removed from the wound, purulent material is released, inflammation decreases, and the formation of whitish or milky tissue is initiated. Foreign body removal; it has a specific action that removes foreign bodies from the tissues and cells where it is applied, including milky-appearing tissues (which often require surgical treatment in an operating room). This solution prepares the tissues in a sterile manner so that the gel has better results and acts faster. Lastly; prevents prosthesis rejection by eliminating the inbursa that forms between the prosthesis and adjacent tissues. The next step after applying Remotis is the use of Regenerator Cel Gel.

Regenerator Cel Gel (RCG) (acecit dressing/antiseptic gel): RCG is an organic system composed of acecit, sugars, amino acids, trace elements, vitamins, organic stem cells (plant-based), and hyaluronic acid. This system is rich in carbon and has a pH of 2.5 ± 0.5. When RCG contacts the wound, after Remotis is applied, cellular transport is activated through simple and facilitated diffusion, allowing the entry of genetic material (A, T, G, C) and the exit of purulent material from the tissue, which adheres to the gauze covering the gel dressing. Once the injured tissue is cleared of purulent material, the delivery of genetic material found in RCG to the DNA strands located in the wounds, which have been damaged by injury, begins. When DNA strand regeneration begins, the second strand of DNA is duplicated until the DNA is formed. This DNA duplication is accompanied by the formation of RNA to help carry out the hereditary instructions encoded in DNA. With each application, RCG provides genetic material for DNA regeneration and subsequent mitosis. Cellular material that fails to divide accumulates until it forms Rosen bodies (new term) or scabs. Rosen bodies are cellular remnants that lack sufficient DNA material or nitrogenous bases to replicate and undergo mitotic division. While the remaining portion of the DNA strand divides, generating a daughter cell that subsequently divides into two daughter cells with each mitotic division, the cellular remnant with insufficient material to generate daughter cells forms Rosen bodies. These bodies have a phenotype like a scab, protecting millions of daughter cells until tissue formation. Simultaneously, the Rosen bodies detach, revealing newly formed tissue. As RCG encounters the wound, it extracts purulent material while simultaneously introducing cellular material through passive transport or diffusion (simple and facilitated), filtration, and osmosis. This process results in the formation of layers of cells and, consequently, tissues. As the delivery of genetic material to the wound progresses, the cell anchoring process is activated, and the Axianuz ring (Rosen body cluster) around the wound closes along with the formation of cells. The anchoring process (the movement of cells from the Axianuz ring to the center of the wound) begins once the muscular, vascular, nervous, and internal layers of the skin have formed through regeneration (**Figure 2**). DNA replication occurs as RCG supplies the required genetic material until cell division is initiated.

Figure 2: Regenerator Cel Gel action

Vascularization is observed at points 1, 5, and 6. Nerve branch formation is observed at point 2.
Graft growth is observed at point 3. Milky tissue is seen at point 4.

When cell division is activated during the first phase of mitosis I, a series of events occur within the wound: Two daughter cells are produced, and a Rosen body is formed with the cellular remnant. Once mitosis I is completed, mitosis II begins, resulting in the formation of two daughter cells and a larger Rosen body. The number of mitoses increases, and the time between mitoses decreases. The Rosen body forms the Axianuz ring. As mitotic cell division occurs, new tissue is formed. The Axianuz ring moves toward the center of the wound. Similarly, the number of Rosen bodies increases until they completely cover the wound, as the Axianuz ring closes and disappears. These Rosen bodies form the scab, which should not be removed manually but should instead be left in place until it falls off after cell division has completed. If the scab is removed from the patient's sustained wound, a keloid scar or a scar canal may remain. This study aims to report the response to the combination of RCG and Remotis solution in three cases of patients who decided to seek an alternative to the management of their lesions, after not seeing progress with the usual treatments.

Ethical approval: The authors guarantee that the submitted study is in accordance with ethical considerations and that they have received ethical approval from Ciprés Grupo Médico (2025-05-01) and obtained participant consent before recruiting patients.

***Case 1**:* A male patient, 54 years old, from the municipality of Calimaya, State of Mexico, merchant by trade, presented for consultation complaining of pain. He was postoperative for melanoma on the left first toe (left hallux). Surgical excision was scheduled at his affiliated medical institution, so he decided to look for and accept an alternative that would avoid surgery. Remotis and RCG were applied every three days for a period of two months until cell regeneration occurred (**Figure 3**).

Figure 3: Melanoma post-surgical recovery

Remotis and Regenerator Cel Gel were applied with appointments every three days for a period of two months, until cell regeneration.

Case 2: A five-year-old male patient with first- and second-degree burns caused by hot water was brought to the clinic. The wound was treated without tissue removal. Dressings with RCG were performed every four days, with results observed by the second week of the wound healing period (**Figure 4**).

Figure 4: Burn recovery in a child

Remotis and Regenerator Cel Gel dressings were applied every four days, with results observed by the second week of the wound healing period

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Case 3: An 85-year-old female patient who suffered a third-degree burn on her left leg and the dorsum of her left foot. The burn occurred after she accidentally kicked a container of burning alcohol used to heat her room. Some of the burning alcohol spilled onto the affected areas. The first treatment he received was an autologous skin graft one month prior to having listened to and attended an orientation consultation to assess the use of Remotis and RCG. The patient had a more than 20-year history of systemic hypertension and was treated with 40.0 mg of telmisartan and 25.0 mg of hydrochlorothiazide, both administered orally every 24 hrs. She also had a history of erosive gastritis, which was managed with proton pump inhibitors. On physical examination, the patient was neurologically intact, and her cardiopulmonary examination was unremarkable. Two large areas of hard, necrotic eschar were observed on her left leg, without purulent drainage (**Figure 5**). The patient was discharged from her health institution for maximum benefit, being told that nothing more could be done for her injuries. Dressings with RCG were performed every four days, with results observed by the second week of the woundhealing period.

Figure 5: Burn recovery in an old woman

Remotis and Regenerator Cel Gel dressings were applied every four days, with results observed by the second week of the wound healing period.

Discussion

Recent reviews on antimicrobial and bioactive dressings have shown a clear trend toward products that combine bioburden control with regenerative stimulation [8-10]. Dressings such as MediHoney are used to clean the wound bed and promote regeneration through osmotic and acidic pH effects [11]. These mechanisms are comparable to those of Remotis, whose activated carbon content contributes to toxin and bacterial adsorption, thus providing an environment favorable for tissue repair. This dual action, antiseptic cleansing and tissue preparation, reinforces its role as a preliminary agent for the subsequent bioactive effect of RCG. The sequential Remotis plus RCG protocol appears to act through a complementary dual mechanism. In the first phase, Remotis performs chemical and osmotic debridement, eliminating purulent material, foreign residues, and the gelatinous tissue known as Axianuz, without requiring surgical intervention, which is the usual approach [12]. As previously stated, RCG promotes cellular proliferation and migration by providing substrates and bioactive factors. This sequence-cleansing followed by regenerative stimulation is consistent with current trends in advanced dressings that integrate antimicrobial control with bioactivity [13].

The clinical response observed, characterized by reduced exudate, granulation tissue formation, and progressive wound closure, coincides with reports on functional hydrogels that accelerate healing through physical and biological mechanisms [14]. Additionally, polydeoxyribonucleotides have been shown to promote angiogenesis and tissue regeneration [15], supporting the possible bioactive role of RCG. Although the hypothesis of a direct contribution of nitrogenous bases requires molecular confirmation, the observed clinical outcomes justify further evaluation in controlled experimental models. Main regenerative strategies currently available include cell-based therapies (mesenchymal stem cells, MSCs) [16], exosomes [17], platelet-rich plasma (PRP) [18], bioengineered skin substitutes [19], and negative pressure wound therapy (NPWT) [20]. MSCs provide immunomodulatory and proangiogenic effects, but their use is limited by logistical complexity and protocol variability. Exosomes, though promising, still lack robust clinical evidence and standardization. PRP is a practical and safe option, yet its efficacy depends on plasma quality and preparation technique. Bioengineered scaffolds and three-dimensional matrices show structural potential but are expensive and technically demanding. NPWT has well-documented benefits in exudate control and perfusion stimulation. In contrast, Remotis plus RCG offers a topical, less invasive, and cost-effective alternative that combines the functions of several of these approaches without the need for advanced infrastructure. Its sequential mechanism could be integrated with physical therapies such as NPWT in multimodal protocols. The Remotis plus RCG protocol could represent a practical and accessible option for wound management in resource-limited settings. It enables nonsurgical debridement and local delivery of bioactive factors without the need for biobanks or cell laboratories. Its ease of use makes it particularly valuable for wounds with infection, persistent exudate, or devitalized tissue. Additionally, the visible improvement in wound appearance may increase patient confidence and treatment adherence [21]. Nevertheless, controlled and randomized clinical trials comparing this approach with standard methods (surgical debridement, PRP, NPWT, or conventional dressings) are needed to support its inclusion in clinical guidelines. Despite encouraging results, the present study lacked a randomized control group and long-term follow-up, making it impossible to definitively assess the functional and aesthetic quality of the final scar. The absorption and integration of the proposed genetic material were not quantitatively documented, limiting the understanding of its biological mechanism. Variability among wound types and patient conditions (comorbidities, perfusion, nutritional status) may affect reproducibility.

Conclusion: Taken together, the Remotis plus RCG protocol exemplifies the current approach to bioactive, sequential, and minimally invasive wound therapies that combine deep osmotic cleansing, local infection control, and regenerative stimulation. This strategy could accelerate healing processes, improve tissue quality, and reduce the need for surgical procedures.

References

1. Ozgok Kangal MK, Kopitnik NL. Physiology, wound healing. 2025. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2025. PMID: 30571027.
2. Chang DF, Court KA, Holgate R, Davis EA, Bush KA, Quick AP, et al. Telomerase mRNA enhances human skin engraftment for wound healing. Advanced Healthcare Materials. 2024; 13(2): e2302029. doi: 10.1002/adhm.202302029
3. Meevassana J, Jiraboonsri S, Jitworawisut A, Khayanying N, Sirimaharaj P, Kamolratanakul S, et al. Box A of HMGB1 improves second-degree burn wound healing in rats. Burns. 2025; 51(5): 107456. doi: 10.1016/j.burns.2025.107456
4. Zapata Moreno LY. VI Congreso Latinoamericano de Células Madre y Medicina Regenerativa. Células madre: La nueva frontera en medicina. En Punta Cana, República Dominicana, 2018.
5. Zapata Moreno LY. 1er Congreso Internacional AMIDMAHE 2022. Con visión a la especialización a través de la multidisciplina. En León, Guanajuato, México, 2022.
6. Zapata Moreno LY. Regenerador Celular Genético/Quemaduras, úlceras por varices, heridas, etc. 2018. Accessed November 2, 2025: https://www.youtube.com/watch?v=yUW3CXp6b7E
7. Zapata Moreno LY. Reconstrucción genómica de heridas. 2022. Accessed November 2, 2025: https://www.youtube.com/watch?v=2-K-osOd1JM

8. Yousefian F, Hesari R, Jensen T, Obagi S, Rgeai A, Damiani G, et al. Antimicrobial wound dressings: A concise review for clinicians. Antibiotics (Basel). 2023; 12(9): 1434. doi: 10.3390/antibiotics12091434
9. Mahjoub AA, Elshwehdi AM, Bakeer AM. Effect of antimicrobial susceptibility testing on treating Libyan outpatients with a suspected bacterial infection. Mediterranean Journal of Pharmacy and Pharmaceutical Sciences. 2024; 4(3): 41-50. doi: 10.5281/zenodo.13630840
10. Sherif FM, Abdelmaula K, Elmezughi SO. The role of clinical pharmacist in the infectious diseases department: Bridging the gap between antimicrobial resistance and optimized patient health outcomes. Iberoamerican Journal of Medicine 8(2): 1-9. doi: 10.53986/ibjm.2026.0008
11. Boekema BKHL, Chrysostomou D, Ciprandi G, Elgersma A, Vlig M, Pokorná A, et al. Comparing the antibacterial and healing properties of medical-grade honey and silver-based wound care products in burns. Burns. 2024; 50(3): 597-610. doi: 10.1016/j.burns.2023
12. Nowak M, Mehrholz D, Barańska-Rybak W, Nowicki RJ. Wound debridement products and techniques: Clinical examples and literature review. Advances in Dermatology and Allergology. 2022; 39(3): 479-490. doi: 10.5114/ada.2022.117572
13. Nur MG, Rahman M, Dip TM, Hossain MH, Hossain NB, Baratchi S, et al. Recent advances in bioactive wound dressings. Wound Repair Regen. 2025; 33(1): e13233. doi: 10.1111/wrr.13233
14. Yu P, Wei L, Yang Z, Liu X, Ma H, Zhao J, et al. Hydrogel wound dressings accelerating healing process of wounds in movable parts. International Journal of Molecular Sciences. 2024; 25(12): 6610. doi: 10.3390/ijms25126610
15. Galeano M, Pallio G, Irrera N, Mannino F, Bitto A, Altavilla D, et al. Polydeoxyribonucleotide: A promising biological platform to accelerate impaired skin wound healing. Pharmaceuticals (Basel). 2021; 14(11): 1103. doi: 10.3390/ ph14111103
16. Uminska W, Fekner Z, Kasinski D, Pokrywczynska M. Extracellular vesicles from mesenchymal stem/stromal cells as emerging tools in wound healing: Mechanisms and therapeutic potential. Stem Cell Research and Therapy. 2025; 17(1): 21. doi: 10.1186/s13287-025-04813-5
17. Qiu Y, Zhu X, Yang X, Wan J. Mechanisms of skin wound healing regulated by fibroblast-derived exosomes. Biochemistry and Biophysics Reports. 2025; 44: 102371. doi: 10.1016/j.bbrep.2025.102371
18. Wu WS, Chen LR, Chen KH. Platelet-rich plasma (PRP): Molecular mechanisms, actions, and clinical applications in human body. International Journal of Molecular Sciences. 2025; 26(21): 10804. doi: 10.3390/ijms262110804
19. Kondej K, Zawrzykraj M, Czerwiec K, Deptuła M, Tymińska A, Pikuła M. Bioengineering skin substitutes for wound management-perspectives and challenges. International Journal of Molecular Sciences. 2024; 25(7): 3702. doi: 10.3390/ijms25073702
20. Xiques-Molina W, Pérez-Camacho K, Vidal-Bastidas A, González-Arnedo A, Galván-Barrios J, Delgado P. The use of Pretiva™ negative pressure therapy provides benefits in the management of hard-to-heal chronic wounds: A case series. International Journal of Surgery Case Reports. 2025; 136: 111983. doi: 10.1016/j.ijscr.2025.111983
21. Nguyen H-P, Ha V-T, Tran T-V-A, Ha H-A. Antibiotic stewardship in a Vietnamese public security hospital: Addressing antimicrobial resistance challenges through the AWaRe framework. Mediterranean Journal of Pharmacy and Pharmaceutical Sciences. 2025; 5(3): 19-27. doi: 10.5281/zenodo.15870874

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