

Biomimetic Mineralisation – Nature-inspired Strategy for Promising Hard Tissue Regenerative Materials Development

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Biomimetalisation is a remarkable biological process in which living organisms exert precise control over the nucleation and growth of inorganic crystalline phases, resulting in the formation of hierarchically structured biocomposites that exhibit exceptional mechanical and functional properties. Since damage to bone and teeth directly affect everyday life, various biomimetic mineralised materials have been engineered for use in biomedical applications. While bioinspired materials typically demonstrate superior mechanical properties and biological functions, significant disparities remain between biomimetic constructs and their natural counterparts, especially concerning mechanical performance and multiscale structural organisation. This review initially describes the dynamic reciprocity between type I collagen fibrils, amorphous calcium phosphate phases and multifunctional non-collagenous protein within mineralisation microenvironments. Furthermore, it evaluates recent progress in advanced biomaterials based on biomimetic mineralisation strategies and seeks to spark innovative and promising solutions for investigators exploring biomineralisation principles in regenerative medicine and hard tissue reconstruction. Existing problems and future directions are discussed.

Keywords: biomineralisation, calcium phosphate, calcium, hard tissue regeneration, non-collagenous proteins

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As load-bearing systems in vertebrates, dental and skeletal tissues demonstrate evolutionarily optimised structural integration of organic-inorganic components.^{1,2} The exceptional mechanical performance of hard tissue arises from mineralisation-driven architectural features, including spatially ordered hydroxyapatite (HA) deposition, organic matrix-guided crystallographic

alignment and interfacial bonding between collagen fibrils and mineral phases.³ Biomineralisation is a natural biosynthetic process whereby organisms fabricate hierarchical organic-inorganic composites to maintain life, support growth and drive biological evolution.⁴ Following the identified mechanisms of biomineralisation, biomimetic mineralisation materials have shown

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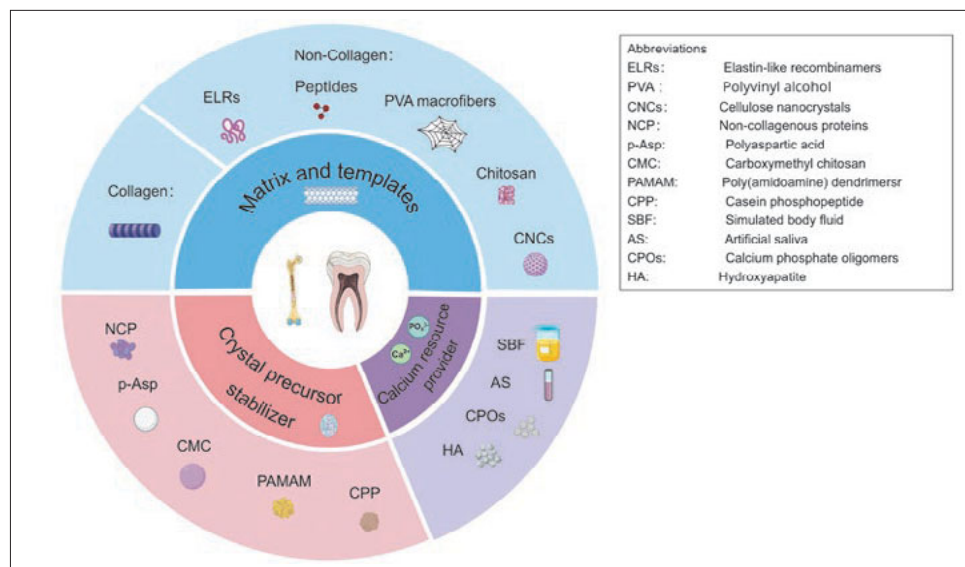


Fig 1 Illustration of strategies for biomimetic mineralised materials development.

promising mechanical properties in laboratory settings. Collaborative efforts have been made to engineer biomimetic osteoconductive scaffolds, with the goal of enhancing bioactive interface compatibility and integrating robust mechanical properties and superior biological functionalities and synchronised resorption rates with neo-osteogenesis timelines. In repairing bone defects, the closer the engineered scaffold mimics the natural bone properties, the higher the likelihood of its acceptance by the body and its ability to promote new tissue growth.⁵ Subsequently, contemporary biomimetic mineralisation strategies focus accordingly on recapitulating the dynamic mineralisation microenvironment of hard tissue through controlled deposition of calcium phosphate phases within engineered collagen matrices.⁶

This review describes cutting-edge advancements in template-based biomimetic mineralisation strategies for hard tissue regeneration (Fig 1), elucidating the current research status of biomimetic mineralisation and discussing future development trends.

Synthesis and assembly process of biomineralised tissue (collagen-based) in natural conditions

Biomineralisation is a biological phenomenon characterised by organisms' precise regulation of biomineral formation, wherein mineral nucleation occurs through spatially organised processes that yield defined crystalline architectures under biomolecular orchestration.^{7,8} It is important to provide a brief introduction to the collagen-based biomineralisation of hard tissues-with a hierarchical structure containing inorganic carbon-

ated HA nanocrystals embedded within organic type I collagen matrices.^{9,10}

Biomineralisation modalities are categorised as intrafibrillar and extrafibrillar based on mineral-collagen spatial orchestration. Intrafibrillar mineralisation, which exemplifies biological regulation of inorganic crystallisation with mineral nanocrystals aligned along the long axis of a single fibril, governs the biomechanical competence of bone through crystal alignment within the supramolecular confinement of collagen, simultaneously enabling hierarchical assembly and osteogenic functionality.¹¹⁻¹⁷ Extrafibrillar mineralisation manifests through ectopic deposition of mineral phases external to the supramolecular architecture of collagen, generating HA-collagen composites with disordered spatial configurations.¹⁸ This process features micrometre-scale HA aggregates localised at fibrillar interfaces or inter-fibrillar gaps, contrasting with intrafibrillar crystallisation patterns.¹⁹

Biomineralisation begins with the conversion of calcium and phosphate ions into amorphous calcium phosphate (ACP) nano-precursors. Subsequently, mineral nucleation is templated at specific sites on the collagen substrate, guiding the formation of the biomineral structure under the mediation of non-collagenous proteins (NCPs).

The scaffolds and templates, collagen molecules, are secreted by osteoblasts, which assemble into amino acid triplets predominantly composed of proline (Pro), hydroxyproline (Hyp) and glycyl (Gly).^{20,21} Their molecular structures contain carboxyl groups, which can form carboxylates under physiological conditions. The binding of calcium ions to the negatively charged car-

boxylate groups of collagen is a pivotal factor in initiating the nucleation of HA crystals.²² The fibrillogenesis in osseous tissues is initiated with synthesis of triple helical polypeptide chains (predominantly two $\alpha 1$ and one $\alpha 2$ chains) that undergo supramolecular assembly to establish the characteristic hierarchical architecture.²³

During mineralisation, ACP, providing calcium recourse, undergoes thermodynamically favoured transition, ultimately recrystallising into carbonated HA nanocrystals aligned with collagen's axial periodicity, which finally transform into HA, thereby imparting anisotropic mechanical reinforcement.²⁴⁻²⁸

Notably, NCPs demonstrate multifaceted functionality in orchestrating mineralisation dynamics through initiation of crystal nucleation, stabilisation of amorphous precursors, modulation of morphogenesis and suppression of uncontrolled calcification.²⁹⁻³¹ These acidic macromolecules, including mineral-binding proteoglycans bone sialoprotein (BSP), osteonectin, osteopontin (OPN) and osteocalcin (OCN), dentine phosphoprotein (DPP), dentine matrix protein 1 (DMP1), bone sialoprotein, osteocalcin and bone morphogenetic protein (BMP-2), enriched with aspartic/glutamic acid residues bearing ionisable carboxyl moieties, demonstrate high-affinity calcium chelation capacities, a critical determinant of their mineralisation regulatory functions.³²⁻³⁴

Given the intricate orchestration of biomineralisation in natural tissues, the development of biomimetic mineralisation strategies has emerged as a promising avenue to replicate these processes artificially. By harnessing the principles of biomineralisation, researchers aim to design advanced synthetic materials that closely mimic the hierarchical structure and functionality of natural bone, thereby enhancing their potential for biomedical applications such as bone repair and regeneration.

Strategy for development of biomimetic mineralised materials

The mechanical behaviour of the collagen-mineral composite in bone is critically dependent on the nano-mechanical heterogeneity of mineral and collagen components, as well as their hierarchically staggered nanostructure, which enables the bone to dynamically adapt to varying mechanical demands.^{5,14,35} Thus, the goal of biomimetic mineralisation is to recapitulate the cross-linking chemistry and molecular packing structure of collagen, the characteristics of mineral particles and their interaction.

Matrix and templates

The nucleation, growth and morphology of hierarchical mineralised structures are influenced significantly by the charge distribution, conformational changes, supramolecular assembly and post-translational crosslinking of biomacromolecules within the templates.³⁶ Artificial biomaterials have been engineered as scaffolds to emulate the structural organisation and composition of biominerals, with the goal of replicating their biological functionality.

Collagen

Mineralised collagen is the most basic building block of natural bone and dentine.^{37,38} Its integrin $\alpha 2 \beta 1$ -binding domains mediate cellular adhesion while orchestrating calcium phosphate nucleation through spatial confinement effects, directing nanocrystalline alignment.^{38,39} The conventional method of mineralising collagen involves simulating the composition of hard tissue, which means directly blending minerals and collagen solution or immersing preformed collagen scaffolds in the solutions of mineral ions.^{38,40,41} Researchers have used a freeze-dried collagen solution to fabricate collagen-based bone regeneration scaffolds and achieved bone repair.^{8,42-44} Merely simulating the composition of bone is insufficient, as the intricate structures of bone play a crucial role in its overall functionality and mechanical properties.

Extracellular mineralisation has been primarily reported to develop mineralised collagen to stimulate the construction of hard tissue. However, the limitation of extracellularly mineralised collagen (EMC) is its inadequate mechanical strength. This deficiency arises because the populations of HA aggregates within the extracellular spaces inhibit the transport of precursors to the inside of the matrix and prevent further mineralisation throughout its depth and fail to replicate the multi-scale design of hard tissue.⁴⁵ Then, strategies adopted for biomimetic intracellular mineralisation have been introduced, which can be roughly categorised into two types. In one, NCP-stabilised amorphous precursors infiltrate collagen's supramolecular confinement, then transform into the crystalline phase to initiate mineralisation.^{25,46,47} Liu et al^{48,49} created a hierarchical intracellular mineralised collagen scaffold that mimics the periodic nano-architectures of native bone, utilising polyacrylic acid as mineralisation regulator.

In the other, synchronised apatite crystallisation and collagen organisation occur in a cooperative self-assembly.

bly process through liquid crystalline phase transitions, which only requires amorphous primary particles and organic macromolecules without NCPs or their polymeric analogues.^{22,50-52} The concentration of calcium ions could strongly influence the mineral distribution in collagen matrices and the size and direct 3D orientation of apatite crystals, in a manner similar to that found in fresh untreated bone.^{50,51,53} The formation of a bio-inspired mineralisation of collagen matrix on graphene oxide (GO) nanosheet surfaces by changing the concentration of collagen has been reported in the absence of calcium-binding polymer or NCP.⁵⁴ Giraud-Guille et al⁵⁵ also found that intact, 300-nm-long collagen molecules could form typical liquid crystalline domains in viscous collagen solution after sonication. Additionally, self-assembly collagen/apatite scaffold can also be synthesised by changing the main mechanical microenvironment, such as solution pH optimisation and the application of a small amount of fluid shear stress (FSS) (less than 2 Pa, especially within 1.5 Pa) to induce the assembly of collagen molecules.⁵⁶⁻⁵⁸

Non-collagen

Current methodologies rely predominantly on animal-derived collagen. However, naturally extracted collagen is difficult to optimise and modify, and its structural domains are often suboptimal in vitro to obtain sufficient mechanical properties for hard tissue engineering. Replacing collagen with engineered organic matrices allows systematic control over structural and process-directing parameters, thereby elucidating their individual contributions to biomineralisation mechanisms.^{31,59}

Notably, Li et al^{26,60} achieved intrafibrillar mineralisation of self-assembled elastin-like recombinamers (ELRs) utilising a bioinspired polymer-induced liquid precursor (PILP) mineralisation method, by which polyaspartate-stabilised amorphous calcium phosphates infiltrated preferentially into the fibrils and then crystallised into HA crystals with their axes aligned parallel to the long axis of the ELR fibril. Similarly, Yu et al reported a biomineralisation-inspired technique for the synthesis of hybrid materials mimicking the hierarchical structure of spider silk fibres, composed of polyvinyl alcohol (PVA) and sodium alginate (Alg), with HA uniformly mineralised along PVA to reinforce PVA macrofibres with their excellent mechanical properties and exhibit remarkable mechanical properties.⁶¹

Cellulose nanocrystals (CNCs) can also be used as versatile templates for engineering hierarchical 3D architectures owing to their exemplary mechanical robustness, biocompatible nature, reduced mass den-

sity and minimal cytotoxic/ecotoxic potential.⁶² The anionic surface characteristics of CNCs facilitate electrostatic stabilisation of inorganic nanoparticles (e.g., Ag, Au, Pt, Pd) in aqueous suspensions, enabling biomimetic nucleation of calcium phosphate phases.⁶³⁻⁶⁵ Ribeiro et al⁶³ have developed nanocomposites using hierarchical-mineralised CNCs (mCNCs) modified with platelet lysate providing cell binding sites to mimic the nucleation of calcium phosphates, successfully reconstructing a nanostructured biomimetic mineralisation microenvironment that emulates extracellular matrix.

Chitosan (CS), a partially or fully deacetylated chitin derivative, exhibits structural homology and biomimetic functionalities analogous to extracellular matrix components during biomineralisation.^{66,67} Guo et al⁶⁸ fabricated a hybrid nanostructured HA-CS composite scaffold by alkaline solution treatment to recapitulate the hierarchical mineralisation dynamics of osseous apatite. Carboxymethyl CS (CMCS) is a water-soluble derivative of CS with the ability to chelate Ca^{2+} and regulate the nucleation and growth of apatite. CMCS nanofibres mineralised by HA have shown the enhancement of the adhesion, proliferation and differentiation behaviours of BMSCs and the promotion of new bone formation and maturation.⁶⁹ Beyond conventional CS/calcium phosphate composites, silica-incorporated hybrid biomimetic mineralised CS scaffolds have also exhibited accelerated calcium phosphate deposition with preserved cytocompatibility, demonstrating superior in vitro osteogenic bioactivity compared to pristine CS architectures.^{70,71}

Synthetic polymers are also widely used as scaffolds for bone tissue engineering. Buschmann et al⁷² developed a hybrid of poly(lactic-co-glycolic acid) (PLGA) and HA, replicating both compositional and ultrastructural features of collagen-apatite complexes inherent to cortical bone extracellular matrices.⁷³

Moreover, there are many ways to enhance biomineralisation, such as strategic integration of magnesium-based compounds (MgO , MgCO_3) into biomaterials to promote the proliferation and osteogenic differentiation of BMSCs.⁷⁴ Controlled release of silicate ions could promote massive collagen secretion and accelerate polydopamine surface functionalisation to provide nucleation sites for apatite deposition.⁷⁵⁻⁷⁷ Another example of successful biomimetic mineralisation of analogues of materials is the gelatine methacryloyl (GelMA)-polylactide (PLA) composite scaffolds, where the hydrophobic PLA component emulates cortical bone mechanics while GelMA hydrogels mimic cancellous bone microenvironments, achieving dual-phase structural biomimicry.^{78,79}

Calcium resource provider

ACP constitutes a metastable ionic assembly of calcium and phosphate ions, functioning as a transient precursor phase for apatite crystallisation.⁸⁰⁻⁸⁴ Considering the ACP fluid precursor is transient and unstable, ACP nanoparticles (NACP) and casein phosphopeptide-ACP (CPP-ACP) paste were promoted, which could enhance mechanical integrity and dentine remineralisation through increased surface area and efficient ion release.^{85,86} Clinically, however, the most commonly used calcium-containing mineralising medium is calcium phosphate mineralising solution, including simulated body fluid (SBF) and calcium/phosphate-enriched artificial saliva (AS) to replicate physiological conditions for HA deposition.^{3-17,26,27,87-90}

In addition, calcium phosphate oligomers (CPOs), engineered nanoscale clusters of calcium phosphate ions, bioactive glass and calcium chloride solution, could also be employed as calcium resource provider.⁹¹⁻⁹⁴

Crystal precursor stabiliser

Since the thermodynamic instability of ACP often leads to its transformation into more stable HAP crystals, which cannot infiltrate collagen fibrils, much attention has been drawn to NCPs.^{29,80} NCPs with a high degree of anionic character due to the presence of a considerable number of carboxylate groups along their backbone could inhibit bulk crystallisation and instruct ions to be sequestered to form stabilised ACP precursor, thereby achieving intrafibrillar mineralisation. Instructing ions to be sequestered and form stabilised ACP precursor.^{47,95-99} Due to their limited availability, high cost and difficulty to extract and purify natural NCPs, however, numerous researchers have dedicated their efforts to identifying and engineering synthetic analogues capable of replicating the functional roles of NCPs within biomineralisation.⁹⁰

Many researchers are committed to identifying and developing analogues that can effectively replicate the role of NCPs in the biomineralisation process. Polyanionic synthetic polymers including polyaspartic acid (p-Asp), polyacrylic acid (PAA) and polyvinyl phosphonic acid (PVPA) mimic charge distribution. Polyaspartic acid (p-Asp) has the capacity to stabilise ACP clusters by capillary action. Deshpande et al¹⁰⁰ employed poly-L-aspartic acid as a non-collagenous analogue, resulting in the deposition of ribbon-shaped apatite crystals within fibrils with aligned c-axes, replicating native bone/dentine organisation. Poly (acrylic acid) (PAA) may mimic the calcium phosphate-binding

sites of DMP1, while poly(vinylphosphonic acid) (PVPA) simulates the collagen-binding function of DMP1, guiding the recruitment of nano-precursors to the collagen matrix.^{81,101-107} Hu et al¹⁰⁷ leveraged the ionotropic properties of PAA to align HA nanocrystals along collagen's longitudinal axis, emulating bone's anisotropic mineralisation pattern.

Further studies revealed that polyallylamine hydrochloride (PAH), a polycationic compound, could also induce intrafibrillar mineralisation.^{108,109} The positive charge of PAH-ACP drives cations out of the collagen fibres, causing water to exit and create negative pressure, which is then alleviated as PAH-ACP electrostatically interacts with collagen to allow fluid ACP to enter the fibres.¹¹⁰

Moreover, CMC, a zwitterionic polymer with abundant carboxyl groups, could bind strongly with Ca^{2+} and acts as a water-soluble chelator to synthesise ACP precursors, forming nanocomplexes that penetrate collagen fibrils and facilitate intrafibrillar mineralisation.^{111,112}

Beyond polyelectrolytes, casein phosphopeptides (CPPs) containing phosphoryl residues can bind with calcium and phosphate ions, preventing the aggregation or precipitation of ACP nano-precursors. This interaction subsequently promotes crystal nucleation and growth along the phosphorylated dentine collagen fibres.⁸⁶

Branched polymers such as PAMAM dendrimers have been reported to exhibit sequestration and templating functions similar to those of NCPs.⁸⁴ In solution, PAMAM dendrimers, including diverse terminal groups such as carboxyl-terminated (PAMAM-COOH), hydroxy-terminated (PAMAM-OH), amine-terminated (PAMAM-NH₂) and phosphate-terminated (PAMA-PO₃H₂) can inhibit mineralisation and stabilise ACP nanoprecursors, thereby preventing phase transformation.^{13,113-116}

Except polymers, amino acids, such as glutamic acid (Glu) at appropriate concentrations, can also induce the aggregation of HA with spherical morphology in a hierarchical structure.¹¹⁷ Periodic FSS alone can complete intrafibrillar mineralisation and promote the transformation of ACP into apatite crystals, accelerating the formation of highly orientated hierarchical intrafibrillar mineralised collagen.^{57,118}

In addition, some small molecules, such as citrate and fluoride, have been found to affect intrafibrillar mineralization. Citrate molecules could reduce the interfacial energy between the collagen matrix and ACP precursors significantly, thus regulating the heterogeneous mineralisation behaviour.¹¹⁹ Saxena et al¹²⁰ also found that the fluoride concentration could influence the morphology of the crystals and the mineralisation site and increase the amount of inter-/extrafibrillar mineral.

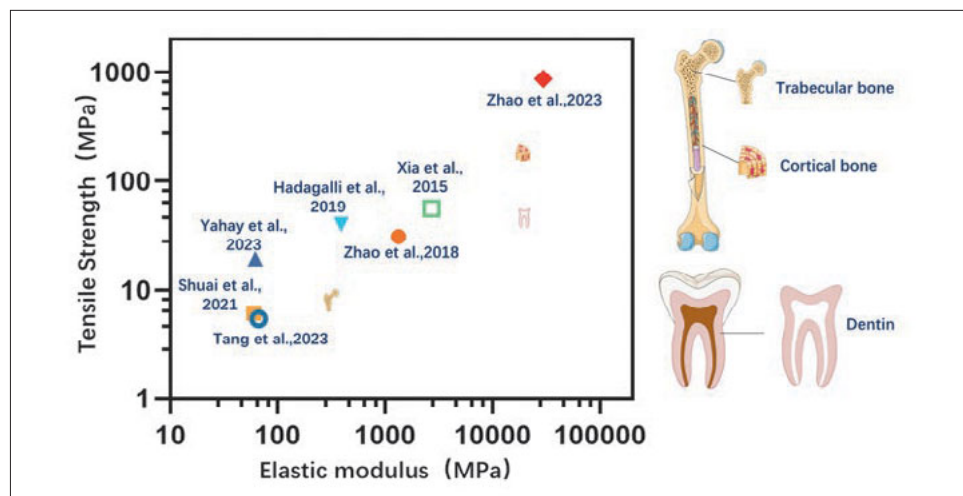


Fig 2 Mechanical properties (including elastic modulus and tensile strength) of biomimetic mineralisation materials compared with natural bone and dentin(log10).¹³⁰⁻¹³⁹

Furthermore, biomimetic mineralisation can occur independently of NCPs or their counterparts.¹²¹ Wang et al⁵⁰ successfully demonstrated spontaneous collagen self-assembly alongside the initiation and alignment of carbonate apatite mineral growth, all without the requirement of any additional vertebrate extracellular matrix molecules typically involved in calcifying tissues.

Clinical application

Biomimetic mineralisation materials offer significant advantages in clinical applications, particularly hard tissue regeneration, due to their optimal mechanical properties, biodegradability and architecture for cell colonisation and organisation.¹²² Their mechanical properties can be tailored to match those of natural bone, making them suitable for load-bearing applications.^{50,53,96} Biomimetically engineered materials exhibit superior regulation of degradation kinetics relative to inorganic calcium phosphate (CaP) counterparts, owing to their programmed architectural configurations that enable rather controllable degradation rate.¹²³ Furthermore, they could promote vascularisation and tissue integration, which are critical for repairing large bone defects.^{44,56,75,76,78,124}

However, several challenges hinder the widespread clinical adoption of biomimetic mineralisation materials.^{72,125} Collagen scaffolds, while biocompatible, suffer from poor mechanical properties and insufficient structural stability because collagen may swell readily when implanted *in vivo* due to its high hydrophilicity.¹²⁶ Moreover, the degradation of synthetic materials used as scaffolds and crystal precursor stabilisers, like synthetic polymers, may negatively

affect the osteogenic microenvironment because the degradation process may release acidic byproducts during hydrolysis, inducing localised pH reduction, thereby compromising cellular osteogenic capacity. Additionally, significant gaps in mechanical properties and biological performance persist compared to natural mineralised tissues (Fig 2), primarily due to several key limitations. These include the lack of precise control over the nucleation, growth and assembly of HAP crystals *in vitro*, the inability to effectively replicate the natural organic-inorganic combination mechanisms and the challenge of forming appropriate hierarchical microstructures.¹¹

For clinical application, demand for biodegradable and sustainable materials is also urgent due to environmental concerns. Both natural and synthetic biodegradable materials could offer promising solutions for clinical applications while addressing environmental sustainability. Biomaterials of natural origin (e.g. collagen and silk) are processed via eco-friendly aqueous methods and degrade without releasing cytotoxic by-products.¹²⁷ Meanwhile, synthetic polymers, including PLA and PLGA, could degrade through simple chemical hydrolysis to form lactic acid and glycolic acid, which are safely removed via normal metabolic pathways.^{128,129}

Conclusion

Natural bone and dentine are organic-inorganic composites primarily composed of collagen and HA, arranged in hierarchical structures spanning from the atomic to macroscopic scales. To deepen understanding of collagen biomineralisation and offer guidance for the design of mineralised collagen-based materials, this

review provides a comprehensive summary of the current mechanisms underlying collagen mineralisation and recent biomimetic strategies for bone regeneration and tooth repair. Future research should extend to the need for predesigned templates with multiscale ordered structures and manufacturing scalability which can be addressed through advanced technologies like 3D printing and biomanufacturing.

Conflicts of interest

The authors declare no conflicts of interest related to this study.

Author contribution

Dr Lin Xue ZHANG contributed to the manuscript draft; Dr Zuo Ying YUAN contributed to the conceptualisation and manuscript editing; Dr Yu Ming ZHAO contributed to the study design; Dr Yun Fan ZHANG contributed to the conceptualisation, manuscript draft and revision.

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