WHAT IS CLAIMED IS:

1. A method for treating inflammation in a subject with an injury, the method comprising selecting cells that have a desired potency for (1) preserving splenic mass in an injury, (2) increasing splenocyte proliferation in the spleen, (3) increasing $CD4^+$ and $CD8^+$ T-cells, (4) increasing one or more of IL-10 and IL-4, (5) decreasing IL-6 and/or IL-1β, (6) modulating macrophage activation; and administering the cells having the desired potency for (1) – (6) to the subject in a therapeutically effective amount and for a time sufficient to achieve (1) – (6) in the subject, the cells being non-embryonic, non-germ cells that express one or more of oct4, telomerase, rex-1, or rox-1 and/or can differentiate into cell types of at least two of endodermal, ectodermal, and mesodermal germ layers.

2. A method for constructing a cell bank, said method comprising selecting cells that have a desired potency for (1) preserving splenic mass in an injury, (2) increasing splenocyte proliferation in the spleen, (3) increasing $CD4^+$ and $CD8^+$ T-cells, (4) increasing one or more of IL-10 and IL-4, (5) decreasing IL-6 and/or IL-1β, (6) modulating macrophage activation; and expanding and storing the cells for future administration to a subject, the cells being non-embryonic, non-germ cells that express one or more of oct4, telomerase, rex-1, or rox-1 and/or can differentiate into cell types of at least two of endodermal, ectodermal, and mesodermal germ layers.

3. A method for drug discovery, said method comprising selecting cells that have a desired potency for (1) preserving splenic mass in an injury, (2) increasing splenocyte proliferation in the spleen, (3) increasing $CD4^+$ and $CD8^+$ T-cells, (4) increasing one or more of IL-10 and IL-4, (5) decreasing IL-6 and/or IL-1β, (6) modulating macrophage activation; and exposing the cells to an agent to assess the effect of the agent on the ability of the cells to effect (1) – (6), the cells being non-embryonic, non-germ cells that express one or more of oct4, telomerase, rex-1, or rox-1 and/or can differentiate into cell types of at least two of endodermal, ectodermal, and mesodermal germ layers.

4. A method for modulating macrophage activation in an injured subject, the method comprising selecting cells that have a desired potency for (1) preserving splenic mass in an injury, (2) increasing splenocyte proliferation in the spleen, (3) increasing $CD4^+$ and $CD8^+$ T-cells, (4) increasing one or more of IL-10 and IL-4, (5) decreasing IL-6 and/or IL-1β, (6) modulating macrophage activation; and administering the cells having the desired potency for (1) – (6) to the subject in a therapeutically effective amount and for a time sufficient to achieve a therapeutic result, the cells being non-embryonic, non-germ cells that express one or more of oct4, telomerase, rex-1, or rox-1 and/or can differentiate into cell types of at least two of endodermal, ectodermal, and mesodermal germ layers.

5. A method for establishing a therapeutic regimen in a subject with a condition involving macrophage M1:M2 polarization, the method comprising (1) establishing a baseline in the subject for any of the following measurements: (1) splenic mass, (2) $CD4^+$ lymphocytes, (3) $CD8^+$ lymphocytes,

(4) IL-10, (5) IL-4, (6) M1 macrophages, (7) M2 macrophages, (8) IL-6, (9) IL-1β, and (10) T-regulatory cells, administering cells in an amount and for a time sufficient to allow the cells to interact with resident splenocytes in the spleen, assaying the subject for one or more of (1) – (10), wherein the cells that are administered are non-embryonic non-germ cells that express one or more of oct4, telomerase, rex-1 or rox-1 and/or can differentiate into cell type of at least two of endodermal, ectodermal, and mesodermal germ layers.

6. A method for determining a therapeutically effective amount of cells administered to a subject, the cells being non-embryonic non-germ cells that express one or more of oct4, telomerase, rex-1, or rox-1, and/or can differentiate into cell types of at least two of endodermal, ectodermal, or mesodermal germ layers, the method comprising (1) assessing one or more *in vivo* biomarkers, the biomarkers including (1) a factor secreted by activated macrophages in a subject *in vivo*, and/or (2) the numbers of activated macrophages in the circulation of the subject, (3) splenic mass, (4) $CD4^+$ T-cells, (5) $CD8^+$ T-cells, (6) IL-4, (7) IL-10, (8) IL-6, and (9) IL-1β, following administration of the cells to the subject.

7. A method for optimizing a route of administration for cell therapy in a subject with an injury, the method comprising, ascertaining splenic involvement by measuring splenic mass, and, where splenic mass is decreased, administering the cells by a route in which the administered cells interact with splenocytes in the subject's spleen.

8. A method to determine the use of stem cell therapy in a subject with an injury, the method comprising ascertaining splenic involvement in the subject and, where there is splenic involvement, administrating the cells.

9. The method of claim 8 wherein, when there is splenic involvement, administering the cells intravenously.

10. The method of any of claims 1 and 4-8 in which the cells are administered intravenously.

11. The method of any of claims 1 and 4-6 in which the injury is stroke.

12. The method of claim 4, in which the administered cells are allogeneic.

13. The method of any of claims 1 and 4-6, in which the administered cells increase neuroprotective and/or decrease neurotoxic activation of macrophages.

14. The method of claims 1 and 4-8, in which the subject is human.

15. The method of claims 1 and 4-8, in which the injury selected from the group consisting of acute and chronic conditions in cardiovascular, e.g., acute myocardial infarction; central nervous system injury, e.g., stroke; peripheral vascular disease; pulmonary, e.g., asthma, ARDS; autoimmune, e.g., rheumatoid arthritis, multiple sclerosis, lupus, sclerodoma; psoriasis; gastrointestinal, e.g., graft-

versus-host-disease, Crohn's disease, diabetes, ulcerative colitis, acute and chronic transplantation rejection, dermatitis, colitis, alveolitis, bronchiolitis obliterans, ileitis, pancreatitis, glomerulonephritis, uveitis, arthritis, hepatitis, enteritis, ischemic stroke, multiple sclerosis, Alzheimer's Disease, ALS, Parkinson's Disease, hypoxic-ischemia, neonatal hypoxic ischemia, and traumatic brain or spinal cord injury.

16. The method of claim 5 wherein the condition is stroke and the measurement is one or more of IL-10, IL-4, IL-6, and IL-1β.

WHAT IS CLAIMED IS:

1. A method for treating inflammation in a subject with an injury, the method comprising selecting cells that have a desired potency for (1) preserving splenic mass in an injury, (2) increasing splenocyte proliferation in the spleen, (3) increasing $CD4^+$ and $CD8^+$ T-cells, (4) increasing one or more of IL-10 and IL-4, (5) decreasing IL-6 and/or IL-1β, (6) modulating macrophage activation; and administering the cells having the desired potency for (1) – (6) to the subject in a therapeutically effective amount and for a time sufficient to achieve (1) – (6) in the subject, the cells being non-embryonic, non-germ cells that express one or more of oct4, telomerase, rex-1, or rox-1 and/or can differentiate into cell types of at least two of endodermal, ectodermal, and mesodermal germ layers; and in which the cells are administered intravenously.