

WOUNDCARE

Skins Sores and Skin Ulcers – Wounds and Burns / Manuka Care 18+

Much research has been conducted on the therapeutic properties of Manuka honey at the research unit at the University of Waikato in New Zealand. Findings show that inflammation, swelling and pain are quickly reduced, sloughing of necrotic (dead) tissue occurs without the need for debridement, and healing occurs rapidly with minimal scarring, grafting being unnecessary. The healing process will not occur unless infection is cleared from the lesion: swabbing of wounds dressed with honey has shown that the infecting bacteria are rapidly cleared.

Furthermore, a moist environment enhances tissue re-growth in the healing process and scarring is prevented. Antibiotics are not very effective and antiseptics cause tissue damage and slow the healing process. Honey causes no tissue damage and promotes healing.

The unpleasant odour associated with major skin ulcers is eliminated by the use of the honey dressing, as the bacteria use the sugar from the honey instead of the serum and dead cells.

Manuka honey with a high UMF factor is effective against notoriously more resistant bacteria such as the 'super bug' Staphylococcus aureus.

The Way Honey is Used as a Wound Dressing / Manuka Care 18+ (Practical information from the Waikato Honey Research Unit website)

Note: The information provided in this document does not constitute medical advice. It is important that a registered medical practitioner sees wounds that are not healing – failure to heal may be the result of malignancy (cancer) or defective blood circulation. Varicose leg ulcers usually require professionally applied pressure bandaging over the dressing to heal successfully. The following points have come from clinical experience of many people using honey as a wound dressing:

- The amount of honey required on the wound depends on the amount of fluid exuding from the wound. The various beneficial effects of honey on wound tissues will be reduced or lost if small amounts of honey become diluted by large amounts of fluid. Likewise the frequency of dressing changes required would depend on how rapidly the honey is diluted by the fluid.
- Daily dressing changes are usual, but up to three times daily may be needed.
- If the dressing sticks to the wound this indicates that more frequent changes of dressing are needed.
- Exudation of fluid should be reduced by the anti-inflammatory action of honey, so less frequent dressing changes may be needed later – a few days between changes.
- More honey is required on deeper infections, to obtain an effective level of antibacterial activity diffusing deep into the wound tissues.
- Typically, 20ml of honey is used on a 10x10cm dressing.
- Occlusive (waterproof) or absorbent secondary dressings are needed to prevent honey oozing out from the wound dressing. Adhesive tape or bandages can be used to hold the dressings in place if an adhesive occlusive dressing is not used.
- Pressure bandaging is used over the honey dressing for varicose ulcers.
- It is best to spread the honey on the dressing rather than the wound.
- Abscesses, cavities and depressions in the wound bed are filled with honey before applying the honey-dressing pad, so that there is honey in contact with the wound bed.
- The honey dressings are cut to a size that extends beyond the edges of the wound and any surrounding inflamed area.