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EAU CLAIRE, WI -- The sore on Catrina Hurlburt's leg simply wouldn't heal.

Complications from a 2002 car accident left Hurlburt, a borderline diabetic, with recurring cellulitis and staph infections. One of those infections developed into a troublesome open sore that, despite the use of oral antibiotics, continued to fester for nearly eight months.

Then Hurlburt's physician, Jennifer Eddy of UW Health's Eau Claire Family Medicine Clinic, suggested she try using topical honey.

Within a matter of months, the sore had healed completely.

"I remember thinking, holy mackerel-what a difference," says Hurlburt, who can't use topical antibiotics because of allergies. "It's a lot better than having to put oral antibiotics into your system."

With funding provided by the Wisconsin Partnership Fund for Health and the American Academy of Family Physicians Foundation, Eddy is currently conducting the first randomized, double-blind controlled trial of honey for diabetic ulcers. Eddy first successfully used honey therapy a few years ago with a patient who was facing amputation after all medical options had been exhausted.

Experts believe that treating wounds with honey has tremendous potential for the approximately 200 million people in the world with diabetes, 15 percent of whom will develop an ulcer, usually because of impaired sensation in their feet.

Currently, every 30 seconds someone somewhere in the world undergoes amputation for a diabetic foot ulcer. In 2001, treating diabetic ulcers and amputations in U.S. patients cost \$10.9 billion.

"Patients like Catrina Hurlburt are a great example of the potential health care savings," explains Eddy, who is also assistant professor of family medicine at University of Wisconsin School of Medicine and Public Health. "Unsuccessful conventional care for ulcers can cost thousands of dollars. Therapy with honey may only cost a few hundred."

Diabetics typically have poor circulation and decreased ability to fight infection. Diabetic ulcers treated with long courses of systemic antibiotics can become colonized with drug-resistant organisms--so-called "superbugs" such as Methicillin-resistant Staphylococcus aureus (MRSA). Since honey fights bacteria in numerous ways, it is essentially immune to resistance. Honey's acidic pH, low water content (which effectively dehydrates bacteria), and the hydrogen peroxide secreted by its naturally-occurring enzymes make it ideal for combating organisms that have developed resistance to standard antibiotics.

"This is a tremendously important issue for public health," explains Eddy, adding that the Centers for Disease Control and the World Health Organization have identified bacterial resistance as one of the most important medical problems of our day.

Patients in the clinical trial will receive ulcer care and treatment by an expert podiatrist. Half will be randomly assigned to receive honey, while the other half will receive a wound-care gel that has been compounded with inert components to give it the flavor and color of honey. The ulcers will be measured to see how quickly they heal, to evaluate whether honey or the standard wound gel is better for healing.

If honey proves the more effective method, Eddy cautions patients against using it at home without a physician's involvement. "Unfortunately, diabetic ulcers are very complicated, and honey would only be part of the solution," she says. Successful care also requires off-loading-avoiding walking and putting weight on the sore-and the sterile removal of dead skin and bacteria from the wound.

"If we can prove that honey promotes healing in diabetic ulcers, we can offer new hope for many patients," says Eddy. "Not to mention the cost benefit, and the issue of bacterial resistance. The possibilities are tremendous."

About the Author

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