

Healing wounds naturally MEDICAL GRADE HONEY 2.0

++ ANTIOXIDANTS ++



L-Mesitran Ointment

Antibacterial ointment with 48% medical grade honey, hypoallergenic medical grade lanolin, aloë, calendula, ZnO and antioxidant vitamins C and E. Indicated for the removal of necrotic tissue and debris. Cover with alginate, hydrofiber, foam or compress. Replace the ointment after 1-3 days.



L-Mesitran Soft

Antibacterial gel with 40% medical grade honey, hypoallergenic medical grade lanolin, PEG and vitamins C and E as antioxidants. Indicated for all superficial and deep wounds. Cover with foam, alginate, hydrofiber or compress. Replace the gel after 1-3 days.



L-Mesitran Tulle

Hydro-active antibacterial synthetic sheet with L-Mesitran Soft. Does not adhere to the wound. Indicated for wounds with none to moderate exudates. Cover with absorbent dressing, fixate with regular adhesive gauzes. Replace the dressing after 3-5 days.



L-Mesitran Hydro

Hydro-active antibacterial dressing with 30% medical grade honey, polymers and water. Indicated for superficial wounds. Must be fixated with regular gauze or (adhesive) tape. Replace the dressing after 3-5 days.



L-Mesitran Border

Hydro-active antibacterial dressing with 30% medical grade honey, polymers, water and an adhesive border. Indicated for superficial wounds. Self-adhesive, showering or swimming is possible. Replace the dressing after 3-5 days.



L-Mesitran Active

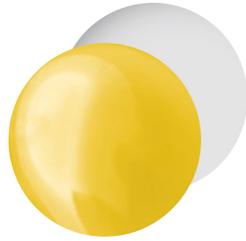
Hydro-active antibacterial dressing with 30% medical grade honey, polymers, water and an adhesive border. Indicated for smaller superficial wounds. Self-adhesive, showering or swimming is possible. Replace the dressing after 3-5 days.



L-Mesitran Net

Hydro-active antibacterial wound contact layer with 20% medical grade honey, polymers and water. Indicated for wounds with moderate to heavy exudates. Cover with absorbent dressings or compresses and fixate with regular adhesive gauzes. Replace the dressing after 3-5 days.

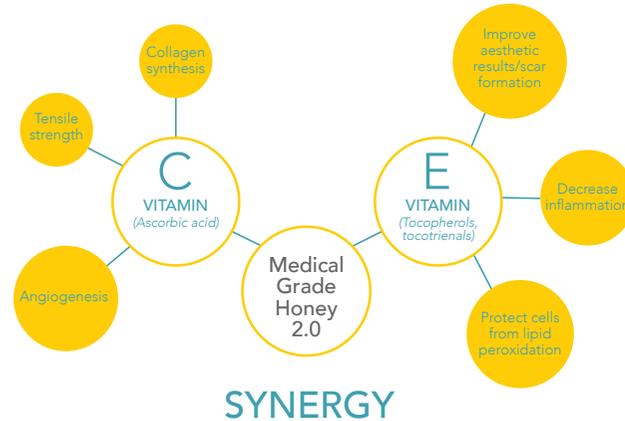
L-Mesitran®



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L-Mesitran consists of a pioneering range of enhanced Medical Grade Honey products, carefully supplemented with antioxidants to provide the ideal formulation for a wide variety of wounds. They are the first to be CE marked and FDA approved and currently are healing wounds throughout the world.



Antibacterial^{11,12,14}

- Not only the most common pathogens, like biofilm-producing *S. aureus* and *P. aeruginosa* are susceptible, but also resistant strains like MRSA.
- This activity is due to a highly effective combination of low pH, high osmolarity and intrinsic ability to generate hydrogen peroxide (H_2O_2).

Debrides & Reduces Malodour^{4,14}

- The resulting moist wound environment and lymphatic outflow favour autolytic debridement for the removal of devitalized tissue.
- Bacteria will metabolize the glucose in the honey (odourless) rather than tissue proteins (malodour).

Anti-inflammatory^{6,14,16}

- Honey is able to modulate the inflammatory response and suppress protease activity.

- The L-Mesitran formulations contain antioxidants that help maintain reactive oxygen species (ROS) at a balance favourable to wound healing.

Stimulates wound healing & less scarring^{1-3,5,8,10,11,14-16}

- L-Mesitran promotes tissue regeneration and accelerates healing e.g. via the proven angiogenic effect.
- The addition of antioxidants allows for optimum results in terms of scarring and preservation of function/mobility, depending on wound location.

Easy to apply, to use and cost-effective⁷

- No adverse effects have been reported to date and the simplicity of application and patient comfort make L-Mesitran one of the most versatile and effective products available in wound care.
- Only small amounts of product are required.



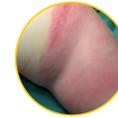
A



B



C



D



E



F



G



H

Diabetic Ulcer⁷

An 85 year-old male diabetic (type II) patient presented with a 2-week history of an irregular L-shaped ulcer on his right leg, resulting from a fall at home. The ulcer was exudative and contained slough (fig A). L-Mesitran was applied in consult and then once daily by the patient at home. After 1 week the exudate was gone, epithelialization started around the margin and islands of granulation tissue were visible in the wound bed. At 25 days full skin coverage had been achieved (fig B).

Burns¹²

An 18-month old girl suffered partial thickness burns (35% TBSA) from boiling water, (fig C). Her right leg was treated L-Mesitran, while the rest of her body was treated with skin grafts, providone iodine and paraffin gauzes. The leg treated with L-mesitran showed a swift recovery, with complete wound resolution (fig D), whilst two skin transplants were performed on the child's back, unsuccessfully. The skin healed by L-Mesitran was then used to harvest new grafts for her back.

Post-amputation Wound¹³

A 28-week preterm neonate suffered an extravasation injury, which led to permanent digit compromise due to arterial occlusion (fig E). Despite conservative treatment, open amputation of the involved finger tips was performed. Post-operative treatment consisted of L-Mesitran, once daily for 15 days. Rapid epithelialization took place, without any adverse effects despite the fragility of this patient population. On follow-up at 7 months (fig F), the aesthetic results were remarkable, with the child maintaining full quality of life.

Infected & Malodorous Wound

A 43 year-old male patient presented with a large dehiscent, infected (*P. aeruginosa*) and heavily malodorous post-operative wound on his right thigh (fig G). L-Mesitran was applied to the wound and covered with regular absorbent dressings for fixation. Malodour was eliminated and infection controlled within 3 days, without antibiotic intervention. Granulation tissue and a clean wound bed were clearly visible 12 days later (fig H). At 28 days of treatment the wound was sutured successfully, with full resolution just 4 weeks after this.

L-Mesitran was founded by Dr. Theo Postmes, the renowned scientist responsible for contributions^{8,9} towards Medical Grade Honey research and for the creation of Medical Grade Honey 2.0.