

The effects of Activon® Manuka honey on a patient with Type 2 Diabetes

This Type 2 diabetic gentleman presented in the Accident and Emergency department in May 2006. He was reviewed in A&E by a member of the podiatry team. On examination he had extensive blistering to the L/Hallux and cellulitis extending to mid-foot.

Podiatric assessment revealed peripheral neuropathy with absent monofilament perception and vibration thresholds of greater than 25volts. Foot pulses were palpable and ABPI within normal ranges.

At this time the toe was sharp debrided and dressed with a non-adherent foam dressing.

Despite the serious nature of the presenting complaint it was decided that it would initially be treated with oral antibiotics and in line with local guidelines he was prescribed Erythromycin 500mgs qds, Metronidazole 400mgs tds and Ciproxin 500mgs bd. However the patient was made aware of the seriousness of his condition and advised that should there be any deterioration he would then be admitted for intra venous antibiotics.

He was reviewed in the diabetic foot clinic 4 days later and the infection had responded well to treatment. However there was extensive ulceration, with hyper granulation tissue to the lateral aspect of the L/hallux. The wound was probing approximately 5mm deep and was complicated by fibrous slough.

The wound was sharp debrided and Activon applied with a non-adherent secondary dressing. The patient was issued with the tube of Activon® and given instructions on its application. The foot was redressed every

3 days by the patient, and reviewed in clinic every 10 days.

Initial results with the Activon® in combination with good podiatric care have shown a significant improvement in the wound. The wound is now clean and granulating and much smaller in size. The patient remained on oral antibiotics for 4 weeks, and since then has not suffered any repeated infections.

