

woundkreme™

Organic Healing Ointment



THE NATURAL CHOICE
IN WOUND CARE



DEDICATED TO RECOVERY, COMMITTED TO CARE

An optimal wound care product
formulated using natural ingredients

**RELIEF FOR BURNS,
SKIN ULCERS AND WOUNDS**



CHANGING THE WAY WE THINK ABOUT WOUND CARE



As the wound care industry evolves with the rapid advances made in the medical world, our aim is to help clinicians make better choices for optimal healing outcomes.

WoundKreme organic healing ointment supports and promotes a moist wound environment. Our active ingredients function to stimulate tissue repair, mediate anti-inflammatory activity and autolytic debridement for optimal wound healing from the first use. Trough clinical studies, WoundKreme has demonstrated the ability to heal previously stalled acute and chronic wounds such as those often associated with diabetic patients.



WHAT ARE THE ACTIVE INGREDIENTS?



Honey

Enzymatic activity facilitates debridement. Known for its anti-inflammatory, immuno modulatory and anti microbial properties in wound healing.



Olive Oil

The polyunsaturated n-9 fatty acid modulates inflammation to enhance reparative responses. Provides essential fatty acids required for building cell structure.



Marshmallow Root

Acts as a demulcent to form a protective barrier on inflamed cells. Stimulates proliferative activity of epithelial cells. It also mediates high anti-inflammatory properties required for wound healing.



Aloe Vera

Over 75 types of active substances, Aloe Vera helps inhibit the growth of harmful bacteria and accelerates the healing process.



Wormwood

Rich in phenolic acids which confers cytoprotective effects. Also confers analgesic properties to control pain.



Beeswax

Acts as a barrier to facilitate the delivery of active ingredients while also trapping hydration within the skin.



Lanolin

Used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin, and minor skin irritations.



Wheat Germ Oil

Vitamin A, D, and fatty acids in wheat germ oil help with cracked and scarred skin. It also provides natural hydration to the skin.



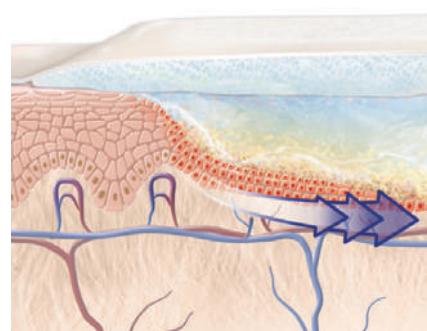
Glycerin

Moisturizes the skin through its ability to retain water.

WOUNDKREME PROMOTES OPTIMAL HEALING

WoundKreme promotes optimal healing by addressing the different factors involved in the healing process.

- Moist wound healing promotes the growth & movement of new cells to the wound site allowing for even skin formation, faster wound closure and reduced scarring.
- Enzymatic ingredients allow for the gradual break down and removal of necrotic tissue.
- Bacteriostatic effect through its active ingredients, inhibits bacterial growth at wound site.
- WoundKreme's barrier like effect contributes to the preservation of wound fluid containing key growth factors at the wound bed while also allowing for the migration of new cells for tissue repair.
- Promotes granulation.



Indications For Use

- ✔ Acute & Chronic Wounds
- ✔ Diabetic Foot Ulcers
- ✔ Venous Ulcers
- ✔ Pressure Ulcers
- ✔ First & Second Degree Partial Thickness Burns
- ✔ Radiotherapy Burns



Product Warning & Contraindications.

Wound Cleansing

Gently cleanse the wound area using a sterile gauze before application.

Applying WoundKreme

1. Apply a generous amount of WoundKreme to ensure thorough coverage of the wound area using a sterile medium and cover with a sterile bandage.
2. Reapply WoundKreme as needed or every 12 hours. During re-application the wound may be cleaned by gently dabbing with clean gauze and wound cleansing solution. Be sure not to scrub the wound as this will only aggravate it further and prolong the healing process.

Note ;

Before application, gently warm the tube between both palms & invert the tube several times. Store in a cool & dry place.

WoundKreme Dressing & Application Guide

Individuals who have a known hypersensitivity to the product or any of its ingredients should not use it. Pregnant women should consult with their doctors before use. If any irritation occurs while using WoundKreme discontinue use immediately & consult a doctor.

DIABETIC FOOT ULCER

- ✔ The patient is a 52 year old female with an underlying history of type 2 diabetes melitus and has previously undergone an amputation of the left toe.

The patient presented to the clinic with an infected diabetic foot ulcer. Within 3 weeks healthy granulation can be observed. Within 8 weeks, complete wound healing was achieved.

WoundKreme was accompanied by secondary foam dressing.



Week 1



Week 3



Week 8

PRESSURE ULCER

- ✔ The patient is a 48 year old male with underlying history of hypertension and kidney disease. He developed a pressure ulcer as a result of being admitted for obstructive sleep apnea.

Within 6 weeks of therapy the wound size drastically reduced and full wound closure was achieved by week 12.



Week 1



Week 6



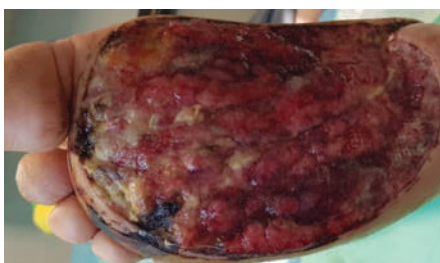
Week 12

DIABETIC FOOT ULCER

- ✔ The patient is a 47 year old male with an underlying history of type 2 diabetes melitus. Upon presentation to the clinic the foot ulcer was sloughy, infected and necrotic.

By week 10 the wound was area 70% healed. Within 22 weeks full wound closure was achieved.

Standard wound care was performed & dressing changes was scheduled for twice a week. WoundKreme therapy was accompanied by paddings to offload the ulcer.



Week 1



Week 10



Week 22

VENOUS ULCER

- ✔ The patient is a 45 year old male with an underlying history of diabetes, hypertension, arthritis & obesity for which treatment is ongoing.

Presented with an infected venous ulcer which has persisted for one year. Standard wound care was performed prior to beginning treatment with WoundKreme. Dressing changes were performed twice a week. Within 7 weeks the previously non healing ulcer has fully healed.



Week 1



Week 3



Week 7

WOUNDKREME'S CLINICAL PUBLICATIONS

The use of an organic wound ointment as a topical therapeutic to aid wound healing in chronic wounds



The incidence of chronic wounds among patients with diabetes continues to pose a burden to healthcare systems worldwide (Game, 2016). Conservative management in wound care has been shown to improve the severity of amputations related to diabetic wounds (Xie et al, 2018). This evaluation looked at the impact of a newly formulated organic ointment on the healing process in chronic diabetes-related wounds. The ointment was used as a therapeutic wound dressing in five patients with diabetes-related chronic wounds.

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Wound healing requires the complex integration of cellular responses to inflammatory mediators such as cytokines and growth factors (Velmar et al, 2009). This process is composed of a carefully curated balance between immunological and biological responses that can be divided into the following stages: an inflammatory reaction, cell proliferation and synthesis of extracellular matrix elements and cell remodeling (Bonnans et al, 2014). In a healing wound, these stages are not mutually exclusive but instead can overlap considerably. Although inflammation is a key aspect of normal wound healing, this process occurs abnormally in a patient with diabetes, where a decrease in the secretion of cytokines and growth factors, as well as a prolonged inflammatory phase, is observed (Falanga, 2005). Over the past decade, the number of patients diagnosed with diabetes continues to increase at an alarming rate worldwide (Järbrink et al, 2017). One of the most common complications associated with chronic diabetes are diabetic foot ulcers (DFUs) and venous leg ulcers (VLUs), which impact negatively on patients' quality of life and may result in lower limb amputations (Zhang et al, 2017). Diabetes-associated lower extremity complications are emerging as a significant health concern that should be addressed by both developing and developed countries alike (Schaper, 2004). Conservative management in wound care has been shown to dramatically reduce the risk of amputations through simple

procedures, such as ensuring the cleanliness of the wound, the use of appropriate wound dressings, debridement procedures, and ulcer management, hence showing that diabetic foot is a preventable problem if handled well from the start (Ahmed, 2019). Wound dressings form an integral aspect of wound care, its main function is to act as a protective barrier, prevent bacterial contamination and absorb excess exudate (Junker et al, 2013). The primary aim of this evaluation is to assess the use of an organically derived wound ointment as a topical therapeutic, in order to accelerate the healing process of chronic wounds, such as DFUs, VLUs and pressure ulcers (PUs) experienced by patients.

Different wound types

A DFU is an open sore or wound which commonly occurs at the bottom of the foot. Statistically, DFUs are one of the most common complications associated in patients with diabetes and have an annual prevalence of 6.3% globally (Suthar et al, 2017). Over 50% of these foot ulcers of them. In Malay with dial of diabet by a DFU 2018). It complic stress w factors s arterial c to the fo break in

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Research Paper

A new organic wound ointment for the healing of chronic wounds

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ABSTRACT

Despite the rapid development of pharmaceuticals, wound healing remains a challenging clinical problem often leading to complications that result in morbidity. The use of natural ingredients, also known as herbal medicine, for treatment still plays a significant role in society as health promotion and disease prevention as well as treatment. Honey, aloe vera and olive oil are commonly used to cure many ailments before the existence of modern medicine. When compared with standard conventional treatment, complementary and alternative medicine which was derived from natural ingredients is preferred, as it is cost-friendly, believed to have better safety profiles, and can be easily obtained even without a prescription. This study aimed to demonstrate the efficacy of a new organic wound ointment in wound healing. Study participants were selected by random from a pool of patients who were attending for their routine follow up visits in Wound Care Unit in Hospital Kuala Lumpur. Eight patients with chronic wounds of different aetiologies, that is, diabetic foot ulcer, chronic venous ulcer, non-healing ulcer, and carbuncle wounds. Wound assessment was done before cleansing using distilled water and followed by debridement if necessary. WoundKreme, a natural remedy ointment was used for this study. The ointment was applied to the wound using a tongue depressor and polyurethane foam was used as a secondary dressing. Patients were scheduled for twice a week dressing change and were followed up to 7 months. 2-layer compression bandage was applied for chronic venous ulcer subjects and diabetic foot ulcers were offloaded using padding. There were 2 diabetic foot ulcers, 1 chronic venous ulcer, 3 non-healing ulcers, and 2 post-carbuncles wound. Three wounds, that is, 1 diabetic foot ulcers, 1 non-healing ulcer, and 1 chronic venous ulcer closed completely. Meanwhile, the other 4 ulcers showed wound area reduction of 75.0 to 97.5%. In conclusion, the results of this study affirm that organic wound ointment, such as WoundKreme, is effective in wound healing of different etiologies. There were no adverse reactions or allergies reported. However, a more robust trial with a larger sample size such as a randomized control trial will yield a better significant result.

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NOTES



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