

Honey for refractory diabetic foot ulcers

To the editors:

We appreciate and endorse the encouragement by Eddy and Gideonson to consider topical honey therapy for patients with refractory diabetic foot ulcers (“Topical honey for diabetic foot ulcers,” *J Fam Pract* 2005; 54[6]:533–535).

Treatment for melanoma—including surgical removal of the axillary glands—in a 50-year-old male patient of ours resulted in an impressive wound in his armpit. For the wound healing, an extremely expensive therapy was prescribed in the hospital—Caltostat dressings, which added to a total cost for 6 weeks’ therapy of approximately 1400 euros. Since the patient could not stand these dressings, we put a homemade gauze dressing with honey on the wound, with a total therapy of cost approximately 5 euros. The patient completely recovered in 6 weeks time without any adverse effects.

Use of folk remedies such as honey are widespread, and are sometimes documented.² The idea of trying honey in our patient came from a student who had done clerkships in Bolivia. She observed local practitioners treating deep and gangrenous ulcers using honey. Since then, we regularly apply homemade honey in a variety of wound conditions (burns, superficial wounds, ulcers). Only rarely do we see minor local reactions that disappear promptly after withdrawal of the honey.

We acknowledge the fact that this treatment is not yet evidence-based, and we agree that a randomized controlled trial to determine its efficacy would be

most welcome. But because the price is very low and adverse reactions are very mild and appear infrequently—and because of the positive opinions of our patients—we feel that honey has a place in wound care in family practice.

Roy Remmen, Samuel Coenen, Reinilde Seuntjens, Caroline Lesaffer, Rudi Vermeirssen
Baarle Hertog Group Practice, Baarle Hertog, Belgium (RR, RS, CL, RV); Centre for General Practice, University of Antwerp - Campus Drie Eiken, Antwerp, Belgium (RR, SC)

REFERENCE

1. Qidwai W, Alim SR, Dhanani RH, Jehangir S, Nasrullah A, Raza A. Use of folk remedies among patients in Karachi Pakistan. *J Ayub Med Coll Abbottabad* 2003; 15:31–33.

More letters online

Two further letters, “Fundamental flaws of the WHI” and “The circumcision controversy,” appear on our web site at www.jfponline.com.

A student who had a clerkship in Bolivia observed local practitioners treating deep ulcers with honey