

MEBO Ointment

Burn and Wound Management Ointment

Introduction

Moist Exposed Burn Therapy (MEBT) was introduced into medical practice since two decades in China. The concept of this therapy is to expose the wound to a physiological moist environment to enhance natural healing processes, whereby keratinocytes migration, angiogenesis, and interaction with growth factors are facilitated.

MEBO (Moist Exposed Burn Ointment) is the ointment, which has been developed to fulfill the above criteria.

Composition

MEBO is of natural and herbal edible origin. It is composed of B-sitosterol 0.25% as the main active ingredient. The base of the ointment is composed of sesame oil and beeswax. In addition to that, **MEBO** includes in its formula 18 amino acids, 4 major fatty acids, vitamins, and polysaccharides.

Mode of Action

MEBO acts by:

1. Providing an optimum physiological moisture necessary for regeneration and repair.
2. Inducing an anti-inflammatory effect reducing thereby edema and erythema.
3. Creating an atmosphere unfavorable for bacterial and fungal colonization.
4. Isolating and protecting exposed and injured nerve endings producing thereby an analgesic effect.
5. Providing local nutrition for wound bed cells.
6. Liquefying the necrotic tissue.
7. Isolating and protecting the wound bed from environmental factors but at the same time maintaining drainage and gaseous exchange.
8. Reducing body fluids loss from damaged skin (burns).
9. Absorbing residual heat in acute burn wounds.
10. Expediting epithelialization with exceptionally acceptable cosmesis.

Indications

MEBO has been used successfully in the treatment of the following wounds:

1. First-degree burns, where the pain relief and the fast healing are remarkable, e.g. sunburn.
2. Second degree burns, superficial and deep. If properly applied, no skin grafting is needed and Regeneration takes place from hair follicles and glands in the dermis and subcutaneous tissue.
3. Third degree burns, to isolate the wound, reduce pain, and expedite nonsurgical debridement of the necrotic tissue to prepare the wound for grafting.
4. Donor site, to decrease pain, control infection, and expedite healing (average of 7 days has been reported).
5. Chronic wounds including bed ulcers, diabetic foot, and leg ulcers.
6. Post laser resurfacing, chemical peeling, and dermabrasion.
7. Surgical wounds including obstetrical wounds.
8. Wound of circumcision.
9. Mucous membrane wounds such as buccal ulcers.
10. Cracked heels and cracked nipples.

Method of Application

1. Burns
 - a) First degree burns (Superficial burns)

MEBO should be applied as immediately as possible. A thin layer (about 1mm thickness) should cover the burnt area. It is better to keep the wound exposed, but if there is a need, a light dressing can be used.

Reapplication should be done 3 to 4 times daily if exposed or twice daily if closed.
- b) Second degree burns

First Phase - liquefying period



A thin layer of **MEBO** should cover the burnt area and renewed 3 to 4 times daily. Before reapplication, the liquefied necrotic tissue and the residues of the old **MEBO** should be wiped off gently. It is better to keep the wound exposed, but if there is a need, a light dressing can be used and a relatively thicker layer (about 3mm thickness) should be applied and renewed twice daily.

Second Phase - repair period

MEBO should be applied as before, but less frequently (2 - 3 times daily).

Third Phase - rehabilitation period

MEBO should be applied as before, but only once daily.

c) Third degree burns

MEBO should be applied as mentioned before to liquefy the necrotic tissue. A thin layer should cover the burnt site and renewed 3 to 4 times daily.

2. Donor Site

A thin layer of **MEBO** should cover the donor site and renewed 3 to 4 times daily if exposed or twice daily if closed.

3. Leg Ulcers

A sterile gauze should be impregnated with **MEBO** and should fill the cavity of the ulcer, and renewed twice daily.

4. Surgical and Obstetrical Wounds

MEBO should cover the wound in a relatively thick layer (about 3mm) under a sterile dressing and renewed twice daily.

5. Cracked Nipples

A thin layer of **MEBO** should be applied to the nipple under a light pad, and renewed 3 - 4 times daily. **MEBO** is safe for the infant that nursing can proceed without any hazards.

Toxicity and Side Effects

MEBO is of pure herbal edible origin. No side effects to the product have been reported so far, except for rare allergic reactions to sesame oil.

Precautions for the Drug

MEBO ointment may change its physical appearance during storage, especially during hot seasons, but it does not lose its efficacy.

Presentation

MEBO ointment is available in collapsible tubes of 15, 30, or 75 grams.

* Store below 25 C.

THIS IS A MEDICAMENT

- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicines, their benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.
- Keep all medicaments out of the reach of children

Council of Arab Health Ministers,
Union of Arab Pharmacists.

Any information ? Call Our Toll Free No. (971) 800-4994



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