

## SKIN

### 7. TISSUE-HEALING AGENTS

#### **MEBO**

##### **Presentation**

Ointment: Collapsible tube of 15, 30, or 75g.

##### **Composition**

**MEBO** is of natural and herbal edible origin. It is composed of  $\beta$ -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.

##### **Indications**

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.

##### **Dosage and Administration**

###### **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 3-4 times daily if exposed or twice daily if closed.

###### *b. Second degree burns*

###### *First Phase – liquefying period*

A thin layer should cover the burnt area and renewed 3- 4 times daily. Before reapplication, the liquefied necrotic tissue and the residues of the old layer 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 should cover the donor site and renewed 3-4 times daily if exposed or twice daily if closed.

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#### 3. *Leg Ulcers*

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 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.



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Under authorization from Beijing Guangming Chinese Medicine Institute for Burns, Wounds & Ulcers, China and by the inventor of **MEBO**, Professor Xu Rongxiang