**Poster 1**

**Topical Bee Honey for the Treatment of Dysesthetic Vulvodenia**

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**BACKGROUND**

Dysesthetic vulvodenia is a subset of the vulvodenia (vulvar pain) syndrome, which is a psychosomatic diagnosis, often accompanied by physical and psychological disabilities. It is a difficult management problem. Most systemic and topical treatments do not achieve real success.

**MATERIALS AND METHODS**

Fifty one patients with dysesthetic vulvodenia, resistant to all conventional therapies, were evaluated and included in the study. They were treated with twice daily application of crude Egyptian clover flower honey till the symptoms disappeared or definitely subsided, or for a maximum of 8 weeks. The patients completed a pain scale (based on the Friedrich criteria) and Rosen’s Female Sexual Function Index pre- and post-treatment.

**RESULTS**

A total of 51 patients were diagnosed as having dysesthetic vulvodenia at their initial office visit. Each patient identified the location and provided a description of the pain she was experiencing. The most common description of the pain sensation was “burning/pricking” (39%), followed by “burning” (24%). Thirty nine women (76%) had some degree of sexual dysfunction. One patient discontinued the treatment. No serious side effects were reported. Forty-five patients (90%) stated that, overall, their pain had improved, and twenty two (59%) had improvement in pain with sexual activity. Analysis of the pre- and post-treatment questionnaires revealed a significant decrease in pain intensity and in the frequency of the overall painful episodes.

**CONCLUSION**

Topical crude honey is safe and effective in providing temporary relief of dysesthetic vulvodenia with problems of vulvar pain and sexual dysfunction.

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**Poster 2**

**The Efficacy of Honey Dressing in Wound Management: A Clinical Observation**

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**OBJECTIVE**

To evaluate the overall effectiveness of honey in promoting wound healing using standardised clinical parameters and correlating it to the known healing properties of honey.

**METHODS**

Clinical observation using standard parameters was done on 100 patients on honey wound dressing and 22 patients on saline dressing in University Malaya Medical Centre (UMMC) between July 1998 to January 2003. The wounds were classified using the Netherlands Wound-Care Society 1984 colour classification and assessment of wound size, surface area and wound depth were done prior to treatment.

**RESULTS**

The positive effects of honey dressing on wound healing were seen in the reduction of mean wound size beginning in the second week of treatment with a statistically significant (p< 0.05) difference in mean wound size before and after 3 weeks of wound dressing between the two dressing groups. A sharp reduction in the depth of the wounds was seen in patients on honey dressing by the third week of treatment. Wound depth continued to decline significantly beyond the third week (p< 0.05). 98% of the wounds treated with honey reached 0-0.5cm wound depth before discharge. All wounds on honey dressing were colonized before treatment started. However, wound sterility was achieved by the third week of treatment. Wounds on honey dressing achieved better outcome in healing within 3 weeks compared to those on saline dressing (p<0.05), although initially the wounds were in much worse condition. Duration of hospitalisation among patients treated with honey dressing was shorter compared to patients receiving saline wound dressing (p< 0.05).

**CONCLUSION**
From the study, it was clinically shown that honey dressing is able to reduce wound size and depth, promote wound healing processes and speed up wound healing which leads to decrease in the treatment period. Various factors present naturally in honey works synergistically to promote the healing process, eradicating the colonizing pathogen and improving overall patient well-being contributing to a better outcome. It is a cost effective wound management option with wide spectrum antimicrobial activity. Honey dressing can be used for multiple types of lesions, needing only simple alteration of its application, making this versatile and ready to use remedy a superior choice as an effective alternative wound dressing.

**Poster 3**

**Bee Honey Nebulization as a Non Traditional Treatment of Acute Bronchial Asthma in Infants and Children**

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**BACKGROUND**

Bee honey has been an outstanding household remedy used for the treatment of cough and wheezing associated with bronchitis. The therapeutic use of honey in the form of inhalation dates from very early days. This method is particularly effective in the treatment of diseases of the upper respiratory tract.

**OBJECTIVE**

The present work attempted to study the effects of bee honey in the form of nebulization in infants and children with acute asthma.

**SUBJECTS AND METHODS**

After obtaining consent from their parents, 300 infants and children with mild to moderate acute attacks of asthma were included in this study. The mean age of studied patients was 2.49 ± 3.02 years with male to female ratio of 1.2 to 1. All studied patients received Bee Honey Nebulization (BHN) for 30 minutes. Neither corticosteroids nor bronchodilators were given. The response was judged 60 minutes after BHN by changes in respiratory rate (RR), heart rate (HR), O2 saturation at room air (SPO2), dyspnoea, use of accessory respiratory muscles and chest wheezes.

**RESULTS**

There was a significant increase of SPO2 and decrease of RR and HR 60 minutes after BHN. The dyspnoea improved in 94% of patients. The chest wheezes disappeared in 35% and decreased significantly in 31% of patients. Six (6) patients were admitted because of persistence of symptoms. During and after BHN increased frequency of productive cough occurred in 78.7% and it was severe and exhausting in 2%. The expectoration of sputum was followed by improvement in nearly all patients. Apart from severe exhausting cough, no side effects occurred during and after BHN.

**CONCLUSION**

BHN is an effective and safe treatment for mild and moderate acute attacks of asthma in infants and children.

**Poster 4**

**The Potential Application of Honey in Enhancing the Acceptance of Herbal Lip Balm**

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**BACKGROUND**

The aim of this study was to observe the influence of honey on the acceptance of herbal lip balm.

**MATERIALS AND METHODS**

Herbal lip balm was formulated with ingredients in specific percentages i.e. extracts of herbs, essential oils, honey, olive oil and natural pigment of Roselle (*Hibiscus sabdariffa L.*) for colorant. Acceptability of the lip balm was determined through sensory evaluation with the participation of 30 members (female) of untrained panelists comprising of staff of MINT during two weeks’ application. A 7-point hedonic rating scale was used. The attributes evaluated were aroma, colour, texture, taste, smoothness, spreading ability and overall acceptance. Presence of mouth odour and cracks in lips were also observed.

**RESULTS**

The lip balm had the ability to moisten and healed chapped lips and also reduced the mouth odour. This may be due to