

REPORT ON MY EXPERIENCE WITH MAXHEAL

This report presents the results obtained with Maxheal solution for some cases of infected lesions.

1) A.O., 33 y.o.

**Diagnosis:** Paronikia of the right thumb

**Initial aspect of the lesion:** intense inflammation of the whole lateral border of the nail fold, intense pulsatile pain.

**Treatment:**

- incision of the pus collection under regional anesthesia
- antibiotic treatment
- local application of Maxheal solution (on the dressing)

**Result:** after 2 days of treatment, the infection and the surgical wound were healed.

2) A.D., 47 y.o.

**Diagnosis:** Osteomyelitis of right tibia after open fracture type II, operated.

**Initial aspect of the lesions:**

- swelling of the leg
- 1 sinus on the anterior aspect of the mid-leg
- area of skin necrosis of 3,5/1,5 cm, over the tibial crest, uncovering the bone and the metallic implant
- pus drainage
- positive culture (Staphylococcus aureus)

**Treatment:**

- specific antibiotherapy
- daily dressing with Maxheal

**Result:** after 5 days of treatment, the area of skin necrosis decreased to a small wound of only 3 mm diameter. The osteomyelitic process required further surgical treatment.

3) M.C., 19 y.o.

**Diagnosis:** Skin necrosis after operated fracture type I of the mid-shaft of the right tibia

**Initial aspect of the lesions:**

- area of skin necrosis of 3cm/1cm over the anterior aspect of the right leg, involving the skin and subcutaneous tissue
- pus secretion
- positive culture: Echerichia coli

**Treatment:**

- antibiotic therapy
- daily dressing with Maxheal solution

**Result:** after 7 days of application of Maxheal, the wound was healed.

**4) F.K., 17 y.o.**

**Diagnosis:** Skin necrosis after type 1 open fracture of the mid-shaft of the right tibia

**Initial aspect of the lesions:**

- 2 areas of skin necrosis (2cm/1cm and 1cm/0,5cm) on the anterior aspect of the middle 1/3 of the leg
- pus secretion
- positive culture (Staphylococcus aureus)

**Treatment:**

- daily dressing with Maxheal solution
- specific antibiotherapy

**Result:** after 7 days of treatment with Maxheal solution, both wounds got healed.

**5) C.B., 38 y.o.**

**Diagnosis:** Chronic osteomyelitis of the right distal tibia

**Initial aspect of the lesions:**

- skin defect of 1cm diameter, over the medial aspect of the distal 1/3 of the right leg, uncovering the tibial cortical bone
- dense pus secretion
- positive culture (Proteus mirabilis)
- after the surgical procedure (sequestrectomy), a large bone gap remained in tibial pylon and distal tibial shaft, opened through a skin defect

**Treatment:**

- specific antibiotic therapy
- daily package of the bone gap with gauze + Maxheal solution

**Result:** after 10 days of local application of Maxheal solution:

- granulation tissue developed inside the bone gap, covering partially the cortical wall of the tibial pylon
- sterile culture
- patient is prepared for cancellous bone grafting.

**6) M.K., 33 y.o.**

**Diagnosis:** Chronic osteomyelitis of tibial pylon after type III open fracture.

**Initial aspect of the lesions:**

- large bone gap in tibial pylon open through a skin defect of 6cm/5cm
- pus secretion
- positive culture (*Proteus mirabilis*)
- swelling of the leg and ankle
- pain in the leg

**Treatment:**

- specific antibiotic therapy
- daily dressing with Maxheal solution

**Result:** after 10 days of application of Maxheal

- no pain
- no swelling
- no pus secretion
- surgery was indicated to complete the treatment, but the patient didn't come for the procedure

**7) V.R., 33 y.o.**

**Diagnosis:** Deep folliculitis of the right gluteal region.

**Initial aspect of the lesions:**

- area of 2cm diameter with inflammatory signs
- localized pain

**Treatment:** Maxheal solution, 5 times/24 hs, with local massage

**Result:** after 24 hs, complete resolution of the lesion.

**8) L.V., 24 y.o.**

**Diagnosis:** Superficial folliculitis of the face

**Initial aspect of the lesions:** - 2 little lesions of superficial folliculitis

**Treatment:** local applications of Maxheal solution 6 times/24 hs

**Result:** after 36 hs, complete resolution of the lesions.



**Remarks:**

- All the patients mentioned a mild itching sensation, immediately after the application of Maxheal solution on wounds, that disappeared after no more than 1 min,
- The product seemed to have an evident anti-inflammatory action, decreasing objectively and subjectively the inflammation and the associated pain,
- Maxheal seemed to have an inhibitory action onto the bacterial growth. Although in most of the cases, Maxheal was used simultaneously with specific antibiotic therapy, and sometimes, it's use was preceded by surgical treatment, we didn't have any case, where we found a positive culture, after Maxheal had been used.
- Maxheal's actions seemed to help or stimulate the granulation and epithelisation.
- No adverse reaction, either local or general, was noticed or described by the patients.

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