① is a primary wound dressing for the treatment of acute and chronic wounds. Even though ① is suitable for the treatment all types of acute and chronic wounds, we recommend to focus on post-surgical or traumatic acute wounds that heal by secondary intention when performing initial product testing (see examples of wound types below). Patients with these types of wounds typically have no underlying chronic diseases that can have a negative impact on the physiological wound healing process. Focusing on post-surgical wounds allows you to observe following key attributes of ① in a very direct way:

- **Speed of granulation**\(^1,4\)
- **Pain reduction**\(^3,4\)
- **Simple and fast dressing change**\(^5,6\)
- **Satisfactory cosmetic outcome**\(^1,2\)

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The treatment protocol below is Phytoceuticals general recommendation when using 1 to treat an acute or chronic wound. The first part of the treatment concept (Diagnosis) is especially important when treating wounds with an underlying cause. When testing 1 on postsurgical or traumatic acute wounds that heal by secondary intention the steps listed under „Treatment up to wound closure“ are crucial.

### Diagnosis

Clarification of the causes of the wound.
If necessary, treatment of the underlying cause

### Options for wound cleansing, debridement and microbiological control:

- a. Wound cleansing with water or saline solution. As soon as a vital granulation is visible, wound cleansing may be omitted.
- b. Debridement
- c. Antiseptic treatment in special situations

### Local wound therapy:

1. Apply two layers of 1 on wound bed, wound edge and periwound skin
2. Cover wound with a non-woven gauze or absorber adjusted to wound exudate
3. Compression/pressure relief if indicated

Daily dressing change until the onset of epithelisation, then every 2-3 days

### If the wound does NOT improve within 4 weeks of treatment:

1. Wound assessment by wound expert
2. Verification of diagnosis, further investigations
3. Options for further treatment:
   - a. Treatment of the underlying cause
   - b. Continuation of local wound therapy
   - c. Alternative local wound therapy

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**TREATMENT UP TO WOUND CLOSURE**
(dry, moist or wet wound condition)

Based on the experience of wound specialists in different countries, we can make following practical notes when treating patients with 1:

- In case the secondary dressing adheres to the wound, ensure that enough 1 is applied onto the wound (see recommendation below) and/or adjust the secondary dressing to a dressing with a lower absorption rate.

<table>
<thead>
<tr>
<th>Treated area</th>
<th>Spray puffs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 cm x 3 cm</td>
<td>At least 4 spray puffs</td>
</tr>
<tr>
<td>6 cm x 6 cm</td>
<td>At least 15 spray puffs</td>
</tr>
</tbody>
</table>

- If the wound edge becomes red, be aware that this is a normal reaction during the inflammation phase, which is part of physiological wound healing, activated by 1. The inflammation phase normally lasts 3 days.

- A typical reaction of the body during the inflammation phase is to generate more exudate. If necessary, adjust the secondary dressing to being able to absorb the amount of exudate. Do not stop using 1.

- Do not stop using 1 when a scab is formed, as the oil and its fatty acids penetrate through the scab and will support the healing process from below the scab.