

Wound Dressings that Change Ion Balance and pH Bring Advanced Wound Healing Opportunities

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AgFresh® – MolecuLight Cases

The loss of the bioelectric balance in the wound bed leads to unresolved chronic wounds with inherent biofilms and bacterial colonization. The chronic wound bed is characterized as a negatively charged (anionic) environment. The negatively charged molecules include the membranes of bacteria, biofilms and the anchoring mechanism of the biofilm to the wound bed. In order to remove anionic obstacles to wound healing, a rebalancing needs to take place with the introduction of positively charged (cationic) nano-particle minerals that bind and inactivate anions through an electron attraction process.

McCord System

- Fentonite® – a combination of cationic nano-particle minerals releases a unique balance of cations that have been proven to bind with the anionic biofilms and pathogens causing the loss of their ability to defend themselves due to their permanent membrane deconstruction.
- The following cases represent results utilizing the McCord System with Fentonite®

Clinic Protocol for McCord System

- Clean wound with non-ionic cleaner
- Baseline MolecuLight scan
- Debride and cleanse with attempts to remove bacteria if possible (Only clean with non-ionic solution)
- Repeat bacterial scan
- Hydrate wound with BioCleanse™
- Apply BioRelease®
- Apply AGFresh®
- Apply secondary dressing and compression or off-loading if appropriate
- Change dressing twice per week
- With dressing changes clean with non-ionic cleaner and debride as necessary
- Scan for bacteria pre- and post-debridement

PATIENT - DF

- 74 y/o male – Six-month history of right lower extremity edema ulcers with fragile erythematous skin surface and superficial ulcerations with exudate going through Hydrofera Blue®, XLT® and a two-layer Coban® wrap.

- Cultures demonstrated pseudomonas resistant to all oral antibiotics
- Patient being seen in the outpatient wound care clinic weekly or biweekly for assessment and replacement of his compression wraps

DF – Pre-Treatment



Erythematous, fragile very exudative skin with superficial ulcerations

DF – 14 Days



DF – 24 Hours – Post-treatment



After 24 hours, surface was smooth with less erythema and normal looking skin. Significant decrease in exudate and bacteria

DF – 38 Days



DF – 6 Days



Clinically no pain
Minimal exudate
Skin intact
Compression wraps discontinued
Removal of superficial dry skin demonstrated intact skin

- After 24 hours of therapy the skin was markedly improved with resolution of the erythematous and fragile skin and wounds that had been present for six months
- After 14 days the scans for pseudomonas were negative
- On follow-up visits the dry skin separated revealing intact skin that was not fragile, erythematous or exudative.
- After 38 days he transitioned from active compression to graded support stockings

INVESTIGATOR



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