AVOMEB OINTMENT
Avalon Pharma

IS-Sitosterol 0.25% w/w

Composition:
Avomeb Ointment contains p-Sltosterol in a concentration of 0.25% w/w.

Description:
Avomeb Ointment is developed to fulfill the theory of moist exposed burn therapy (MEBT). The concept of this therapy is to expose the wound to a physiological moist environment to enhance natural healing process, whereby keratinocytes migration, angiogenesis, and interaction with growth factors are facilitated.

Mode of Action:
Avomeb Ointment works by:
- Providing an optimum physiological moisture necessary for regeneration and repair.
- Inducing an anti-inflammatory effect which helps to reduce edema and erythema.
- Developing an unfavorable environment for bacterial and fungal colonization.
- Producing an analgesic effect by isolating and protecting the exposed and injured nerve endings.
- Isolating and protecting the wound bed from environmental factors while maintaining drainage and gaseous exchange.
- Providing local nutrition for wound bed cells.
- Liquefying the necrotic tissue.
- Reducing body fluids loss from damaged skin (burns).
- Absorbing residual heat in acute burn wounds.
- Accelerating epithelialization and providing a highly accepted cosmetic appearance.

Indications:
Avomeb Ointment is indicated for:
- First degree burns, where the pain relief and the fast healing are remarkable, e.g. Sunburn.
- Second degree burns, superficial and deep. If properly applied, no need for skin grafting and the regeneration takes place from hair follicles and glands in the dermis and subcutaneous tissue.
- Third degree burns, to isolate the wound, reduce pain and expedite nonsurgical debridement of the necrotic tissue to prepare the wound for grafting.
- Donor site, to decrease pain, control infection, and expedite healing (in average of 7 days).
- Chronic wounds including bed ulcers, diabetic foot, and leg ulcers.
- Post laser resurfacing, chemical peeling, and dermabrasion.
- Surgical wounds including obstetrical wounds.
- Wound of circumcision.
- Mucous membrane wounds such as buccal ulcers.
- Cracked heels and cracked nipples.

Method of Application:

1. Burns
First degree burns (superficial burns)
Avomeb Ointment should be applied as immediately as possible. A thin layer (about 1 mm thickness) should cover the burnt area and should keep the burn exposed, but if there is a need, a light dressing can be used.
Re-application should be done 3 to 4 times daily if exposed or twice daily if closed.

Second degree burns
- First phase: Liquefying period, apply a thin layer of Avomeb Ointment on the burnt area 3 to 4 times daily. Before reapplication necrotic tissue and the residues of the old Avomeb Ointment should be wiped off gently. It is better to keep the wound exposed, but if there is a need, a light dressing can be applied and renewed twice daily.
- Second phase: Repair period, Avomeb Ointment should be applied as before, but less frequently (2-3 times daily).
- Third phase: Avomeb Ointment should be applied only once daily.

Third degree burns
Avomeb Ointment 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 of Avomeb Ointment should cover the donor site and renewed 3 to 4 times daily if exposed or twice daily if closed.

3. Leg Ulcers
A sterile gauze should be impregnated with Avomeb Ointment and should fill the cavity of the ulcer, and renewed twice daily.

4. Surgical and Obstetrical Wounds
Avomeb Ointment should cover the wound in a relatively thick layer (about 3 mm) under a sterile dressing and renewed twice daily.

5. Cracked Nipples
A thin layer of Avomeb Ointment should be applied to the nipple under a light pad, and renewed 3 to 4 times daily.

**Side Effects:**
Rare allergic reaction to sesame oil.

**Presentation:**
Avomeb Ointment is available in aluminum tubes of 15 g, 30 g, 50 g and 70 g.