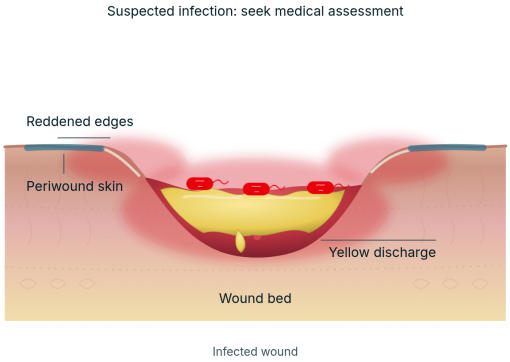
How honey works in wound care

Six mechanisms · not a clinical healing timeline

Honey is part of a professional wound-care toolkit, not a one-stop solution. Mechanisms can overlap. Exploded cross-sections lift the dressing for visibility; images are not to scale or demonstrations of clinical results.

01 · Infected wound

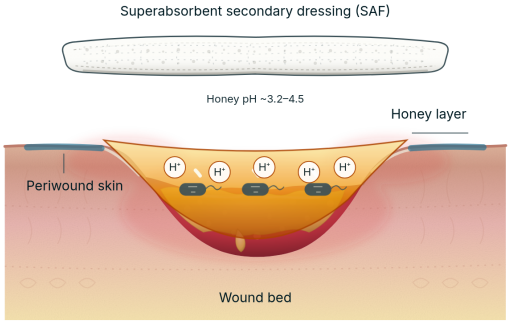


Infected wound

Infection needs professional assessment

The starting illustration shows reddened wound edges, yellow discharge and bacteria to represent suspected infection. Appearance alone cannot diagnose infection; yellow material can also be slough. A qualified medical expert must assess the wound and decide on treatment. Honey alone is not a treatment plan: infection may require antibiotics, drainage, debridement or other care.

02 · Honey’s low pH

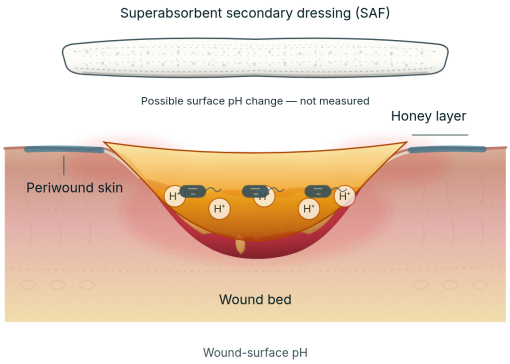


Honey’s low pH

An acidic honey layer

A suitable medical honey dressing is selected as part of the care plan. Honey is naturally acidic, commonly around pH 3.2–4.5. This is the honey’s pH, not the wound’s pH or a target that every wound will reach.

03 · Wound-surface pH



Wound-surface pH

Acidity may influence the wound surface

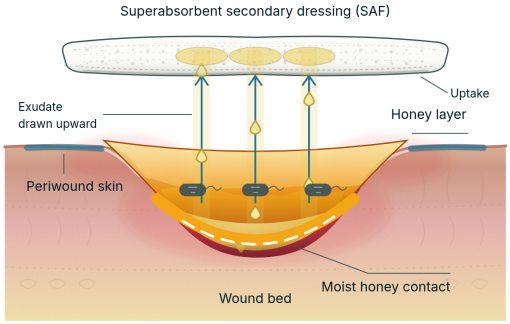
Contact with honey may lower wound-surface pH, creating conditions less favourable to some bacteria. Wound fluid, dilution and buffering influence the effect. The illustration shows acid at the surface, not a measured or guaranteed pH change.

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04 · Osmosis

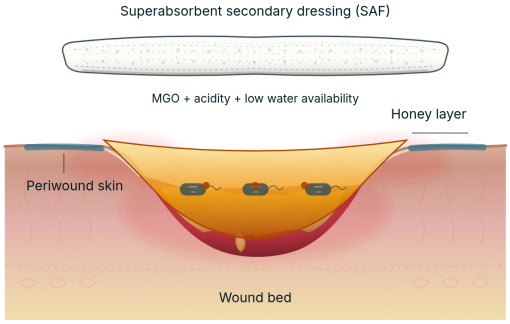


Fluid uptake + retained moist honey contact

Exudate uptake and a moist wound surface

Honey’s concentrated sugars draw fluid towards the honey layer at the wound surface. This fluid mixes with the honey, and the absorbent secondary dressing takes up excess exudate. Honey in contact with the wound can help maintain a moist surface while excess fluid is managed. The moving droplets show exudate leaving the wound bed — not infection being drained or honey replacing infection. Fluid movement does not establish infection clearance; moisture balance depends on the complete dressing system and care plan.

05 · MGO activity

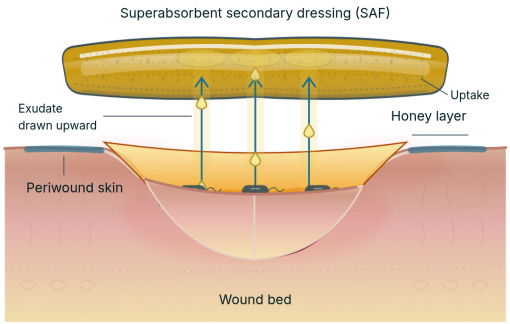


Laboratory mechanism · not clinical infection clearance

Antimicrobial mechanisms, not a cure promise

Manuka’s methylglyoxal (MGO), together with acidity and low water availability, can inhibit or kill susceptible bacteria in laboratory studies. The fading bacteria illustrate studied activity only. Concentration, dilution and the organism matter; this does not show a wound infection being cured.

06 · Healing support



Hypothetical repair · not a treatment outcome

A moist environment supports wound care

A suitable honey dressing may help maintain a moist wound surface while an absorbent secondary dressing manages excess fluid. In practice the absorbent dressing is changed as often as exudate requires, with honey topped up at each change. This can support conditions conducive to healing, but healing depends on the wound, circulation, infection management and the complete professional care plan.

Application under a qualified medical expert’s care

1. Start with a sterile honey product

A sealed tube or applicator from a finished medical-grade honey dressing — not honey from a food jar.

2. Apply it directly

Dispense the honey straight onto the wound bed from the tube, in the amount the care plan calls for.

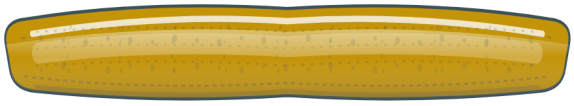
3. Cover with a secondary dressing

An absorbent secondary dressing takes up exudate so the honey layer stays in contact with the wound.

4. Change it as required, top up honey

Replace the secondary dressing whenever exudate load requires, adding fresh honey at each change.

Exudate uptake and surrounding skin



Illustrative loaded SAF pad — not a saturation gauge.

Honey draws fluid towards the wound surface; the absorbent secondary dressing takes up excess exudate. It does not pressure-flush the wound or pull infection from deep tissue.

An absorbent pad may change from white to yellow or darker yellow; a superabsorbent (SAF) pad may swell. Appearance and expansion vary by product. Replace according to exudate load, leakage, skin assessment, the care plan and manufacturer’s instructions — not colour alone. Confirm compatibility with the honey product.

Protect the periwound skin. Excess moisture can soften and damage surrounding skin (maceration). Honey may initially increase fluid movement. A qualified medical expert should select dressing absorbency and appropriate skin protection or a barrier product where needed.

Important disclaimers and evidence limits

Educational information, not medical advice, diagnosis or treatment. The original illustrations are not photographs. Appearance alone cannot diagnose infection; yellow material can also be slough. Infection may require antibiotics, drainage, debridement or other care. Seek urgent medical help for spreading redness, fever or worsening pain.

Use a sterile finished honey wound-care product selected by a qualified medical expert — never food or retail honey. Follow product instructions and the complete care plan. MGH™ certifies honey processing, testing and traceability; it does not establish finished-product sterility, government or regulatory approval, or effectiveness for an individual wound. The site owner is not a clinician.

Laboratory antimicrobial activity is not proof of clinical infection clearance. Clinical evidence varies by wound type; healing is not guaranteed. Evidence is insufficient to promise scar prevention or reduction. Research sources do not endorse MGH™.

Sources: Hixon et al. (2019), critical review of honey in wound healing; Cochrane (2015), Honey as a topical treatment for acute and chronic wounds (searches to October 2014); Wounds UK (2025), Periwound maceration. Sources and animated version: medicalgradehoney.com/science.