Study In The Use Of Ocean Aid Products In Common Podiatric Conditions

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A study of 54 patients with common disorders were given Ocean Aid products as either a primary topical remedy or a post-op care product…26% of patients had dermatitis conditions; 20% had diabetic ulcers; 39% had post-op phenol-alcohol procedures; and 17% were post-op excisions of lesions. The products were received well, cost effective and easy to administer.

Actual photograph of patient in study

Wound care products range from simple antimicrobial topical creams and gels to sophisticated platelet-derived growth factor products and reconstituted platelets from a patient's own serum which enhances healing by encouraging angiogenesis. In addition wound-vac and hyperbaric apparatus have also been shown to reduce healing time of wounds.

Ocean Aid And Dermatological Conditions

In this study, Ocean Aid spray was used in dermatological conditions including pustular psoriasis, lichen simplex chronicus, chronic papulosqummous tinea pedis, contact dermatitis, and xerosis. In each case, the site of the lesion was flushed three to four times daily. In the case of the pustular psoriasis hydration and reduction of inflammation was dramatic whether used alone or in conjunction with desquamating products as with 40% urea or coaltar products. This improvement enabled manual debridement to be performed with less extravasation of blood due to auspitz sign that in turn allowed a more complete debridement. In other chronic dermatitis, similar results were obtained.

The acute conditions included jellyfish strings, sunburn, and poison ivy. In each condition, the patients were instructed to spray the affected area copiously QID. The poison ivy patient was also instructed to scrub the affected area with hibicens and an abrasive sponge to rid the skin of the irritating resins from the plant.

The patients again expressed wide acceptance of the product…expressing ease of use and soothing properties of Ocean Aid.

Ocean Aid And Diabetic Ulcers

In addition, Ocean Aid spray was used as the sole topical product on 10 diabetic patients with Wagner II and III ulcers. As with all our diabetics, a team approach is utilized combining medical management, vascular consults, ophthalmological, plastics and general surgical intervention in addition to Podiatric services as the need arose. The patients were instructed to cleanse the wound with sterile gauze soaked in Ocean Aid product, and then apply a sterile gauze dressing soaked in Ocean Aid spray. This now becomes a wet-to-dry dressing that is resoaked an additional three times a day by spraying the intact gauze. The wounds were then debrided every 10 to 14 days by sharp dissection into the appropriate level of bleeding tissue. When the ulcer was sufficiently improved to a Wagner I depth, the spray was used without a dressing three to four times a day until healed. While this represents a small sampling, it was of interest to note that none of the lesions became infected or reinfected while using this product. This can be attributed to the natural lysozyme in this product that is antimicrobial.

Ocean Aid Foam As A Dressing for Phenol-Alcohol Procedure

This study also examined the use of Ocean Aid foam as a post-op dressing for a phenol-alcohol procedure. Twenty-one patients were followed for an average period of two to three months following a phenol-alcohol procedure for permanent correction of an infected ingrown toenail. This procedure is utilized to destroy the nail matrix by chemical means to affect a cure for painful ingrown toenails. The nature of the procedure creates a chemical burn at which post-op care is directed.

In this study, the patient was instructed to leave their post-op bandage on for the first 24 hours, then remove the bandage and drain and flush the wound with Ocean Aid foam. The foam product that contains all the natural ingredients as the spray is preferred in this procedure because the foam can be easier utilized in a smaller area such as a toe rather than the spray that covers a much larger area.

The patients were instructed to spray Ocean Aid foam on a Q-tip then apply to toe 3 to 4 times a day followed by a fabric band aid and then to leave open at night after 3 days. The results were that all wounds healed without complication including several diabetic patients. The inflammation created by the phenol

regressed significantly sooner in the Ocean Aid foam group then the control group. In addition, the overall healing time reduced to the 90th state in 2 to 3 weeks with the foam as compared to a more usual 3 to 5 weeks with topical antibiotics alone.

Post-op Care For Surgically Excised Lesions Of The Foot

The final group studied consisted of post-op care for surgically excised lesions of the foot. The group consisted of excision of porokeratotic lesions, mosaic verruca, verruca plantaris, molluscum contagiosum, and hereditary keratosis punctata plantaris. The excision of these lesions was conducted primarily due to pain on weight bearing unrelieved by methods that are more conservative. The method of surgery was sharp and blunt dissection of these lesions with the intent of secondary intention healing. Thus leaving a wound usually circumscribed from 1.0 to 5.0 cm. in diameter.

The patients were instructed to leave their compression bandage on 24 hours then remove the bandage, flush with Ocean Aid product 3 to 4 times a day and apply a sterile bandage or gauze dressing depending on the size of the wound. Again, the product was received well and easy to apply. All patients healed without infection or complications. Anecdotally, the author was one of the subjects who received excision of verruca plantaris under the third metatarsal. I continued working post-op and after a few hours of standing, the lesion would start hurting and burning mildly which would be promptly soothed by reapplying the Ocean Aid foam when this occurred.

Conclusion

In conclusion, Ocean Aid spray and foam is a cost effective, well-accepted natural product for skin conditions and wound care dressing.

In acute skin conditions, an average treatment course of 2 to 3 weeks would cost $30 to $50 for Ocean Aid as compared to hundreds of dollars for a comparable topical steroid. Chronic skin conditions require constant care, which can cost thousands of dollars per year, and some products can affect the immune system as in topical oral corticosteroids. Ocean Aid products contain an isotonic solution of sea salt with all trace elements and a natural antimicrobial lysozymes that nurtures tissues to promote healing naturally.