

Infected Wound



Pre-papita



Post-Papita 3 days latter;

Infected laparotomy wound.

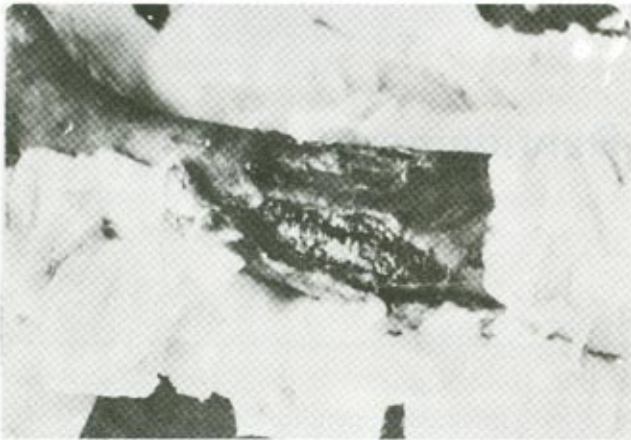


Post-Papita



Post-papita (2 applications)

Compound Communited Fracture Tibia & Fibula



Pre-papita



Post-Papita 3 days latter.

40 % Deep Burns. Trunk and Chest used as control  
Papita applied to Neck and both Arms



Pre-papita



Post-Papita

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## PRELIMINARY COMMUNICATION

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### Papaya therapy for Wound Debridement

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The treatment of dirty sloughing wounds can be time consuming, and can absorb finances which can be more effectively deployed for the treatment of other surgical patients. We, at the South Surgical Unit of the Mayo Hospital, have effectively used Papaya paste in the treatment of such wounds.

The papaya paste was made by grinding the skinned and seeded fruit of the Papaya plant (*Carica papaya*) and compressing the produced pulp in order to express out excess water. The paste was applied on the wound and covered with gauze. The dressing was changed every two days, and seldom did we need more than three applications. We have used the paste on 35 patients to date, including burns and infected surgical wounds. Our preliminary observations have not detected exacerbation of infection or digestion of suture material. The period of hospitalisation has been reduced by 50-75%. In burns patients in whom the paste was used on only half the burnt area, it was noted that desloughing occurred in half the time, and hence allowed earlier definitive treatment.

If further controlled trials corroborate our initial impressions, we feel that papaya treatment will result in considerable saving in the health budget, reduce the time spent by house staff in dressings, shorten the duration of hospitalisation, reduce antibiotic utilisation, and in the private patient reduce the cost of treatment. We enclose some pre and post treatment photographs.

Infected Appendicetomy wound



Pre-papita



Post-papita 4 days latter

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Received for publication, 5.1.1986.