

Abstract

The chronic wound is a secondarily healing wound, which didn't healed during 6 – 9 weeks despite adequate healing. Chronic wounds grow up from the acute wound crossing into chronicity as a result of an illness or an infection. The aim is to heal not only the defect but the illness as a complex. The suitable media of wound is necessary for re-issue of healing process. The balance and distribution of MMPs and TIMPs is broken in benefit of MMPs in non-healing wounds. In chronic wound liquids there are increased levels of MMP-2 and MMP-9. More increased proteases MMP-1, MMP-2, MMP-8, MMP-9, MMP-13, neutrophil elastase, uPA can be found directly in the chronic wound. That leads into substrates degradation which are necessary for healing (collagen, gelatin et al.). There was found out, that the decreasing of pH media leads to the decreasing of protease activity. The optimal pH of the media is 4 – 7. The epidermal growing factor is significantly more degraded and that leads into inhibition of proliferation of epidermal cells. The experimental part target for healing by „wet“ therapy. By all twelve patients there were focused cleaning of wound, and regulation of a wound internal balance. The wound reparation was started. The condition is the right choice of „protection“ for the concrete phase of healing. Hydroiodine gel causes benefit in all wound phases. But the healing process is generally slower. In case the system defect isn't fixed, any application isn't able to heal all hard wounds. Traumacel bio-dress and DerMax® are the other modern covering able to renovate healing process. Aromatherapy and enzymotherapy are alternative ways of healing. Plant extracts are applied in dependence on wound appearance and stadium of healing process.