# Commentary on "The Evidence Supporting the Use of Honey as a Wound Dressing" by P. C. Molan

The article "The Evidence Supporting the Use of Honey as a Wound Dressing" that appears as a Seminar feature in this issue of *IJLEW* (P. C. Molan, *IJLEW* 2006;5(1):40–54) is thought provoking and interesting. In this article, Molan has argued strongly in favor of honey as a wound dressing providing a broad spectrum of evidentiary support. It is worth pondering what constitutes good evidence.

There is a hierarchy in the strength of evidence. According to Campbell, the strongest evidence is derived from double-blind randomized controlled trials, followed by single-blind randomized controlled trials, open randomized controlled trials, nonrandomized studies, case-control studies, and finally case series.[1] The pursuit of effectiveness has blinded many, including this writer, to the good there may be in studies that are not randomly controlled. Controlled studies and good case series often have a message that may be useful for development. However, we also need a balance so as not to lose the quality of communications.

Getting back to the role of honey, the reader should bear in mind that honey from different sources may not be truly comparable; in fact, one should expect differences in composition to exist. The other point is that alternative therapies need not be "touchy feely" only. This article should be read in conjunction with another on the potential value of a plant product (S. Nayak, *IJLEW* 2005;4(4):20–26).

Wound care physicians are confronted with many difficult choices and increasing workloads at present. Every potential remedy that does no harm needs to be examined for its use and availability for the good of all.

Raj Mani, PhD, FACA, DTech
Editor-in-Chief, *IJLEW*

## REFERENCE

1. Campbell MJ. What is evidence? In: Mani R, editor. Chronic wound management—the evidence for change. London: CRC Parthenon; 2003:11-22.

DOI: 10.1177/1534734605286040
© 2006 Sage Publications