

not been reported. Case reports in animal and human studies have shown significant improvement in wound healing with resolution of infection; however there is still a lack of robust clinical data to fully support this. A Cochrane review identifying 26 eligible trials, found that honey healed infected post-operative wounds and partial thickness burns quicker than some conventional dressings, but mostly the studies were of low quality and overall conclusions were difficult to draw.

ADVERSE EFFECTS: Honey that is not irradiated has the potential to be contaminated by *Clostridium botulinum*. While allergy is uncommon, some people with pollen allergies may develop sensitivity reactions to honey. Honey is likely to be safe in food quantities but care should

be taken in pregnancy and breastfeeding due to limited information. Honey is possibly unsafe in infants and children under the age of 12 months due to risk of botulism toxicity.

DRUG INTERACTIONS: Currently there is no evidence of significant drug-drug interactions, although caution is advised in patients using oral hypoglycaemic agents or insulin.

Key references

1. Jull AB, Cullum N, Dumville JC, et al. Honey as a topical treatment for wounds. *Cochrane Database Syst Rev* 2015;(3): CD005083.
2. Carter DA, Blair SE, Cokcetin NN, et al. Therapeutic Manuka Honey: No longer so alternative. *Front Microbiol.* 2016;7:569. doi:10.3389/fmicb.2016.00569
3. Molan P, Rhodes T. Honey: a biologic wound dressing. *Wounds.* 2015;27(6):141–51.

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String of PEARLS

Practical Evidence About Real Life Situations

About Pain

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PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprimarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/uoa), funded by the Ministry of Health (www.health.govt.nz), and published in *NZ Doctor* (www.nzdoctor.co.nz).

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- Limited benefit from NSAIDs for chronic low back pain
- Over-the-counter analgesics effective for acute postoperative pain
- Topical NSAIDs effective for acute musculoskeletal pain
- Topical rubefacients ineffective for musculoskeletal pain
- No evidence for efficacy of NSAIDs for neuropathic pain
- Herbal medicines of some benefit for low back pain
- Caffeine effective as an analgesic adjuvant