

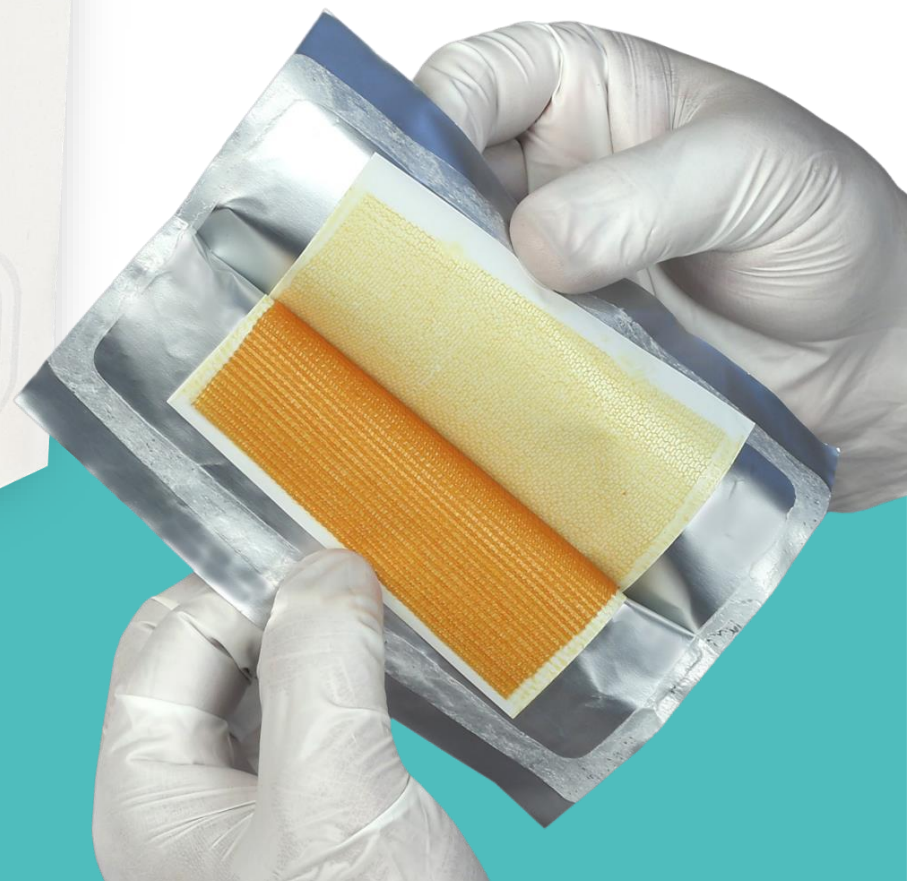


MEGHdin™
Povidone Iodine
Non-adherent wound dressing

✓ Easy to use

✓ Antimicrobial action

✓ Cost effective





PRODUCT DESCRIPTION



MEGHdin is a single use device consisting of a knitted viscose fabric impregnated with ointment of Povidone Iodine

- 1 Povidone Iodine USP 10% (1% available iodine)
- 2 Inactive ingredients: polyethylene glycol and purified water
- 3 Non-adherent viscose fabric technology
- 4 CE Mark Class III
- 5 Quality-assured manufacturing (ISO 13485:2016)

Covered between two HDPE films
Packed in a glassine- poly aluminum-poly peelable heat-sealed pouch.





PRODUCT DESCRIPTION



INTENDED USE- PRIMARY CONTACT LAYER

MEGHdin is designed to protect wounds from infection, it is suitable for superficial skin-loss injuries, minor burns & ulcerative wounds.





PRODUCT
DESCRIPTION



ANTIMICROBIAL ACTIVITY

MEGHdin demonstrates activity against wide range of pathogen types:



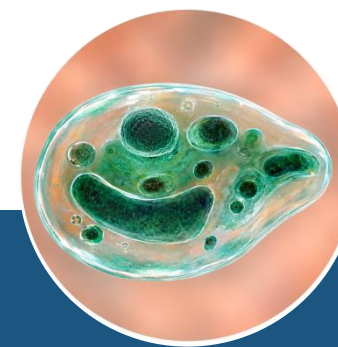
Bacteria, including MRSA



Fungi



Yeasts

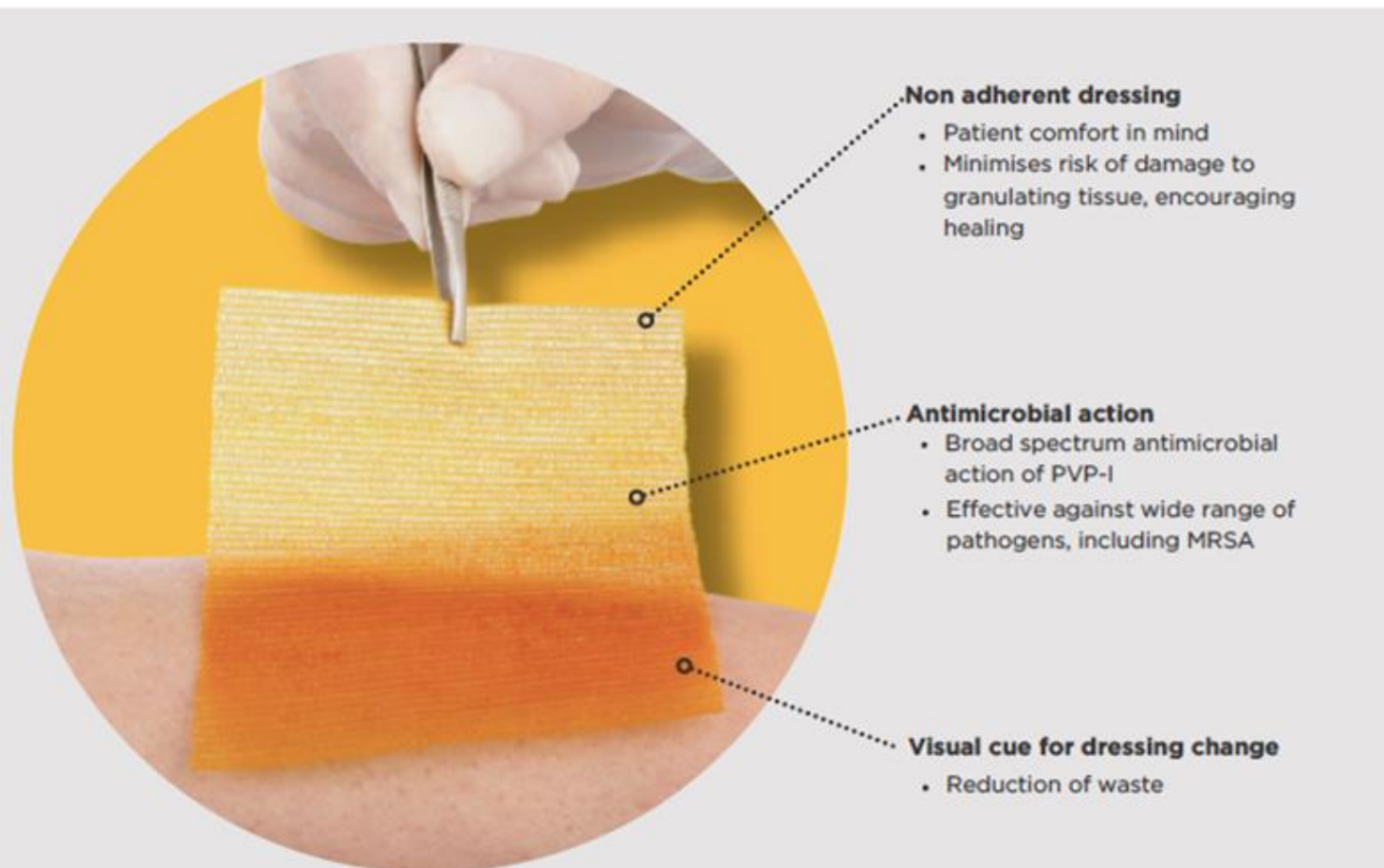


Protozoa



PRODUCT DESCRIPTION

EASY TO USE



- ✓ Maximum 7-day wear time
- ✓ Average wear time daily or every two days
- ✓ Change according to exudate levels and colour change



PRODUCT DESCRIPTION



SIZES & ORDERING CODES

Product Size	Units per Box	MPC
5cm x 5cm	25	P05
9.5cm x 9.5cm	10	P95





Clinical Evidence

EWMA 2025 Study

Evaluating the efficacy of a Povidone-iodine non-adherent wound dressing* in chronic wound management: A Case Series

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INTRODUCTION

Iodine has been used for centuries in wound treatment. Whilst elemental iodine formulations caused skin irritation and staining, mid-20th century developments maintained antimicrobial effectiveness whilst improving safety.

This study evaluates the effectiveness of a modern iodine-based dressing in chronic wound management.

STUDY AIM

To evaluate a non-adherent dressing impregnated with Povidone-iodine 10% U.S.P. (available Iodine 1%) in chronic wounds, measuring wound area reduction, superficial infection control, and ease of application.

METHOD

Convenience sampling was employed based on researcher availability. Exclusion criteria included thyroid disease, dermatitis herpetiformis, hypersensitivity (allergy) to iodine, and patients undergoing treatment for kidney problems².

A thorough medical, nursing, and social assessment of each patient's history, alongside a detailed wound assessment guided by the TIMERS principle, was performed at baseline, mid-treatment, and end of treatment. Secondary dressings were selected by the authors based on the requirements of the wound.



PATIENTS

Case No.	Age	Wound Classification	Wound Location	Wound Duration in Weeks	Duration of the Evaluation in Days	Past Medical History
Case #1	88	Pressure Ulcer Stage 3	Back	16	14	Diabetes
Case #2	90	Pressure Ulcer Stage 3	Foot/Heel	12	13	Diabetes
Case #3	94	Pressure Ulcer Stage 3	Foot/Heel	16.3	14	Senile Dementia
Case #4	91	Pressure Ulcer Stage 4	Sacrum/Buttocks	8	13	Heart Failure
Case #5	86	Traumatic Wound caused by wearing wrong type of shoe	Hallux/Buttocks	6	12	Diabetes, Steroid Medication, Autoimmune Disease
Case #6	84	Traumatic Wound	Ear	3	21	Panic Depression, Dementia
Case #7	82	Pressure Ulcer Stage 3	Sacrum/Buttocks	6	21	Diabetes
Case #8	80	Pressure Ulcer Stage 2	Trochanter	7	21	Diabetes, Heart Failure, Malignant Disease
Case #9	80	Venous Leg Ulcer	Leg	12	21	Hypertension, Venous Insufficiency
Case #10	85	Venous Leg Ulcer	Leg	16	21	Venous Insufficiency
Average	86			10.2 Weeks	17 Days	





CASES



20/09/2023

Case Study #1: Pressure Ulcer Stage 3

Patient: 90-year-old female with diabetes and thrombophilia

Wound: Stage 3 pressure ulcer to left heel, 3 months duration



27/09/2023

Previous treatment: Medical honey and superabsorbent dressings (unsuccessful)

Initial: 6cm × 5cm, 98% slough, macerated skin, suspected infection, severe pain (VAS: 10)

Week 1: 5cm × 3cm, 90% slough, 8% granulation, infection resolved, pain reduced (VAS: 5)

Week 2: 4cm × 2.5cm, 20% granulation, minimal pain (VAS: 2)



03/10/2023

Outcome: Significant improvement in wound dimensions, complete resolution of infection signs, dramatic pain reduction, high patient satisfaction



08/10/2024

Case Study #2: Venous Leg Ulcer

Patient: 80-year-old female with hypertension and venous insufficiency

Wound: Venous leg ulcer, 3 months duration despite weekly compression therapy



16/10/2024

Initial presentation: Impaired healing with significant pain

Initial: 3cm × 2cm, 50% slough, 30% granulation, 20% epithelialisation, macerated skin, moderate exudate, significant pain (VAS: 8)

Week 1: 2.5cm × 1.8cm, 40% granulation, pain significantly decreased (VAS: 2)

Day 21: Complete healing achieved, no pain (VAS: 0)



29/10/2024

Outcome: Complete wound closure in 21 days. Nursing team reported excellent usability with easy application and removal, no discomfort or residue

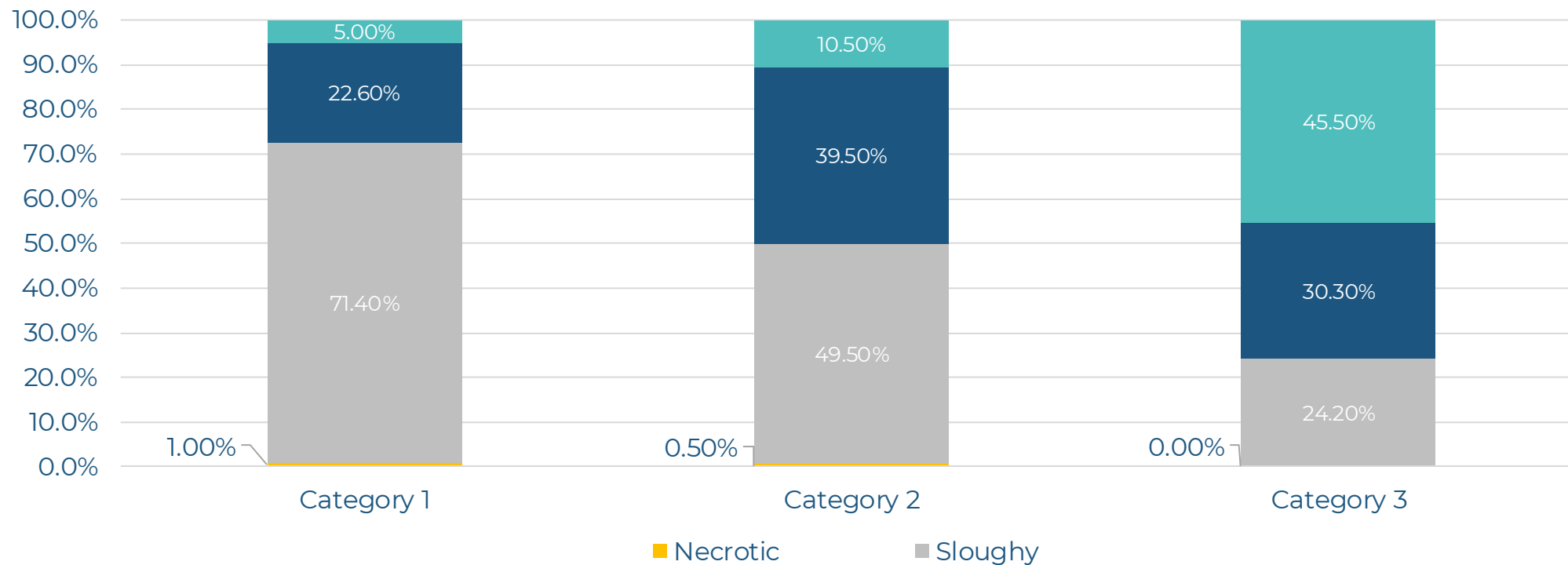




RESULTS

Changes in wound bed tissue type over the study period

Wound Bed Parameter Progression

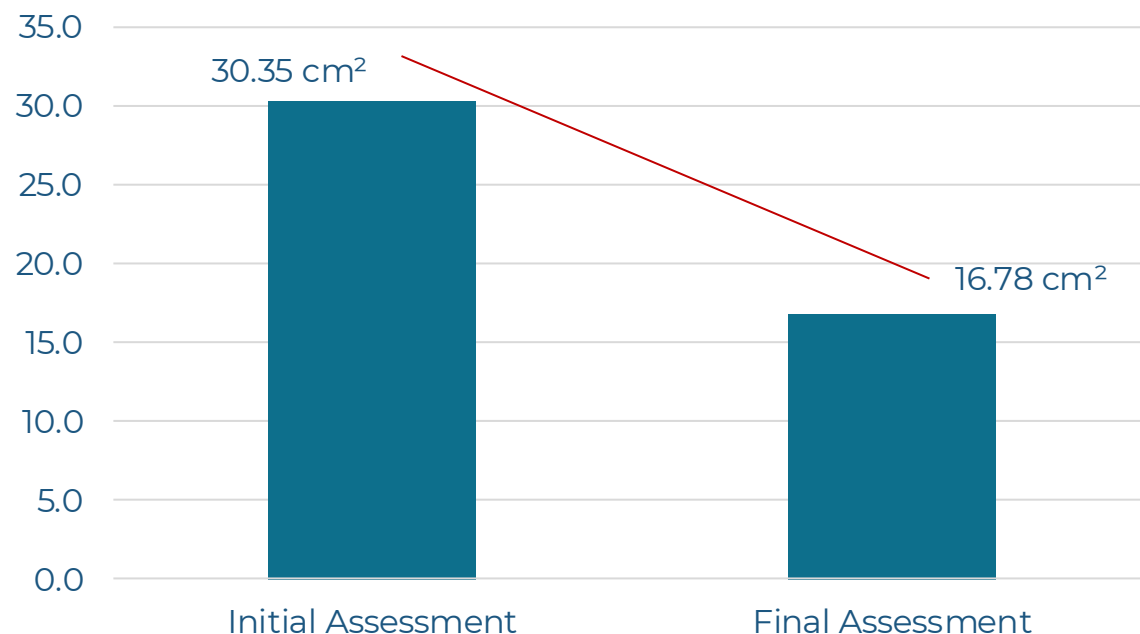




RESULTS

Cumulative reduction in wound surface area

Wound Area Reduction (n=10)
Initial Assessment vs Final Assessment



Clinician Evaluation of Povidone-Iodine Dressing: Uniformly Rated 'Very Good' Across All Criteria

Ease of opening packs



Ease of application



Ability to remove in one piece



Reduction in signs of superficial infection





FINDINGS & CONCLUSION

- ✓ All wounds had previously been treated unsuccessfully with a variety of different primary dressings including honey collagen, silver, and silicone foams.
- ✓ Three wounds had completely healed.
- ✓ Patients reported reductions in pain during treatment.
- ✓ Peri-wound skin condition improved in all patients.
- ✓ There were no clinical signs of superficial wound infection in all cases after the second assessment period.
- ✓ The nursing team reported that the dressing was easy to apply and remove, leaving no residue in the wound. Patients rated their satisfaction highly, reporting no burning or stinging sensation during dressing application.





DISCUSSION

The following observations were made during dressing application and removal:

- ✓ The dressing should be changed when it turns white, indicating a loss of antimicrobial action.
- ✓ As the exudate decreases, it is important to remove the dressing by gently stretching the opposite corners, protecting the intact skin and wound bed.
- ✓ Primary wound contact layers for supporting healing and reducing superficial infection in chronic wounds are highly desired in clinical practice.
- ✓ Although the debate continues regarding iodine use in wound care, this evaluation has demonstrated that a povidone iodine dressing was well accepted by clinicians and patients with no adverse events.





CONTRAINDICATIONS



In case of Ouhring's herpetiform dermatitis.



If the patient is pregnant, breast feeding, or being treated for kidney problems.



Infants up to six months old and patients with thyroid diseases, deep ulcerative wounds, burns or large injuries.



Patients with impaired renal function or with a history of any thyroid disorder who should also not be exposed to iodine as they are more susceptible to alteration in thyroid function.



Before or after use of radio-iodine until permanent healing has been achieved.



On patients who are sensitive to iodine or Povidone Iodine.

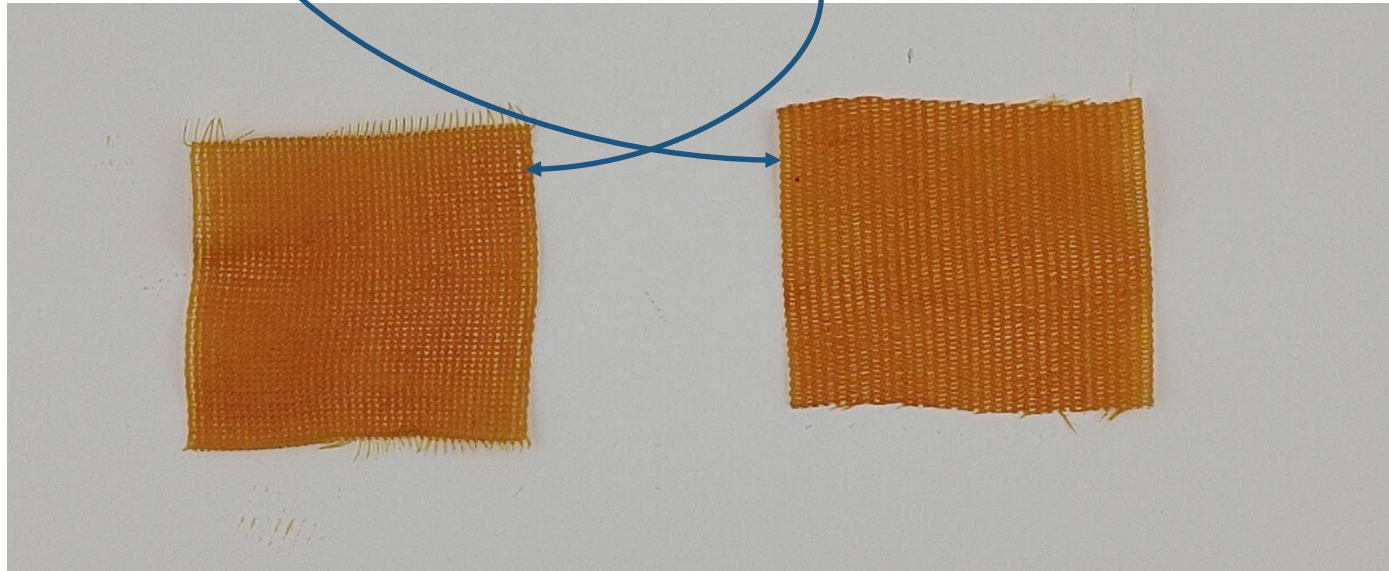




COMPETITORS – Spot the difference

MEGHdin?

Inadine?





MEGHdinTM vs INADINE[®]

- ✓ MEGHdin is the only other CE marked iodine tulle dressing globally
- ✓ Same sizes as Inadine[®]
- ✓ As effective
- ✓ Easy to use
- ✓ More cost effective



CONTACT US

Let's Build the Future of
Wound Care Together!



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www.meghdootpharma.com

Partner with Meghdoot Pharma for reliable,
high-quality wound care solutions.

We welcome collaborations with
distributors, healthcare providers, and global
partners.

