

An Emergency Thermal Burn Case And It's Homoeopathic Management.

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Abstract:

A burn is an injury to the skin or other organic tissue primarily caused by heat or due to radiation, radioactivity, electricity, friction or contact with chemicals. First-degree burns, characterized by superficial damage to the outer layer of skin, present a common yet painful condition typically managed through conventional approaches. However, homeopathy offers a complementary and individualized approach to addressing such burns, focusing on symptom relief, accelerating healing processes, and minimizing potential complications such as infection and scarring. This case study explores the application of homeopathy in the treatment of a first-degree burn, highlighting the selection of remedies based on the patient's specific symptoms and overall health profile. Through a detailed analysis of the treatment regimen, clinical outcomes, and patient feedback, this article underscores the efficacy and scope of homeopathy in providing holistic care for first-degree burns, suggesting its potential as an adjunctive therapy in burn management protocols

Thermal (heat) burns occur when some or all of the cells in the skin or other tissues are destroyed by:

- hot liquids (scalds)
- hot solids (contact burns), or
- flames (flame burns).

Keywords: scalds, thermal, Case Taking, Homoeopathic Medicine.

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I. Introduction:

Burns are a global public health problem, accounting for an estimated 180 000 deaths annually. The majority of these occur in low- and middle-income countries and almost two thirds occur in the WHO African and South-East Asia regions. In many high-income countries, burn death rates have been decreasing, and the rate of child deaths from burns is currently over 7 times higher in low- and middle-income countries than in high-income countries. On-fatal burns are a leading cause of morbidity, including prolonged hospitalization, disfigurement and disability, often with resulting stigma and rejection. Females have slightly higher rates of death from burns compared to males according to the most recent data. This is in contrast to the usual injury pattern, where rates of injury for the various injury mechanisms tend to be higher in males than females. The higher risk for females is associated with open fire cooking, or inherently unsafe cookstoves, which can ignite loose clothing. Open flames used for heating and lighting also pose risks, and self-directed or interpersonal violence are also factors (although understudied).

Burns are classified by degree depending on how deeply and severely they penetrate the skin's surface: first, second, third, or fourth. It may be impossible to classify a burn immediately when it occurs. It can progress over time so you may not know the full extent for a day or two.

First-degree (superficial) burns:

First-degree burns affect only the outer layer of skin, the epidermis. The burn site is red, painful, dry, and has no blisters. Mild sunburn is an example. Long-term tissue damage is rare and often consists of an increase or decrease in the skin color.

Second-degree (partial thickness) burns:

Second-degree burns involve the epidermis and part of the lower layer of skin, the dermis. The burn site looks red, blistered, and may be swollen and painful.

Third-degree (full thickness) burns:

Third-degree burns destroy the epidermis and dermis. They may go into the innermost layer of skin, the subcutaneous tissue. The burn site may look white or blackened and charred.

Fourth-degree burns:

Fourth-degree burns go through both layers of the skin and underlying tissue as well as deeper tissue, possibly involving muscle and bone. There is no feeling in the area since the nerve endings are destroyed.

The scope of homeopathy in the treatment of first-degree burns involves:

1. Symptom Management: Using remedies to alleviate pain, redness, and swelling associated with the burn.
2. Speeding Healing: Promoting faster healing of the affected skin tissue.
3. Prevention of Infection: Addressing susceptibility to infection and aiding in wound care.
4. Reducing Scarring: Minimizing scarring or pigmentation changes post-healing.
5. Individualized Treatment: Tailoring remedies based on the specific symptoms and overall health of the patient.
6. Complementary Therapy: Integrating homeopathic treatment with conventional burn care for comprehensive management.

By focusing on these aspects, homeopathy aims to provide holistic support and promote recovery from first-degree burns effectively.

II. Materials & Methods:

Treatment was done on OPD basis.

A lady aged 54 years, a non-diabetic, non-hypertensive patient, not on any aspirin like drugs. She came to OPD with 3 days old h/o of burn with hot liquid. She was injured by fall of hot tea while handling it. The patient a lady was allergic to any kind of antibiotics and showing reaction on taking it. So, the patient chooses homoeopathy to treat herself. At first visit she came with some ointment applied on her wound. She complained of severe sensation of burning and was not at all relieved with the medicine was conservatively given. After cleaning the local application and proper inspection it was diagnosed as a 1st degree burn.

1st visit: 20th march 2024

Rx:

1. Cantharis 30/ 4 pills 3 times before food for 7 days.
2. Cantharis Q/ 10 drops 1tsf water 3 times after food for 7 days.
3. Cantharis ointment / apply locally after cleaning with Luke warm water 2 times a day.



2nd VISIT: 28th march 2024

- 1.Cantharis 200/ 4 pills 2 times before food for 15 days.
2. Cantharis Q/ 10 drops 1tsf water 2 times after food for 15 days.
- 3.Cantharis ointment / apply locally after cleaning with Luke warm water 2 times a day.



3rd VISIT: 18th April 2024.

Rx:

- 1.Cantharis 200/ 4 pills 1 times before food for 10 days.
2. Cantharis Q/ 10 drops 1tsf water 1 times after food for 10days.
- 3.Cantharis ointment / apply locally after cleaning with

Luke warm water 2 times a day.



4th Visit & Final visit: 30th April 2024.

Rx:

1. Cantharis ointment / apply locally for 20 days.



Bibliography:

- [1] [https://www.who.int/news-room/fact-sheets/detail/burns#:~:Text=A%20burn%20is%20an%20injury,Hot%20liquids%20\(Scalds\)](https://www.who.int/news-room/fact-sheets/detail/burns#:~:Text=A%20burn%20is%20an%20injury,Hot%20liquids%20(Scalds)) 21.36 PM
- [2] <https://www.urmc.rochester.edu/encyclopedia/content.aspx?Contenttypeid=90&Contentid=P09575> 22.00 PM
- [3] <http://www.homeoint.org/articles/chandak/burns.htm> 22.15 Pm
- [4] GEORGE VITHOULKAS, ESSENCE OF MATERIA MEDICA, B. JAIN PUBLISHERS(P) LTD/2ND EDITION, 18TH IMPRESSION, PAGES 218
- [5] WILLIAM BOERICKE, NEW MANUAL OF HOMOEOPATHIC MATERIA MEDICA & REPERTORY, B. JAIN PUBLISHERS (P) LTD, NEW DELHI, AUGMENTED EDITION, PAGES 1137.
- [6] Samuel, Lilienthal, Homoeopathic therapeutics, B. Jain Publishers Pvt. Ltd, New Delhi, 5th Edition, Pages 1145.
- [7] EA Farrington, Comparative Materia Medica, B. Jain Publishers Pvt. Ltd, New Delhi, 13th Impression, 2011, Pages 553.

[8] Harrison's Principle Of Internal Medicine, 19thedition,Vol 2.