

Homeopathy for Burns and Scalds

In the light of recent events in Bali and the bush fires in the Eastern states of Australia I feel that information about the use of Homeopathy by the ordinary person is knowledge that should be shared. Below is a brief summary of how Homeopathy can help in these tragic situations.

DESCRIPTION OF BURNS

There are differing degrees of severity in burns from the most superficial, where there is reddening of the skin, to severe burns involving deep tissue and bone. Orthodox treatment is always necessary, but anyone with a few remedies could make a difference and may save a life through the use of a few simple homeopathic remedies before medical assistance arrives. There is often a significant delay to the arrival of medical aid and it is in the first hour that the management of the treatment of burns needs to be started. The reason for this is that burning is one of the most painful physical injuries. It accounts for many deaths every year and for thousands of disfigured, disabled casualties.

PAIN

The degree of pain is severe and unremitting -there is no distinction between primary and traumatic shock.

PRIMARY SHOCK

This is an immediate and temporary episode. There is a sudden collapse revealed by a dramatic drop in blood pressure and a weak or temporarily absent pulse. It is accompanied by a feeling of nausea or actual vomiting and a short period of either dizziness or unconsciousness. Recovery in the course of a few minutes always occurs. It may follow a sudden painful injury such as breaking a bone or a blow to the solar plexus, or it may follow the hearing of totally unexpected and shattering news or the sight of some terrifying or horrific happening. It is a brief episode of collapse following sudden and severe pain BE THAT PAIN OF PHYSICAL OR PSYCHIC ORIGIN.

TRAUMATIC SHOCK

This is characterized by a delayed onset and a progressive increase in severity of the condition. As a result of tissue damage caused by the trauma, substances are released from the injured cells and get into the circulation. Time is taken for them to be absorbed - this accounts for the delay in the onset of the condition. Traumatic shock is potentially a lethal sequence of events.

APPEARANCE OF A PERSON IN SHOCK

This results from the fall in blood pressure and the progressive collapse of the circulatory system.

- . Skin is pale and greyish. Cold and clammy to touch.
- . Extremities of the body become tinged with blue.
- . Pulse rate is raised but is feeble
- . Respiration is usually rapid and shallow
- . Mentally there is restlessness, anxiety, dizziness and sometimes mild delirium.

As the degree of shock increases, there may be a loss of consciousness, lips, ears and extremities become increasingly more blue, the pulse weaker and feebler and respiration becomes deep gasping inhalations.

With patients suffering from burns there is no clear distinction between primary and traumatic shock. There is more absorption into the circulation of the products of burned tissue which cause toxæmia (poisoning) and may

last from 7-10 days. This prolongs the degree of shock far beyond the period associated with any other injury. There may also be destruction of the blood which in turn can cause jaundice (liver) and renal (kidney) failure. The final possibility is that extensive burning may cause ulceration of the duodenum (small bowel) which may proceed to intestinal haemorrhage or perforation and peritonitis (infection and inflammation of the abdominal cavity) and eventually gangrene of the tissues.