Original Research Paper

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Homeopathy

BURNS MANAGEMENT IN HOMOEOPATHY: A CASE PRESENTATION OF ACCIDENTAL SILENCER BURN

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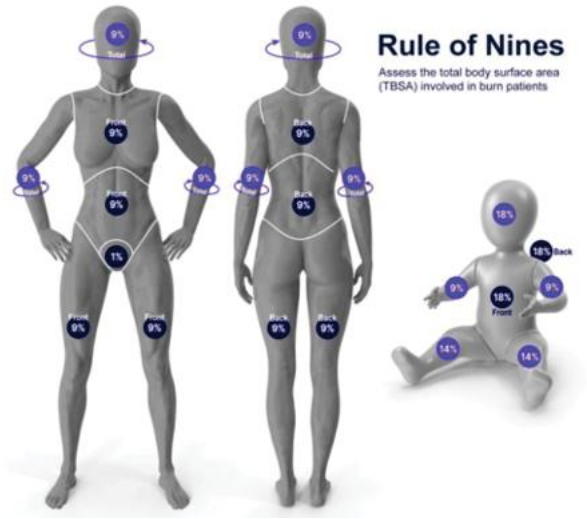
ABSTRACT A burn is an injury to the skin or other organic tissue primarily caused by heat or due to radiation, radioactivity, electricity, friction or contact with chemicals. Thermal (heat) burns occur when some or all the cells in the skin or other tissues are destroyed by: hot liquids (scalds), hot solids (contact burns) and flames (flame burns). There are a number of other risk factors for burns, including: occupations, poverty, overcrowding, lack of proper safety measures, young girls in household work, underlying medical conditions causing physical and cognitive disabilities, alcohol abuse and smoking, easy access to chemicals used for assault, use of kerosene as a fuel source and inadequate safety measures for liquified petroleum gas and electricity. Burns caused by motorcycle silencers can fall under thermal burns. These burns often occur due to accidental contact with hot metal surface leading to varying degrees of skin injury. In this article we will discuss about homoeopathic management in case of accidental silencer burn.

KEYWORDS : Accidental Silencer Burn, Burns, Homoeopathy, Therapeutic

INTRODUCTION

Thermal burns are the most common type of burn injuries and are caused by excessive heat, typically from contact with hot surfaces, hot liquids, steam or flame. Most burns are minor and can be treated as outpatients or at local hospitals. The decision to transfer and treat at burn centers is based on the extent of body surface area burned, the depth of the burns and individual patient characteristics such as age, other injuries or other medical problems.

Evaluation of Burns: (Rule of Nine)



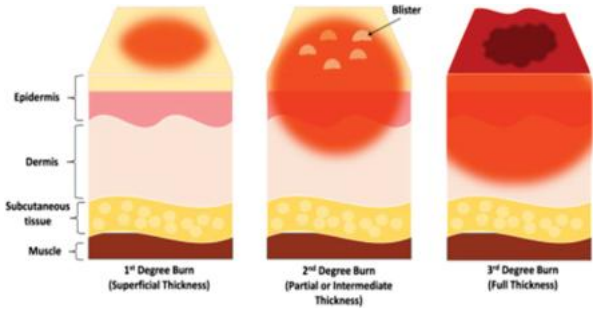
Basicsofburncare.org. 2026. Available from: https://basicsofburncare.org/wp-content/uploads/Rule-of-Nines-Burn-Injury-Assessment-infographic-600x577.jpg

For Adults:

- 9% of the total body surface area to the head
- 9% to each upper extremity
- 18% to the anterior and posterior trunk
- 18% to each lower extremity
- 1% to the perineum
- The patient's palm represents about 1% of the total body surface area. Also, burn injury can be further classified as partial and full-thickness injury.

For Children:

- 18% of the total body surface area to the head
- 9% to each upper extremity
- 18% to the anterior and posterior trunk
- 14% to each lower extremity



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Major Burn Injury:

- More than 25% of total body surface area in adults or 20% in children
- Full-thickness burn involving more than 10% of total body surface area
- There is burn to the face, perineum or extremities
- There is significant cosmetic impairment
- These injuries are best managed in a burn center

Moderate Burn Injury:

- Partial-thickness burn between 15 to 20% total body surface area in adults, 10 to 15% in children or a full-thickness burn involving 2 to 10% total body surface area
- Minimal threat to face and perineum
- The risk of cosmetic impairment is not severe
- These patients need admission but not always require a referral to a burn center

Minor Burn Injury:

- Burns that involves less than 15% of total body surface area in adults and less than 10% in children
- No threat of functional or cosmetic loss
- Face and perineum not involved
- These burns receive outpatient management

Treatment and Management:

What to do:

- Stop the burning process by removing clothing and irrigating the burns.
- Extinguishing flames by allowing the patient to roll on the ground, or by applying a blanket, or by using water or other fire-extinguishing liquids.
- Use cool running water to reduce the temperature of the burn.
- In chemical burns, remove or dilute the chemical agent by irrigating with large volumes of water.

- Wrap the patient in a clean cloth or sheet and transport to the nearest appropriate facility for medical care.

What not to do:
- Do no start first aid before ensuring your own safety.
- Do not apply paste, oil, haldi (turmeric) or raw cotton to the burn.
- Do not apply ice because it deepens the injury.
- Avoid prolonged cooling with water because it will lead to hypothermia.
- Do not open blisters until topical antimicrobials can be applied.
- Do not apply any material directly to the wound as it might become infected.
- Avoid application of topical medication until the patient has been placed under appropriate medical care.

Case Report: Homoeopathic Management

A 21-year-old boy on 10th March'26 reported with a second-degree burn on the palmar aspect of his right hand after accidental contact with heated silencer of a stationary motorcycle on 7th March'26. The injured site presented with symptom of redness, pain, blister which got open and continuous serous discharge and also having difficult in movement of the hand (forming a fist) which worsen since 3 days after the burn occurred. Primary treatment was given with wound cleaning and dressing at the initial day.

Origin, Duration and Progress:

Initially, at the site of injury blister formation occurred which later after few days due to continuous friction got ruptured with pus discharge from it. No any other abnormality is seen.

LOCATION AND EXTENSION	SENSATION AND PATHOLOGY	MODALITIES	CONCOMITANTS
Palmar aspect of right hand	Burning sensation with pus discharge having foul smell. Difficulty in forming a fist or moving hand.	< On touch, motion of hand, fist formation > At rest	Not any

Past History: No any major illness in the past.

Family History: No any hereditary disease, all family members are healthy.

Physical Generals:

Appetite: 3 times/day
Desire: Not specific
Aversion: Not specific
Thirst: 5-6 litres/day, normal
Perspiration: Whole body, profuse
Urine: 4-5 times/day, normal
Stool: 1 time/day, satisfactory
Sleep: sound

General Examination:

Constitution: Well-built and well-nourished, tall, slender
Complexion: Fair skin
Temperature: 98.6 °F
RR: 18/min
Pulse: 88/min
Blood pressure: 130/80 mmHg
SpO2: 97%

Systemic Examination: There were no any systemic abnormalities found on examination.

Local Examination:

On examination of right-hand palmar aspect, it was observed that blisters got open with pus discharge having foul smell. Mild swelling was seen at the site of injury, difficulty in motion of hand. No any other abnormalities.

Totality of Symptoms:
- Perspiration: Profuse
- Pus discharge from blister in palmar aspect of right hand
- Discharge having foul smell
- Burning sensation in palmar aspect of right hand
- Difficulty in motion of hand or forming a fist
- < On touch, motion of hand, fist formation
- > Rest

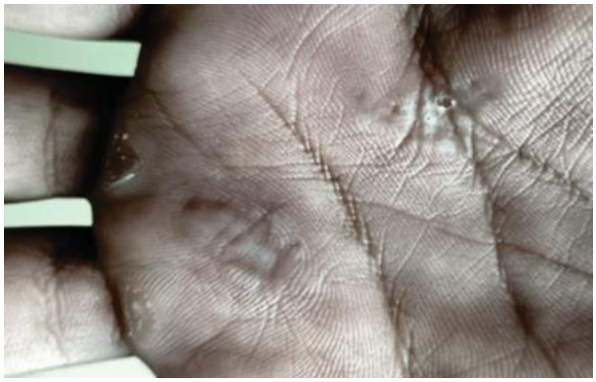
Selection of Remedy: Cantharis vesicatoria and Hepar sulph

Prescription: Cantharis 30 BD x 3 days (1-0-1)
Followed by,
Hepar Sulph 30 BD x 5 days (1-0-1)

Justification of Remedy: As homoeopathy works on the principle of "Similia Similibus Curentur" hence Cantharis contains Cantharidin as primary active principle which itself is a terpenoid compound that acts as a potent vesicant (blister forming agent), it causes acantholysis (separation of skin cells) and produces intense inflammation and vesiculation of mucous membranes and skin. As following principle of Like Cures Like Cantharis will initiate the process of blister and pus formation so the internal gross waste in form of pus will be drain out but to control pus formation an anti-suppurative acting medicine which can control the burning sensation should be given; hence Hepar Sulph is administered containing Calcium sulphide which will absorb heat and control the pus formation.

On First Day of Injury (Blister Formation with Pain and Difficulty in Motion of Right Hand)

After a Few Days Blister Open With Foul Smelling Pus Discharge, Burning Sensation, Pain and Difficult Motion.



After Prescribing the Medicine Healing of Skin with Reduced Pain and Discharge.

CONCLUSION

It is an acute condition demanding for acute prescription. Hence, therapeutic prescription was given on the basis of acute totality and symptoms similarity. Cantharis vesicatoria 30 has its action on burns, scalds with rawness and burning pain, blisters from burns, acute drawing pains in ulcers, with increased suppuration, eruptions burn when touch on the basis of these symptoms, to subside initial symptoms it was prescribed. In the follow-up after 3 days patient feels better so Hepar sulph 30 was prescribed based on its action to reduce suppuration, unhealthy skin, every little injury suppurates, painful and sensitive to touch, burning, stinging pain, discharge smell like old cheese or foul smelling, looking on physical general sweating days and night without relief. Improvement in the condition of skin was also seen with reduced scar formation. After 5 days, patient feels better with no any new or other complain.

So, a progressive improvement was seen in the condition of the patient by therapeutic prescription of Cantharis 30 followed by Hepar sulph 30. This also shows the role of therapeutic prescription on the basis of acute totality of symptoms in homoeopathic management of burns.

Conflict of Interest: No any conflict of interest.
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REFERENCES

1. Somen Das. A Concise Textbook of Surgery. Calcutta: Dr S. Das; 2008.
2. Allen HC. Keynotes and characteristics with comparisons of some of the leading remdies [i.e. remedies] of the materia medica with bowel nosodes. New Delhi: B. Jain; 1997.
3. Boericke W. Pocket Manual of Homeopathic Materia Medica & Repertory. New Delhi, India: B. Jain; 2007.
4. Phatak SR. Materia Medica of Homoeopathic Medicines. New Delhi: B. Jain Publishers (P; 2008.
5. Hahnemann S, Sarkar BK, Dudgeon RE. Organon of medicine. Delhi: Birla Publications; 2006.
6. John Henry Clarke. A Dictionary of Practical Materia Medica: in three volumes. Vol. 2, [Iberis - Pediculus]. New Delhi: B. Jain; 1995.
7. World Health Organization. Burns [Internet]. WHO. World Health Organization: WHO; 2023. Available from: https://www. who.int/news-room/fact-sheets/detail/burns
8. Schaefer TJ, Tannan SC. Thermal Burns [Internet]. PubMed. Treasure Island (FL): StatPearls Publishing; 2023. Available from: https://www.ncbi.nlm.nih.gov/books/NBK430773/