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## Homoeopathic Management Of Second-Degree Burns: A Case Report Demonstrating Pain Relief And Complete Tissue Healing With *Cantharis Vesicatoria*

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### ABSTRACT:

Burn injuries are one of the most common types of trauma encountered in clinical practice, characterized by varying degrees of skin and tissue damage. The management of burns involves controlling pain, preventing infection, and promoting skin regeneration. This case study shows the effective Homoeopathic treatment of a second-degree partial-thickness burn using *Cantharis vesicatoria* 200C. A 24-year-old female accidentally poured boiling water on her right calf region, resulting in a burn area covering approximately 4.5% based on the Rule of Nine. The lesion appeared reddish, shiny, and moist, with severe burning pain. Based on the acute totality, *Cantharis vesicatoria* 200C was prescribed and topical dressing using *Cantharis* mother tincture was done at the day of presentation. Subsequent follow-ups demonstrated progressive improvement, reduction in erythema and pain followed by dryness, peeling, and complete epithelialization by the third week. The wound healed completely without scarring or secondary infection. The VAS score improved from 9 to 0. The Modified Naranjo Criteria score improved from 7 to 9, suggesting a positive causal relationship between the remedy and clinical improvement. The healing process corresponded with typical wound healing phases, inflammatory, proliferative, and remodelling. *Cantharis vesicatoria* demonstrated rapid anti-inflammatory and reparative action by modulating the body's immune response and facilitating epithelial regeneration. This case highlights the therapeutic potential of individualized homoeopathic

management in burn injuries, demonstrating effective pain relief, prevention of complications, and complete tissue restoration without scar formation.

**Keywords:** Burns, Cantharis vesicatoria, second-degree partial-thickness burn

## INTRODUCTION:

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.<sup>[1]</sup> Burn injuries are highly variable, as is their severity. They are frequently observed in The Degree of burns are:

emergency departments worldwide.<sup>[2]</sup> The depth of the burn is to considered to categorize the burns. The four essential components needed to accurately determine the depth of the burns are appearance, blanching to pressure, pain, and sensation.

**Table 1: DEGREES OF BURNS**

S.N	DEGREE OF BURN <sup>[4][5]</sup>	LAYERS OF SKIN INVOLVED	CLINICAL FEATURES	INTENSITY OF PAIN
01.	Superficial (First-Degree)	Epidermis only	Pink to red, dry, no blistering	Moderately painful
02.	Superficial Partial-Thickness (Second-Degree)	Epidermis and superficial dermis	Blisters (intact or ruptured), red/pink wound bed, blanches with pressure	Painful
03.	Deep Partial-Thickness (Second-Degree)	Epidermis and deep reticular dermis	Blisters, mottled wound bed, sluggish blanching	Minimal pain (only with deep pressure)
04.	Full-Thickness (Third-Degree)	Epidermis, dermis and subcutaneous tissue	Leathery, stiff, dry, no blanching	No sensation (nerve damage)

Among these, the second-degree or partial-thickness burns are most commonly encountered in clinical practice, often resulting from scalds, flame injuries, or contact with hot objects.

Homoeopathic medicines are potent immunomodulators, enhance the body's own defensive mechanisms. In burn injuries, the body exhibits an intense inflammatory and

## CASE REPORT:

A 24- years old female, accidentally poured boiling water on her right calf region, presented

metabolic reaction. At the cellular level, this involves the release of various signalling molecules, including cytokines and other inflammatory mediators, primarily through activation of the complement system. By modulating the host response, homoeopathic remedies help to regulate excessive inflammation and thereby facilitate effective tissue repair and healing.<sup>[6]</sup>

with burns. She had intense burning pain. The affected region had reddish and shiny moist appearance. She had restriction of movement

due to pain. The patient was clinically diagnosed as second-degree partial-thickness burns based on the physical examination of the wound. The Rule of Nine score was 4.5% and Visual analog scale was 9. Based on the acute totality, repertorisation was made with Zomoeo-pro software and the remedy *Cantharis vesicatoria*

200 was prescribed as one 30 sized medicated globule was mixed with 10ml of water and asked to take 10 drops, every 2 hours for 4times in a day for four days and dressing was done with *Cantharis vesicatoria* mother tincture as 10 drops of *Cantharis Q* mixed with 10ml of glycerine at the day of visit.

**Figure 1: REPERTORIAL CHART**

Repertorisation Sheet - Zomeo Pro											
Physician Name : Dr. Divya Aradhya , Patient Name : .....											
Remedy	Canth	Ars	Caust	Sulph	Carb-ac	Carb-v	Apis	Lach	Rhus-t	Kreos	
<b>Totally</b>	18	11	11	10	10	10	9	9	9	8	
<b>Symptoms Covered</b>	5	3	3	4	3	3	3	3	3	4	
[Complete ] [Skin] Burns, after:	4	4	4	3	3	4	3	4	3	3	
[Complete ] [Skin] Burns, after: Water, from hot:	4	3	3	3	3	0	3	0	3	1	
[Murphy ] [Clinical] Blisters, general: Burn, as from a:	3	0	0	1	0	0	0	0	0	0	
[Complete ] [Skin] Gangrene, from burns or gangrenous sores: Moist:	0	0	0	0	0	3	0	1	0	1	
[Complete ] [Skin] Gangrene, from burns or gangrenous sores:	3	4	4	3	4	3	3	4	3	3	
[Knerr ] [Touch, Passive Motion, Injuries] Injuries: Burns: Blisters arising, to prevent:	4	0	0	0	0	0	0	0	0	0	

**Table 2: FOLLOW UP**

Date	Symptoms	Prescription
28/04/2025	The reddish discoloration reduced Shiny moist appearance reduced The affected region appeared dull red to brownish in colour Small whitish spots seen The surrounding area shows resolving erythema VAS= 7 Pain intensity = Severe pain	R <sub>x</sub> <i>CANTHARIS VESICATORIA</i> 200 / one 30 sized medicated globule was mixed with 10ml of water 10 gtt for TDS
05/05/2025	Redness reduced Shiny moist appearance disappeared The affected region appeared brownish in colour Itching present VAS= 2 Pain intensity = Mild pain	R <sub>x</sub> SAC LAC
12/05/2025	Dark brownish pigmentation can be seen Skin peels off Dryness of the region visible VAS= 0 Pain intensity = No pain	R <sub>x</sub> SAC LAC
20/05/2025	The wound completely healed with dark patch and no scar mark seen. VAS= 0 Pain intensity = No pain	R <sub>x</sub> SAC LAC

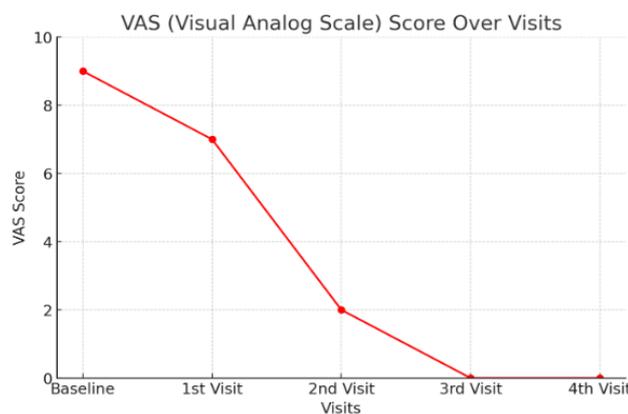


**RESULT:**

The patient was diagnosed as second degree- partial thickness burns based on the presentation of the affected region. In the first visit, *Cantharis vesicatoria* 200 was prescribed and asked to take for every 2 hours 10 drops for 4 times in a day and dressing was done with *Cantharis vesicatoria* mother tincture. In the next follow up, the inflammation had reduced, with less erythema and no active blistering.

The patient had itching and *Cantharis vesicatoria* 200 was prescribed and asked to take 10 drops for 3 times in a day. In the third follow- up, the wound appears to be drying and Sac Lac was prescribed. After 3 weeks of treatment the wound completely healed without scar mark. The Visual Analog Scale was reduced from 9 to 0. This shows significant reduction in intensity of pain during the treatment. The Modified Naranjo Criteria score increased from 7 to 9.

**Figure 2: GRAPHICAL REPRESENTATION OF VISUAL ANALOG SCALE**



**Table 3: INTENSITY OF PAIN ASSESSED BY VISUAL ANALOG SCALE**

Date	VAS SCORE	PAIN SEVERITY
24/04/2025	9	Severe pain
28/04/2025	7	Moderate pain
05/05/2025	2	Mild pain
12/05/2025	0	No pain
20/05/2025	0	No pain

**Table 4: THE MODIFIED NARANJO CRITERIA**

S.NO.	DOMAIN	FIRST FOLLOW UP	LAST FOLLOW UP
01.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+1	+2
02	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	+1
03	Was there a homeopathic aggravation of symptoms?	0	0
04	Did the effect encompass more than the main symptom or condition (e.g., other unrelated symptoms improved)?	+1	+1
05	Did overall well-being improve?	+1	+1
06	Direction of cure: Did symptoms improve in the opposite order of their development?	0	0
07	Did "old symptoms" reappear temporarily during the course of improvement?	0	0
08	Are there alternative causes (other than the medicine) that could explain the improvement?	+1	+1
09	Was the health improvement confirmed by objective evidence (clinical exam, investigation)?	+1	+2
10	Did repeat dosing, if conducted, create similar improvement?	+1	+1

## DISCUSSION:

Burn injuries represent a significant clinical challenge due to the complex interplay of tissue damage, inflammation, and risk of infection. Among burn types, second-degree or partial-thickness burns are frequently observed, involving the epidermis and superficial dermis. Clinically, these burns present with erythema, blistering, moist wound beds, and pain. Early intervention in such burn is crucial to minimize inflammation, prevent infection, and promote optimal healing. In this case report, the patient was treated with homoeopathic remedy *Cantharis vesicatoria* in 200<sup>th</sup> potency in water

dose with frequent repetition for 10 days followed by Sac lac for next 2 weeks. The action of *Cantharis vesicatoria* in burns was highlighted by various Stalwarts. Vesicular eruptions, with burning and itching. Burns, scalds, with rawness and smarting.<sup>[6]</sup> Blisters, from burns. Acute drawing pains in ulcers, with increased suppuration.<sup>[7]</sup> The sphere of action of *Cantharis vesicatoria* includes skin. It has rapid and intense action. Violent acute inflammation and rapidly destructive.<sup>[8]</sup> The wound showed following stages of healing:

In Day 1, *Acute Inflammatory Phase*: Area appears erythematous, swollen, and shiny. This

state shows the acute inflammatory reaction immediately after burn injury, with increased vascular permeability and exudation. The intensity of pain was severe.

In Day 2 - Day 5, Blistering and Early Reparative Phase: Redness persists with patchy blister formation. Necrotic epithelium began to separate, inflammatory cells infiltrate. The intensity of pain was Moderate.

In Day 8 - Day 10, Granulation and Pigmentation Changes: Redness subsiding, wound surface covered with granulation tissue, early brownish pigmentation observed. Proliferation of fibroblasts and capillaries forming new tissue and epithelial regeneration at wound margins seen. The intensity of pain was mild.

In Day 11 - Day 12, Epithelialization: The wound area covered with new skin layers, though it looks darker and dry. Peeling or scaling of dead tissue noticed. This indicates active epithelial regeneration. The pain was completely reduced.

After Day 21, Remodelling phase occurs the skin was almost normal but still had mild discoloration (hyperpigmentation) compared to surrounding skin.

Within 3 weeks, the overall tissue integrity was restored and the pain intensity significantly decreased from severe pain (VAS score 8) at baseline to complete relief (VAS score 0).

Pain is one of the most prominent clinical features of superficial partial-thickness burns due to exposure of nerve endings in the dermis. In the present case, pain severity was assessed using the Visual Analog Scale. The patient initially presented with severe burning

pain. A progressive reduction in intensity of pain was observed during subsequent follow-ups. Within three weeks of treatment the pain was completely absent. This indicates the effectiveness of the *Cantharis vesicatoria*, which is well known for its affinity towards burns, vesication, and intense burning pains.

## CONCLUSION:

The patient showed significant improvement, after 3 weeks of treatment, the wound completely healed without hypertrophic scar mark which was evident with photographic documentation. The Visual Analog Scale was reduced from 9 to 0. The Modified Naranjo Criteria score increased from 7 to 9. In this case no antibiotics, no topical anti-microbial agent, no silver Sulphadiazine, no betadine, no serum nitrate were used. *Cantharis vesicatoria* 200 was prescribed as one 30 sized medicated globule mixed with 10ml of water and asked to take 10 drops orally, 3 times in a day for 10 days. Dressing was done with *Cantharis* mother tincture for 4 days. This remedy prevented secondary infections and with mild discomfort the wound healed completely. Pain intensity, assessed using the Visual Analog Scale (VAS), showed a marked reduction from severe pain to complete absence of pain by the end of treatment. The progressive reduction in pain was accompanied by resolution of inflammation, drying of the lesion, and complete epithelialization of the affected area. This case highlights the successful use of Homoeopathic remedy, *Cantharis vesicatoria* 200 in promoting complete healing of a second-degree burn with effective pain relief.

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