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Snakebite: A homoeopathic approach

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Abstract

Snake bite is a very common problem faced in rural areas. Treatment for snakebite includes giving antivenom therapy. Although many people are not aware of the success rate in treating in hospitals because of so many myths in society. With Homoeopathy, we can reduce the fatality and first aid as an immediate measure.

Keywords: Snake bite, homoeopathy, management

Introduction

Snakes are carnivorous reptiles of the suborder serpents. There are more than 3500 species of snake, but only 250 are venomous. Common Krait is the most common venomous snake. Our nation accounts for half the total number of deaths in the world due to snake bites. Snake bites are common in rural areas, poor communities, agricultural workers, fishermen and hunters of the total snake population, eighty percent of them are non-poisonous.

About snake venom

Venom is the saliva of the snake. The enzymatic components present in snake venom cause local and systemic effects, and non-enzymatic components provide lethality. The concentration of venom manifests diurnal and seasonal variation. Bites caused at night and after hibernation are the most fatal. Venoms advance in the body through superficial veins and lymphatics.

Non-poisonous Snakes: Red Rat Snake, Emerald Tree Bao, California King Snake, Bull Snake, Garter Snake, Western Hogbnose.

Poisonous snake

Neurotoxic venom: Common Krait, King Cobra.

Myotoxic venom: Sea snakes.

Haemotoxic venom: Pit viper.

Fatal dose

Russel's Viper venom: 15 mg.

Cobra venom: 12 mg.

Echis venom: 8 mg.

Krait venom: 6 mg.

Fatal period

Viper bite: 1-2 days.

Cobra bite: Half to 6 hours.

Clinical Features

Cobra bite

Local symptoms start within six to eight minutes. Systemic symptoms appear after 30 minutes

Reddish wheal at the site of the bite which was tender with a burning sensation, oozing of blood-stained fluid from the body. Swelling may be minimal or absent is found. Weakness of muscles. Paralysis of lower limbs which ascends. Vomiting, headache, vertigo, paraesthesia. After about 2 hours paralysis complete. Coma sets in and the respiration stops with or without convulsions and the heart stops its action.

Krait

Symptoms resemble those of cobra bite in nature, but there is no swelling or burning pain at the site of the bite that can be observed, and the convulsions are milder. Feelings of drowsiness and intoxication are more intense in krait bite.

Russels Viper & Echiscarinata

Bite site- severe pain at the site of the bite within 8 minutes, which becomes red and painful. The swelling starts within 15 minutes and blood-stained discharge from the wound is seen. Persistent bleeding from the site of the bite is a constant feature. Blisters formed within 12 hours

Limbs become swollen and red. Swelling spreads as far as the trunk in 1 to 2 days. There is local extravasation of blood

Extensive necrosis may occur followed by haemoptysis, ecchymosis, epistaxis intracranial and sub-conjunctival haemorrhages, and internal bleeding of organs.

In severe cases, the important feature is the persisting shock. Death is usually due to haemorrhage and shock

Sea snakes

Bites caused by sea snakes show little or no local reaction. After half to one hour, the patient develops pain, weakness and stiffness of the skeletal muscles. Marked polymyositis with a limb-girdle distribution comes about. Death may happen due to cardiac arrest or paralysis of respiratory muscles.

General management of snake bite

1. Convey to the patient that there are venomous and non-venomous snakes.
2. Allaying of the anxiety and fear.
3. Immobilization of bitten limb.
4. Bite mark – venomous – 2 clear puncture marks. Non-venomous – 2 rows of teeth marks.
5. Identification of snake.
6. Do not apply tourniquets, or ligatures unless the snake is neurotoxic.
7. Transport the patient to a medical facility immediately.

Diagnosis in a tertiary centre

1. For Neuroparalytic envenomation: ABG (Arterial blood gas analysis).
2. In Vasculotoxic envenomation – BT, CT, PT, APTT, Serum fibrinogen, D-dimer.
3. In Myotoxic envenomation-CPK, SGOT, Urine myoglobin.
4. In Cardiotoxic-CPK-MB, 2D Echo.

Homoeopathic therapeutics of snake bite:

Echinacea: Haemotoxic venomous bite. Eases pain at the last stages. Blood purification. Given as intramuscular injection.

Apis mellifica: Burning stinging sharp pain. Allergic oedema of the face, eyelids, lips, mouth and throat. Rosy red, sensitive, sore skin.

Arsenicum album: Great fear of death. Extreme restlessness, marked weakness, lack of vital heat.

Camphor: Shock, state of collapse observed. Icy coldness of the whole body, the sudden sinking of strength is found.

Pulse small and weak is seen. Convulsion with blue lips.

Cedron: Specific for the bites of venomous snakes. Symptom returns exactly at the same hour every day. Icy coldness of extremities.

Hypericum: Hyperhidrosis. Lymphangitis with red lines extending up the arms or legs. Neuritic, tingling, burning pain, numbness and glossy skin.

Lachesis: Excessive sensitiveness of the skin with intolerance to touch. Pain as if burned. Cyanosis.

Ledum palustre: The area affected by the bite turns bluish. The area feels cold and there is a pricking pain and inflammation.

Aconite: Useful in the initial stages of the disease, when the person has a great fear of death with anxiety or panic and restlessness, it is indicated

Carbo vegetabilis: Bite reactions that have progressed into shock, coldness, blue discolouration of skin weak pulse, clammy sweat and collapse of the body.

Some Rubrics for Snake Bite

1. Generals – Wounds – bites, snakes (Synthesis 9.0).
2. Generalities – Wounds – bites, snakes (Complete repertory).
3. Generalities, bites, insects, snakes, dogs (O.E Boericke repertory).

Conclusion

When the appropriately chosen Homoeopathic remedy is administered early and judiciously in potentially life-threatening circumstances, the necessity for anti-venom or surgical mediation may be minimized or even avoided entirely.

Conflict of Interest

Not available

Financial Support

Not available

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