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Sprains, Strains & Automobiles: A First Aid Primer – Part II

For the topical treatment of cuts and scrapes, nothing beats **Calendula**, the pot marigold. It is available as a homeopathic cream (from Dolisos and Boiron), but the most effective preparation, in my opinion, is the fresh juiced plant preserved with a little bit of alcohol, called a **succus**. It can be applied by placing it directly on the wound, or by dripping it on the pad of a Band-Aid or gauze, and placing that over the wound. It should be reapplied as often as the bandage is changed, perhaps 2-3 times daily.

The best treatment for **sunburn** is prevention; wear hats, cover up infrequently exposed body parts, and try to avoid the mid-day sun. That said, if sunburn (or other first degree [redness, no blisters] or minor second degree [blisters] burns occur, nothing beats **Aloe vera**. The best preparation is the **gel of the fresh plant**. Split a portion of the leaf, and apply the clear gel right on the wound (don't use the latex, the yellow sticky sap that is adherent to the leaf-skin surface; it is a laxative, not a burn remedy). If you don't have a plant at home (I suggest everyone get one as a house plant), buy organic juice, with nothing else added. Other products may say 'made with 100% aloe juice,' but in FDA approved lingo, that means that at least 1% of the product is 100% juice, and the remaining 99% can be anything else!!

For **poison oak**, once again an ounce of prevention is worth a pound of calamine. Learn to identify the plant well, know its habitat (principally damp low altitude areas), and gauge your tolerance to it. If you contact it, wash all clothing and bedding that may have come into contact with the plant or you. The oils fix to the skin within hours, so if you know you have touched it, wash with a strong soap as soon as possible. Once the rash breaks out, you cannot spread the reaction to anyone else, or to yourself in other areas (that is a myth). However, anyone contacting residual oil on clothing can get it, and the immune response can spread to other damaged skin areas from scratching. A tepid **oatmeal bath** can be very soothing. (Make a fist sized cheese cloth bag of rolled oats by fastening with a rubber band and place in a hot bath; let the water cool to tepid, then soak for 20 minutes). An over the counter herbal cream called **Florasone**, though not as potent as corticosteroids, can give topical relief as well. **Calamine lotion** may also be helpful. Homeopathics can be helpful, but which one depends upon the characteristics of the rash, and it is difficult to give a blanket recommendation.

Dehydration and **heat stroke** are concerns in hot weather. Technically, the former is a loss of fluids, while the latter is a rise in body temperature, usually occurring when fluid loss has been

severe enough that the body shuts off the sweat glands to preserve circulating blood volume, and one of our primary cooling mechanisms is impaired. Heat stroke is life threatening, and anyone with a significant fever (>101 – 102°F) from fluid loss, especially the elderly and young children, should be immediately referred to the hospital for intravenous rehydration and cooling. For milder situations, **water** is the primary drink for both prevention and treatment. Most people lose water far in excess of electrolytes in sweating. It is more dangerous to give too much salt than too little, so salt tablets should generally be avoided.

The myriad electrolyte replacement solutions are useful in extreme situations, such as intense athletic competition or training, but are almost entirely synthetic concoctions. A trick from Chinese medicine, which I have found quite effective, is that **sweet and sour flavors generate fluids**. Though this does not make sense in the Western medical paradigm, I have found that after a hard workout **12-16 oz. of water** with **1tbs of raw honey or maple syrup and 1-2tsp of lemon juice or vinegar** (such as apple cider) is incredibly rejuvenating.

A **heart attack** (myocardial infarction) is one of the most terrifying and potentially lethal medical emergencies. Most people who die from heart attacks die from a fatal heart arrhythmia called ventricular fibrillation, which usually occurs in the early stages of the attack. If treatment is rendered (an externally delivered shock, called ‘defibrillation’) within 2-3 minutes, the survival rate is at least 60-70%; if treatment is delayed for more than 10 minutes, virtually no one survives. Therefore, if someone collapses with a suspected heart attack, 911 must be called immediately, even before CPR is begun; CPR will not save the victim unless they are rapidly defibrillated. A home defibrillation unit, called an **AED (Automated External Defibrillator)** is available and easy for a lay person to use. They cost about a thousand dollars, but if you can afford one, it is the most potentially life saving first aid item you can own.

If you suspect a heart attack, and have called 911 (do not try to drive yourself or anyone else to the hospital; I have seen many people die by the side of the road thinking they could make it to the hospital in time!), chew 8 baby aspirin (the equivalent of 2 adult strength aspirin), and lay down. I am not a big fan of aspirin as a preventive panacea (the subject of another newsletter), but it can be life saving to prevent the spread of the clot that is causing a heart attack in this acute situation.

Aside from a heart attack, a **stroke** is probably the most common dreaded medical emergency. Most strokes are caused by a blood clot (thrombus) forming in one of the arteries of the brain. Less commonly, a blood clot can break off from the carotid artery or a chamber of the heart and travel to the brain, blocking a blood vessel there. The symptoms of these types of strokes are most commonly numbness or weakness in a part of the body (total body weakness is usually not a stroke), and / or slurred or garbled speech. It may be accompanied by dysequilibrium, but dizziness by itself rarely indicates a stroke. If an individual in this circumstance is administered a clot-busting drug (called a thrombolytic agent) within 2 hours of the onset of symptoms, the stroke can often be reversed. Since that is not much time, someone with these symptoms should be rushed immediately to a hospital with a **stroke center**. Not all hospitals are set up to give thrombolytics to stroke patients, so this is one case where taking a patient to the nearest hospital is not always the best idea. To the best of my knowledge,

OHSU and Emanuel have stroke centers; I am not sure about Providence Portland or Southwest Washington. (You can direct an ambulance to go to whatever hospital in the area you would like, unless the patient is medically unstable). Some preliminary data suggest that the combination of caffeine and alcohol may limit the damage from an acute thrombotic stroke. Therefore, if the patient can safely swallow, the combination of **2 shots of hard liquor and 2 strong cups of coffee** would be worth a try, if the patient cannot be brought to a stroke center within 2 hours of the onset of symptoms.

A less common type of stroke occurs when a blood vessel ruptures and bleeds into the brain. Called a **hemorrhagic stroke**, this can be due to a leaking aneurysm, and must be repaired immediately. It presents differently from the thrombotic strokes, usually with a severe headache (generally in the back of the head or all over), stiff neck, and without the focal areas of weakness or numbness. It is a true life or death emergency; don't mess around, just call 911!

D.N.