

Burn Aid



**WRITTEN FOR THE AMISH
BY THE AMISH**

FRONT PAGE PICTURE
An actual Amish farm on Fire

INSIDE THIS BOOKLET

CHILDREN'S PICTURES
TRENT AGE (4) AIDED BY BROTHER TYLER (7)

OTHER PICTURES TAKEN BY
The **“BAREFOOT”** Herbalist
Public information

BURN AID

SELF-APPLIED PREVENTION/TREATMENT

OVER 27 YEARS OF EXPERIENCE

**THE GOAL OF THIS BOOK IS TO RELIEVE THE AMISH
OF THE PAIN AND SUFFERINGS OF ACCIDENTAL
BURNS AND WOUNDS**

**WRITTEN BY A NATURAL HEALER DEDICATED TO
OBEYING NATURE**

**COMPOSED BY THE CREATOR OF
THE SCHOOL OF SELF-APPLIED PREVENTION**

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DISCLAIMER

The “MOST” important time after a burn accident is the first few minutes. Fear is the worse enemy. Education corrects the error of fear. This booklet is written strictly for those who desire ***Self-Applied Prevention***. A lifetime of experience has gone into this education and the making or assembling of a home care emergency kit. This education and or kit is designed as a “first” step in time of emergency and awareness that professional help may be needed as fast as possible and or when answers are unknown about situations / conditions.

This information / kit is not intended to replace professional health care. Those who are not educated in the handling of a sever burn / wound should always seek aid. It is the desire of the author that at least one person in every community would seek education in handling accidents / illness and be available to “all” and provide educated evaluations that would save lives.

Education can only be in general and never cover all situations / conditions. The care provider that knows the victim or can see and ask questions always has the most information needed for each case. Never be your own physician. Always seek aid in sever cases and in all cases of infection / bleeding, etc.

The herbs as well as methods are only “suggested”, each person has the right to their choices in health and welfare of their family. It is suggested that many books should be read on Self-Applied Prevention so each family can make educated decisions and for those who wish to leave their family’s health to the doctors and hospitals only have that right as well.

These methods / products are Traditional herbs / methods and have not been tested for effectiveness or safety by the FDA and in no way are meant to replace the professional profession / medicine. All those who freely desire to read and or apply this information do so at their own risk. Please exercise your God given rights and seek education and opinions of those who have experience.

Contents

I.	EXTINGUISH THE FIRE.....	6-7
II.	CHEMICAL BURNS.....	8
III.	ASSESS THE SEVERITY OF THE BURN.....	9
IV.	TREATMENT.....	10-14
V.	RECOGNIZING LIFE THREATENING SYMPTOMS.....	15-16
VI.	SAFETY / PRECAUTIONS.....	17
VII.	BURN DEGREES.....	18
VIII.	TESTIMONIES.....	19-22
IX.	SKIN GRAFTING VERSES SPONTANEOUS HEALING.	23-29
X.	SUBMIT “YOUR” STORY.....	30

EXTINGUISH THE FIRE



Pour on water , milk, flour, etc.



Smother the flames with a blanket, rug, etc.



STOP DROP AND ROLL

Fires need to be extinguished. Water is often more readily available and is an excellent extinguisher as well as a coolant at the same time. Milk is a good substitute for water if it is closer at the time. When no acceptable fluids are available, grab a canister of flour or baking soda to smother the flames. Another choice is blankets, carpets, house robes, or beat it out with a pillow. If none of the above is available roll the body on the floor or in the grass. Standing will force the victim to breathe flames and smoke. **RUNNING WILL FAN THE FLAMES.** Before using a fire extinguisher on the body you need to know if the contents are harmful to the skin or to the lungs.

IMMEDIATELY

COOLING THE BURN



Keep the burn cooling while the leaves and salve are being prepared.

After the flame has been extinguished, the burn needs to be cooled as quickly as possible, even **BEFORE REMOVING THE SHOES OR CLOTHING.**

Immersing the body part that was burned in cold water or ice water generally gives rapid relief. If there is no container available that is big enough, pouring water, snow or milk on the body is next best. The burn should be cooled for 10-20 minutes.

For instructions on dressing the burn see page 6.

CHEMICAL BURNS



Chemical burns can be fast acting or slow depending on the chemical being acid or alkaline. The acids burn fast while the alkaline burns with out pain at first.

In chemical burns, the chemical needs to be deactivated or diluted. Baking soda is ideal for an acidic chemical.

All areas that have come in contact with a chemical need to be flushed with running water. If the chemical came in contact with the eyes, they should be flushed with cool water for 15-20 minutes. Following the flush, two or three drops of mild olive oil should be placed in the eye.

GRAVEL AND ROAD BURNS

Treat as second degree burns. Do not try to remove dirt and gravel beyond rinsing with water. By treating the wound, it will clean itself.

ASSESS THE SEVERITY OF THE BURN

IT IS VERY IMPORTANT TO REALIZE THAT BURNS-EVEN SMALL ONES-CAN BE SERIOUS. IT IS UNWISE FOR THE UNTRAINED TO ATTEMPT THE ROLE OF A CARE TAKER IN LIFE THREATENING CONDITIONS.

FIRST DEGREE BURNS

These produce pain and redness in the burned area. But they are usually not serious unless a large area of the body is involved. What may at first appear as a first degree burn, may blister and actually be a second degree burn.

See page 6 for instructions on treatment.

SECOND DEGREE BURNS

These blister in which the outer layers of the skin are destroyed, but the deeper layers escape injury. Skin healing can take place from the deeper skin cells that have remained alive.

See page 6 for instructions on treatment.

THIRD DEGREE BURNS

These burns have destroyed the full thickness of the skin and often the underlying fat as well. The skin will have peeled off. In this case, the skin needs to heal toward the center from the outside edges of the burn.

See page 8 for instructions on treatment.

In assessing the percentages of a body burn, the following calculations may be used.

Legs – 18% each or 36% for both. Arms 9% each or 18% for both. Head and neck 9%. Front of body including chest and abdomen – 18%. Back – buttocks to neck – 18%. Perineum – 1%. A burn of over 20% of the body endangers life, whereas a burn of 60% of the body is associated with 50% mortality.

TREATMENT

FIRST DEGREE BURNS

After the burn has been cooled off, apply **B & W** salve* and cover with gauze to seal off air. Tape gauze in place.

If it is still painful after 30 minutes of being covered, reassess the possibility of it being a 2nd degree burn and treat accordingly.

SECOND DEGREE BURNS

After the burn has been cooled off, it should be covered with 1/8" layer of **B & W** salve. While one person is getting ready to spread the salve, a second person should be getting burdock leaves ready. The leaves need to be scalded and ready to apply on top of the salve. Every spot must be covered with salve and a leaf.

The **B & W** salve is designed to melt slightly above body temperature, so it works well to apply a spread above the injury on the unharmed skin and allow it to set for 5-10 minutes. This will soften the mixture so that it easily spreads over the injury with a spatula, causing very little pain. Otherwise, the mixture may be set in a pan of NOT MORE THAN 98 degree water until it is softened. Overheating the salve will cause it to separate and will not produce the desired results.

You can also apply the salve on the scalded leaves, then place the leaf with the salve side on the burn.

To prepare leaves, scald them in approximately 180 degree water. As soon as the leaves are soft (2-10 minutes) and before the water becomes too heavily tinted from the leaves, they should be removed from the water. The leaves need to cool and the excess water removed by hand pressure. Leaves will not stick to burns. Dried leaves soften quicker than green freshly picked ones.

After the injury has been completely covered with salve and leaves, the area can now be wrapped with conforming gauze rolls. The wrapping should be

firm enough to keep the leaves from sliding, but not enough pressure to be uncomfortable. After the gauze wrap, an absorbent pad with a waterproof backing should be wrapped on next. Tape may be used to hold the pad in place. There should be very little or no pain.

The burn should be redressed every 12 hours. The old dressing will slide off with very little or no pain. Like peeling a ripe banana. When the leaves have been removed, the remaining salve and leaked body fluids should be absorbed and removed. Taking a poly gauze with 4 ply thickness opened to a 2 ply 4" X 8", held at each end and slowly with a little pressure wrapped around the body contour, will clean the injury well. If the first pad does not completely clean it, use as many as needed. Then redress as before. For prolonged treatment see page 8.

Burdock leaves may be gathered in the summer months and stored for winter use. It is better to gather the leaves from young plants which are approximately 6 to 8 inches long. We prefer to give them a chance to store as many nutrients as possible before picking. The body will absorb these nutrients and use them for building new tissue and repairing injuries. Leaves from 3 inches to 28 inches long work, but as they get older the ribs become more pronounced and should be cut out and discarded. These ribs will be too hard on the burn. The ideal date for gathering them varies according to the climate you live in. When the leaves become too big you can cut the plant off at ground level. The roots will grow new leaves rapidly. Then you can pick them at the current time.



Cut the rib out of the grape leaf or burdock leaf and then scald.

THIRD DEGREE BURNS

Treat third degree burns the same way as second degree burns-with salve and leaves. Third degree burns need to be evaluated by a professional.

Life threatening concerns are dehydration, shock, and flame scorched lungs including smoke inhalation. See page 11.

PROLONGED TREATMENT

Second and third degree burns can take days and weeks until they are completely healed. By keeping the area covered until healing is well on its way, minimizes scarring.

You can expect the burn patient to have a fever. A moderate fever is beneficial to the body in the healing process. It is the body's way of fighting infection. When fevers are prolonged or exceptionally high the patient needs to be evaluated by a knowledgeable physician. Infections can raise the body temperature.

When burdock leaves are not available other clean leaves, grass or sprouts will also work. All leaves and grass should be scalded to provide moisture and avoid dehydrating the body. Alfalfa sprouts also work, if taken from a clean tray and do not need to be scalded. They are a large percentage of water. They must be clean and fresh and not sour from lack of rinsing.

While burdock and plantain leaves promote healing, they are also strong enough to cause a reaction in approximately 5% of the burn patients. When this happens, the body will become inflamed and itchy. This will correct itself when the leaves are discontinued. Try another milder leaf for awhile.

Ground flaxseed meal made into a poultice by adding hot water to make a soft paste will serve as a covering instead of the leaves, if a reaction occurs. This may be used several times until the inflammation is reduced. When ever there is itching and inflammation, alternate with something else for awhile.

Lettuce leaves (not head lettuce) are very mild and can work well after a reaction to prolonged use of burdock leaves. In this case lettuce leaves are used after a cold rinse instead of scalding in hot water. Leaves will not stick to wounds and burns.

But not all leaves are suitable. Cabbage leaves do not scald properly. They are too stiff and do not provide good pain relief. There are many poisonous plants or leaves that smart, that should not be used. Spinach leaves burn and are uncomfortable. Stinging nettles, poison ivy, etc. should not be used. If you decide to use something that is not listed here, you must first check them out for side effects before using them on burns.

Besides the quality of being non-stick, leaves also promote healing, furnishing nourishment to the body. One of the most essential needs is moisture they provide to help hydrate the body and stop fluid loss. In burn accidents, dehydration of the victim is very dangerous. Wet leaves allow absorption of moisture instead of evaporating.

PETROLEUM BASED OINTMENTS SHOULD NEVER BE USED. THEY ARE NOT NOURISHING AND DO NOT CLEAN WELL WHEN REDRESSING.



B & W

The B&W salve comes in many sizes.

4 oz.- 1 Gallon

Special attention must be given to areas of the body that bend-at the joints, between fingers, toes, folds of tissues around the neck, abdomen or under breasts.

- After covering all exposed sections of skin loss with salve and leaves-remember-leaves must be placed between folds and digits of the hands and feet to keep them from growing together.

The palm and fingers of the hands in particular, must be straightened and flattened while healing. A child has a natural tendency to close the fingers and cup the palm. If left unprotected, they will heal like a claw and cupped palm seriously disabling them for life.

After dressing the hand in the usual manner, a piece of corrugated cardboard can be cut out to the width of the hand and length from fingertip to wrist, placed on the back of the hand on top of the dressing. Wrap flattened palm and fingers up against the cardboard with a gauze roll.

For elbows and knees a similar approach is needed. Daily exercise and straightening of the muscles is necessary to keep them from shortening permanently. An aggressive effort must be used while exercising even though it is painful, to avoid a lifetime of disability.

Another important thing is your diet. Supplementing it with foods of special benefit are important after the body has recuperated from initial shock and is ready to take nourishment.

The first intake besides water should be electrolytes (see page 11-12). For large burns, four to eight quarts a day may be taken. After that freshly pressed vegetables juice from raw foods such as carrots, celery, spinach, cabbage, beets, etc. may be used. A large percentage of juice may be carrot juice. If using red beets use only a small portion with other vegetables. These juices should be offered to the patient from three to six times daily.

After this, small meals may be started. Easily digestible foods should be chosen. Some foods to consider should be meat broth, eggnog (made from raw eggs) bee pollen, liver (rare done in waterless cookware), mashed bananas or fruits and melons of all kinds that are in season.

Figs, prunes and prune juice may be included to promote healthy bowel movements.

RECOGNIZING LIFE THREATENING SYMPTOMS

1) SCHORCHED LUNGS

Patient needs oxygen. Go to hospital immediately.

Symptoms include painful shallow breathing, (jerky and rapid) and blue lips.

2) SHOCK

Signs of shock are weak rapid pulse (more than 100 per minute) cold sweat, pale cold and damp skin, blood pressure drops dangerously low, mental confusion, weakness or loss of consciousness.

At the first signs of shock lay the person down on a slant board with feet approximately 20 degree higher than the head. If the patient is conscious and can tolerate fluids, he may be offered the following-in 1 quart water add 1 tsp. salt, ½ tsp. soda bicarbonate, 2 tablespoons sugar or honey plus some orange or lemon juice. This solution is called electrolytes. If the patient vomits, wait 10-15 minutes then give again in smaller doses.

This treatment is for immediate action until a qualified health professional can administer intravenous fluids and necessary treatment.

Shock is a life threatening condition that can result from large burns. A person who has been badly burned can easily go into shock because of combined pain, fear and loss of body fluids from oozing of the burn. Fluid loss reduces the blood volume so that the blood becomes thicker. The loss of fluid volume is reflected in the fall of blood pressure, causing shock.

SHOCK CAN BE FATAL AND SHOULD BE TREATED BY A PROFESSIONAL KNOWLEDGEABLE IN DEALING WITH SHOCK.

3) DEHYDRATION

Dehydration is usually not noticeable until the second or third day. It is caused by loss of body fluids, minerals, electrolytes, which is shown in unusual thirst and or vomiting. This is very dangerous and water will not help it. In fact, it could make it worse.

DEHYDRATION CAN CAUSE SHOCK.

One of the main reasons for applying leaves over a burned area is to prevent dehydration and to avoid the dressing from sticking to the wound. When removing the dressing, after it has stuck to the wound, it often pulls the newly started skin off with the dressing. This is extremely painful and detrimental for the body in covering the wound with new skin.

If dehydration is apparent, contact your health professional. Intravenous fluids will need to be administered.

4) INFECTION

Infection should not need to be mentioned in here, because if applied properly there is seldom need to worry about infection. But if instructions are not properly followed, it could still happen.

Infection will smell and will be accompanied by a high fever. This fever can not be controlled by home remedies before the infection is under control.

If infection is present, contact your health professional.



Scalded burdock leaf.

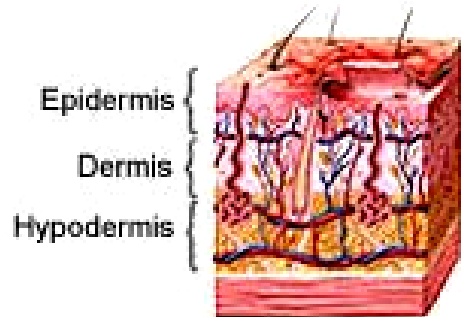


Leaf is cut to size / salve applied.

SAFETY PRECAUTIONS

REMEMBER PREVENTION IS MUCH EASIER THAN CURING

- **DON'T EVER** set hot water or any hot liquid on the floor for any reason whatsoever.
- **DON'T** leave the handles of pots and pans stick out over the edge of the stove.
- **DON'T** handle hot pots and pans with an apron that you are wearing.
- **DON'T** carry hot water in a kettle holding it in front of you. Carry it in a pail at your side.
- **DON'T** pour kerosene, gas or anything flammable into any stove.
- **DON'T** store kerosene, naphtha or gas jugs side by side, no matter how well marked.
- **DON'T** store naphtha or gas jugs inside a house.
- **DON'T** fill lights, lamps, etc. more than $\frac{3}{4}$ full. Cold fuel expands when brought into room temperature and can explode.
- **DON'T** ever leave a room where a candle is burning.
- **DON'T** set candles close to curtains or anything flammable. They should be in proper candle holders.
- **DON'T** fill gas or naphtha lights in a room where there is a flame (stove, lamp, etc.). Fumes travel fast and can easily explode.
- **DON'T** refill gas lanterns and lights until you are sure that they are absolutely out. Flames in the mantels tend to go out slowly.
- **DON'T** let matches lay around. Keep them out of the reach of children.



First degree
burn



Second degree
burn



Third degree
burn



ADAM.

TESTIMONIES

SOME VALUABLE EXPERIENCES IN DRESSING BURNS.

While dressing burns for over 27 years there have been no experienced infections using the methods explained in this book. There was one case that appeared to be infection from within the body and not from an outward source.

The body seeks to expel toxins every chance it has and a severe burn, like a cut is an opportunity to expel accumulated waste. Nature provides that friendly bacteria consumes these accumulated waste and when expelled to the surface of the body these bacteria exposed to ample air can appear as an infection and in the case of burns this must be promptly treated.

This accident involves gasoline. Pressurized gasoline sprayed fuel over both hands, right arm, neck, side of face and included the one ear. The spray was ignited and caused first, second and third degree burns. The arm being the worse.

There was excellent pain relief with the first dressing. After the third day this person woke up not feeling well. They had no hunger at breakfast but ate anyway. When it was time to eat at noon there was still no hunger but ate the second time. By 5:00 P.M. they went to see their care giver with an extremely painful arm. They were debating about seeking professional help.

Unknown to their care provider this person had taken Tylenol for pain after the accident. By this time they had increased the dose to twice the recommended amount stated on the bottle and also stepped up taking them faster than recommendations.

When the arm was unwrapped it was clearly infected, being swollen bigger than normal with increased fever and bright red shade of color. While questioning their physical condition, they exclaimed they felt very nauseated and could vomit their breakfast. They were encouraged to do so and the lunch also came up and out.

A two quart coffee enema was immediately administered and encouraged to retain for 15 minutes before expelling it. Another coffee enema was taken at

10:00 P.M. bedtime. Another coffee enema was given first thing in the morning and no food was given during this time and no food to be taken until further notice.

The quickest method to stop infection is to stop the introduction of all foods. When damaged or experiencing pains the digestive system is too stressed to digest foods properly and undigested foods can add to the accumulated waste that can cause over abundance of bacteria and result in infections.

After the third enema in the morning the swelling was all gone, the color was normal and fever was gone including no more pain. During this period the care giver was never told that Amoxicillin had been started. Within a couple of days pain came back and increased at which time this person chose to change the protocol and tried a Chinese type of ointment.

This worked for about two weeks until that ointment seemingly reacted at the level where they chose to stop its use. At this point they chose Aloe Vera Gel and again had some relief. By the time the Aloe was used a poor growth of new skin had covered the burns. This took 2-3 times longer to heal than normal cases.

Although antibiotics are very valuable when used correctly, they also seriously reduce the power of the immune system. When the immune system is reduced pain increases accordingly. When NSAD (pain relieving) are used, particularly over doses, the liver becomes toxic and toxicity is one of the pain producers. Another reason for increased pain is a poor diet.

Learning actual facts from professionals observing the reactions from patients receiving anesthesia by injection for extracting teeth, there is no question, heavy tobacco users, smoking or chewing, or people on sugar laden foods experience more pain than people living a clean healthy life style. Not only do they experience more pain from the injection, but some of them did not get satisfactory numbing effect until tobacco and or sugar was eliminated for at least 1 week. Some of them had to do a body cleanse before truly satisfactory anesthetic effect was produced.

This explains why we are all healing differently. The body needs its full power to restore the burned tissues and good nutrients in the body's reserves to provide the building blocks needed to rebuild perfect flesh. The healthy body heals quickly while the body clogged with accumulated acid waste

carries a heavy burden that hampers the dissolving and carrying away of burned tissues as new healthy cells are formed.

A COUPLE OF REMARKABLE SUCCESSFUL INCIDENTS.

WELDING ACCIDENT

While a welding repair was being made on a steel hydraulic oil line, a spray of oil catching fire enveloped the face, throat, and chest of a teen age boy. Most of the burns were second degree. First aid was tried using water to cool the injury. A lot of pain was suffered until he reached a place acquainted with the B & W ointment and burdock leaf dressing.

He could not believe how quickly and totally the pain left him after being dressed, he wrote there was very little or no pain all through the treatment. His face, neck, and chest were completely covered including the eye lids, nose, and ear by the dressing.

- The only visible parts were 2 slits showing the eye balls, 2 holes for the nostrils, and an opening for the mouth. His statement, **“I was completely healed with new skin in 15 days with no more need for a dressing, Amazing”** signed L.S.

BUGGY / CAR WRECK

This victim was a young mother in an accident involving a motor vehicle hitting a buggy. After landing and sliding on pavement she was taken to a hospital by an ambulance. In a letter she wrote; **“I must tell you what torture I endured at the hospital when they changed my bandages. I had third degree road burns. They would pull and tear my bandages loose. Then they would put some sterile Vaseline covered gauze on and that was *UNREAL* how cruel it seemed”**.

I want you to know when we left the hospital to dress my wounds with the B&W ointment; I felt the salve pull out all my pain. I want thank the person from the bottom of my heart that made that salve. In a short time my burns were really healed up nicely.

Signed L.Z.

11 MONTH OLD BABY / BLISTERED HANDS

An eleven month old baby boy was screaming when they arrived at the caregiver. He had pulled himself up on a hot pressure cooker (canner) that had been left on the floor. Both hands were blistered and burned badly.

B & W ointment was used to cover the burns, with scalded, then cooled burdock leaves placed over the ointment. As soon as the burns were wrapped the baby stopped crying, nursed, and fell asleep.

When the parents got home with the baby he played and was happy. The baby was dressed twice daily and was a happy little boy even though both hands were covered. Approximately 4 weeks after the accident the parents were persuaded to have the baby checked by another doctor. The doctor felt it was not safe using the B & W ointment. Medicated burn salve was used to cover the burns, even though the dr. acknowledged the hands looked good.

The parents quit using the B & W ointment.

The first night the little boy just cried and cried. Finally they removed the medicated salve and replaced it with B & W ointment. Again the baby was content and slept. The doctor was informed of the problem so he agreed they could keep using the B & W ointment. The little boy's hands healed beautifully.

Signed M. and D.S.

13 YEAR OLD BOY / SCORCHED LEGS

A horrible experience was a quote of a mother in a letter written concerning her 13 year old son that had third degree burns on his legs after a fire scorched them. The case was tried at home with out much knowledge of the treatment. After a lot of pain was endured from the fist dressing, he was taken to another person for evaluation. The dressing was very loosely wrapped with the burdock leaves dried out. After being redressed correctly the boy was comfortable and left for home. After a couple more dressings at home the parents were badly discouraged thinking the boy reacted to the dressing. Although there were no signs of any allergic reactions seen by a person acquainted with treatment. The boy was taken to a burn center where skin was grafted on the legs.

Signed r. and L.Y.

SKIN GRAFTING VERSES SPONTANEOUS HEALING

With the medical technology skin grafting is often done to close open wounds, particularly in burn victims.

By understanding the healing process and promoting ideal conditions the body has the ability to cover the wounds with new skin produced by itself. Now we have an option. Which method is most desirable? There is no doubt both methods have values exceeding each other according to the situation involved.

Grafting is rapidly becoming the procedure of choice through out the surgical units. There are a number of undesirable conditions arising with a skin graft. One of the most desirable reasons for grafting is getting an open wound covered in a shorter period of time. Or, in coverage of a reconstructed body part, as a case where the nose was severed in an accident. Which in this case would probably never heal over with original skin. Two types of grafts are available, full thickness or split thickness. Full thickness usually has a better color match and is more durable. This leaves more of a wound where it is taken off and is harder to keep alive on the wound where it is grafted to. Full thickness grafts do not contract as much as split thickness while healing.

There are times when the area where the full thickness grafts are taken the donor part will be replaced with split thickness grafts making both less than desirable.

Split thickness grafts do not grow with the rest of the body, contract more during healing, tend to become more pale or white, lack hair growth and create more of a mask/like , checkerboard, or crocodile skin appearance, particular as in large grafts of the face. The contractures reduce body function, particular around joints and areas where arms or limbs can be extended.

Other areas of contractures become painful causing tears or splitting of the graft when stretched. One patient that had both buttocks grafted, split so many times, he was told by doctors not to come back to them, because they could not do anything for him. He was told to learn to live with it.

Another case involved a fifteen month old boy. He received a third degree friction burn on his hand from a running belt. The size of the burn was a narrow strip approximately 3/8" to 1/2" wide. It started at the tip of the small finger, along the side of his palm and arm to 1 1/2" below the wrist. A color picture is on record to show the extent of the injury. As the parents related the story their words were; "We so much regret our choice of doctoring for the problem involving our son". Part of the reason was the fear of the social service workers. I think we can all understand the reason for the child abusing laws and would feel a need for them, but we also have seen the effects of it when it was misused.

The child was transferred to the third doctor before they came to the one that offered to help. This is where the social service workers intervened. The doctor said they would have to graft the injury with in 3 to 4 weeks. One week later grafting was done at a cost of \$6,300.00. A week later reporting back for a check up they saw the graft did not seem to be healing very well. Six weeks later the skin had contracted enough to bring the finger into a curl to the point of being unusable. After several therapy sessions and trying splints to stretch the graft a decision was made to try a second graft. In one hours time the second graft was done at a cost of 4,500.00. They were told to get extensive therapy for the boy. The parents took the boy back for a number of appointments until they saw the therapy was hopeless in correcting the problem. They were told he may need corrective surgery as he grows older. At three years of age the doctor suggested another surgery to relieve the constricted skin on the finger. The parents were not very happy with the way it turned out.

Comparing the color photo to actual injuries in the past I would venture to say this injury may have been healed naturally with home care with 3-4 weeks with out complications. At the age of 15 months a healthy child will re-grow its own skin very rapidly. **A note of caution** is needed in the healing process; all joints need to be extended while new skin is being formed, otherwise they may become limited in full range motion.

Always seek professional help in caring for these injuries unless you are qualified.

One of the latest techniques I have heard of was plans to insert balloons beneath the grafts. After inserting the balloons they would be inflated to stretch the graft by blowing up with compressed air. The procedure would no doubt be extremely painful and questionable results.

We have been confronted a number of times to help correct these situations. At this time we have not attempted any corrections, although in theory this should be possible.

The contractions maybe improved by wearing compression garments after surgery. These devices should be worn as much as tolerated each day for at least 6 months or longer after grafting.

The sweat glands and sebaceous glands degenerate or lose their function following grafting. More so on the split thickness grafts than on the full thickness grafts. The sweat glands help keep the body cool in excessive heat; the sebaceous glands lubricate the skin. Do to a lack of lubrication the grafts are more susceptible to injury.

A couple actual case histories produced the following results using the B & W ointment with scalded burdock leaf dressing.

A 42 year old man suffered some 2nd degree, mostly 3rd degree burns over approximately 40% of his body. The entire back, face, shoulders, arms and the back of his hands and fingers were involved. By the 6th week after the accident occurred new skin covering all burned areas. Dressings were no longer needed except for a light covering of ointment massaged into the new skin to avoid drying and itching.

One year after the accident he was 95% free of signs of injury. The skin texture and color is normal. The hair, sweat glands, sebaceous glands are functioning properly. There was no grafting done. The body automatically healed over with new skin coming from the edges of the wound.

The next case involved a man with 30% of his body being burned. The hospital classed the burns as 3rd degree. As soon as the injury was ready, grafting of the skin was started. The intensity of pain was so severe the family left the hospital as soon as arrangements could be made.

The B & W ointment with the scalded burdock leaf dressings was applied from there on. The difference in pain comparing the conventional with the B & W dressing was as night and day. A mild discomfort was quoted as a description of the B & W dressing. After the body healed over with new skin the only place of discomfort was the contraction area of the skin graft done at the hospital.

In promoting new skin growth after injury there are some differences in dressing burn victims to other type wounds.

A preferred method, dressing ordinary wounds is a burdock leaf or other suitable material made into a poultice. This poultice may be used after the bleeding has stopped and ice packs have reduced the swelling. The poultice will greatly reduce the pain and swelling after ice was initially used.

Poultices should not be used continually. The tissues will absorb too much water and draw too much body fluid on the surface. The surface will appear slimy or oozing on the tissue. This is not a healthy healing condition. In case of infection the poultice will need to be repeated day and night until the inflammation and swelling are reduced. In the case of open wounds there may be a need to soak a gauze pad in diluted or pure betadine solution and placed directly on the infected tissue. Normally infection does not set in the first couple days. When infection does set in the tissue will be feverish. It will feel hot to the touch. The back of the hand is ideal to check for a rise in temperature. Red streaks may or may not be present. The odor from a wound will indicate if there is infection. Poultices will also various odors to appear, but the smell of infection is different. It is necessary to smell the wound with every dressing.

Common inflammation will also be hot but not necessarily infected. When infection spreads or gets into the blood stream, the body temperature will rise, head aces may occur. It is not wise for the untrained to care for patients with infection.

For local infection gauze pads heavily soaked with silver water placed on the wound and covered with saran wrap alternated with the above mentioned betadine pads will often kill local infection. The silver water soaked pads may be left on the wound for 2 to 6 hrs. after that a fresh dressing should be used as many times as needed because it is non toxic.

The betadine dressing should not be left on for more than 10 to 20 minutes and not used more than 3 times daily. The body will absorb some iodine and it is toxic although also beneficial in reducing bacteria in the blood stream as well as on the surface.

The health of the body has a lot of power to avoid infections. When needed large amounts of vitamin A, C, and E should be taken. This will not only alleviate but will also promote healing and new skin growth.

Large doses of garlic and oil of oregano are also beneficial for infection. Hot sweat baths and coffee enemas are also an advantage. The length of the hot bath can be from 30 minutes to 2 hrs. The coffee water enema should consist of 2 qt. water made with 2 to 4 heaping tablespoonful of ground coffee beans or brewed coffee. The water should be held for 15 minutes before expelling. This may be done from 1 to 3 times daily.

A wound that has a loss of skin should always be covered with a dressing no matter what size the wound is. A wet to dry dressing is excellent in most cases. The dressing is made with gauze or pure cotton pads. I prefer to use silver water to soak the pads because of the anti-bacterial properties, although plain sterile water will be excellent. You need to use from 4 to 6 pads or heavy enough cotton to keep the wound wet until another dressing is needed. On top of the water soaked pads some dry pads are placed and wrapped in place with a roll of gauze. Sometimes I use saran wrap over the wet pads to keep the moisture in. I do not leave the saran wrap dressing on longer than eight hrs. at a time so bacterial growth under the air excluded dressing cannot multiply on the body fluids.

When this dressing is removed at proper time it will debris the injury at the same time. It is very important to do this procedure from time to time to remove dead tissue. Another method of debridement is to surgically remove dead tissue. This may be beneficial in some cases and a hindrance in others. Live tissue and dead tissue will not stay together. The body has the ability to separate them much more precisely than the wisdom of man. The dressing should be changed at the correct time usually 4 to 10 hours. If the dressing is left on too long the wound will be debris to severe and there will be bleeding. If redressed too soon it will not debris at all.

When the wound is oozing or slimy on the surface it delays healing. In this condition an absorbent, drying, dressing is needed that will not allow bacteria to grow. A mixture of milk of magnesia and brown sugar is an excellent preparation to alleviate this condition. This mixture should be the consistency of medium weight syrup, soaked into gauze pads, placed on the injury, and wrapped with saran wrap. The saran wrap will keep it from drying out so quickly and protect clothing and bedding from a sticky mess. Normally the dressing should not be left on longer than 4 hrs. It becomes too dry and hard when left on longer.

This dressing may be repeated once daily or every other day as needed. B & W ointment is ideal as an over night dressing. Usually it is very comfortable, softening and healing in nature. It is not recommended to use this as the sole dressing; it does not debris the wound properly. Once in a while a person may be too sensitive to tolerate the B & W ointment. The formula has recently been altered with hopes this will eliminate the sensitivity.

If properly cared for the body will cover most injuries with natural skin. I have seen total abdominal area heal over with natural skin in 9 months on a teenager. The teenager was not immobilized while the injury was healing. After the initial inflammation had subsided, a stranger would not recognize he was disabled while the body was in the healing process.

Recently a young lad lost his skin on the calf of his leg through a machinery accident. While trying to locate a doctor to guide the family in caring for the wound a surgeon was contacted. After a long discussion with the family and a knowledgeable person, the surgeon fully agreed the natural skin would exceed a grafted skin. He also agreed with all the dressing methods mentioning his experiences in war where they allowed the body to grow its own skin. Since this was a young boy there was plenty of time to allow the body to heal.

By the next day the surgeon refused the natural growth, claiming there was a chance of infection. Another discussion followed dealing with infections. Our experiences included stopping infections after hospitalized staff infections were proliferating. In one case a 6 month old infection which had started in the hospital was stopped in 3 weeks. The doctors in charge made

the comment it looked like the patient would lose her life, because they were unable to curb the process which was gradually increasing. This patient is still living and infection free 30 years later.

Another case involved a 5 month old battle of infection in the leg, also received in the hospital. After costing \$75,000.00 to stop the infection they gave up and made plans to amputate the leg. This was back in the days when cost was not as high as of today. When the program was changed the pus that was flowing freely from 2 sores in the bone, dried up in 3 days. After 10 days the infection was under control and while meeting him 8 years later he was walking on his original 2 good legs.

The above leg is not the only one that has been saved from amputation because of infection. The program has been proved in a number of cases including a kidney infection of 1 year old. All the antibiotics that had been tried were unable to stop the condition. This infection was also alleviated in 10 days.

After all this the surgeon's remark on the injury of the boy's leg was; "those cases are entirely different". Those were chronic infections and this injury could become infected. They went ahead and done the graft and I have not heard of the outcome.

Now the question arises; if a 5 month old chronic infection can be stopped after antibiotics failed, why would not the same principle work on a new injury that has never been infected.

10 YEAR OLD SKIN GRAFT

A mother's plea for help with her son's degenerative 10 year old skin graft.

Approximately 60% of her son's body was scalded with hot water, 30% of the scalded area was covered with skin graft. After 10 years the doctor wants the parents to bring their son back for more surgery. Some of the areas are becoming too tight to allow normal physical movements. The mother wrote; "this is very disappointing to me having to go through all this again".

Signed S. and E.-S.

SUBMIT YOUR STORY

This booklet will be periodically added to. The composer of this booklet wishes to document “ALL” stories of health in an effort for others to learn from. All stories of successful treatment of burns, wounds, & disease will be documented and a free copy sent back to those who send in there story. Please tell as many details / methods as needed so others can learn from the experiences of others. The longer and more detailed the stories the better. We will not use anyone’s names unless they want us to include it with the story. Thousands of successful stories are wanted. The goal being that a book of stories could be the best source of education for others who find them selves in need of help. This book could save many the trials of hardships experienced when they don’t know what to do and spend their money and time trying all the gimmicks that many times don’t lead to restored health. Centuries ago the ill would stay outside the city gates asking those entering for help, this way those with past experiences could hand down their wisdom and save much time and suffering. Many people are asking for help today and being so spread around the world many are at the mercy of doctors to do the best treatment. Most non-accident health issues can be solved at home at little cost. Handing down these learned lessons will reduce the fears and encourage natural health.

Experiences learned and passed onto others will reduce suffering to those who desire to help them selves and not trust their health to strangers. When thousands of success stories are read the reader can soon see the patterns that lead to truths. Those wishing to submit their hard learned lessons will also aid those seeking to learn from the mistakes of others.

Please ask all those you know who have stories to tell, to send them to:

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