

Heat Stroke - It may be Dangerous !

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Do you know what Heat Stroke is?

Classic heat stroke may occur after exposure to high atmospheric temperature not necessarily to direct sunlight. In normal acclimatized subject sweating takes place and body temperature falls down. But if the sweating mechanism fails then the body temperature gradually increases to a very high level. Exertional heat stroke or exertion related illnesses are commonly seen now-a-days. This develops in previously healthy persons undergoing severe exertion in a thermally stressful environment. It should be remembered that heat stroke is a medical emergency due to failure of the thermo-regulatory mechanism. The hallmark of heat stroke is cerebral dysfunction which can explain all its features.

CLINICAL PRESENTATION:

- Onset is sudden without any premonitory symptoms.
- Skin is dry, sweating is absent, mental confusion, headache, tremor, delirium, convulsion and coma precede death.
- Body temperature is persistently raised to 106°F or even more.
- Haemorrhage is very commonly seen.
- Neurological features are very soon followed by hepatic, renal and peripheral circulatory failure when death becomes inevitable.
- Rectal temperature is very high 42 - 44°.

LABORATORY FINDINGS

- Blood shows leucocytosis, platelet reduced, BT, CT elevated.

- High BUN, Uric Acid.
- Serum K, Ca and phosphates are diminished, urine may show RBC cast and protein.
- Liver function test altered.
- Signs of dehydration are present.

MANAGEMENT

- Remove the dressing and sprinkle the entire body with cold water.
- Allow the fan to move so that evaporation will be rapid.
- Gastric lavage with ice cold water, ice cradle and iced rectal saline may be used.
- Circulatory failure should be treated with ice cold glucose saline drip with circulatory stimulant.
- Oxygen inhalation may be given if required.
- Hypovolaemic shock or cardiogenic shock should be identified and treated accordingly.
- Patient should not be allowed exposure to heat.

HOMOEOPATHIC MEDICINE

- *Aconite-napellus* for cerebral congestion from lying with head exposed to direct rays of the sun, especially when in sleep, may be due to paralyzing effect on the circulation.
- *Belladonna* and *Glonoine* are useful in sun - stroke from exposure under ordinary conditions.
- *Natrum-carb* acts in chronic effects of sunstroke, now with return of hot weather, suffer from headache.