



SHORT COMMUNICATION

Sun Stroke: Physiological Mechanism and Palliative Intervention

Deepak Bhattacharya, PhD^{1*}

¹ Social Service and Nursing, Sri Radha Krishna Raas Mandir, Kedar Gouri Road, Bhubaneswar–751002, Odisha, India.

* Corresponding Author. Email: fightcancermetastasisathome@gmail.com

ARTICLE INFO

Article History:

Received: March 20, 2023

Accepted: April 4, 2023

ABSTRACT

Sun stroke is a high-emergency clinical condition consisting of a cascade of six prominent symptom groups with failed gravity and intramuscular routes of IM and IV administration, gut constriction and grave prognosis. 2% KCl + 5% NaCl + 2% CaOH with diluted milk as vector is proposed. Institutional framework is absent. Nurses are called upon.

Keywords: Sun stroke, Oral administration, 2% KCl + 5% NaCl + 2% CaOH, Panacea.

Introduction

Sun stroke is a clinical condition (flora and fauna). There are no well-known therapies. One is wanted. In remote of rural and in concrete urban conglomerates, the nurse is often the first and the last lamp. Practiced hypothesis is discussed.

In anthropomorphs (homeotherms), it is marked by a 6-step cascade: (1) heightened fluid loss, constriction of gut's cross-section and stomach cramps; (2) failure of food/drug, salt, ion and mineral uptake (in the mid-gut), lymphatic drainage stoppage, low cardiac stroke volume, ectopic syndrome and myalgia; (3) headache and pallor; (4) racing pulse, pseudo-hypertension, yet faltering hemodynamics – rapidly and consistently; (5) pyrexia; and (6) vertigo, unsteady steps, spastic limbs, black out and fall. A state of failure of innate homeothermic mechanism and tissue perfusion force, askew hemodynamics; e.g., very low BP and cardiac output, yet racing pulse [mimics left ventricular failure – as in heart attack]. Oral infusion of pills, intravenous infusion of plasma expanders and ice pack application all fail – this is because the gravity route shuts down.

Prognosis becomes 'grave'. Fatality ensues.

Palliative Interventional Nursing

(x) 2% KCl + 5% NaCl + 2% CaOH be orally slowly fed as the sole internal medicine. Preferably dissolved in diluted dry-desert ruminant's milk (1:4 v/v H₂O and milk) be administered orally for rapid induced mechanical quenching. (y) 2% KCl + 2% Ca(OH)₂ be repeatedly applied gently on gums for rapid sublingual uptake (shortest route to heart and brain). Arm pit, neck, nape, sweat gland regions be sponged with (x) for anti-myalgia and pro-tissue perfusion force rejuvenation; to stop titin protein breakdown.

SOS Emergency (Theoretical)

Intubation with endotracheal tube: Combination as in above (A) and/or (B) phosphate intra-muscular injectibles mixed in physiological saline @ 5mg in 100ml saline at 60kg male calculated at 50kg female and/or (C) Ringer's solution and/or (D) Dexamethasone sodium phosphate sub-lingual (*note**). Any combinations case-specific. Combinations (A) and (B)

be administered intra-venous at ‘back of the hand’ or at ‘inside of the elbow’ and (essentially) the hand be raised vertically (with support) with the patient supine. This is to aid and abet better drainage due to additional induced gravity and avoid hematoma or edema at the injection site.

FUNCTIONAL FOOD: 10gm fried flour admixed with electrolytes and ions; 5% milk; 5gm dextrose; in 200ml de-ionized cum de-mineralized water. Intubated swiftly once every 60-minute interval (3 times only). Optional: date’s juice or thin dilution ‘date porridge’ (in place of dextrose).

Discussion: Emergency palliative nursing is on the horizon. It leads to swift, safe, effective clinical results. Nice for community nurse, family physician and family welfare. Climate change mandates. A nice step forward towards nursing-assisted drug discovery with economy.

Conclusion: In the status of sun stroke, the sole viable physiological fluid gradient is from mid-gut towards vital organs and peripheries. Sole option. By adopting such minor innovative nursing, a gut’s lumen regains volume and peristalsis. Nice for akkermansia municipihila. Grave prognosis gets thwarted. Nursing combats sun stroke.

* **NOTE:** Phosphate and Ringer’s to be discounted (given least) in known cases of solid malignancy and in liquid cancers having solid metastasis (because post-recovery from sun stroke long-term contradictions are indicated from such therapy); whereas, the geriatric, mal-nourished, anemic, convalescing patients indicate excellent results from such therapy = relevant for developing nations and for temperate dwellers travelling in hot-dry countries.