

Role Of Glonoinum in The Homoeopathic Management of Sunstroke: A Case Series Study

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Abstract—Background Sunstroke (heat stroke) is a medical emergency resulting from prolonged exposure to excessive heat and sunlight. In Homoeopathy, Glonoinum is considered a prominent remedy for complaints arising from direct exposure to the sun, characterized by throbbing headache, cerebral congestion, flushed face, dizziness, and heat intolerance. Objective: To evaluate the role of Glonoinum in the homoeopathic management of sunstroke cases. Methods: A prospective case series study was conducted on 30 patients presenting with symptoms of sunstroke. Cases fulfilling the inclusion criteria and matching the symptomatology of Glonoinum were selected. Patients were assessed using a symptom severity score before and after treatment. Follow-up was carried out for 7 days. Results: Out of 30 patients, 24 (80%) showed marked improvement, 4 (13.3%) showed moderate improvement, and 2 (6.7%) showed mild improvement. Significant reduction was observed in headache, vertigo, flushing, and heat intolerance scores. Conclusion: Glonoinum demonstrated favourable clinical outcomes in patients presenting with symptom complexes corresponding to sunstroke. Further controlled studies with larger sample sizes are recommended.

Index Terms—Glonoinum, Sunstroke, Heat Stroke, Homoeopathy, Case Series, Clinical Study.

I. INTRODUCTION

Sunstroke is a severe heat-related illness characterized by elevated body temperature, neurological disturbances, dehydration, and circulatory

dysfunction. Excessive exposure to sunlight can lead to symptoms such as headache, vertigo, nausea, confusion, flushed face, and loss of consciousness.

Glonoinum (Nitroglycerinum) occupies an important place in Homoeopathic Materia Medica for ailments resulting from exposure to sun and heat. The remedy is characterized by violent congestion of the head, pulsating headache, dizziness, and aggravation from heat and sunlight.

II. AIM

To evaluate the clinical effectiveness of Glonoinum in the management of sunstroke.

III. OBJECTIVES

1. To study the clinical presentation of sunstroke.
2. To evaluate the effectiveness of Glonoinum.
3. To assess changes in symptom severity after treatment.

IV. MATERIALS AND METHODS

Study Design

Prospective observational case series.

Study Setting

Outpatient and inpatient department of Homoeopathic Hospital.

Sample Size

30 patients.

V. INCLUSION CRITERIA

- Patients aged 18–65 years.
- History of recent exposure to sunlight.
- Presence of symptoms corresponding to Glonoinum.
- Patients willing to participate.

VI. EXCLUSION CRITERIA

- Severe heat stroke requiring intensive care.
- Serious systemic illness.
- Patients on long-term corticosteroids.

VII. INTERVENTION

Glonoinum was prescribed in indicated potency according to individual case presentation and homoeopathic principles.

VIII. OUTCOME MEASURES

Symptom Severity Score based on:

- Headache
- Vertigo
- Flushed face
- Heat intolerance
- Nausea

Scores recorded at baseline and after treatment.

IX. STATISTICAL ANALYSIS

Descriptive statistics using percentages and mean symptom scores. Results:



X. DISCUSSION

The majority of patients experienced significant relief from characteristic symptoms such as throbbing headache, vertigo, facial flushing, and heat intolerance. The findings correspond with classical materia medica descriptions of Glonoinum as a leading remedy for the effects of sun exposure.

Improvement was particularly notable in cases presenting with cerebral congestion and pulsating headaches. The results suggest that Glonoinum may play a useful role in managing symptom complexes corresponding to sunstroke when prescribed on the basis of symptom similarity.

However, the absence of a control group and small sample size limit the generalizability of findings.

XI. LIMITATIONS

1. Small sample size.
2. Lack of control group.
3. Short follow-up duration.
4. Single-center study.
5. Subjective symptom assessment.

XII. CONCLUSION

The present case series suggests that Glonoinum may be beneficial in patients presenting with characteristic manifestations of sunstroke. The majority of cases demonstrated marked clinical improvement. Further randomized controlled studies are needed to establish stronger evidence regarding its effectiveness.

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