

**JOHN ALBERT MARTIN**

DOB 31.12.1943 Age 63

**2007 Tuesday 20 March, 3pm.** John Martin suffered full thickness burns to the left and right axillae (armpits), and smaller patches on the abdomen, when sparks from using an angle grinder set his shirt alight.



Within 10 seconds he doused the flames with water from a hose and kept water on the burn for 10 minutes. (Subsequent information indicated that the MEBO protocol is more successful if water is not used and MEBO applied straight away). Pain level 10/10. MEBO was then applied over the entire area to the required 1 mm layer. By 8 pm the pain was 1/10.

**MEBO** – Moist Exposed Burn Ointment – <http://en.mebo.com/> MEBO consists of sesame oil and beeswax with several herbs including the aloe family. We have used MEBO for 8 years since our then 14 yr old daughter tipped a steam pudding over her arm – having read about MEBO in our local *Chronicle* we drove to Levin to get a tube from the then importer Grahame Gaisford. There was virtually no mark on Helen’s skin the next day.

We continued to apply MEBO to John’s burns, confident that the cream had the ability to deal with the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> degree burn areas, in conjunction with support from the importer, Glenn Charlett, and access to the Chinese Professors at the *Beijing Institute of Burns, Wounds and Ulcers*. MEBO was applied 4 times per day with a light gauze dressing to hold it in place. MEBO has natural analgesic and antibiotic properties and the background pain level remained at around 1/10 - 2/10 for most of the treatment period. (MEBO assumes the function of skin and allows the heat to be ducted away.)



21<sup>st</sup> March, day 2, left axilla



22<sup>nd</sup> March, day 3, right axilla

We avoided seeking conventional medical treatment as we knew we would have been under considerable pressure to go to Hospital and guessed that we would have been unable to continue with MEBO. We wished to maintain a relaxed healing environment with access to alkaline ionized water (at least 2 l/day), organic whole food (including vegetable juices), raw milk, fish oil, mineral and vitamin supplements (eg Elan -Active Again, GliSODin (superoxide dismutase), Lipospheric vitamin C). Homeobotanicals were used as required (eg Hb TRM which includes arnica) and Hypericum for nerve damage. John developed a craving for cheese omelettes – for the protein content, and EFAs (Nordic fish oil) for cell regeneration.



24<sup>th</sup> March, day 5

After 5 days (Sunday) John developed an infection in the worst – L axilla - area and ran a small temperature of 38 deg (this is very common in burn patients). Conventional medical treatment was sought through the after-hours GP, Dr Graham Irving, who said he thought John should be in hospital – John agreed.

Dr Irving prescribed Flucloxacillin and spoke to the Burns Unit specialist who arranged admission to the Hutt Hospital Burns Unit the next morning.

John was admitted 26/3/07. Dr Staiano, Plastic Surgery Fellow, saw John and advised debridement of the areas, a number of skin grafts and treatment with Aquacel AG. He warned that John would suffer very red raised ugly scars with significant limitation of function and the area still unhealed in 6 months if we did not do this. He would not allow the use of MEBO as he had no knowledge of it.

John felt the infection was under control with the antibiotic and took the decision to self-discharge at that point. We continued to use the MEBO as per the protocol, 4 applications per day. John slept much of the next 4 weeks.



27<sup>th</sup> March, day 8, left axilla



31<sup>st</sup> March, day 12



6<sup>th</sup> April, day 17



25<sup>th</sup> April, 5 weeks, left axilla.  
Note slight reaction to MEBO

Adjuvant therapies included SCENAR - see [www.tennantinstitute.com](http://www.tennantinstitute.com) (explanation of voltage in the body) - for help with pain (occasionally up to 4/10 when MEBO was applied). Also Soft Laser to help wound healing [www.gardenwithin.com](http://www.gardenwithin.com), and sleeping in the Multilayer Treatment Blanket MTB to balance energy in the meridian systems). Further balancing was done with Body Talk <http://www.bodytalksystem.com/bodytalk/>

We attempted to access District Nursing services for help with dressings. Our GP, Dr Chris Sutcliffe, refused to sanction the use of MEBO and refused to give us a referral to the District Nurses. We used old cotton sheets and muslin as we could no longer buy large pieces of gauze. After 7 weeks we changed GPs. Dr Nelson Nagoor in Foxton was very familiar with the use of sesame oil in healing skin (he also trained in Ayurvedic medicine) and provided us with a prescription for MEBO and referral to the District Nurses who could then help with dressings. Dr Nagoor suggested the use of Weleda's Combudorom Gel as John had developed a slight reaction to one of the ingredients of MEBO – possibly the berberine. The rash settled quickly with Combudorom. ACC (insurance) paid for the Mebo.

The District Nurses came twice (4th and 5th May) then we agreed that we would carry on as before. John began light farm work (shifting stock and concreting) at about 8-10 weeks, and he regarded this as physiotherapy as he got frustrated waiting for ACC to organize the promised physio assessment. There was considerable loss of muscle tone in both arms. He had full mobility of the R arm. Pain on movement of the L arm was up to 4/10 – abduction was about 50 deg improving to 90 deg after a Scenar session.



21st May, 2 months



21st May,  
2 months  
left axilla



21st May, 2 months, left axilla

John continued to progress well after May 2007 although he had increased burning pain in the L axilla (around 2-6/10) as the nerves 'woke up'.

This improved after Scenar treatment and use of Hypericum homeopathic. Cell salt Calc Sulph was also used as indicated from muscle testing as well as homeopathic Thiosinamine 6x for scarring.

Soft Laser and Scenar treatment was continued over the left armpit, and a lavender-based cream used to massage the areas.



6<sup>th</sup> December, 2007, 9 months, left axilla



October, 2008

18 months after the burn John now has almost full extension/elevation of the left arm.

When fully extended the arm has 5% discomfort. When the armpit is subjected to undue heat or sweating there is some further discomfort. He is very happy with the outcome.

We are certain that if he had received full MEBO protocols including ploughing of the area, there would be no scarring at all.