A case study of angioedema disease with homoeopathic treatment according to individualistic approach

Dr. Neha Bhaisare and Dr. Babita Saxena

DOI: https://doi.org/10.33545/26164485.2024.v8.i3b.1205

Abstract
Angioedema is non-pitting edema which affects the face, lips, neck, and extremities as well as the oral cavity, larynx, and/or stomach. It can also involve subcutaneous and/or submucosal layers of tissue. The larynx is involved, at which point it becomes potentially fatal. Bradykinin and histamine are the two mediators that cause angioedema in the majority of cases. Wheals are a symptom of urticaria that can accompany angioedema, and this type is usually allergic. Several homoeopathic treatments for edema are available based on the entirety of the patient's symptoms. In the present study, individualistic approach has been adopted for the treatment of angioedema and report has been published.

Keywords: Angioedema, histamine, bradykinin, individualistic approach

Introduction
Angioedema was first described in 1882 by Quincke, then by Osler in 1888 (hereditary angioedema), and finally in 1963 by Donaldson et al (the role of C1 inhibitor) [1]. Angioedema is characterized as a restricted, non-inflammatory, localized edema that is caused by increased plasma leakage from capillaries found in the deep layers of the skin and mucosa. The buildup of endogenous inflammatory chemicals, which raise endothelial cell permeability without inducing a full-blown inflammatory state, is what causes the leakage. Therefore, only the tumor (edema) of the Celsus tetrad of inflammation (tumor, rubor, dolor, and calor) is indicative of angioedema, indicating the localized buildup of fluid and the lack of an inflammatory infiltrate.

Classification of Angioedema

Acquired
- Allergic (histaminergic angioedema) associated with anaphylaxis.
- Non-allergic (non-histaminergic angioedema), presenting isolated or in combination with urticaria.
- Drug-induced, e.g., angiotensin-converting enzyme inhibitors and non-steroidal anti-inflammatory drugs.
- Complement-mediated secondary to acquired deficiency of C1-inhibitor.
- Idiopathic which is subdivided into histaminergic and non-histaminergic Hereditary forms.
- C1-Inhibitor deficiency divided into type 1 (lack of C1-inhibitor molecule) and typed 2 (dysfunctional C1-inhibitor molecule) with normal C1 inhibitor.

Epidemiology
According to a retrospective research, angioedema was New York State's second most often hospitalized illness, behind asthma. Of these admissions for angioedema, 42% were made by African Americans [2]. Hereditary angioedema affects 1 in 50 people and is an uncommon autosomal dominant disorder. According to a Swedish study, females were more seriously afflicted by hereditary angioedema than males [3].

Etiology
Inherited (hereditary angioedema): The autosomal dominant disorder known as hereditary angioedema is caused by mutations in the C1-inhibitor gene.
Acquired: Lymphoproliferative disorders, autoimmune, neoplastic, infection and drug-induced [4].

Pathophysiology
When describing the pathophysiology, angioedema is classified into histamine-mediated angioedema and bradykinin-mediated angioedema. Histamine-mediated angioedema is the most common and is secondary to mast-cells and basophil activation. Bradykinin-mediated angioedema (hereditary angioedema, acquired C1-inhibitor deficiency and angiotensin-converting enzyme inhibitor-associated angioedema). Allergic reactions and rashes do not cause this condition. C1 inhibitor is a regulator of the complement and contact systems; if deficient or dysfunctional, it activates the contact system resulting in uncontrolled production of kallikrein leading to proteolysis of kininogen and high molecular weight bradykinin, resulting in edema due to increased vascular permeability [5].

Case Summary
A case of 32 year old male presented in OPD with following complaints Swelling: Around both the eyes, appears red.

• Location: Eyes, Throat, Hands Sensation: Itching on the swelled part
• Aggravation: Sour thing and getting wet, cold

Amelioration: Hot application, warm drink

History of present illness

Duration: 5 years.

Mode of onset: Gradual.


Insect bite in childhood His father has piles, constipation

Physical Generals Thirst: 3-4 liter/day Thermal: Chilly Desire: Sour things Aversion: Not specific Appetite: Reduced Stool: Hard and mucus Urine: Normal Sleep: Disturbed Dream: Not specific Mental Generals The patient found ambitious and seeking for employment. During case taking he was nervous and frightened. He pretend to showcase what he is not in reality.

Rubrics
• Mind-Ambition-increased means employed; every possible.
• Mind-Flattering.
• Mind-Hypocrisy.
• Mind-Timidity.
• Generals-Swelling-puffy, edematous.

<table>
<thead>
<tr>
<th>Symptom clipboard</th>
<th>Back</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIND</strong></td>
<td></td>
</tr>
<tr>
<td>1 MIND - AMBITION - increased - means employed; every possible</td>
<td></td>
</tr>
<tr>
<td>2 MIND - FLATTERING</td>
<td></td>
</tr>
<tr>
<td>3 MIND - HYPOCRISY</td>
<td></td>
</tr>
<tr>
<td>4 MIND - TIMIDITY</td>
<td></td>
</tr>
<tr>
<td><strong>GENERALS</strong></td>
<td></td>
</tr>
<tr>
<td>5 GENERALS - SWELLING - puffy, edematous</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remedies</th>
<th>ΣSym</th>
<th>ΣDeg</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>lyc.</td>
<td>5</td>
<td>12</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>phos.</td>
<td>4</td>
<td>8</td>
<td>2, 3, 4, 5</td>
</tr>
<tr>
<td>puls.</td>
<td>4</td>
<td>8</td>
<td>2, 3, 4, 5</td>
</tr>
<tr>
<td>sil.</td>
<td>4</td>
<td>8</td>
<td>2, 3, 4, 5</td>
</tr>
<tr>
<td>sulph.</td>
<td>4</td>
<td>8</td>
<td>2, 3, 4, 5</td>
</tr>
<tr>
<td>verat.</td>
<td>4</td>
<td>7</td>
<td>1, 2, 4, 5</td>
</tr>
</tbody>
</table>
Remedy selected
On the basis of symptom totality, Lycopodium was prescribed. Prescription on 08.06.2023

<table>
<thead>
<tr>
<th>Date</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.06.2023</td>
<td>LYCOPODIUM 200 BD (Two day) PLACEBO BD (Fifteen days)</td>
</tr>
<tr>
<td>24.06.2023</td>
<td>PLACEBO BD (Fifteen days)</td>
</tr>
<tr>
<td>10.07.2023</td>
<td>LYCOPODIUM 200 BD (Two day) PLACEBO BD (Fifteen days)</td>
</tr>
<tr>
<td>26.07.2023</td>
<td>PLACEBO BD (Fifteen days)</td>
</tr>
<tr>
<td>20.08.2023</td>
<td>PLACEBO BD (Fifteen days)</td>
</tr>
</tbody>
</table>

Follow up-I
Relief – 50%

Follow up II on 10.07.2023
It was observed that swelling came back.

Follow up-III on 26.07.2023
Significant relief in symptoms observed. No recurrence of swelling observed.

Follow up-IV on 20.08.2023
- Patient felt better
- No Swelling observed
- Patient feels relaxed and confident

Discussion
In this case, the patient who received homoeopathic treatment felt significant relief after 4 follow ups. Earlier, he
had taken treatment at various places of different types but the relief in symptoms was not there. Homoeopathic treatment was given according to individualistic approach. Remedy was selected on the basis of symptoms similarity after analysing the reportorial totality.

**Conclusion**

Angioedema is a life-threatening disorder that manifests in several subtypes, each with its own distinct pathophysiology. The past two decades have seen tremendous advances in the diagnosis, classification, and management of angioedema. Homeopathic medicines reduce both the intensity and frequency of angioedema attacks and help improve the patient's quality of life. The instant case study demonstrates that individualised homoeopathic treatment is associated with significant relief in symptoms of angioedema.

**Conflict of Interest**

Nil.

**Financial Support**

Not available.

**References**