



EDEMA AND HOMOEOPATHY

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Definition

Edema is defined as a clinically apparent increase in the interstitial fluid volume (Psora) that may expand to huge quantity (Syphosis) before the abnormality is evident.

Increased fluid in different interstitial (edema) spaces leads to its various forms-

- Hydrothorax- pleural cavity
- Hydropericardium- pericardium
- hydroperitoneum or ascites- peritoneum
- Anasarca- severe and generalized edema with profound subcutaneous tissue swelling

Pathophysiology

The formation of edema is controlled by the balance of a number of forces. The two most important forces involved are-

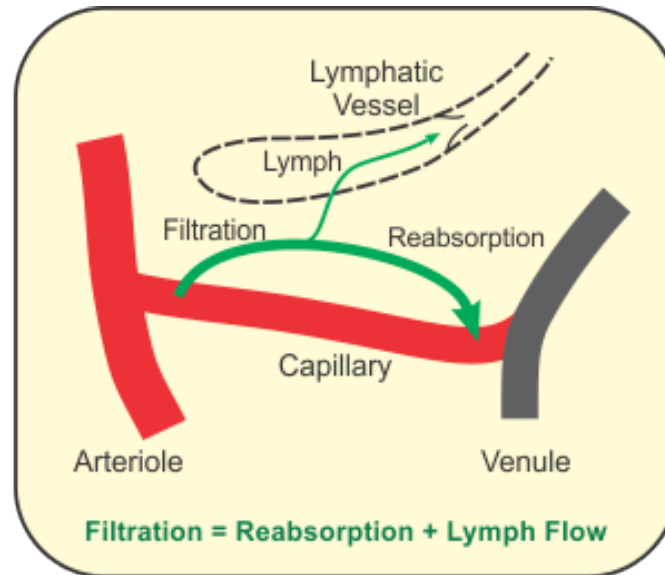
- Hydrostatic pressure- the pressure generated by fluids
- Oncotic pressure- generated by proteins in blood plasma

Factors involved in edema

Factors that govern movement of water between vascular and interstitial spaces are given below-

- Rising hydrostatic pressure (Psora)
- Falling oncotic pressure in the blood vessels (Psora)
- Rising oncotic pressure in the tissues (Psora)
- Degradation of the walls of blood vessels which leads to increased permeability, reduced oncotic pressure and leakage of fluids (Syphilis)
- Impairment of the lymphatic system which is responsible for clearing fluids from interstitial spaces (Psora)
- Increased hydrophilic nature of tissues (Psora)
- Edema fluid in hydrodynamic derangements is usually a protein-poor transudate
- Inflammatory edema is a protein rich exudate (C- Reactive protein in blood positive)

The movement of water and low molecular weight solutes between the intravascular and interstitial spaces is controlled primarily by the opposing effect of vascular hydrostatic pressure and plasma colloid osmotic pressure. Normally the outflow of fluid from the arteriolar end of the microcirculation into the interstitium is nearly balanced by inflow at the venular end. A small residual amount of fluid is left in the interstitium and is drained by the lymphatic vessels, ultimately returning to the bloodstream via the thoracic duct.



The interstitial volume (bounded area) depends on the rates of filtration, reabsorption and lymph flow.

The course of edema is accomplished in the following way-

Reduced plasma osmotic pressure

- Results from excessive loss or decreased production of albumin, which is most responsible for maintaining colloid pressure (Psora/ Syphilis)
- Nephrotic Syndrome (Psora/ Syphilis/ Sycosis)
- Leaky glomerular capillary wall causing generalized edema (Psora)
- Decreased albumin production because of diffuse liver pathology like cirrhosis, or from protein malnutrition (Psora/ Syphilis)
- Decreased plasma osmotic pressure leads to movement of fluid into interstitium, causing decrease in plasma volume and consequently decrease in renal perfusion (Psora)
- Decrease in cardiac output due to decrease in plasma volume (Psora)
- Decrease in renal perfusion causes secondary aldosteronism and consequently Na and water retention by kidneys (Psora/ Sycosis)
- Na and water retention cannot correct plasma volume because of low serum proteins (Causa occasionalis)
- Initial edema caused by hypoproteinemia is made worse by secondary salt and water retention (Sycosis)
- Edema caused by renal dysfunction or nephrotic syndrome is generally more severe and affects all parts of the body equally
- Liver cirrhosis, malnutrition, protein-losing gastroenteropathy are the main causes

Increased hydrostatic pressure

There may be two types of mechanism causing edema, local and generalized-

Local increase in hydrostatic pressure

- It causes localized edema
- Local increase in hydrostatic pressure may result from impaired venous outflow (Psora)
- Deep venous thrombosis in lower legs causing edema (Psora/ Syphilis)

Generalized increase in hydrostatic pressure

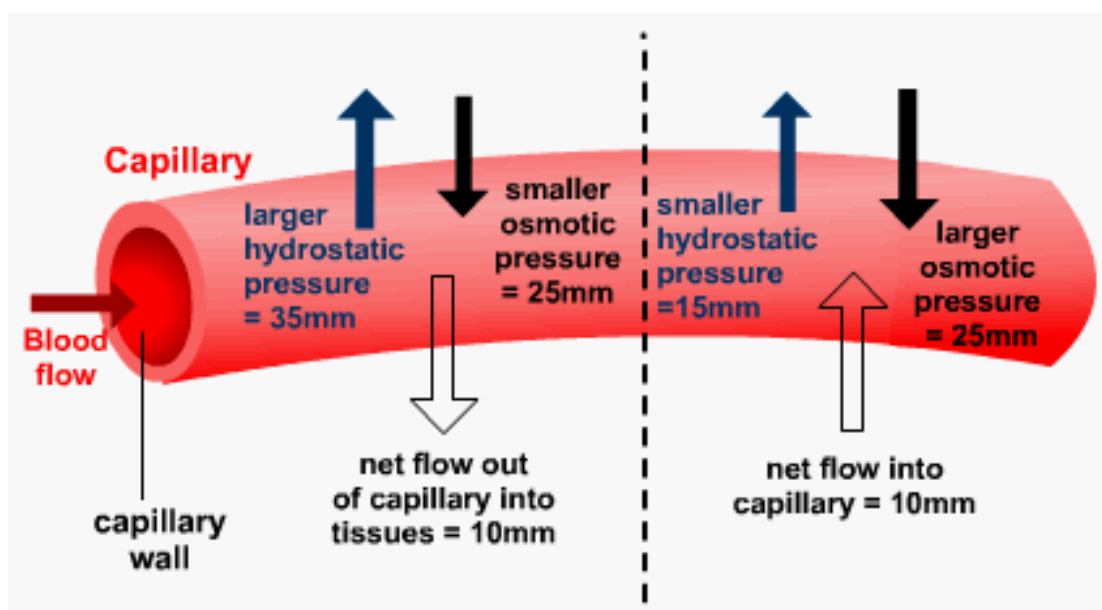
- It causes systemic edema
- Occurs most frequently in CHF
 - CHF affects right ventricular cardiac function, associated with decreased cardiac output (Psora) and decreased renal perfusion (Psora), which triggers renin-angiotensin- aldosterone axis, causing Na and water retention (Sycosis)
 - Heart cannot increase cardiac output (Psora), causing extra fluid load and increased venous pressure leading to increased transudation (Sycosis) developing into edema
 - Now develops a cycle of renal fluid restriction, worsening edema (Psora/ Sycosis)
 - Edema of dependent parts of the body – prominent feature of CHF, especially of right ventricle (Causa occasionalis)
- Constrictive pericarditis, ascites, venous obstruction or compression, arteriolar dilation

Lymphatic obstruction

- Impaired lymphatic drainage and resulting lymphedema is usually localized (Psora)
- May be a result from inflammation or neoplastic obstruction (Psora/ Syphilis/ Sycosis)

Sodium and Water Retention

- Increased salt with obligate accompanying water (Psora)
- Increased intravascular fluid volume causes increased hydrostatic pressure and decreased vascular colloid pressure (Psora)
- Excessive salt intake with renal insufficiency leads to increased tubular reabsorption of sodium (renal hypoperfusion, increased Renin Angiotensin Aldosterone secretion) (Psora/ Syphilis)



Etiology

The etiology is multifactorial, revolving around the intricate balance of capillary blood and oncotic pressures, tissue pressures, capillary permeability, and lymphatic flow. A change in any of these factors can offset the extravascular fluid balance and result in edema formation.

Main causes of edema are-

- Arthritis
- Idiopathic
- Infections
- Injury, Insect stings, venomations
- Local allergic reactions
- Malabsorption and Malnutrition
- Physiologic e.g. dependent pedal edema
- Surgical interruption of veins or lymphangitis
- Venous thrombosis or occlusion

Causes of edema may be systemic or local.

Systemic causes

Allergic reaction, urticaria, and angioedema	Increased capillary permeability
Cardiac disease	Increased capillary permeability from systemic venous hypertension; increased plasma volume
Hepatic disease	Increased capillary permeability from systemic venous hypertension; decreased plasma oncotic pressure from reduced protein synthesis
Malabsorption/protein-calorie malnutrition	Reduced protein synthesis leading to decreased plasma oncotic pressure
Obstructive sleep apnea	Pulmonary hypertension resulting in increased capillary hydrostatic pressure
Pregnancy and premenstrual edema	Increased plasma volume
Renal disease	Increased plasma volume; decreased plasma oncotic pressure from protein loss

Local Causes

Cellulitis	Increased capillary permeability
Chronic venous insufficiency	Increased capillary permeability caused by local venous hypertension
Compartment syndrome	Increased capillary permeability caused by local venous hypertension
Complex regional pain syndrome type 1 (reflex sympathetic dystrophy)	Neurogenically mediated increased capillary permeability
Deep venous thrombosis	Increased capillary permeability
Iliac vein obstruction	Increased capillary permeability caused by local venous hypertension
Lipedema	Accumulation of fluid in adipose tissue
	Primary: congenital lymphedema, lymphedema praecox, lymphedema tarda

Lymphedema	Secondary: from axillary lymph node dissection, surgery (e.g., coronary artery bypass graft, inguinal lymphadenectomy), trauma, radiation, tumor, filariasis	Lymphatic obstruction
May-Thurner syndrome (compression of left iliac vein by right iliac artery)		Increased capillary permeability caused by local venous hypertension from compression

Signs and symptoms

- Most easily recognized grossly
- Swelling or puffiness of the tissue directly under skin
- Stretched or shiny skin
- Dimple on skin after being pressed for several seconds in pitting edema
- Increased abdominal size due to ascites

Types

According to pathophysiological mechanism-

- Transudate- low protein content
- Exudate- high protein content

According to location-

- Localized
- Generalized

According to clinical finding-

- Pitting
- Non-pitting

Localized edema

This type of edema is localized to a specific region of the body and is commonly due to venous problems, lymphatic causes, allergy and Inflammation.

Venous edema

- Caused by increased venous pressure or venous constriction
- Intravascular venous obstruction- deep vein thrombosis (DVT)
- External compression- a mass or plaster
- Failure of venous pumps due to paralysis of muscles- cerebrovascular accident
- Immobilization of parts of the body- post-op and fractures
- Failure of venous valves- varicose veins

Lymphatic edema

- Caused by blockage in the lymphatic return
- Often seen in cancer, post-radiation, infections as elephantiasis, surgery, congenital absence or abnormality of lymphatic vessels
- The edema is persistent and non-pitting type

Allergy/Angioedema (Quincke edema)

- In allergy released histamine and other mediators lead to vasodilation
- The swelling can involve the face, lips, tongue and even glottis which is a medical emergency
- This is usually itchy but transitory

Inflammation

- There is vasodilation due to Inflammatory mediators and other signs of inflammation
- Edema may be superficial as cellulitis or deep as in infections or abscess

Generalized edema

In this case the edema involves several body simultaneously and is commonly due to cardiac, hepatic, renal or endocrine causes.

Cardiac edema

This is a sign of congestive heart failure, due to increased venous and capillary pressures, often associated with renal sodium retention.

- The initially there is increased venous pressure
- When condition becomes more severe, there is impairment of renal blood supply
- Afterwards activation of rennin-angiotensin-aldosterone system takes place
- Finally, hypoalbuminemia secondary to liver stasis develops
- Left sided heart failure leads to pulmonary edema while right sided heart failure causes peripheral edema, ascites, hydrothorax and anasarca in severe and long standing cases

Hepatic edema

- Due to decreased synthesis of proteins as in liver cirrhosis
- The hypoalbuminemia leads to decreased oncotic pressure
- The scarred liver also causes a back pressure in the portal vein territory, the portal vein hypertension and increases the hydrostatic pressure
- These factors cause edema in the ascites and this in turn compresses the inferior vena cava and leads to edema in the lower limbs

Renal edema

- Nephritic syndrome with decreased glomerular filtration rate and sodium water retention
- Nephrotic syndrome with albumin loss in the urine leading to generalized edema
- The edema frequently occurs in lax connective tissue like face, periorbital area and genitalia
- It is of pitting type
- Occurs mostly during the morning and is associated with vasoconstriction hence called as 'White' edema

Endocrine edema

- In primary or secondary hyperaldosteronism, there is retention of sodium and water leading to increase in hydrostatic pressure causing pitting edema
- Myxedema refers to non-pitting edema seen in hypothyroidism
- Females experience edema in premenstrual syndrome due to hormonal changes

Diagnosis

History

The following factors are pertinent to the establishment of the etiology of edema.

- Onset- gradual or sudden
- Site of the edema
- History of recurrence or chronicity
- Color, warmth, induration, sensitivity, and/or pain
- Associated dyspnea or orthopnea
- Associated fever or chills
- Medications such as nonsteroidal antiinflammatories, calcium channel blockers, Alpha blockers, Beta blockers, corticosteroids etc.
- Endocrine diseases like hypothyroidism, Cushing's disease
- Prolonged dependent position
- Pregnancy
- Increased sodium chloride intake
- Trauma- ecchymosis, abrasions

Physical examination

- A complete or focused examination
- Special attention should be paid to whether the edema is generalized or localized
- Whether it is pitting or non-pitting and whether there is coloration if a painful sensation is present
- Vital signs with special attention to an elevated temperature, decreased oxygen saturation, tachypnea, and/or tachycardia
- Mental status changes
- Neck vein distension should be evaluated
- Gallop in the heart rhythm
- Crackles in the lungs should also be noted
- Ascites and hepatosplenomegaly should be evaluated.

Diagnostic testing

- Brain natriuretic peptide measurement for CHF
- Creatinine measurement and urinalysis for renal impairment
- Hepatic enzyme and albumin measurement for hepatic insufficiency
- d-dimer enzyme-linked immunosorbent assay to rule out DVT

Ultrasonography

- Venous ultrasonography for DVT
- Compression ultrasonography with or without Doppler waveform analysis for proximal thrombosis
- Duplex ultrasonography for chronic venous insufficiency

Lymphoscintigraphy

- Lymph flow cannot be detected with ultrasonography
- Indirect radionuclide lymphoscintigraphy, which shows absent or delayed filling of lymphatic channels, is the method of choice for evaluating lymphedema

Magnetic resonance imaging

- Magnetic resonance angiography with venography of the lower extremity and pelvis for intrinsic or extrinsic pelvic or thigh DVT
- To make diagnosis of musculoskeletal etiologies, such as a gastrocnemius tear or popliteal cyst
- T1-weighted magnetic resonance lymphangiography to directly visualize the lymphatic channels when lymphedema is suspected

Other studies

- Echocardiography to evaluate pulmonary arterial pressures in obstructive sleep apnea and edema

Treatment

Treatment of edema depends on the cause that is responsible for its development. The same cause may affect different individuals with entirely different portrait of signs and symptoms. Thus a keen and deep study of the constitution of the patient along with that of pathophysiology of edema in that case is the only way to cure. Miasmatic evaluation of the case is a must to get rid of any obstacles in way of restoration.

Homoeopathic treatment of edema

The following are the remedies most frequently indicated in cases of edema-

abel. **Acet-ac.** acetan. **Acon.** adam. adon. **Adren.** aeth. aether agar. **Ail.** alco. all-c. am-be. **AM-C.** am-i. **Am-m.** **Ambr.** aml-ns. **Ammc.** ampe-qu. **Anac-oc.** anac. **Anag.** anan. **ANT-AR.** **ANT-C.** **ANT-T.** anthraci. anti-p. **APIS** apoc-a. **Apoc.** aral-h. **Arg-met.** **Arg-n.** **Arn.** ars-h. ars-i. **Ars-met.** **ARS-S-F.** **ARS.** arum-t. arund. **Asaf.** **Asc-c.** **Asc-t.** **Aspar.** atra-r. aur-ar. aur-i. **Aur-m-n.** **AUR-M.** aur-s. **Aur.** bacls-7. bamb-a. bapt. bar-c. **Bar-m.** **Bell.** beryl. **Bism.** blatta-a. boerh-d. bol-lu. bor-ac. bov. brass-n-o. **Brom.** bros-gau. **Bry.** bufo **Cact.** cadm-s. cain. **Caj.** calad. calc-ar. calc-f. calc-i. calc-m. **Calc-p.** **Calc-s.** calc-sil. **CALC.** calth. **Camph.** **Cann-s.** cann-xyz. canth. caps. carb-ac. **Carb-v.** carbn-s. **Card-m.** casc. **Caust.** cean. cedr. **Cench.** cham. **CHEL.** **Chen-a.** **Chim.** chin. chinin-ar. chinin-s. chir-fl. **CHLOL.** cina cinnb. cinnm. cit-l. coc-c. coca **Cocc.** **Coch.** coff. **COLCH.** **COLL.** coloc. **Con.** conv. convo-a. cop. cortico. cortiso. **Crat.** crot-h. **Crot-t.** culx. cupr-ar. **CUPR.** **Cycl.** **DIG.** digin. diph. dros. **Dulc.** **Elat.** equis-h. erig. ery-a. euonin. **Eup-per.** eup-pur. euph. ferr-ar. **Ferr-i.** **Ferr-m.** **Ferr-p.** ferr-s. **FERR.** **Fl-ac.** **Form.** frag. **Gamb.** **GRAPH.** **Grat.** guaj. **Ham.** **HELL.** **Helon.** hep. **Hippoz.** hom-xyz. **Hydr.** **Hyos.** iber. **Ictod.** ign. **Iod.** **Ip.** irid-met. iris iris-g. **Jab.** jal. jatr-u. junc-e. juni-c. kali-act. **Kali-ar.** **KALI-BI.** **Kali-br.** **KALI-C.** kali-chl. **Kali-i.** **Kali-m.** **Kali-n.** **Kali-p.** kali-perm. kali-s. **Kalm.** kola kreos. **Lac-c.** **LAC-D.** **LACH.** lact. lat-k. lat-m. laur. led. lept. **Liat.** **Lith-c.** loxo-recl. luna **LYC.** **Lycps-v.** mag-c. **Mag-m.** **MED.** medus. **MERC-C.** merc-cy. merc-d. **MERC-SUL.** **MERC.** mez. morg-g. mosch. **Mur-ac.** myric. **Naja** **Nat-ar.** **Nat-c.** **Nat-m.** nat-pyru. nat-s. nat-sal. nit-ac. **Nux-m.** **Nux-v.** **OLND.** **OP.** oxyd. ozone ped. petr. ph-ac. phase-xyz. **Phos.** **Phyt.** pic-ac. pitu-gl. pitu-p. plat. **Plb.** polytr. prim-vl. prot. **Prun.** **Psor.** ptel. pulm-v. pulmon. puls. pyrog. querc-r. querc. **Ran-b.** raph. rauw. reser. rheum **Rhod.** **RHUS-T.** **Ruta** sabad. **Sabin.** sacch. **Sal-ac.** **SAMB.** **Sang.** sanic. santin. sars. scarl. sec. senec-sp. senec. **Seneg.** **Sep.** **Ser-ang.** sil. sin-n. **Solid.** spartin. **Spig.** spong. **SQUIL.** stann. staph. **Stram.** streptoc. **Stront-c.** **Stroph-h.** **Sul-ac.** sul-i. **Sulph.** tab. tarax. tarent-c. tarent. **TELL.** **TER.** **Teucr.** thlas. **Thuj.** **Thyr.** toxi. **Tub.** ur-ac. uran-n. urea urin. **Urt-u.** vac. verat-v. **Verat.** **Verb.** vesi. vesp-xyz. **Vesp.** vip. **Xan.** zinc-p. zinc. **Zing.** ziz.

Short repertory of edema

ABDOMEN - DROPSY - edema - hepatic origin tarax.

ABDOMEN - DROPSY – edema anan. **Apis** **Ars.** **Graph.** tarent. thuj.

BACK - ERUPTIONS - edematous - Cervical region - right side *pitu-gl.*

CHEST - EDEMA; PULMONARY - drunkards, in *crot-h.*

CHEST - EDEMA; PULMONARY *acon. adon. Adren. Am-c. am-i. ANT-AR. ANT-T. Apis apoc. ars-i. ARS. aspar. atra-r. Aur-i. aur. Bar-c. bell. beryl. brass-n-o. bry. cadm-s. camph. Carb-v. cham. chel. chin. chir. fl. coch. colch. con. cortico. crot-h. crot-t. Dig. dros. Graph. hep. Hyos. ign. Ip. jab. kali-c. Kali-i. Kali-p. LACH. lat-m. laur. Lyc. MERC-SUL. merc. Nat-m. Nux-v. OP. Phos. plb. pulm-v. pulmon. puls. Samb. Sang. seneg. spong. squil. stront-c. stroph-h. sulph. tub. verat.*

CHEST - HEART; complaints of the - edema – without *Ser-ang.*

CHEST - HYPERTROPHY - Bronchial tubes – edematous *am-c.*

CHEST - SWELLING - Mammae – edematous *arg-n.*

EAR - SWELLING - edematous - Middle ear *jab.*

EAR - SWELLING – edematous *medus.*

EXTREMITIES - NUMBNESS - Forearm – edematous *chel.*

EXTREMITIES - OOZING from edematous legs *Graph. hep. LYC. tarent-c.*

EXTREMITIES - PAIN - sprained, as if - Ankle - edema, with *Stront-c.*

EXTREMITIES - STIFFNESS - Joints - edema, with *kali-ar.*

EXTREMITIES - SWELLING - Ankle – edematous *acetan. apoc. bamb-a. kali-m. med.*

EXTREMITIES - SWELLING - Foot - Back of – edematous *puls.*

EXTREMITIES - SWELLING - Foot - edematous – left *kali-c.*

EXTREMITIES - SWELLING - Foot - edematous - one foot only *Kali-c. phos. puls.*

EXTREMITIES - SWELLING - Foot – edematous *acet-ac. acetan. Anthraci. APIS apoc-a. Apoc. Arg-met. Arg-n. ars-i. ARS. arund. asaf. Aur-m. aur-s. Aur. bov. Bry. Cact. cain. Calc-ar. calc-i. calc-s. Calc. Camph. Canth. carb-ac. carb-n-s. card-m. CenCh. CHEL. Chin. chinin-ar. Cocc. Colch. Dig. dulc. Eup-per. Ferr-i. Ferr-m. Ferr. GRAPH. Hell. Hydr. Iod. Kali-c. kali-i. Lach. led. LYC. Lycps-v. mag-c. Mag-m. MED. MERC-C. Merc. Nat-ar. nat-c. Nat-m. Nat-s. Nit-ac. Nux-m. petr. Phos. Plb. prun. psor. ptel. puls. pyrog. rhod. rhus-t. SAMB. sars. senec. sin-n. squil. stann. Stront-c. sul-i. thuj. vesp. zinc-p. Zinc.*

EXTREMITIES - SWELLING - Hand – edematous *APIS apoc-a. ars-i. ars-s-f. Aur. Cact. Calc-ar. Canth. chinin-ar. crot-h. ferr. iod. kali-c. kali-i. Lyc. nat-c. Phos. psor. sul-i.*

EXTREMITIES - SWELLING - Joints – edematous *ant-t. apis apoc. arn. ars-s-f. bov. Bry. canth. Caust. cedr. chin. chinin-s. iod. kali-i. kali-m. Led. lyc. Nat-m. nux-v. puls. Ran-b. samb. Thuj.*

EXTREMITIES - SWELLING - Leg – edematous *ars-i. aur-s. boerh-d. ferr-i. ferr. kali-m. nat-ar. ptel.*

EXTREMITIES - SWELLING - Upper limbs – edematous *Apis ars-s-f. aur-m. Aur. cact. calc-ar. crot-h. Ferr. Lach. Lyc. Merc-c. Phos. sil.*

EYE - SWELLING – edematous *medus.*

EYE - SWELLING - Lids - edematous - sack-shaped *kali-c.*

EYE - SWELLING - Lids – edematous am-be. anac. APIS Arg-n. Arn. ars-i. ARS. bamb-a. brosgau. cham. colch. Crot-t. Cycl. Ferr. Graph. Iod. Kali-ar. Kali-bi. KALI-C. Kali-i. kali-p. kola medus. Merc-c. Nat-ar. Phos. Phyt. Psor. puls. raph. RHUS-T. TELL. urt-u. vesp. zinc.

FACE - ERYSIPELAS – edematous APIS ars. chin. crot-t. hell. lyc. merc. Rhus-t. sulph. thuj.

FACE - SWELLING - edematous – sudden morg-g.

FACE - SWELLING – edematous aeth. am-be. ant-ar. Ant-t. Antip. APIS Apoc. ars-h. Ars-met. ARS. asaf. boerh-d. brass-n-o. brosgau. bry. Cact. calc-ar. CALC. carb-n-s. Chel. Chin. chinin-ar. Colch. Crot-h. cupr-ar. Dig. Dulc. euph. Ferr-p. Ferr. GRAPH. ham. Hell. irid-met. kali-ar. lach. LYC. medus. Merc-c. Merc. morg-g. Nat-ar. Nat-c. Nat-m. ozone Phos. Plb. puls. rauw. Rhus-t. streptoc. thuj. tub. urt-u. Vesp. Xan.

FACE - SWELLING - Eyes - Above - edematous - Hair; at the roots of Tub.

FACE - SWELLING - Eyes - Above – edematous Tub.

FACE - SWELLING - Lips – edematous medus.

FEMALE GENITALIA/SEX - SWOLLEN – edematous apis apoc. Graph. Merc. Nit-ac. Phos. Urt-u.

GENERALS - DROPSY - external dropsy - accompanied by – anemia acet-ac. crat.

GENERALS - DROPSY - external dropsy - accompanied by - menses – absent apis apoc. kali-c. senec.

GENERALS - DROPSY - external dropsy - accompanied by - menses – suppressed asc-c.

GENERALS - DROPSY - external dropsy - accompanied by - renal failure oxyd.

GENERALS - DROPSY - external dropsy - accompanied by - Skin - discoloration; yellow merc-d.

GENERALS - DROPSY - external dropsy - accompanied by - Skin – dry cain.

GENERALS - DROPSY - external dropsy - accompanied by - Tongue – pale Ars.

GENERALS - DROPSY - external dropsy - accompanied by - Tongue - red discoloration of the tongue - bright red Ars.

GENERALS - DROPSY - external dropsy - accompanied by - urine – pale colch.

GENERALS - DROPSY - external dropsy - accompanied by - urine - red sand in urine lyc.

GENERALS - DROPSY - external dropsy - accompanied by - urine – suppressed aral-h. Hell.

GENERALS - DROPSY - external dropsy - accompanied by - Uterus; pain in conv.

GENERALS - DROPSY - external dropsy - albuminuria, with apis AUR-M. Chin. Eup-pur. Helon. Hep.

GENERALS - DROPSY - external dropsy - fever; from intermittent - suppressed intermittent fever; from Ars. carb-v. chim. chin. dulc. Ferr-m. hell. lac-d. merc. Sulph.

GENERALS - DROPSY - external dropsy - fever; from intermittent chim. Dulc. hell.

GENERALS - DROPSY - external dropsy - heart disease, from Adon. aml-ns. Apis Apoc. ARS. asc-c. AUR-M. Bry. Cact. Calc-p. chinin-ar. Chlol. Colch. COLL. conv. cop. Crat. crot-h. Dig. Fl-ac. Hell. iod. kali-c. Kali-m. LAC-D. LACH. liat. LYC. lycps-v. merc-d. merc-sul. Nat-m. ph-ac. phos. Prun. rauw. Sep. ser-ang. spartin. Squil. Stroph-h. ter. vip.

GENERALS - DROPSY - external dropsy - hemorrhage, after apoc. chin.

GENERALS - DROPSY - external dropsy - kidney disease, from ampe-qu. ant-t. Apis apoc. Arg-n. ars. Asc-c. aspar. aur. Calc-p. Chim. COLCH. coloc. cortiso. crot-h. Dig. digin. eup-pur. Hell. helon. juni-c. lac-d. liat. Merc-c. merc-d. Merc. nit-ac. phos. plb. rauw. Sal-ac. senec. Solid. squil. ter. ur-ac. urea vac.

GENERALS - DROPSY - external dropsy - liver disease, from ars-s-f. asc-c. AUR-M. CALC. Card-m. Chim. Chin. cop. cupr. Ferr. Fl-ac. iris kali-ar. Kali-m. lac-d. LACH. lept. liat. LYC. merc-sul. merc. Nat-m. Nux-v. tarax.

GENERALS - DROPSY - external dropsy - menstrual disorder during puberty or menopause puls.

GENERALS - DROPSY - external dropsy – morning chin. Nat-c.

GENERALS - DROPSY - external dropsy - Nervous system pitu-p.

GENERALS - DROPSY - external dropsy - old people, in KALI-C.

GENERALS - DROPSY - external dropsy – painful dulc.

GENERALS - DROPSY - external dropsy - pregnancy, in Apis Apoc. Ars. aur-m. colch. Dig. dulc. hell. helon. Jab. lyc. merc-c. merc. sanic. uran-n.

GENERALS - DROPSY - external dropsy - scarlatina, after Acet-ac. Ambr. APIS ARS. Asc-c. AUR-M. bar-c. Bar-m. Calc. Colch. coloc. cop. Crot-h. Dulc. HELL. Hep. LACH. Merc. Nat-m. nat-s. Phos. Stram. TER. verat-v. zinc.

GENERALS - DROPSY - external dropsy - serum oozing, with ars. hep. lyc. Rhus-t.

GENERALS - DROPSY - external dropsy - spleen disease, from cean. LACH. liat. querc-r. querc. squil.

GENERALS - DROPSY - external dropsy – sudden Kali-n.

GENERALS - DROPSY - external dropsy abel. acet-ac. acetan. acon. adam. adon. adren. aeth. aether agar. alco. all-c. am-be. am-c. ambr. Ammc. ampe-qu. Anac-oc. Anag. ANT-C. Ant-t. anthraci. APIS apoc-a. Apoc. Arg-n. arn. ars-i. ARS-S-F. ARS. Asaf. Asc-c. Asc-t. Aspar. aur-ar. aur-i. Aur-m-n. Aur-m. aur-s. aur. Bar-m. Bell. Bism. blatta-a. bor-ac. bov. brass-n-o. Brom. Bry. bufo Cact. cain. Caj. calad. Calc-ar. calc-p. Calc-s. calc-sil. Calc. calth. camph. cann-xyz. Canth. caps. carb-v. Carbn-s. Card-m. casc. cedr. cham. chel. Chen-a. Chim. CHIN. Chinin-ar. chinin-s. CHLOL. cinnb. cinnm. cit-l. coc-c. coca Coch. coff. COLCH. Coll. coloc. Con. Conv. convo-a. cop. cortiso. crat. Crot-h. DIG. Dulc. Elat. equis-h. erig. ery-a. euonin. eup-pur. euph. ferr-ar. ferr-i. ferr-p. ferr-s. Ferr. Fl-ac. Form. frag. Gamb. GRAPH. Grat. guaj. Ham. HELL. Helon. Hep. Hippoz. hom-xyz. Hydr. hyos. iber. Ictod. IOD. iris iris-g. jal. jatr-u. junc-e. juni-c. kali-act. kali-ar. Kali-c. kali-chl. Kali-i. Kali-m. kali-n. kali-p. kali-s. Kalm. kreos. Lac-d. Lach. lact. lat-k. Laur. Led. lept. Liat. lith-c. luna Lyc. lycps-v. mag-m. MED. Merc-c. merc-sul. MERC. mez. mur-ac. myric. Naja nat-ar. nat-c. Nat-m. nat-s. nat-sal. Nit-ac. Nux-m. OLND. OP. oxyd. ped. phase-xyz. phos. pic-ac. plat. Plb. polytr. prim-vl. prot. Prun. Psor. Puls. pyrog. ran-b. rauw. reser. rhod. rhus-t. Ruta sabad. Sabin. sacch. Sal-ac. Samb. sanic. sars. sec. senec. Seneg. Sep. sil. solid. SQUIL. staph. stram. Stront-c. stroph-h. Sulph. TER. Teucr. thlas. Thy. toxi. uran-n. urea urin. Urt-u. verat-v. Verat. Verb. vesi. vesp-xyz. vesp. vip. zinc. Zing. ziz.

GENERALS - SWELLING - puffy, edematous - Mucous membranes apis kali-bi. kali-i.

GENERALS - SWELLING - puffy, edematous Acon. Agar. am-c. Am-m. ANT-C. antip. APIS Apoc. arn. ars-i. ars-s-f. ARS. Asaf. Aur-m. aur. bar-c. Bell. bov. Bry. cain. calc-sil. CALC. CAPS. Carbn-s. cedr. cham.

chin. cina cocc. colch. coloc. con. crat. culx. CUPR. DIG. diph. dros. Dulc. ferr-ar. FERR. GRAPH. guaj. HELL. hyos. iod. ip. kali-br. kali-c. kreos. lach. laur. led. Lith-c. Lyc. mag-c. merc. mez. mosch. naja nat-c. Nat-m. nat-pyru. Nit-ac. nux-m. nux-v. OLND. op. phos. Phyt. plb. puls. rheum Rhus-t. sabin. samb. sars. senec-sp. Seneg. Sep. sil. Spig. spong. SQUIL. staph. stram. Sulph. ter. Teucr. thyr. verat. Verb. zinc. ziz.

HEAD - EDEMA - Brain; of - accompanied by - Head; pain in cupr-ar.

HEAD - EDEMA - Brain; of - accompanied by – vertigo cupr-ar.

HEAD - EDEMA - Brain; of cupr-ar. hell. nat-s.

HEAD - EDEMA - Glabella; of kali-c.

HEAD - EDEMA - Scalp; of - children – nurslings nit-ac.

HEAD - EDEMA - Scalp; of Apis Ars.

HEAD - HYDROCEPHALUS – edematous hell.

KIDNEYS - COMPLAINTS of kidneys - accompanied by - Lungs; edema of cortico.

KIDNEYS - COMPLAINTS of kidneys - accompanied by - swelling; edematous acon. lach.

KIDNEYS – EDEMA scarl. vac.

KIDNEYS - INFLAMMATION - accompanied by - edema; great calc-ar. colch.

LARYNX AND TRACHEA - EDEMA – Glottis APIS ars. arum-t. bell. chin. Crot-h. hippoz. ign. iod. Kali-bi. KALI-I. Lach. loxo-recl. merc. Sang. staph. Stram. tub. vip.

LARYNX AND TRACHEA - EDEMA - Vocal cords LACH.

LARYNX AND TRACHEA – EDEMA apis iod. kali-i. lach. merc-cy.

MALE GENITALIA/SEX - SWELLING – edematous APIS

MALE GENITALIA/SEX - SWELLING - Penis – edematous Apis Apoc. arn. ars. Cann-s. Canth. Dig. Fl-ac. Graph. Lyc. Merc. Nat-s. Nit-ac. Nux-v. puls. Rhod. RHUS-T. sil. sulph. Vesp.

MALE GENITALIA/SEX - SWELLING - Penis - Prepuce – edematous Apis cann-xyz. caps. fl-ac. nit-ac. puls.

MALE GENITALIA/SEX - SWELLING - Scrotum – edematous anan. APIS Apoc. Arg-met. ARS. calad. calc-f. Canth. Colch. Dig. ferr-s. ferr. fl-ac. GRAPH. Kali-c. Lach. Lyc. Nat-m. Nat-s. Phos. RHUS-T. sep. vip. zinc.

MIND - UNCONSCIOUSNESS - brain diseases, in - edema of brain cupr-ar.

MOUTH - SWELLING - edematous - Palate; soft apis bell. hyos. kali-bi. kali-i. lach.

NOSE – EDEMA APIS bapt. bros-gau.

NOSE - SWELLING – edematous medus. rhus-t.

RECTUM - DIARRHEA - alternating with – edema apoc.

RESPIRATION - ASTHMATIC - accompanied by – edema ant-ar.

RESPIRATION - DIFFICULT - edema, pulmonary adon. AM-C. Carbn-s. Ferr-i.

SKIN - ERUPTIONS – angioedema *agar. antip. apis bacis-7. bol-lu. calc-m. hell. hep. pitu-p. prot. santin. vesp.*

SKIN - ERUPTIONS - boils - edema around - blood; with black, non coagulable *crot-h.*

SKIN - ERUPTIONS - boils - edema around *crot-h.*

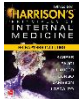
SKIN - ERUPTIONS - itching – edematous *pitu-gl.*

THROAT - ERUPTIONS - angioneurotic edema **APIS**

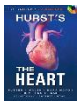
THROAT - SWELLING – edematous *Ail. anthraci. Apis bapt. crot-t. hyos. kali-bi. kali-i. Lac-c. loxo-recl. Nat-ar. Nit-ac. phos. rhus-t. sul-ac.*

THROAT - SWELLING - Uvula – edematous **APIS** *crot-t. KALI-BI. Kali-br. Kali-i. kali-m. kali-perm. lach. merc-c. morg-g. Mur-ac. nat-ar. Nit-ac. nux-v. phos. phyt. rhus-t. Sul-ac. tab.*

Bibliography



Cardiogenic Shock and Pulmonary Edema Harrison's Principles of Internal Medicine



Chapter 14. The History, Physical Examination, and Cardiac Auscultation > Edema and Ascites Hurst's The Heart, 13e ... Edema is a common symptom or finding in patients with right-or left-sided heart failure. Fluid retention in heart failure results from increased venous pressure and abnormal activity of salt-retaining hormones. In an average-sized person, 5 to 10 lb (2.3-4.5 kg) of excess fluid...



Chapter 23. Nephrotic Syndrome versus Nephritic Syndrome > Edema CURRENT Diagnosis & Treatment: Nephrology & Hypertension ... Nephrotic syndrome results in primary renal sodium retention. This may result in peripheral and periorbital edema and, if severe and generalized enough, may result in anasarca with serous effusions. Goals of treatment include salt restriction and use of loop diuretics to achieve slow resolution...



Chapter 3. Differential Diagnosis: Symptoms, Signs, and Conditions > Edema Clinician's Pocket Reference: The Scut Monkey, 11e



Chapter 3. Symptoms of Disorders of the Genitourinary Tract > Edema Smith and Tanagho's General Urology, 18e ... Edema of the legs may result from compression of the iliac veins by lymphatic metastases from prostatic cancer. Edema of the genitalia suggests filariasis, chronic ascites, or lymphatic blockage from radiotherapy for pelvic malignancies. ...



Chapter 30. Edema The Patient History: An Evidence-Based Approach to Differential Diagnosis



Chapter 31. Intracranial Neoplasms and Paraneoplastic Disorders > Treatment of Brain Edema and Raised ICP (See "Management of Raised Intracranial Pressure" in Chap. 35) Adams & Victor's Principles of Neurology, 10e ... The treatment of brain edema and elevated ICP is governed by the underlying disease (excision of a tumor, treatment of intracranial infection, placement of a shunt, etc.). Here we consider the therapeutic measures that can be directed against the edema itself...



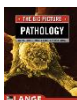
Chapter 39. Complications of Translaryngeal Intubation > Edema Principles and Practice of Mechanical Ventilation, 3e ... Postextubation laryngeal edema (see Fig. 39-11), an important complication of TLI, may occur at the supraglottic, glottic, or subglottic levels. It presents with postextubation stridor and dyspnea and commonly precipitates the need for reintubation. Laryngeal edema is observed immediately...



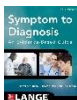
Chapter 5. Connective Tissue > B. Edema Histology & Cell Biology: Examination & Board Review, 5e ... with the venous ends' lower hydrostatic pressure, draws most of the lost fluid back into the blood. Excess fluid remaining in the tissue is normally drained away by lymphatic capillaries; thus no net change occurs in the amount of blood or tissue fluid. Edema (i.e., an accumulation of excess...



Chapter 5. The Breast > Edema of the Arm CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 11e ... with respect to arm edema, a combined-modality approach further increases this risk. With a typical level I/II axillary lymph node dissection and radiation, the risk of lymphedema is roughly <10%. This risk approached 30% when a more aggressive level III dissection was more commonly performed in the past...



Chapter 8. Hemodynamics > Edema Pathology: The Big Picture ... Figure 8-1. Pleural effusion with pulmonary edema. A, Accumulation of fluid in the pleural cavities, or pleural effusions (arrow), may cause respiratory problems by limiting expansion of the lungs. B, Microscopic section from a patient with pulmonary edema. The edema fluid (arrows...



Edema Symptom to Diagnosis: An Evidence-Based Guide, 3e



Edema Principles and Practice of Hospital Medicine, 2e



Encyclopedia Homoeopathica



Radar 10