Homeopathic management of Reinke’s edema in a non-smoker: A case report

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Homeopathic management of Reinke’s edema in a non-smoker: A case report

Abstract

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Acknowledgments and Source of Funding

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Homeopathic management of Reinke’s edema in a non-smoker: A case report

Aditya Pareek*

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Abstract

Introduction: Reinke’s edema, also known as polypoid degeneration of vocal cords, is a bilateral, symmetrical swelling of the membranous part of the vocal cords. Surgery has been the mainstay of treatment for Reinke’s edema. Thus, patients are often left with practically no non-invasive treatment option. Case Summary: This is the case of a 40-year-old male, teacher, who presented with hoarseness of voice for 1 year and opted for homeopathic treatment when he was advised surgery. A rapid improvement in the symptoms, as well as significant objective improvement as confirmed with video laryngoscopy. The results were seen within 3 months of individualized homeopathic treatment. One-year follow-up revealed complete resolution of edema in both vocal cords. This case report shows a promising, non-invasive intervention option for such cases, wherein radical surgery and consequent prolonged voice therapy could be avoided.

Keywords: Argentum metallicum, Homeopathy, Non-invasive treatment, Reinke’s edema, Vocal cords

Introduction

Reinke’s edema, also known as polypoid degeneration of vocal cords, is a bilateral, symmetrical swelling of the entire membranous part of the vocal cords.[1] Although the exact prevalence is unclear, a small study suggests a 15.6% prevalence of Reinke’s edema among vocal cord lesions.[2] Smoking, overuse of voice and gastric reflux are the most common etiological factors.[1] Surgery has been the mainstay of treatment for Reinke’s edema.[3] Following surgery, voice therapy is often needed. Reinke’s edema often causes significant occupational and social difficulties due to its effect on the voice. Patients are often left with no non-invasive treatment option.

Following is a case report of Reinke’s edema in a non-smoker managed through homeopathy where vocal rest and proton pump inhibitors (PPIs) had failed to resolve the complaints. The homeopathic treatment completely resolved gross edema in bilateral vocal cords within 1 year. This case report shows a promising non-invasive intervention option for the cases, wherein the patient could avoid radical surgery as well as consequent prolonged voice therapy.

Patient Information

A 40-year-old male, non-smoker, presented in the outpatient department on October 30, 2019. He was a teacher by profession. The primary complaints were hoarseness of voice, lowered voice pitch, and difficulty speaking for long durations over the past year. Past history revealed gastrointestinal reflux disease (GERD) for 5 years managed through PPIs. Pulmonary tuberculosis at 22 years of age managed through an anti-tubercular regimen. Family history revealed diabetes mellitus in parents, two elder siblings as well as paternal grandparents.

The patient was lean and thin. No characteristic physical generals or mental symptoms could be found. He had profuse and easy expectoration of jelly-like mucus in the morning. There was an occasional cough which would leave his throat sore. The cough, as well as expectoration, was worse by talking and laughing.
He sought conventional treatment and was advised GERD management and vocal rest. His GERD was resolved following 2 months of PPIs and he had taken a sabbatical from work for 2 months to ensure vocal rest. However, there was no improvement in his condition. At this point, he was advised to undergo surgery – incision and suctioning of Reinke’s space. However, once informed about the prolonged recovery phase and the need for follow-up voice therapy, he decided to opt for homeopathy instead.

**Clinical findings**

On examination of the nose and throat, bilateral mild turbinate hypertrophy was observed. There was no postnasal drip or hypertrophied tonsils and cervical lymph nodes were not palpable. There was hoarseness of voice and lowered voice pitch.

**Diagnostic assessment**

A video laryngoscopy was advised for further evaluation. The video laryngoscopy dated October 30, 2019 [Figure 1], revealed gross edematous changes in bilateral vocal cords with diffuse swelling in bilateral aryepiglottic folds. There was appreciable mobility. Based on the clinical findings and laryngoscopy picture, the patient was diagnosed to have Reinke’s edema.

Although the absence of a history of smoking made the diagnosis of Reinke’s edema less obvious, the bilateral nature of edema, voice hoarseness, and pitch as well as a history of GERD led to the diagnosis. The bilateral nature of the lesion and clearly visible edema of the entire membranous part of vocal cords rather than a mass lesion ruled out vocal cord polyps and nodules.

**Therapeutic intervention**

Case taking was done as per the guidelines in Organon of Medicine given by Dr. Samuel Hahnemann (1796–1843), followed by analysis and evaluation of the symptoms.\(^4\) The totality of symptoms was erected, and only the most individualizing symptoms were used for repertorization using Murphy’s repertory in RADAR Opus 2.2.

The repertorial totality consisted of the following symptoms:
- Hoarseness of voice.
- Loss of voice/lowered pitch.
- Expectoration – jelly-like; especially in the morning.
- Cough while talking or laughing.
- Soreness of throat.

The repertorial result yielded *Phosphorus, Rhus tox, Argentum metallicum*, and *Argentum nitricum* as the foremost medicines [Figure 2]. The therapeutic value of *Argentum metallicum* in cases of aphonia known from the knowledge of Materia Medica\(^5\) was corroborated by the repertorization in this particular case. Since there were no clear mental symptoms to indicate any of the other polycrest medicines suggested by repertorization – *Argentum metallicum* was chosen as the individualized homeopathic remedy for this patient. The patient was prescribed *Argentum metallicum* 30C, twice daily for 1 month. Dr. Samuel Hahnemann (1796–1843) has advised in aphorism 246 of the 5th edition of Organon of Medicine\(^4\) that repetition at suitable intervals is one of the three prerequisites for achieving a rapid cure and the suitable intervals have to be best adapted through experience. A daily repetition of 30C was adapted through the author’s experience. During the follow-ups, changes in the signs and symptoms were assessed and subsequent prescriptions were made based on Dr. James Tyler Kent’s (1849–1916) philosophy;\(^6\) video laryngoscopy was advised from time to time. Follow-ups are stated in Table 1.

Within 3 months of individualized homeopathic treatment, gross edema in bilateral vocal cords reduced significantly, along with the symptoms and by 1 year of follow-up, it completely resolved. The patient adhered to the regime well except for 6 months from April 2020 due to pandemic-related

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**Figure 1:** Video laryngoscopy dated October 30, 2019, showing gross edematous changes

**Figure 2:** Repertorization
lockdowns. No adverse events were noted during the course of treatment. The Modified Naranjo Criteria was used to assess the likelihood of therapeutic causality,\(^\text{[7]}\) and the score for this case was 8 [Table 2], which signifies a high probability of causal attribution for changes observed.

**DISCUSSION**

Reinke’s edema is one of the most common benign lesions to cause a voice disorder.\(^\text{[9]}\) Smoking cessation, vocal rest, and anti-reflux treatment remain the first line of treatment. However, when these fail, as in this case, incision and suctioning of Reinke’s space are indicated.\(^\text{[9]}\) Thus, such patients have practically no non-invasive treatment option available conventionally. Follow-up voice therapy can be economically challenging.

In this case, a rapid improvement, both in the symptoms, as well as changes in the video laryngoscopy, was achieved within 3 months of individualized homeopathic treatment. The 1-year follow-up video laryngoscopy revealed complete resolution of edema in bilateral vocal cords. Thus, it shows the potential of individualized homeopathic treatment in such cases, where a clear diagnostic approach and prognostic monitoring are followed. However, a longer follow-up is advisable over several years to ensure that there is no recurrence.

<table>
<thead>
<tr>
<th>Table 1: Follow-ups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>30 November 2019</td>
</tr>
<tr>
<td>30 December 2019</td>
</tr>
<tr>
<td>06 February 2020</td>
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<tr>
<td>26 February 2020</td>
</tr>
<tr>
<td>03 October 2020</td>
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<tr>
<td>25 November 2020</td>
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<table>
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<th>Table 2: Modified Naranjo Algorithm</th>
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<tbody>
<tr>
<td><strong>Domains</strong></td>
</tr>
<tr>
<td>1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?</td>
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<tr>
<td>2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?</td>
</tr>
<tr>
<td>3. Was there an initial aggravation of symptoms?</td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?</td>
</tr>
<tr>
<td>5. Did overall wellbeing improve? (to suggest using validated scale)</td>
</tr>
<tr>
<td>6. Did the course of improvement follow Hering’s Rule?</td>
</tr>
<tr>
<td>7. Did “old symptoms” (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
</tr>
<tr>
<td>8. Are there alternate causes (other than the medicine) that solely could have caused the improvement? (to consider known course of disease, other forms of treatment, and other clinically relevant interventions)</td>
</tr>
<tr>
<td>9. Was the effect confirmed by objective evidence as measured by external observation (s)?</td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
</tr>
</tbody>
</table>

Total score: 8
A review of the literature did not yield any case reports/studies on the homeopathic management of Reinke’s edema. A wider review revealed a case report of bilateral vocal cord nodules which resolved within 5 months along with symptomatic improvement using the holistically selected remedy *Hepar sulfuricum* (30C, 200C and 1M). Another case report was found, wherein a vocal cord nodule was successfully treated within 7 months using the indicated remedy *Thuja occidentalis*. This study is in resonance with these two reported studies, thus advocating the use of individualized, single medicine for the recovery of benign vocal cord lesions.

**Conclusion**

This case report shows a promising, non-invasive intervention option for the cases, where the patient wants to avoid radical surgery as well as consequent prolonged voice therapy. It shows that individualized homeopathy must be explored as a potential non-invasive treatment option in such cases, as the risk of possible malignancy is relatively low. There is, however, a need for a larger study.

**Declaration of patient consent**

Written and informed consent was obtained from the patient for reporting this case.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

None declared.

**References**

Pareek: Homeopathic management of Reinke’s edema in a non-smoker: A case report

Introduction: L’œdème de Reinke, également connu sous le nom de dégénérescence polypoïde des cordes vocales, est un gonflement bilatéral et symétrique de la totalité de la partie membranée des cordes vocales. La chirurgie a été le pilier du traitement de l’œdème de Reinke. Ainsi, les patients n’ont souvent pratiquement aucune option de traitement non invasif.

Résumé du cas: Il s’agit du cas d’un homme de 40 ans, enseignant, qui présentait un enroulement de la voix depuis un an et qui a opté pour un traitement homéopathique alors qu’on lui conseillait une intervention chirurgicale. Une amélioration rapide des symptômes, ainsi qu’une amélioration objective significative ont été constatées, confirmées par une vidéo-laryngoscopie. Les résultats ont été observés dans les 3 mois du traitement homéopathique individualisé. Le suivi à un an a révélé une résolution complète de l’œdème dans les deux cordes vocales. Ce rapport de cas montre une option d’intervention non invasive prometteuse pour de tels cas, où une chirurgie radicale et une thérapie vocale prolongée conséquente pourraient être évitées.

Homöopathische Behandlung des Reinke-Ödems bei einem Nichtraucher: Ein Fallbericht


गैर-धूम्रपान करने वाले मरीज में रीन्के औधिमा का होमोपैडिक प्रबंधन: एक विषय रिपोर्ट

परिचय: रीन्के औधिमा, जिसे वोकल कॉर्ड्स के पॉलीपेड अडाउन्ट अपोथेक्स के रूप में भी जाना जाता है, वोकल कॉर्ड्स के पूरे हिललीडर हिस्से की एक हिप्पोथीश्युल, एकमात्र उपाय है। रीन्के औधिमा के लिए शर्ट डिक्स (सर्जरी उपचार) मुख्य आधार रहा है। इस प्रकार, रोगियों को अक्सर ब्लाइनार रूप से गैर-आक्रामक उपचार विकल्प होते हैं।

विषय सारांश: यह एक 40 वर्षीय पुरुष, जो स्वास्थ्यकाम उपचार के लिए दिशा देता था, जिन्हें एक वर्ष से संक्रमण को कारकीट की शिफारस थी और जब उन्हें सर्जरी की सलाह दी गई तो उसने होमोपैडिक उपचार का विकल्प चुना। लक्षणों में तेजी से सुधार, साथ ही महत्वपूर्ण हृदय अंगुली सुधार देखा गया, जैसा कि इंडियन-लॉरिंगिकॉपी से पुष्टि की गई। व्यक्तिगत होमोपैडिक उपचार के 3 महीने के भीतर परिणाम हो गए। एक साल के नियमित उपचार से पता चला कि दोनों वोकल कॉर्ड्स में औधिमा का समाप्त हो गई। यह केस रिपोर्ट ऐसे मामलों के लिए एक आयामिक, गैर-इन्वेस्टिट स्वस्थ विकल्प दिखाता है, जिसमें रेडिकल रूप से और परिणामस्वरूप लेब्स सर्जरी के समय तक वॉयस थरेपी से बचा जा सकता है।

Manejo Homeopático del Oedema de Reinke en un No Fumador: Reporte de un Caso

Introducción: El edema de Reinke, también conocido como degeneración polipoide de las cuerdas vocales, es una hinchazón bilateral y simétrica de toda la parte membranosa de las cuerdas vocales. La cirugía ha sido el pilar del tratamiento del edema de Reinke. Por lo tanto, a los pacientes a menudo se les deja prácticamente sin opción de tratamiento no invasivo.

Resumen del caso: Este es el caso de un varón de 40 años, profesor, que presentó ronquera de voz durante un año y optó por tratamiento homeopático cuando se le aconsejó cirugía. Se observó una rápida mejoría de los síntomas, así como una mejoría objetiva significativa, como se confirmó con la videolaringoscopia. Los resultados se observaron dentro de los 3 meses posteriores al tratamiento homeopático individualizado. Un año de seguimiento reveló una resolución completa del edema en ambas cuerdas vocales. Este reporte de caso muestra una opción prometedora de intervención no invasiva para tales casos, en donde se podría evitar la cirugía radical y la consiguiente terapia prolongada de la voz.

顺势治疗非吸烟者的莱因克氏水肿: 一个案例报告

简介： 莱因克氏水肿，又称声带息肉样变性，是一种双侧的、对称的声带膜质部分的整体肿胀。手术一直是治疗莱因克氏水肿的主要手段，因此，患者往往几乎没有非侵人性的治疗选择。案例摘要：这是一个40岁的男性教师的病例，他出现声音嘶哑已有一年，当他被建议进行手术时，他选择了同济疗法。经视频喉镜检查证实，症状迅速改善，并有明显的客观改善。 在个休化的顺势治疗的3个月内就看到了效果。一年的随访显示，两个声带的水肿完全消失。本病例报告显示，对于这类病例，有一种希望的非侵人性干预方案，可以避免根治性手术和随之而来的长时间的语音治疗。