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## A case report on individualized homoeopathic management of post lacunar stroke complications alongside allopathic stroke prevention therapy

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### Abstract

**Background:** Stroke is a significant cause of morbidity and mortality worldwide, often resulting in debilitating complications. The management of post-stroke complications poses a clinical challenge, with a growing interest in complementary and alternative therapies such as homeopathy. This case report presents two cases of post-lacunar stroke complications managed with individualized homeopathy alongside allopathic stroke prevention therapy.

**Methodology:** Case 1 was a 46-year-old male presenting with speech difficulties, weakness of the left side, and other neurological symptoms persisting for two years. Case 2 was a 60-year-old male with weakness of right hand and leg and slurred speech for five months. Both patients underwent clinical assessments, including the Stroke Impact Scale (SIS), and were managed with a combination of allopathic medications and individualized homeopathic treatment.

**Results:** Both patients demonstrated improvements in various domains assessed by the SIS. However, Case 2, where homeopathic intervention was commenced earlier, exhibited faster and more significant improvement compared to Case 1, where homeopathic treatment was started later. Analysis of the results suggests a correlation between the timing of homeopathic intervention and the rate of improvement in post-stroke complications.

**Conclusion:** This case report highlights the potential role of homeopathy in managing post-lacunar stroke complications alongside allopathic stroke prevention therapy. The findings emphasize the importance of early initiation of homeopathic intervention, indicating that sooner intervention yields better and faster results. Further research is warranted to validate these findings and elucidate the mechanisms underlying the synergistic effects of homeopathy in stroke management.

**Keywords:** Stroke, lacunar/complications, homoeopathy, complementary therapies, stroke impact scale, case report

### Introduction

Cerebrovascular disease is the third leading cause of death in high income countries after cancers and ischaemic heart disease, and it is the most prevalent cause of severe physical disability. It includes a range of disorders, with stroke being the most common clinical manifestation, resulting from either ischemia (85%) or haemorrhage (15%)<sup>[1]</sup>. Among the ischemic strokes, lacunar strokes accounts for up to 25%<sup>[2]</sup>. Lacunar strokes are deep, small cerebral infarcts (150 mm to 300 mm) located in basal ganglia or deep white matter, resulting from occlusion of small penetrating vessels by lipohyalinosis or microatheroma<sup>[3, 4]</sup>. Lacunar strokes are associated with risk factors namely hypertension, diabetes, advanced age, cigarette smoking and hyperlipidaemia<sup>[2]</sup>. Clinically, lacunar strokes often present with specific syndromes such as pure motor hemiparesis, pure sensory stroke, ataxic hemiparesis or dysarthria and a clumsy hand<sup>[5]</sup>. Lacunar strokes typically have a more favourable prognosis compared to both ischemic and haemorrhagic strokes. Haemorrhagic strokes tend to have the worst prognosis, with high mortality and severe long term disabilities while ischemic strokes fall in between, with a moderate outcome that can vary widely based on timely and effective treatment. Although lacunar stroke has a favourable immediate prognosis, they can lead to significant long term complications. These include cognitive impairment, persistent motor deficits, speech and language deficits, mood disorders, functional decline impacting their independence, and an increased risk of recurrent strokes. Monitoring and managing these complications is crucial for improving the long term outcomes and quality of life for these patients<sup>[6-9]</sup>.

The allopathic management of lacunar stroke involves a combination of acute treatments (thrombolytic therapy, antiplatelet therapy, risk factor management), secondary prevention strategies (long term anti platelet therapy, blood pressure lowering agents, statin therapy, glycaemic agents) and comprehensive rehabilitation (physiotherapy, occupational therapy, speech therapy). This multifaceted approach aims to minimize immediate damage, prevent recurrence, and maximize recovery of function.

Homeopathy, as a holistic science, considers the individual as a whole, taking into account the causation, sensitivity, constitution, physical symptoms, mental symptoms, and deviations from the norm of the patient to determine the appropriate remedy. As seen there are multiple complications post stroke impacting the individual's life physically, mentally and socially. Homeopathy can provide support to patients by addressing these multifaceted challenges and offer a comprehensive and personalized approach to healing and recovery.

In the following cases of post lacunar stroke complications, Stroke impact scale (SIS) and Medical research council (MRC) scale for strength are assessed every month to understand the effectiveness of individualized homoeopathic medicines in different domains such as arm and leg strength, memory and thinking, emotional stability, communication ability, daily activities, mobility, hand function and social life.

## Case summaries

### Case 1

A 46year old male presented to the Outpatient department of Jeeyar Integrated Medical Sciences (JIMS) Homoeopathic Medical College and Hospital on 21/11/2022 with.

- Difficulty in speech for two years,
- Burning sensation along the backbone for 7 to 8 months,
- Lack of urinary control for 4 to 5 months,
- Weakness of the left leg and left hand for 5 months,
- Teeth grinding for the past 2 to 3 weeks.

History was given by his spouse and son as he was not able

to communicate well due to speech difficulty. He kept on weeping when questioned about his complaints. History reveals that he has had mild symptoms initially and took allopathic and herbal medicines intermittently in the initial year, later as there is no improvement in his condition he underwent CT brain in Nov/2021 which revealed chronic lacunar infarct (Figure 1). Since then he was started on Clopitab A, Lipikind, however, was irregular with the medication. He did not take any speech therapy or physiotherapy for his complaints although suggested given financial restraint.

### There is no significant past history

The patient's family history is notable for h/o hypertension in his elder sister.

Clinical examination revealed slight obliteration of the left nasolabial fold, inability to hold air in the mouth on the left side, and deviation of the mouth towards the right side, indicating VII nerve involvement.

### Hemiparetic gait.

Motor examination showed no muscle fasciculation or wasting. Tone assessment revealed hypertonia in the left lower limb and left upper limb and normal tone in the right lower limb and upper limb. MRC scale for muscle strength was 3/5 in the left lower limb and 5/5 in the right lower limb and 4/5 in left upper limb and 5/5 in right upper limb. Coordination was normal, with negative Romberg's and tandem walking tests. Reflexes indicated normal superficial abdominal and plantar reflexes. Deep tendon reflexes were normal for right biceps and triceps, but the left biceps, triceps, knee and ankle reflexes were exaggerated compared to the right side, which were normal.

We assessed SIS and MRC scores for 6 months which is given in Figure no 3 & in Table no 2

He was diagnosed to have diabetes in his following visits post investigations for which appropriate measures have been taken for blood glucose control.

### Investigation report

KONARK DIAGNOSTIC CENTRE		Konark Towers, Andhra Bank Colony Dilsukhnagar, Hyderabad - 500 034 Tel: 040-24065397, 24062051, 2415566	
Name :	[REDACTED]	Bill No/UMR :	98/3232167938
Age/Gender :	40/MALE	Bill Date :	19-Nov-2021 03:03 PM
Ref By :	C/O CHAITHANYA NURSING HOME (IBP)	Reporting Date :	19-Nov-2021 03:20 PM
Typed By :	RAJITHA		
<b>RADIOLOGY DEPARTMENT</b>			
<b>C.T. SCAN OF BRAIN - PLAIN STUDY :</b>			
Serial axial sections of brain done without contrast.			
<b>FINDINGS :</b>			
Sella and supra sellar regions appear normal.			
Fourth ventricle is normal.			
Supratentorial ventricular system normal.			
Bilateral periventricular white matter ischemic changes.			
Multiple focal hypodense lesions noted in bilateral capsuloganglionic region, thalami and pons.			
Rest of the cerebral parenchyma is normal, shows normal grey and white matter differentiation.			
Cerebellum and rest of brain stem are normal.			
Sylvian fissures, basal cisterns and sulcal spaces are mildly prominent.			
No evidence of shift in midline structures.			
No evidence of any extra axial fluid collection.			
<b>IMPRESSION:</b>			
• Mild diffuse cerebral atrophy.			
• Bilateral periventricular white matter ischemic changes.			
• Chronic lacunar infarcts in bilateral capsuloganglionic region, thalami and pons.			
For clinical correlation.			
DeSANJEEV CHOUDRI RADIOLOGIST			
FACILITIES AVAILABLE: MRI, C.T. Scan, Digital X-Ray, CBCT, Digital Mammography, Digital OPG, 3D/4D Ultra Sound Scanning, Colour Doppler, 2D Echo, PET, TMT, EEG, Digital EEG, ENMS, Endoscopy, Laboratory Investigation & Consultation Services.			

Fig 1: CT Brain report of Case 1

**Case 2**

A 60year old male presented to the Outpatient department of JIMS Homoeopathic Medical College and Hospital on 29/4/2024

- Weakness of right hand and leg
- Slurred speech
- Generalized body ache for the past 5 months.

History reveals frequent epileptic attacks for the past 10 years. He had an attack in November 2023 following which he noted deviation of mouth towards left side, slurred speech and weakness of right hand and leg. CT brain at that time revealed chronic lacunar infarct (Figure 2). Also was diagnosed with hypertension and diabetes at the same time for which he was started on Amlodipine 5 mg, Telmisartan 40 mg for hypertension and Metformin 500 mg, and Glimepiride 2 mg for diabetes.

Past history reveals epilepsy from past 10 years; he used herbal medication for epilepsy with which there was no much improvement, later shifted to allopathic treatment. He was started on Eptoin but he continued to have the attacks

once in 5 to 6 months. Attacks were triggered due to excess intake of alcohol, lack of sleep and on taking sugars.

The patient's family history is notable for Hemiplegia in his mother.

Clinical examination revealed slight difficulty to hold air in mouth on right side, deviation of mouth to left side indicating VII nerve involvement.

Hemiparetic gait, needs support.

Motor examination showed no muscle wasting. Tone assessment revealed mild hypertonia of right upper and lower limbs. MRC scale for muscle strength was 3/5 in the right upper and lower limb and 5/5 in the left upper and lower limb. Reflexes indicated normal superficial abdominal reflex and positive plantar reflex on right side. Deep tendon reflexes were normal on left side, but the right biceps, triceps, knee and ankle reflexes were slightly exaggerated compared to the left side.

We assed SIS and MRC scores for 6 months which is given in Figure no 4 & in Table no 3.

**Investigation report**

**Tesla Diagnostics**  
*Helps to lead a Quality Life*

PatientName	: [REDACTED]	Regno	: SHA57610
Age/Gender	: 60 Years/ Male	Reg Date	: 28/11/2023 20:45:12
Referredby	: Dr.M VAMSI KRIHNA REDDY	Report Date	: 28/11/2023 21:05:33

**CT BRAIN (PLAIN)**

**FINDINGS:**

Ill defined hypodense area noted in left frontal lobe with atrophy of adjacent gyri and ipsilateral dilatation of frontal horn of left lateral ventricle -Chronic infarct.

Ill defined hypodense areas noted involving grey white matter of left frontal lobe, centrum semiovale, corona radiata left capsuloganglionic region and pons -Infarcts.

Tiny hypodense areas of (14HU) noted left thalamus -Lacunar infarcts.

Rest of the cerebral hemispheres are normal.

No midline shift.

Ventricular system, Cisternal spaces, sylvian fissures are prominent -Age related diffuse cerebral atrophy.

Sella and parasellar areas normal.

Posterior fossa structures appear normal.

Calvarial bones are normal.

Both orbits appear normal.

Mucosal thickening noted in bilateral ethmoid sinuses -Sinusitis.

Suggested clinical correlation.

**DR. KALYANI**  
CONSULTANT RADIOLOGIST

**Fig 2:** CT Brain report of Case 2

**Timeline with follow up**

The progression of disease (events) along with follow-up details for both cases, is presented in Table 1.

**Monthly assessment of SIS and MRC scores of both cases**

The SIS scores of Case 1 are shown in Fig 3, and case 2 in

Fig 4. The MRC scores of Case 1 are given in Table 2 and of Case 2 are given in Table 3.

**Calculation of scores:** SIS is the subjective assessment of recovery in 8 different domains by the patient which include strength, memory and thinking, emotion & mood, communication, daily activities, mobility, hand function and social life. 9<sup>th</sup> domain is rated about overall recovery. First 8 domains are rated from 1 to 5 based on the symptoms and how often patient is experiencing them. Each domain percentage is calculated individually by using domain score formula of SIS.

**Assessment of scores**

**Case 1:** In Case 1, as seen in Figure 3, there was a significant improvement (>30% from baseline) in emotional

wellbeing, daily activities, and social life. Moderate improvement (10-29%) was observed in strength, memory, communication, mobility, and hand function. These gains were evident in the initial follow ups, with continued steady progress over time. The improvement was gradual throughout the follow up period, reaching a maximum recovery of 75% by the end of 6 months.

**Case 2:** In Case 2, as illustrated in Figure 4, there was significant improvement in strength, social life and moderate improvement in emotions, communication, daily activities, mobility & hand function in the initial follow up. Rapid recovery was observed in subsequent visits, achieving 90% recovery within 3 months. This improvement continued consistently in later visits, reaching a maximum recovery of 95% by the end of 6 months.

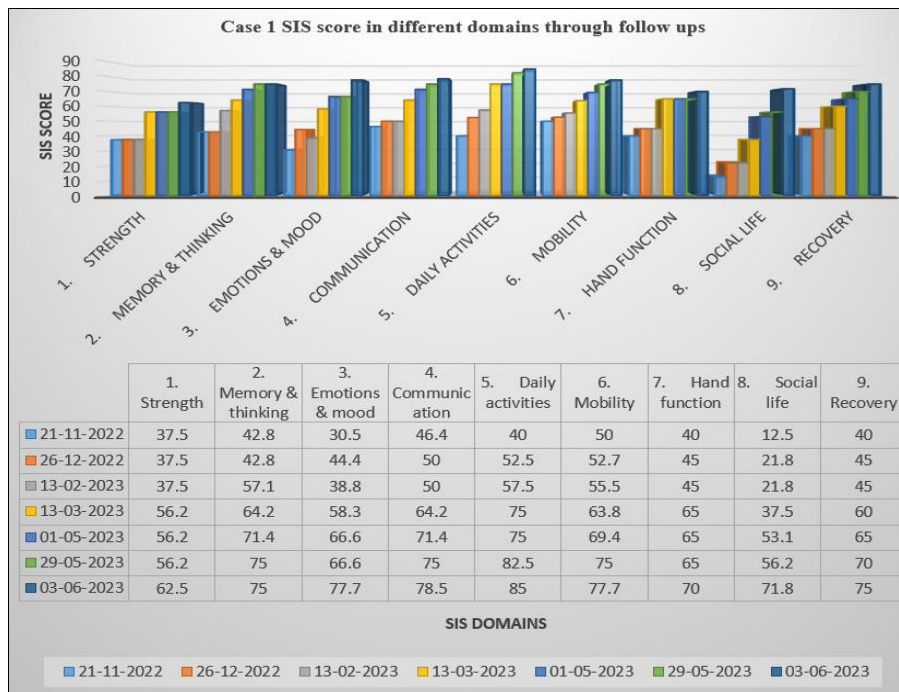


Fig 3: SIS scores of Case 1

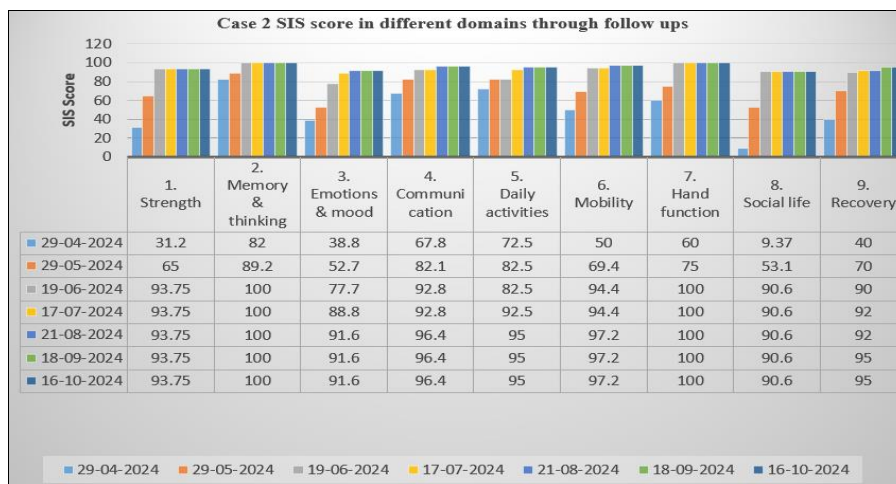


Fig 4: SIS scores of Case 2

**Results**

Table 4 shows the difference in SIS & MRC scores before and after treatment. Both cases showed good improvement in different domains of SIS with individualized

homoeopathic medicine. However, improvement has been better and fast in Case 2 than in Case 1 where improvement was gradual. This difference may relate to the timing of treatment initiation; case 1 has started homoeopathic



with no worsening signs or new infarcts observed during the study period. These results align with the observed improvements in the current case report, emphasizing the potential role of homeopathy in enhancing post stroke recovery.

Similarly, Dutta *et al.* [11] conducted a randomized controlled trial to assess the efficacy of individualized homeopathic medicines (IHMs) in the treatment of post stroke hemiparesis. While their study did not find statistically significant differences between homeopathy and placebos in muscle strength grading, improvements in the Stroke Impact Scale (SIS) physical problems domain were significantly higher in the IHM group compared to the placebo group. This suggests a potential benefit of homeopathy in addressing specific post stroke complications, corroborating the findings of the current case report.

Furthermore, Dutta [12] presented a case report detailing the use of homeopathy in the treatment of post stroke complications in a 63year old patient. The gradual improvement observed across different physical and cognitive domains underscores the potential therapeutic effects of homeopathy in addressing the multifaceted nature of post stroke sequelae.

In comparison to these studies, the current case report highlights the clinical outcomes of integrating

individualized homeopathy with allopathic medications in two patients with post lacunar stroke complications. Despite differences in study designs and patient populations, the observed improvements in various domains, including motor function, speech, and quality of life, are consistent with previous findings. Importantly, the current report emphasizes the importance of early initiation of homeopathic intervention, as evidenced by the faster and more significant improvements observed in Case 2 compared to Case 1, where treatment was delayed.

Overall, while further research, including randomized controlled trials, is warranted to validate these findings and elucidate the underlying mechanisms, the collective evidence suggests a potential synergistic effect of homeopathy alongside allopathic medications in enhancing post stroke recovery and preventing long term disability.

**Conclusion**

This case report highlights the potential role of homeopathy in managing post lacunar stroke complications alongside allopathic medications. The findings emphasize the importance of early initiation of homeopathic intervention, indicating that sooner intervention yields better and faster results. Further research is warranted to validate these findings and elucidate the mechanisms underlying the synergistic effects of homeopathy in stroke management.

**Table 1:** Progression of disease with follow up of case 1 & case 2

Case 1		Case 2	
Time	Event	Time	Event
Oct 2020 to Nov 2021	Gradual onset of slurred speech and deviation of mouth. Used allopathy for 2 to 3 months and herbal medicines for 6 to 7 months intermittently	Nov 2023	Deviation of mouth with slurred speech and weakness of right hand and leg post epileptic attack. CT brain showed chronic lacunar infarcts. Diagnosed with HTN and DM. Difficulty walking and moving affecting his daily activities. No control of urine at times. Slurred speech. Generalized body pains.
Nov 2021	CT Brain done and started on statin and antiplatelet therapy but patient is not regular with the medication.	Dec 2023 to Jan 2024	Patient better with allopathic medication. Urine control attained, weakness of right hand and leg were little better than before. Patient walking within home and going to washroom with support of his attendants. But deviation of mouth and slurred speech is same. Frequently cries given his condition. Emotionally unstable.
April to May 2022	Burning sensation along the backbone	Feb 2024 to April 2024	Continuing HTN & DM medication. No change in symptoms from previous months.
July 2022	Weakness of the left leg		
July 2022 to Aug 2022	Lack of urinary control		
Oct 2022 to Nov 2022	Teeth grinding		
<b>Follow ups from hospital visits</b>			
21/11/2022	<p><b>JIMS Hospital visit</b> Slurred speech, burning along the back bone, lack of urinary control, weakness of left leg and hand, teeth grinding, weeping when questioning. Following medicine given after repertorisation. <b>Prescription:</b> Lachesis Mutus 200C prepared according to instructions of individual monographs given in Homoeopathic Pharmacopoeia of India (HPI). One dose (STAT) &amp; Placebo, twice a day for 1 month. FBS, PLBS, &amp; HbA1c were ordered.</p>	29/4/2024	<p><b>JIMS Hospital visit:</b> weakness of right hand &amp; leg, slurred speech, &amp; generalized body aches. Following medicine given after repertorisation. <b>Prescription:</b> Nux Vomica 200C prepared according to instructions of individual monographs given in Homoeopathic Pharmacopoeia of India (HPI), two doses. Physiotherapy exercises were suggested by experts to do regularly at home.</p>
26/12/2022	<p><b>Reports</b> FBS was 230 mg/dL PLBS was 389 mg/dL, HbA1c was 10.1% <b>Symptoms:</b> Grinding teeth significantly improved. Involuntary urination was controlled, able to sense</p>	29/5/2024	<p><b>Symptoms:</b> Weakness of right hand and leg significantly better. Speech improving, he is reciting poetry. Walking improved without support. Body aches are 50% better. <b>Treatment:</b> Placebo, twice a day for a month was prescribed given improvement in the case.</p>

	<p>the urge and going himself to washroom.                      Burning along the spine was 40% better.                      Speech difficulty was same                      Weeping was same  <b>Treatment:</b> Placebo, twice a day for 1 month was prescribed given improvement in the case.                      General physician opinion taken and he was started on (Metformin 500 mg + Glimepiride 1 mg) and (Sitagliptin 50 mg + Metformin hydrochloride 500 mg) for diabetes and Aspirin 150 mg for future stroke prevention.                      Not willing for physiotherapy due to financial restraint</p>		
13/2/2023	<p><b>Symptoms:</b> Patient compliant with allopathic medication.                      Grinding teeth was increased from last 3 days.                      Involuntary urination was reduced.                      Burning along the spine was 50% improved.                      Speech difficulty was same                      Weakness of left leg &amp; hand was same  <b>Treatment:</b> Lycopodium (Lyco) clavatum 30x prepared according to instructions of individual monographs given in HPI, 2 doses was prescribed (based on totality &amp; H C Allen described that Lyco follows well after Lachesis)</p>	19/6/2024	<p>Weakness of right hand and leg improved. Speech improving, clarity is getting better. Body pains better except for left shoulder pain.  <b>Treatment:</b> Placebo, twice a day for a month.</p>
13/3/2023	<p><b>Reports</b>                      FBS was 102 mg/dL                      PLBS was 166 mg/dL  <b>Symptoms</b>                      Patient better over all                      No grinding of teeth                      Speech improving,                      Weakness is slightly better than before.                      No involuntary urination or burning along the spine.  <b>Treatment:</b> Placebo, twice a day for 1 month.</p>	17/7/2024	<p>Weakness of right hand and leg improved. Speech improving, clarity is getting better. Body pains better. Emotionally stable, doing his activities well.  <b>Treatment:</b> Placebo, twice a day for a month.</p>
1/5/2023	<p><b>Symptoms:</b> Speech improving, was trying to read, and say words. Speech clarity is improving.                      Weeping was improving.  <b>Treatment:</b> Placebo, twice a day for 1 month.</p>	21/8/2024	<p>Weakness of right hand and leg improved. Speech improving, clarity is getting better. Body pains better. Generally better.                      No new complaints.  <b>Treatment:</b> Placebo, twice a day for a month.</p>
29/5/2023	<p><b>Symptoms:</b> No involuntary urination, burning along the spine.                      Weeping was improving.                      Weakness of left side was improving but not significant.                      Speech was improving.  <b>Treatment:</b> Lyco 200C prepared according to instructions of individual monographs given in HPI, one dose was prescribed (Potency increased as there is no much improvement than previous follow up)</p>	18/9/2024	<p>Weakness of right hand and leg improved. Speech same. Had two episodes of dizziness &lt; morning. Associated with frontal headache &gt; pressure. Blood pressure was 110/80 mmHg.  <b>Treatment:</b> Nux Vomica 200C prepared according to instructions of individual monographs given in Homoeopathic Pharmacopoeia of India (HPI), one dose (STAT).</p>
3/7/2023	<p><b>Symptoms</b>                      Speech clarity was improving.                      Patient is emotionally looking more stable, started doing work, and meeting friends often.                      Weakness was better than before.  <b>Treatment:</b> Placebo, twice a day for 1 month.</p>	16/10/2024	<p>Weakness of right hand and leg improved. Speech was much better. Body pains better. No recent episodes of dizziness or headache. Generally better. No new complaints.  <b>Treatment:</b> Placebo, twice a day for a month.</p>

**Table 2:** MRC scores of case 1 through the follow up

Scale	Follow up dates						
MRC	21/11/22	26/12/22	13/2/23	13/3/23	1/5/23	29/5/23	3/7/23
Left Leg	3/5	3/5	3/5	3/5	4/5	4/5	4/5
Left Hand	4/5	4/5	4/5	4/5	4/5	4/5	4/5

**Table 3:** MRC scores of case 2 through the follow up

Scale	Follow up dates						
MRC	29/4/24	29/5/24	19/6/24	17/7/24	21/8/24	18/9/24	16/10/24
Right Leg	3/5	3/5	4/5	4/5	4/5	4/5	4/5
Right Hand	3/5	3/5	4/5	4/5	4/5	5/5	5/5

**Table 4:** Comparison of progress between Case 1 & Case 2 before and after treatment

Scales	Case 1		Case 2	
	Before treatment	After treatment	Before treatment	After treatment
SIS Domains				
Strength	37.5	62.5	31.2	93.75
Memory and thinking	42.8	75	82	100
Emotions & Mood	30.5	77.7	38.8	91.6
Communication	46.4	78.5	67.8	96.4
Daily activities	40	85	72.5	95
Mobility	50	77.7	50	97.2
Hand function	40	70	60	100
Social life	12.5	71.8	9.37	90.6
Recovery	40	75	40	95
MRC Scale	Case 1		Case 2	
Affected leg	3/5	4/5	3/5	4/5
Affected hand	4/5	4/5	3/5	5/5

**Patient perspective**

Primary informant narrated the improvement in complaints before and after the treatment. The testimonial is taken in the form of video (mp4.)

**Declaration of patient's consent**

Consent from the patients and their spouse has been taken. They have given their consent for clinical information to be reported in the journal. They were made to understand that their name and initials will not be published and due efforts will be made to conceal their identity.

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**Conflict of interest:** There is no conflict of interest.

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