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A case of ischemic stroke with right sided hemiplegia treated with homoeopathy: A case report

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Abstract

A stroke, also known as a cerebrovascular accident (CVA), is a medical emergency that causes neurological impairments due to an abrupt stoppage of blood flow to the brain¹. In this case report, a 66-year-old man complained of disorientation, slurred speech, mouth deviation to the left, and weakness in the right upper limb. After his admission to the intensive care unit, a diagnosis of left-sided ischemic stroke was made. While thrombolytic and rehabilitative procedures are the focus of conventional medicine, this study will give an insight about how homeopathy offers a therapeutic approach aimed at restoring balance and promoting neuro-recovery through individualized remedies.

Keywords: Stroke, cerebrovascular accident, homoeopathy, case report, rehabilitative procedures, individualized remedies

Introduction

Stroke is becoming more common worldwide, especially in developing nations where lifestyle-related risk factors like obesity, diabetes, and hypertension are on the rise^[2]. Haemorrhagic strokes make up 15-20% of all instances, whereas ischemic strokes make up 80-85%^[3]. Although postmenopausal women exhibit a higher prevalence of fatal outcomes, men are somewhat more impacted than women. An ischemic stroke happens when an embolism or thrombus obstructs a brain artery^[4]. Neural death occurs within minutes as a result of the ensuing oxygen and glucose starvation, which starts a chain reaction of cellular damage^[5]. A combination of risk factors that can be changed and those that cannot are what cause strokes. Modifiable risk factors include high blood pressure, diabetes, dyslipidaemia, atrial fibrillation, smoking, sedentary lifestyles, and alcohol misuse. Ethnicity, age, gender, and genetic predisposition⁶ are all unchangeable^[6]. The purpose of this case study is to highlight the effectiveness of individualized homeopathic management, combined with physiotherapy, in facilitating neurological and functional recovery in a patient with cerebrovascular accident presenting with right-sided hemiparesis and speech impairment.

Case Profile

A 66-year-old man arrived to our outpatient department complaining of numbness in his tongue, vomiting, and widespread exhaustion due to coughing when eating. For prompt assessment, he was admitted to the casualty department. Shortly after, the patient had disorientation about time, location, and people, slurred speech, mouth deviation toward the left side, and weakness in the right upper limb when trying to stand. He was moved right away to the Intensive Care Unit (ICU) for more careful observation and care. Upon admission to the ICU, the patient was connected to vital sign monitoring equipment, including pulse oximetry. Blood glucose levels and electrolytes were assessed to rule out metabolic causes. Continuous monitoring of all vital parameters was maintained throughout the course of treatment.

H/O PAST Illness

Diabetes Mellitus for past 5 years.

H/O Family Illness

Nothing relevant.

General Physical Examination

- Vitals-BP-90/50mmHg
- SPO₂-96%
- Pulse-80 beats/min
- RBS-435mg/dl

Systemic Examination

Glasgow coma scale

- **Eye Opening Response:** Spontaneous-open with blinking at baseline 4 points
- **Verbal Response:** Confused conversation, but able to answer questions 4 points
- **Motor Response:** Obeys commands for movement 6 points.

Cranial nerve examination**7th (facial) cranial nerve**

- Mouth deviated to left side (Hemifacial weakness).

NIH Stroke Scale

	9-1-2025	11-1-2025	14-1-2025
1a. Level of consciousness	2/3	0/3	0/3
1b. Level of consciousness	1/2	0/2	0/2
1c. Level of consciousness	1/2	0/2	0/2
2. Best Gaze	0/2	0/2	0/2
3. Visual	0/3	0/3	0/3
4. Facial palsy	2/3	1/3	1/3
5. Motor Arm	2/4	2/4	0/4
6. Motor Leg	2/4	2/4	0/4
7. Limb Ataxia	0/2	0/2	0/2
8. Sensory	0/2	0/2	0/2
9. Best Language	2/3	1/3	1/3
10. Dysarthria	2/2	1/2	1/2
11. Extinction	0/2	0/2	0/2
TOTAL	14	7	3

- Asymmetry of facial movements is often more obvious during spontaneous conversation, especially when the patient smiles.

12th Cranial nerve

Tongue deviation is toward left side

All other cranial nerves are normal.

- **Diagnosis:** A detailed examination, supported by a CT scan, confirmed an acute infarct in the left capsuloganglionic region.
- **Intervention:** Following a comprehensive case evaluation and analysis of the signs and symptoms, repertorization was conducted, and *Plumbum Metallicum* 200 was prescribed in conjunction with physiotherapy and speech therapy. The patient's progress was assessed using sensorimotor function evaluations, the NIH Stroke Scale, the EAT-10 Scale, and the House-Brackmann Scale for facial palsy to monitor symptom improvement.

(9-1-25) House Brachmann Scale for Facial Nerve

Grade	Description	Characteristics
I	Normal	Normal facial function
II	Mild dysfunction	Slight weakness on close inspection; normal tone and symmetry at rest
III	Moderate dysfunction	Obvious weakness +/- asymmetry, but not disfiguring; synkinesis, contracture or hemifacial spasm; complete eye closure with effort
IV	Moderately severe dysfunction	Obvious weakness or disfiguring asymmetry; normal symmetry and tone at rest; incomplete eye closure
V	Severe dysfunction	Barely perceptible motion asymmetry at rest
VI	Total paralysis	No movement

(11-1-25) House Brachmann Scale for Facial Nerve

Grade	Description	Characteristics
I	Normal	Normal facial function
II	Mild dysfunction	Slight weakness on close inspection; normal tone and symmetry at rest
III	Moderate dysfunction	Obvious weakness +/- asymmetry, but not disfiguring; synkinesis, contracture or hemifacial spasm; complete eye closure with effort
IV	Moderately severe dysfunction	Obvious weakness or disfiguring asymmetry; normal symmetry and tone at rest; incomplete eye closure
V	Severe dysfunction	Barely perceptible motion; asymmetry at rest
VI	Total paralysis	No movement

9-1-25 ASSESS MUSCLE STRENGTH OF THE UPPER EXTREMITIES

Shoulder-abduction	Right - 0/5 Left - 5/5
Elbow flexion	Right - 2/5 Left - 5/5
Elbow extension	Right - 2/5 Left - 5/5
Wrist flexion	Right - 2/5 Left - 5/5
Wrist extension	Right - 2/5 Left - 5/5
Hand grip Right	Right - 2/5 Left - 5/5

11-1-25 ASSESS MUSCLE STRENGTH OF THE UPPER EXTREMITIES

Shoulder-abduction	Right - 3/5 Left - 5/5
Elbow flexion	Right - 4/5 Left - 5/5
Elbow extension	Right - 4/5 Left - 5/5
Wrist flexion	Right - 4/5 Left - 5/5
Wrist extension	Right - 4/5 Left - 5/5
Hand grip Right	Right - 4/5 Left - 5/5

EAT - 10						9-1-25						11-1-25					
Circle the appropriate response						0 = No problem 4 = Severe problem						0 = No problem 4 = Severe problem					
1. My swallowing problem has caused me to lose weight.						0	1	2	3	4		0	1	2	3	4	
2. My swallowing problem interferes with my ability to go out for meals.						0	1	2	3	4		0	1	2	3	4	
3. Swallowing liquids takes extra effort.						0	1	2	3	4		0	1	2	3	4	
4. Swallowing solids takes extra effort.						0	1	2	3	4		0	1	2	3	4	
5. Swallowing pills takes extra effort.						0	1	2	3	4		0	1	2	3	4	
6. Swallowing is painful.						0	1	2	3	4		0	1	2	3	4	
7. The pleasure of eating is affected by my swallowing.						0	1	2	3	4		0	1	2	3	4	
8. When I swallow food sticks in my throat.						0	1	2	3	4		0	1	2	3	4	
9. I cough when I eat.						0	1	2	3	4		0	1	2	3	4	
10. Swallowing is stressful.						0	1	2	3	4		0	1	2	3	4	
Total EAT-10:						25						Total EAT-10:					

Selection of medicine

Considering symptoms Drowsy, Stupor General sluggishness Initially we gave	Opium 30/1d
Suggested remedy Side affinity-left Arteriosclerosis Loss of speech Numbness Partial paralysis	<i>Plumbum Metallicum</i> 200/1d

9-1-25	Glasgow coma scale	Opium 30/1d
Vitals BP-90/50mmHg SPO2-96% Pulse-80 beats/min RBS-435mg/dl	• Eye Opening Response Spontaneous-open with blinking at baseline 4 points • Verbal Response Confused conversation, but able to answer questions 4 points • Motor Response Obeys commands for movement 6 points	
14-1-25 Vitals BP-80/40mmHg SPO2-97% Pulse-74 beats/min RBS-239mg/dl	• Glasgow coma scale Eye Opening Response • Spontaneous-open with blinking at baseline 4 points Verbal Response • Oriented, able to answer questions 5 points Motor Response • Obeys commands for movement 6 points	<i>Plumbum Metallicum</i> 200/1d
19-1-25 Vitals BP-110/80mmHg SPO2-98% Pulse-78 beats/min RBS-167mg/dl	• Glasgow coma scale Eye Opening Response • Spontaneous-open with blinking at baseline 4 points Verbal Response • Oriented, able to answer questions 5 points Motor Response • Obeys commands for movement 6 points	<i>Plumbum Metallicum</i> 200/1d

Discussion

Stroke remains a major cause of long-term disability and mortality worldwide, with ischemic strokes being the most

prevalent form. The present case demonstrates the potential of an integrative therapeutic approach combining individualized homeopathic management with

physiotherapy and speech therapy in facilitating neurological recovery following a cerebrovascular accident (CVA).

The patient, a 66-year-old male presenting with right-sided hemiparesis, dysarthria, and dysphagia, showed progressive improvement in muscle tone, coordination, and speech within ten days of treatment. The selected remedy, *Plumbum Metallicum* 200, was chosen on the basis of symptom similarity, particularly its affinity for degenerative neurological conditions characterized by paralytic weakness, muscular atrophy, and delayed nerve conduction. The improvement in both motor and cognitive domains suggests that the remedy may have aided in promoting neuronal repair and restoring neuromuscular balance.

Physiotherapy and speech therapy played a crucial supportive role in enhancing neuroplasticity the brain's capacity to reorganize and form new neural connections after injury. These therapies complemented the homeopathic intervention by improving circulation, muscle tone, and functional independence. The integration of these modalities highlights the importance of a multidimensional management plan in stroke rehabilitation.

The positive outcome observed aligns with earlier case-based and observational reports suggesting that individualized homeopathic remedies, when selected according to the totality of symptoms, may support recovery in neurological disorders. However, the absence of controlled trials necessitates caution in generalizing results. The subjective nature of symptom selection in homeopathy and spontaneous recovery patterns in post-stroke patients are potential confounders.

Nevertheless, this case underscores the potential role of homeopathy as an adjunctive therapy in post-stroke rehabilitation. Its individualized approach may help address residual neurological deficits, improve patient well-being, and enhance the quality of life. Further clinical studies with larger sample sizes and objective neurological assessments are warranted to substantiate these findings and clarify the mechanisms underlying homeopathic efficacy in cerebrovascular diseases.

Conclusion

After 10 days of treatment, the patient exhibited improvements in orientation, muscle strength, swallowing ability, speech clarity, and overall well-being. This case highlights the possible benefits of combining homeopathic remedies, such as *Plumbum Metallicum* 200, with rehabilitation therapies like physiotherapy and speech therapy for managing CVA symptoms and enhancing the patient's quality of life. Homeopathy demonstrated success in alleviating CVA-related complications, showcasing the effectiveness of an individualized treatment approach based on symptom totality.

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Conflict of Interest

Not available

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Not available

References

1. Feigin VL, Brainin M, Norrving B, Gorelick PB, Dichgans M, Smith SC, *et al.* World Stroke Organization (WSO): Global Stroke Fact Sheet 2022. *Int J Stroke*. 2022;17(1):18-29.
2. Johnson W, Onuma O, Owolabi M, Sachdev S. Stroke: A global response is needed. *Bull World Health Organ*. 2016;94(9):634-634A.
3. Campbell BCV, Khatri P. Stroke. *Lancet*. 2020;396(10244):129-42.
4. Donnan GA, Fisher M, Macleod M, Davis SM. Stroke. *Lancet*. 2008;371(9624):1612-23.
5. Powers WJ, Rabinstein AA, Ackerson T, Adeoye OM, Bambakidis NC, Becker K, *et al.* Guidelines for the early management of patients with acute ischemic stroke. *Stroke*. 2018;49(3):e46-110.
6. Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, *et al.* Heart disease and stroke statistics 2012 update. *Circulation*. 2012;125(1):e2-220.
7. Teasell R, Hussein N, Foley N, Cotoi A, Lindsay MP, Bhogal S, *et al.* Evidence-Based Review of Stroke Rehabilitation. *Top Stroke Rehabil*. 2020;27(6):463-489.
8. Nayak C, Oberai P, Varanasi R, Baig H, Roja V, Kulkarni A, *et al.* Clinical verification of homeopathic remedies for cerebrovascular accidents: A multicenter observational study. *Indian J Res Homoeopathy*. 2013;7(3):116-125.

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