



Homeopathy

LONGITUDINAL FUNCTIONAL RECOVERY IN POST-ISCHAEMIC STROKE HEMIPLEGIA FOLLOWING INDIVIDUALISED HOMOEOPATHIC MANAGEMENT: A CARE-COMPLIANT CASE REPORT.

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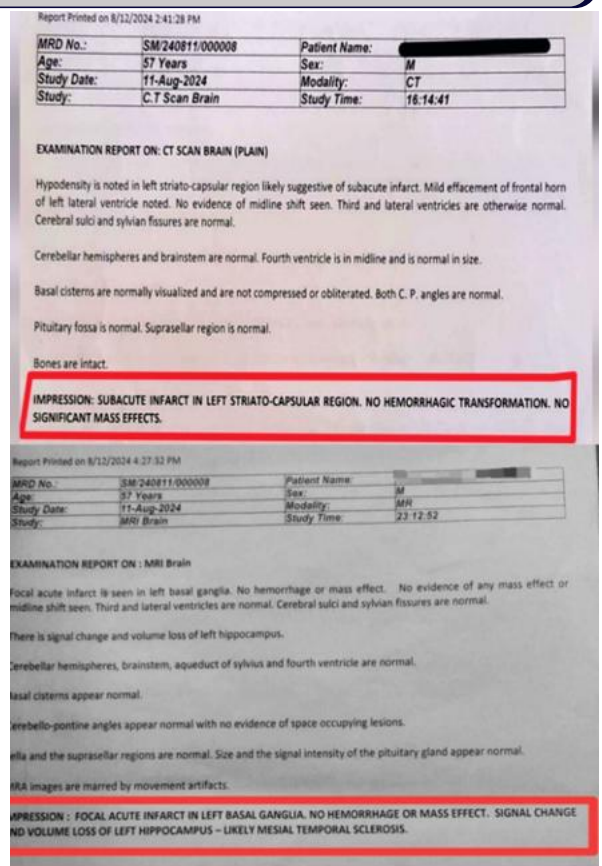
ABSTRACT Stroke is a major cause of long-term disability, and many survivors experience persistent motor impairment despite standard rehabilitation. This report describes the functional recovery of a 57-year-old man with radiologically confirmed post-ischemic stroke hemiplegia following acute conventional care, managed with individualised homoeopathic treatment and supervised physiotherapy. Remedy selection was based on detailed homoeopathic case analysis, repertorisation, and correlation with the homoeopathic Materia Medica, with Arnica montana prescribed as the constitutional medicine. Clinical progress was prospectively assessed using serial neurological examinations, the Medical Research Council (MRC) Muscle Strength Scale, Barthel Index, Modified Rankin Scale (mRS), and Modified Naranjo Criteria for Homoeopathy (MONARCH). Progressive improvement was observed in muscle strength, gait, speech, and activities of daily living over the follow-up period, with the Barthel Index improving from 5 to 95 and the mRS from 05 to 01. This case highlights the importance of systematic documentation of individualised homoeopathic management within multidisciplinary stroke rehabilitation and supports further clinical research.

KEYWORDS : Ischaemic Stroke, Stroke, Hemiplegia, Individualised Homoeopathy, Case Report**INTRODUCTION**

Stroke is a leading cause of death and long-term disability worldwide, creating significant clinical, social, and economic burden. Global Burden of Disease data show rising stroke incidence and prevalence, especially in low and middle-income countries where access to specialized rehabilitation is limited.^[1] About 80-85% of strokes are ischaemic, and survivors often have persistent deficits such as hemiplegia, dysarthria, poor balance, and loss of independence that require prolonged multidisciplinary rehabilitation.^[1,2] Recovery after ischaemic stroke depends on infarct location, injury severity, spontaneous recovery, neuroplasticity, timely reperfusion, rehabilitation intensity, and secondary prevention. Current evidence supports multidisciplinary care including physiotherapy, occupational therapy, speech therapy, nutritional support, and regular functional assessment to optimise recovery and quality of life.^[3,4] Well-documented clinical observations using objective outcome measures remain important for hypothesis generation and future research. We describe the longitudinal rehabilitation of a 57-year-old male with clinically and radiologically confirmed post-ischaemic stroke hemiplegia who received individualised homoeopathic treatment after acute conventional care and supervised physiotherapy. Recovery was tracked prospectively using serial neurological exams and validated measures-MRC Muscle Strength Scale, Barthel Index, Modified Rankin Scale, and MONARCH. This report presents a transparent, systematically documented observation while recognising the multifactorial nature of post-stroke recovery.

Case Presentation

Patient Information: A 57-year-old male from East Khasi Hills, Meghalaya, India, presented to the Department of Practice of Medicine, Homoeopathy Hospital, NEIAH, Shillong, on 26th August 2024 with persistent right upper and lower limb weakness following an acute ischaemic stroke that occurred 2 weeks prior. As per the patient and attendants, he was well until 10th August 2024, when he developed a sudden severe right temporal headache. Within 15–20 minutes, right upper limb weakness appeared, followed by right lower limb weakness and slurred speech. There was no loss of consciousness, seizure, head trauma, or bowel/bladder incontinence. He was admitted to a government hospital where acute ischaemic stroke was diagnosed radiologically [Figure – 1] and managed with standard conventional care before referral for rehabilitation. Past history included hypertension on irregular medication. There was no diabetes, prior stroke, epilepsy, or any major head trauma. Before the stroke, he was fully independent in daily activities and was the sole breadwinner for his family.

**Figure-1: Reports on CT Scan Brain and MRI Brain (11/08/2026)**

Clinical Findings: On presentation, the patient was conscious and hemodynamically stable. Neurological exam showed right-sided spastic hemiplegia with UMN facial palsy and dysarthria. MRC muscle power was 0/5 in the right upper and lower limbs. There was hypertonia, brisk deep tendon reflexes, extensor plantar response, and impaired superficial sensation on the right. He was unable to stand or walk without support. Functional scores indicated total dependence: Barthel Index 5 and Modified Rankin Scale 5, consistent with severe disability requiring constant care.^[5,6]

KUB ultrasonography during the initial evaluation also showed features of chronic cystitis with a bladder diverticulum, which were normal on a later study during treatment. [Figure – 2]

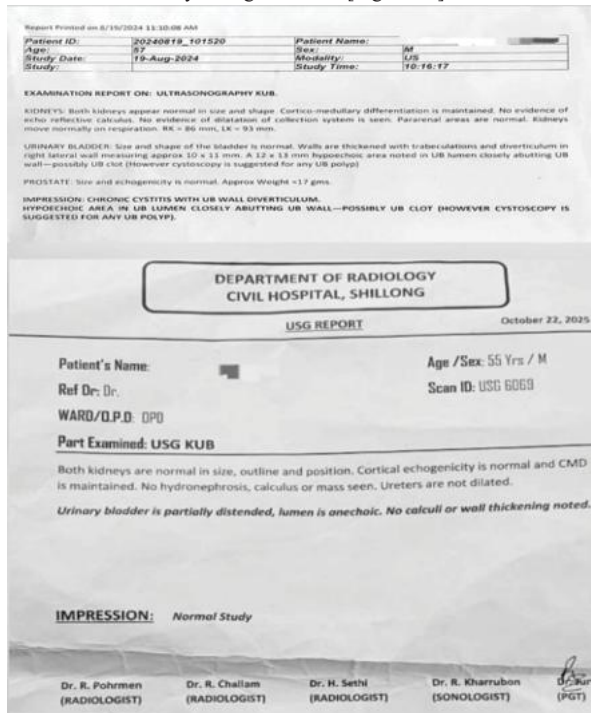


Figure - 2: Ultrasonography Kub (Before-19/08/2024 and During Treatment-25/10/2025)

Diagnosis: CT during acute admission revealed a subacute infarct in the left striato-capsular region. [Figure – 1] MRI later confirmed an acute left basal ganglia infarction without hemorrhagic transformation, correlating with the right UMN hemiplegia. [Figure – 1] Etiological work-up during acute hospitalisation included ECG, echocardiography, carotid Doppler, Holter monitoring, and routine labs. As the diagnosis was already established prior to referral, management at our centre focused on functional improvement and longitudinal follow-up.

Individualised Homoeopathic Assessment: Following confirmation of the neurological diagnosis, a detailed individualised homoeopathic assessment was conducted using a standardised case-taking protocol. In homoeopathy, treatment is based on the totality of the patient's symptoms rather than the disease name alone^[7]. Information was obtained directly from the patient and supplemented by family members when dysarthria limited communication.

The evaluation covered mental-emotional traits, physical generals, characteristic particulars, and concomitant symptoms to establish the constitutional picture. Symptoms were then prioritised based on their individualising value prior to repertorisation.



Figure- 3: Repertorial Analysis Showing the Principal Rubrics and Leading Remedies Generated using RADAR Software.

The totality included desires for solitude, aversion to conversation, mental fatigue, forgetfulness, and reduced initiative; being chilly with

cravings for warm food, chicken, pork, and sour items; disturbed sleep with frightening dreams; urinary frequency with burning and reddish sediment; irregular bowel habits; and physical features such as right-sided hemiplegia, dysarthria, impaired mastication, loose cough with whitish expectoration, and generalized weakness. These symptoms were subsequently repertorised using The Synthesis Repertory (Repertorium Homoeopathicum Syntheticum), compiled by Frederik Schroyens, using the RADAR software. [Figure - 3] to identify remedies that most closely matched the complete symptom profile.

Therapeutic Intervention: After admission to NEIAH Homoeopathic Hospital, Shillong, individualised homoeopathic treatment was started following a detailed clinical assessment, review of neurological records, and repertorial analysis. Based on the complete symptom totality and homoeopathic Materia Medica, *Arnica montana* was chosen as the constitutional remedy. Prescribing focused on the patient's individual symptom pattern rather than the disease label alone.

During follow-up, the remedy's potency, dose, and repetition were adjusted according to changes in the symptom picture, in accordance with homoeopathic principles.^[7] Acute remedies were used only when required. Alongside homoeopathy, the patient received supervised physiotherapy, nursing care, nutritional support, and counselling for stroke prevention during hospitalisation.

Due to financial constraints, long-term inpatient rehab was not possible after discharge. The patient therefore continued with regular outpatient visits for individualised homoeopathic treatment and periodic neurological and functional evaluations using validated scales. [TABLE -1]

Table 1 - Chronological Timeline of Clinical Course, Therapeutic Intervention, and Functional Outcomes

Clinical Phase/Date	Therapeutic Intervention	Objective Clinical Progress
10/08/2024 (Acute stroke)	Acute stroke management at Government Hospital; neuroimaging and etiological work-up completed.	CT/MRI confirmed left basal ganglia/striato-capsular infarction without haemorrhage. [Figure - 1]
26/08/2024 (Admission to NEIAH IPD)	Individualised homoeopathic treatment initiated after case analysis and repertorial evaluation; <i>Arnica montana</i> selected as the constitutional remedy.	Dense right hemiplegia with dysarthria and right UMN facial palsy; MRC 0/5 (RUL/RLL)*, Barthel Index 5, mRS 5. [Tables – 2,3] * [RUL-Right Upper Limb, RLL-Right Lower Limb]
26/08/2024–07/09/2024 (Inpatient)	Individualised <i>Arnica montana</i> (potency individualised and advanced from 30CH to 200CH as indicated), acute remedies only when required, supervised physiotherapy (8 sessions), nursing care, nutritional support, and stroke-prevention counselling.	Progressive neurological recovery with improvement in sensation, speech, gait, bowel function, sleep, appetite, and muscle strength.
07/09/2024 (Discharge)	<i>Arnica montana</i> 200CH (weekly doses x 4 doses); continuation of outpatient individualised treatment advised.	RLL power improved to MRC 4/5; speech improved; ambulation with support; Barthel Index-55; mRS -3.
Long-term follow-up	<i>Arnica montana</i> advanced up to 1M, followed by <i>Arnica montana</i> 3X (once daily after food), with periodic neurological assessment, prescribed according to Homoeopathic principles.	Mild residual gait abnormality; MRC 5/5 (upper and lower limbs), normal reflexes, functional speech improved, Barthel Index-85, mRS-2.

Last Follow-up (26/05/2026)	<i>Arnica montana</i> repeated when indicated; [Acute medicines were prescribed following Homoeopathic principles, with periodic neurological assessment, with consultation to the repertorisation and Homoeopathic Materia Medica]	Independent ambulation with mild residual gait abnormality; MRC 5/5 (upper and lower limbs), normal muscle tone and reflexes, functional speech, Barthel Index-95, mRS-1, MONARCH score +7. [Figure - 4]
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Follow-up and Outcomes: Serial follow-up showed gradual neurological and functional improvement. At discharge, right lower-limb strength had improved sufficiently for assisted walking, with continued progress during outpatient visits. At the latest assessment, muscle power in both affected limbs reached MRC grade 5/5. Speech returned to functional levels, and the patient ambulated independently with only mild hemiplegic gait. Functional scores improved: Barthel Index from 05 to 95 [Table - 2] and Modified Rankin Scale from 05 to 01^[5,6] [Table - 3]. The MONARCH score was +7^[8]. [Figure - 4] The patient was initially placed on a soft/semi-solid diet due to difficulty swallowing solid foods and was able to tolerate a normal diet by the time of discharge.

Table-2: The Barthel Index (BI)^[5]

Activity of Daily Living (ADL)	Score Options	Baseline 26/08/2024	Discharge from IPD 07/09/2024	Midline 15/04/25	Midline 29/11/2025	Last Follow-up 26/05/2026
Feeding	0=Dependent 5=Needs help 10=Independent	0	5	5	10	10
Bathing	0=Dependent 5=Independent	0	0	0	5	5
Grooming	0=Dependent 5=Independent	0	0	0	5	5
Dressing	0=Dependent 5=Needs help 10=Independent	0	0	5	5	5
Bowel Control	0=Incontinent 5=Occasional accident 10=Continent	5	5	10	10	10
Bladder Control	0=Incontinent 5=Occasional accident 10=Continent	0	5	5	10	10
Toilet Use	0=Dependent 5=Needs help 10=Independent	0	0	5	10	10
Transfers (Bed-Chair)	0=Unable 5=Major help 10=Minor help 15=Independent	0	5	10	15	15
Mobility (Walking/Wheelchair)	0=Immobile 5=Wheelchair independent 10=Walks with help 15=Independent	0	5	10	10	15
Stair Climbing	0=Unable 5=Needs help 10=Independent	0	0	5	5	10
TOTAL SCORE (Maximum = 100)		05	25	55	85	95

Table-3: Modified Rankin Scale^[6]

Score	Description	Baseline Findings (26/08/2024)	Midpoint Progress (15/04/2025)	Midpoint Progress (29/11/2025)	Last Follow-up 26/05/2026
0	No symptoms	-	-	-	-
1	No significant disability despite symptoms; able to perform all usual duties and activities	-	-	-	✓
2	Slight disability; unable to perform all previous activities but able to look after own affairs without assistance	-	-	✓	-
3	Moderate disability; requiring some help, but able to walk without assistance	-	✓	-	-
4	Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance	-	-	-	-

5	Severe disability; bedridden, incontinent, requiring constant nursing care and attention	✓	-	-	-
Total Scores		05	03	02	01

MODIFIED NARANJO CRITERIA FOR HOMOEOPATHY(MONARCH)

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	✓	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	✓	-2	0
3. Was there an initial aggravation of symptoms?	+1	0	✓
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	✓	0	0
5. Did overall well-being improve? (suggest using validated scale)	✓	0	0
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	✓	0	0
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	✓	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	✓
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	✓	+1	0
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	✓	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	✓	0	0

Note: Maximum score = 12, minimum score = -6.

Figure - 4: MONARCH Criteria [Observed Clinical Outcome in the Case is Attributable to the Homoeopathic Intervention].

QR code for a video capturing progressive gains in gait, balance, upper limb function, transfers, and activities of daily living is given as Figure 5.

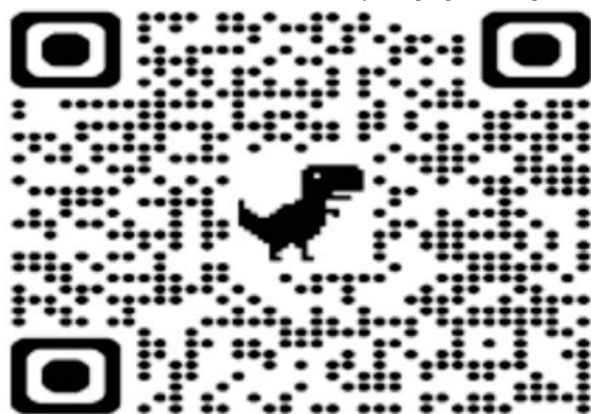


Figure – 5: Longitudinal Video Documentation (Objective Evidence)

DISCUSSION

Recovery after ischaemic stroke is multifactorial, involving spontaneous neurological recovery, neuroplasticity, timely acute care, secondary prevention, and patient-related factors^[1-4]. Therefore, outcomes in a single case should be viewed in the context of multidisciplinary rehabilitation, rather than attributed to any single intervention.

This report describes the longitudinal rehabilitation of a patient with radiologically confirmed post-ischaemic stroke hemiplegia who received individualised homeopathic management following acute conventional care and supervised physiotherapy. A key strength is the prospective, systematic documentation of recovery using validated measures: MRC Muscle Strength Scale, Barthel Index, Modified Rankin Scale, and MONARCH^[5,6,7]. Baseline neuroimaging confirmed the diagnosis, while longitudinal video and serial ultrasonography provided additional evidence of functional and clinical changes.

Post-stroke recovery depends on neuroplasticity, task-specific training, and repeated motor practice^[3,4]. Guidelines recommend coordinated multidisciplinary rehabilitation including physiotherapy, occupational therapy, speech therapy, nutrition, and long-term follow-up^[3]. The patient received acute conventional treatment prior to admission to NEIAH, then received inpatient physiotherapy and individualised homeopathy after treatment.

Homeopathic prescribing followed classical principles, based on comprehensive case analysis, repertorization, and verification of the Homeopathic Materia Medica^[7,9]. Remedy selection reflected the individual symptom totality, and prescriptions were adjusted during follow-up according to clinical changes and Homeopathic principles.

Recent evidence suggests a potential supportive role of homeopathy in post-stroke rehabilitation. Dutta et al. reported improved function with individualised homeopathy as an adjunct to conventional rehab, but called for larger, robust trials^[10]. An observational study by Wadhvani also reported improved neurological recovery when *Arnica montana* was used as an adjunct to conventional management in hospitalised patients with hemorrhagic stroke^[11]. Furthermore, an evidence-based case report by Bera et al. documented progressive clinical recovery following individualised homeopathic treatment, supported by standardised outcome assessments^[12]. Although these findings are encouraging, the current evidence is limited and highlights the need for larger, high-quality clinical trials to establish efficacy.

These also add to the documented observations using standardised measures and transparent reporting.

Case Characteristics

This case involved a diagnosis confirmed by imaging, regular follow-ups using validated outcome scales, records of individualised homeopathic prescriptions, long-term monitoring, and videos documenting the patient's functional improvement.

Case Considerations

Post-stroke, the patient also received standard medical care before admission and a few sessions of physiotherapy alongside

Homeopathic treatment. Repeat neuroimaging was not done as it was not feasible financially. These findings relate to a single patient and should be viewed within the scope of an observational case report.

CONCLUSION

This report describes the long-term rehabilitation of a patient with post-ischaemic stroke hemiplegia who received individualised homeopathic treatment along with supervised physiotherapy following acute conventional care. Throughout the follow-up, steady improvements in motor function, self-care, and daily activities were recorded using validated assessment tools. As this is a single observational case, it cannot prove cause and effect. However, the systematic documentation, objective neurological evaluations, and clear reporting add useful information to the scarce literature on individualised homeopathy in stroke recovery. Well-designed prospective studies are needed to further explore the role of individualised homeopathic care as an adjunct in multidisciplinary stroke rehabilitation.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report. The patient reviewed the information to be published and consented to its use for academic and scientific purposes.

After obtaining the patient's informed consent, his perspective regarding the illness and recovery was documented.

"After my stroke, I couldn't move my right hand and leg and needed my family's help for almost everything. With regular physiotherapy, treatment, and follow-up checkups, I slowly got stronger. I started walking with help, and over time I became able to do most of my daily work on my own. I'm thankful for how much better I can move now and for the improvement in my life. I'm also committed to continuing my treatment."

Ethical Approval: Institutional ethical approval was not required for publication of this single case report according to the institutional policy. The report has been prepared in accordance with the CARE guidelines modified for Homeopathic case reports (HOM-CASE).

Conflict of Interest: None declared.

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