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Role of Homoeopathy in Stroke & Post-Stroke Rehabilitation: An Updated Holistic Review

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ABSTRACT:

Stroke remains a major global health burden and a leading cause of long-term disability. Although advances in acute stroke care have improved survival, many individuals continue to suffer from persistent neurological deficits such as hemiplegia, spasticity, aphasia, cognitive decline, emotional disturbances, and reduced quality of life. This highlights the need for comprehensive, integrative rehabilitation strategies. Homoeopathy, based on individualized prescribing and holistic assessment, has been explored as an adjunct to conventional post stroke care. Emerging evidence from observational studies, preliminary clinical research, and classical homoeopathic literature suggests potential improvements in motor recovery, speech function, spasticity, emotional stabilization, and overall well□being in stroke survivors when homoeopathic treatment is individualized and used alongside standard rehabilitation. This review summarizes the epidemiology, pathophysiology, clinical presentation, diagnosis, and conventional management of stroke, and provides an updated overview of homoeopathic philosophy, miasmatic understanding, reportorial guidance, therapeutic indications, and available research related to post stroke rehabilitation.

KEYWORDS: Stroke, Cerebrovascular accident, Rehabilitation, Homoeopathy, Neurological recovery

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INTRODUCTION:

Stroke, or cerebrovascular accident (CVA), refers to a sudden neurological deficit caused by disruption of cerebral blood flow. It represents a major public health priority and is included within India's national NCD control programs.[1] Globally, stroke remains a leading cause of disability and mortality.[2] Despite improvements in acute stroke care, many survivors continue to experience lasting impairments, highlighting the need for integrative rehabilitation approaches. Homoeopathy, which emphasizes individualized prescriptions based on holistic assessment, has historically been applied in neurological disorders. Several clinical reports indicate encouraging outcomes in stroke survivors receiving personalized homoeopathic treatment.[3]

Epidemiology:

Stroke is the second leading cause of long-term disability and a major contributor to global mortality.[2] Approximately 15 million people suffer a stroke each year, and nearly one-third of survivors live with permanent disabilities.[□] In India, the prevalence of stroke has risen steadily due to demographic changes, urbanization, and increasing metabolic risk factors.[□] Hypertension, diabetes, smoking, dyslipidemia, genetic predisposition, sedentary lifestyle, and ageing substantially elevate the risk of stroke.

Classification of Stroke

Stroke is broadly categorized into three principal types[□]:

1. **Ischemic Stroke (≈85%)**
   Occurs due to vascular occlusion resulting from thrombus, embolus, or systemic hypoperfusion.
2. **Haemorrhagic Stroke**
   It includes Intracerebral haemorrhage and Subarachnoid haemorrhage
3. **Transient Ischemic Attack (TIA)**
   A brief neurological deficit without permanent infarction; an important predictor of major stroke.

Clinical Features

Stroke manifestations vary according to the vascular territory affected. Common symptoms include[7]:

- Sudden unilateral weakness or paralysis
- Facial deviation
- Difficulty speaking or understanding speech
- Visual disturbances
- Loss of coordination or balance
- Intense headache, particularly in haemorrhagic stroke
  Early recognition using FAST criteria improves outcomes.

Diagnosis

- **Imaging:** CT scan—distinguishes ischemic from haemorrhagic events and MRI—detects early ischemic changes

Clinical Scales:

- NIH Stroke Scale[□]
- Modified Rankin Scale

Investigations

- Blood glucose,
- Lipid profile,
- Coagulation studies,
- ECG, and
- Other relevant biochemical tests aid evaluation.

Complications

Acute Complications

- Cerebral oedema
- Raised intracranial pressure
- Seizures
- Deep vein thrombosis
- Aspiration pneumonia

Chronic Complications

Persistent hemiparesis
Spasticity
Aphasia
Cognitive decline
Emotional disturbances
Risk of recurrent stroke

Conventional Management

Acute Phase Treatment[9]

- Timely IV thrombolysis (within 4.5 hours) improves outcomes
- Mechanical thrombectomy for large-vessel occlusion
- Antiplatelet or anticoagulant therapy, where indicated
- Optimal blood pressure management
- Neurosurgical intervention in selected haemorrhagic cases

Rehabilitation

- Physiotherapy to improve mobility and tone
- Occupational therapy for functional independence
- Speech therapy for communication deficits
- Cognitive rehabilitation where required

Despite these interventions, many survivors continue to struggle with long-term deficits, prompting exploration of complementary approaches.

Homoeopathic Approach

Homoeopathy interprets post-stroke sequelae as disturbances in the vital force. Treatment aims to restore internal balance through individualized prescriptions based on:

1. Totality of symptoms
2. Constitutional traits
3. Miasmatic predispositions
4. Mental and emotional state
5. Repertorial analysis

The approach addresses both physical limitations and psychological effects associated with stroke recovery.

1. Miasmatic Analysis

Based on classical homoeopathic philosophy[1 □]:

• **Psora** is linked with functional disturbances and hypertension
• **Sycosis** corresponds to vascular congestion and atherosclerotic tendencies
• **Syphilis** is associated with destructive pathology, including haemorrhage and degenerative changes

Most stroke sequelae exhibit a mixed miasmatic pattern with notable syphilitic features in destructive or haemorrhagic presentations.

2. Repertorial Approach

Kent's Repertory [11]

Key rubrics:
Paralysis—one-sided
Speech—loss of
Apoplexy—after

Boericke's Repertory[12]

- Aphasia
- Paralysis

Synthesis Repertory[13]

- Cerebrovascular accident
- One-sided weakness
- Motor aphasia

3. Homoeopathic Therapeutics

1. *Arnica montana*[1]

Valuable in post-apoplectic states; useful in patients with a bruised, sore feeling and aversion to being touched.

2. *Causticum*[1]

Indicated in right-sided paralysis, muscular stiffness, dwindling power, and aphonia.

3. *Lachesis*[1]

Often useful in left-sided deficits, heightened mental activity, and symptoms worsening after sleep.

4. *Opium*[1]

Applicable in deep stupor, coma-like sleep, snoring respiration, and reduced responsiveness following stroke.

5. *Plumbum metallicum*[1]

Associated with progressive paralysis, marked muscular weakness, and atrophy.

6. *Gelsemium*[1]

Characterized by profound weakness, trembling, and impaired coordination.

7. *Phosphorus*[2]

Suitable for aphasia, visual disturbances, sensory deficits, and anxiety in neurological conditions.

Remedy prescription must always follow individualization rather than disease-based selection.

Evidence Supporting Homoeopathy in Stroke

Nayaket al.[3]

A multicentric observational study of 338 patients reported improvements in motor and speech functions with individualized homoeopathic therapy.

Rastogi& Singh[21]

Demonstrated notable improvement in spasticity and independence in post-stroke cases.

Banerjee et al.[22]

Reported favourable outcomes in aphasia management through homoeopathic intervention.

Although more controlled trials are required, existing evidence suggests potential rehabilitative benefits.

DISCUSSION:

Stroke remains a significant global cause of morbidity and mortality, with many survivors experiencing persistent physical and cognitive challenges. Comprehensive rehabilitation is essential for improving functional outcomes and quality of life. Homoeopathy, with its individualized, holistic methodology, may complement conventional rehabilitation by addressing neuromuscular deficits, emotional disturbances, and overall vitality.

Existing studies suggest possible benefits of individualized homoeopathic treatment in restoring motor function, reducing spasticity, improving speech, and enhancing emotional well□being.[23] However, current evidence is primarily observational, and rigorous randomized controlled trials are required. Homoeopathy's accessibility, affordability, and favourable safety profile make it a potentially valuable adjunct, particularly in resource constrained settings.

CONCLUSION

Stroke is a major contributor to global disability, and despite advances in acute treatment, many patients continue to struggle with long□term deficits.

Homoeopathy, when applied through a constitutional, miasmatic, and individualized approach, may offer supportive rehabilitative benefits alongside conventional therapy. More robust clinical research is needed to validate its role and guide integration into comprehensive, multidisciplinary stroke care.

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