IJAYUSH
International Journal of AYUSH
AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY
https://internationaljournal.org.in/journal/index.php/ijayush/
ISSN: 2349-7025
OPEN ACCESS
PEER REVIEWED
MONTHLY

Original Research Article | Volume 15 Issue 07 | July 2026

EFFECTIVENESS OF INDIVIDUALISED HOMOEOPATHIC TREATMENT AND STRUCTURED YOGA IN MEDICALLY STABLE POST-STROKE HEMIPARESIS: A CASE SERIES

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ABSTRACT

Background: Stroke is a leading cause of long-term disability worldwide, frequently resulting in persistent motor weakness and impaired quality of life. Integrative approaches, such as individualised homoeopathic treatment combined with adjunctive yoga practices, may offer supportive benefits in post-stroke rehabilitation. **Aim:** To assess the clinical outcomes and quality-of-life changes in post- stroke hemiparetic patients managed with individualised homoeopathic treatment with a structured 30-minute daily yoga protocol as an adjunct. **Methods:** This retrospective, single-centre descriptive case series included three patients (aged 34–56 years) with subacute to chronic post-stroke hemiparesis admitted to

the IPD of Dr B.R. Sur Homoeopathic Medical College Hospital & Research Centre. Individualised homoeopathic prescriptions were selected based on the totality of symptoms. A structured yogic intervention comprising selected asanas and pranayama was administered daily for six weeks. Outcome measures included MYMOP (Measure Yourself Medical Outcome Profile), ORIDL (Outcome Related to Impact on Daily Living), and WHOQOL-BREF (World Health Organisation Quality of Life-BREF) assessed at baseline and post-intervention. **Results:** All three cases demonstrated clinical improvement. MYMOP scores reduced from 4 to 1 (Case 1), 5 to 2 (Case 2), and 6 to 2 (Case 3). ORIDL assessments indicated major to moderate improvement in daily functioning. WHOQOL-BREF mean scores showed improvement across all domains: physical (39.7 to 68.7), psychological (31.3 to 56.0), social (39.7 to 50.0), and environmental (39.7 to 62.7), with the greatest gains observed in physical and psychological domains. **Conclusion:** The integrative management of post-stroke hemiparesis using individualised homoeopathy and structured yoga as an adjuvant therapy was associated with symptomatic improvement and enhanced quality of life in all three cases. Despite the small sample size and lack of a control group, the findings suggest a potential complementary role of Homoeopathy and yoga in stroke rehabilitation, highlighting the need for further well-designed randomised controlled trials to confirm efficacy and reproducibility.

Keywords: Homoeopathic intervention, Integrative rehabilitation, Post-stroke cases, WHOQOL-BREF questionnaire, Yogic intervention.

INTRODUCTION

Stroke is defined as the sudden onset of a neurological deficit of cerebrovascular origin. It is the fifth leading cause of death or long-term disability worldwide. Major risk factors for stroke include hypertension, diabetes mellitus, tobacco use, cigarette smoking, excessive alcohol consumption, and a positive family history of stroke. The clinical presentation of stroke varies depending on the area of the brain involved. Common symptoms include numbness or weakness of the face, arm, or leg, particularly on one side of the body, confusion, difficulty speaking or understanding speech, visual disturbances in one or both eyes, difficulty walking, dizziness, loss of balance or coordination, and sudden severe headache with no known cause. Haemorrhagic stroke is associated with severe morbidity

and high mortality. [1] Hypertension is the most common cause of haemorrhagic stroke. [2] Haemorrhagic stroke can be further subdivided into intracerebral haemorrhage (ICH), which involves bleeding into the brain parenchyma, and subarachnoid haemorrhage (SAH), which involves bleeding into the subarachnoid space. [3]

Homoeopathy, grounded in the principle of individualisation and totality of symptoms, aims to stimulate the organism's inherent self-regulatory mechanisms. [4] Rather than targeting isolated pathology, Homoeopathic intervention seeks to restore dynamic equilibrium at the level of the whole organism.

Materials and methods:

Aim: To assess clinical outcomes and quality-of-life changes in medically stable post-stroke hemiparetic patients managed with individualised homoeopathic medicines and a structured 30-minute daily yogic protocol as an adjuvant therapy.

Study Design: The present study was designed as a retrospective, single-centre, descriptive case series involving three post-stroke hemiparetic patients.

Study setting: IPD of Dr B. R. Sur Homoeopathic Medical College Hospital & Research Centre.

Inclusion criteria:

1. Patients diagnosed with post-stroke hemiparesis (ischemic or haemorrhagic stroke) confirmed by clinical evaluation.
2. Age ≥18 years, of either gender.
3. Patients presenting with unilateral motor weakness (hemiparesis) following a first or recurrent stroke.
4. Duration of stroke ≥1 month (subacute or chronic stage).
5. Patients who provided informed consent for the use of their clinical data.

Exclusion criteria:

1. Patients with hemiparesis due to causes other than stroke (e.g., traumatic brain injury, brain tumour, spinal cord lesions).
2. Patients in the acute stroke phase (<1 month).

3. Patients with severe cognitive impairment or aphasia, preventing proper clinical assessment.
4. Patients with severe uncontrolled systemic illnesses (e.g., advanced cardiac, renal, or hepatic failure).

Assessment Tools and Intervention

Quality of life was assessed using the WHOQOL-BREF questionnaire for post-stroke cases [5] (Martini et al., 2022). The WHOQOL-BREF is a validated 26-item instrument that evaluates Four domains of health: Domain 1. Physical Health, Domain 2. Psychological Health, Domain 3. Social Relationships, and Domain 4. Environmental Health.

The questionnaire was administered at baseline (pre-intervention) and after 6 weeks of the intervention (post-intervention) to assess changes in quality of life.

The intervention consisted of individualised homoeopathic medicines prescribed based on the totality of symptoms, along with a structured 30-minute yogic intervention protocol. Pre- and post-intervention domain scores were recorded and compared to evaluate changes in quality-of-life parameters in both post-stroke cases.

Yoga Protocol for Post-Stroke Recovery

A 30-minute yogic protocol for post-stroke patients was structured as a daily practice regimen, developed based on the existing literature & included Pawanmuktasana (performed to the maximum possible extent), Ardha-Uttanpadasana (with inhalation while raising the legs and exhalation while lowering them), Uttanpadasana, Ardha-Tadasana, and Ardha-Chakrasana. Pranayama practices included Anulom-Vilom (alternate nostril breathing technique) and A-U-M chanting for relaxation and mental well-being.

Case-1: A 56-year-old male patient (previously diagnosed case of post-stroke hemiparesis) admitted to IPD of Dr. B. R. Sur Homoeopathic Medical College Hospital & Research Centre with complaints of weakness of the left side of his body with numbness and tingling with heaviness of the left leg and left arm < walking, pain in left knee < winter, > pressure, pain in lower back < standing, < bending forward, > continuous motion, > lying down, dribbling of saliva from the left corner of the mouth. The patient felt profoundly lonely following the death of his wife. He was also sad due to the loss of his father and brother. After proper case-

taking and analysis according to homoeopathic case-management principles, Ambra grisea 30, Bryonia alba 200, Thuja 1 M, Ruta 30, and Rhus tox 200 were prescribed based on symptom totality. According to the MYMOP (Measure Yourself Medical Outcome Profile) analysis, the baseline scoring of symptoms was 4, and after treatment, it became 1 and on the ORIDL (Outcome in Relation to Impact on Daily Living) assessment, patients had a major improvement (+3) in their complaints. He was also given yogic techniques as per the developed yoga protocol for post-stroke hemiparesis.

Follow-up table case 1

DATE	SYMPTOMS/OBSERVATION	REMEDY	JUSTIFICATION
22/07/2023	Weakness of left side of body, numbness, tingling, heaviness of left leg and arm, < walking, and pain in left knee > winter, > pressure, and pain in lower back < standing, bending forward > continuous motion, lying down, dribbling of saliva left corner of mouth, Ailments from grief, sadness	Ambra grisea 30/TDs/3 days	Great sadness due death of his wife, father, brother, one-sided complaint
25/07/2023	Mentally, he gets better, Weakness of left side of body, numbness, tingling, heaviness of left leg and arm, <walking, pain in left knee < winter,> pressure, pain in lower back < standing, bending forward, > continuous motion, lying down, dribbling of saliva left corner of the mouth	Bryonia 200/1 dose/ aqua fractional/ 5 ml/ 2 hours/5 days, Sac lac 30/ tds/ 7 days	Side – left, Weakness, heaviness, tingling of extremities.
03/08/2023	General condition- same as before,	Thuja 1M/ 1 dose Sac lac 30/tds/ 5 days	As an intercurrent remedy
07/08/2023	General condition better 30%, with slight improvement in tingling and heaviness, Left knee stiff and painful, pain< pressure, motion, > rest	Bryonia 200/tds/1 day, Sac lac30/tds/2 days	Pain< pressure, motion, > rest

09/08/2023	General condition is better 50%, Lachrymation in both eyes, pain and stiffness in the lower back- same	Ruta 30/tds/3 day Sac lac30/tds/5 days	Feeling of intense Lassitude, weakness, and lachrymation from both eyes
17/08/2023	Paralysed weakness in the lower limbs, pain and stiffness in the left knee joint aggravated on rest, better by motion	Rhus tox 200/ 2 doses aqua fractional/2 hourly/3 days Sac lac 30/tds/4 day	Pain and stiffness < rest, > motion
21/08/2023	Left knee stiff and painful, Pain < pressure, motion, > rest	Bryonia 200/tds/1 day, sac lac30/tds/2 days	Pain and stiffness < motion, > rest, Bryonia is complementary to Rhus tox
23/08/2023	Weakness of the left side of the body, numbness, tingling, heaviness of left leg and arm, <walking, pain in left knee < winter,> pressure, pain in lower back < standing, bending forward,> continuous motion, lying down – all complaints are better by 70% at the time of discharge	Rhus tox 200/od/7 days, sac lac 30/ bd/1 month	Patient is on general amelioration,

Case 2: A 34-year-old male patient (previously diagnosed with post-stroke hemiparesis) was admitted to the IPD of Dr. B. R. Sur Homoeopathic Medical College Hospital & Research Centre with complaints of weakness on the left side of the body with heaviness in the left arm. Left leg < movement; pain in left arm and left leg with stiffness < cold air and morning, pain in the lumbosacral region < prolonged sitting on a hard surface. Patient has a history of trauma after falling from a bike. After proper case taking and analysis according to homoeopathic case management principles, Arnica 30, Rhus tox 30, Lycopodium 200, Bryonia 200, and Rhus tox 200 were prescribed based on symptom totality. According to the MYMOP analysis form, the baseline scoring of symptoms was 5; after treatment, it

became 2. On the ORIDL assessment, patients have a moderate improvement in their complaints. He was also given yogic techniques per the developed yoga protocol for post-stroke hemiparesis.

Follow-up table case 2

DATE	SYMPTOMS/OBSERVATION	REMEDY	JUSTIFICATION [6]
22/07/2023	Weakness on the left side of the body, with heaviness in the left arm and left leg < movement, pain in the left arm and left leg with Stiffness < cold air and morning, with a history of Injury from a bike	Arnica 30/tds/3 days	History of trauma, Injury follows stroke attack
25/07/2023	The general condition is better 5%, weakness on the left side of the body, with heaviness in the left arm and left leg < movement, pain in the left arm and left leg with Stiffness < cold air and morning, slightly improving	Rhus tox 30/tds/7 day Sac lac 30/tds/2 days.	Heaviness in limbs, left-sided paralysis, pain < first motion, cold air
01/08/2023	General condition better 40%,	Sac lac 30/tds/3 days	Patient is on general amelioration
04/08/2023	General condition same as before. New complaint- pain in lower back< exertion,	Bryonia 200/tds/ 1 day,	Pain < exertion, Complementary to Rhus tox
05/08/2023	General condition improving by 50%, weakness and heaviness in the left side of the body, and pain in the back are better	Sac lac 30/tds/ 10 days	Patient is on general amelioration
16/08/2023	Pain in the small of the back, numbness, pain in limbs < at rest, heaviness of the arm with twitching and trembling, Numbness, drawing, and tearing pain in limbs, especially while at rest; hands and feet numb	Lycopodium 200/1 dose/stat Sac lac 30/tds/5 days	Based on the repertorial totality of symptoms

21/08/2023	Pain in the lateral aspect of the hip extending downward to the feet, stitching pain <sitting, due to a fall on the left side in the washroom.	Rhus tox 30/2 hourly/2 day	H/O fall in left lateral side
23/08/2023	weakness on the left side of the body with heaviness in the left arm and left leg, stitching pain < sitting	Rhus tox 200/od/7 days Sac lac 30/bd/1 month	Stiffness and paralysed feeling in limbs, weakness, and heaviness in the left arm and leg

Case 3 A 41-year-old male patient (previously diagnosed with post-stroke hemiparesis) was admitted to the IPD of Dr B. R. Sur Homoeopathic Medical College Hospital & Research Centre with complaints of weakness on the right side of the body and difficulty speaking for

1.5 years. After proper case-taking and analysis according to homoeopathic case-management principles, Causticum 200, Causticum 1M, and Bothrops 6C were prescribed based on symptom totality. According to the MYMOP analysis form, the baseline scoring of symptoms was 6; after treatment, it became 2. On the ORIDL assessment, patients showed moderate improvement in their complaints. The yoga intervention was also administered as per the developed yoga protocol for post-stroke hemiparesis.

Follow-up table case 3

DATE	SYMPTOMS/OBSERVATION	REMEDY	JUSTIFICATION [6][7]
16/11/2024	weakness on the right side of the body with heaviness in the right arm and right leg, difficulty in speech	Causticum 200/bd/3 day Sac lac 30/tds/5 days	Based on the totality of symptoms, right sided hemiparesis with heaviness of upper limb and difficulty in articulation, post apoplectic paralysis
19/11/2024	difficulty in speech- same as before, weakness on the right side of the body with heaviness in the right arm and right leg, better 10%	Bothrops 6c/tds/14 days	Considering the thrombotic pathology of cerebrovascular accident with right sided hemiplegia, and aphasia, inability to articulate,

01/12/2024	difficulty in speech further improvement, weakness in the right upper limb- 80% better, weakness in the right lower limb- 80% better, new complaint- stiffness & pain in the right side of the body, > by movement	Bothrops 6c/tds/7 days, Sac lac 30/tds 1 month	As the patient is improving

Result: Patients' quality of life was assessed using the WHOQOL-BREF scale before and after treatment.

All WHOQOL-BREF domains showed improvement, with maximum improvement observed in the physical, psychological, and environmental domains by 29.4, 24.7, and 23, respectively, as depicted by the mean change after treatment (Table 5).

Table 4: WHOQOL-BREF Domain Scores Before and after treatment

Domain	Case-1		Case-2		Case-3	
	Before	After	Before	After	Before	After
Physical	31	56	56	81	31	69
Psychological	31	56	44	56	19	56
Social	50	75	44	44	25	31
Environment	56	75	38	44	25	69

Table 5: Change in WHOQOL-BREF Domain Scores after treatment

Domain	Before (Mean±SD)	After (Mean±SD)	Mean Change
Physical	39.7±14.1	68.7±12.5	29.4
Psychological	31.3±12.5	56±0.0	24.7
Social	39.7±13.0	50±22.6	10.3
Environment	39.7±15.6	62.7±16.4	23

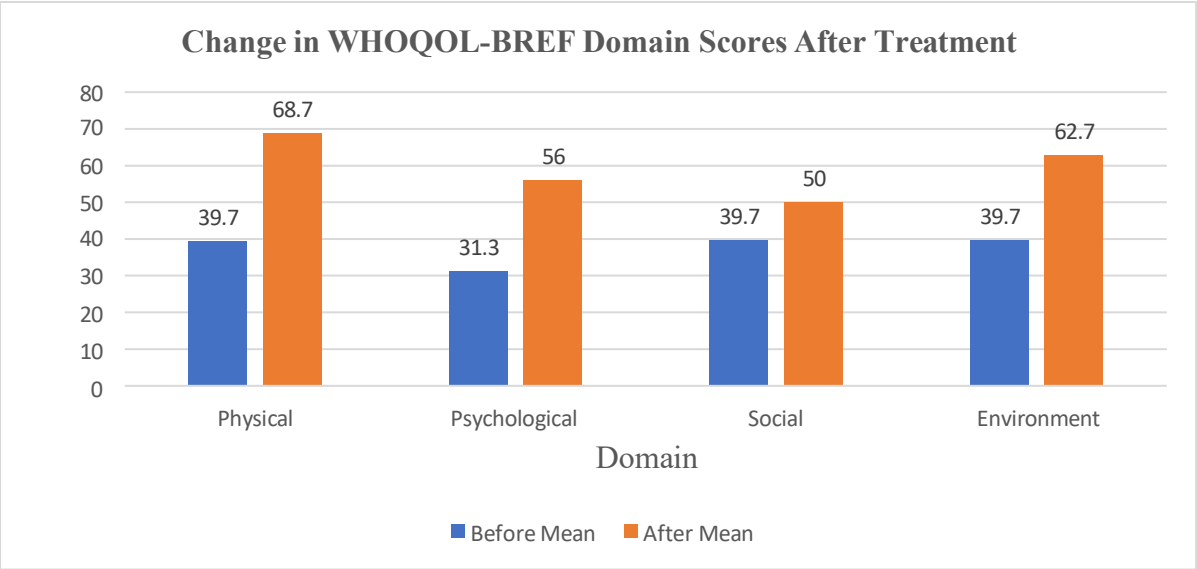

Figure 1: Comparison of Mean WHOQOL-BREF Domain Scores Before and After Treatment in Three Cases

Discussion: The present case series demonstrated clinically significant improvement in post-stroke hemiparetic patients managed with individualised homoeopathic treatment complemented by a structured 30-minute daily yogic protocol. In case 1, MYMOP scores decreased from 4 at baseline to 1 after the intervention, along with marked improvement on the ORIDL assessment. In cases 2 and 3, baseline MYMOP scores of 5 and 6 decreased to 2 following treatments, with moderate improvement noted on ORIDL. WHOQOL-BREF findings mirrored the clinical improvement observed in all three cases. Case 1 showed consistent enhancement across all domains, reflecting a broad improvement in overall quality of life. Case 2 demonstrated prominent gains in the physical domain, with moderate improvements in the psychological and environmental domains, while social functioning remained unchanged. Case 3 revealed marked progress in physical, psychological, and environmental domains, with comparatively moderate change in social aspects. Overall, the integrative approach appeared to positively influence not only motor function but also psychological well-being and perceived quality of life, though social recovery was less pronounced.

These findings suggest symptomatic relief and functional enhancement across all three cases, indicating a positive therapeutic trend with the integrative approach. Previous homoeopathic trials in stroke have shown variable results. Open-label studies have reported improvement in post-stroke sequelae but lacked rigorous efficacy evaluation and adequate control groups. [8] Randomised trials have explored homoeopathic management in specific

post-stroke conditions such as Broca's aphasia, demonstrating partial improvement but limited generalizability due to small sample sizes. [9] Studies investigating *Arnica montana* in acute stroke settings yielded inconsistent outcomes, with some failing to demonstrate statistically significant benefit compared to placebo. [10] Furthermore, several earlier studies lacked placebo-controlled or double-blind designs, limiting definitive conclusions regarding efficacy. [11] Compared with earlier research, the present series is distinctive in focusing specifically on hemiparetic patients and employing an integrative model combining individualised homoeopathy with a structured yogic intervention. Conventional stroke rehabilitation primarily emphasises physical therapy and multidisciplinary management to improve gait, balance, and performance of activities of daily living. [12] However, a causal relationship cannot be established due to the small sample size, retrospective design, and lack of a control group.

Conclusion: The outcome of the retrospective case series suggests that individualised homoeopathy combined with a structured yogic protocol was associated with improvements in symptom severity, functional status, and quality of life. Despite the small sample size and lack of a control group, consistent findings across cases indicate a potential complementary and synergistic role in stroke rehabilitation. Future well-designed randomised controlled trials with larger sample sizes and suitable comparison groups are needed to determine the efficacy, cost-effectiveness, and reproducibility of this integrative therapeutic approach.

"This case series has been reported according to the PITCH statements." [13]

Authors' Contribution: Dr. Neeraj Gupta conceptualized and designed the study. Dr. Ankita Jain, prepared the homoeopathic section of the manuscript, coordinated manuscript preparation and contributed to the clinical interpretation of the cases. Dr. Laxmi Gupta contributed to the development and writing of the structured yoga protocol. Dr. Niharika Jain provided overall guidance critically reviewed the manuscript, and ensured its scientific quality. All authors participated in the preparation of the manuscript, critically reviewed the final version, approved it for publication, and agree to be accountable for all aspects of the work.

Conflict of Interest: None

Ethical approval: Ethical approval was not required due to the retrospective nature of the study and use of anonymised clinical data.

Funding Sources: None

Patient's Consent: Written informed consent was obtained from all patients for the de-identified publication of clinical details.

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