



Original Research Article

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RAPID FUNCTIONAL RECOVERY IN A CHILD WITH MRI-CONFIRMED CEREBRAL INFARCTION AND LEFT-SIDED HEMIPLEGIA FOLLOWING INDIVIDUALIZED HOMOEOPATHIC TREATMENT: A CASE REPORT AT DR BATRA'S

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Abstract

Pediatric stroke is an uncommon neurological emergency that may result in significant motor disability. We report the case of a 4-year-old boy who presented with sudden onset left-sided hemiplegia secondary to MRI-confirmed cerebral infarction. The child was hospitalized for one week following the event. Individualized homoeopathic treatment was prescribed based on characteristic mental and emotional features. Remarkable functional recovery was observed, with restoration of independent walking, running, and near-normal limb function within 15 days. This case highlights the potential role of individualized homoeopathic treatment as an adjunct in pediatric neurorehabilitation.

Keywords: Pediatric stroke, Hemiplegia, Cerebral infarction, Homoeopathy, Carcinisin, Neurorehabilitation

Introduction

Stroke in childhood is a rare but potentially devastating condition. Unlike adults, children possess greater neuroplasticity, allowing significant neurological recovery when timely intervention and rehabilitation are provided. However, recovery following cerebral infarction remains variable and often prolonged. This case documents a child with MRI-confirmed infarction who demonstrated rapid functional recovery following individualized homoeopathic treatment.

Case Presentation

A 4-year-old male child suddenly collapsed while playing with friends at home. Initially, family members believed that paralysis had resulted from the fall. However, subsequent medical evaluation revealed that the child had already developed neurological weakness before the fall occurred.

His aunt, an intensive care nurse, immediately examined him and observed inability to move the left upper limb and difficulty standing. The child was rushed to the Pediatric Emergency Department.

During ambulance transfer, he briefly regained slight movement in the left foot and was able to make a fist with the left hand. However, these movements were lost again upon arrival at the hospital.

MRI brain demonstrated two cerebral infarcts and the child was diagnosed with **left-sided hemiplegia**.

He remained hospitalized for approximately one week before presenting for homoeopathic treatment.

Emotional and Constitutional Profile

The child was described as:

- Extremely sensitive and emotional
- Easily hurt and prone to crying
- Deeply attached to his father
- Sad whenever father remained away for long periods
- Affectionate and loving
- Desired cuddling, hugging and physical affection
- Loved appreciation
- Loved animals
- Appreciated nature
- Fastidious in habits

The sudden neurological event caused considerable emotional distress to both the child and family.

Physical Examination

Initial Status

- Left-sided hemiplegia
- Marked weakness of left upper and lower limb
- Difficulty standing
- Poor coordination
- Reduced functional activity

MRI Findings

- Two cerebral infarcts
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Totality of Symptoms

Mental Generals

- Sensitive child
- Emotional
- Affectionate
- Desire for appreciation
- Strong attachment to father
- Love for animals
- Fastidious nature

Physical Particulars

- Left-sided hemiplegia
 - Post-infarct weakness
 - Impaired coordination
 - Loss of voluntary movement
-

Prescription

Constitutional Remedy

Carcinosin LM1-LM5

Basis of Selection

- Precocity in child
 - Fastidious nature
 - Affectionate disposition
 - Desire for appreciation
 - Love for animals
 - Sensitivity to emotional influences
 - Strong attachment to family members
 - Family history of cancer
-

Follow-Up

Date	Overall Treatment Progress	Improvement in Associated Complaint
24 Dec 2025	First Visit	Left-sided hemiplegia, post-infarct paralysis
31 Dec 2025 (1 week)	Early Improvement	Initial return of voluntary movement observed
08 Jan 2026 (15 days)	Progressive Improvement	Strength and coordination improved, better limb movement, independent walking and running achieved

Outcome

Baseline

The child was unable to effectively use the left side of his body and had significant impairment in mobility and coordination following cerebral infarction.

After 1 Week

- Return of voluntary movements
- Better balance
- Improved responsiveness
- Increased motor activity

After 15 Days

- Independent walking achieved
- Running without support
- Significant improvement in left upper limb function
- Improved coordination and balance
- Active participation in play activities
- Restoration of routine childhood activities

The family reported a dramatic improvement in confidence, mobility, and overall functioning.

Discussion

The remarkable feature of this case was the rapid recovery following MRI-confirmed cerebral infarction. At presentation, the child demonstrated clear neurological deficits affecting the left side of the body. Within a short period, substantial restoration of motor functions was observed.

The prescription was based not merely on the pathological diagnosis but on the child's characteristic constitutional traits, including emotional sensitivity, affection, fastidiousness, desire for appreciation, and attachment to family members. Carcinisin corresponded closely to the totality of symptoms.

While pediatric neuroplasticity and ongoing neurological recovery undoubtedly contribute to functional restoration, the pace and extent of improvement observed in this child were noteworthy. Within fifteen days, he regained independent ambulation and resumed normal childhood activities.

Quality of Life Assessment

Before treatment:

- Unable to walk normally
- Unable to play with friends
- Significant parental anxiety regarding future disability
- Emotional insecurity

After treatment:

- Walking independently
 - Running and playing normally
 - Improved confidence
 - Better emotional wellbeing
 - Reduced family distress
 - Restoration of normal daily activities
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Conclusion

This case demonstrates rapid functional recovery in a 4-year-old child with MRI-confirmed cerebral infarction presenting as left-sided hemiplegia. Individualized constitutional homoeopathic treatment with Carcinosa, prescribed according to the child's unique emotional and constitutional characteristics, was followed by marked improvement in motor function, coordination, and mobility within 15 days. Continued follow-up revealed sustained neurological recovery and restoration of normal childhood activities.

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References

1. Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: B. Jain Publishers; 2011.
2. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B. Jain Publishers; 2004.
3. Kent JT. *Lectures on Homoeopathic Materia Medica*. New Delhi: B. Jain Publishers; 2003.
4. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*. New Delhi: B. Jain Publishers; 2010.
5. Close S. *The Genius of Homoeopathy*. New Delhi: B. Jain Publishers; 2001.

6. Goyal M, Male S, MacGregor D, et al. Clinical presentation, course, and outcome of childhood arterial ischemic stroke. *The Lancet Neurology*. 2009;8(12):1120–1127.
7. Ferriero DM, Fullerton HJ, Bernard TJ, et al. Management of stroke in neonates and children. *Stroke*. 2019;50:e51-e96.
8. Roach ES, Golomb MR, Adams R, et al. Management of stroke in infants and children. *Stroke*. 2008;39:2644–2691.
9. Kirton A, deVeber G. Paediatric stroke: pressing issues and promising directions. *The Lancet Neurology*. 2015;14(1):92–102.
10. Fullerton HJ, Wintermark M, Hills NK, et al. Risk of recurrent childhood arterial ischemic stroke in a population-based cohort. *Stroke*. 2016;47(1):53–59.
11. DeVeber G, MacGregor D, Curtis R, Mayank S. Neurologic outcome in survivors of childhood arterial ischemic stroke and sinovenous thrombosis. *Journal of Child Neurology*. 2000;15(5):316–324.
12. World Health Organization. *International Classification of Functioning, Disability and Health (ICF)*. Geneva: WHO; 2001.