A Retrospective Study of Efficacy of Causticum in Rehabiltation after Cerebro Vascular Accident

Teena Sebastian[1], T. Ajayan[2], Jintu Joy[3], Arjun M[4]

[1, 3, 4]PG Scholar, [2]Professor and Head of Department of Practice of Medicine
[1, 2, 3, 4]Department Of Practice Of Medicine, Sarada Krishna Homoeopathic Medical College ,Kulasekharam, Kanyakumari District, Tamil Nadu ,India

Abstract

Cerebro vascular accidents (CVA) or Strokes are a major global health issue, ranking as the second leading cause of death worldwide, with approximately 5.5 million deaths annually.Necessitating effective rehabilitation strategies to enhance recovery and quality of life. This retrospective study aims to investigate the efficacy of Causticum in the rehabilitation of individuals who have experienced a CVA.

Objective: To analyze the efficacy of homoeopathic medicine in rehabilitation and quality of life in case of CVA. .To interpret the effectiveness of homoeopathic medicine causticum in neurological condition .

Methods: A comprehensive retrospective analysis was conducted on medical records of individuals who suffered a CVA and underwent rehabilitation. The study focused on patients who received Causticum as part of their rehabilitation protocol. Details were collected about age, sex, occupation, medicine selected and potency used. Follow up is added to assess the improvement of the patient.

Results: Preliminary findings suggest that Causticum, when integrated into a rehabilitation program, may contribute positively to functional recovery post-CVA. Analysis of patient records revealed improvements in motor function, speech, and overall mobility. Additionally, a notable reduction in post-stroke complications and improved quality of life were observed in individuals who received Causticum.

Conclusion: This retrospective study highlights the efficacy of Causticum in improving rehabilitation outcomes following a CVA, paving the way for future research into the potential role of homeopathic remedies in the holistic care and recovery of stroke survivors.

Keywords: Cerebro Vascular Accident, Causticum ,Rehabiltation

Introduction

Stroke, or cerebrovascular accident (CVA), is a major global health issue, especially in low- and middle-income countries like India, where demographic changes and rising risk factors contribute to increasing rates of early death and disability.[11] Recovery after a stroke involves both neurological and functional recovery, with the first 3–6 months being crucial for motor recovery. However, many survivors continue to suffer from disabilities, such as hemiparesis and spasticity, despite rehabilitation efforts. Physical rehabilitation remains the primary treatment, but its high cost and limited accessibility hinder effectiveness, particularly for those in lower socioeconomic groups. Therefore, there is a need for more feasible and cost-effective therapeutic approaches to improve recovery and patient satisfaction.The impact of stroke is not only marked by high mortality but also by significant morbidity, with up to 50% of survivors left with chronic disabilities.[3] In the United States, stroke is the fifth leading cause of death and remains the leading cause of long-term neurological disability in adults.

Homoeopathic medicines were used adjuvant to conventional care, with no drug interactions or adverse events reported. Computed tomography of the brain was conducted for all cerebral infarct patients, and in

some cases, the infarct size reduced, showing good clinical improvement. No new infarcts appeared during the trial period.[12]The complementary and alternative medicine field still needs larger, longer-term studies to provide stronger evidence for the efficacy and effectiveness of nutritional, herbal, and homeopathic interventions.[14] However, trends indicate good safety evidence and potential benefits in at-risk populations, especially in undernourished patients and diabetics at risk for stroke or poststroke complications. Most patients seek additive options that can work with mainstream care to optimize quality of life outcomes.[15]
Stroke causes long-term disability worldwide, affecting daily activities, cognition, and communication skills. Rehabilitation aims to maximize functional independence, minimize disabilities, and improve self-esteem.[15] A comprehensive stroke rehabilitation service should provide early assessment, management, and prevention of complications. A multidisciplinary team approach, including physicians, physical therapists, occupational therapists, speech and language pathologists, and other professionals, is necessary to reduce post-stroke disabilities. Involving patients and caregivers is crucial.

Methodology

Study setting:

Cases diagnosed to have post cva visiting opd and ipd of saradakrishna homoeopathic medical college were considered in the study

Sampling: sample size -5 cases

Inclusion criteria

All age groups, 2 both sex, acute and chronic cases.

Exclusion criteria

Psychiatric patients, pregnant women

Study design: Retrospective study

Selection tool: pre –structured skhmc case format

Methodology in detail

Retrospective study was conducted in saradakrishna homoeopathic medical college. The study included 5 post cva cases, selected randomly from opd's of saradakrishna homoeopathic medical college. Patients under all age groups were included to find the prevalence. Pre structured case records of saradakrishna homoeopathic medical college were used in the study. Details were collected about age, sex, occupation, medicine selected and potency used. Follow up is added to assess the improvement of the patient.

Data collection

Data collected from 5 post cva cases. Patients under all age and both sex were included. Follow up is added to assess the improvement of the patient.

Table 1: Distribution of Cases Accoding to Age

SL NO	AGE	GENDER
1	44	Male
2	71	Male
3	51	Female
4	74	Male
5	68	Female

Figure1:

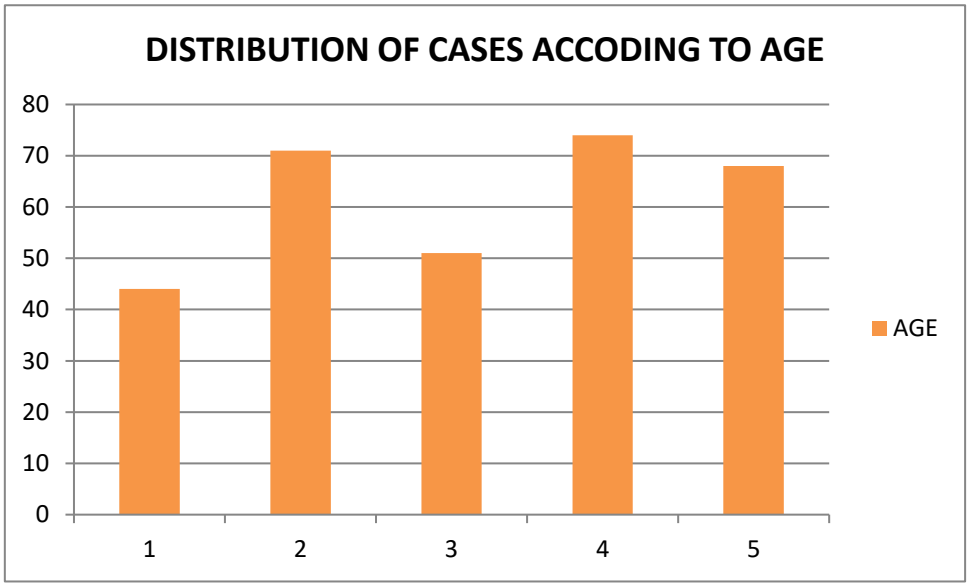


Table: 2 **Fugl-Meyer Assessment (FMA) scale** is an index to assess the sensorimotor impairment in individuals who have had stroke.[5]

SL NO		UPPER EX-TRIMITIES (max. 66)	UPPER EX-TRIMITIES (max. 66)	LOWER EX-TRIMITIES (max .28)	LOWER EXTRIMITIES (max .28)
		Before Treat-ment	After Treat-ment	Before Treat-ment	After Treatment
1	Motor func-tions	38	31	14	6
2	Motor func-tions	28	14	16	7
3	Motor func-tions	31	21	18	15
4	Motor func-tions	33	14	20	11
5	Motor func-tions	62	60	20	18

Figure 2: Motor Functions Upper Extrimities

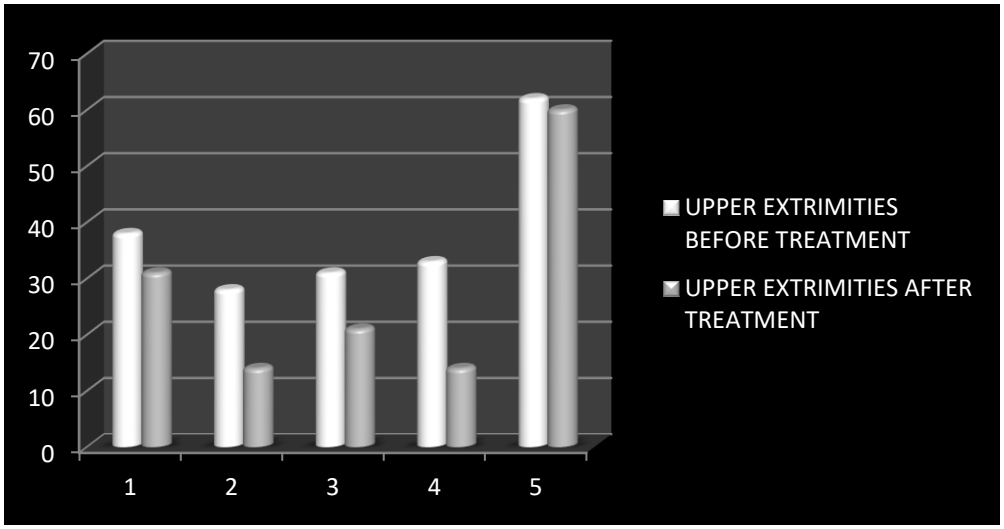


Figure 3: Motor Functions Lower Extrimities

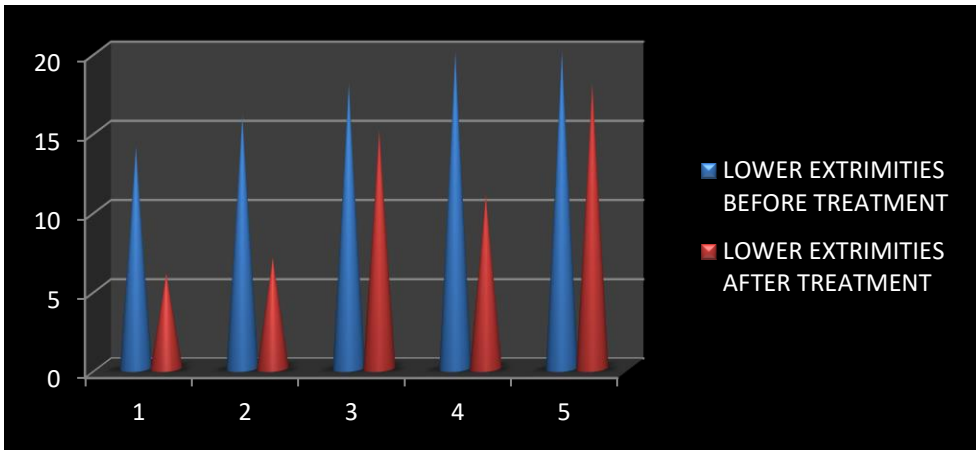
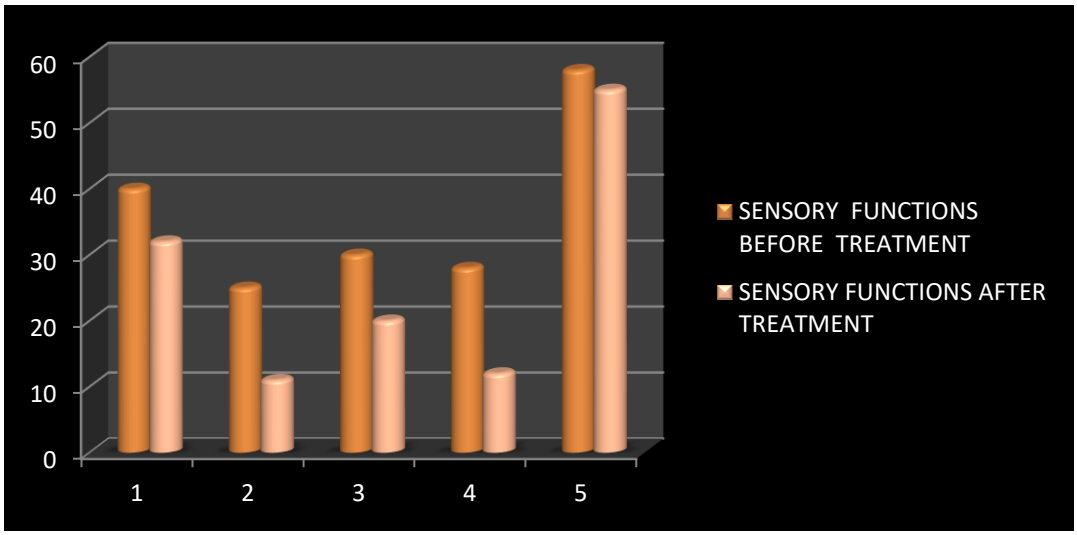


Table 3: Sensory Functions

SL NO	SENSORY FUNC-TIONS (MAX.60)	SENSORY FUNCTIONS (MAX.60)
	Before Treatment	After Treatment
1	40	32
2	25	11
3	30	20
4	28	12
5	58	55

Figure 3: Sensory Functions



Discussion

Male stroke patients may face unique challenges as they are often still in the workforce and may have significant family responsibilities.Rehabilitation efforts would focus on maximizing functional recovery to facilitate return to work and daily activities.Mental health support may be particularly important for younger stroke survivors who may experience depression, anxiety, or feelings of loss related to changes in their roles and abilities. Younger females may raise concerns about underlying risk factors such as hormonal factors, pregnancy-related issues, or genetic predispositions.Rehabilitation efforts would aim to address functional deficits while also considering the potential impact on family and work responsibilities.Homeopathic remedies may target symptoms such as muscle weakness, paralysis, spasticity, and coordination problems commonly experienced by post-cva patients. By addressing these symptoms, homeopathic treatment can help improve motor functions over time.

The cases collectively demonstrate that the improvement associated with causticum is not limited to a specific aspect but encompasses a range of neurological, functional, and emotional domains. This suggests a holistic impact on post-stroke recovery. Each case reflects the individualized nature of homeopathic treatment. Patients responded differently, emphasizing the importance of personalized care in homeopathy.This aligns with the fundamental principle of matching the remedy to the unique symptoms and characteristics of each patient.While these cases provide encouraging insights, they underline the necessity for rigorous prospective studies with larger sample sizes and controlled methodologies to establish the efficacy of causticum in post-stroke rehabilitation conclusively.

The cases highlight the potential of homeopathy, specifically causticum, in contributing to a holistic approach to stroke rehabilitation by addressing not only physical but also emotional and functional aspects.it's essential to acknowledge that multiple factors, including standard rehabilitation protocols, concurrent medications, and individual variations, may contribute to the observed improvements. This emphasizes the need for well-controlled studies to isolate the specific effects of causticum.

Conclusion

The observed improvements in motor function, speech, activities of daily living, emotional well-being, and sustained progress over time suggest a diverse range of positive outcomes associated with the use of causticum in post-cva rehabilitation. The cases underscore the holistic impact of causticum, addressing not only physical deficits but also emotional well-being. This aligns with the holistic principles of homeopathy, emphasizing the individualized nature of treatment. The cases highlight the importance of individualized care in homeopathy, where each patient responded uniquely to causticum.

This emphasizes the need for a personalized approach in choosing homeopathic remedies based on the specific symptoms and characteristics of each individual. While these cases provide encouraging preliminary evidence, it is crucial to recognize the limitations of anecdotal reports. Rigorous prospective studies with larger sample sizes, control groups, and standardized methodologies are essential to establish the efficacy of causticum definitively and to differentiate its effects from other influencing factors.these cases contribute valuable insights and lay the groundwork for future research endeavors.

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