

A case of hemiparesis secondary to a cerebrovascular stroke

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May 2015: It was a Wednesday night around 8pm when I was teaching on my student rotation at SCNM.¹ As I was walking from a patient room back to the classroom, I passed the library lounge area. Therein, I saw another physician paging through Kent's repertory. I teased him and said, "What are you doing reading THAT book?" (The joke of course he would understand because he knows of my workings with TBR₂). He asked for my help on a case.

A 32-year-old male had a stroke and was rushed to the hospital. The other physician's wife (also an N.D.) had gone to the hospital to visit the patient. She came back with the following symptoms, and asked if we could prescribe a homœopathic remedy to help the patient:

- He had complete left hemiparesis (face and limbs).
- He was quite anxious about being alone and didn't want her to leave the hospital room.
- He felt better while she was there and was extraordinarily thirsty for ice cold drinks since the stroke.

Here is the repertorization using the computerised version of Bönninghausen's *Therapeutic Pocketbook*, through its most accurate English translation, TBR₂:¹

ID	Rubric name (Desktop 1)	Phos.	Acon.
913	Generals, Apoplexy (stroke, unconsciousness) {913}	1	4
1046	Generals, Paralysis (palsy), one-sided (unilateral) {1046}	2	1
1765	Modalities, Mind, Vexation (disturbed, put-out, troubled), from, fright, with {1765}	3	4
1882	Modalities, From Situation & Circumstance, Company in, amel. (+ aggr. by being Alone) {1882}	3	
	Rubric count [4]	4	3

Symptoms that correspond from Hahnemann's *Chronic Diseases* (CD):²

19. Anxious sensation of oppression.
20. Anguish at times in the evening, as if about to die (the first d.).
21. Apprehensiveness, like the foreboding of misfortune.
23. Anxiously solicitous, about the unfortunate issue of her disease.
30. Fearfulness and horror, in the evening.
32. Great anxiety and irritability on being alone.
43. Depressed on account of his health.
54. Vexed at every trifle, so that he is beside himself.
55. She would get vexed very readily.
61. Disagreeable occurrences cause anguish, mixed with fear and vexation, and she becomes disposed to weep.
633. Constant thirst.
634. Much thirst for water.
1420. The one hand is at times as if paralysed, for several hours.
1446. **Paralysis of the fingers**, so that although they can feel, they can hardly be moved. [*Gll.*]
1700. **He feels paralyzed and ill, all over the body.**
1701. Lack of strength in all the limbs, especially in the joints, as if paralyzed, with good appetite.
1702. The whole right side feels paralysed, with nausea.
1703. He walks as if lame, without perceiving it himself.

Symptoms that correspond from *Allen's Encyclopædia* (AE):³

Symptoms of paresis of the right side of the face and right arm, followed by complete paralysis of the facial and hypoglossal nerves (second day).

Excessive thirst, only momentarily relieved by copious draughts of cold water (first night).

Note that both Hahnemann (CD s.1702) and Allen (AE) reporting a *right*-sided hemiparesis (the patient's being on the left side), yet, essentially, we note a very *similar* pathological appearance⁴ in both remedy & patient (i.e. a middle cerebral artery [MCA] stroke [cerebrovascular accident, CVA]).⁵ In other words, the complaint⁶ of the patient (TBR₂ 913 stroke + TBR₂ 1046 one-sided paralysis) was itself well matched via *similars* to the effects produced by *Phosphorus* in our provings record.

The distinctive characteristics in this case helped narrow the selection to a single remedy, *Phosphorus* – the *key* elements being identified as the stroke and subsequent paralysis, accompanied by a strong thirst for ice-cold

¹ The *Southwest Naturopathic Medical Center* is the student teaching clinic affiliated with the *Southwest College of Naturopathic Medicine and Health Sciences* (SCNM) in Tempe, Arizona.

drinks, as well as a fear of being left alone (TBR₂ 1882 → CD 32). This patient had a sudden CVA event and there followed *fright* (TBR₂ 1765 → CD 61), marked by an amelioration in company.

Rx: Phosphorus 1M, 3 pellets (given together as a single dose orally, dry), thence S.L. every 1-2 hours.

Result: Within 1 hour of taking the Phosphorus 1M the young man began to lift his left leg. This was reported to me directly by a medical student, who was accompanying the patient in the hospital when he took the Phosphorus. Within one week the patient was discharged from the hospital to go home and the paralysis was fully resolved. The hospitalist changed the patient's discharge plans and cancelled his stroke rehabilitation services because he recovered so quickly that they deemed the rehab program not necessary. The patient was later diagnosed with a genetic clotting disorder predisposing him to the CVA at such a young age.

¹ Dimitriadis G.: *The Bönninghausen Repertory, Therapeutic Pocketbook Method*, Second Edition, The most accurate English re-translation of Bönninghausen's *Therapeutisches Taschenbuch* carefully corrected with reference to his original manuscript [TBR₂]. Sydney: Hahnemann Institute; 2010.

² Hahnemann S.: *The Chronic Disease, Their Peculiar Nature and Their Homœopathic Cure*. 2nd ed. Translated by Tafel LH [1895]. Indian Reprint, New Delhi: B. Jain Publishers; 2011.

³ Allen T.F.: *Encyclopædia of Pure Materia Medica, A Record of the Positive Effects of Drugs Upon the Healthy Human Organism* [1874]. Indian Reprint, New Delhi: B. Jain Publishers; 2000.

⁴ It is here important to remember the actual pathological tissue lesion need not be present in the provings (which are purposefully not extended to such pathology), so long as the symptoms are consistent with, and *resemble* such lesion

⁵ This is the most common type of CVA affecting about two-thirds of stroke patients, and it affects the corticospinal tract. An MCA stroke is in contrast with a localized paralysis due to a CVA localized to a specific location in the cerebral cortex, which are experienced by a much smaller proportion of stroke victims.^{1,2}

¹ <http://www.americannursetoday.com/identify-the-vessel-recognize-the-stroke>

² <http://www.medlink.com/medlinkcontent.asp>

⁶ The complaint satisfies the “Co” of the “CoLoMo” complete symptom triad and the “MoCoLo” in the *Therapeutic Pocketbook* reportorial case analysis strategy. Refer Dimitriadis, George. *Homœopathic Diagnosis*, Hahnemann through Bönninghausen. Sydney: Hahnemann Institute; 2004, pp. 14, 16.