

AYURVEDIC MANAGEMENT OF GBS: A CASE STUDY

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ABSTRACT

Guillain- Barre syndrome (GBS) is an acute, frequently severe and fulminant polyradiculopathy that is autoimmune in nature. Guillain Barre syndrome is a rare disorder that causes immune systems to attack peripheral nervous system. **Aim:** To Manage a GBS case by an ayurvedic approach. **Objective:** To asses a symptomatic relief in GBS case. **Methodology:** A 54 yr. male patient, presenting with sudden onset of weakness of lower limb, unable to walk, stand, sit brought by relative in IPD of Podar Ayurvedic hospital, Mumbai. Previously patient admitted and treated in private hospital but did not show any sign of improvement. So patient was admitted and treated with

ayurvedic treatment for 1 month. As per ayurvedic classics this condition can be correlated with vata disorder affecting lower limb of the body, which is dhatukshayajanya in nature. Hence the principle of the treatment is Brihan in nature. Brihan includes ayurvedic physiotherapy such asabhyanga, sastikasalipindasveda. Baladi kshir, ghrita, majja basti. And orally rasakalpa and various other ayurvedic drugs. Remarkable result was observed in the muscle power from zero to two in the lower and walking limbs. There is also improvement in sitting, standing. **Conclusion:** In this patient symptomatic relief is seen in one month, which is suggestive of beneficial effects of ayurvedic treatment.

KEYWORDS: GBS, Abhyanga, Majjabasti, Sastikashali Pinda Sweda.

INTRODUCTION

Guillain-Barre syndrome (GBS) is an acute, frequently severe, and fulminant polyradiculoneuropathy that is autoimmune in nature. It occurs year-round at a rate between 1 and 4 case per 100000 annually; in united states, 5000-6000 cases occur per year. Males are

at slightly higher risk for GBS than females. GBS manifests as a rapidly evolving are flexic motor paralysis with or without sensory disturbance. The usual pattern is an ascending paralysis. Weakness typically evolves over hours to a few days and is frequently accompanied by tingling dysesthesias in the extremities. The legs are more affected than the arms, and facial diparesis is present in 50% of affects individuals. Pain in the neck, shoulder, back or over the spine is also common in the early stages of GBS, occurring in the 50% of patients. Approximately 70% of cases of GBS occurs 1-3 weeks after an acute infectious process, usually respiratory or gastrointestinal. Treatment of GBS according to Modern Medicine includes intravenous Immunoglobulin and plasmapheresis which both are expensive. Hence there is need of cost-effective treatment, which improves the quality of life in the patients having no side effects.

In Ayurveda no such disease is described but on the basis of symptoms this condition can be correlated with sarvang vata that vata affecting all parts of the body. It is described in snayugat dustha vata lakshana by Acharya Charak in vatavyadhi chikitsa aadhyaya. In vatavyadhi predominance of vata dosha is present hence the principle of vatavyadhi chikitsa can be used in treating this condition. It includes Snehan, Swedan, shashtika Shali pinda sweda, Basti, Nasya and use of vatahar formulations.

Aetiology and Pathogenesis

Myelin is a complex substance that covers nerves, providing insulation & speeding the conduction of impulses from the cell body to the dendrites. The cell that produces the myelin in the peripheral nervous system is the schwann cell. In Guillain-Barre the schwann cell is spared, allowing for remyelination in the recovery phase of the disease.

Guillain- Barreis the result of a cell-mediated immune attack on peripheral nerve myelin protein. The best accepted theory is that is that an infectious organism contains an amino acid that mimics the peripheral nerve myelin protein. The immune system cannot distinguish between the two proteins and attacks and destroys peripheral nerve myelin. Studies indicate that an exact location within the peripheral nervous system, the ganglioside GM1b, is the most likely target of immune attack. With the autoimmune attack, there is an influx of macrophages and other immune-mediated agents that attack myelin, cause inflammation and destruction, and leave the axon unable to support nerve conduction.

CASE REPORT

A 54 yrs. Male admitted in IPD with complains of

- 1) Bilateral L/L weakness,
- 2) Unable to sit, stand & walk, since 1 yr.
- 3) Tremors in B/L L/L,

PAST HISTORY

K/C/O DM since 6 year on treatment.

H/O MDR-TB in 2017 and taken treatment for 2 year.

N/K/C/O HTN/ BA/ Epilepsy.

H/O Jaundice- 5 yr. back.

N/H/O BT/ Drug allergy

N/H/O surgical illness

N/H/O any addiction

F/H Not specific

Patient had taken the treatment in private hospital in July 2018.

Inj, Solumedrol 1 gm IV for 2 days,

Inj. Vitcofol 2 cc im on alt. day

After few days later, Tab. Liofen 25 mg BD & Tab. Pregabalin 50 mg

OD started by Neurophysician.

INVESTIGATIONS

Routine examination of CSF shows, Protein 86.8 (15-45) on 27-06-18

- **Nerve conduction study-** Sensory motor Axonal Polyneuropathy involving both lower limbs. Electromyogram of tested muscles reveal evidence of neurogenic pattern with evidence of Chronic Partial denervation of right C5-6d and Right L4-5 S1 roots.
- CT brain- Normal
- MRI cervical spine- generalized posterior disco-osteophytic bulge of C3-C4 intervertebral disc.
- MRI of cervico-vertebral junction with screening of whole spine- no significant disc protrusion or cord compression.
- MRI brain- Periventricular and sub cortical areas of ischemia.
- MRI LS spine- posterior disc bulge at L5-S1.

General Examination

The general condition of the patient is fair and afebrile.

- Pulse-84/min
- BP- 130/80 mm of hg.

SYSTEMIC EXAMINATION

- In the systemic examination findings of respiratory and cardiovascular system within normal limits.
- Abdomen was mild distended non tender and bowel sounds were present.
- Patient was conscious and well oriented and papillary reaction to light was normal.

Deep Tendon Reflexes

Dtr	Ankle	Knee	Biceps	Triceps
RT	+2	+3	+2	+2
LT	+2	+3	+3	+2

DTR Ankle Knee Biceps Triceps

Muscle Power Gradation

Mpg	Upper Limb	Lower Limb
RT	5/5	1/5
LT	5/5	1/5

TREATMENT

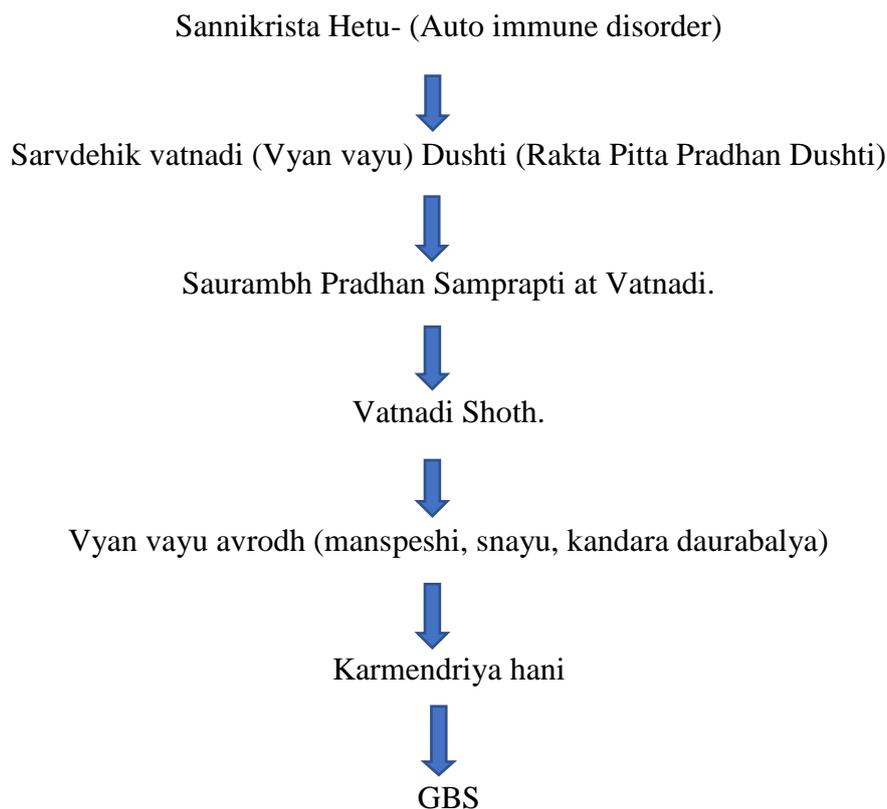
Initially treatment was started with Pachan for 7 days.

1. Chandraprabha vati 250 mg BD.
2. Gandharva Haritaki Choorna 3 gm HS for vatanuloman and pachan.
3. Patrapinda Swedan for 7 days.

After Pachan Bruhan started with8

1. Dashmool, Bala, Ashwagandha, Shatawari siddha Kshir Basti with Panchtikta Ghrita and Majja. (40+10+10 cc) for 15 days.
2. Pinda swedan for 14 days.
3. Mahamash tail for local application.
4. Rasakalpa - Vishtinduk vati 60 mg+ Rajat Bhasma 120 mg+ Guduchi satwa 250 mg+ Bruhat vat chintamani 125 mg + Abhrak Bhasma 125mg, TDS with Ghrita.

□ **SAMPRAPTI**



RESULT

Result	Standing Ability	Sitting Ability	Tremors in B/L
Before Treatment	Unable to stand	Able to sit with support for 5 minutes	+++
After Treatment	Stand with Support	Able to sit with support for 2-3 hrs.	No tremors

DISCUSSION

GBS is an autoimmune disease. When axonal connections remain intact, recovery can take place rapidly as remyelination occurs. In severe cases of demyelinating GBS, secondary axonal degeneration usually occurs; causes slow rate of recovery and a greater degree of disability. There is no direct reference of GBS in Ayurveda classics but according to its clinical features, and involvement of doshas and dushyas it can be correlated with sarvanga vatvyadhi. The vata is described as *Vaa Gati Gandhanayoh* where gati represents motor function Gandhana represents sensory function. Hence this case of GB syndrome was treated by using Vatavyadhi Chikitsa Sutra. The main chikitsa of vatavyadhi includes bahya Snehan, Swdan, Basti, and vatahar chikitsa using various herbomineral formulations.

CONCLUSION

GB syndrome can be effectively treated with using *Vatavyadhi Chikitsa Sutra* like Abhyanga, Shashtika shali pinda sweda, Basti, Nasya and various herbomineral formulations like Brihatvatichintamani, Rajat Bhasma, Abhraka Bhasma, Vishtinduk Vati, Guduchi Satwa, Chandraprabha Vati, Gandharv Haritaki Churna. Ayurvedic physiotherapy have prime role in improving condition of GBS patient. All this treatment is cost effective and having minimum or no side effects and if given adjuvant to Modern medicine showed rapid improvement. This is a single case study so to prove effectiveness of *Chikitsa* principles it should be conducted on large sample size for long duration of time.

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