



ISSN NO. 2320-5407

Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/ 9460
DOI URL: <http://dx.doi.org/10.21474/IJAR01/9460>



INTERNATIONAL JOURNAL OF
ADVANCED RESEARCH (IJAR)
ISSN 2320-5407
Journal Homepage: <http://www.journalijar.com>
Journal DOI:10.21474/IJAR01

RESEARCH ARTICLE

ROLE OF AYURVEDA IN THE MANAGEMENT OF GUILLAIN-BARRE' SYNDROME – A CASE REPORT.

Dikondwar Ankush¹, Mhatre Sushant², Asati G. G.³ and Kodwani G.H.⁴.

1. P.G. Scholar Department of Rognidan&Vikriti Vigyan, Govt. Ayurved College, Nagpur.
2. Professor Department of Rognidan&Vikriti Vigyan, Govt. Ayurved College, Nagpur.

Manuscript Info

Manuscript History

Received: 26 May 2019
Final Accepted: 28 June 2019
Published: July 2019

Key words:-

GBS, Vatvyadhi-Sarvangaghata, ShashtiksaliPindasweda, Matrabasti.

Abstract

Guillain-Barre' Syndrome (GBS) is an acute inflammatory demyelinating polyneuropathy (AIDP) caused generally by autoimmune response after certain infections. According to Ayurveda, it can be correlated with Vatvyadhi-Sarvangaghata.

A 40 years old female patient diagnosed with GBS was presented with quadriplegia and severe muscle wasting. EMG-NCV showed demyelinating sensorimotor polyneuropathy. Patient was admitted with the Ayurvedic diagnosis of Vatvyadhi-Sarvangaghata. She was given unique Ayurvedic treatment protocol including Abhyanga, Nasya, ShashtiksaliPindasweda, Matrabasti and internally Ashwagandha Ghrita and Ashwagandha-ShatavariKshirpak. Patient was admitted in our Institute for 90 days. On discharge, patient was able to walk and stand without support, do regular activity without support and had weight gain of 11 Kg. She was happy with the recovery.

This case report gives us confidence and more understanding of rare AnuktaVyadhi like GBS. This also signifies importance of Ayurvedic Nidan and Gunavichar in the treatment of such diseases. This also shows the importance of Ayurvedic treatment where Modern medicine is ineffective.

Copy Right, IJAR, 2019,. All rights reserved.

Introduction:-

Guillain-Barre Syndrome (GBS) is an acute inflammatory demyelinating polyneuropathy (AIDP) named after Guillain, Barre and Strohl, who first reported it in 1916.¹ The incidence of GBS is 1-2/ 1 lacs/ year². It is an acute post infective polyneuropathy occurred due to autoimmune response to Peripheral Nervous System. The clinical features include distal paresthesia and pain followed by muscle weakness that ascends rapidly from lower to upper limbs³. The paralysis is of LMN type with loss of reflexes. Mostly no sensory abnormalities are seen. Bladder and bowel are rarely involved. Sometimes respiratory system may involve causing serious complications including death. The CSF protein is raised. Diagnosis is done by EMG-NCV. Supportive treatment is given with IV immunoglobulin⁴. Majority of patients recover completely but some may have residual disability in the form of gait abnormality⁵.

As per Ayurveda, GBS can be correlated with Vatvyadhi-Sarvangaghata. Madhavnidan mentioned that vitiated Vata when affects all body parts, cause weakness all over the body called as Sarvangaghata. (4) GBS is

Corresponding Author:-Dikondwar Ankush.

Address:-P.G. Scholar Department of Rognidan&Vikriti Vigyan, Govt. Ayurved College, Nagpur.

Apatarpanjanya Vatvyadhi, hence the choice of treatment is Santarpana (nourishing treatment). Santarpana did in the form of Balyaand Bruhanchikitsa as well as Bahya and AbhyantarSnehana done in the form of Abhyanga, Pindaswedaand Matrabasti.

Case Report –

A 40 years old female patient (OPD no.-35593-09/05/2017) came to our institute with the complaints of complete paralysis of all the four limbs, inability to walk, stand, do regular activities and severe muscle wasting with a weight of 27 kg. Patient was conscious and vital functions were normal. Patient was admitted in IPD of Government Ayurved College, Nagpur (IPD no. -2269-09/05/2017).

Past History –

H/O- RTA – before 5 years. Surgical scar on right upper limb.

No H/O – DM, HTN, Asthma or Tuberculosis

No H/O – Alcohol consumption or any other drug abuse.

History of presenting Symptoms –

Patient was healthy eight days before presentation of quadriplegia, but had high grade fever for which she took medication from local doctor. But fever didn't subside. She developed gradual weakness in all the four limbs in approximately three days. For these complaints she admitted in GMC, Nagpur. There MRI brain, EMG-NCV and other investigations done. Patient was diagnosed with GBS. Treatment given to patient in GMC, over a period of eight days included dosage of Multivitamin B-complex (10D), Syp. Becvon (2tsf BD), Cefixime (200mg BD), Ranitidine (BD). As well as IV Immunoglobulin treatment was given, but no improvement noted. Then patient remained bedridden for almost 6 months.

On Examination –

G.C. – Moderate, Afebrile

Pulse - 72/min

BP – 100/80 mm of Hg

Appearance – Pale

Weight – 27 Kg

CVS – S1S2- N

RS – clear, AE=BE

CNS - Conscious, Oriented

P/A – Soft, Non-tender

Reflexes-

Reflex Name	Right	Left
Biceps	Absent	Absent
Triceps	Absent	Absent
Supinator	Absent	Absent
Knee Jerk	Absent	Absent
Ankle Jerk	Absent	Absent
Plantar	No response	No response

Muscle Power Grade –

No.	Extremity	Grade
1.	Right Upper Limb	2- Movement possible if gravity eliminated
2.	Right Lower Limb	2- Movement possible if gravity eliminated
3.	Left Upper Limb	2- Movement possible if gravity eliminated
4.	Left Lower Limb	2- Movement possible if gravity eliminated

Investigations –

Routine blood and urine investigations – WNL

MRI Brain – No significant Abnormality seen (17/11/2017).

EMG-NCV – Acute acquired demyelinating sensorimotor polyneuropathy involving upper and lower limbs (18/11/2017).

Treatment -

Date	Intervention	Dose	Frequency
09/05/2017	1.Ashwagandha-Shatavari Kshirpak 2.Anutaila Nasya 3.Sarvanga Snehan 4. Nadisweda	50 ml 2ml	BD BD OD OD
11/05/2017	Matrabasti with Mahamasha taila ¹¹ + Tilataila	60ml	BD (Total 60 Matrabasti given)
13/05/2017	Ashwagandha Ghrita	1tsf	OD (with milk)
02/06/2017	ShashtiksaliPindasweda (1 st round)		OD for 14 days
19/07/2017	ShashtiksaliPindasweda (2 nd round)		OD for 14 days

Observations –

Muscle Power Grade

No.	Before Treatment		After Treatment	
	Extremity	Grade	Extremity	Grade
1.	Right upper limb	2- Movement possible if gravity eliminated	Right upper limb	5- Normal
2.	Right lower limb	2- Movement possible if gravity eliminated	Right lower limb	5- Normal
3.	Left upper limb	2- Movement possible if gravity eliminated	Left upper limb	5- Normal
4.	Left lower limb	2- Movement possible if gravity eliminated	Left lower limb	5- Normal

Table showing changes in Gait –

No.	Date	Gait
1.	09/05/2017	Unable to get up from bed
2.	21/05/2017	Stand with support
3.	03/06/2017	Walk with support
4.	26/06/2017	Stand without support
5.	12/07/2017	Walk without support

Table showing Changes in weight

No.	Date	Weight in Kg
1.	09/05/2017	27
2.	07/06/2017	31
3.	07/07/2017	35
4.	07/08/2017	38

Table showing changes in Signs and symptoms before and after treatment

No.	Signs and Symptoms	Before Treatment	After Treatment
1.	Shoulder elevation	No	Yes
2.	Trunk balance	With support	Yes
3.	Grip	No	Yes
4.	Holding of object when no initiation	No	Yes
5.	Grasp of object	No	Yes
6.	Release of object	No	Yes
7.	Catching of object	No	Yes
8.	Throwing of object	No	Yes
9.	Tying the knot	No	Yes

10.	Clothing	No	Yes
11.	Feeding with hands	No	Yes
12.	Holding and drinking glass of water	No	Yes
13.	Standing without support	No	Yes
14.	Squatting	No	No
15.	Climbing the stairs	No	With support
16.	Walking	No	Yes
17.	Bathing	No	Yes
18.	Writing	No	Yes
19.	Combing	No	Yes
20.	Weight	27 Kg	38 Kg

Results:-

Beneficial effects of Ayurvedic treatment was seen in the patient. On admission, patient was unable to stand, walk and get up without support, unable to hold objects. Muscle wasting was severe. As treatment with various Panchakarma procedures and medications continued, symptoms improved markedly. Weight of patient increased from 27 Kg to 38 Kg and was able to walk without support and do her routine work.

Discussion:-

The pathophysiology of GBS occurs due to demyelination and conduction block. Hence recovery occurs when there is remyelination. According to Ayurveda, Sarvangaghata is a form of vitiated Vatadosha. The key point is vitiated Vata by Ruksha Guna. That causes Rukshata and Parushata in Srotas. So to compensate Ruksha Vata we used Bahya and AbhyantarSnehan in the form of Abhyanga⁷, Matrabasti⁹, Pindasweda⁸ and AshwagandhaGhrita. Basti acts on the root of vitiated Vatadosha. It's the most effective treatment of Vatvyadhi. Also Matrabasti with Mahamashand Tilataila caused Bruhan. Total 60 Matrabasti were given to patient. It helped in AbhyantarSnehan and Vatshaman. Head is Adhithan of all Indriyas. Nose is said to be opening of Head. Hence Anutaila Nasya has direct effect on Indriyas. It helped to cure Karmendriyahani i.e. muscle weakness.

GBS is Aptarpanjanya Vatvyadhi so muscle wasting (Karshyata) was seen predominately. Hence Balya, Bruhan (nourishing) treatment was given. Ashwagandha Ghrita is Balya, Bruhan as well as it works on Vatvyadhi¹⁰; Also Ashwagandha Kshirpakahelps in reducing inflammation of nerve sheath. Hence helped in remyelination along with Shastiksalipindasweda. Pindasweda was given for 28 days with a gap of 30 days to avoid snehasatmya. Ashwagandha and Shatavari Kshirpak caused the same effect. This caused to increase the weight of patient by 11 Kgs in three months of hospitalization.

This unique Ayurvedic treatment protocol made patient happy as she was able to walk, stand and do regular activities without support within the period of 90 days.

Conclusion:-

This case report gives us confidence that where there is failure of modern medicine, Ayurvedic treatment can be a hopeful alternative. This gives guideline for Ayurvedic diagnosis and treatment of AnuktaVyadhi like GBS.

References:-

1. <http://www.ncbi.nlm.nih.gov/m/pubmed/26560944>
2. Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman Davidson's principle of Medicine, Churchill Livingstone Elsevier 22nd edition, GBS, Page No - 1224
3. Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman Davidson's principle of Medicine, Churchill Livingstone Elsevier 22nd edition, GBS, Page No - 1224
4. Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman Davidson's principle of Medicine, Churchill Livingstone Elsevier 22nd edition, GBS, Page No - 1225
5. Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman Davidson's principle of Medicine, Churchill Livingstone Elsevier 22nd edition, GBS, Page No - 1225
6. Ayurvedacharya Shriyadunandanopadhyaya, Madhavnidan Pratham Bhag-Purvardha, Chaukhamba Prakashan Varanasi, edition reprint on 2018, Adhyaya 22, verse no 39,40,41, page no 473

7. Acharya Vidyadhar Shukla and Prof. Ravidutta Tripathi, Charaksamhita of Agnivesha part I (Purvardha),ChaukhambaSurbharatiPrakashan ,Sutrasthana,Adhyaya05, Verse 85, page no 100
8. Acharya Vidyadhar Shukla and Prof. Ravidutta Tripathi, Charaksamhita of Agnivesha part I (Purvardha), ChaukhambaSurbharatiPrakashan ,Sutrasthana,Adhyaya 14, Verse 26, page no 220
9. Acharya Vidyadhar Shukla and Prof. Ravidutta Tripathi, Charaksamhita of Agnivesha part I (Uttardha), ChaukhambaSurbharatiPrakashan ,Siddhisthana,Adhyaya04, Verse 54, page no 1224
10. KavirajAmbikadutta Shastri Ayurvedacharya ,bhaishajyaratnavali, Chaukhambaparakashan Varanasi, Balrogchikitsaadyaya , verse no 132, page no 1084
11. KavirajAmbikadutta Shastri Ayurvedacharya ,bhaishajyaratnavali, Chaukhambaparakashan Varanasi, Vatvyadhichikitsaadyaya , verse no 570 - 577, page no 583.