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Ayurvedic Management of Sarvanga Roga W.S.R to Guillain- Barre` Syndrome-A Case Report

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KEYWORDS

sarvanga roga, Guillain -Barré syndrome, Ayurveda, Panchakarma

ABSTRACT:

Guillian - Barré Syndrome (GBS) also called as AIDP- "Acute Inflammatory Demyelinating Polyneuropathy" is frequently severe, and fulminant polyradiculoneuropathy that is autoimmune in nature. It occurs year-round at a rate of between 1 and 4 cases per 1,00,000 annually. Here is a case report of 58 year old female, who presented to JSS Ayurveda hospital OPD with Complaints of Balakshaya and Karmakshaya in ubhaya urdwa and adhoshaka since a week and was administered with Panchakarma therapies and shamanoushadhis along with physiotherapy. Significant results were observed in 30 days in terms of improvement in the muscle power from 0 to 4 in lower limbs, 3 to 5 in upper limbs, HFG (Hughes Functional Grading) Scale of GBS improved from GRADE 4/6 TO GRADE 2/6 with improvement in her general condition as well as daily activities thus, showing promising results in the management of Guillain -Barré syndrome through ayurveda.

INTRODUCTION: Guillain-Barré Syndrome is acute idiopathic inflammatory polyradiculitis often follows, by 1 to 3 weeks, a mild respiratory or gastrointestinal infection. It may also occur after a preceding viral illness or vaccination. The major clinical manifestation is ascending weakness, which evolves over a period of days to weeks. Pathologically, Guillain -Barré syndrome results in demyelination of nerves causing tingling, muscle weakness, and paralysis. There is an immune-mediated segmental degeneration of the involved nerves. Typically, the proximal as well as distal limb muscles are equally involved, and the lower extremities are affected before the upper. Although objective sensory loss is usually negligible or absent, patients often complain of pain and aching in the muscles. As the disease progresses, trunk, intercostal, neck, and cranial muscles may all become involved. In the most severe cases, the patient succumbs from respiratory failure within a few days.

Intubation, Plasmapheresis, Itravenous immunoglobulin and glucocorticoids are lines of treatment adopted by bio-medicine practitioners [(1)].

As per Ayurvedic classics, this condition can be correlated with *Sarvangaroga*, which was explained in the context of *Pakshagata* stating that *Pakshagata* is *Ekangaroga* and the same when afflicted on both the halves of body i.e. quadriplegia,is considered as *Sarvangaroga*[(2)]. By deriving the *Kaphasamsrushtavata Samprapti* present in *Sarvangaroga*, the *Amakaphahara chikitsa* is elected initially followed by *vatahara chikitsa* in this patient has given significant result.

CASE REPORT:

A 58 year old female patient, approached the OPD of Panchakarma Department JSS Ayurvedic Medical College, Mysore. She presented with complaints of absolute Weakness of all 4 Limbs since a week. Patient at first developed fever which was followed by sudden weakness of right lower

Journal of Chemical Health Risks
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limb. eventually, the weakness had progressed to involve all the 4 limbs. Due to weakness patient couldn't move the limbs while sleeping, couldn't sit, stand & walk, not even flickering movements of fingers & toes in the lower limb was possible. No history of loss of consciousness, sensory loss, involvement of face, dyspnoea & loss of bladder control. Initially she was managed with conservative line of treatment. Patient has not undergone Plasmapheresis and intravenous immunoglobulin. she was recently diagnosed with type 2 diabetes mellitus (since1 week).

PAST HISTORY:

No History of Tuberculosis. Has not undergone any major surgical procedure. No history of any specific medication and not a smoker/ alcoholic.

ROGI PARIKSHA :-

Asht sthana Preeksha :

Nadi-Vata pradhana pitta (72bpm), *Gihwa-lipta*, *Mala-sama*(once a day), *Mootra*-4-5 times a day, *shabda-prakruta, sparsha-anushna, Druk-prakruta, Akruti-madhyama*

DASHAVIDHAPAREEKSHA

- *Prakriti – Pittavata*
- *Vikruthi- Vata Kapha Pradhana Tridosha.*
- *Satwa– Pravara*
- *Samhanana-Madhyama*
- *Pramana, Sara – Madhyama*
- *Saatmya - Madhyama*
- *Aharashakti: Abhyavarana And Jarana - Avara*
- *Vyayaama Shakti – Avara*
- *Vaya -Madhyama*

EXAMINATION:

General examination: All vitals were normal, icterus, pallor, edema, lumphadenopathy were absent.

Systemic examination:-

- Respiratory System – NVBS heard, No added sounds
- cardiovascular system -S1, S2 normal
- Per Abdomen – soft, non-tender
- Central Nervous System-
  - Higher Mental Function - Intact
  - Consciousness- alert
  - Oriented to time, place and person
  - Memory-intact
  - Speech- normal
  - Hallucination and delusion- Absent
  - All cranial nerves - Intact

TABLE NO: 1

SL NO	MOTAR EXAMINATION
1	Tropical changes: Bed sores-absent Atrophy and Hypertrophy-absent Fasciculation-absent Contracture and contraction-absent Involuntary movements- Tremors: absent

Journal of Chemical Health Risks
www.jchr.org
JCHR (2025) 15(4), 1637-1645 | ISSN:2251-6727

		RIGHT UL	LEFT UL	RIGHT LL	LEFT LL
2	Muscle power	3/5	3/5	0/5	0/5
3	Muscle tone	Flaccid	Flaccid	Flaccid	Flaccid
4	Muscle bulk	Normal	Normal	Normal	Normal
5	Reflexes	Triceps:absent Biceps: absent	Triceps:absent Biceps: absent	Knee: absent Ankle: absent Babinski: Negative	Knee: absent Ankle: absent Babinski: Negative
6	Co-ordination test	can't be elicited	can't be elicited	can't be elicited	can't be elicited
	SENSORY EXAMINATION				
1	Tactile Sensation: Touch, pain, Pressure	Intact	Intact	Intact	Intact
2	Tactile discrimination: Position sense	Intact	Intact	Intact	Intact
3	Vibration sense and Stereognosis	Intact	Intact	Intact	Intact

Investigations: -

NCS/ENMG:(24/06/2024)

IMPRESSION-This nerve conduction study is abnormal suggestive of demyelinating motor polyradiculoneuropathy.

Journal of Chemical Health Risks
www.jchr.org
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TABLE NO: 2 TREATMENTS GIVEN:

SL NO	TREATMENT GIVEN	MEDICINE	NO OF DAYS	OBSERVATIONS
1.	*Koshta shodhana*	*Gandharvahasta eranda taila*[3]	10 days 29/06/2024 to 09/07/2024	She could able to move her legs
2.	*Sarvanga Seka*	*Dhanyamla*[4]	4 days 29/06/2024 to 02/07/2024	She could able to sit on her own and could able to stand with maximum support
3.	*Sarvanga lepa*	*Agnichikitsa lepa*	7 days 03/07/2024 to 09/07/2024	
4.	*Sarvanga udwartana*[5]	*Kolakulattadi choorna*[6] + *Triphala choorna*[7]	4 days 10/07/2024 to 14/07/2024	
5.	*Sarvanga abhyanga*	*Ksheerabala Taila* [8]	6 days 15/07/2024 to 21/07/2024	Patient could stand with minimal support
6.	*Sarvanga Shashtikashali Pinda Sweda* [9]	*Ksheerabala Taila*	7 days 22/07/2024 to 28/07/2024	Patient could able to walk independently and could do her routine activities
7.	*Talam* With	*Rasnadi Choorna* + Lemon	30 days 29/06/2024 to 28/07/2024	
8.	*Matra Basti*	*mahanarayana taila*[10] (25ml) +*ashwagandha ghrita*[11] (25ml)	19 days 10/07/2024 to 28/07/2024	
9.	Physiotherapy	1.PROM exercise for b/l upper and lower limb 2.Bed side sitting 3.Tilt table	29 days 01/07/2024 to 28/07/2024	

Journal of Chemical Health Risks
www.jchr.org
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		4.Sitting with knee extension 5.Pelvic rotaion with support 6.Bridging with support 7.sit to stand with assistant 8.Gait training.		

TABLE NO: 2 ***SHAMANOUSHADHIS:***

Sl No	Medication	Dose	No Of Days
1	*Amrutha satva* [12] *50g+ Shataputi Abraka basma* [13] 2g + *pravala pishti* [14] 10g	1/2tsp(2.5gm)-0-1/2 tsp(2.5gm) with honey	30 days 29/06/2024 to 28/07/2024
2	*Amrutarishta* [15] + *Indukanta Kashaya* [16]	20ml-0-20ml with equal water After Food	11 days 29/06/2024 to 10/07/2024
3	*Ashwagandarishta* [17] + *Balarishta* [18]	20ml-0-20ml with equal water After Food	18 days 11/07/2024 to 28/07/2024
4	Tab.*Brihatvata Chintamani Rasa* [19] with Gold	1-0-1 After Food	30 days 29/06/2024 to 28/07/2024
5	Tab. *Rasa Raja Rasa* [20]	1-0-1 After Food	30 days 29/06/2024 to 28/07/2024

OBSERVATION AND RESULTS:

The patient had completely no motor control and was bedridden. In the due course of treatment, it was observed that gradually she started sitting on her own with minimal support. Eventually, was able to stand with maximum support and then on, could able to stand with minimal support. after few days she is able to walk independently and do routine activities on her own.

Journal of Chemical Health Risks
www.jchr.org
JCHR (2025) 15(4), 1637-1645 | ISSN:2251-6727

TABLE NO: 3 Results Before and After treatment

	BEFORE TREATMENT	AFTER TREATMENT
MUSCLE POWER	UL – 3/5 B/L LL - 0/5 B/L	UL – 5/5 B/L LL - 4/5 B/L
MUSCLE TONE	Flaccid	Tone improved, Flaccidity reduced
DAILY ACTIVITIES	Not able to perform	Could able to sit, stand and walk independently without support
HFG Scale for GBS	4/6	2/6

HUGHES FUNCTIONAL GRADING SCALE FOR GBS SCORE

0: Healthy

1: Minor symptoms or signs, able to run

2: Able to walk 5 m independently

3: Able to walk 5 m with a walker or support

4: Bed-or chair-bound

5: Requiring assisted ventilation

6: Death

DISCUSSION:

GBS, the basis for flaccid paralysis and sensory disturbance is conduction block due to demyelination. First attack is on Schwann cell surface, macrophage activation, widespread myelin damage, and lymphocytic infiltration. If the axonal connections remain intact the recovery will be faster as rapidly as remyelination occurs. The Nerve dysfunction is caused by an immune attack on the nerve cells of the Peripheral nervous system and their support structures.

Diagnosis of GBS can be made by Asbury criteria i.e. main criteria:

- Progressive weakness of 2 or more limbs
- Disease course < 4 weeks, exclusion of other causes.
- Areflexia

Supportive criteria:

- Relative symmetric involvement
- Mild or absent sensory involvement
- Facial nerve or other cranial nerve involvement
- Typical CSF profile, Electrophysiological evidence of demyelination
- Elevated protein level usually greater than 55g/L and fewer than 10 WBC per cu mm of CSF fluid (Albumin cytological dissociation) Favors the diagnosis.

During the acute phase, the disorder can be life threatening due to weakness of respiratory muscles leading to respiratory failure. Autonomic nervous system involvement may lead to BP fluctuation and irregularities in heart rate. Recovery may take weeks to years, Globally death occurs in about 7.5% of those affected. Once the weakness has stopped progressing, it persists at a stable level (plateau phase) before improvement occurs. The Plateau phase can take between 2 days to 6 months, but the most common duration is a week.

Journal of Chemical Health Risks
www.jchr.org
JCHR (2025) 15(4), 1637-1645 | ISSN:2251-6727

In GBS management Plasmapheresis is one of the major treatments but the present case patient has not undergone plasmapheresis.

GB Syndrome can be paralleled with *Sarvangaroga* as per the explanation of Vagbhata in the context of *Pakshagata*. He stated that when aggravated Vata takes *Ashraya* in *Sira Snayu* of half of the body, it produces *Karma kshaya* of half of the body and is called as *Pakshaghata* or *Ekangaroga*. In the same way if *Karma kashaya* is produced all over the body it is called *sarvanga* roga.

GB Syndrome under the light of ayurveda can be contemplated as a *vata pradhana kaphasamsrushta vatavyadhi*. These *Doshas* takes Ashraya in *Sira Snayu* of both sides of the body producing *Karma kshaya* of both *Hasta* and *Pada* (i.e all over the body) resulting in *Sarvangaroga*, *Dhatukshaya* results later. Charaka has included *Ekangaroga* and *Sarvangaroga* under *Snayugata Vata* (20).

In the current case, to address the *ama ruksha* therapies like -*Sarvanga Dhanyamla seka*, *Sarvanga agnichikitsa lepa, sarvanga udwartana* were given. *Agnilepa* comprises *Ushna-teekshna dravyas* such as *Tulasi, Nirgundi, Lashuna, Maricha, Sarshapa, Haridra* and *Lavanga* which possess *Vatakaphahara*, *Deepana* and *Pachana* properties. Hence *Deepana*, *Pachana*, *ama* and *kaphahara* action is achieved. *sarvanga udvartana* with *kolakulattadi chorna* and *triphala choora* helped in reducing flaccidity and resulting in *sthirikarana* of *anga* i.e restoring the muscle tone.

After *Ama* and *Kaphahara* line of treatment was followed and later *kevalavata chikitsa* was administered. *Gandharvahastadi taila* was given orally as *koshtashodhana*. *Gandharvahastadi taila* is a *snigdha anulomaka*, which balances *vata* and *kapha dosha*, administering it in *apana kaala* targets the *vikruta vata dosha* involved in *samprapti*. This ensures *Anuloma gati* of *vata* while performing *ruksha swedas* which poses threat of aggrevation of *vata*.

Kevala vata chikitsa [21] inculcated were i.e., *sarvanga abhyanga* with *ksheera bala taila* followed by *nadi sweda* was performed, Later *sarvanga shastika shali pinda sweda* with application of *ksheerabala taila*. *Shastika shali pinda sweda* is a *santarpana/brimhana* therapy which nourishes the body and gives *bala* specifically works on the contour and improves the muscle power. *ksheerabala taila* by the virtue of *balamoola* is *vatapittashamaka, balya* and considered as best *rasayana* for *vata dosha*. By the virtue of the drugs which are *snigdha*,*balya*,*vatahara* facilitates in *Brumhana* thereby availing to regain strength in both upper and lower limb.

In *Vatavyadhi chikitsa*, *Basti* holds significant importance as it possesses a wide spectrum of action and hence considered as *Ardha Chikitsa* [22] When administered, *Basti* reaches the *Pakwashaya*, which is the main seat of *vata* dosha and from there, its *veerya* spreads throughout the entire body. Also, *pakwashaya* being the *adhishthana* of *vata vyadhi* makes it a precise treatment of choice for a target-oriented action in doing *samprapti vighatana*.

Matra basti with *mahanarayana taila* and *ashwagandha ghrita* were chosen for *matra basti* as the patient was absolutely bedridden, though *Niruha basti* was the choice. *Ashwagandha* is *balya*, *rasayana* which gives strength to nerve, *Mahanarayana taila* is *brumhana vatahara taila* helps to regain the strength of all limbs.Moreover, this *yamaka sneha* is *tridoshahara* due to combination of *taila* and *ghrita*.

Shamanaushadhis like *Rasaraja Rasa* which is known for its anti-inflammatory action over acute nurological disorder pathology cascades and *Brihat vata Chintamani rasa* is *brimhana* and helps in regeneration of damaged nerves. Combination of *Amrutha satva, Abraka basma. pravala pishti* which act as *rasayana*. *Amrutarishta, Indukanta Kashaya* were given initially as they have *jwarahara* properties and indicated in the weakness

Journal of Chemical Health Risks

www.jchr.org

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caused by *jwara*. *Ashwagandarishta, Balarishta* were given which are *Deepana, pachana, balya and rasayana* helps in improving *agni* and regaining the strength.

Alongside Ayurvedic Line of Management, Physiotherapy was done on daily Basis. Physiotherapy is a therapeutic practice that focuses on the science of movement and assists patients in restoring, maintaining, and optimizing their physical strength, function, motion, and general wellness. Physiotherapy is used throughout the treatment to improve the functional outcome. Recent studies reveal that patients undergoing a combination of ayurvedic therapies along with physiotherapy shows better improvement in mobility. This reinforces the findings of recent clinical trials suggesting the potential for integrative medicine in treating neurological disorders.

With the lens of ayurveda, phyiotherapy can also be understood as *vyayama. Acharya Charaka* says, *vyayama* is one of the *langhana* methods, which ensures to keep the kapha controlled during *vataharana* treatment thereby allowing flexor & extensor synergies to set in. Aslo, bestows with beenfits of *laghava*, *karma samarthya* – improving functional outcomes of patient and does *agni deepti* both at the level of *koshta* and *dhatu*.

CONCLUSION: At the time of admission, Patient was in Stretcher and later at the time of discharge she was able to walk independently without support. Significant improvement in muscle power, muscle tone and movement were observed and HFG scale for GBS improved from 4/6 to 2/6. This single case study concludes, Combination of both ayurvedic treatment and physiotherapy enhances the patient`s outcome, reducing physical impairement faced with *sarvanga roga* thereby yielding significant results. These approaches are safe and effective. This case report serves as a lead for further researches in the management of *sarvanga roga* w.s.r to GBS.

DECLARATION OF PATIENT CONSENT:

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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Journal of Chemical Health Risks

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