



Case Report

Management of Guillain-Barré Syndrome through Ayurveda: A case report

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Abstract

Introduction: Guillain-Barré Syndrome (GBS) is an acute, fulminant, autoimmune demyelinating disease of the peripheral nerves with an incidence of 0.34-1.34 cases per 100,000/year population in the pediatric age group, more common in boys than girls. **Main clinical findings:** A 4-year-old boy was carried to *Balroga* (Pediatrics) O.P.D. with complaints of inability to walk, pain with loss of movement in legs, and weakness in bilateral upper limbs. **Diagnosis:** Guillain-Barré Syndrome as per the modern system of medicine and *Kapha-avrita-vyana vayu* (a disorder of *Vyana* -subtype of *vata* seated in *hridya*, occluded by *Kapha* -dosha responsible for structure and lubrication) as per the *Ayurveda* approach. **Interventions:** The case was managed with *Panchakarma* (five purification therapies), including *Udvartana* (powder massage), *Shastika Shali Pinda Sweda* (*Shashti* rice fomentation), and *Kala Basti* (therapeutic enema), along with oral medicines, including *Arvindasava*, *Lavana Bhaskara Churna*, *Ashwagandha Churna*, *Brahm Rasayana*, and *Swarnamuktadi Gutika*. **Outcome:** Complete remission of symptoms and the child started walking without support. **Conclusion:** This case study suggests that early introduction of *Ayurvedic* treatment for Guillain-Barré Syndrome can result in complete remission and prevent disease progression.

Keywords: *Avarana*, *Ayurveda*, Demyelinating disease, Guillain-Barré Syndrome, *ShastikShali Pinda Sweda*

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Introduction

Guillain-Barré Syndrome (GBS) is a rare, autoimmune, severe, acute, fulminant polyradiculopathy. It is an acute inflammatory demyelinating disease of the peripheral nerves that affects the normal transmission of electrical impulses along these nerves and consequently the function of the organs and tissues which they innervate, with an incidence rate of 0.34-1.34 cases per 100,000/year population in the Pediatric age group, more common in boys than girls. (1) GBS is an autoimmune- mediated disease generally associated with certain trigger factors like environmental triggers (e.g., pathogenic or stressful exposure) and several infections, i.e., cytomegalovirus, hepatitis, varicella, upper respiratory tract infections, etc. Most patients with GBS are treated mainly with Intravenous immunoglobulins, Plasma exchange, steroids, and symptomatic management. Deaths are relatively rare however, the

recovery period is often long, with about two-thirds of the patients' minor symptoms like pain, paresthesia, unsteadiness in the dark, and poor quality of life persisting for months apart. 10% of patients have persistent neurological deficits, and 5% suffer recurrence of GBS. *Ayurveda* describes pathology, namely *Kapha-avrita-vyan vayu*, with symptomatology like GBS. The movement of various body parts, i.e., *Gati/Cheshtha* (movement), is a function of *Vyan vayu* (2), and the *Lakshna* (symptoms) of *Kaphavrityan vayu* are- *Guruta Sarvagatranam* (heaviness of all body parts), *Sarvasandhi-ashthi ruja* (Pain in all joints and bones), and *Gatisanga* (excessive suppression of body movements). (3)

Patient information

A 4-year-old boy was carried to Balroga (Pediatrics) O.P.D. by his parents with complaints of inability to walk, pain in legs, and weakness in bilateral upper limbs. Also, he was unable to hold any object. The patient was previously admitted to Deen Dayal Upadhyaya Hospital, where he was given IVIG (Intravenous Immunoglobulins) for two days with antibiotics and analgesics.

On inquiry, the parents said that the patient was apparently well twenty days back when he developed loose stools three times per day, watery in consistency, without blood or mucus, which was

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treated locally through some tablets/suspensions. After 1 week of diarrheal episode, the patient developed pain and weakness starting from the lower limbs, which was acute in onset and progressed to the hip, and gradually it involved upper limbs also.

On inquiry, the parents said that the pain was continuous, with distal weakness of the lower limb followed by weakness of the upper limb, ultimately complete paralysis of the upper limb and lower limbs. There was no complaint of deviation of the eye / blurring of vision/ facial asymmetry/ trauma to the back/ headache/vomiting/fever and convulsions.

The patient belongs to the lower middle class and was on a vegetarian diet with frequent junk food intake. There was no relevant family history or genetic history.

The patient was admitted for diarrheal disease 2 years back. He was given IV antibiotics and analgesics (Ceftriaxone and PCM 8ml) along with IVIG for two days for the present illness at DDU hospital.

Clinical findings

The patient was in poor general condition, weighed 12 kg, height 98.6 cm, pulse rate 106/min regular, BP-100/60 mm of Hg, dry coated tongue, no icterus, no gross lymphadenopathy, no clubbing or cyanosis, no skin lesions.

The functional status of the patient was assessed using the Guillain-Barré Syndrome (GBS) Disability Score, a standardized clinical scale used to grade functional limitation in patients with GBS. The scale ranges from **0 to 6**, with higher scores representing progressively greater functional disability. A score of **0** denotes a healthy functional state, while **score 1** represents minor symptoms with preserved ability to run. **Score 2** indicates independent walking for at least 10 meters but inability to run, whereas **score 3** denotes the ability to walk approximately 10 meters only with assistance. A **score of 4** represents severe functional limitation, with the patient being bedridden or chairbound. **Score 5** indicates the need for assisted ventilation for at least part of the day, while **score 6** denotes death. (4) Based on his functional limitation, the patient's initial GBS Disability Score was 4, corresponding to a bedridden or chairbound state.

Motor system examination

Bulk- Reduced in both lower and upper limbs (LL>UL).

Muscle bulk was assessed clinically through inspection and palpation of the major muscle groups. As there is no standardized clinical grading scale specifically validated for muscle atrophy, the degree of wasting was documented descriptively based on visible and palpable reduction in muscle bulk and alteration of normal muscle contour. Muscle strength was assessed separately using the Medical Research Council (MRC) grading system. Mild atrophy indicated slight wasting with preserved muscle shape; moderate atrophy indicated clearly appreciable loss of bulk with altered contour and increased bony prominence; severe atrophy indicated marked wasting with pronounced loss of muscle contour and prominent bony landmarks. Absence of atrophy indicated preserved muscle bulk and contour without clinically apparent wasting.

Tone: All four limbs had gross hypotonia. Power of all muscle groups is shown in Table 1.

Diminished deep tendon reflexes of both lower limbs and upper limbs.

Table 1: Showing muscle power at the time of admission

Muscle	Right	Left
Peroneal	1/5	1/5
Calf muscles	1/5	1/5
Hamstring	1/5	1/5
Gluteal	1/5	1/5
Biceps	1/5	1/5
Triceps	1/5	1/5
Supinator	1/5	1/5
Pronator	1/5	1/5

Timeline

The detailed timeline is given in Table 2.

Table 2: Showing the timeline of the case

Time	Clinical events and interventions
27 th Feb, 2023	Onset of acute flaccid paralysis; admitted to an allopathic hospital and took treatment for 12 days. He was given IV antibiotics and analgesics (Ceftriaxone and PCM 8ml) along with IVIG.
11 th March, 2023	First visit to our O.P.D. Previous treatment was stopped.
16 th March, 2023	First admission to our I.P.D.; the patient was unable to sit and walk.
6 th April, 2023	Discharged after the first session, and the patient was able to sit with support but still unable to stand and walk.
7 th April to 21 st April, 2023	<i>Shamana chikitsa</i> (Pacification therapy) started; patient was able to sit with support but is still unable to stand and walk
22 nd April, 2023	Second admission to our I.P.D.
13 th May, 2023	The patient was discharged after the second session, and he was able to sit without support. Also, was able to stand and walk but with support
14 th May to 27 th May, 2023	<i>Shamana chikitsa</i> (Pacification therapy) continued; the patient was able to sit without support but could stand and walk with support only.
28 th May, 2023	Third admission to our I.P.D.
15 th June, 2023	Discharged after the third session. The patient was able to walk without support.
16 th June to 29 th June, 2023	After the <i>shaman chikitsa</i> (Pacification therapy), the patient was able to walk without support.
30 th June, 2023	Final visit- the patient was able to walk without support and had no other complaints.

Diagnostic Assessment

Local examination

Darshan (Inspection): *Mamsha shosha* (muscle atrophy of upper and lower limbs), *Urujangha chestahaani* (loss of movements of upper and lower limbs).

Sparshan (Palpation): *Sheetatta* (Cold on touch), *Shithilata* (Flaccidity).

The severity of disability was assessed using the standardized Guillain-Barré Syndrome (GBS) Disability Scale, and it was 4 (Bedridden or chairbound) at the time of admission (4), and further progress according to this scale is mentioned in Table 4.

Investigations

Initial investigations (27th Feb, 2023):

Hb- 11.4g/dl, TLC- 10,280 cells/mm³ with 65% polymorphs & 33% lymphocytes, CSF- Protein- 75mg/dl and RBS- 70mg/dl, CPK-MB- 74.

Based on history, clinical findings, and initial investigations, the case was diagnosed as Guillain-Barré Syndrome. As per the *Ayurvedic* perspective, there is involvement of limbs with weakness and flaccidity due to *Vata* (*dosha* responsible for movement and cognition) vitiation - *Vyan vayu* (subtype of *vata* seated in *hridya*) and *Kapha Avrana* (covering by *kapha dosha*). Hence, a diagnosis of *Kapha-avritta vyan vayu* was made.

Therapeutic Interventions and Results

The initial focus was to treat *Aam* (undigested/toxins) and *Kapha Avarna* (covering by *kapha dosha*); later, *Shodhana Chikitsa* (Purification therapy) was done for *strotoshodhana* (channel cleansing), and then *Shamana Chikitsa* (Pacification therapy) was done for *Vata* (*dosha* responsible for movement and cognition)

pacification, *Medhya* (brain tonic), and *Balya Karma* (strength building). The status of *Ama* was assessed serially using the classical clinical features described in the *Samhita*, including heaviness of the body, impaired digestion, reduced appetite, and associated gastrointestinal symptoms; reduction in these features was considered indicative of improvement in *Ama* status. The summary of interventions and results is presented in Table 3.

There was gradual improvement in motor bulk, tone, muscle power, and recovery of deep tendon reflexes during the treatment. The major improvement was seen after indoor treatment with *Shastishali Pinda Swedana* (*Shashti* rice fomentation) and *Basti Chikitsa* (therapeutic enema). The details of muscle bulk, tone, power, and reflexes at baseline and during treatment are shown in Table 4.

Follow-up and Outcome

Initially, the patient was followed up every 15 days and one week after every discharge. At follow ups patient was assessed for the effect of therapy, reduction in disease activity, and improvement in daily activity function score, as well as appearance of any untoward effect and tolerance of medications. Treatment adherence was assessed by asking the patient as well as parents of the patient. The patient showed good results with *Ayurvedic* treatment, and the outcome is discussed in Tables 3 and 4.

Table 3: Showing the summary of interventions and results

Duration of treatment	Treatment used	Dosage	Rationale of use	Results
11 th March, 2023 to 19 th March, 2023	<i>Arvindasava</i> (5)	10ml with equal amount of water twice daily after meals	<i>Dipana</i> (enhance metabolic fire), <i>Pachana</i> (enhancing digestion)	Reduction in <i>Aam</i> features like heaviness of the body, impaired digestion, reduced appetite
16 th March, 2023 to 19 th March, 2023	<i>Lavanbaskara churnam</i> (6)	2g with warm water with meals twice daily	<i>Dipana</i> , <i>Pachana</i>	
	<i>Udvardhana</i> (powder massage) with <i>Kolkulathyadi churna</i> (7)	Once daily for 30 minutes	<i>Rukshana</i> (drying), <i>Kaphahara</i> (<i>Kapha</i> reducing)	
20 th March, 2023 to 6 th April, 2023	<i>Shasti-shali pinda sveda</i> (8)	Once daily for 30 minutes		Reduction in weakness, flaccidity, and strengthening of muscles
	<i>Kala basti</i> (9) <i>Snehan basti</i> with <i>Dhanwantaram Tailum</i> (10) <i>Dashmooladi Niruha Basti</i>	<i>Snehana Basti</i> - 40ml per day <i>Niruha basti</i> - 160ml per day		Reduction in weakness
	<i>Ashwagandha churna</i> + <i>Godanti Bhasma</i>	2g + 125mg with warm water after meals twice daily	<i>Balya</i> (strengthening)	Improvement in digestion, muscle tone & power, general health and well-being. Attaining motor functions.
7 th April, 2023 to 21 st April, 2023	<i>Brahm Rasayana</i> (11)	1 tsp with milk on an empty stomach in the morning	<i>Medhya</i> (brain tonic)	
	<i>Suvarnamukthadi gulika</i> (12)	125 mg once daily after breakfast	<i>Rasayana</i> (rejuvenating)	
	<i>Arvindasava</i>	10 ml with an equal amount of water twice daily after meals	<i>Dipana</i> , <i>Pachana</i>	
22 nd April, to 26 th April 2023	<i>Arvindasava</i>	10ml with an equal amount of water twice daily after meals	<i>Dipana</i> , <i>Pachana</i>	Improvement in digestion and bowel, lightness in body
	<i>Lavanbaskar churna</i>	2g with warm water with meals twice daily	<i>Dipana</i> , <i>Pachana</i>	
	<i>Udvardhana</i> with <i>kolkulathyadi churna</i>	Once daily for 30 minutes	<i>Rukshana</i> (drying)	

27th April to 13th May, 2023	<i>Shastishali pinda sveda</i>	Once daily for 30 minutes	<i>Vatahara</i> (pacifying vitiated <i>vata</i>), <i>stambhahara</i> (stiffness relieving), <i>balya</i> (strengthening)	Strengthening of muscles
	<i>Matra basti with Ksheerbala tailum (13)</i>	Once daily with 20 ml/day		
14th May, 2023 to 27th May, 2023	<i>Suvarnamukthadi gulika</i>	125 mg once daily after breakfast	<i>Rasayana</i> (rejuvenating)	
	<i>Brahm rasayana</i>	1tsp with milk on an empty stomach in the morning	Medhya (nootropic)	
	<i>Arvindasava</i>	10 ml with an equal amount of water twice daily after meals	<i>Dipana, Pachana</i>	
28th May to 31st May 2023	<i>Arvindasava</i>	10ml with an equal amount of water twice daily after meals	<i>Dipana, Pachana</i>	Improvement in digestion and bowel, lightness in body
	<i>Lavanbaskara churnam</i>	2g with warm water with meals twice daily	<i>Dipana, Pachana</i>	
	<i>Udvardana with kolkulathyadi churnam</i>	Once daily for 30 minutes	<i>Rukshana</i> (drying)	
1st June, 2023 to 15th June, 2023	<i>Shastishali pinda sveda</i> <i>Matra basti with Ksheerbala tailum</i>	Once daily for 30 minutes Once daily with 20 ml/day	<i>Vatahara</i> (pacifying vitiated <i>vata</i>), <i>stambhahara</i> (stiffness relieving), <i>balya</i> (strengthening)	Strengthening of muscles
16th June, 2023 to 29th June, 2023	<i>Suvarnamukthadi Gulika</i>	125 mg once daily after breakfast	<i>Rasayana</i> (rejuvenating)	
	<i>Brahm rasayan</i>	1tsp with milk empty stomach in morning	<i>Medhya</i> (nootropic) <i>Rasayana</i> (rejuvenating)	
	<i>Arvindasava</i>	10 ml with an equal amount of water twice daily after meals	<i>Dipana, Pachana</i>	

Table 4: Shows motor system and reflexes examination at baseline and during treatment

	At the time of admission	After 1 st IPD admission	After 2 nd IPD admission	After 3 rd IPD admission
Bulk	Moderate to severe atrophy (marked wasting with pronounced loss of muscle contour)	Mild to Moderate atrophy (slight wasting with preserved muscle shape)	Mild atrophy (slight wasting with preserved muscle shape)	No atrophy (preserved muscle bulk and contour)
Tone	Severe flaccidity (LL= UL)	Moderate flaccidity (LL=UL)	Mild flaccidity	Normal
Power of muscle groups				
1) Peroneal	1/5	3/5	4/5	5/5
2) Calf muscles	1/5	3/5	4/5	5/5
3) Hamstrings	1/5	3/5	4/5	5/5
4) Gluteal	1/5	3/5	4/5	5/5
5) Biceps	1/5	3/5	3/5	5/5
6) Triceps	1/5	2/5	3/5	5/5
7) Supinator	1/5	2/5	3/5	5/5
8) Pronator	1/5	2/5	3/5	5/5
Reflexes: 1) Babinski sign	Downwards	Downwards	Downwards	Downwards
2) Deep tendon reflexes: a) Bicep b) Triceps c) Ankle d) Knee	0 (Absent) 0 (Absent) 0 (Absent) 0 (Absent)	+1(Reduced) +1(Reduced) +1(Reduced) +1(Reduced)	+1(Reduced) +1(Reduced) +2 (Normal) +2 (Normal)	+2 (Normal) +2 (Normal) +2 (Normal) +2 (Normal)
GBS Disability Score (4)	4 (Bedridden or chairbound)	3 (Able to walk 10m across an open space with help)	2 (Able to walk 10m or more without assistance but unable to run)	1 (Minor symptoms and capable of running)

Discussion

The condition was approached and managed with the principles of management of *Kapha-avritta- vyan vayu*. For this condition, the main events responsible are *Vata* (dosha responsible for movement and cognition) vitiation, mainly *vyan vayu avritta* by *Kapha* (dosha responsible for structure and lubrication). According to *Ayurveda*, the treatment principle of *Kapha-avrit Vyan Vayu* (or any *Aavarana*-covering) is to first treat the *Aavaraka Dosha* (covering dosha) and then the *Aavrita Dosha* (covered dosha). The *Aavaraka Dosha*, i.e., *Kapha* is treated with *Dipana* (enhancer of digestive fire), *Pachana* (digestion-enhancing), and *Udvartana* (powder massage). This treatment is followed by *Snigdha swedana* (Unctuous fomentation), *Basti* (therapeutic enema), and *Shamana Chikitsa* (Pacification therapy) for treating *Aavrita dosha* (covered dosha), i.e., *Vyan Vayu*.

In this case, the first line of drugs includes *dipana-pachana* with *Lavanbhaskar churnam* and *Arvindasava* along with *udavartana* (powder massage) with *Kolkulathyadi churnam* for *rukshana* (drying) and *Kapha shamana*. There was a good initial response in pain, but the flaccidity and weakness persisted, so we admitted the patient for *Shodhana Chikitsa* (purification therapy), i.e., *shashtishali pinda sweda* and *Kala Basti*. In *Kala Basti*, *Anuvasana basti* was done with *Dhanwantram tailum* and *Niruha basti* with *Dashmooladi niruh basti* for sixteen days as per standard protocol. But due to persistent weakness even after the *shodhana chikitsa* (purification therapy), a gold preparation, *Suvarnamukthadi gulika* as a *Rasayana* (rejuvenating) was added to treatment. The patient was admitted two times for *shodhana chikitsa* (purification therapy) and underwent the same procedures, followed by *shamana chikitsa* as mentioned above, with the later addition of *Brahma Rasayanam* for its *Medhya* (nootropic) and *Rasayana* (rejuvenation) action. This completes the treatment regimen, and the patient completely regained the power and strength of the limbs.

Arvindasava is used for its *Agni* (digestive/metabolic factors), *Bala* (strength), *Pushthi-varhdhana* (nourishment) properties as well as its indication in all pediatric disorders. (5) *Lavanbhaskara churnam* was chosen for *dipana-pachana*, as it improves functions of *jatharagni* (metabolic factors located in the digestive tract) and is indicated in disorders of *Vata* and *Kapha*. (6)

Basti (therapeutic enema) is an effective treatment for *Vata*. It also brings about *anulomana* (downward movement) of *Vata*. It is the most convenient method for pediatric patients. With this route of drug administration, we can facilitate rapid absorption and action of medicated oils and decoctions for *Vata* disorders.

Drugs were chosen according to *Prakruti* (constitution), *Satva* (mental strength), *Satmaya* (dietary pattern) & *Vaya* (age) of the patient and also according to *Desha* (regional variation), *Kala* (seasonal variation), and *Roga avastha* (disease severity). For prevention of the condition, some *Rasayana* (rejuvenating), *dipana* (digestive fire enhancer), *pachana* (digestion enhancer) & *Vata shamana* (*Vata* pacifying) drugs were continued for the next one month. At present, the patient is under continuous observation through quarterly follow-ups. This is a significant finding considering the disease course, guarded prognosis, and costly and prolonged management in the conventional system.

Authors were unable to find any published RCT/ case study on the Ayurvedic management of GBS in pediatric patients; however, an adult case study by Nakanekar A *et al.* was found. (14) Nakanekar A *et al* reported a GBS case report of a 46-year-old male treated with *Panchakarma* procedures like *abhyanga*, *shashtishali pinda*

sveda, *shirodhara*, and *Basti*. *Shamana Chikitsa* included a gold preparation, *Brhatvātachitamani kalpa*. Our study also reported a similar line of treatment in this case; however, with small courses of *Panchakarma* procedures and use of milder drug preparations for *shamana*, considering the pediatric age group of the patient. The similar underlying treatment principles in both cases were *vata* pacification using *shodhana* and *majja dhatu* nourishment using *santarpana chikitsa*.

This case study suggests that early intervention of *Ayurvedic* treatment protocol, particularly *Panchakarma* procedures in GBS, is beneficial in inducing remission and promoting motor functions. However, as this was a single case study, the results and outcomes require verification by conducting randomized clinical trials by enrolment of large number of patients with GBS.

Conclusion

This case study concludes that early use of *Ayurvedic* formulations and *Panchakarma* procedures helps reduce pain and strengthen muscles. The *Ayurvedic* management can improve weakness and flaccidity of limbs in patients with Guillain-Barré Syndrome. *Ayurvedic* management can induce early remission of the disease and can prevent further possible long-term complications. However, clinical trials with an adequate number of patients are required to further validate the results.

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Conflicts of interest: There are no conflicts of interest.

Patient perspective of treatment: Patient as well as parents were totally satisfied with the treatment. Initially, the patient was flaccid, and after treatment, the patient was fully fit to walk or do any routine activity.

Patient consent: Written consent of the patient's parents had been taken for publication of this case study.

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