



Research Article

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AYURVEDIC MANAGEMENT OF KAPHAVRUTA VYANA VATA WITH SPECIAL REFERENCE TO GUILLAIN BARRE SYNDROME: A CASE STUDY

Kavyashree C Sugur *¹, Savitha HP ², Manjunatha Adiga ², Suhas Kumar Shetty ³

¹PG Scholar, Department of Mano Vigyan Avum Manasa Roga, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan-573201, Karnataka, India

²Associate Professor, Department of Mano Vigyan Avum Manasa Roga, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan-573201, Karnataka, India

³Head of the department, Department of Mano Vigyan Avum Manasa Roga, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan-573201, Karnataka, India

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*Corresponding author

E-mail: kavyacs593@gmail.com

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ABSTRACT

Guillain-Barre syndrome is a rare disorder in which immune system attacks part of peripheral nervous system. It occurs year round at a Rate of between 1 and 4 cases per 1, 00,000 annually. Males are 1.5 times more likely to be affected than Females. The Incidence increases with Age, about 1 case per 1, 00,000 occurs in people aged below 30 years and about 4 cases per 1, 00,000 in those older than 75 years. Here a case of 27 year old male patient presented with weakness and decreased sensation in both lower limbs, unable to walking, standing and sitting with a past history of fever brought to OPD of Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan. By considering the Dosha and Dushya one should examine the patient and proceed the treatment. As per the guidelines of Ayurveda, this condition is considered as Kaphavrutavyana vata. Hence the line of treatment we have adopted Vatavyadhichikitsa which included Aamapachana as well as Brihmanachikitsa like Shastika shalipinda sweda and Rajayapana basti which contains neuroprotective and neuro oxidative property drugs and physiotherapy along with shamanoushadhis. Post treatment improvement was observed in the patient with ability to sit, stand and walk without support.

Keywords: Guillain-Barre syndrome, Kaphavrutavyana Vata, Vatavyadi chikitsa.

INTRODUCTION

Guillain Barre Syndrome (GB syndrome), a rare disease condition in which body's immune system attacks part of the peripheral nervous system. Apart from affecting nerves that control muscle movement, it also impairs the function of nerves that manage temperature and touch sensations. This can result in muscle weakness and loss of sensation in the legs and/or arms. The usual pattern is an ascending paralysis that may be first noticed as weakness in the legs. Weakness typically extends from hours to a few days and is frequently accompanied by tingling sensation in both the lower limbs. The legs are usually more affected than the arms and usually caused by an infection¹. As per guidelines of Ayurveda, this condition may be correlated with Kaphavrutha vyana Vata and accordingly treatment is planned. Informed consent was taken from patient and study was in accordance with ICH, GCP, guidelines.

PATIENT INFORMATION

A 27-year-old male subject walked in to OPD with support (OP-128952) and self reported weakness and decreased sensation in both lower limbs along with difficulty in walking, standing and sitting since 2 years, associated with low back pain.

HISTORY OF PRESENT ILLNESS

Patient was apparently healthy before 2 years. He observed low back pain when he was working out in gym which stopped his further workout. On the same day evening he got fever for which he was treated by a doctor in rural area. After 5 days, fever reduced but the pain in the low back persisted and radiated to left lower limb. Gradually he developed weakness in both the lower

limbs which progressively led to complete loss of functioning. Then he was hospitalized and treated details of which are unknown. Later he developed intolerable pain all over the body. He tried various other treatment modalities like folklore and acupuncture following which he started to walk with support.

PAST HISTORY

N/H/O Hypertension, Diabetes.

FAMILY HISTORY

Nothing-specific

EXAMINATION ON ADMISSION

GENERAL EXAMINATION

The general condition of the patient was good, and it is given below. (Table 1)
No pallor/Icterus/Cyanosis/Edema/Lymphadenopathy

SYSTEMIC EXAMINATION

The systemic examination of the patient was mentioned below. (Table 2)

CRANIAL NERVE EXAMINATION: Normal

MOTOR SYSTEM EXAMINATION (LOWER LIMB)

Body position-extended limbs

Involuntary movements-Absent

Muscle bulk-	RT	LT
Mid thigh-	36cm	36cm
Mid calf-	28.5cm	28.5cm

Muscle tone-hypotonic
Muscle power- 2 in both the lower limbs

GRADATION FOR MUSCLE POWER WAS ASSESSED AS BELOW²

- 0-No muscular contraction
- 1-Flicker or trace of contraction
- 2-Active movement with gravity eliminated
- 3-Active movement against gravity
- 4-Active movement against gravity and some resistance
- 5-Active movement against full resistance

REFLEXES

- 1. Biceps reflex – ++.
- 2. Triceps reflex – ++
- 3. Supinator reflex – ++
- 4. Knee reflex – +
- 5. Ankle reflex – +
- 6. Plantar response – ++

GRADATION FOR REFLEXES WAS ASSESSED TO BELOW²

- 0-Reflex absent
- +Elicitable only on reinforcement
- ++- normal
- +++ -exaggerated
- ++++-Brisk with clonus

COORDINATION ASSESSMENT

- 1. Rapid alternating movements- Intact
- 2. Finger nose test- Intact
- 3. Romberg's test –Absent
- 4. Heel shin test- could not be performed
- 5. Gait – Rag doll gait
- 6. Babinski sign-Negative

ASHTAVIDHA PARIKSHA

Nadi: Vatakaphaja
Mala: Prakruta
Mutra: 5-6 times per day

Jivha: Nirlipta
Shabda: Prakruta
Sparsha: Prakruta
Drik: Prakruta
Akruti: Madhayama

SAMPRAPTI GHATAKA

Dosha- Kapha Vata
Dushya-Rasa, Mamsa, Majja
Agni-Sama
Srotas-Rasa, Mamsa
Srotodushti prakara-Sanga, Vimarga gamana
Udbhava sthana-Pakvashaya
Sanchara sthana-Sarvashareera
Vyakta sthana-Adhashaka
Adhistana-Sharira
Rogamarga-Bahya, Madhyama

INVESTIGATION: Routine studies of blood and urine were within the normal limits.

MANAGEMENT: Treatment plan included detoxification therapy. Total duration of treatment was 20 days was given below. (Table 3)

PATIENT WAS INTERNALLY ADMINISTERED WITH

- Chitrakadi vati: 1TID before food
- Tab.Brihatwatachintamani rasa: 1 BD for 1week
- Balashwagandharista: 15ml TID after food
- Cap.ksheerabala (101): 1 TID after food

ACTION: Deepana and Pachana, Vata kapha hara, Balya, Brihmana.

RESULT AND DISCUSSION

After 20 days of treatment, patient was able to sit, stand and walk without difficulty. The improvement was given in below. (Table 4)

Table 1: General examination of the patient

Temperature	98.0 F
Pulse	89b/min
Respiratory rate	20 cpm
Blood pressure	120/80 mmHg
Tongue	Coated
Height	168cm
Weight	65kg

Table 2: Systemic Examination

Respiratory system	Normal vesicular breathing sound.
CVS	S1, S2 heard, no any added sounds.
CNS	Conscious and oriented to time, place, person.
Pupils	Bilaterally normally reacting to light.
P/A	Soft, no tenderness

Table 3: Management

DATE	EXTERNAL TREATMENT	ACTION	REMARKS
30/12/17 - 02/01/18	Sarvanga Parisheka with Dhanyamla	Vatakapha hara	Appetite and body flexibility improved, heaviness reduced,
3/1/18 - 16/1/18	Sarvanga Abhyanga with ksheerabalataila followed with Shashtika Shalipinda Sweda	Vatahara, Pushtikara, Kaphavata nirodhana	Range of movements is improved and able to walk with support.
5/1/18 - 18/1/18	Mustadi Rajayapana Basti	Brihmana, Vatahara, and acts as Rasayana	Able to stand without support and strengthens the muscles.

Table 4: Observation during treatment

	Motor system	RT lower limb	LT lower limb
Muscle bulk	1. Mid thigh	42cm	42cm
	2. Mid calf	30cm	30cm
	3. Muscle tone	Normotonic	Normotonic
	4. Muscle power	3/5	3/5
Reflexes	1. Ankle jerk	++	++
	2. Knee jerk	++	++

Considering present symptoms, patient was treated with principles of kapha avarana vyana vata. Treatment planned accordingly with Deepana Pacana and Rukshana.. Chitrakadi vati³which counteracts Vata by its Usna virya, Snigdha tikshana guna and Sarvanga Pariseka with Dhanyamla which has the properties of Laghu and Tikshna guna by doing rookshana mitigates both vata and kapha⁴ were administered. Sarvanga Abhyanga(full body oil massage) with Ksheerabala taila provides required oleation and stimulation of peripheral nervous system and in turn by stimulating the muscle fibres⁵. Shastika Sali Pinda Sweda was administered here which adds overall effects in alleviating Vata dosha and also improves blood circulation facilitating easy movement and flexibility⁶. Later the patient was advised with Raja yapana basti which has Balya(Strength), Rasayana(Rejuvenation) and Dhatu vriddhikara property. Thus the drugs absorbed into the circulation acts at the level of neurons and improve the neural functions⁷.

Along with external therapies the internal medications such as Brihatvatachintamani Rasa which has Vatahara, Shoolahara and Rasayana property prevents the relapse of the disease by nourishing all bodily tissues starting from Rasa dhatu⁸. Ashwagandharista which is vatahara and Balya gives strength to the muscles⁹. Ksheerabala Avartana Taila which as Vatahara, Rasayana and Brihmana properties nourishes all the Dhatu¹⁰. Simultaneously patient was advised for physiotherapy like calf muscle exercise, suspension exercise which gives strengthen to lower limb muscles.

CONCLUSION

During the follow up period, the patient was managed by Shamanoushadis for 15 days. There is improvement in the signs and symptoms. Patient is able to sit, stand and walk without support and able to perform his daily routine activities without difficulty. This improvement was observed after Mustadi Raja Yapana Basti as it contains drugs having neuro protective, antioxidant properties.

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