



CASE REPORT

## Panchkarma: A hope for LGBS – Landry Guillain Barre Syndrome

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**Abstract:** Landry Guillain-Barré syndrome is a disorder which is caused by the body's immune system attacking its own peripheral nervous system. The syndrome afflicts about one person in 100,000. Either gender can be affected in any age group especially between ages 30 and 50, however risk increases with age. It often follows a minor infection. Most of the time, signs of the original infection have disappeared before the symptoms of Guillain-Barre begin. Guillain-Barre syndrome damages parts of nerves. This nerve damage causes tingling, muscle weakness, and paralysis. Guillain-Barre syndrome most often affects the nerve's covering (myelin sheath). Such damage is called demyelination and it causes nerve signals to move more slowly. Damage to other parts of the nerve can cause the nerve to stop working altogether. It is a paralyzing syndrome which can have dire consequences if not managed by an informed medical team. This article will explain how this disorder begins, how it is managed in *Ayurveda* by taking help of the PANCHKARMA procedures such as basti, Abhayanga etc.

**Key Words:** Landry Guillain Barre syndrome; Panchkarma; Basti; Shodhana procedure.

### INTRODUCTION

Guillain-Barre syndrome is an autoimmune disorder in which the immune system attacks healthy nerve cells of the peripheral nervous system<sup>1</sup>. The cause of this condition is unknown, Usually Guillain-Barré occurs a few days or weeks after the patient has had symptoms of a respiratory or gastrointestinal viral infection<sup>2</sup>. The syndrome may occur at any age, but is most common in people of both sexes between ages 30 and 50<sup>3</sup>. The syndrome is rare, however, afflicting only about one person in 1,00,000<sup>4</sup> but is the most common cause of acute non-trauma-related paralysis. Ascending paralysis, weakness beginning in the feet and hands and migrating towards the trunk, is the most typical symptom associated with weakness, numbness, and tingling<sup>5</sup>. In many instances the symmetrical weakness and abnormal sensations spread to the arms and upper body. These symptoms can increase in intensity until certain muscles cannot be used at all and, when severe, the person is almost totally paralyzed. Guillain-Barre syndrome most often affects the nerve's covering (myelin sheath). Such damage is called demyelination<sup>6</sup> and it causes nerve signals to move more slowly. Damage to other parts of the nerve can cause the nerve to stop working altogether.

It has been clinically observed that *Ayurveda* helps in case of GB Syndrome. It seems to help

by correcting the altered immune system. The medicines are very effective in treating the symptoms like loss of movement in all the extremities and power in the limbs can be corrected. In *Ayurveda* the therapies like, *Sarvanga abhayanga, Raja yavana Basti along with internal medications like Ashwagandha awalehya, rasa preparations.*

### Aims and objectives

1. To study about Landry Guillain-Barré syndrome, its pathological manifestation, symptoms in detail
2. To assess the effect of individual Panchakarma therapies in Guillain-Barré syndrome

### CASE REPORT

**Preliminary Data of Patient:** A 50 yr old female patient Hindu by religion belonging to low socio-economic status. without any premorbid status such as diabetes mellitus & Hypertension approached to OPD (NO-42398) of SKAMCH & RC, department of Panchakarma to DR KIRAN M. GOUD Principal, CMO & Chief Panchakarma consultant at SKAMCH & RC - with complaints of loss of movement of all the four extremities lower extremities are effected more than upper extremities), without any sensory deficit and bowel/Bladder dysfunction. Weakness was not associated with any

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systemic sign of infection such as pyrexia (Fever) since 20 days. Patient had given a history of respiratory tract infection prior to onset of complaints. There is a sudden onset of complaints with ascending weakness first involvement of lower limbs later upper limbs. Span of 2 days patient was not able to ambulate and bed ridden. Patient had approached to NIMHANS–Bangalore and NCV–Nerve conduction studies done and found to be LGBS variant of demyelinating type. Patient was advised to undergo immunoglobulin and plasmapheresis. As, patient was not affordable approached to SKAMCH & RC Bangalore for further treatment.

**General examination:** on the day of examination found to be well built, moderately nourished, afebrile, normotensive, other parameters such as pallor, cyanosis, icterus, lymphadenopathy was normal.

#### Systemic examination

CVS: S1 S2 (+) no murmur.

CNS: Higher mental function – Normal.

1. Muscle power – Upper limb – 2/5
2. Lower limb – 1/5
3. DTR's – Deep tendon Reflex – Biceps, Triceps, Knee, Ankle – Absent.
4. Sensory deficit – Absent.
5. Joint position – Absent.
6. Vibration sense – Present.
7. Clonus – Absent.
8. Cranial Nerves – normal.

#### Diagnosis

The Dx of LGBS is total history and clinical based Dx can be confirmed with the NCV–Nerve conduction studies, ENMG, EMG.

Other ailments which present with the similar set of complaints need to be evaluated with wise history taking and meticulous examination

- ATM – Acute Transverse Myelitis.
- Spinal Koch's.
- Poly Radiculopathy.
- Progressive Myelopathy.

#### Intervention

- Rajayapan Basti.
- Sarvanga Abhayanga with Moorchita Taila followed by Nadi sweda.
- Ksheera bala 101 – 10 drops with milk before food.

- Rasa sindoor 2 gm + Ekanga veer rasa + Bruhat vata chintamani+ Guduchi sattva.

All should be powdered well and make 30 Packets and to be taken twice a day with ghee.

- Ashwagandha Awalehya – 2 tea spoon with milk twice a day.

#### Post Panchkarma Treatment Status of Patient

The patient was hospitalized for one month and give with Panchakarma treatment. There was a significant change in the power of muscle and patient started moving limbs and able to ambulate with the help of assistance.

The patient was discharged with some of oral medication and physiotherapy advised by SKAMCH & RC physiotherapy unit in charge. The patient comes for follow up walking herself and under supervision of consultant with oral medications.

#### DISCUSSION

LGBS an autoimmune disorder presenting with rubbery ascending weakness. The disease has acute onset sometimes ascends to respiratory muscles and leading to collapse if no intensive care taken properly.

The treatment principle is infusion of immunoglobulin and plasma pheresis which is effective transiently and costly may not be affordable by person of low socioeconomic status.

As Ayurveda EBM – evidenced based and time-tested medicine has lots of formulations and Panchakarma treatment if advocated by wise physician gives the better results and cost effective and can be made available at remote place of country like India where the intensive care and emergency treatments are not widely available.

#### CONCLUSION

The Above case was Dx as LGBS based of Hx and Examination and confirmed by NCV. The pathology was demyelinating and treatment protocol was adopted was *bruhamana-nourishing*, the myelin sheath made up of fatty media and need for faster nerve conduction considering that principal in mind treatment advocated and come out with significant results.

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