

A CASE STUDY OF AYURVEDIC MANAGEMENT OF KAPHAVRUTTA VYANVAYU
W.S.R. TO GUILLEN BARRE SYNDROME (GBS)Dr. Jyoti Meghadambar^{*1}, Dr. Monica Bombe² and Dr. Anuradha Bhalerao³¹Assistant Professor Rognidan Department GAC Nanded.²P.G. Scholar Rognidan Department GAC Nanded.³P.G. Scholar Rognidan Department GAC Nanded.***Corresponding Author: Dr. Jyoti Meghadambar**

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ABSTRACT

Today people are predisposed to various disease based on their way of the living and occupation. *Avarana* is one of most important and least understood basic concept of *Ayurveda*. Nowadays very least *vaidyas* study and apply the concept of the *awaran*. In this article we are going to present case study on Guillen Barre Syndrome (GBS) very rare disease in *Ayurvedic* view. Case is studied by *ayurvedic* accept and diagnosed as *kaphavruttya vyaanvayu*. Patient was treated by *Ayurvedic* herbomineral drug acting as *sampraptibhang* (breakdown of pathogenesis) and *rasayan*. Various *Panchkarm* was done.

KEYWORDS: Kaphavrutta vyanvayu, Guillen barre syndrome, Avrutta vat.**INTRODUCTION**

Guillen barre syndrome is rare disease consist neural deformity. It involve rapid motor paralysis with or without sensory disturbance.^[1] Direct correlation of GBS to Ayurvedic terminology is difficult. First study *Doshdooshyasamurchana* (Pathogenesis) and then proceed for treatment part. After studying the sign and symptoms of patient and taking detail history patient was diagnosed as *kaphavrutta vyanvayu*. So here treatment was planned according to *Avrutta vata* treatment. According to basic concept *Avrutta* means *Awarodh* (Obstruction). *Avrutta vat* means obstruction to the normal *gati* of *Vatdosha* by other *dosha* or by its types to eachother. Treatment principle of *avarana* is removing of *awaran* or obstruction over *vaat dosha*. After that put specific variety of *Vata* in its own path.

AIMS AND OBJECTIVE

- To study the Guillen barre syndrome with ayurvedic aspect
- To observe the effect of ayurvedic treatment on Guillen barre syndrome.

MATERIAL AND METHOD

Patient suffering from gullien barre syndrome from O.P.D. and I.P.D. of *Rognidan* Department of GAC Nanded.

CASE REPORT

PATIENT NAME: xyz 58 year/ Male

Borgaon Parbhani, Maharashtra; india

OCCUPATION: Farmer (*Aatapsevan* (working in sun for long time) and hard work)

SOCIO – ECONOMIC STATUS: Middle class

COMPLAINTS

- *Sandhishool* (Pain in all joints of both upper and lower limb) □ 10 to 12days
- *Dourbalya* (Weakness all over body) □ 10 to 12 days
- *Chakraman kashtata* (difficulty in walking) □ 10 to 12 days
- *Chimchimayana* (Tingling sensation all over the body) □ 10 to 12days
- *Kshudhamandya* (Anorexia) □ 1 to 2months
- *Malavastambha* (Hard stool passing alternate days) □ 10days
- *Udaradhma* (fullness of stomach) □ 1 to 2months

All this complaints patient started suffering suddenly since 10 to 12 days. Before that patient was suffering from loose motion and mild fever and had taken medicine for that. Firstly patient started feeling weakness in all limb. After that patient started suffering from pain in all joints. Finally patient approach to hospital for treatment and he was diagnosed as GBS.

SUBJECTIVE PARAMETER: ON ADMISSION

| COMPLAINTS: | GRADATION: |
|-----------------------|---|
| Pain in joint | 4 (much difficulty in moving the bodily parts) |
| Tingling sensation | 3 (very often but not continuous) |
| Difficulty in walking | 5 (walk with help of others with very difficulty) |
| Fullness of stomach | 4 (moderate fullness of stomach for 6 hrs after intake of food) |
| Hard stool | 4 (passes stool alternate day with fullness of stomach) |

EXAMINATION & INVESTIGATION

Reflexes: Visceral reflexes (micturition and bowel): intact

Superficial reflexes (glabellar tap): negative

Abdominal reflexes (both side): negative

| | Right | Left |
|-----------------|------------|------------|
| Bicep | Diminished | Diminished |
| Tricep | Diminished | Diminished |
| Supinator | Diminished | Diminished |
| Knee | Diminished | Diminished |
| Ankle | Diminished | Diminished |
| Babinski's sign | Diminished | Diminished |

MUSCLE POWER

| | Righth | Left |
|------------|--------|------|
| Upper limb | 3/5 | 3/5 |
| Lower limb | 3/5 | 3/5 |

INVESTIGATION

CT Scan of Brain: Not significant intracranial abnormality found.

ELECTROMYEOLOGRAM, nerve conduction study and MRI: **Guillen barre syndrome**

CBC: normal report

Hb %: 12 gm%

BSL (routine): 100 gm/dl

ESR: 10 mm/hr

Urine routine: Alb +

HISTORY

Family history: no history

Personal history

- **Aahara(meal)** – mixed (veg and non veg)
- **Pradhana rasa sevana** – *Katu()* *Amla* (Sour)
- **Pradhana Guna sevana** - *tikshna*, *Ruksha*, *Ushna*
- **Aahara sevana** (food habit) - *Adhyashana* (Eating even first food is not digested)
- **Vyasana(addiction)** – tobacco chewing (12 year), alcoholism (6 year)

Viharaja History

- Heavy weight lifting
- **Nidra(sleep)**- *Samyak*- 6-7 hrs at night- *niyamit*
- **Diwaswap** (day time nap)- 1 and ½ hours

DIAGNOSIS

- **Ayurvedic diagnosis**

kaphavruttya vyaan vayu

angagaurav sandhishthatha asthishoolhrudadrava vakagraha chakraman kashtatha.

Shaithyagauravshulaanikatadyapashaya

adhikam|langhanayasarukshokamita

cha

kaphavrutte ||^[2]

- **Modern Science diagnosis**

GUELLEN BARRE SYNDROME (this was prediagnosed at GMC and hospital Nanded)

NIDAANPANCHAK

Hetu: *Ati dahisevan (abhisyandi)*, *mandyapaan jaggery (kaphavardhak)*, *adhyashyan*, *atishram*

Purvaroop: *avyakta purvaroop*

Roop: *Sarva sandhishool*, *Sarvaang chimchimayan*, *daurbalya*, *udardhaman*, *chkraman kashtata*, *badhdakoshtata*

Awastha: *nava*

Adhithan: *Sarva sharir*

Doshadushya: *kapha*, *vyaan vaya*, *asthi*, *majja*, *mansma*, *ras*, *purisha*

Strotas: *Astivaha*, *Mansmavaha*, *majjavaha*, *rasavaha*, *purishvaha*

Samprapti: *kapha vayu dushti*

hetusevan....kaphavayu prakopkapha makes awaran on hrudistith vyaanvayu....vyanvayu dushti...pakwashayastit vayu prakop....vyanvayu karm dushti

TREATMENT PLAN

स्थानान्यावेक्ष्य वातानां वृद्धिं हानिं च कर्मणाम्।

.....क्रममुष्णमनुष्णं वा व्यत्सासादवचारयेत्। च. चि⁽³⁾

Panchkarm

- **Til tail Sarvang snehan:** (*Sarvesha tail jatanaam tiltail vishishyate| balarthe snehane chagraya.....* ||^[4]
tail prashati : *maarutaghan na cha shleshmavardhan*

balvardhanam ||^[5]

• Dashmool kadha sarvaang swedan: swedsadhya: prashyamanti gada vaatkapthamaka

१४/३^[6]

• Nirgundi tail nasya: nirgundi (jantu vaatshleshmahanam)^[7] 4 drop (both nasal opening)

Herbomineral composition

1) rukshan kadha 40 ml twice in a day for 15 days

• patol (paachanam hrudiyam vrushyam laghvagnidipanam|snigdoshna..३३.५)^[8]

• devdaru

(pramehapinasshleshmakaaskandusameenaranut|...३३.५)^[9]

• nirgundi (keshya netrahita hanti shooshothammarutan...shleshmajwarannila hi tadwidha...jantuvaatshleshmaharam laghu||..३३.५)^[7]

• kutaki (bhedini ...kaphapittajwarapaha)^[10]

2) shunti shindhijala(naagare kaphavaataghnampaki madhuram katu| vrushyoshna rochanam hrudiyam sasneha laghudeepanam|kaphanilaharam|३३.५६)^[11]

३) aadrak saindhav before meal (katuka madhura paake ruksha vaatkapthapaha)|३३.५)^[12]

४) trailokyachintamani 125mg

• sutasekhar ras 250mg

• guduchi satwa 125mg

• rajat bhasma 125 mg

5) paalsinuron tab 500 mg (1 tab BD)

OBSERVATION AT THE MIDPOINT

• 29/01/19 : kshudhamandya(2), malavrodh(2)

• 02/02/19

• Reflexes of lower limb showed improvement

| | Right | Left |
|-------|-------|------|
| Knee | + | + |
| Ankle | + | + |

• Muscle Power improvement

| | Right | Left |
|------------|-------|------|
| Upper limb | 4 | 4 |
| Lower limb | 3 | 3 |

04/02/19: daurbalya(2), chakraman kashtata(3), sandhishool(2)

11/02/19: 50% relief in all symptoms

03/02/19: panchatikta kshir basti (16 days)

05/02/19: trifala 500mg I night with warm water brahmi vati 500 mg in night

20/02/19: shataavari kalp shunti sahit garam dudhaat sakali anaashyapoti

abhyanga maharayan tail twice in a day

matra basti til tail (8 days)

nasya brahmi tail 4 drop

OUTCOME AT THE END WHILE DISCHARGE

SUBJECTIVE PARAMETAER

| COMPLAINTS: | Before | After |
|-----------------------|---|--------------------------------------|
| Pain in joint | 4 (much difficulty in moving body part) | 1 (mild pain,patient can walk) |
| Tingling sensation | 3 (very often but not continue) | 0 (no tingling sensation) |
| Difficulty in walking | 5 (walk with help of others) | 3 (can walk easily with walking aid) |
| Fullness of stomach | 4 (moderate fullness of stomach for 6 hrs after intake of food) | 1 (occasionally) |
| Hard stool | 4 (passes stool alternate day with fullness of stomach) | 1 (sometime difficulty) |

EXAMINATION & INVESTIGATION

Reflexes: normal

Muscle power

| | Right | Left |
|------------|-------|------|
| Upper limb | 5/5 | 5/5 |
| Lower limb | 4/5 | 4/5 |

RESULT

As ayurvedic treatment progressed, patient got relieved in symptoms. On admission patient was unable to walk, can't sit without support. Patient was suffering from severe constipation.

After treatment with ayurvedic medicine and panchakarma therapy i.e. snehan, swedan, basti, nasya, abhyanga helped to improve in patient.

DISCUSSION

Pathophysiology

In GBS nervous system deformity is seen. In Ayurveda nervous deformity is correlated with vaatvahini sira dushti and majjavaha srotas dushti. Constipation of patients indicate the affected anuloma gati of vata. Considering the all sign and symptoms and history of patient, patient was diagnosed as kaphavruttya vyanvaayu. Here awaran concept was study. In awruta vaat, pitta dosha, kapha dosha and types of vaat dosha make awaran on vaat dosha and its types. Treatment principle of avarana is removing of awaran or obstruction over vaat dosha. After that put specific variety of Vata in its own path. Hence while treating the patient we decided first to do dipan pachan karm. Dipan pachan karm will remove the awarana of kapha dosha over vaat dosha. Again dipan pachan also relieve agnimandya. So here we

used rukshan kadha containing patol, devdaru, nirgundi and kutaki. These drug acts on kapha dosh and also pacify the vaat dosha. While acting on kaph dosha if vaat dosha get aggravated it will aggravate the sign and symptom. So it was important to used the drug which acts both on kaph and vaat.

Snehan with til tail and swedan with dashmool kadha again pacify vaat and kapha. After dipan and panchan patient was given basti, panchatikta kshir basti. And after given matra basti. Abhyang with Narayan tail and nasya with brahmi tail. This all acts as balya. Brahmi vati given 2 tablet in night. Brahmi acts on majjadhara kala.

According to biomedicine, patients with GBS achieve full functional recovery within several months to year. So here in this patient recovery was seen in near by three months, which is suggestive of quicker beneficial effects of Ayurvedic treatment plan.

CONCLUSION

So here by this case we can say GBS can be compared with avrutta vaat and has effective treatment in Ayurveda. Ayurvedic treatment is cost effective with minimum or can say no side effect if taken under certified ayurvedic Vaidya. Here in this study nerve conduction problem considered as vatvahini problem and majjavaha strotas dusti. Hence medhya and drug acting on majjavaha strotas like rajat trailokyia chitamani, brahmi vati werw also used.

REFERENCES

1. Dr.Amit Nakanekar and Dr. Harshad Gulhane, "An Ayurvedic approach in management of Guillain - Barre Syndrome: A case study" Research Gate, November 2015.
2. Charaka samhita, chaukhamba prakashana, chikitsastana-28, vatavyadhichikitsa.
3. Charaka samhita, chaukhamba prakashana, chikitsastana-28, vatavyadhichikitsa.
4. Charaka samhita, chaukhamba prakashana, sutrastana-13, Shlok no 12.
5. Charaka samhita, chaukhamba prakashana, sutrastana-13, Shlok no 15.
6. Charaka samhita, chaukhamba prakashana, sutrastana-13, Shlok no 3.
7. Chunekar K.C. (2004) (editor Bhavprakasa Nighantu of Bhavamishra Varanashi: Chaukhambha Bharati Academy).
8. Chunekar K.C. (2004) (editor Bhavprakasa Nighantu of Bhavamishra Varanashi: Chaukhambha Bharati Academy).
9. Chunekar K.C. (2004) (editor Bhavprakasa Nighantu of Bhavamishra Varanashi: Chaukhambha Bharati Academy).
10. Chunekar K.C. (2004) (editor Bhavprakasa Nighantu of Bhavamishra Varanashi: Chaukhambha Bharati Academy).
11. Chunekar K.C. (2004) (editor Bhavprakasa Nighantu of Bhavamishra Varanashi: Chaukhambha

- Bharati Academy).
12. Chunekar K.C. (2004) (editor Bhavprakasa Nighantu of Bhavamishra Varanashi: Chaukhambha Bharati Academy).