

A CASE REPORT ON GUILLAIN BARRE SYNDROME (G B SYNDROME) IN CHILD – AN SUCCESSFUL APPROACH IN AYURVEDA

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ABSTRACT

Guillain Barre Syndrome is an autoimmune disorder encompassing a heterogeneous group of pathological and clinical entities. Antecedent infections are thought to trigger an immune response which subsequently cross reacts with nerves leading to demyelination or axonal degeneration. The condition can occur at any age. One of the earliest descriptions of what we know today as guillian barre syndrome is found in Landry's report on 10 Patients with "ascending paralysis" in 1859. The annual incidence of G B Syndrome is around 1-3/100000 population according to epidemiological studies from Europe, USA and Australia. The age specific curve seems to show a bimodal distribution with peaks in young adults and the elderly. The risk of G B Syndrome is lower during pregnancy and increases after delivery. However, it can occur to children as well which is the common cause of acute flaccid paralysis (AFP) wherein the clinical features are acute paralysis evolving over days or weeks with loss of tendon reflexes. Pain is the most common symptom experienced by the patients. Here is a case report on a child aged 2 and half years suffering from G B syndrome who underwent *Panchakarma* treatment in Ayurveda under 2 phases that include *Sarvanga Abhyanga*, *Sarvanga Shastika Shali Pinda Sweda*, *Dhanyamla Dhara*, *Agnilepa*, *Rajayapana Basti* along with Physiotherapy and there were significant results observed .

Keywords: Guillian Barre Syndrome, Ayurveda, *Panchakarma*.

INTRODUCTION

The earliest description of G B Syndrome is found in Landry's report on 10 patients with ascending paralysis in 1859. In 1916 Guillain, Barre and Strohl described two French soldiers with motor weakness, a-reflexia. Subsequently several cases with similar manifestations were reported and this clinical entity was named after Guillain and Barre¹. Symptoms are preceded by an antecedent event in about two-thirds of patients. Respiratory infections are the commonest reported in about 40% of cases within one month before the onset of the disease. The commonest manifestation is limb weakness more proximal than distal². Pain is a very common symptom experienced by around 90% and is often severe. G B Syndrome is a rare disorder in which the body's immune system attacks the nerves. Weakness and tingling sensation in the extremities are usually the first symptoms. These sensations can quickly spread, eventually paralyzing the whole body and may require hospitalization to receive treatment³. The exact cause of G B Syndrome is unknown but often preceded by an infectious illness such as a respiratory infection or the stomach flu. These infections could be from:

Influenza virus, Cytomegalovirus, Epstein - Barr virus, Zika virus, rarely influenza vaccinations, HIV, Mycoplasma pneumonia etc.

G B Syndrome can occur in several forms. The main types are;

1) AIDP (Acute inflammatory demyelinating polyradiculoneuropathy) – most common type where muscle weakness starts in lower part of the body and spreads upward.

2) MFS (Miller Fisher Syndrome) – where paralysis starts in the eyes also associated with unsteady gait.

3) AMAN and AMSAN (Acute motor axonal neuropathy and acute motor-sensory axonal neuropathy).

In AMAN type the condition is likely to be reversible due to early nodal and periaxonal changes, tendon reflexes could either be preserved or exaggerated

In AMSAN type have both motor and sensory dysfunction characterized by marked muscle wasting and poor recovery.

Though it can be seen in any age group if it occurs in adults or elderly there are chances of slow recovery with residual paralysis, however if it affects children then though rare there is chance of complete recovery.

Panchakarma is one of the important treatment modalities in Ayurveda. *Vata* is the main *Dosha* which is responsible for normalcy as well as vitiation of other two *Doshas* viz, *Pitta* and *Kapha Dosha*⁴. Almost all of the neurological conditions can be grouped under the umbrella of *Vatavyadhi* where *Vata-Upakrama* is needed. Procedures like *Snehana*, *Swedana*, *Samshodhana* etc⁵ are adopted in such conditions.

Case Description

A 2 and ½ year old child was brought to our OPD at Sri Kalabyeshwaraswamy Ayurvedic Medical College, Hospital and Research Centre, Bangalore, accompanied by her parents where the informant (mother)

- c/o her child refuses to stand and walk since 20 days
- Also c/o loss of strength of both lower limbs since 20 days
- And reduced strength in both upper limbs since 18 days

Associated Complaints

- Irritable and cries due to pain due to which there is disturbed sleep since 20 days
- Inability to hold objects since 18 days
- Inability to sit for long time since 18 days

The subject was previously diagnosed as a case of G B Syndrome – type AMAN.

History

- Patient was apparently healthy 20 days ago, when she suddenly fell while playing in the park and was absolutely active and normal that following day. Next day morning when the mother woke her up and made her get off the bed, she noticed that her child was refusing to stand on her feet and was unable to do so. On consulting a doctor on 1st February 2019, they were told it might be due to weakness and were sent back home. Gradually weakness was progressing to Upper limbs as well. The child was unable to stand and also failed to

hold the objects in hand as day passed on consulting a neurologist, they suggested investigations and suspected to be a case of G B Syndrome.

- On 13th February 2019 they consulted our OPD where they gave a history of child suffering from fever and diarrhea just before the onset of main complaints which was treated symptomatically.

Treatment

The treatment was planned in two phases

Phase 1:

- *Sarvanga Dhanyamla Dhara Pariseka*⁶
- *Sarvanga Alepa Chikitsa* with *Agnilepa* (externally)
- *Rajayapana Basti (Yoga Basti pattern)* (For 8 days) coupled with physiotherapy

Table 1: Ingredients of *Raja yapana Basti*

Anuvasana Basti	<i>Dhanvantaram Taila</i> (10 ml) + 1 pinch <i>Saindhava</i>
Niruha Basti	Makshika – 20 ml Lavana - 1.5 g Sneha - (15ml <i>Indukanta Ghrita</i> + 15 ml <i>Dhanvantaram Taila</i> Kalka - <i>Rajayapana Basti Kalka</i> 10g Kwatha - <i>Rajayapana Basti Kwath Siddha Ksheera Paka</i> 30ml, <i>Aja Mamsa Rasa</i> – 30 ml

Phase 2:

- *Sarvanga Abhyanga* with *Ashwagandha Bala Lakshadi Taila*
- *Shastika Shali Pinda Sweda* with *Shastikashali, Balamoola, Mahisha Ksheera Sadhita*
- *Matra Basti* with *Samvardhana Ghrita* 10 ml (For 8 days) coupled with physiotherapy

Oral medications prescribed:

- ✓ *Brihat Vata Chintamani ras*
- ✓ *Abhraka Bhasma*
- ✓ *Giloy Satva*
- ✓ *Tapyadi Loha*
- ✓ *Godanti Bhasma*
- ✓ *Avipattikara Churna* (all this together 1 pinch BD with Honey on empty stomach to lick)

Aravindasava (1 tsp TID with equal quantity of water)
Syp. Bravobol 2tsp TID After food.

Table 2: Observation

Observation	After Phase 1 treatment	After Phase 2 treatment
Pain	++	+
Reduced Strength of Lower Limb	++	+
Reduced Strength of Upper Limb	+	+
Ability to Sit and Stand	Less than 5 minutes with support	Upto 8 minutes without support

The child approached with inability to stand, walk, sit, had no complete neck stability and would cry often and had the fear of fall and would always demand of

OBSERVATION AND DISCUSSION

In phase 1, as the child had suffered from fever for *Ama dosha nirharanartha*, *Sarvanga Dhanyamla dhara* and *Agnilepa* was adopted and *Rajayapna Basti matra* was calculated based on the age^{7,8} of the child where it has both *Shodhana* and *Brimhana* action which is needed in this condition

In phase 2, *Sarvanga Abhyanga* and *Sarvanga Shastika Shali Pinda Sweda* was adopted mainly to bring about *Mardavata*, *Pusti karaka*, *Balya* and *Dhatu sthiratva* purpose and *Matra basti*, a type of *Snehana Basti* was given for *Samvardhana* purpose.

Oral medications were mainly for *Vatahara* and also to improvise general health of the child

Physiotherapy, measures such as electrical stimulation, exercise therapy was done which helped in passive movements also the child gained neck stability and stiffness of limbs were relieved.

her parents support and the child was very temperamental.

After phase 1 treatment, the child stands without support for 5 minutes however still the fear of fall had,

would walk with support and sit for about 10 minutes and had improvised in neck holding ability and was cooperating well to everyone

After phase 2, the child is able to walk slowly by herself without support, can sit by herself, gained strength

CONCLUSION

Though G B Syndrome is a rare disorder that causes immune systems to attack peripheral nervous system. As per Ayurveda classics an attempt is being made to understand in terms of:

- ✓ *Sarvanga Gata Vata Vyadhi (Gatra sphurana, Gatra Bhanjana, Vedana, Sphutana in Sandhi)*
- ✓ *Mamsa-medo Gata Vata (Guru anga, Atyartha toda, Ruk, Atyarta Sramita)*
- ✓ *Kaphavruta Vyana (Sarva gatra guruta, Sarva sandhi asthi ruja, Ati Gati Sanga)*
- ✓ *Kaphavruta Udana (Dourbalya, Guru Gatra, Aruchi)*
- ✓ *Shakuni Graha (Jwara, atisara, anga Shaitilya)*

As this is a case of child, we can consider it to be *Shakuni Graha Roga* in terms of *Hetu, Dosha, Sthana* which are considered important in terms of treatment in Ayurveda. An attempt is being made to understand in terms of *Pittadharakala-Majjadharakala* and also considering the history of *Jwara* that is *Pitta Pradhana*, the first phase of treatment mainly focused on it and the second phase focused on *Vatahara* as well as *Balya* action on the subject. *Basti* is an effective treatment for *vata* and it is considered as *Ardha* as well as *Sarva chikitsa*.

As all *vatavyadhi's* are *apatarpana* in nature and also *Jwara* was a preceding *Vyadhi* hence *Deepana pachana* along with *Mridu Samshodhana* along with *Santarpana Chikitsa* was adopted. this case report gives us an insight about understanding Ayurveda principles and adopting it efficiently which gives us confidence and helps in better understanding the condition in terms of *Arambhaks Doshas* involved.

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