

Ayurvedic Management of Sarvanga Roga W.S.R to Guillian-Barrie Syndrome-A Single Case Report

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ABSTRACT

Guillain-Barre Syndrome¹ is an acute, immune mediated fulminant polyradiculoneuropathy. Its Prevalence² in India at a rate of between 1 and 4 cases per 100.000 annually in the United States, 5000-6000 cases occur per year. Males are at slightly higher risk for GBS than females. In its pathology³ First attack on Schwann cell surface, widespread myelin damage, macrophage activation, and lymphocytic infiltration; variable secondary axonal damage. A case report of 61-year-old female presented with Balakshaya and Karmakshaya in ubhaya urdwa and adhoshaka since 15 days. The case is treated with Panchakarma therapy and oral medications and was found satisfactory results.

MATERIALS AND METHODS: Patient was initially treated with rukshana therapy followed by abhyanga, shashtikashali pinda sweda along with oral medications over 13days.

RESULTS: significant Improvement in motar activities, muscle power improved from 3/5 to 4/5 on bilateral upper and lower limbs and FIM⁴ Score improved from 55 to 78.

DISCUSSION AND CONCLUSION: Sarvanga roga⁵ is a type of vataja nanatmaja vyadhi, treated with Panchakarma along with Shamanaushadhis showed significant improvement in the patient. Patient is able to walk independently and do daily activities without any assistance after the course of treatment thus providing satisfactory results. Hence it can be concluded that Ayurvedic treatments are effective in the management of Guillain -Barre Syndrome providing significant results.

Keywords: Sarvanga roga, Guillain-Barre Syndrome, Sarvanga shastika shali pinda sweda..

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INTRODUCTION

Guillain-Barre Syndrome⁶ is an Acute Inflammatory Demyelinating Polyradiculoneuropathy (AIDP). It is presenting with a rapidly evolving areflexic motor paralysis with or without sensory disturbance. The usual pattern is an ascending paralysis that may be first noticed as rubbery legs. Weakness typically evolves over hours to a few days and is frequently accompanied by tingling dysesthesias in the extremities. The legs are usually more affected than the arms, and facial diparesis is present in 50% of affected individuals. The lower cranial nerves are also frequently Involved, causing bulbar weakness with difficulty handling

secretions and maintaining an airway, the diagnosis in these patients may initially be mistaken for brainstem ischemia. Pain in the neck, shoulder, back, or diffusely over the spine is also common in the stages of GBS, occurring in-50% of patients. As the disease progresses, trunk, intercostal, neck, and cranial muscles may all become involved. In the most severe cases, the patient succumbs from respiratory failure within a few day. Intubation, Plasmapheresis, intravenous immunoglobulin and glucocorticoids are lines of treatment⁹ adopted by bio-medicine practitioners.

A 61 years old female Patient diagnosed as GB Syndrome presented with the Karma Kshaya of all four limbs of Lower

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motor neuron type. As per Ayurvedic classics, this condition can be correlated with Sarvangaroga which was explained in the context of Pakshagata stating that Pakshagata is Ekangaroga and the same afflicting both half of the body i.e. all 4 limbs as Sarvangaroga. By deriving the Kaphavruta Vata Samprapti for Sarvanga roga, the Ayurvedic treatment which was administered in this patient has given the best result.

CASE REPORT: A 61-year-old female patient, from Mandya approached the OPD of Panchakarma Department JSS Ayurvedic Medical College, Mysore. She presented with Weakness of all 4 Limbs since 15 days. She suddenly developed weakness of both lower limbs. Later the weakness gradually increased to involve all 4 limbs, with weakness patient couldn't move the limbs while sleeping, couldn't sit, stand & walk, not even able to flicker her fingers & toes. No history of loss of consciousness, sensory loss, involvement of face, dyspnoea & loss of bladder control. Patient has undergone Plasmapheresis.

PAST HISTORY:

K/C/O Type 2 Diabetes Mellitus under medications and she was

K/C/O Idiopathic Thrombocytopenic Purpura (leukopenia TC-3.87) 2 units of platelets was transfused.

ROGI PARIKSHA:-

Ashtasthana Pareeksha

Nadi- Vatapitta

Mala- once per day

Mutra- 3-4 times/day.

Jiwha- Aliptata

Shabda- Prakritha

Sparsha- Anushnasheetha

Drik- Prakritha

Aakriti- Madhyama

Dashavidha Pareeksha

• Prakriti – vatapitta

• Vikruthi- Vatapitta.

• Satwa, Samhanana – Pravara

• Pramana, Sara – Madhyama

• Saatmya, Aharashakti – Madhyama

• Vyayaama shakti – Avara

• Vayataha -Madhyama.

EXAMINATION:

Systemic examination :-

• Respiratory System - NAD

• cardiovascular system - NAD

• Per Abdomen -NAD

Nervous system:- Central Nervous System-

•HMF-

• Conciousness- conscious

• Oriented to time,palce and person

• Memory-intact

• Speech- normal

• Hallucination and delusion- Absent

1.Tropical changes: Bed sores-absent

2.Atropy and Hypertropy-absent

3.Fasiculation-absent

4.Contracture and contraction-absent

5.Involuntary movements- Tremors: absent

6.Muscle power:

	Right	Left
Upper limb	4/5	4/5
Lower limb	3/5	3/5

7.Muscle tone upper limb-normal lower limb-normal

8.Muscle bulk: upper limb-normal lower limb-normal

9.Reflexes	Right	Left
Biceps	Diminished	Diminished
Triceps	Diminished	Diminished
Ankle	Diminished	Diminished
Knee	Diminished	Diminished

Babinski sign – Bilateral negative

10.Gait- Cant be assessed as patient unable to walk.

Co-ordination test:

1. Finger-to-nose test- bilaterally affected

2. Heel-shin test – cannot perform

3. Dysdiadochokinesia– absent

4. Tandem walking – cannot perform

5. Romberg's test – cannot perform

CRANIAL NERVE EXAMINATION- All cranial

Nerves are intact.

Sensory nerves:

• Tactile sensation, temperature sense - intact

• Tactile Discrimination, Position sense – Intact

• Vibration sense and Stereognosis – Intact.

TABLE 1:

FUNCTIONAL INDEPENDENCE MEASURE (FIM)
ASSESSMENT

1 – Total contact assistance with helper

2 – Maximal contact assistance with helper

3 – Moderate contact assistance with helper

4 – Minimal contact assistance with helper

5 – Supervision or setup with helper

6 – Modified independence with helper

7 – Complete independence

FIM Assessment	Before Treatment	7th day of treatment	15 th day of treatment
Eating	6	6	7
Grooming	6	6	7
Bathing	4	5	6
Dressing Upper Body	3	5	6

Dressing Lower Body	4	6	6
Toileting	4	6	6
Bladder Management	4	6	6
Bowel Management	4	6	6
Transfer bed/chair/wheelchair	4	6	6
Transfer toilet	4	6	6
Transfer bath/shower	4	6	6
Locomotion	4	6	6
Stairs	4	4	4
Motor Subtotal Score (<i>max. score 91</i>)	55	73	78
Comprehension	7	7	7
Expression	7	7	7
Social interaction	7	7	7
Problem solving	7	7	7
Memory	7	7	7
Cognition Subtotal Score (<i>max. score 35</i>)	35	35	35
TOTAL FIM SCORE (<i>max. score 126</i>)	90	108	113

CHIKITSA – KRAMA:

Panchakarma therapy	Duration
1.Sarvanga dhanyamala seka	3 day
2.Sarvanga agni chikitsa lepa	2 days
3.Sarvanga abhyanga with ksheerabala taila followed by nadi sweda	4 days
4.Sarvanga shastika shali pinda sweda	4 days

Shamanaushadhi	Dose
1. Rasaraja rasa	1-0-1
2. Indukantha Kashaya	10ml-0-10ml
4.Anuloma Ds	0-0-1
Advice on discharge	
1. Dhanwantharam Kashaya	10ml-0-10ml
2. Cap ksheerabala	2-0-2
3. tab Anuloma DS	0-0-1

ALLOPATHIC MECICATION:

Tab Diapride M2 forte 1-0-1

Tab Prednolone 30mg 1-0-0

Inj. H actrapid 10-10-8units

PHYSIOTHERAPY: for 13 days

Strengthening exercise – bilateral upper and lower limb

Core muscle Strengthening exercise

Bridging

Sit to stand

Gait training

Side walking

Wide base of support walking

OBSERVATION AND RESULTS:

SIGNS AND SYMPTOMS	BT	AT
Atrophy	Normal	Normal
Muscle power	3/5	4/5
Muscle tone	Normal	Normal
ADL (activities of daily life)	With Assistance	Without Assistance

DISCUSSION:

1. Correlation of GBS with Sarvanga Roga / Kaphāvṛta Vāta

Guillain-Barré Syndrome presents with acute, rapidly progressive symmetrical weakness, areflexia, and motor impairment without cortical involvement, which closely resembles Sarvanga Vāta described in Ayurvedic classics. Ācārya Caraka⁷ explains that when Vāta afflicts the entire body, causing *cestā hāni*, *karma kṣaya*, and *balakṣaya*, it manifests as Sarvanga Roga. The acute onset with heaviness and numbness suggests Kapha āvaraṇa of Vāta, progressing later into Kevala Vāta dominance.

2. Samprāpti Analysis in Light of Modern Pathophysiology
GBS is characterized by immune-mediated demyelination of peripheral nerves, resulting in impaired nerve conduction. From an Ayurvedic perspective, this demyelination can be understood as **Majjā-dhātu dushti**⁸ caused by obstructed and vitiated Vāta. Kapha-induced āvaraṇa initially leads to stagnation (*gurutva*, *suptatā*), while later Vāta prakopa causes degeneration (*śoṣa*, *karma kṣaya*), reflecting the biphasic clinical course of GBS.

3. Rationale of Rukṣaṇa Therapy in the Initial Phase

Initial use of **Dhānyāmla Seka** and **Agni Cikitsā Lepa** was aimed at **āma pācana** and **Kapha nirharaṇa**. Classical texts emphasize that **Snigdha therapies should not be initiated in the presence of āma or āvaraṇa**, as they may worsen the pathology. Rukṣaṇa helps restore Vāta gati by removing obstruction, making subsequent oleation more effective.

4. Therapeutic Role of Abhyanga and Śveda in Nerve Recovery

Abhyanga with **Kṣīrabala Taila**, followed by **Nāḍi Śveda**, pacifies aggravated Vāta and nourishes the neuromuscular system. Taila is described as *Vāta-hara*, *br̥mhaṇa*, and *balya*. Śveda improves peripheral circulation, reduces

stiffness, and enhances neuromuscular transmission, which may parallel improved nerve conduction seen clinically.

5. Significance of Śhaṣṭika Śālī Piṇḍa Śveda (SSPS)

Śhaṣṭika Śālī Piṇḍa Śveda is a **Snigdha-Br̥mhaṇa Śveda**, specifically indicated in conditions involving **dhātu kṣaya** and **neuromuscular weakness**. The nourishing properties of śaṣṭika śālī, milk, and bala-processed taila contribute to **Majjā and Māmsa dhātu poshana**, explaining the observed improvement in muscle power and endurance.

6. Role of Śhamana Auśadhis in Sarvanga Roga

Rasarāja Rasa is a classical formulation indicated in *Pakṣāghāta*, *Sarvāṅga Vāta*, and *Snāyu-majja gata Vāta*.

Indukānta Kaṣāya acts as *Dīpana*, *Pācana*, and *Vāta-Kapha hara*, supporting metabolic correction and strength restoration.

Kṣīrabala (101) is well known for its neuroprotective and regenerative action in Vāta disorders.

These formulations act synergistically to stabilize Vāta, nourish dhātus, and prevent further degeneration.

7. Integration of Physiotherapy with Ayurvedic Principles
Physiotherapy complements Ayurvedic management by reinforcing **Vyāyāma**, **Anga-mardana**, and **Chestā-pratyāvartana**, which are advised after Vāta-śamana. Improved FIM scores indicate enhanced functional independence, aligning with Ayurveda's ultimate goal of *swasthya prāpti* and *karma-sāmarthya*.

Functional Outcome:

The Functional Independence Measure (FIM) score improved significantly from 90 to 113 over 15 days. Muscle power improved from 3/5 to 4/5 in lower limbs, allowing independent mobility.

This aligns with the goals of Ayurvedic management of Vāta-vyadhi, where restoration of bala (strength) and chestha (motor activity) is primary.

CONCLUSION:

This single case report demonstrates that Ayurvedic intervention, particularly Panchakarma therapies and Shamanaushadhis, can play a significant role in the

management of Guillain-Barré Syndrome, interpreted as Sarvanga Roga under the framework of Vatavyadhi. The patient showed marked improvement in both motor function and functional independence, which suggests that timely Ayurvedic management can aid recovery and enhance quality of life in such neurodegenerative conditions.

While more controlled clinical studies are needed, this case provides evidence that integrating Ayurvedic modalities with physiotherapy and necessary conventional support (e.g., plasmapheresis, steroids) can provide a holistic treatment approach.

Declaration of patient consent:

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Scope and Limitations:

Being a single-case study, results cannot be generalized. However, the consistent improvement without adverse effects highlights the **safety and rehabilitative potential of Panchakarma** in immune-mediated neuropathies. Larger controlled clinical trials are warranted.

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