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ROLE OF APATARPANA CHIKITSA IN THE MANAGEMENT OF G.B. SYNDROME

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ABSTRACT

Acute inflammatory demyelinating polyrediculoneuropathy is considered to be an immunological disorder with an acute, often fulminant evolution characterized by a syndrome of rapidly progressive flaccid paralysis, areflexia and albuminocytological dissociation in the CSF fluid, it is popularly referred to as GB syndrome. As per as Ayurvedic concept, based on various clinical presentations of G.B.syndrome, it can be correlated with *Kaphavrutvata, Medavrutavata, Sarvangvata, Urusthambha* too. Thus based on involvement of *Dosha,Dhatu, Mala* and patient condition one should plan the different Ayurvedic line of treatment. *Apatarpana* is considered as one of the *Dwidhopkram* and it includes *Swedan, Rukshana* and *Langhan* . However *langhan* is also synonym for *Apatarpana. Apatarpana* treatment can be practiced as *bahiparimarjan,* i.e *swedana, udgharshana* as well as abhyantara i.e. *kshayapana, asava-arishtapana, guti* etc. Moreover *swedan* can be performed *abhyangapurva (snigdhaswedana)* and without *abhyanga (rukshaswedan)* too.

Key words - G.B.syndrome, *Urusthambha, Swedan ,Rukshan, Langhan*.

INTRODUCTION

Guillian-Barre syndrome is sometimes named as Landry's paralysis, is an acute demylinating polyneuropathy a disorder affecting peripheral nervous system.The most common typical symptom is ascending paralysis i.e. weakness begins in the feet and hands and then progresses towards the trunk[1] .

Depending upon severity of the Gullian – Barre syndrome or its different phases it can be correlated with *Kaphavurut Vaata / Medavurut Vaata / Sarvanga vaata/Urusthambha* too. Thus based on the morbidity of underlying *dosha's* one can plan the line of treatment or medicine. *Apatarpana*[2] is considered as one of the *dwividhopkrama* and under this *swedan, rukshana* and *langhan* are included.

CASE REPORT

A 40 years male patient, occupation engineer, moderate built, living in *Sadharan Desha* with *Vata kaphaj prakruti* having complaints of weakness and heaviness of both lower limbs, pain at both feet,with difficulty in writing and walking since 6 months. Patient had history of *Jvara, Angamard, Aruchi* and *Sandhishool* 6 months back, for which he consulted local physician and took few symptomatic treatment. By this he had little improvement in terms of *Jvara, Angamard, Aruchi* and *Sandhishool* but he felt weakness and heaviness of both lower limbs with difficulty in walking. Then he consulted medicine specialist and was suspected to have G B Syndrome, for confirmation he was advised Nerve conduction study and CT scan of brain and results were Axonal motor neuropathy and no significant changes respectively. Then specialist advised him some steroid line of treatment but still patient felt progression in symptoms with weakness of both upper limbs and difficulty in writing. Then patient consulted me for some *Ayurvedic*

line of treatment.

O/E – CVS – RS- NAD

CNS- Higher motor function-Patient was awake, oriented well responding with good intact memory.

MOTOR- Muscle bulk –Atrophy of lower muscle Muscle tone- Hypotonia

Power –Grade -3Involuntary movements-fine tremor and postural tremor

Sensory –Slight parasthesia on B/L lower limb

Deep tendon reflex-Diminished

Treatment Given: The treatment was planned as

1*Swedan upakarma*

2 Shamana aushadhi

PROCEDURE

1. ***Swedan upakarma***-Type of *swedan*[3]*- Sarvanga, Sagni, Parishek ,Shamanang, Ruksha variety of swedan. Swedan dravya- Nirgundi patra and Shigru patra*

   Method-

   Purva karma-

1. Required material like *Droni*, gas stove, 2 Big vessels, plastic mug, *Nirgundi patra*, *Shigru patra*, towel & cotton blanket, wooden blocks to elevate head end etc.
2. Patient was advised to pass natural urges.
3. Preparation of the medicine**:** 200 grams of *Nirgundi patra* and *Shigru patra* was boiled in16 litres of water & reduced to half quantity. Filtered it to get clear decoction.

   Pradhan karma

2. The prepared decoction was made lukewarm by adding cold water depending upon patient tolerance.
3. Patient was asked to lie down on the *Droni* with minimum cloths in supine position.
4. The temperature of the *kwatha* checked by pouring onto the dorsum of the hand . Two masseurs standing on either sides of the patient poured *kwatha* in a uniform stream with the mugs from a height of 12 inches. *Kwatha* flowing out was collected and used after reheating.
5. Then the patient was asked to lie down in prone position and same procedure was repeated.
6. Fresh *kwatha* was used every day. **Duration:** 30 minutes - 40 minutes. ***Pashchat Karma*:**

   The patient's body was cleaned with soft towel. The patient was advised to take complete rest for at least half an hour covered with cotton blanket, and then the patient was allowed to take warm water bath using bengal gram powder. **Precautions:**

   1. Temperature of decoction was maintained at the same level throughout the procedure.

   2. Flow of stream was uniform and continuous.

   DURATION – *Parishek swedan* was done for 7days continuously every month for 3 consecutive months.

   2. *Shamana aushadhi*

1. *Vyoshachitrakadi kashaya*[4] 15 ml thrice a day after meals with half cup of lukewarm water.
2. *Trayodashang guggulu*[5] two tablets, each 250 mg twice a day after meals.
3. *Brihtvatachintamani rasa*[6] 1 tablet of 250 mg twice a day after meals. Thus, these oral medicines were administered for 45 days.

   Further for next 45 days, following oral medicines were administered.

1. *Vidaryadi Kashaya*[7] - 15ml thrice a day after meals with half cup of lukewarm water.
2. *Amrutbhallatak leha*[8] - 1 tsf in morning with a cup of *Goksheer* on empty stomach.
3. *Shaddharan*[9] tablet of 500 mg at morning and night after meal with lukewarm water.

Results After 45 days –

1. Slight reduction of pain in both feet.
2. Patient was able to walk with support.
3. Limbs weakness was reduced.

Next 45 days-

1. Complete reduction of pain in both feet.
2. Patient was able to walk without support.
3. Limbs strength was increased.
4. Power increased upto grade 4.
5. Improvement in involuntary movements.
6. Parasthesia was completely reduced.

DISCUSSION AND CONCLUSION

Acute inflammatory demyelinating polyradiculoneuropathy is considered to be an immunological disorder with an acute, often fulminant evolution characterized by a syndrome of rapidly progressive flaccid paralysis, areflexia and albuminocytological dissociation in the CSF fluid; it is popularly referred to as GB syndrome[10]. As per as Ayurvedic concept, based on various clinical presentation of G.B. syndrome can be correlated with *Kaphavrutvata, Medavrutavata, Sarvangvata, Urusthambha* too. Thus based on involvement of *Dosha, Dhatu, Mala* and patient condition one should plan the different *Ayurvedic* line of treatment. *Apatarpana* is considered as one of the *Dwidhopkram* and it includes *swedan, rukshana* and *langhan.* In present patient there was *dushti* of *Vata kapha* predominantly hence *ruksha swedan* i.e. without *abhyanga* was planned. *Parishek* is one of the *sagni sweda* where as *swedan* itself acts as *Vataghna* procedure and *nirgundi and shigru patra* are one of the *swedopaga* drvaya and helps in rectification of *Vata kapha pradhan dushti*.

Vyoshachitrakadi kashaya, its contents are of *deepan-pachana, vatanuloman, vata kaphaghna* property. *Trayodashang guggulu* has *Vata kaphagna* property and acts on *Snayugata vaata. Brihtvatachintamani rasa* is balya, considered as one of the best *vataghna* and as it contains *Suvarna* it acts as *Vishaghna* . Thus first 45 days those drugs were administered which possesed properties like that of *Deepan , Pachana, Vatanuloman* and specifically *Vaatakaphaghna*. *Vidaryadi Kashaya* is of *mamnsa vardhana and brihan* property by which it helps in strengthening muscle and increase power. *Amrutbhallatak leha* is one of most peculiar medicine which *contains Guduchi and Bhallatak* as main ingredients, thus it performs *Rasayan* as well as immune modulator and *Vatakaphagna* functions. *Shaddharan tablet* is an important *shaman chikitsa* mentioned in *Medavruta Vaata* and *Amashayagata Vaata which* suggests that it acts as Vaatakaphagna. Thus next 45 days those drugs were administered which posses properties like that of *rasayan, balya, mamnsa vardhan* without inducing *agnimandya, srotoavrodha,* and more over are *Vaatakaphagn.* Thus to conclude, depending upon the clinical presentations of G.B. Syndrome rather planning for only *santarpan chikitsa*(only *vaatopkrama*), first *apatarpan chikitsa* can be planned with taking care for no further aggravation of *vaata* and then *vaatkaphaghn* line of treatment can be planned. As this was just a single case study, it requires further study with larger sample size to establish the demographic and clinical results conclusively.

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