ROLE OF APATARPANA CHIKITSA IN THE MANAGEMENT OF G.B. SYNDROME
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ABSTRACT
Acute inflammatory demyelinating polyradiculoneuropathy is considered to be an immunological disorder with an acute, often fulminating 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, Medavrutvata, 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 abhyantar i.e. kshayapana, asava-arishhtapan, 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 demyelinating 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. Depending upon severity of the Guillain- Barre syndrome or its different phases it can be correlated with Kaphavrut Vaata / Medavrut Vaata / Sarvang Vaata/Urusthambha too. Thus based on the morbidity of underlying dosha’s one can plan the line of treatment or medicine. Apatarpana 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 build, 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 -3 involuntary movements-fine tremor and postural tremor
Sensory – Slight paraesthesia 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 swedan⁴- Sarvanga, Sagni, Parishek, Shamanaang, 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 in 16 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 7 days continuously every month for 3 consecutive months.

2. Shamana aushadhi

1. Vyoshachitrakadi kashaya⁴ 15 ml thrice a day after meals with half cup of lukewarm water.

2. Trayodashang guggulu⁵ two tablets, each 250 mg twice a day after meals.

3. Brihtvatchintamani rasa⁶ 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 Kashaya⁷ - 15 ml thrice a day after meals with half cup of lukewarm water.

2. Amrutbhallatak leha⁸ - 1 tsf in morning with a cup of Goksheer on empty stomach.

3. Shaddharan⁹ 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. Paraesthesia 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 albumino cytological dissociation in the CSF fluid; it is popularly referred to as GB syndrome10. As per as Ayurvedic concept, based on various clinical presentation of G.B. syndrome can be correlated with Kaphavrutvata, Medavrutvata, 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 Vataaghna 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, vatamuloman, vata kaphaghna property. Trayodashang guggulu has Vata kaphagna property and acts on Snayugata vaata. Brihtvatchintamani rasa is balya, considered as one of the best vataaghna and as it contains Suvarna it acts as Vishagyna. Thus first 45 days those drugs were administered which possed properties like that of Deepan, Pachana, Vatanuloman and specifically Vaatakaphagna. Vidaryadi Kashaya is of mamsa vardhana and brihan property by which it helps in strengthening muscle and increase power. Amruthbhallata leha is one of most peculiar medicine which contains Guduchi and Bhallata 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, mamsa vardhana without inducing agnimandya, srootavrodha, 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 vaatakaphaghn 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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