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Homeopathic management of Guillain-Barre syndrome with gelsemium sempervirens: A case report

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Abstract
Guillain-Barré Syndrome (GBS) is a rare autoimmune disorder where the immune system attacks the peripheral nerves, leading to muscle weakness that can progress rapidly. Symptoms range from mild weakness to severe paralysis, potentially affecting breathing and vital functions. While GBS can be life-threatening, most individuals recover, though some may experience lasting weakness [1].
This case report describes a 45-year-old female who developed GBS following diarrhea and respiratory infection, experiencing limb weakness, body pain, acidity, constipation, and psychological distress. After a month of allopathic treatment with limited improvement, homeopathic intervention with Gelsemium sempervirens 200C was initiated. Gradual recovery was observed in muscle strength, pain relief, and emotional well-being. This case suggests the potential role of individualized homeopathy in GBS management, warranting further study.

Keywords: GBS management, Gullian barre syndrome, gelsemium

Introduction
Guillain-Barré Syndrome (GBS) often develops within days or weeks after a respiratory or gastrointestinal infection. One of the primary risk factors is an infection caused by *Campylobacter jejuni*, a bacterium known to trigger gastroenteritis, leading to symptoms such as nausea, vomiting, and diarrhea [2].
In Guillain-Barré Syndrome (GBS), muscle weakness tends to develop rapidly, progressing over hours or days. It often begins in the feet and gradually spreads upward, affecting the legs, arms, facial muscles, and, in severe cases, the muscles involved in breathing. Early signs may include difficulty walking or climbing stairs. In some cases, symptoms start in the face and then extend downward to the lower body. Most individuals experience peak weakness within two weeks, and by the third week, 90% of affected individuals reach the most severe stage of the condition [3].
In Guillain-Barré Syndrome (GBS), nerve damage can cause the brain to receive unusual sensory signals from the body. This may lead to spontaneous sensations, known as paresthesias, which can include tingling, a crawling sensation under the skin (formications), or pain. Many individuals with GBS also experience deep muscular pain, particularly in the back and legs [4].

Causes
Guillain-Barré Syndrome (GBS) is a rare condition with an unclear exact cause. However, it often develops after a bacterial or viral infection, which may trigger an abnormal immune response that attacks the body's own nerves. One of the most common bacterial triggers is *Campylobacter jejuni*, known for causing gastroenteritis with symptoms like nausea, vomiting, and diarrhea. Other viral infections, including influenza, cytomegalovirus, Epstein-Barr virus, and Zika virus, have also been linked to GBS [5].
Although extremely rare, there have been cases where vaccinations have been associated with a slight increase in GBS risk. However, research indicates that infections such as the flu pose a much greater risk of triggering GBS than the vaccines designed to prevent them. In some instances, surgery has also been identified as a potential trigger for the condition [5].

Epidemiology

In Western countries, the annual incidence of Guillain-Barré Syndrome (GBS) is estimated to range between 0.89 and 1.89 cases per 100,000 individuals. The condition is more prevalent among older adults, with the risk increasing by approximately 20% per decade of life. Men are also more likely to develop GBS compared to women, with a higher relative risk. The distribution of GBS subtypes varies across different regions. In Europe and the United States, the most common form is the demyelinating subtype (AIDP), affecting 60-80% of cases, while the axonal variant (AMAN) is less frequent, occurring in about 6-7% of individuals. In contrast, AMAN is more prevalent in Asia, Central, and South America, where it affects 30-65% of cases. These differences may be influenced by genetic factors and varying exposure to infections. Additionally, the Miller Fisher variant is reported to be more common in Southeast Asia [6].

Clinical features

The symptoms of Guillain-Barré Syndrome (GBS) can vary from person to person. The initial signs often include weakness or tingling in the legs, which may gradually extend to the arms and upper body. Some individuals also experience pain in the back, arms, or legs [7].

A neurological examination often shows a complete loss of deep tendon reflexes. As the condition progresses, symptoms may worsen, leading to significant muscle weakness or even paralysis. In severe cases, breathing can become difficult, and vital functions such as blood pressure and heart rate may be affected. Guillain-Barré Syndrome (GBS) is a medical emergency that requires immediate treatment [8].

In severe cases, Guillain-Barré Syndrome (GBS) can be life-threatening. Despite receiving proper medical care, there is a slight risk of fatality. However, the majority of individuals recover almost completely. Some may continue to experience fatigue and pain, while approximately 3 in 20 people develop lasting weakness that may require assistance with walking [9].

Diagnosis [10]

- The symptoms of Guillain-Barré Syndrome (GBS) can vary, making early diagnosis challenging. However, certain key characteristics help distinguish GBS, including.
- Symptoms affecting both sides of the body.
- Rapid onset, appearing within hours to weeks rather than months.
- Loss of reflexes.
- Elevated protein levels in Cerebrospinal Fluid (CSF), which surrounds the brain and spinal cord.
- To confirm a diagnosis, the following tests may be conducted.
- **Spinal tap (lumbar puncture):** A needle is inserted into the lower back to collect a sample of cerebrospinal fluid. This helps assess protein levels and check for infections or other abnormalities.
- **Electrodiagnostic tests (EMG and NCV):** These tests evaluate nerve and muscle function by measuring electrical activity and response. Electrodes are either placed on the skin or inserted into muscles to detect abnormalities.

Case summary

A 45-year-old vegetarian female from a middle-class background in a rural area visited the OPD at Government Homoeopathic Medical College & Hospital near Kaliyasot Dam, MACT Hill, Bhopal, Madhya Pradesh, India, on 7th April 2024. She was admitted with complaints of inability to move her body and pain throughout the body, along with acidity and constipation. One month prior, the patient experienced diarrhea for 2 to 3 days, followed by coryza and fever for another 2 to 3 days. Within a week, she developed an inability to move her fingers and toes, with the lower extremities being affected first. The movement in the upper extremities was present, but she experienced difficulty gripping or holding anything. The complaints have been progressively increasing day by days.

Treatment history

Patient took allopathic treatment, admitted in allopathic hospital for 1 month takes symptomatic treatment then discharged with advice for physiotherapy.

Past history

Migrane 1 year back, either left or right sided with Nausea and vomiting.

Family history

Mother: Sciatica, hypertention.

Mental generals

1. Anger on children, when not follow things (especially on son).
2. Irritability when sleep disturb.
3. Anxiety children about.
4. Image conscious.
5. One person takes money via her with many people and then he walks away, and all people blame on her that she takes money & they want that she returns their money.
6. Anger contradiction from.
7. Overthinking.
8. Anxiety future about.
9. Hopeful recovery about.
10. Delusion wealth of.
11. Fear of losing, self-control.
12. Ailment from bad news.
13. Forsaken feeling, lamenting about complains.
14. Fear ordeals.

Physical generals

Though her appetite remained normal, a deep fear gripped her heart every time she sat down to eat. Would this meal worsen her condition? Would her body react against it? These thoughts plagued her mind, making each bite feel like a risk. Yet, she longed for flavors-sour, salty, and sweet foods. They called out to her taste buds, but when she ate, everything seemed tasteless, as if life itself had lost its flavor.

Her thirst remained intact, and she drank 8 to 10 glasses of water a day, but relief never came. Constipation troubled her small, difficult stools passed with great discomfort. Even worse, urination had become a torment. The catheter that had been placed for medical reasons now felt like an instrument of suffering, causing pain with every drop.

Bitterness lingered in her mouth not just in taste, but in feeling. It was as though her body reflected the emotions trapped within her. She had always been a chilly person, preferring warmth, but now her body had betrayed her once again. Suddenly, heat felt unbearable, her skin growing sensitive to even the mildest warmth.

At night, she lay on her back, trying to sleep. Her body rested, but her mind did not. Dreams haunted her. In the darkness of her mind, she saw images of murder, of blood, of people suffering in hospitals. These nightmares clung to her, refusing to let her go even when she woke up. Were they mere dreams, or was her subconscious crying out for help?

She was trapped between pain and uncertainty, between fear and hope. Would she escape this torment? Would she ever feel whole again? These questions loomed over her, unanswered, as she fought to reclaim her life.

General examination

1. Blood pressure-130/90 mmHg.
2. Pulse rate-90bpm
3. Temperature-99.60f
4. Respiratory rate-18/min

Analysis and evaluation of symptoms as per Dr. JT Kent

Mental general	Physical general	Particulars
1. Anger on children, when not follow things (especially son). 2. Irritability when sleep disturb. 3. Anxiety children about. 4. Image conscious. 5. One person takes money via her with many people and then he walks away, and all people blame on her that she takes money & they want that she returns their money. 6. Anger contradiction from. 7. Overthinking. 8. Anxiety future about. 9. Hopeful recovery about. 10. Delusion wealth of. 11. Fear of losing, self-control. 12. Ailment from bad news. 13. Forsaken feeling, lamenting about complains. 14. Fear ordeal.	1. Apetite-Normal, but fear of eating. 2. Desire-Sour, Salty, Sweet food. 3. Aversion N.S 4. Thirst-8-10 glass/day 5. Stool-constipated, in small quantity stool passes 6. Urine-(Painful due to catheter). 7. Mouth-Bitterness 8. Taste-Tasteless 9. T/R-chilly but at present sensitive to heat. 10. Sleep-Normal, supine position 11. Dreams-Dreams of Murder, Hospital. 12. Perspiration-scanty. 13. Urine-painful due to catheter.	1. Inability to move body, pain in whole body, along with acidity and constipation. 2. Severe pain and burning during & after passing stool. 3. Urination painful due to catheter.

Totality of symptoms

1. Ailments from-bad news.
2. Confusion of mind-identity as, to his,
3. Delusion-person-other person, she is some.
4. Ailments from-anticipation.
5. Fear-Ordeals, of.
6. Fear-self-control, of losing.
7. Anxiety-future, about
8. Lamenting-pain about.
9. Rectum-pain, burning**.**
10. Desire-Sour, Salty, Sweet food.

Repertory used: Synthesis repertory by Fredricke schroyens

Software used: Synthesis App 1.3 [v.135]

Repertorial analysis

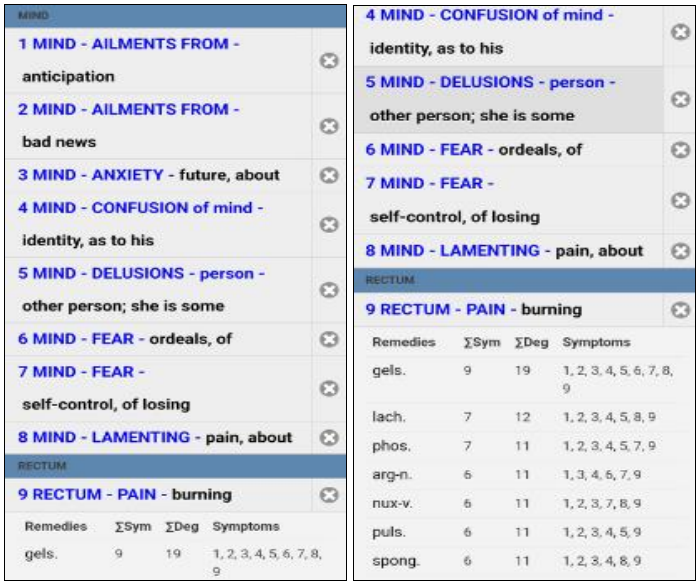

Fig 1: Repertorial analysis showing the comparison of remedies based on totality of symptoms. The chart illustrates the scoring of various remedies such as gelsemium, lachesis, phosphorus, argentum nitricum in treating Guillain Barre Syndrome

Reportorial result
Gels-19/9
Lach-12/7
Phos-11/7
Arg-n-11/6

Final selection of medicine with comments regarding selection of remedy
Gelsemium is the final selected medicine on the basis of covering totality of symptoms and repertorisation.
Anger and irritability on children.
Anxiety Children about, Anxiety future about, hopeful recovery about, delusion wealth of, Anger contradiction from overthinking (anticipation), fear of losing self-control, fear of ordeal, delusion identity about her, lamenting pain about.

Prescription
Rx

Gelsemium 200
Bd/3days
4 globules (30 no) empty stomach early in morning and evening half hour before meal.
Rubrum Metallicum 200
Bd/5days, 4globules (30 no) empty stomach early in morning and half hour before meal in evening.

Follow up

Date	Change in symptoms	Prescription
07/04/24	Inability to move body with pain in whole body. Severe burning pain before and after stool.	Gelsemium 200 Bd/3days
13/04/24	Patient able to move extremities slightly, patient able to walk with support Patient feels better.	Gelsemium 0/1 Od/7 days
15/06/24	Relief in all complaints, patient able to walk properly movement of extremities proper but gripping of hands still weak.	Sac lac 200 / Bd/15 days

Discussion
A 45-year-old vegetarian female, she was admitted with complaints of inability to move her body and pain throughout the body, along with acidity and constipation. One month prior, the patient experienced diarrhea for 2 to 3 days, followed by coryza and fever for another 2 to 3 days. Within a week, she developed an inability to move her fingers and toes, with the lower extremities being affected first. A proper case was taken, and on the basis of repertorial totality, Gelsemium was prescribed. 206 Sixth Edition [11].
Before commencing the treatment of a chronic disease, it is necessary to make the most careful investigation1 as to whether the patient has had a venereal infection (or an infection with condylomatous gonorrhoea) for then the treatment must be directed towards this alone, when only the signs of syphilis (or of the rarer condylomatous disease) are present, but this disease is very seldom met with alone nowadays. If such infection have previously occurred, this must also be borne in mind in the treatment of those cases in which psora is present, because in them the latter is complicated with the former, as is always the case when the symptoms are not those of pure syphilis; for when the physician thinks he has a case of old venereal disease before him, he has always, or almost always, to treat a syphilitic affection accompanied mostly by (complicated with) psora, for the internal itch dyscrasia (the psora) is far the most frequent fundamental cause of chronic diseases. At times, both Miasms may be complicated also with sycosis in chronically diseased organisms, or, as is much more frequently the case, psora is the sole fundamental cause of all other chronic maladies, whatever names they may bear, which are, moreover, so often bungled, increased and disfigured to a monstrous extent by allopathic unskillfulness.
1 In investigations of this nature we must not allow ourselves to be deceived by the assertions of the patients of their friends, who frequently assign as the cause of chronic, even of the severest and most inveterate diseases, either a cold caught (a thorough wetting, drinking cold water after being heated) many years ago, or a former fright, a sprain, a vexation (sometimes even a bewitchment), etc. These causes are much too insignificant to develop a chronic disease in a healthy body, to keep it up for years, and to aggravate it year by year, as is the case with all chronic diseases from developed psora. Causes of a much more important character than those remembered noxious influences must lie at the root of the initiation and progress of a serious, obstinate disease of long standing the assigned causes could only rouse into activity the latent chronic Miasm.

Conclusion
The case shows the positive results of homoeopathic constitutional medicine selected on the basis of individualization and totality of symptoms in case of Guillain Barre Syndrome.

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