

## STROTAS BASED APPROACH TO SAMPRAPTI AND CHIKITSA IN JWAROTTAR UPDRAVA OF GUILLIAN – BARRE SYNDROME

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### ABSTRACT

In ayurveda *strotas* are considered as the vital channels responsible for the transportation and circulation of substances within the body. Distribution in multiple *strotas* may result in severe systemic disorders that require a multidimensional therapeutic approach. GBS, rapidly progressive neuromuscular disorder may be interpreted through the ayurvedic perspective as a manifestation of *jwarottar updrava* occurring after prolonged or severe *jwara*. This article explores a single case observational study of a 36 years old male patient who developed bilateral paralysis and respiratory compromise following viral fever. The condition was managed with a *strotas*- oriented ayurvedic treatment protocol focusing on *rasavaha*, *pranavah*, *majjavah*, *medovaha* and *mutravaha strotas*. The patient showed gradual clinical improvement

including stabilization of vitals, improved alertness, reduction in ventilator dependence and recovery of motor functions. The case highlights the importance of a holistic *strotas* based therapeutic framework in the management of complex systemic and neuromuscular disorders.

### INTRODUCTION

The concept of occupies a central place in ayurvedic physiology and pathology. The classical definition states- “स्वणात् स्रोतांसि”, meaning “the channel through which substances flow or are transported.”

When these channels are affected at multiple levels, pathology may become systemic and severe. Such conditions demand comprehensive *chikitsa* aimed not only at symptom relief but also at restoring the integrity and functions of the affected *strotas*.

The present case began with *aagantuj jwara* (viral fever), which subsequently progressed into a chronic condition or *jirn jwara* state. According to ayurvedic understanding prolonged fever causes *dhatu daurbhya* and *dhatu kshaya*. Eventually the patient developed neurological manifestations resembling GBS, which may be interpreted as a *jwarottar updrava* involving primarily *majjavaha strotas* along with *pranavaha strotas*.

Charak samhita, chikitsa sthana, chapter 3 verse number 291-292,

- तत्रादौ सर्पिषः पानं कफपित्तोत्तरो न चेत्।
- दौर्बल्याद्देहधातूनां ज्वरो जीर्णोऽनुवर्तते ॥ २९१ ॥
- बल्येः सम्बृंहणैस्तस्मादाहारैस्तमुपाचरेत् ।
- कर्म साधारणं जह्यात्तृतीयकचतुर्थकौ ॥ २९२ ॥

It explains that in *jirna jwara* excessive depletion of *dhatu* occurs and nourishing (*bhrumhana*) and strengthening (*balya*) therapies become necessary.

These references emphasize the need for restorative management through proper *aahar* and *vihara* in chronic febrile conditions.

Further classical reference describing involvement of deeper *dhatu* in *jwara* are

- मांसधातुगत ज्वर - अन्तर्दाहः सतृण्मोहः सग्लानिः सृष्टविकता । दौर्गन्ध्यं गात्रविक्षेपो ज्वरे मांसस्थिते भवेत् ॥
- अस्थिधातुगत ज्वर - विरेकवमने चोभे सास्थिभेदं प्रकूजनम् । विक्षेपणं च गात्राणां श्वासश्वास्थिगते ज्वरे ॥ ८० ॥
- मज्जधातुगत ज्वर - हिक्का श्वासस्तथा कासस्तमसचातिदर्शनम् । मर्मच्छेदो बहिः शैत्यं दाहोऽन्तचैव मज्जगे ॥

These descriptions correlate with systemic weakness, respiratory compromise and neuromuscular involvement seen in the present case.

## AIM

To evaluate the role of a *strotas* – based ayurvedic therapeutic approach in the management of *jwarottar updrava* presenting as GBS.

## OBJECTIVES

- 1) To understand the concept of *dhatugata jwara* and *jwarottar updrava*.
- 2) To understand the concept of *strotas* - based therapeutic regimen.
- 3) To observe the clinical relevance of *strotas* oriented line of treatment.

## MATERIALS AND METHODS

Single case observational study.

Patient information: Age – 36 years, male

Chief complaints – *aagantuja jwara* (viral fever)

- High grade fever
- Rapid onset of paralytic symptoms

Present illness: The patient was admitted to the hospital for approximately 3 weeks with the following complications

- Pleural effusion
- Bilateral paralysis
- Respiratory compromise requiring BiPAP ventilation 40%
- Anxiety
- *Raktmutrata* (heamaturia)

## ASSESSMENT OF STROTAS

1. Involvement: The following *strotas* were considered predominantly involved
  - *Rasavaha strotas* – *jwara*, excessive fatigue, anxiety
  - *Pranavaha strotas* – respiratory compromise
  - *Majjavaha strotas* – neuromuscular involvement, paralytic manifestations
  - *Medovaha* and *mutravaha strotas* – *raktmutrata* (heamaturia)

## TREATMENT PROTOCOL

The patient was administered a compound ayurvedic regimen comprising the following formulations

- *Shrung bhasma* - best in *pranavaha strotas dushti*, *jwaraghna* and *balya*.

- *Abhrak bhasma* - urah balya, best in indriya shosha, rasayana.
- *Makshik bhasma* - hrudya, good in vikara due to pitta prakop.
- *Tapyadi loha* - dhatuposhankara, balya, has shilajeet hence rasayana
- *Ashwagandha vati* - brumhana
- *Guduchi Ghana vati* - jwaraghna, rasayan
- *Suvarna sutshekhar vati* - good for heart and lungs, survana – rasayana, soothing effect on vattavaha strotas
- *Lakshamivilas vati* - hrudya, hrudayotejaka, best in vattakaphaja jwara.

All medicines were administered in powdered form, prepared from 14 tablets of each *kalpa*, divided into 3 doses daily for 7 days.

### MONITORING PARAMETERS

The patient was regularly assessed on the basis of

- Blood pressure and pulse stability
- Respiratory functions and ventilator requirement
- Motor response
- Level of alertness

### RESULTS

- 1) After 7 days – The BP and pulse was seen stabilizing, the patient was more alert. was continued on BiPAP ventilation (40%) but developed intermittent spontaneous breathing. Same treatment was continued for another 7 days.
- 2) After 14 days – Significant improvement in alertness, ventilator support was removed after gradual improvement over 5 days. Motor response began returning. Gradual improvement in respiration, fatigue and neurological status was observed.

### DISCUSSION

This case demonstrates the clinical relevance of the *strotas* –based therapeutic framework in managing complex systemic illness. The *chikitsa* directed towards *pranavaha strotas* likely contributed to improved respiratory independence. Simultaneously *rasayana* and *balya chikitsa* supported the systemic recovery and strength by nourishing the *dhatu* and enhancing the functional role of *rasavaha strotas*. Supportive measures for *majjavaha strotas* appeared to aid neuromuscular recovery, resulting in gradual return of motor functions. The staged improvement observed in this patient including stabilization of vitals, improved alertness,

reduced ventilator dependency and neurological recovery suggests that addressing multiple *strotas* simultaneously can provide beneficial outcomes in severe *jwarottar updrava* conditions such as GBS.

The ayurvedic interpretation of GBS in this context emphasizes the importance of understanding systemic pathology through the lens of *strotas dushti* and *dhatu* involvement rather than focusing solely on isolated symptoms.

## CONCLUSION

A holistic *strotas* – based ayurvedic management approach demonstrated encouraging results in a severe acute paralytic condition associated with respiratory compromise.

The concept of *strotas* provides a valuable framework for understanding disease progression at subtle and systemic levels. By targeting the affected *strotas* and supporting *dhatu* nourishment, ayurvedic *chikitsa* may contribute significantly to recovery in complex post-febrile neurological disorders such as GBS. Further clinical studies with larger sample sizes are required to validate the effectiveness of this approach.

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