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REVIEWER'S REPORT

Manuscript No.: IJAR-58188

Title: Concept-to-Clinical Ayurvedic Management of Guillain Barr Syndrome with Special Emphasis on Ahara (Diet) and Yoga: A Narrative Review

Recommendation:
Accept after minor revision

Rating	Excel.	Good	Fair	Poor
Originality			✔	
Techn. Quality		✔		
Clarity		✔		
Significance	✔			

Reviewer's ID: JPR-Bilqees Hamza

Detailed Reviewer's Report

The manuscript entitled "Concept-to-Clinical Ayurvedic Management of Guillain-Barré Syndrome with Special Emphasis on Ahara (Diet) and Yoga: A Narrative Review" presents a well-conceptualized, integrative framework aimed at addressing the prolonged rehabilitation challenges associated with Guillain-Barré Syndrome (GBS). GBS is globally recognized as a leading cause of acute flaccid paralysis, characterized by an acute, immune-mediated inflammatory polyneuropathy that induces rapidly progressive symmetrical weakness, sensory disturbances, areflexia, and autonomic instability. While contemporary emergency medical advancements, specifically intravenous immunoglobulin therapy and plasmapheresis, have remarkably enhanced survival rates and managed the acute crisis of the disease, the subsequent phase of long-term recovery remains a daunting clinical hurdle. A substantial proportion of patients face residual neuromuscular weakness, profound fatigue, neuropathic pain, and severe psychological distress, which collectively compromise their long-term quality of life. The authors of this review identify this critical therapeutic gap in conventional convalescent care and propose a supportive, multi-dimensional rehabilitation paradigm rooted in traditional Ayurvedic principles, specifically leveraging specialized dietary adjustments (Ahara) and structured yogic practices (Yoga).

Through a detailed narrative approach, the paper provides a systematic translation of GBS pathophysiology into classical Ayurvedic diagnostic terms, situating the syndrome within the expansive domain of Vata Vyadhi. The authors construct a sophisticated etiological and pathological pathway, postulating that an antecedent infection acts as an external trigger, or Agantuka Nidana. This initial disruption impairs the metabolic and digestive fire, leading to Agnimandya and the subsequent generation of Ama, which represents toxic, undigested metabolic byproducts. The accumulation of Ama induces

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systemic channel blockage, termed Srotorodha, which directly impedes the optimal flow of physiological energy and localizes severe Vata Prakopa within the specialized channels governing neuromuscular function, specifically the Snayuvaha and Majjavaha Srotas. Over time, this unresolved obstruction and localized energetic imbalance lead to progressive tissue depletion, or Dhatu Kshaya, severely affecting the ligaments, muscles, bones, and nervous tissues (Snayu, Mamsa, Asthi, and Majja). By mapping out this detailed internal cycle, the manuscript successfully establishes a logical, traditional rationale for using specific Vata-pacifying, strengthening (Balya), and rejuvenative (Rasayana) dietary regimens alongside targeted yogic movements to safely complement modern neuromuscular rehabilitation and accelerate functional recovery.

The manuscript possesses several distinct academic and clinical merits that contribute meaningfully to the growing literature on integrative medicine and neurorehabilitation. A primary strength lies in the authors' ability to construct a highly coherent, logical bridge between ancient Ayurvedic pathophysiology and modern neurobiology. Translating the biomedical phenomena of post-infectious molecular mimicry and autoimmune-mediated peripheral nerve demyelination into the traditional concepts of Agantuka Nidana, Ama formation, and subsequent Srotorodha is an innovative intellectual exercise that feels both intuitive and scientifically grounded. This conceptual alignment successfully validates the therapeutic application of traditional modalities without compromising or challenging the necessary role of acute biomedical interventions.

Furthermore, the integration of Table 1 serves as a highly effective clinical tool, summarizing complex dietary principles such as Vata-Shamaka, Snigdha, Balya, Deepana-Pachana, and Rasayana Ahara, and pairing them with specific food examples and expected physiological benefits. This presentation allows clinicians to easily grasp how theoretical Ayurvedic concepts translate into tangible, everyday dietary interventions for a recovering patient.

Additionally, the review rightly emphasizes the holistic, multidimensional utility of Yoga, highlighting not only the physical benefits of Sukshma Vyayama and gentle asanas for muscle activation and joint mobility, but also the physiological and psychological advantages of regulated breathing techniques and deep relaxation practices like Yoga Nidra. Given that respiratory muscle weakness is a potentially life-threatening concern in GBS and that prolonged physical disability frequently induces severe anxiety and depression, addressing the mind-body continuum is a major highlight of this work. Finally, the authors maintain a commendable level of professional objectivity and scientific realism throughout the paper, explicitly stating that Ayurveda cannot replace emergency medical interventions during the acute phase

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of GBS, thereby positioning it appropriately as a supportive, complementary strategy during convalescence.

Improvements and Critical Refinements

Despite the overall high quality and conceptual clarity of the narrative review, several critical refinements are necessary to elevate its academic rigor, methodological transparency, and clinical applicability. First, the section detailing dietary interventions, while theoretically sound from an Ayurvedic perspective, requires a deeper biochemical and nutritional contextualization to appeal fully to a contemporary biomedical audience. When recommending specific substances such as Ghrita, milk, sesame oil, almonds, and dates, the authors should explicitly elaborate on their modern nutritional profiles. It would be highly beneficial to discuss how the essential fatty acids, specific antioxidants, vitamins, and minerals contained in these foods directly facilitate cellular repair, decrease systemic inflammation, and support myelin sheath regeneration and axonal health within the peripheral nervous system.

Second, the description of Yogic interventions currently lacks a structured clinical progression model. While the authors mention several beneficial postures such as Tadasana, Bhujangasana, and Setu Bandhasana, they do not delineate how these practices should be phased or safely sequenced based on the patient's varying stages of physical recovery or the severity of residual neurological deficits. Because GBS patients are highly susceptible to muscle fatigue and potential autonomic instability, the manuscript must include specific precautions and emphasize the necessity of strict physiological monitoring during these exercises.

Third, the methodology of this narrative review remains entirely unaddressed. To improve scholarly transparency, the authors should insert a brief paragraph outlining their literature search strategy, including the specific databases searched, key search terms utilized, and the criteria used to select both the biomedical literature and the classical Ayurvedic texts. Lastly, the scientific backing of the paper would be significantly strengthened by integrating references to recent clinical trials or pilot studies that have evaluated the efficacy of yoga or specific nutritional protocols in treating peripheral neuropathies or general autoimmune recovery, thereby anchoring the traditional framework in modern empirical evidence.

Final Recommendation

In conclusion, this manuscript provides a compelling, timely, and highly organized conceptual framework for utilizing traditional Ayurvedic dietary principles and yogic practices as supportive measures in the long-term rehabilitation of Guillain-Barré Syndrome. By successfully blending the holistic insights of Swasthavritta with modern neurorehabilitation demands, the authors address a frequent and significant gap in long-term patient care. The paper is well-written, follows a logical academic narrative, and

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respects the clinical boundaries of both conventional and traditional medical systems. Therefore, I highly recommend this article for publication in the journal, subject to minor revision. Addressing the outlined suggestions—specifically expanding on the modern biochemical mechanisms of the recommended foods, developing a structured progression and safety model for the yogic exercises, and briefly clarifying the search methodology—will drastically enhance the depth, impact, and scientific authority of this valuable contribution to integrative healthcare literature.