

## Research Paper

# Impact of COVID-19 on Spiritual Practices: A Study among the Adults of Rajasthan, India

Shruti Tandon<sup>1</sup> and Vartika Jain<sup>2\*</sup>

<sup>1</sup>Assistant Professor

Department of Sociology, Government Meera Girls' College,  
Udaipur, Rajasthan, India

<sup>2</sup>Assistant Professor

Department of Botany, Government Meera Girls' College,  
Udaipur, Rajasthan, India

\*Corresponding author Email: [vartikabotany@gmail.com](mailto:vartikabotany@gmail.com)

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### ABSTRACT

*The COVID-19 pandemic has affected every aspect of human life whether it is health (physical and mental), economy, ecology, social connections, and spiritual belief systems either in positive or negative manner across the world. The exponential death rate caused a sense of fear and anxiety besides other psychological symptoms. Spiritual practices are often said to improve mental health, but, unfortunately, due to the lockdown scenario, the religious places were closed and people were confined to their homes to follow any spiritual routine which they have. In the present study, the main emphasis was to know that whether the adult population (n=118) living in Rajasthan performed any spiritual activity during the pandemic lockdown period from April-June 2020 and if yes, for what kind of benefits they continued or began the spiritual practices. Interestingly, 71% respondents told that happiness was increased after doing spiritual activities, 70% told that self-confidence was increased, 65% revealed that it reduced stress and 55% told that it helped to increase acceptance towards unfavorable situations. The top three spiritual activities performed were doing or listening to devotional songs, worship, and meditation. Notably, 90% of respondents affirmed that they will be continuing their spiritual practices even after the COVID-19 lockdown is over. Though, the sample size is small, it indicates towards the orientation of people towards spiritual activities during the period of pandemic. However, to be more conclusive, further studies with specifically developed mental health and well-being tests on a larger sample size should be carried out.*

**KEYWORDS:** Spirituality, Meditation, Rituals, Lockdown, Anxiety

## INTRODUCTION

The COVID-19 pandemic has caused unprecedented changes in life throughout the entire globe. People also experienced mental and psychological problems, such as anxiety, depression, and moral distress, in addition to physical, social, economic, and political difficulties. The life of people was affected not only physically, psychologically, socially but religiously and spiritually as well<sup>1,2</sup>. The causal agent, SARS-CoV-2 spread quickly from person to person, prompting the implementation of regional lockdowns to stop the disease's further spread. To help in breaking the chain of virus transmission, isolation, social exclusion, and the closing of workplaces, entertainment venues, and educational institutions, forced everyone to stay at home<sup>3</sup>. However, it is undeniable that the punitive measures have had an adverse impact on people's social and mental wellbeing in general resulting in stress, anxiety and a feeling of helplessness<sup>4</sup>.

Religious and spiritual pursuits can be an effective resource for coping with difficulties such as illness, death, fear of unemployment and social isolation by providing psychological as well as social support<sup>5</sup> and also helping to create a sense of certainty in the period of uncertainty in the face of circumstances created during COVID-19 pandemic<sup>6,7</sup>. Leung<sup>8</sup> has shown that depression, anxiety, and stress were raised to 14.1%, 25.4%, and 8.8% respectively in 2020 COVID-19 pandemic as compared to 2018 in tertiary students aged 17-24 years in Hong Kong and a weakened role of spirituality was observed for protection of psychological health. Recently, a study among adults of Malaysia (n=280) has shown that there is a link between fear of COVID-19 and spirituality toward mental health and spirituality also possess the mediating role in the relationship between fear of COVID-19 and mental health<sup>9</sup>.

Spiritual activities have been acknowledged as a potent coping strategy for handling traumatic and life-altering experiences<sup>10</sup>. Research studies have revealed that spirituality is the main source for the well-being in physical, emotional and mental spheres among several families<sup>11</sup>. Spirituality has assisted people in making decisions and coping with stress during difficult phases in the life<sup>12</sup>. People who practice spiritual values can overcome depression and anxiety<sup>13-15</sup>. Brown *et al.*<sup>16</sup> have shown that the spirituality has a significant effect on anxiety and depression and people having a higher level of spirituality have a reduction in their mental illness. Therefore, the role of spirituality for good mental health is an important dimension of well-being.

Religion is the collective belief that has been supported by religious texts. Religion is defined as a personal or institutional framework of religious attitudes, beliefs, and practices; it also refers to the worship and service of a supernatural being or deity. For those who believe in a transcendent reality, religion represents their core way of life. However, religion and spirituality both are different from each other.

The ability to transcend oneself through knowledge and love, that is, to go beyond oneself in relation to others and so

transcend oneself as self-enclosed monads is what is referred to as spirituality. It is a developed rationality. Spiritual concepts can be gleaned from established faiths or acquired through time through one's own life experiences. Spirituality is a personal journey that can be led or taken on your own. It is the essence that seeks to motivate a person. As a result, spirituality is a journey, and each person takes a different route.

The regular or continuous performance of actions and activities conducted with the intention of fostering spiritual development is referred to as a spiritual practice. It significantly contributes to people's strong spiritual powers, and when people are encouraged by this spiritual faith, they can strengthen their resistance to any challenges. Higher levels of mental and physical health have been linked to spiritual well-being. In order to manage and cope with the effects of stressful circumstances, spiritual resources can be a useful source of resilience.

Epidemiologists have been attempting to determine if spirituality and religion are connected to mortality and health<sup>17</sup> and now, the majority of internal medicine experts have a favorable view on spirituality<sup>18</sup>. This study attempts to find out that whether the spirituality as a spiritual activity mediates between a person's mental health and well-being during the COVID-19 pandemic or not.

## METHODOLOGY

Data collection, while usually done through personal contact and manually, proved to be a challenge due to the lockdown and social distancing protocols for COVID-19 pandemic. Thus, for this study, a Google Form was created considering the freedom of response, confidentiality and anonymity for the participants. This Google Form was sent through email and social media (Whatsapp and Facebook) during the months of April-June 2020 to the adults in various parts of Rajasthan. Twenty five questions (both open and close ended) were framed based on the basic demographic information along with personal and psychological impact of COVID-19, on the use of natural resources in spiritual practices, role of spiritual practices in physical and mental well-being, type of the spiritual activities (meditation, yoga, havan, devotional songs/chanting mantras etc.) they performed during COVID-19 to reduce their stress and fear of pandemic were also asked.

For this study, the representative sample was of 118 adults living in various parts of Rajasthan which included 46.61 percent males and 53.38 percent females. Prior informed consent was obtained from the respondents and assurance was given for their data privacy.

Information on the socio-demographic characteristics of the respondents were collected including age, gender, educational level, employment status, marital status and income. Descriptive statistics as number and percentage were used for data representation.

## RESULTS AND DISCUSSION

India is a land of unity and diversity but the unity of faith underlies among the religious, lingual and cultural diversity. Rajasthan, as the largest state of the country in area is having a unique culture incorporating several traditions, rituals, fairs and festivals based on religious faiths. COVID-19 pandemic and the corresponding lockdown measures exerted a significant impact on all features of daily life, including work, school and family routines. Religious behavior, spiritual practices, social gatherings, rituals, collective prayers etc. were also affected during the pandemic. The main purpose of the current study was to assess the role of spiritual-religious coping regarding fear and anxiety in relation to COVID-19 among the adults of Rajasthan.

Table 1 show that more than a half (53.3%) of the respondents were females and the other (46.6%) were males. Our

respondents were adult meaning those individuals who were 18 years or above were asked to fill the questionnaire in the form of Google form. It is interesting to note that the highest number of respondents (41.5%) was aged from 30 to 45 years. This age group has many responsibilities to fulfill related to family. But in the study, the highest number of respondents shows the inclination of young adults towards spiritual practices. Little less than three-fourth (71.1%) of respondents was married and remaining 28.8% were unmarried. Sixty four percent of the respondents were employed and the remaining 36% were unemployed (3%), students (19%), homemakers (10%) and retired persons (4%). Only one respondent was having annual income of more than 20 lakh rupees and 13% respondents declared their income between 10-20 lakhs. Less than a half (46%) respondents having income ranging in between 2-10 lakhs and 2.9% mentioned nil income.

**Table 1:** : Distribution of Respondents (n=118)

Gender	Frequency	Percentage (%)
Male	55	46.61
Female	63	53.38
<b>Age Group</b>		
18-30	39	33.05
30-45	49	41.52
45-60	22	18.64
60-75	7	5.93
Above 75	1	0.84
<b>Marital Status</b>		
Married	84	71.18
Unmarried	34	28.81

Continued ...

<b>Employment</b>		
Employed	76	64.4
Unemployed	3	2.54
Student	22	18.64
Homemaker	12	10.16
Retired	5	4.23
<b>Annual Income (INR)</b>		
More than 20 Lakh	1	0.84
10-20 Lakh	15	12.71
5-10 Lakh	26	22.03
2-5 Lakh	28	23.72
1-2 Lakh	6	5.08
Less than 1 Lakh	8	6.77
Nil	34	28.81

After taking the socio-demographic information in the questionnaire, respondents were asked about the mental affect after reading and listening to the news related to COVID-19 pandemic. It is obvious that more than three-fourths (76%) of our respondents were affected mentally after reading or listening to COVID-19 pandemic news. News about the deaths, hospital infrastructures, health workers problems raised the stress level among respondents. Remaining 24% respondents said that they were never affected with that news.

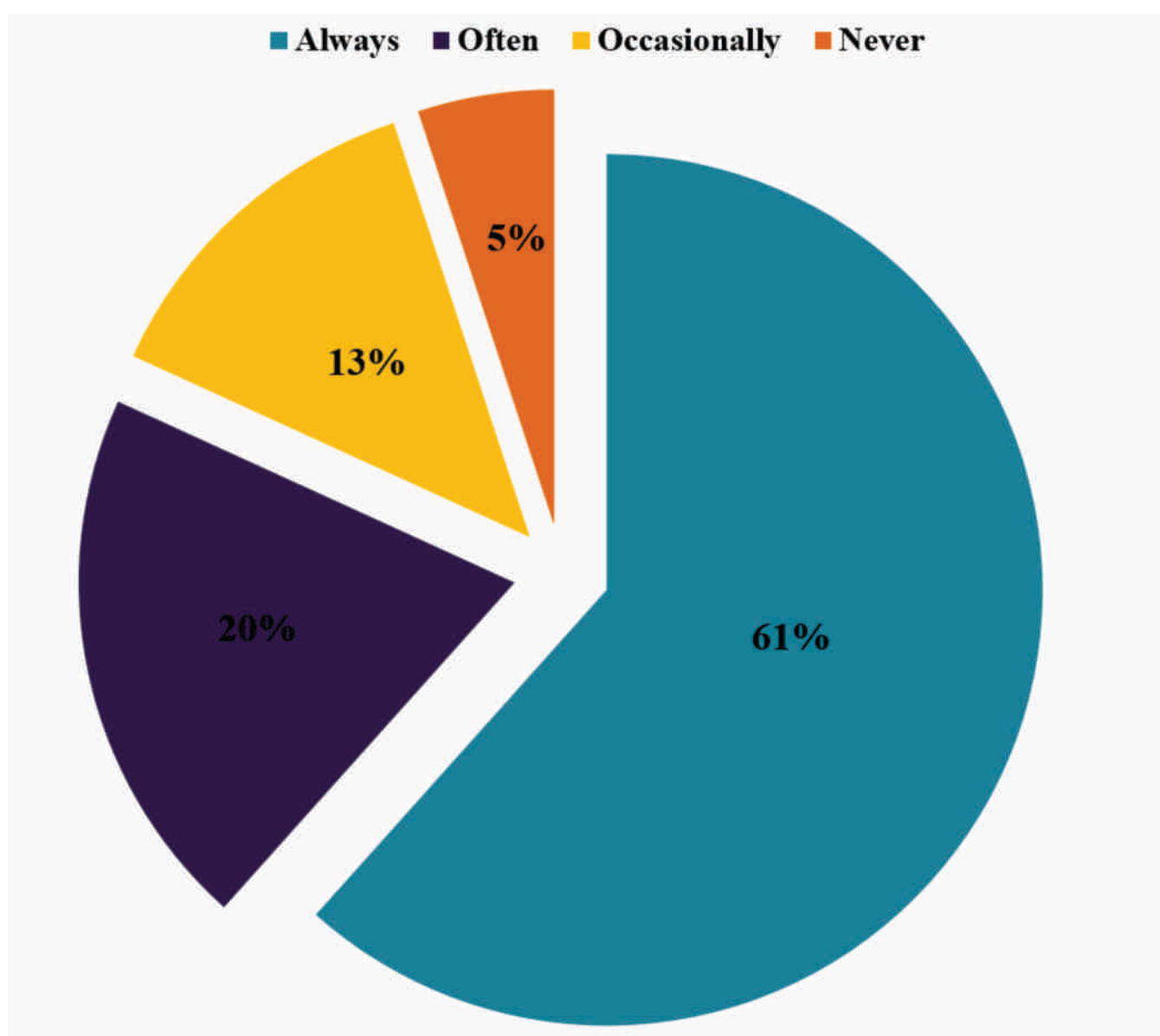
Spiritual health is the core of human health and act as a force to coordinate physical, mental and social dimensions. When one considers himself in relation with a supreme power, it helps to become better adapted to environmental conditions and less susceptible to mental disorders<sup>19</sup>. Keeping this in mind, the respondents were asked that whether they were engaged or doing any spiritual activities/practices before COVID-19 pandemic. Interestingly 90% of the respondents were in its favor. The accepted it as a part of their family tradition. More than half of (61%) of the respondents accepted that getting involved in spiritual activity helps in reducing anxiety level aroused by the COVID-19 pandemic. Figure 1 lucidly shows

that 20% often, 13% occasionally and 5% respondents never felt that spiritual activity plays an important role in reducing anxiety levels during COVID-19. A significant positive relationship between anxiety induced during COVID-19 and hopelessness was also observed in 418 participants from Turkey and notably, spirituality has shown to reduce the feelings of hopelessness both directly and indirectly through general self-efficacy<sup>20</sup>.

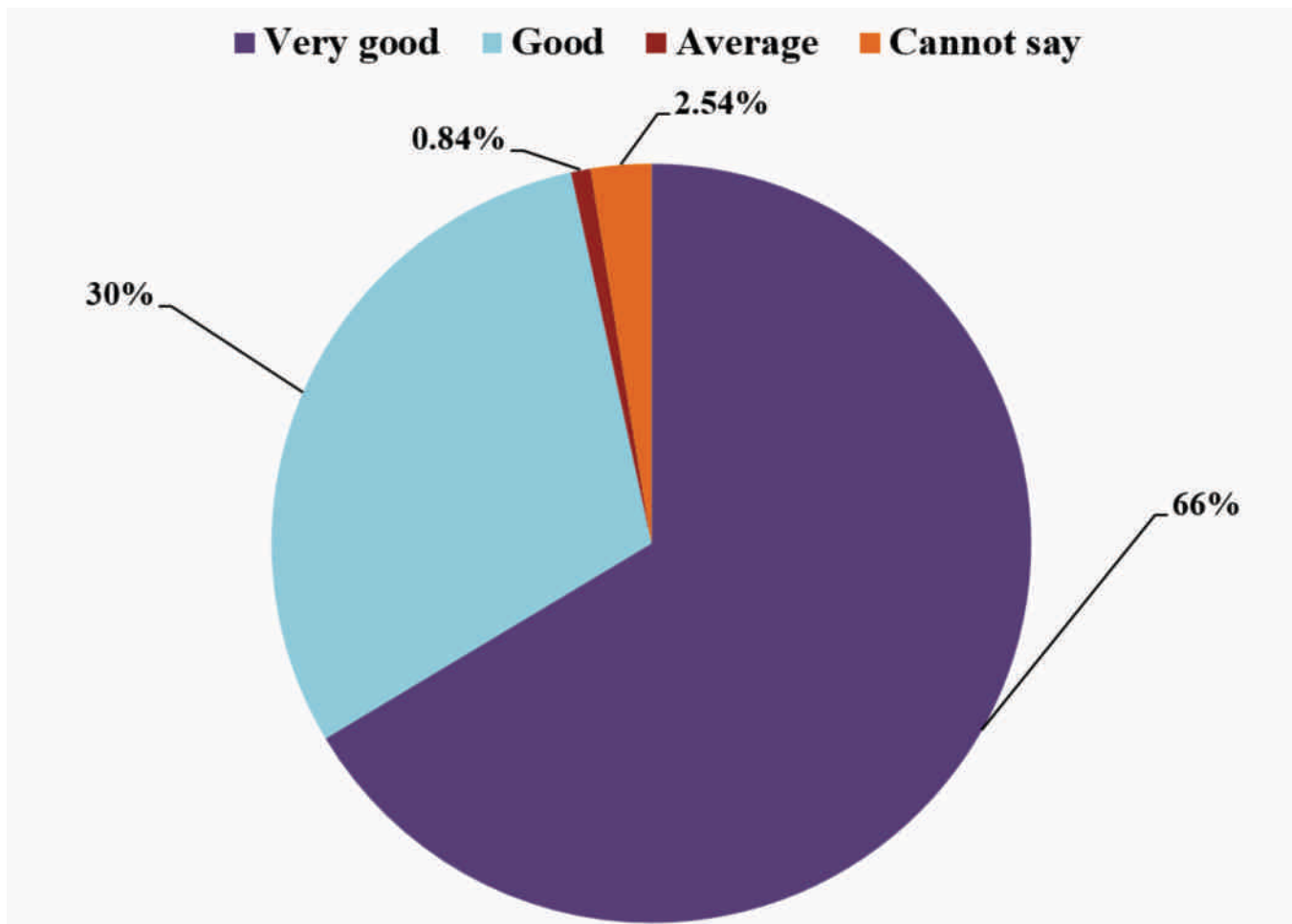
Spirituality is closely associated with mental health and wellbeing<sup>21,22</sup>. Previous researches have proved that those who have a fear of diseases but have spirituality values possess positive mental health<sup>23-25</sup>. Study by Fardin<sup>26</sup> indicated that spirituality aids people to have mental relaxation in times of the crisis. Even though various COVID-19 coping mechanisms and methods have been developed, researches have shown that spiritual values enhance people's wellbeing<sup>27</sup>. A study on Croatian adults (n = 2,860) demonstrated that the spiritual coping can be a significant buffer of negative emotions during COVID-19 pandemic lockdown when there was limitations for social contacts and limited opportunities for contacting mental health professionals<sup>28</sup>.

This shows that the spiritual values can help people who have a fear of coping with difficult situations. This was supported by our collected data as 25% of the respondents began the spiritual activities during the COVID-19 lockdown period as a result of fear and stress of the pandemic. Rosmiran<sup>29</sup> mentioned that she has been talking and advising her patients to always have faith and hope to overcome their mental issue, especially during the COVID-19 pandemic. Similarly, among the respondents of the study 31% started spiritual activities during the COVID-19 lockdown period as suggested by elders

of the family, recommendation of friends or relatives was accepted by 5% respondents and 2.5% started as suggested by doctors for keeping the good mental health. The highlight of the research is that 66% respondents said that they felt very good after performing spiritual activities, 30% respondents felt good and 0.84% responded as average feeling of goodness (Figure 2). Moreover, 68 % also responded that they are going to share about their spiritual activities and experiences to their friends and relatives due to such benefits.



**Figure 1:** Percentage of respondents' feeling regarding reduction in anxiety after performing spiritual activities (n=118)



**Figure 2:** Percentage of respondents' feeling after performing spiritual activities (n=118)

It was interesting to note that 97% of respondents confirmed that they spend time in any spiritual activity during the ongoing COVID-19 lock-down period whereas 3% were not spending time in any spiritual activity. Notably, 53% were devoting more time to these spiritual activities during the COVID-19 period as compared to before COVID-19. On the question of how much time to devote to spiritual activities, a maximum of 27 persons responded that they spend one hour and 18 responded for spending half an hour daily. The rest of the persons were spending 15-20 minutes, 2 hours, 2-3 hours, and 3-4 hours and one person responded for spending 6-8 hours on these activities and two persons were spending 4-5 hours.

Among the types of spiritual activity, doing or listening to *Bhajan* (devotional songs), worship, and meditation were the top three activities that were being performed before and during COVID-19. It is noteworthy that as compared to males, females were engaged maximum in doing or listening to *Bhajan*, meditation, and doing *aarti* whereas males were maximum doing worship, meditation, and doing or listening to

*Bhajan* before COVID-19. During COVID-19, females were doing *Bhajan*, worship, and meditation, whereas males were doing meditation, worship, and *Bhajan*.

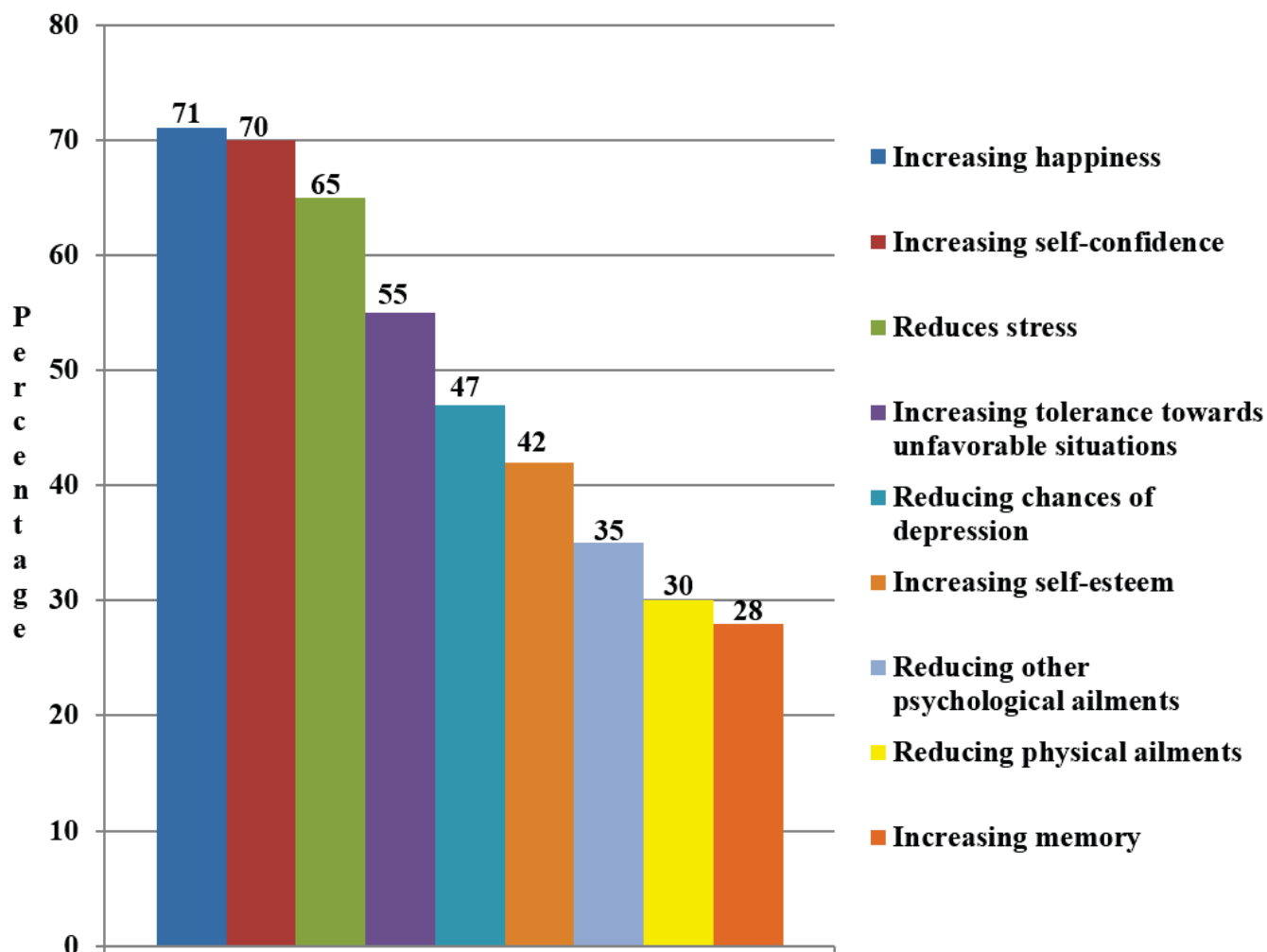
Respondents were asked about any plant or plant part specifically which they use while performing any of the spiritual activities. Fifty-three percent of respondents told that they never utilize any plant or plant part (Flower/ Fruit/ Leaves/ Root/ Any other part). However, 14% were always, 10% often and 22% occasionally used plants for performing their spiritual activities. It is important to note that 53% of respondents told that using plants and plant parts in performing spiritual activities was part of their family traditions whereas 30.5% said no and 16% chose cannot say option.

Leaves of Holy Basil or called as *Tulsi* in local language (*Ocimum tenuiflorum* L.) were referred maximum for performing spiritual activity by 24 respondents followed by flowers of Rose (*Rosa* spp.) by 15 respondents. Basil is considered a sacred plant in Hindu religion and this age-old tradition might have impacted the respondents to use Basil for performing spiritual activity. Moreover, being sacred, it is also

planted in the home gardens<sup>30</sup>. The other plants mentioned by respondents were China rose (*Hibiscus rosa-sinensis*), Marigold, Lemon, Passiflora edulis, Mango (*Mangifera indica*), False Ashoka (*Polyalthia longifolia*), Mogra and Chameli (*Jasminum spp.*), Guava (*Psidium guajva*), Margosa (*Azadirachta indica*), Money plant, Night Jasmine (*Nyctanthes arbor-tristis*), Bilva (*Aegle marmelos*), Doob grass, Giloy (*Tinospora cordifolia*), Guggal (*Commiphora wightii*), Banana (*Musa × paradisiaca*), Sugarcane

activities during the COVID-19 lockdown period, 1.7% was vegan, and 0.85% preferred a non-vegetarian diet.

On the question that would you like to continue the spiritual activities/ practices after the COVID-19 lockdown is over, 90% of respondents told that they are going to continue their spiritual practices after the COVID-19 lockdown is over and 9% were not sure. Even 87% considered doing spiritual practices as an essential duty of human beings but the rest 8.4%



**Figure 3:** Impact of spiritual activities on various parameters of health

(*Saccharum officinarum*), Peepal (*Ficus religiosa*), Small cardamom (*Elettaria cardamomum*), Clove (*Syzygium aromaticum*), Bay leaf (*Cinnamomum tamala*), Kapur (*Camphor*), Sesame oil (*Sesamum indicum*), Cotton (*Gossypium spp.*). Few respondents did not mention specific name of any plant or its ingredient and replied that they were using mix of different flowers or dry fruits. In addition to this, respondents were probed for their diet and interestingly, 97% preferred to take a vegetarian diet along with spiritual

were not sure and 4.2% did not think of spiritual practices as an essential duty. Further assessment of the health benefits of spiritual activities revealed that 71% respondents felt that involving in the spiritual activities increased happiness, 70% agreed that it increases self-confidence, and 65% agreed that it reduces stress. Moreover, 55% responded that it helps to increase tolerance towards unfavorable situations, 47% told that it reduces chances of depression, 42% agreed that it increases self-esteem, 35% told that it also reduces other

psychological ailments, 30% told that it reduces physical ailments, 28% agreed that it also helps to increase memory (Fig. 3). One person responded that it helps to reduce panic attacks, maintain a sentient body, create positivity, and optimism, and help in self-analysis. These responses showed that spiritual activity definitely brings good mental health further leading to good physical health.

## CONCLUSION

In the present study, it was observed that more than three-fourths (76%) of adults of Rajasthan were affected mentally after reading or listening to COVID-19 pandemic news. The study further revealed that performing spiritual activities helped adults of Rajasthan to reduce the anxiety induced due to COVID-19 pandemic. Doing or listening to devotional songs, worship, and meditation were the top three activities that were being performed during COVID-19 lockdown. However, the study has a small sample size conducted in a smaller region as compared to the entire country. Further studies with a larger sample size covering the nation with specifically developed mental health and well-being tests should have been carried out.

## ACKNOWLEDGEMENT:

Authors are greatly thankful to all the respondents for sparing time in filling the questionnaire.

## CONFLICT OF INTEREST: None

## FINANCIAL SUPPORT: None

## REFERENCES

- Dehghan M, Namjoo Z, Mohammadi Akbarabadi, F, Fooladi Z, Zakeri MA. The relationship between anxiety, stress, spiritual health, and mindfulness among patients undergoing hemodialysis: A survey during the COVID-19 outbreak in Southeast Iran. *Health Sci Rep.* 2021; 4:e461. doi:10.1002/hsr2.461
- Peteet JR. COVID-19 Anxiety. *Journal of Religion and Health.* 2020. <https://doi.org/10.1007/s10943-020-01041-4>
- Javed B, Sarwer A, Soto EB, Mashwani ZR. Is Pakistan's response to coronavirus (SARS CoV 2) adequate to prevent an outbreak? *Front Med.* 2020; 7:14. 10.3389/fmed.2020.00158.
- WHO (2020). WHO Director-General's opening remarks at the media briefing on COVID-19 -11 March 2020. Available online at: <https://www.who.int/director-general/speeches/detail/who-director-generals-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020> (Accessed August 15, 2020).
- Pargament KI, Kennell J, Hathaway W, Grevengoed N, Newman J, Jones W. Religion and problem-solving process: three styles of coping. *J. Sci. Study Relig.* 1988; 27: 90–104.
- Upenieks L. Religious/spiritual struggles and well-being during the COVID-19 pandemic: Does “talking religion” help or hurt? *Rev Relig Res.* 2022; 64:249–278. <https://doi.org/10.1007/s13644-022-00487-0>
- VanderWeele TJ. Love of Neighbor during a Pandemic: Navigating the Competing Goods of Religious Gatherings and Physical Health. *Journal of Religion and Health.* 2020. <https://doi.org/10.1007/s10943-020-01031-6>
- Leung CH. Understanding spiritual health, depression, anxiety, and stress among tertiary students under the impact of COVID-19 in Hong Kong, *Asia Pacific Journal of Education,* 2022. DOI: 10.1080/02188791.2022.2114425
- Rathakrishnan B, Singh SSB, Yahaya A, Kamaluddin MR, Aziz SFA. The Relationship among Spirituality, Fear, and Mental Health on COVID-19 among Adults: An Exploratory Research. *Front. Psychol.* 2022; 12:815332. doi: 10.3389/fpsyg.2021.815332
- Koenig HG, King DE, Carson VB. *Handbook of religion and health* (2nd ed.). Oxford, New York: Oxford University Press, 2012.
- Bhullar N, Hine DW, Phillips WJ. Profiles of psychological well-being in a sample of Australian university students. *Int. J. Psychol.* 2014; 49:288–294. doi: 10.1002/ijop.12022
- Thurston NS. Religious Problem-Solving Scale [Review of the Religious Problem-Solving Scale], in: *Measures of Religiosity*, eds P. C. Hill and R. W. Hood Jr., Birmingham, AL: Religious Education Press, 1999; 347–350.
- Westgate CE. Spiritual wellness and depression. *J. Couns. Dev.* 1996; 75: 26–35.
- Srinivasan J, Cohen NL, Parikh SV. Patient attitudes regarding causes of depression: implications for psychoeducation. *Can. J. Psychiatry* 2003; 48: 493–495. doi: 10.1177/070674370304800711
- Graham S, Furr S, Flowers C, Burke MT. Research and theory religion and spirituality in coping with stress. *Couns Values* 2001; 46:2–13.
- Brown DR, Carney JS, Parrish MS, Klem JL. Assessing spirituality: the relationship between spirituality and mental health. *J. Spiritual. Ment. Health* 2013; 15:107–122.
- Ransome Y. Religion, Spirituality, and Health: New Considerations for Epidemiology. *Am J Epidemiol.* 2020; 189(8):755-758. doi: 10.1093/aje/kwaa022.



18. Piscitello GM, Martin S. Spirituality, Religion, and Medicine Education for Internal Medicine Residents. *Am J Hosp Palliat Care*. 2020; 37(4):272-277. doi: 10.1177/1049909119872752.
19. Schmidt CW. Environmental connections: a deeper look into mental illness. *Environ Health Perspect*. 2007; 115(8):A404, A406-10. doi: 10.1289/ehp.115-a404.
20. Kasapoğlu F. The Relationship among Spirituality, Self-Efficacy, COVID-19 Anxiety, and Hopelessness during the COVID-19 Process in Turkey: A Path Analysis. *J Relig Health*. 2022; 61(1):767-785. doi: 10.1007/s10943-021-01472-7.
21. Richards PS, Bergin AE. *A spiritual strategy for counseling and psychotherapy*, 2nd Edn. Washington, DC: American Psychological Association, 2005.
22. Young JS, Wiggins-Frame M, Cashwell CS. Spirituality and counselor competence: a national survey of American Counseling Association members. *J. Couns. Dev*. 2007; 85: 47–52.
23. Hayman JW, Kurpius SR, Befort C, Nicpon MF, *et al*. Spirituality among college freshmen: relationships to self-esteem, body image, and stress. *Couns. Values* 2007; 52: 55–70.
24. Koenig HG. Spirituality and mental health. *Int. J. Appl. Psychoanal. Stud*. 2010; 7:116–122.
25. Koenig HG. Maintaining health and well-being by putting faith into action during the COVID-19 Pandemic. *Journal of Religion and Health*. 2020. <https://doi.org/10.1007/s10943-020-01035-2>
26. Fardin MA. Covid-19 epidemic and spirituality: A review of the benefits of religion in times of crisis. *J. Chronic Dis. Care*. 2020; 9:10-14.
27. Algahtani FD, Alsaif B, Ahmed AA, Almishaal AA, Obeidat ST, Mohamed RF, *et al*. Using Spiritual Connections to Cope With Stress and Anxiety During the COVID-19 Pandemic. *Front Psychol*. 2022; 13:915290. doi: 10.3389/fpsyg.2022.915290.
28. Margetić B, Peraica T, Stojanović K *et al*. Spirituality, Personality, and Emotional Distress during COVID-19 Pandemic in Croatia. *J Relig Health*. 2022; 61:644–656. <https://doi.org/10.1007/s10943-021-01473-6>
29. Rosmiran. Making Connections: spirituality, Mental Health, and COVID-19. 2020. Available Online at: <https://www.mcleanhospital.org/news/makingconnections-spirituality-mental-health-and-covid-19> (accessed August 11, 2020).
30. Cohen MM. *Tulsi - Ocimum sanctum*: A herb for all reasons. *J Ayurveda Integr Med*. 2014; 5(4):251-9. doi: 10.4103/0975-9476.146554.

## Case Report

# Guillain-Barre Syndrome: A Rare Complication of Covid-19

Darab Singh Underwal<sup>1</sup>, Vikram Singh<sup>2</sup>, Jatin<sup>3</sup>

<sup>1</sup>Assistant Professor

Department of General medicine, RVRS Medical College,  
Bhilwara, Rajasthan, India

<sup>2</sup>Junior Resident, SNMC Jodhpur, India

<sup>3</sup>PG Resident

Department of General Medicine, Pacific Medical College and Hospital,  
Udaipur, Rajasthan, India

\*Corresponding author Email: drdrbsingh2@gmail.com

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## ABSTRACT

### **Background:**

*Guillain-Barré syndrome (GBS) is an acute, frequently severe, and fulminant polyradiculoneuropathy that is auto immune in nature and often related to a previous infectious exposure. GBS emerged as a potentially serious complication of corona virus disease 2019 (COVID-19) ever since its declaration as a global pandemic. Recently, there have been many case reports describing the association between COVID-19 and GBS; but much remains unknown about the strength of this association and the features of GBS in this setting. We report the first case of GBS in a patient of covid-19 from Mahatma Gandhi Hospital, Bhilwara.*

### **Case Presentation:**

*A 55-year-old female presented with fever, cough and shortness of breath; three weeks before the onset of acute progressive and ascending lower limbs weakness. She was admitted in Mahatma Gandhi Hospital, Bhilwara. She developed these symptoms with HRCT-15/25 and RT PCR Covid-19 positive. Electrophysiological studies showed acute motor axonal polyneuropathy (lower limbs & upper limbs). She was treated with intravenous immunoglobulin (IVIG).*

### **Conclusions:**

*Physicians and neurologists should be aware of GBS as a rare but serious complication associated with COVID-19. Diagnosis is challenging and can be delayed, especially in asymptomatic patients or those with mild upper respiratory infection weeks earlier. Early diagnosis and management can improve clinical outcome.*

**KEYWORDS:** Acute inflammatory demyelinating polyneuropathy, AIDP, Covid-19, IVIG, RT PCR