

Cite this article as:

Zagami, F., Alabboud, M. Myasthenia gravis symptom response to huperzine A, pyridostigmine bromide, and an immunomodulatory incorporated regimen: A multi-case study. DYSONA - Life Science, 2023;(4)2:36-49. doi: 10.30493/dls.2023.789777

Supplementary Table 1. Daily self-evaluation questionnaire scores for each symptom in each myasthenia gravis clinical case before (B) and after (A) the treatment protocol with improvement percentage in each case.

Symptoms	Clinical Cases											
	1		2		3		4		5		6	
	B	A	B	A	B	A	B	A	B	A	B	A
Eyelid ptosis	3	1	3	2	3	0	3	1	0	0	3	1
Ptosis after excessive lid elevation	4	1	3	1	3	0	3	1	0	0	2	0
Weakness after eyeball activity	3	1	2	1	2	0	2	0	3	1	1	0
Diplopia	2	0	1	0	3	0	0	0	0	0	0	0
Blurred vision	2	0	2	0	1	0	0	0	4	1	1	0
Weakness respiratory muscles	1	0	2	0	2	1	0	0	0	0	0	0
Muscle weakness at rest	2	0	3	0	3	1	3	1	1	0	0	0
Weakness in jaw closure muscles	1	0	2	0	1	0	1	0	0	0	1	0
Weakness when extending neck muscles	1	0	2	1	2	1	0	0	3	1	1	0
Weakness after short walking	2	0	3	1	5	1	2	0	4	1	3	1
Difficult to inflate balloons	1	0	1	0	1	0	0	0	0	0	1	0
Difficult to oppose lips	0	0	1	0	0	0	0	0	0	0	1	0
Slurred speech	0	0	2	0	0	0	0	0	0	0	1	0
Difficulty in swallowing	1	0	1	0	0	0	0	0	0	0	3	1
Diarrhea	0	0	2	0	0	0	0	0	0	0	0	0
Overactive bladder (Polyuria-Urgency)	0	0	0	0	0	0	0	0	5	2	0	0
Sum score	23	3	30	6	26	4	14	3	20	6	18	3
Symptom score improvment%	87		80		84.7		78.6		70		83.4	

Results in each symptom are rounded averages

Supplementary Table 2. Quality of life (MG-QoL15) questionnaire scores for each criterion in each myasthenia gravis clinical case before (B) and after (A) the treatment protocol with improvement percentage in each case.

Questions	Clinical Cases											
	1		2		3		4		5		6	
	B	A	B	A	B	A	B	A	B	A	B	A
1. I am frustrated by my MG	0	0	0	0	0	0	0	0	0	0	0	0
2. I have trouble with my eyes because of my MG (e.g. double vision)	3	1	2	1	2	0	3	1	1	0	2	0
3. I have trouble eating because of MG	1	0	1	0	0	0	0	0	0	0	4	2
4. I have limited my social activity because of my MG	2	1	1	0	2	0	1	0	1	0	2	1
5. My MG limits my ability to enjoy hobbies and fun activities	1	1	2	1	1	0	1	0	2	1	0	0
6. I have trouble meeting the needs of my family because of my MG	1	0	2	1	2	1	1	0	1	0	2	1
7. I have to make plans around my MG	1	0	3	1	1	0	2	1	0	0	0	0
8. I am bothered by limitations in performing my work (including work at home) because of my MG	1	0	1	0	0	0	1	0	4	2	1	0
9. I have difficulty speaking due to MG	0	0	2	0	0	0	0	0	0	0	1	0
10. I have lost some personal independence because of my MG (e.g. driving, shopping, running errands)	2	0	1	0	1	0	2	0	0	0	0	0
11. I am depressed about my MG	0	0	0	0	1	0	2	1	0	0	1	0
12. I have trouble walking due to MG	3	1	5	3	4	2	4	2	4	2	2	0
13. I have trouble getting around public places because of my MG	2	0	3	2	2	1	1	0	2	0	1	0
14. I feel overwhelmed by my MG	0	0	0	0	0	0	0	0	0	0	0	0
15. I have trouble performing my personal grooming needs due to MG	2	0	1	0	0	0	0	0	0	0	1	0
Quality of life sum score	19	4	24	9	16	4	18	5	15	5	17	4
Quality of life improvement (%)	79		62.5		75		72.2		66.7		76.5	