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Myasthenia Gravis Management: A Case Study on the Role of Coping Strategies in Improving Symptoms and Quality of Life

A Research Paper Presented to the Faculty of the Senior High School Department of the Valenzuela City School of Mathematics and Science

In Partial Fulfillment of the Requirements
of the Subject Practical Research I

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DEDICATION

This research is sincerely devoted to individuals who extended a helping hand. The participant's unwavering dedication, compassion, and resiliency inspired us to investigate the lifestyle challenges encountered by adults with the rare autoimmune disease known as Myasthenia gravis. Our objective was to comprehend their perception of the condition's effects, coping strategies, and effective symptom management practices.

To the Almighty God, We recognize the courage, tenacity, and fortitude bestowed upon us. The Lord provided us with the necessary guidance and graces to overcome our limitations and embark on this voyage of discovery.

To the adults living with Myasthenia gravis, this dedication is a tribute to the remarkable fortitude of adults living with Myasthenia gravis in overcoming the physical, emotional, and social hurdles that precede this condition. This research is intended to improve your quality of life, empower you to accept your circumstances, and provide you with the strength to keep pushing forward.

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This research contributes to your body of knowledge, enhance your medical expertise, and ultimately lead to better patient outcomes.

To future researchers, this study should serve as a source of guidance and motivation initiatives. May it inspire your desire to advance research into rare neuromuscular autoimmune diseases, especially Myasthenia gravis. Permit it to inspire you to venture into frontier areas, find innovative treatments, and enhance the lives of innumerable individuals diagnosed with MG and their families.

This commitment serves as an affirmation of our joint mission: to relieve the physical, emotional, and social burdens that Myasthenia gravis patients experience. Together, we seek to improve the circumstances of these individuals, assist their families, provide medical professionals with valuable insights, and equip educators with the knowledge to resolve the challenges they face. Let us strive toward a future where all Myasthenia gravis patients can live their lives to the utmost, ensuring that they are utterly embraced, understood, and well-taken care of.

ABSTRACT

This qualitative research aimed to further understand the life of a person with *myasthenia gravis*, an autoimmune disease that targets the muscles. The well-being, way of coping, and symptom management of a person with this condition is discussed in this paper. Using case study as the research design, the researchers focused on a single case to furthermore comprehend the life of a person with MG. The individual diagnosed with *Myasthenia gravis* is a female senior citizen residing in Valenzuela City. The researchers carried out a semi-structured interview with the subject and a separate one with a relative of the participant. The data collected from the interviews and observation conducted was analyzed using thematic analysis. Key themes that emerged include shifting of physical condition due to MG, physical manifestations due to the symptoms of MG, emotional well-being implications resulting from MG, limitations and motivation of the patient towards her social well-being, physical impact of the symptom management and medication for the condition, emotional resilience in the condition, and influences of condition management on the social aspect of the participant's condition. The results highlighted the challenges caused by *Myasthenia gravis* due to its rarity. The researchers have created recommendations and suggestions for authorities and future researchers, where it could be potentially used in future studies about *Myasthenia gravis*.

Keywords: *Myasthenia gravis, case study, semi-structured interview, thematic analysis, symptom management, physical impact, emotional resilience, influences.*

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CHAPTER I

The Problem and Its Background

A. Introduction

Myasthenia gravis (MG) is a persistent autoimmune neuromuscular condition characterized by muscle weakness and fatigue, primarily affecting muscles involved in breathing, facial expression, eye movement, chewing, swallowing, and breathing. The development of MG occurs when the immune system produces antibodies that specifically attack and impair acetylcholine receptors responsible for transmitting nerve signals to the muscles. MG develops when the immune system creates antibodies that target and destroy acetylcholine receptors, which carry nerve impulses to the muscles. This causes a decrease in the number of available receptors, which in turn makes muscles less able to contract and results in weakness (Gilhus, 2016). The exact etiology of MG is not fully understood, but it is believed to be a result of genetic and environmental factors. Specific genes have been linked to a higher risk of MG development, including HLA-DR3 and HLA-B8. Environmental factors such as viral infections and exposure to specific medications have also been linked to the development of MG (Phillips, 2016).

The symptoms of MG usually started at the face and the eyes, as MG could cause droopy eyelids, double vision, and difficulty in making facial expressions for patients (National Health Service, n.d.). If the weakness has been staying in the eyes and face for two years or more, then it is less likely to affect other parts. Then, as the symptoms spread to other body parts over the course of a few weeks to years, the affected patient may experience difficulty in the muscles of the mouth, throat, and chest, such as difficulty in chewing and swallowing, slurred speech, a nasal-sounding voice, choking, and shortness of breath. There is also weakness in the muscle of the limbs, which may exhibit difficulty in holding the head up, difficulty with physical tasks, a waddling walk, and aching of muscles. These symptoms may be experienced worse when tired but become better after rest. They can also be triggered by other factors like medicine or stress.

As stated by the Myasthenia Gravis Foundation of America (MGFA), MG can be classified into five distinct categories based on the severity and clinical characteristics of the disease (Suresh, 2022). Patients in each class respond to therapy differently. In Class I MG, all muscles are normal except the ocular muscles, which cause weakness in eye closure. Classes II to IV have been divided into subclasses. Subclass A involves most weakness in the limb and axial muscles, while in subclass b, the oropharyngeal and respiratory muscles are weakened. The difference between the three classes is the intensity of the weakness in the muscles (aside from ocular muscles) involved. Class II is characterized by mild weakness of muscles. Class III is when they are moderately weak. Moreover, Class IV is obtained when the severe weakness of the muscles is experienced. Lastly, Class V of MG includes intubation and ventilation.

A person's lifestyle may be significantly affected by MG. Because the severity and duration of MG symptoms can change over time, it can be challenging for people who suffer to anticipate when they feel fatigued or weak in the muscles. As a result, people with MG may need to restrict their activities or change their daily schedules in order to preserve energy and prevent symptoms from getting worse. This can include avoiding activities that require sustained muscle use, such as prolonged standing or walking, or using assistive devices to perform daily tasks, such as a wheelchair or walker. In addition to physical limitations, MG can also have social and emotional effects on a person's lifestyle. The unpredictable nature of the condition can present challenges for individuals in terms of making plans or engaging in social activities, which can result in feelings of isolation or depression. As the duration of having MG is long and significant improvement is not likely to occur, patients can have negative views about their future and experience more psychological stress (Xu et al., 2021). In addition, the visible symptoms of MG, such as drooping eyelids or difficulty speaking, can be embarrassing or uncomfortable for some individuals, leading to self-consciousness or social anxiety (Yu et al., 2022). The stigma revolving around MG can also socially affect patients, especially patients with lower educational levels, as they have less understanding of their disease symptoms (Xu et al., 2021).

While treatments available can help manage the symptoms and improve the patient's quality of life, there is no cure for the underlying autoimmune process that causes MG. A first-line therapy for MG is acetylcholinesterase inhibitors (AChEIs), such as pyridostigmine. AChEIs improve neuromuscular transmission by increasing the acetylcholine at the neuromuscular junction, lessening signs of weakness and weariness. Studies have demonstrated that AChEIs efficiently enhance muscular function and strength in people with MG. (Sanders et al., 2016).

Prednisone, azathioprine, mycophenolate, and rituximab are examples of immunosuppressive medications that are frequently used to suppress the immune system and stop the development of antibodies that target acetylcholine receptors. These medications can help increase muscular strength and lessen the frequency and severity of MG exacerbations, and they are commonly used by those with moderate to severe MG (Gilhus & Verschuuren, 2015).

Patients with MG may benefit quickly from intravenous immunoglobulin (IVIg) and plasma exchange as therapies for circulating antibodies. In contrast to IVIg, which involves injecting large quantities of immunoglobulin directly into the bloodstream, plasma exchange involves extracting plasma from the blood and replacing it with a plasma replacement or donor plasma. Studies have demonstrated that plasma exchange and IVIg can successfully enhance muscular function and strength in people with MG (Ipe et al., 2021).

Patients with MG who have a thymoma or signs of thymic hyperplasia are frequently advised to have a thymectomy, which involves surgically removing the thymus gland. In those with MG, thymectomy can increase muscular strength and decrease the generation of antibodies that target acetylcholine receptors. According to studies, most people with MG who undergo thymectomy have remission or significantly improved their symptoms (Wolfe et al., 2016).

Due to advancements in treatment and management, the estimated mortality rate for individuals with MG ranges from 3% to 4%. In contrast, prior to various technological and pharmaceutical advancements, the mortality rate was as high as 30% to 40%, with older age and respiratory failure being the primary predictors of death (Lopez, 2022).

The Myasthenia Gravis Samahang Pilipino (MGSP) is a non-profit, non-governmental organization created with the objective of extending support and assistance to all individuals diagnosed with MG across the country. Additionally, it seeks to raise awareness about this rare autoimmune disease that has the potential to cause disability among its affected individuals. The MGSP has approximated that 500 Filipinos have been diagnosed with PMG nationwide.

Even while *Myasthenia gravis* (MG) has been the subject of considerable clinical study, there is a vast research gap in examining the actual experiences of those with the disease. More particularly, there is limited research on how people with MG cope with their condition, deal with day-to-day difficulties, and improve their quality of life. Understanding the lived experiences of people with MG is crucial for developing interventions and providing appropriate support to improve their quality of life. However, studies exploring MG's psychosocial impact are limited, and further research is needed to address this gap.

This study aimed to investigate those who have *Myasthenia gravis* (MG) to better understand the patient's viewpoint on the condition, how it affects their everyday life, and the coping mechanisms they employ. By investigating this, the patient's experiences and perspectives be recognized and validated by researchers, professionals, and even other patients, which later on can be used to learn about particular difficulties and challenges regarding the disease. Furthermore, this enhanced the development of more patient-centered care and treatment approaches.

B. Statement of the Problem

The aim of this research was to explore the experiences, challenges, and coping mechanisms of individuals living with *Myasthenia gravis*. Specifically, the study aimed to seek an answer to the following questions:

1. How is the health and wellness of the patient with *Myasthenia gravis*,
    1.1. Pre-diagnosis
2. As perceived by the patient, how does *Myasthenia gravis* condition affect them in terms of:
    2.1. Physical Well-being
    2.2. Emotional Well-being
    2.3. Social Well-being
3. How does the strategies and treatments the patient used to deal with *Myasthenia gravis* affected in terms of:
    3.1. Physical Well-being
    3.2. Emotional Well-being
    3.3. Social Well-being

C. Significance of the Study

Myasthenia gravis (MG), an autoimmune disorder, manifests with muscle weakness and fatigue heightened by physical activity and alleviated by rest periods. Currently, this disease has no definitive cure, managed by treatments and medication to support patients. The generalization of this study sheds light on the experiences of persons with MG and significantly adds to the body of knowledge about people with this type of condition. This study helped identify the common factors that affect symptom management, the challenges patients face, and the coping strategies they use to manage their condition. Significant findings from the study could have a substantial impact on and be advantageous for the following in particular:

Patients. Patients with MG may benefit from the study's valuable insights and analysis into the experiences of those who also have the disorder. The level of competencies and advancement in the history of the disorder can be known. Thus, it helped them better understand the challenges they may face and the coping strategies they can use to manage their symptoms.

Readers. The study raised awareness about MG, a rare autoimmune disorder that affects the neuromuscular system. This can play a significant role in decreasing the stigmatization of the condition. People can also gain knowledge and understanding on the situations a person with this kind of disorder has. Moreover, it can help advocate for improved access to care and treatment options for individuals with MG.

Hospitals and Healthcare Providers. The study informed healthcare providers on how to better manage MG and improve the quality of life of patients. This aided in the development of interventions and support systems that can assist individuals cope with the challenges of living with MG. Additionally, this resulted in better medical care for people with MG and other uncommon disorders.

Researchers. The significance of this study to future researchers lied in the potential for its findings informed and guided further research in the field of MG. The research added to the corpus of knowledge on this illness by shedding light on the common factors that influence symptom management, the obstacles patients' experience, and the coping techniques individuals use to manage their condition. Future researchers may utilize the results of this study to design more specific and successful remedies aimed at enhancing the lives of MG patients. Moreover, the study provided the groundwork for future research endeavors, which might lead to the development of novel medicines or management techniques for MG.

D. Scope and Delimitation

The scope of this research focused on exploring the experiences of individuals who have been diagnosed with Myasthenia gravis (MG). The study aimed to examine the challenges faced by these individuals and investigate the coping mechanisms they employ to manage their condition. This research focused on examining the lived experience of a single participant diagnosed with MG, with the aim of gaining a comprehensive understanding of the experiences encountered by the participant with this condition. This study focused exclusively on the investigation of MG and did not encompass the examination of any other types of autoimmune neuromuscular disorders. This research solely concentrated on individuals who have been diagnosed with MG and are currently residing in Valenzuela City. Furthermore, it exclusively included participants who have provided their informed consent.

The scope of this study was limited to examining the lifestyle of adults diagnosed with MG, excluding any investigation into the lifestyle of children or teenagers with the condition. This study focused solely on the research variables and not take into account the demographic profile of the participants, including their sex, age, gender, religion, race, or ethnicity. The research scope focused on investigating the lifestyle of adults diagnosed with MG, specifically examining various dimensions of their lives, including physical activities, social interactions, emotional well-being, and daily routines. The scope of this research encompassed an examination of the challenges encountered by individuals diagnosed with MG (Myasthenia Gravis) and their corresponding coping mechanisms.

The area of influence of this study was to conduct a one-day observation and maintain a logbook to document the daily routine and significant changes experienced by the participant within a specific time frame over the course of one week. The purpose of this study was to utilize various instruments, such as semi-structured interviews, to gather data and validate the responses provided by the participants. These instruments were employed to support the findings and ensure the accuracy and reliability of the information obtained.

This research study centered on investigating the health and wellness of individuals before and after being diagnosed with MG. It aimed to analyze the impact of the disease on their well-being based on self-reported experiences. Additionally, the study assessed the effectiveness of different strategies and treatments in improving their overall well-being. The scope of this study was to investigate the potential impact of the condition on treatment effectiveness and support services. The study aimed to provide insights that can contribute to the development of more effective treatments and support services for individuals living with the condition.

CHAPTER II

Review of Related Literature and Studies

This section of the paper entailed a thorough review of the related literature on the research topic and is presented to provide a comprehensive understanding of the concepts related to the research problem. The chapter comprised three key components. First, the chapter includes a selection of articles that the researchers have gathered and synthesized from pertinent literature and studies. The purpose of these synthesized sources is to provide an extensive understanding of the concepts associated with the research issue. Secondly, the chapter introduces the conceptual framework, which is a crucial element of the research methodology. The framework acts as the foundation for the research design and analysis and facilitates a thorough comprehension of the research to be conducted. Lastly, the chapter provides the definition of terms to improve the understanding of the study. This section highlights the specific terminologies used in the research that may not be familiar to the general reader, ensuring a comprehensive understanding of the research.

A. Etiology of *Myasthenia gravis*

The etiology of Myasthenia gravis (MG) is multifactorial, meaning that it involves the interplay of multiple factors. The genetic aspect of MG plays a crucial role in the development of the disease, as certain genetic variations have been found to be associated with an elevated risk of MG onset.(Berrih-Aknin et al., 2012; Giraud et al., 2012; Zhang et al., 2019). Due to the production of autoantibodies that attack the body's own tissues, the immune system also has a significant impact on the development of MG (Gilhus et al., 2015). Finally, environmental factors such as infections and exposure to certain toxins may also contribute to the development of MG (Gilhus et al., 2015; Zhang et al., 2019).

The development of MG has been found to be influenced by genetic factors. These references emphasize the significance of genetic predisposition in the onset of MG. The presence of certain human leukocyte antigen (HLA) genes, specifically the HLA-DRB1 and HLA-DQB1 alleles, have been linked to a heightened susceptibility to MG (Tüzün et al., 2013; Giraud et al., 2012; Zhang et al., 2019). The present study highlights the impact of genetic variations on immune responses and their role in disrupting self-tolerance mechanisms. This disruption leads to the generation of autoantibodies against the acetylcholine receptor (AChR) located at the neuromuscular junction (NMJ).

In line with the immunological abnormalities observed in patients with MG, the selected references consistently emphasize the crucial involvement of immune dysregulation in the pathogenesis of MG. The presence of autoantibodies that specifically target the acetylcholine receptor (AChR) has been observed in a significant proportion of individuals diagnosed with MG (Zhang et al., 2019; Tüzün et al., 2013; Gilhus et al., 2015). Autoantibodies, primarily belonging to the IgG1 and IgG3 subclasses, have the ability to attach themselves to the acetylcholine receptor (AChR) located on the postsynaptic membrane. This results in the disruption of neuromuscular transmission. Aberrations in the functionality of B-cells and T-cells have been reported in individuals with MG. The generation of autoantibodies is facilitated by the overactive and dysfunctional B-cells, whereas the immune tolerance is disrupted and the autoimmune response is sustained by the T-cell abnormalities, which include the deficiencies in regulatory T cells (Tregs) (Gilhus et al., 2015; Tüzün et al., 2013).

Thymic abnormalities have been implicated in the etiology of MG, as discussed in various sources (Berrih-Aknin et al., 2012; Gilhus et al., 2015). The thymus gland has been found to play a role in this regard. The presence of thymic abnormalities, including thymic hyperplasia, thymoma, or thymic involution, is a common occurrence in patients diagnosed with MG (Berrih-Aknin et al., 2012; Gilhus et al., 2015). The thymus gland is a vital organ responsible for the development and screening of T cells. Any malfunction in this process can lead to the disruption of self-tolerance and the emergence of autoreactive T cells, which are implicated in the pathogenesis of MG.

The influence of environmental factors on the onset of MG has been widely studied. These factors are considered as potential triggers for the disease. The pathogenesis of MG has been linked to infections, including viral and bacterial infections, due to their ability to trigger or worsen the autoimmune response (Gilhus et al., 2015; Zhang et al., 2019). The phenomenon of molecular mimicry, wherein microbial antigens exhibit structural similarities with the components of the neuromuscular junction (NMJ), has been identified as a potential cause of cross-reactive immune responses and the subsequent production of autoantibodies.

B. Clinical presentation and diagnosis

Established from the study of Nicolle, M. (2016), those above half of the patients with Myasthenia gravis (MG) showcase isolated ocular involvement. One of the effects of MG is complete unilateral (or rarely bilateral) ptosis. Included in ocular symptoms, patients have experienced diplopia. Another symptom of MG according to the study, is the generalized weakness such as Dysphagia and other weakness in muscles in the limbs.

According to the factors, MG is diagnosed, medical suspicion, family history, and neurological analysis of logic is followed by support by serologic and studies. There are diagnostic tests for MG but some are not specific for it like the single fiber EMG. Since MG is rare, doctors find it hard to diagnose. Most elderly patients who showed symptoms were first diagnosed with having a stroke or transient ischemic attack (Nicolle, 2016).

In the study by Bhaskar and Rani (2022), a case where a patient shows symptoms of MG such as neck muscle weakness, asymmetrical external ophthalmoplegia and swallowing is weekend. The patient was diagnosed with MG, because of the symptoms shown and her history, this diagnosis is supported by multiple nerve stimulation tests. It was later found out in the study that the hydroxychloroquine (HCQ) pills the patient was taking were the ones who detected the patient's muscle-specific tyrosine kinase (MuSK) MG.

These studies show that complete unilateral (or rarely bilateral) ptosis is one of the effects of MG. Diplopia has been reported by patients as one of their ocular symptoms. According to the other study, generalized weakness, including dysphagia and other weakness in limb muscles, is another sign of MG. There are diagnostic tests for MG, but some of them, like the single fiber EMG, are not MG-specific. MG is difficult for doctors to diagnose because it is so uncommon. Numerous tests using nerve stimulation are used to support a MG diagnosis. MG should be further studied to gain more knowledge and understanding about how it is diagnosed. This type of study canl pave the way in developing a course of action in catching MG in an early state before it could get worse.

C. Burden of Having *Myasthenia Gravis*

Following its difficult diagnosis, the symptoms that occur with the autoimmune disease have a significant role on the changes that occur in the lives of those who are suffering from the condition. This is supported through the observational study conducted by Berrih-Aknin et al. (2021) which focuses on the patient-reported impact of Myasthenia gravis (MG). The observations show that due to the ocular symptoms of MG, as stated previously in the work of Nicolle, M. (2016), patients experience turbulence in their daily living. These include impairments on the individuals' abilities to perform daily activities, such as eating, driving, washing, walking or housework. By limiting their daily function, some of the patients had to terminate their occupation in the field. This would then result in financial difficulties which does not only burden those who are suffering from the condition, but also, the individuals in their environment, particularly, their families. Moreover, this limited function does not only burden the individuals financially. Although it is evident that regressed functions of the muscles may lead to life-threatening myasthenic crisis, there are burdens beyond medical analysis that are being left unmet.

These unmet burdens are tackled by Law et al. (2021) in their study entitled, "The Lived Experience of Myasthenia Gravis: A Patient-Led Analysis". This paper presents that despite the epidemiology and clinical presentation of MG being well documented, effective therapies that prevent this disease remain elusive. That is, existing therapies and treatments remain defective. This is corroborated in the previous study by Berrih-Aknin et al. (2021) which states that as treatment is often burdensome and side effects are common, patients with MG continually have meets that are left unmet.This study emphasizes that despite inadequate disease control, patients exhibit hesitations that disrupt their comfort zone when it comes to *Myasthenia Gravis* (MG) treatment. This results in emotional stresses such as lack of confidence in the treatment, as well as fear. Given these points, there is no doubt that one of the aspects of the patients' needs that are left neglected is the physiological manifestations that it can cause.

According to Keer-Keer (2015), there is limited literature with regards to the experiences of individuals with neurological conditions, ultimately, neuromuscular disorders. For that, his paper focused on these experiences, showing that other than the physical difficulties that are brought by the condition, patients encounter emotional difficulties as well. To expound these findings further, his qualitative investigation showed that along with visual disturbances, patients encounter fear and anxiety as well. This is in line with the observational study of Berrih-Aknin et al. (2021) which also discovered that there is a high prevalence of depression and anxiety in people living with MG.

Overall, these findings stand for the fact that the ocular symptoms, as well as the effects on MG on an individuals' well-being goes beyond physical factors. It has a significant role in influencing, particularly, burdening the lives of patients with regard to their financial, and mental stability. Although some insights have been gained, the understanding of the impact of MG on individuals is still limited, leaving significant gaps in the knowledge regarding the burdens imposed by the condition. That is, few studies have explored the first-person patient perspective to gain a detailed understanding of the burdens of MG, which could then pave the way for gathering knowledge on coping strategies employed by these individuals.

D. Coping Strategies in Managing *Myasthenia Gravis*

While there is no cure for the underlying autoimmune process that causes *Myasthenia gravis* (MG), there are treatments and coping strategies available that can help manage the symptoms and improve the patient's quality of life. Several studies have shown that there are medications, therapies, or devices to manage the symptoms that will help in inducing remission or further manifestation of the condition.

Farrugia and Goodfellow (2020) conducted a literature review that focuses on the treatments and managements in response to the condition of MG. It is stated in the study that each patient differs from how they manage their symptoms with respect to their comorbidities and their social and personal circumstances. It demonstrated that the pharmacological management of MG includes the use of acetylcholinesterase inhibitors, such as pyridostigmine, for temporary improvement in muscle strength and immunosuppressive therapy (IST), with chronic corticosteroids like prednisolone or prednisone being the mainstay of long-term treatment. Simultaneously, thymectomy should also be considered and performed promptly, if applicable, once the *Myasthenia gravis* (MG) has been stabilized, as part of the overall treatment strategy. It is to rule out thymoma and hyperplasia. These medications and therapies were supported by the study of Farmakidis et al. (2018), which considered and recommended this as the first-line therapy for MG.

However, the prolonged administration of the therapies and medication presents various concerns and side effects, including chronic immunosuppression, the occurrence of adverse events, and the development of comorbidities (Mantegazza et al., 2020). With that being said, Farrugia and Goodfellow (2020) have employed the use of steroid sparing immunosuppressive agents like azathioprine that showed effective adjunct treatment to prednisolone. Propantheline, an antimuscarinic agent, is often prescribed alongside pyridostigmine to counteract its cholinergic side effects.

Moreover, the study demonstrated that once the status of MG has been stabilized, the need for continuous therapies and medications, specifically the regular intake of pyridostigmine, decreases. This reduction in medication requirement indicates a positive prognosis for stabilization. However, it is crucial to exercise caution when considering the withdrawal of therapies or medications, as doing so may potentially lead to a significant relapse of MG.

Advances in immunosuppressive and supportive therapies have resulted in satisfactory outcomes for treating MG in its acute stage, leading to a significant reduction in mortality rates. Thus, there is currently no agreement on the ideal approach for managing stable MG in the long term, which includes assisting patients in recognizing relapses, implementing exercise regimes, and resuming work or school. With that, Zhang et al. (2021) have demonstrated the application prospect of AI in rehabilitation and management of MG which have a function such as education, management, social contact, and access to research data that canl help in monitoring the patient regularly real time.

Simultaneously, having a healthy lifestyle which encompasses physical therapy or exercises has a positive impact in improving lifestyle. The benefits of physical exercise have been likened to those of drug therapy, leading to its inclusion as a recommended management strategy for numerous chronic diseases, including the MG. Engaging in physical activity can lead to various advantages, such as enhancing one's mood, decreasing fatigue, and promoting favorable outcomes in terms of cognition and mobility. An exercise enhances aerobic capacity, improves muscle function, and reduces disability (O'Connor et al., 2020).

Considering these coping strategies utilized by individuals suffering from the condition, their nature can vary greatly. It is important to note that coping strategies for MG may vary from person to person, as each individual's experience with the condition is unique. Therefore, it is necessary to continuously investigate and understand the range of coping strategies employed by individuals with MG to provide comprehensive support and tailored interventions.

E. History of *Myasthenia gravis*

There are a handful of related literature concerned about the history of *Myasthenia gravis* (MG), although recently published papers are seldom found. Notably, the paper of Deymeer (2020) features a recent revisit to this topic. According to Deymeer, MG was first described by Thomas Willis in 1672. The first diagnosis was also recorded within the same century, and the patient was a chief of a confederation who died in 1644. Similar to the identified symptoms, he suffered from weak, heavy eyelids and muscular weakness that caused him the inability to walk. During that time, only those with severe cases were reported since the diagnosis was difficult. Later in 1934, more individuals were getting diagnosed with MG after the arrival of anticholinesterase substances. This increased diagnosis and treatment, however, made it challenging to determine how the disease would progress naturally. The research on MG history was divided into four parts, each contributing significant discoveries that lead to what we presently know about MG. Until now, further research on this is done.

As stated, research about the history of MG is often outdated, however it remains worthy to note some. As Conti-Fine et al. (2006) mentioned, a breakthrough on treatments for MG occurred in 1934 when Mary Walker figured out that the symptoms were similar with curare poisoning, which is treated with a cholinesterase inhibitor. She proved that it improved the symptoms of myasthenic patients, and thus leading to the establishment of anticholinesterase drugs as treatment for MG. In the 1970s, a discovery of Patrick and Lindstrom prompted immunosuppressants to be used as treatment. Moreover, prednisone, azathioprine, and plasma exchange also became established treatments for MG.

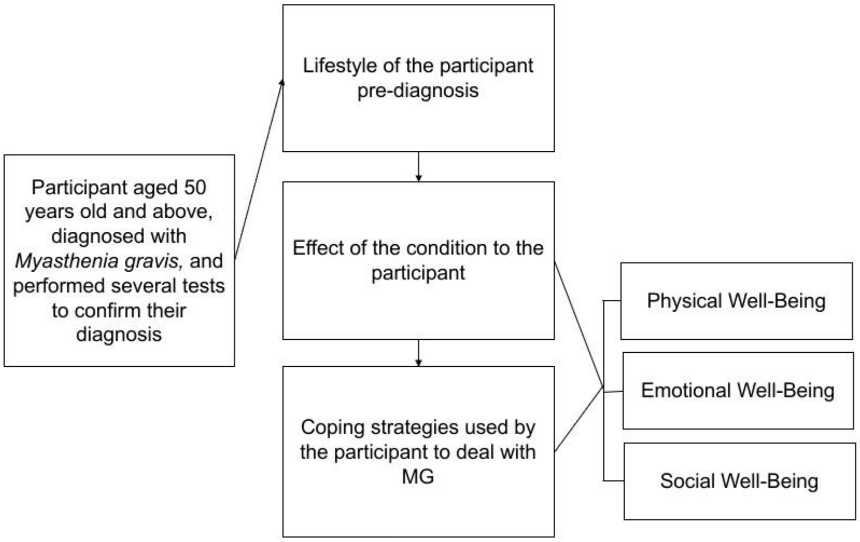
The ongoing and only recently done developments of research on the history and treatment for MG constitute why there is no known cure yet. The treatments are indeed effective for putting the patients in a much more comfortable condition, but it would also be necessary to be able to fully stop the development of the disease, including the negative side effects of some treatments. This study that closely examined the life of a person affected with MG can show how the challenges of the disease and its treatment affected the person in different aspects, which can therefore prompt other researchers to broaden the history of MG, and explore more treatments or finally establish an effective cure.

F. Conceptual Framework

To ensure a systematic and organized approach, the researcher developed a conceptual framework that outlined the research process. This framework serves as a visual representation of the flow of the study, illustrating the various stages from data collection to data analysis and interpretation.

The establishment of a conceptual framework was undertaken to establish associations between the variables, traits, or qualities under investigation (Swaen, 2022). The framework under consideration is designed to concentrate on ten variables. This study examines the impact of *Myasthenia gravis* (MG) on physical, emotional, and social well-being, as well as the associated symptoms and psychological effects. Additionally, the study explores the social stigma surrounding the condition and strategies for coping, including the use of coping mechanisms and social support.

Figure 1



Conceptual Framework of the Study

Figure 1 illustrated the extensive correlation between the participant and Myasthenia gravis, incorporating the variables considered to encompass the participant's personal experiences. The primary objective of this study is to develop a thorough comprehension of the interplay and correlations among the central concepts and components being examined. Through the process of elucidating the intricate relationships between each component, it generated coherent and comprehensive findings and conclusions. The establishment of this framework served as a basis for the development of various codes designed to address the objectives of the research study and ultimately achieve a reliable and accurate conclusion.

The provided diagram presents the intricate network of interdependent concepts that play a crucial role in comprehending the comprehensive lived experiences of a participant diagnosed with Myasthenia gravis (MG). The investigation commenced with an analysis of the pre-existing lifestyle of the participant before the onset of MG, followed by a systematic exploration of the subsequent processes involved in the development of coping mechanisms to effectively manage the condition. Delving into the association between the influence of the condition and the formation of coping strategies was of paramount significance. The present study aimed to gain a comprehensive understanding of the multifaceted effect of the condition on the participant's physical, emotional, and social well-being. In the following analysis, researchers identified distinct strategies that have proven to be effective in managing the symptoms of the disease in various areas. Moreover, the understanding of this concept had a significant impact on influencing the overall results of the study, particularly in terms of how individuals proficiently manage the condition across different areas. Therefore, the researchers were able to effectively construct a case study that emphasizes the lifestyle, symptom management, and coping strategies utilized by the individual who has been proven diagnosed with Myasthenia gravis.

G. Definition of Terms

To provide clear definitions based on their practical usage, the following terms are conceptually and technically defined:

Acetylcholine Receptor (AChR) - Refers to a group of membrane proteins found on the surface of muscle cells. They receive the neurotransmitter acetylcholine, enabling muscle contraction (Zhang et al., 2019; Gilhus et al., 2015). In the context of this paper, AChR is a receptor that receives acetylcholine signals and initiates muscle contraction. Dysfunction or abnormalities in AChR can lead to various neuromuscular disorders, including *Myasthenia gravis*, where the body's immune system attacks these receptors.

Anxiety - A state of fear and apprehension focused on the future, involving cognitive, emotional, physiological, and behavioral responses (Keer-Keer, 2015). This study denotes that it is a response due to the effects and impacts acquired from living with MG.

Anticholinesterase - Drugs used as the main treatment for *Myasthenia gravis.* They inhibit cholinesterase, increasing acetylcholine levels at the neuromuscular junction (Levinson, 2019). In this study, it is explained as the primary treatment given for patients with Myasthenia gravis.

Autoimmune disease - A clinical syndrome where the immune system attacks the body's own cells, leading to various disorders (Berrih-Aknin et al., 2021). In the content of the paper, the term “autoimmune disease” was referred to *Myasthenia gravis* where it is characterized by the immune system mistakenly attacking the neuromuscular junction, which is the area where nerve signals are transmitted to the muscles.

Corticosteroids - Drugs used as immunosuppressive therapy to reduce immune system attack on the neuromuscular junction in *Myasthenia gravis (*Farmakidis et al., 2018). The term “corticosteroids” in the study is denoted as a type of drug that is considered the first-line agent and is commonly administered to alleviate symptoms in individuals with *Myasthenia gravis.*

Depression - A mood disorder characterized by feelings of despair, reduced activity, pessimism, and persistent sadness (Keer-Keer, 2015). In this study, it is referred to as one of the effects or impacts brought by the MG.

Dysphagia - Difficulty in swallowing, often experienced by individuals with *Myasthenia gravis* (Nicolle, 2016). In this study, it is explained as the difficulty in swallowing which is a common effect of *Myasthenia gravis*. Due to muscle weakening, this is mostly encountered by people with *Myasthenia gravis.*

Epidemiology - The study of disease prevalence, distribution, and causes within populations (Law et al., 2021). The term “epidemiology” was explained as a crucial role in order to comprehend the prevalence, distribution, and causes of *Myasthenia gravis* within communities.

HLA genes (Human Leukocyte Antigen Genes) - A group of genes located on chromosome 6 that encode proteins involved in the immune system's regulation and response (Berrih-Aknin et al., 2012; Giraud et al., 2012; Zhang et al., 2019). In the study, HLA genes were characterized in its responsibility for producing proteins that help the immune system recognize and distinguish between "self" and "non-self" cells. These genes are essential for immune responses and are often studied to understand their association with different diseases, including autoimmune disorders.

Hyperplasia - Increase in the number of cells in a tissue or organ, leading to enlargement (Berrih-Aknin et al., 2012; Gilhus et al., 2015). In this study, it is distinguished by a rise in the cell count within a tissue or organ, resulting in its expansion. This phenomenon happens as a result of heightened cellular replication or reduced cellular demise, frequently in response to specific stimuli or circumstances.

Immune Dysregulation - Disturbance or dysfunction in the normal functioning of the immune system (Gilhus et al., 2015). In this study, immune dysregulation is used and refers to the inability of the immune system to properly differentiate between self and non-self cells, leading to immune system dysfunction. This dysfunction is often associated with autoimmune disorders like *Myasthenia gravis*, where the immune system mistakenly attacks the body's own tissues.

Immunosuppressants - Agents that reduce the strength of the immune system, often used to prevent organ rejection (Hussain & Khan, 2022). In this study, it is referred to as another primary treatment used by patients to deal with MG. Steroids like prednisone and azathioprine are examples.

Immunosuppressive therapy (IST) - A kind of treatment approach that use medications to suppress or weaken the immune system for symptom management (Mantegazza et al., 2020). In the study, it is distinguished as a coping strategy for symptom management of the disease where it uses medications to weaken or suppress the immune system to reduce its response, thereby helping control and manage autoimmune diseases.

Neuromuscular Disorder - Disorders characterized by damage or malfunction of the peripheral nerves or muscles (Keer-Keer, 2015). In this study, the term encapsulates the whole idea of *Myasthenia gravis* where it is characterized by muscle weakness brought on by compromised neuromuscular transmission at the neuromuscular junction, characterizing the neuromuscular condition, *Myasthenia gravis.*

Neuromuscular Junction (NMJ) - Specialized synapse between a motor nerve ending and a muscle fiber, enabling nerve impulses and muscle contraction (Zhang et al., 2019; Gilhus et al., 2015). This paper utilized NMJ as the connection between a nerve and a muscle fiber, enabling communication and coordination between the nervous system and muscles. Impairment or dysfunction at the NMJ can cause muscle weakness or movement abnormalities, as seen in conditions like *Myasthenia gravis.*

Pharmacological Management - A Systematic and evidence-based approach to using medications for treating or managing medical conditions (Farrugia and Goodfellow, 2020). In this study, the term "Pharmacological Management**"** pertains to the medication or coping strategies for symptom management of the condition. It involves the administration of drugs or medications to alleviate symptoms, control disease progression, or achieve specific therapeutic outcomes.

Steroid Sparing Immunosuppressive Agents - Drugs used as alternatives or additions to corticosteroids to manage autoimmune diseases while minimizing reliance on steroids (Farrugia and Goodfellow, 2020). In this study, it is referred to as a medication used in the treatment of *Myasthenia gravis* (MG) that is intended to reduce the reliance on corticosteroids (steroids) as the primary treatment.

Thymectomy - Surgical procedure involving the removal of the thymus gland, often performed to treat *Myasthenia gravis* (Farmakidis et al., 2018). The term refers to the surgical removal of the thymus gland and is recognized as a treatment approach for symptom management of *Myasthenia gravis*, thereby altering the course of the disease.

Thymic Involution - Natural shrinking and decline in the size and activity of the thymus gland with age (Berrih-Aknin et al., 2012; Gilhus et al., 2015). This paper utilized this term, Thymic involution, to show that it refers to the age-related reduction in the size and function of the thymus gland. This natural process can affect the development and functioning of immune cells, including T-cells, and may play a role in the pathogenesis of *Myasthenia gravis*.

Thymoma - Tumor that develops in the thymus gland, which can be benign or malignant (Berrih-Aknin et al., 2012; Gilhus et al., 2015). This research used Thymoma to present that it refers to a tumor that originates in the thymus gland. Thymomas can be either benign or malignant and are associated with various autoimmune diseases, including *Myasthenia gravis*.

Transient ischemic attack - Temporary episode with stroke-like symptoms, potentially related to *Myasthenia gravis* (Nicolle, 2016). In this study, it is denoted as experiencing similar symptoms to a stroke, such as paralysis, slurred speech, and vertigo which can result from *Myasthenia gravis.*

CHAPTER III

Methodology

This chapter provided an overview of the research methods that was used in this study. It provided information on the participant, namely the requirements for the study inclusion, the participants, and how they were sampled. Additionally, a description of the research design was included, along with its relevance to the study's objectives. The methods utilized to carry out the study were also presented, along with a description of the instruments used for data collection. The methods utilized to examine the data were also covered in this chapter. Lastly, the ethical considerations that guided the approach were also explored.

A. Research Design

The researchers used a qualitative approach-- specifically, a case study. A case study is a detailed investigation that concentrates on a singular phenomenon, which may involve examining a single person, group, or event (Feagin et al., 2016). In this study, an intrinsic case study approach was utilized, as it allows for a deep understanding of a specific case (Hyett et al., 2014). Researchers who employed case studies were advised to look for similar and unique aspects of the case. It entails a thorough thought of all relevant institutional and political backdrop aspects, including the case's character, historical setting, physical setting, and others (Hyett et al., 2014). Essentially, a case study enables researchers to explain, depict, or investigate events or phenomena in their natural and everyday contexts (Crowe et al., 2011). The researchers used case study to accomplish their goals to learn about the experiences of a person with *Myasthenia gravis* and the effect of this disease in their daily life. Researchers who employ case studies were advised to look for both the common and unique aspects of the case. This entails giving thorough thought to all relevant institutional and political backdrop aspects, including the case's character, historical setting, physical setting, and others (Hyett et al., 2014). Essentially, case study enables the researchers to explain, depict, or investigate events or phenomena in their natural and everyday contexts (Crowe et al., 2011). The researchers used case study to accomplish their goals to learn about the experiences of a person with *Myasthenia gravis* and the effect of this disease in their daily life. With the use of a case study, the researchers further understood and provided a detailed account of an individual's experience of living with the condition of *Myasthenia gravis*, through interviews and observations. In utilizing a case study approach, it is important for the researchers to maintain objectivity in their analysis and interpretation of the data collected. The potential for researcher bias is high in qualitative research, and measures have been taken to ensure that the findings were grounded in the data and not influenced by the researchers' preconceptions or assumptions (Guba & Lincoln, 2018).

B. Sampling Technique

This study used purposive sampling, which is a non-probability sampling method. As Punch (2004) stated, mentioned in the paper of Campbell et al. (2020), purposive sampling is the selection of participants based on the premise of the study. It is a cycle of choosing the subjects of research, instead of starting the study with a planned sample frame of participants (Robinson, 2014). This sampling technique was utilized because the purpose of the study is to observe a person with a specific disorder, which therefore requires a participant who has the disorder to accomplish the purpose. The researchers of this case study chose one participant who was diagnosed with *Myasthenia gravis* and met other characteristics in the inclusion criteria.

C. Research Participants

The eligible participants of this study were individuals who were diagnosed with *Myasthenia Gravis* (MG), specifically, those who performed several tests to confirm their diagnosis. This study necessitated the inclusion of one individual who has been diagnosed with MG, particularly at age 50 and above, as well as a relative who will contribute to and provide support for the data provided by the main participant, generally who resides in Valenzuela City.

The diagnosis of MG is more common in the present, with a significant increase observed in patients who are 50 years old or older (Aarli, 2008). While there is a belief that the characteristics of MG in elderly patients may vary from those in younger patients, limited attention has been given to studying this specific population (Li et al., 2021).

The inclusion of relatives in this study served a valuable purpose, as they often possess a more enriched knowledge, belief, and attitude compared to the main participant due to their increased exposure (Mensah et al., 2022). This inclusion strengthens and substantiates the data provided by the main participant.

D. Instrumentation

The researchers utilized semi-structured interviews to collect and obtain data that is needed for the study. The semi-structured interview (SSI), conducted in conversation with one respondent at a time, uses a combination of closed- and open-ended inquiries, frequently followed by follow-up why or how questions (Adams, 2015). It is a type of interview that involves an interaction between the researcher and the participant, directed by a versatile interview guideline, and reinforced by follow-up questions, probes, and comments (DeJonckheere & Vaughn, 2019). This technique allowed the researchers to delve into the thoughts and perspectives of the participant and further investigate their responses for supplementary details and elucidation, particularly in situations involving intricate or delicate topics (Nuzhat et al., 2022).

The final set of interview questions was subjected to validation by experts who are part of the Valenzuela City School of Mathematics administrator and faculty, namely the school nurse, the guidance counselor, a teacher who majored in biology, and a language teacher. Before the actual interviews were conducted, a pilot test of the interview was carried out to make sure that the questions are comprehensible.

Observation of the participant was also used as a research instrument in addition to the semi-structured interviews. Participant observation is the immersion in the actual setting and surroundings of the people. It involves taking field notes that will be useful for discovering the patterns and themes in the participant’s situation, relevant to the study (McMorran & Green, 2023). The observations were taken note of and were also used as supporting data for the analysis. The researcher also incorporated observations made by the participant's relatives, who had been present since the onset of their illness. These close relatives or family members offered unique perspectives on the participant's condition and experiences. Their firsthand perceptions and memories offered significant points of view on the changes, difficulties, and effect of the sickness on the member's regular routine. By including the perceptions from family members, the review acquired a more encompassing comprehension of the participant's experience with the disease.

As another supplementary method of data gathering, a logbook was given to the participant and the relative so they can take note of their significant day-to-day experiences related to *Myasthenia gravis*. This method was done for seven days. The data collected from the logbook were also utilized during the analysis and coding of the participants' answers and the researchers' observations.

E. Research Procedure

1. Data Collection

In order to gather data for the study, the researcher used various methods to obtain information. Some of the techniques or methods of qualitative data collection most commonly used in health research are document study or analysis, observations, and semi-structured interviews (Busetto et al., 2020). The researchers employed a semi-structured interview to get an in-depth exploration about the participant’s perception on the lifestyle, challenges, and coping mechanisms of a person with *Myasthenia gravis* (MG). A semi-structured interview is a comprehensive interview which involves pre-determined and open-ended questions (Jamshed, 2014) and reinforced by follow-up questions, probes and comments (DeJonckheere & Vaughn, 2019) to keep the interview focused on the desired line of action.

To ensure a structured and clear discussion during the interview, it is common practice for both the interviewer and interviewee to have access to an interview guide provided by the researcher beforehand. This guide serves to prepare the participant, check for sensitive and confidential topics, and prevent confusion or misunderstandings of the questions being asked.

In this particular study, the interview centered on the participant's experiences with MG and involved a set of targeted questions. The interview guide included probing questions that align with the specific objectives of the study. These questions aimed to elicit comprehensive and precise responses from the participants, which contributes to the reliability and validity of the collected data. The interview lasted around 30-60 minutes and was conducted in a location convenient for the participant.

To ensure precise documentation of the interview, data was collected through video or audio recordings using mobile phones, as well as note-taking, with the participant's consent.

Additionally, the researchers conducted a thorough day of observation to gain a better grasp of the daily struggles faced by people with MG. The objective was to obtain important information about the difficulties, constraints, and coping strategies used by participants to manage their condition. Unfortunately, the observation did not produce substantial data that might directly support the study's objectives due to time and resources limitations. Despite this restriction, the researchers emphasized the necessity for future studies with longer and more extensive observation periods in order to provide relevant results and the significance of getting a more complete picture of the individuals' actual experiences.

Hence, to further support the study, the researchers utilized a logbook as a supplementary method to discover more information about the everyday condition of living with MG. The participants were provided with the logbook, and were prompted to enter pertinent information and observations regarding their everyday experiences, symptoms, medication consumption, difficulties encountered, and coping mechanisms used. The logbook served as a self-reporting tool, allowing participants to provide a more comprehensive and continuous account of their condition beyond the interview sessions.

2. Data Analysis

After the data collection, the data gathered from the interview, observation, and logbook were transcribed and classified systematically and thus, analyzed using qualitative analysis methods. This process involves identification of the recurring themes and patterns within the data to gain insights into the participants' experiences with *Myasthenia gravis* (MG). According to Braun and Clarke (2006), as cited in Kiger and Vaprio (2020), thematic analysis is a technique for assessing qualitative data that involves looking through a data collection to find, examine, and report recurring themes. This type of analysis is most effective when attempting to comprehend a group of events, thoughts, or behaviors spread throughout a data collection. The researchers used thematic analysis since it involves description and classification but not going so far that a theory will be produced. Using thematic analysis the researchers will furthermore understand the participant's experiences. Thematic analysis also enables the researchers to summarize, highlight, and grasp a variety of data from the participant (Kiger & Vaprio, 2020).

During the process of conducting a thematic analysis, the researchers followed the methodology proposed by Braun and Clarke in 2006. This method consists of six essential steps including: becoming familiar with the data, generating codes, generating themes, reviewing themes, defining and naming themes, and locating exemplars. In particular, the researchers transcribed and analyzed the participants' response and thus, integrated these steps, thereby formulating the codes and emergent themes from the transcription. This process enabled the researchers to extract meaningful insights and gain a comprehensive understanding of the research topic.

The researchers also used triangulation of data to increase the credibility and validity of research findings (Noble & Heale, 2019). Triangulation of data analysis has the ability to make the data more meaningful and improve the conclusions that the researchers can draw from the participant's responses (Renz, et. al, 2018). It is used to answer a research question with the use of multiple datasets, methods, theories, and researches.

The analyzed data came from the interviews with the participant and relative, observation, and the logbook. The researchers first recognized the recurring themes and patterns and classified the transcribed data from the interview, and these were utilized for answering all of the research questions. The data from the observation were then incorporated later on, mostly on the second and third research problem because the data were related on the participant's lifestyle with Myasthenia gravis and its coping strategies. Furthermore, the analysis on the data from the interviews and the observation is identical, as the interview responded and the observed routine of the participant were consistent with each other. The researchers also analyzed and based codes on the medication intake and coping strategies that the logbook primarily contained. After including and evaluating the data from all of the research instruments used in this study, the codes and main themes were thoroughly identified.

3. Data Validation

To demonstrate the validity and reliability of the research, all the written data in this study were subjected to multiple checks for plagiarism. The researchers assure that there were no previous case studies involving patients with *Myasthenia gravis*. It is guaranteed that research questions and interview questions have been validated by experts in the field of research.

To determine the validity and dependability of the research, the following methods were devised by the researchers:

1. In the appendices, the researchers contained the audio recordings of the interviews. Legal consent was handed over to the Practical Research adviser for evaluation, as well as to the interviewees so they could be informed about the nature of the interview.
2. The audio recordings and transcriptions were incorporated in the results and discussion as supporting evidence. This research's findings were subjected to member verification to ensure the accuracy of the respondents' responses.
3. The researchers consulted the revised information provided by their Practical Research adviser and the other validators who are experts in the field of research, as well as other student researchers. These experts' responses served as the basis for their conclusion.
4. The interview was conducted earlier so that they could discuss the answers briefly. They extended the time available for more precise peer debriefing.
5. In the discipline of member checking, researchers double-checked the information collected regarding the responses from the interviews. In this way, the results can be considered consistent and genuinely in line with the objectives of the study.

F. Ethical Consideration

As the study involved exploring the lifestyle of a person with *Myasthenia gravis*, the participants may share personal and sensitive information during the interviews. It is important to ensured that this information is kept confidential and that participants are not identified in any way in the research report. To address this ethical concern, the researchers ensure that all data collected during the study is stored securely, and access was limited only to the researchers. Furthermore, a consent form was provided to participants that provide details for the objective of the study, their rights as participants, and the steps taken to protect their privacy and maintain confidentiality. Also, it was indicated on the consent form that participants will only be referred to by pseudonyms in the research study and that their names won't be revealed. By prioritizing the protection of participants' confidentiality and privacy, the study upholds ethical principles of research and maintained the trust between researchers and participants.

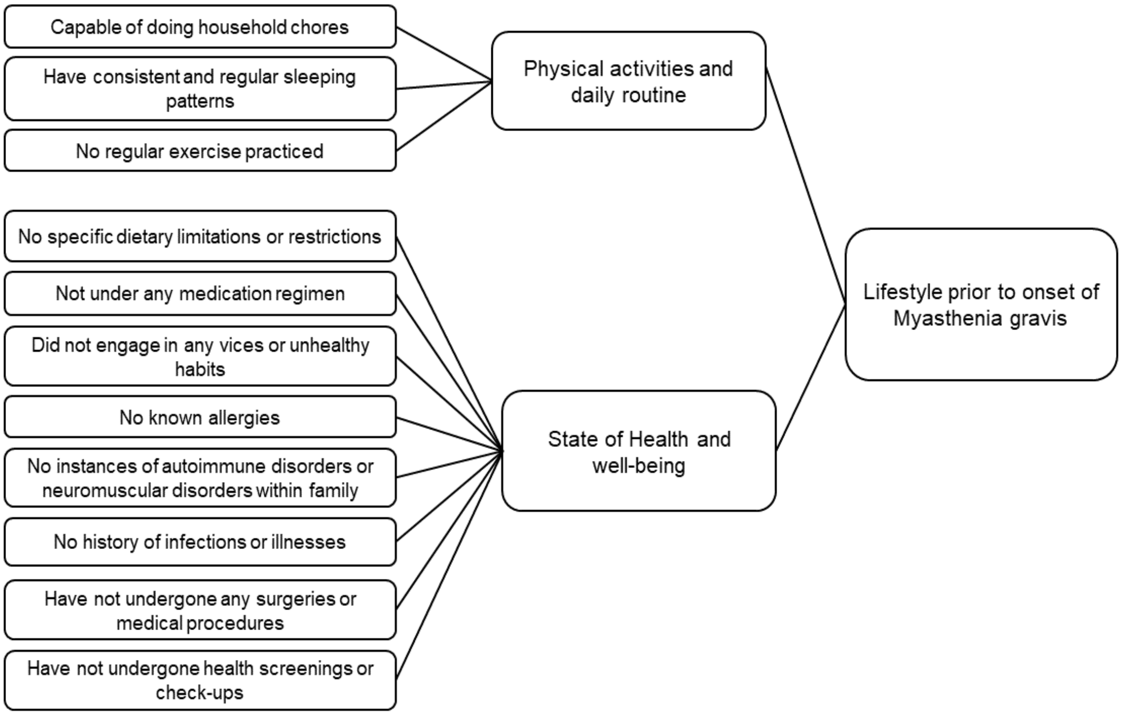
CHAPTER IV

Presentation, Analysis, and Interpretation of Data

This chapter focuses on the results obtained from an interview conducted to gather information about the experiences of individuals with *Myasthenia gravis* (MG). The data collected from the participant's responses, as well as information from the interview, logbook, and observation, is analyzed using coding techniques. The coding process helps to identify significant themes that emerge from the data, leading to a comprehensive interpretation of the participant's feedback. The chapter presents the findings derived from thematic analysis, providing a deeper understanding of the participant's experiences with MG.

Lifestyle Prior to Onset of Myasthenia Gravis

Figure 2



Semantic clustering of codes for research question 1

Figure 2 shows the semantic clustering of codes for research question 1. This aims to determine the overall condition of the participant prior to the onset of *Myasthenia gravis.*

The theme is focused on the overall wellness of the participant before their acquisition of *Myasthenia gravis* (MG). Particularly, it shows how the participant used to do their lifestyle when their condition was still normal. *MG*, a condition that generally causes the muscles to become weak, causes a decrease in the physical capacity of the patient to perform tasks. Without this muscle condition, it is expected that an individual is capable of carrying out normal physical tasks. In this theme, the participant expressed a healthy and regular lifestyle beforehand, including not having to take extra care of their health and not having to require medical intervention.

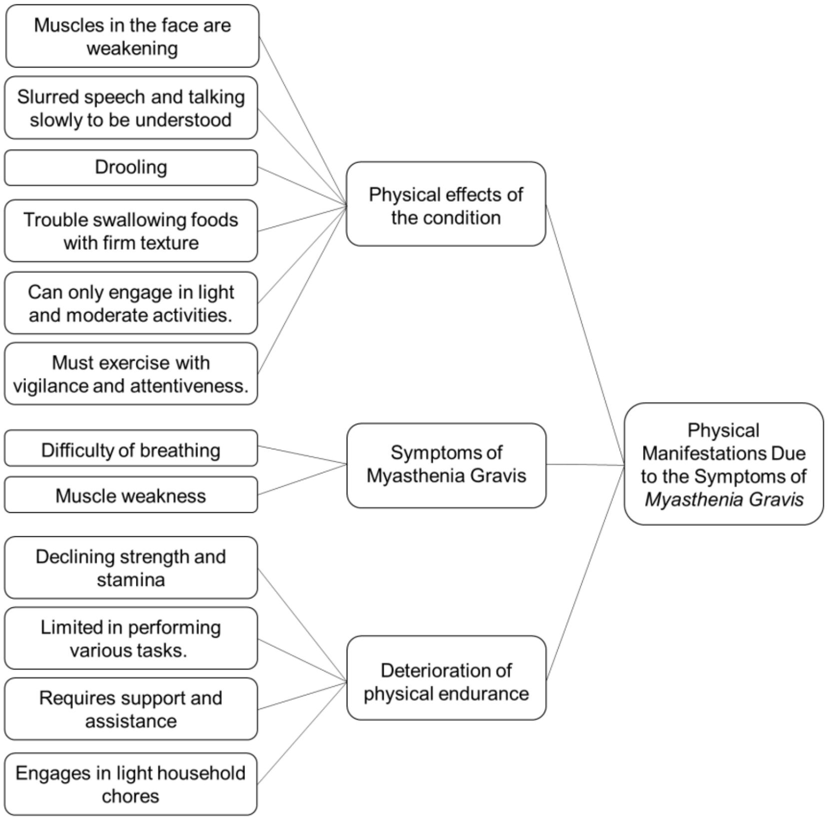
The first sub-theme suggests that the participant was capable of performing household chores. As stated by the participant, "*Before lahat nagagawa ko. Lahat ng mga gawain sa bahay...Gawaing bahay. Basta bahay lang—namamalamgke, naglalabada*". This suggests that the participant was previously able to perform various household tasks without difficulty. They were actively engaged in household chores such as cooking, cleaning, and going out to run errands. Furthermore, the sub-theme also shows that the participant had a regular physical routine in their daily life, including the consistent regular sleeping patterns. As stated, "*Maayos naman pagtulog ko*". However, it is mentioned that they did not engage in regular exercise. This implies that while they had some level of physical activity in their daily routine, it was not structured or focused on maintaining fitness.

The second sub-theme shows that the participant did not have any specific dietary limitations or restrictions. This suggests that their diet was varied and not restricted in any particular way. They were not under any medication regimen, indicating that they did not have any preexisting medical conditions or ongoing treatments. Additionally, they did not engage in any vices or unhealthy habits, indicating a generally healthy lifestyle. The participant had no known allergies, which implies that allergic reactions were unlikely to be a factor in the onset of Myasthenia gravis. Furthermore, there were no instances of autoimmune disorders or neuromuscular disorders within their family, indicating that there may not have been a genetic predisposition for the condition. The individual had no history of infections or illnesses, suggesting that they had generally good overall health. They had not undergone any surgeries or medical procedures, indicating a lack of previous interventions that could have contributed to the development of Myasthenia gravis. It is also mentioned that they had not undergone any health screenings or check-ups, which might have identified any underlying health issues.

Overall, this theme discusses the normal physical condition and experiences of the participant before MG started to emerge. Most of the codes imply the healthiness of the patient. It is most likely that they didn't use to exercise because they didn't feel the need to. The regular medication and checkups would have been unnecessary if the patient was feeling completely normal. The participant also wasn't restricted to any food because they did not have any illness affecting them. In short, there was no special need for special care and medical intervention until *Myasthenia gravis* affected the participant.

Effects of the Condition to Different Aspects of the Participant's Health

Figure 3



Semantic clustering of codes for research question 2.1

Figure 3 shows the semantic clustering of codes for research question 2.1. This aims to determine the pattern of experiences and how *Myasthenia gravis* (MG) affects the quality of life in terms of the physical well-being of the participant.

Physical Manifestations Due to the Symptoms of Myasthenia Gravis

The theme emphasized the participant's current experience of worsening symptoms, which impose limitations on their activity engagement. Consequently, there has been a noticeable decline in the participant's overall abilities, specifically in terms of strength and stamina.

The first sub-theme focuses on the physical effects of the participant's condition, suggesting that they are currently facing irregular symptoms that restrict their ability to perform light to moderate activities. This is evident from the logbook entries, which state instances of dizziness and weakness, accompanied by high blood pressure, requiring the participant to rest. As stated from the logbook, “*Kaninang hapon, nahihilo at nanghihina ako. Mataas ang BP ko. 170/90. Kailangan kong magpahinga*.” On the other hand, some days are characterized by a better overall feeling and the accomplishment of household chores. It was also observed that heavy activities done by the participant require assistance from others. As stated by the participant, “*Alam na nila na hindi maganda yung pakairamdam ko “mama, pahinga ka na diyan kami na ang bahala dito” mga ganyan…*". On the other hand, the relative stated, “*...pag aakyat siya, kailangan mo rin siya supportahan paakyat ganon*”. These statements suggest that Myasthenia gravis has weakened the participant, necessitating their reliance on assistance and support.

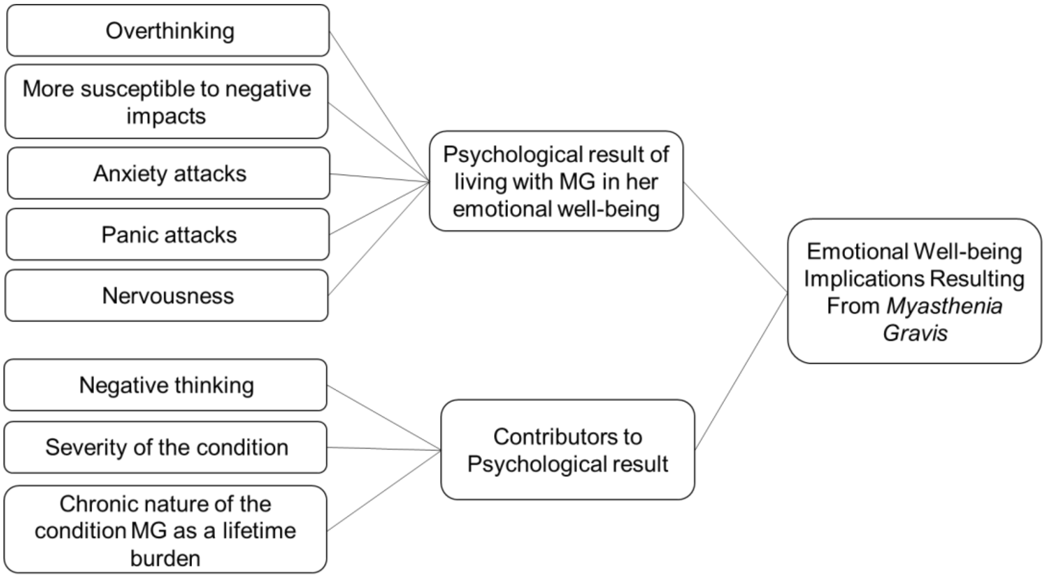
The second sub-theme focused on the participant's most severe symptoms, specifically difficulty breathing and muscle weakness. These symptoms have a significant impact on the participant's well-being and functionality. The participant stated that “*Malaki ang naging epekto dahil, nabawasan yung energy ko at naging weak ako*”. As a result, during episodes of symptom exacerbation, the participant opts for complete bed rest. Breathing difficulties greatly affect the respiratory system, causing discomfort or distress due to the challenge of proper breathing. Additionally, muscle weakness indicates a decline in physical strength, hindering the participant's ability to perform daily tasks requiring muscular effort. Overall, this theme highlights the significance of specific symptoms and their detrimental effects on the participant's overall health and quality of life.

The third sub-theme draws attention to the participant's noticeable decline in abilities, particularly in terms of strength and stamina, indicating an impact of their symptoms on their overall physical capabilities. In the interview the participant stated, "*Bawal akong gumawa ng medyo ano, yung mga ginagawa ko noon, hindi ko na pwede gawin dahil sa Myasthenia gravis*". This indicates that the participant must refrain from engaging in certain activities due to the effects of *Myasthenia gravis*.

According to the National Institute of Neurological Disorders and Stroke (2020), *Myasthenia gravis* (MG) is characterized by a distinctive feature of muscle weakness that deteriorates following physical activity and improves after periods of rest. While specific muscles, including those responsible for eye and eyelid movement, facial expression, chewing, talking, and swallowing, are commonly affected by the disorder. The onset of the condition can be abrupt, and its symptoms are frequently not immediately identified as being related to MG. Furthermore, Yale Medicine (2022) also stated that MG can also result in muscle weakness affecting the legs or arms, and it can even lead to respiratory difficulties. Typically, motor function deteriorates when the body is engaged in physical exertion and improves when given rest. Occasionally, episodes of muscle weakness can arise suddenly, to the extent that an individual may experience difficulty breathing and necessitate immediate medical intervention.

The study concludes that MG significantly affects the physical health of individuals, resulting in various symptoms, restricted activities, muscle weakness, and breathing difficulties, ultimately leading to a significant decline in their overall abilities and functionality.

Figure 4



Semantic clustering of codes for research question 2.2

Figure 4 shows the semantic clustering of codes for research question 2.2. This aims to determine the pattern of experiences and how *Myasthenia gravis* (MG) affects the quality of life in terms of the emotional well-being of the participant.

Emotional Well-Being Implications Resulting from Myasthenia Gravis

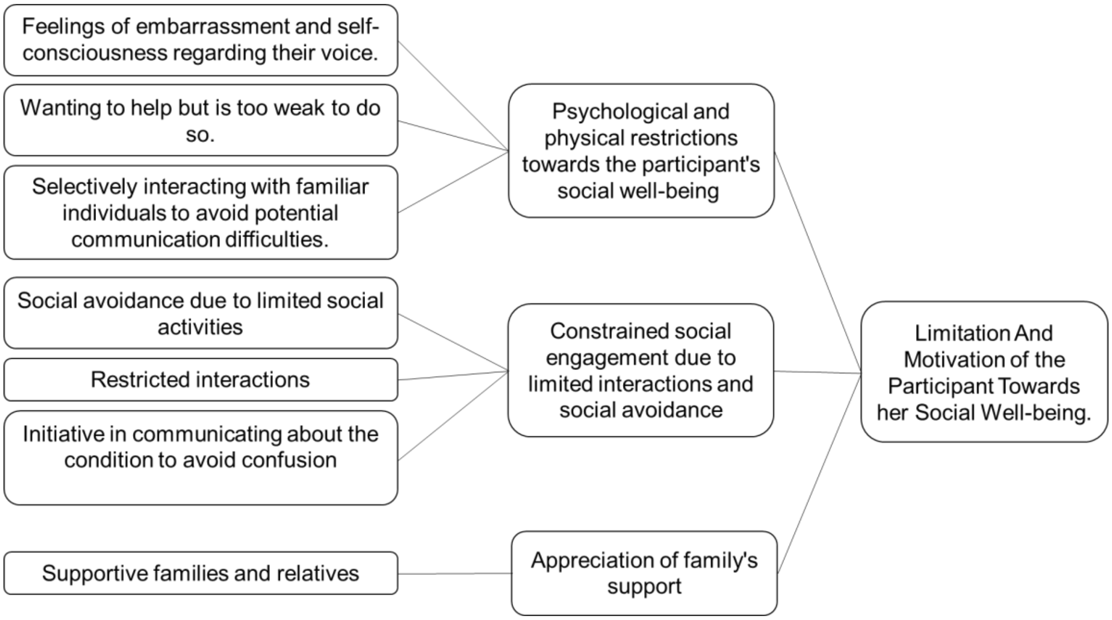
The theme focused on the emotional well-being implications of *Myasthenia gravis* (MG), emphasizing the effect it has on the patient's emotional well-being. MG is a condition that can lead to various emotional challenges and difficulties. It may cause feelings of frustration, sadness, anxiety, or even depression in individuals affected by the condition. The theme draws attention to the emotional toll that MG can have on patients, highlighting the importance of addressing and supporting their emotional needs alongside the physical aspects of the condition.

The first sub-theme focuses on the psychological impact of living with MG, highlighting that the participant's condition has resulted in excessive rumination and overthinking, potentially linked to the uncertainties and challenges associated with the disease. This tendency towards overthinking contributes to heightened worry, rumination, and difficulty in finding inner peace. From the interview the participant said, "*Meron akong anxiety*". The participant frequently experiences depressive episodes and anxieties, which increase her vulnerability to negative effects. Bogdan et al. (2020) stated that intense and prolonged mental stress as well as emotional arousal can impact the immune function and potentially trigger the onset or recurrence of MG. Additionally, MG is an unpredictable condition characterized by periods of relapse and remission, which require long-term medication use. These medications may have side effects that can negatively affect the quality of life and contribute to psychological stress, potentially increasing the risk of depression. Individuals with MG are likely to experience ongoing disruption in both the hormonal stress response system and the immune system, exacerbating the disease itself and potentially leading to secondary psychological abnormalities.

The second sub-theme highlights various contributors to the psychological consequences of MG, including advancing age, anxiety related to the diagnosis, negative thought patterns, and the severity and lifetime burden of the participant's condition. This is evident in the peer iinterview since the relative stated, "Siguro yung, severity na lang din ng sakit. At saka yung the fact na hindi mo na siya na maitatanggal sa kanya. Parang lifetime niya na kailangan dalhin yun. Hindi siya mawawalan ng gamot, di siya pwedeng mawalan ng gamot". Understanding and addressing these contributing factors can be essential to providing holistic support and promoting the participant's emotional well-being. Nadali et al. (2022) indicates that individuals with MG may encounter psychological effects as a result of the complex and recurring symptoms they experience.

The analysis shows that MG has a significant impact on the emotional well-being of patients. This influence is characterized by increased vulnerability, psychological symptoms that include anxiety and panic attacks, and the potential amplification of emotional impacts due to the severity of the condition, its lifetime burden, and negative thinking patterns.

Figure 5



Semantic clustering of codes for research question 2.3

Figure 5 shows the semantic clustering of codes for research question 2.3. This aims to determine the pattern of experiences and how *Myasthenia gravis* (MG) affects the quality of life in terms of the social well-being of the participant.

Limitations and Motivation of the Patient Towards her Social Well-being

The study centers on examining the constraints and driving forces that influence the participant's social welfare within the framework of *Myasthenia gravis* (MG). The initial sub-theme delves into the examination of the psychological and physical limitations that impede the social well-being of the subjects. The presence of negative emotions such as embarrassment and self-consciousness with regard to one's voice can result in restricted participation in social activities. As stated by the relative, "ngongo siya (pertaining to the participant) or slurred magsalita. So, nahihiya siya minsan talaga makipag-usap sa ibang tao”. According to the findings of Jackson et al. (2022), it appears that individuals with MG may have experienced anxiety and worries about being judged or pitied by unfamiliar individuals at social events. This could be due to the potential misinterpretation of their speech issues as drunkenness or their drooping facial muscles as indicative of a stroke. The study found that participants who experience physical weakness may limit their desire to help others. Additionally, they may choose to interact only with familiar individuals to avoid potential communication challenges.

The findings suggest that the participant experienced limited social interaction, which can be categorized as a sub-theme of the broader theme. It implies that individuals who experience limited interactions and social avoidance may be doing so due to a lack of available social activities. According to a recent study by Jackson et al. (2022), it was found that individuals frequently opted to cancel or refrain from attending social gatherings as a means of preventing the worsening of their symptoms or overexertion. Basing on the interview, the participant said "*Sa ano hindi ako pwedeng, uhhm, maki, hindi ako pwedeng maki-salamuha sa maraming tao, kasi nga umiiwas ako kaya hindi ako maka-ano, hindi ako makasunod sa mga ano… oo yes… oo, actually hindi ako maano sa mga family gatherings. Pero 'pag sa iba hindi, talagang umiiwas ako*” that implies the avoidance of social interactions within the community. The limited interaction results in a constrained circle of acquaintances and reduced chances for socialization. The study suggests that participants proactively communicate about their condition to mitigate potential confusion, leading to improved understanding and social interaction.

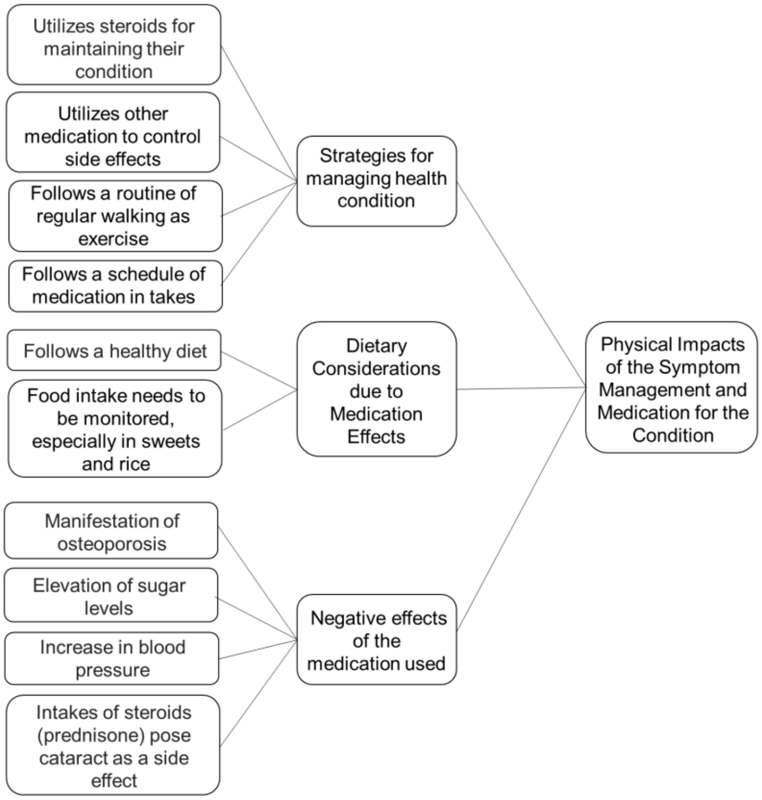
The findings indicate that the participants' families played a significant role in motivating them, as evidenced by the emergence of the third sub-theme highlighting the appreciation of their support. The findings suggest that the presence of familial support is a crucial factor in promoting the social well-being of the participants. According to Szczudlik et al. (2020), the provision of support from family members is crucial in enabling individuals with MG to cope with the difficulties associated with the condition. This support can take the form of understanding, assistance, and encouragement, all of which can be instrumental in helping patients navigate the challenges posed by the disease.

This study sheds light on the participant's limitations and motivations in relation to her social well-being within the context of MG. The study suggests that social interactions of participants are influenced by psychological and physical limitations, as well as restricted social engagement and avoidance. The presence of familial and relative support is perceived as a beneficial source of motivation. The identification of these factors is crucial in fostering a social environment that is inclusive and empathetic. This understanding can inform the development of interventions aimed at improving the social well-being of individuals.

Research question 2 focuses on examining how the condition affects the physical, emotional, and social well-being of patients. The findings show that MG has notable physical, emotional, and social consequences. This part indicates that physical manifestations of the condition are characterized by a range of symptoms, including dizziness, muscle weakness, high blood pressure, and difficulty of breathing. These symptoms can contribute to a decline in overall abilities and functionality which limits the daily activities a person can do. Furthermore, living with MG causes emotional challenges to individuals. Research suggests that individuals with this condition may experience a range of negative emotions, including frustration, sadness, anxiety, and depression. Psychological stress and negative thought patterns may also contribute to these emotional experiences. Simultaneously, individuals may experience limited social interaction and avoidance behavior due to negative emotions, self-consciousness, and physical manifestation of the condition. However, familial support can positively influence social well-being. A comprehensive approach that considers all relevant factors is essential for enhancing the overall health and standard of living of individuals with MG.

Coping Strategies and its Effect to the Participant

Figure 6



Semantic clustering of codes for research question 3.1

Figure 6 shows the semantic clustering of codes for research question 3.1. This aims to determine the effects of symptom management in dealing with *Myasthenia gravis* (MG) in terms of the physical well-being of the participant.

Physical Impact of the Symptom Management and Medication for the Condition

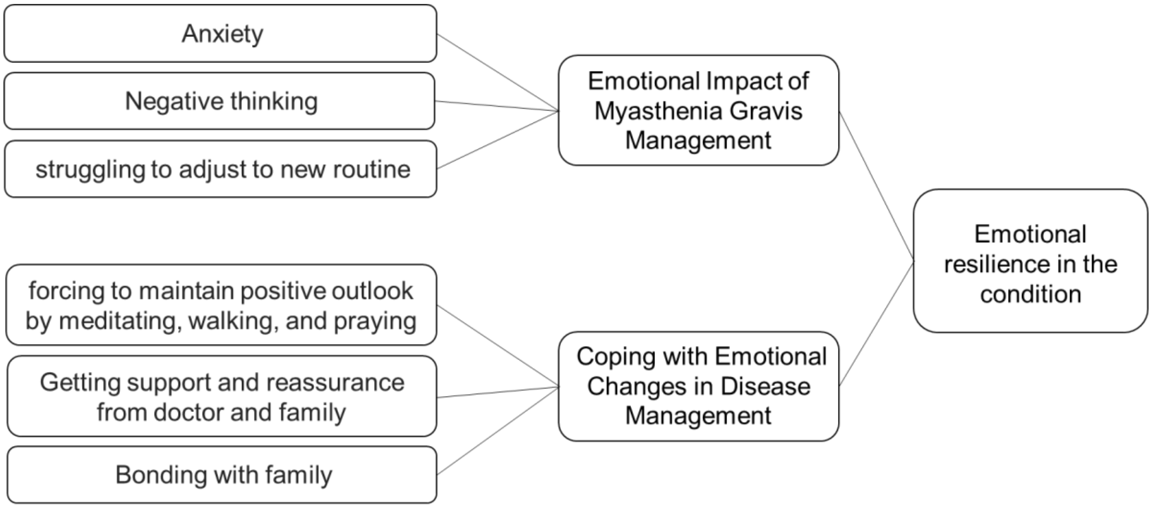
A crucial factor that MG significantly influences is the participant's physical health. In this part, the theme focuses on the influence of condition management on physical well-being where it uses steroids to maintain its condition.

The first sub-theme delves into the strategies used to effectively manage the disease. The symptoms experienced by the participant, including weakness, hypertension, and hyperglycemia, serve to underscore the challenges they face. The participant adheres to a regimen consisting of regular exercise and a healthy diet. As stated by the participant in its logbook, "T*uwing umaga, naglalakad ako sa labas ng aming bahay dahil sinabihan ako ng aking doktor na mag-exercise. Kapag naka-1000 steps na ako, tigil na*." With regards to its proper diet, the participant needs to watch its carbohydrate intake. One entry in her logbook says that her sugar level increased to 154, meaning she needs to lower her rice and eat more vegetables. As stated, "*Ngayong araw, nagpakuha ako ng sugar sa glucometer sa aking apo. 154. Mataas. Kaya magbabawas ako ng kanin ngayong araw at mag-uulam na lang ng maraming gulay… Kailangang bantayan*." In a study conducted by Evoli et al. (2000) on recently treated patients to assess the efficacy of corticosteroids as immunosuppressants when administered as monotherapy, provided that the long-latency effect was tolerable. In instances where the treatment was deemed intolerable, it was co-administered with corticosteroids to effectively manage the disease, same with what the participant uses to manage the symptoms of her MG. Furthermore, due to the side effects caused by the steroids intake of the participant, they adhere to other medication to control side effects. As stated in the logbook, "*Kasabay ng maintenance ko for MG, maraming kasabay na gamot para macontrol yung mga side effects*". This suggest that the participant requires a comprehensive medication regimen to address both the symptoms of MG and the potential adverse effects of the steroids.

The second sub-theme focuses on the dietary considerations that arise due to the effects of the medication of the participant. As documented in the logbook, "*Kailangan kong antabayanan ang pagkain ko ng kanin at matatamis dahil minomonitor ko ang aking sugar level.*" The participant acknowledges the need to monitor their sugar level, leading them to be cautious about their intake of rice and sweets. This monitoring is essential because it helps them maintain a stable blood sugar level.The participant actively manages their diet by restricting the consumption of sweets and rice. This dietary adjustment aligns with their goal of controlling their sugar intake. The researchers have observed that the participant places greater emphasis on consuming a larger quantity of vegetables while reducing their rice consumption. This dietary approach aims to lower their overall sugar intake and promote a healthier eating pattern. The combination of monitoring sugar levels, limiting sweets and rice, and focusing on vegetables demonstrates the participant's commitment to managing their diet in relation to their medication. These dietary considerations and the observations made by the researchers highlight the participant's dedication to maintaining a balanced and health-conscious approach to their food choices.

The third sub-theme highlights the negative effects of the treatments on the participant's physical health. It has been stated by the participant in the logbook containing information about its routines and significant events that had happened with regards to their condition, that the medication used caused further side effects. As stated, "*Kasama sa sintomas ko yung panghihina, high blood pressure, at mataas na sugar. Ngayon, diagnosed na rin ako ng osteoporosis at naggagamot ako para sa aking torning cataract sa mata. Lahat ito ay side effect ng gamot ko.*" With that being said, the participant also stated that she has been taking medicines and vitamins for the maintenance of her condition. Evoli et. al. (2000) indicated that the study participants in their research study who were prescribed steroids were instructed to adhere to a dietary regimen that is characterized by reduced salt and carbohydrate intake. Furthermore, the participants received instructions to consume calcium and antacid supplements. The investigation consistently observed the typical adverse reactions associated with corticosteroids, such as elevated blood pressure, increased body mass, impaired ability to process glucose, low potassium levels, ocular hypertension, and opacification of the lens. Meanwhile, the evaluation of osteoporosis was performed via X-ray assessments on patients exhibiting indications related to the ailment. The manifestation of osteoporosis, elevation on sugar levels, and increase on blood pressure are implied as seen both in the study of Evoli et. al and the participant. As seen on the interview transcription, the participant adheres to a structured routine and a nutritious dietary plan to effectively manage the symptoms associated with the disease. The manifestation of these symptoms can significantly impact an individual's general state of health and their way of life. The participant engages in active monitoring of her blood glucose levels and implements the requisite dietary modifications to sustain optimal health.

Figure 7



Semantic clustering of codes for research question 3.2

Figure 7 shows the semantic clustering of codes for research question 3.2. This aims to determine the effects of symptom management in dealing with *Myasthenia gravis* (MG) in terms of the emotional well-being of the participant.

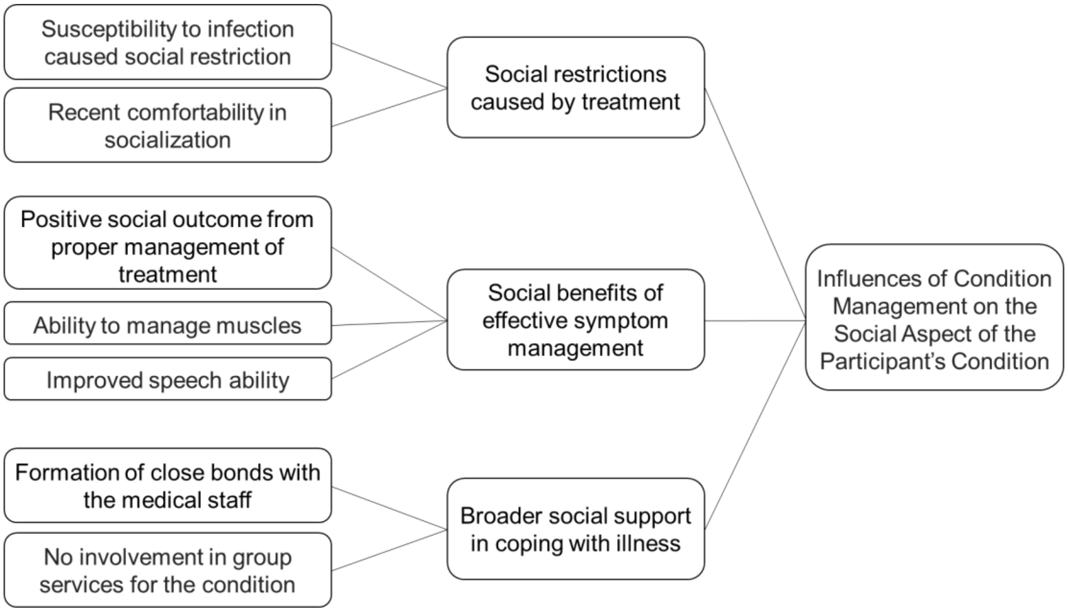
Emotional Resilience in the Condition

The theme focuses on the emotional resiliency of the participant towards the disease. In terms of emotional resilience with having *Myasthenia gravis* (MG), the participant encountered problems in adapting to changes which then lead to the experience of anxiety. Excessive rumination and anxiety arise as a result of the participant's condition.

The initial sub-theme highlights the emotional impact of the management strategies used by the participant in aiding her MG. Anxiety, negative thinking, and struggling to adjust to a new routine are among the impacts stated by the participant in connection with the impact of MG in her emotional well-being. As the participant stated, "*Meron akong anxiety. So ang cause ng anxiety is pag yung may nararamdaman nga ako parang nagiging negative agad yung pagiisip ko.*" The participant's emotional well-being was also affected by the changes made to their new routine as stated by the relative. "*Nahirapan talaga siya magkeep-up sa mga dapat niyang gawin…Nahirapan na siya mag-adjust*". As said in the article of Law and Bandyopadhyay (2020), 46.3% of patients with MG are diagnosed with anxiety.

However, the participant maintains a positive outlook on life, drawing support and strength from familial sources. The second sub-theme focused on the coping techniques the participant used to aid the emotional impact of the disease. Having a positive outlook in life represents the participant's approach to facing emotional changes stemming from the condition. The participant forces oneself to feel okay since the said participant doesn't want to seem weak to others. As stated by the participant during the interview, "...*pinipilit kong maging okay…Ayoko yung porket may sakit ako, 'di mo na maintindihan.*" "*Naglalakad ako, tsaka yun nga, nag-memeditate ako, pray lang ako. Tinutulungan ko na rin ung sarili ko kasi wala namang ibang tutulong sakin sarili ko lang.*" This implies that the participant did not want to act vulnerable just because they experienced such a condition. Despite having a stable support system whom the participant relies on, the participant still feels the need to maintain a strong facade, as they may fear being perceived as incapable or burdening others with their vulnerabilities. With that, the participant's statements indicate that they rely on self-help strategies, such as walking, meditation, and prayer, to cope with their condition. They emphasize the importance of self-reliance, suggesting that they feel they are primarily responsible for helping themselves. On the other hand, joining a support group was not pursued as the participant relies solely on their family as their support network. In the same article it mentioned that emotional stress of individuals with MG is a result of poor coping mechanisms and acceptance of disease, and lack of support. The presence of MG has not only impacted the participant's physical well-being but also their emotional well-being. The said condition has influenced the participant’s cognitive processes and instilled fear and panic during symptomatic episodes. The participant easily succumbs to their thoughts when experiencing symptoms, striving to avoid past hardships such as hospitalization. Fortunately, the participant's family offers the much-needed reassurance and support.

Figure 8



Semantic clustering of codes for research question 3.3

Figure 8 shows the semantic clustering of codes for research question 3. This aims to determine the effects of symptom management in dealing with *Myasthenia gravis* (MG) in terms of the social well-being of the participant.

Influences of Condition Management on the Social Aspect of the Participant's Condition

The recurring themes highlighted the complex interplay between medical care, interpersonal interactions, and general wellbeing. The first sub-theme suggests that the treatment received by the individual has limited their ability to socialize. Socializing outside poses the risk of infection. As stated by the participant, "*Hindi ako lumalabas kasi madali akong mahawa*" According to a study by Farrugia and Goodfellow (2020), multiple comorbidities often exist in older patients, making them more vulnerable to infection, including recurrent infections that can sometimes result in life-threatening sepsis. Despite these limitations, the participant demonstrates fortitude and maintains composure, leaving a positive impression on people. This shows their capability to adjust well to the environment and actively engage in social interactions, despite potential barriers.

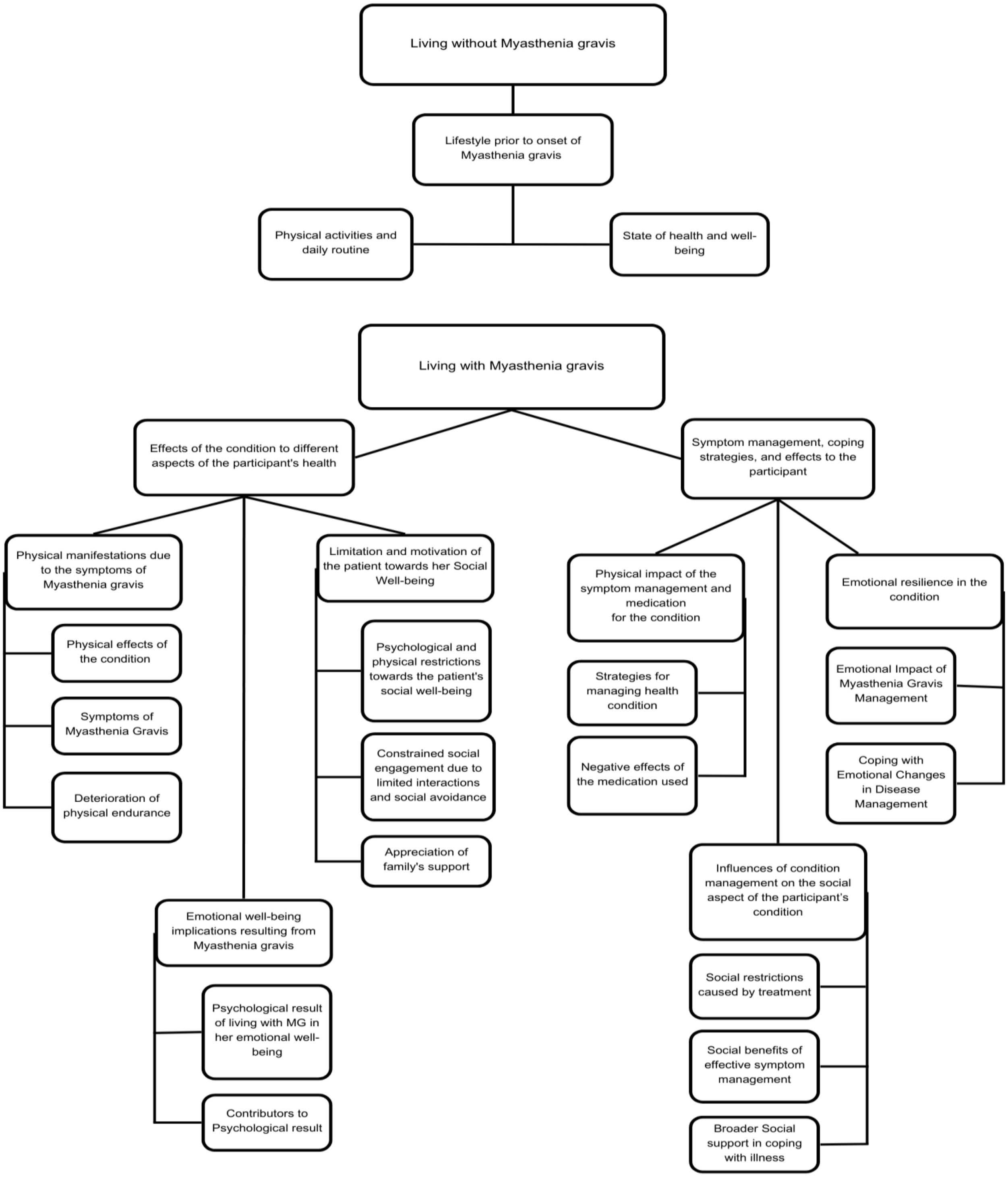
The second sub-theme focuses on the benefits of successfully managing the symptoms of the illness for the participant's social wellbeing. Their general wellbeing has significantly improved as a result of proper disease management. Specifically, when their physical strength improved and their ability to control muscles returned, their speech also improved. This improvement in communication abilities had a significant impact on the quality of their social relationships and general sense of wellbeing.The relative's statement can serve as evidence for this. "*Yung sa speaking, nahihirapan talaga siyang magsalita. Pero ngayon mas handled na kasi eh so di na niya mina-mind masyado yung restrictions. Mas nagiging comfortable na siya.*"

The third sub-theme, which emphasizes the participant's preference for relying on their own family and friends for support, aligns with the concept of social support as described in the literature by Holt-Lunstad et al. (2010). According to the main effects model, social relationships can have direct and indirect effects on health, including cognitive, emotional, behavioral, and biological influences. In the case of the participant, their reliance on their immediate network demonstrates the real or perceived availability of social resources, which is a key aspect of social support. By finding solace and assistance within their family and friends, the participant is utilizing the emotional support provided by their immediate network to navigate the challenges of their condition. The relative stated in the interview that "*Talagang family and friends, relatives, yung doctors. Saka naging close siya sa community ng nurses and doctors sa PGH nung na-admit siya don*". This reliance on loved ones can be seen as a form of social support, as it allows the participant to effectively deal with the challenges they face and find the necessary support system. Additionally, being part of a social network provides individuals with meaningful roles that contribute to self-esteem and purpose in life, further highlighting the importance of social relationships in promoting overall well-being.

To summarize, despite social limitations, the participant is adaptable enough to participate in social interactions. Their physical condition is enhanced by effective symptom management, which also benefits their social wellbeing. Their dependence on close relationships also emphasizes the critical role of social support in overcoming the difficulties brought on by their condition.

The overall themes align with the research question 3 revolves around the influence of condition management on physical, emotional, and social well-being where it dynamically affects each one another. First, physical well-being was directly affected due to the side effects of the steroids in maintaining the participant's condition. These side effects include high blood pressure, weight gain, high blood sugar, manifestation of osteoporosis, and cataract. Secondly, emotional resilience was being challenged causing the participant to experience anxiety and depressive episodes thereby resulting in the reliance of family support to cope with the challenges of dealing with this emotional challenge by praying and being forced to be fine. Lastly, the complex interplay between medical care, interpersonal interactions, and social well-being is highlighted, including limitations on socializing due to the risk of infection. However, the participant demonstrates adaptability and finds support in their immediate network, emphasizing the importance of social support in managing the condition and promoting overall well-being.

Figure 9



Overall map of themes from research question 1 to 3

Figure 9 shows the overall thematic map of the identified themes and codes in this study. The map has two main categories that present the contrast between the life of the participant before and after they acquired Myasthenia gravis. The first category is aligned with the first research question and the semantic diagram in figure 2. The second category, Living with Myasthenia gravis, is linked to both the second and third research question as shown by the two branched-out sub-categories respectively. Since both questions are divided into three aspects of wellbeing, each sub-category features three selective codes with their corresponding axial codes. These are all based on the semantic diagrams in figure 3 to 5 (research question 2) and diagrams in figure 6 to 8 (research question 3).

CHAPTER V

Summary of Findings, Conclusion, and Recommendation

This chapter provided an overview of the findings, conclusions, and recommendations derived from the data analyzed by the researchers in the preceding chapter. This aimed to cater to different individuals or groups that could benefit from the content and findings presented in this study.

A. Summary

The focus of this study was to investigate the physical, emotional, and social aspects of the participant, highlighting the need for comprehensive support and management strategies. The researchers conducted semi-structured interviews with the individual diagnosed with MG and a supporting relative to gain insights into their experiences. By examining the multidisciplinary nature of MG, the study emphasizes the importance of considering the condition's effects on all aspects of a person's well-being.

1. The findings of the study showed that the participant had a generally healthy lifestyle with no significant risk factors or health concerns prior to the onset of *Myasthenia gravis*. This suggests that there were no apparent pre-existing conditions or behaviors that could have contributed to the development of the illness.
2. The study showed that the participant consistently suffered from fatigue and muscle weakness, which not only had physical implications but also significantly affected their emotional well-being. This resulted in persistent rumination, excessive overthinking, episodes of depression, and anxiety. As a result, their social well-being was compromised, leading to feelings of embarrassment and

self-consciousness. Additionally, they experienced anxiety and concern about being pitied or judged by others.

3. The study showed that there was a noticeable improvement in physical, emotional, and social well-being of the participant from the MG treatments. However, steroids such as prednisone had adverse effects on the overall well-being of the participant.

B. Conclusion

1. The participant before the onset of *Myasthenia gravis* (MG) was overall healthy. They did not encounter any challenges or limitations when it came to physical activities, as they were able to perform tasks without any restrictions. There were no signs of any sickness or weakness in the participant prior to MG. The participant was physically and emotionally healthy.
2. The physical, emotional, and social wellbeing of a participant is negatively affected by *Myasthenia gravis* (MG). The symptoms include difficulties with everyday tasks like swallowing, a decline in physical stamina, a lack of social abilities due to speech slurring, and breathing problems that require hospitalization. MG also resulted in the participant having anxiety. The participant's social skills were constrained as a result of her slurred speech because only a few people could understand her. Despite these challenges, the participant remained positive, highlighting the impact of MG on both physical and emotional well-being.
3. The treatment and approaches for managing *Myasthenia gravis* (MG) have varying impacts on an individual's physical, emotional, and social well-being. While steroids can effectively relieve symptoms, they may also bring about undesirable effects such as osteoporosis, heightened blood pressure, cataract, etc. Maintaining a balanced diet,

sufficient sleep, and regular exercise are crucial for effectively managing the condition. It is worth noting that the emotional consequences of using steroids can include anxiety and negative thought patterns, leading to elevated stress and feelings of being overwhelmed. However, as symptoms improve with time and proper management, overall well-being is enhanced, and individuals can achieve a state of comfort in relation to their health.

C. Recommendation

The study concluded that *Myasthenia gravis* (MG) significantly impacts an individual's overall health, causing physical decline, muscle weakness, fatigue, and limitations in daily tasks. Symptoms fluctuate, affecting strength, stamina, and breathing. Negative emotions like frustration, sadness, anxiety, and depression accompany MG, leading to reduced social interactions, and fear of judgment. Comprehensive care addressing physical and emotional aspects, along with family support, is crucial. Medication and symptom management have side effects but can benefit from exercise and healthy diets. MG's multifaceted impact necessitates comprehensive care for improved quality of life. Despite the conclusion provided, the researchers believe that this study could be further improved.

Actions to Improve research:

1. The researchers recommends exploring the health and wellness of individuals diagnosed with *Myasthenia gravis* (MG) in relation to their physical, emotional, and social well-being with added thorough observations where the investigation would cover the period before and after diagnosis to gain insights into the condition's impact on their overall quality of life in a more critical manner.
2. The researchers recommends examining the perceptions of individuals with MG regarding the impact of the condition on their physical, emotional, and social well-being,

to gain insights into their lived experiences and challenges and utilize comparative analysis of the experiences and outcomes across different individuals with MG to identify commonalities and differences, providing insights into the effectiveness of various interventions and support strategies.

3. The research recommends assessing the impact of various strategies and treatments used by individuals with MG in managing the condition, where the focus is on evaluating the effectiveness of these approaches on physical, emotional, and social well-being. It would allow for comparison and contrast among the strategies of the participants, facilitate data triangulation, and contribute to the development of targeted interventions and support services.
4. The research recommends extending the participant's observation period from 2 weeks to 1 month. This prolonged duration enables researchers to collect more extensive data and assess how the participant manages their condition on a daily basis. By expanding the observation period, researchers can capture a wider range of data points, potentially leading to more precise conclusions and a deeper understanding of the condition. This extension allows for the identification of any potential factors that could confound the results, variations in the severity of symptoms, or the emergence of new symptoms.

Recommendations for future researchers:

1. The research recommends that future researchers conduct a multi-case study with a larger and more diverse sample size to gain a deeper understanding of the experiences and challenges faced by individuals living with MG. This study could inform the development of targeted interventions and support services aimed at improving their quality of life
2. The research recommends focusing on a particular classification of MG in order to gain a better understanding of coping strategies as it is based on the belief that different subtypes of MG may present unique challenges and require specific coping

mechanisms. By narrowing down the research focus to a specific subtype, future researchers can delve deeper into the coping strategies employed by individuals affected by that subtype of MG.

3. The research recommends that including additional data collection techniques in a case study on the coping strategies of MG to enhance the comprehensiveness and depth of the lifestyle prior to coping with the condition.