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RESEARCH ARTICLE

A CASE STUDY ON HYPOTHYROIDISM TREATED WITH AYURVEDIC DRUGS

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Abstract

Thyroid problems are among the most common endocrine disorders presently seen nowadays life. Womens are 2-10 times are more likely to develop this condition.In Ayurveda there is no correlation of hypothyroidism, but on basis of Ayurvedic principles, we can understand the pathology of hypothyroidism as the Agnimandya at systemic and cellular level which can be understood as decreased caloric expenditure (hypometabolism) in modern terminology.Kapha-Vatadoshavruddhiand Pitta Kshayaresults due to Agnimandya.[1] The present study deals with a female patient of age 27 years who detected hypothyroidism inOctober 2022 and has complaint of Weight Gain, Constipation, Hair loss, Muscle Pain, Puffiness under eye, Cold Intolerance etc. the patient was put under Ayurvedictreatment with a drug KanchanaraTwakaKwathawith ShunthiChurnafor 3consecutive months, Thyroid profile was done after complete duration of treatment TSH level was suscessfully dropped from 16.21 µIU/ml to 7.20 µIU/ml with consecutive relieve of foresaid symptoms.

Introduction:-

Hypothyroidism is a condition in which the thyroid gland does not produce enough thyroid hormone or failure of the thyroid gland to produce sufficient thyroid hormone to meet the metabolic demands of the body. It is a common disorder and prevalence of overt Hypothyroidism has been reported as 3.5% to 4.2%. According to projection from various studies on Thyroid disease in India 42 million people are suffering from Thyroid disorder, out of which subclinical Hypothyroidism is most common with prevalence of 9.4%. In women, the prevalence was higher, at 11.4% when comparedwith men, in whom prevalence was 6.2%.The prevalence increases with age and is higher in females than in males (6:1)[2].The thyroid gland is situated in front of the neck. It has two lobes on either side connected by an isthmus, which lies at level of 2nd, 3rd, 4th trachea rings. The hormone secreted by the thyroid gland is thyroxin, T4, T3 and Thyrocalcitonin. Thyroid hormone have a profound effect on the various aspect of intermediary metabolism like Carbohydrate, Lipid, Protein, Minerals etcin hypothyroidism the BMR of the patient become low (upto 40%).Hence it has a great influence on tissue metabolism all over the body these functions have similarities with the description of agni in Ayurveda. If we try to correlate the pathogenesis of Hypothyroidism according to principles of Ayurveda we found that it is basically caused due to dysfunction of Agni. Hypofunctioning of Jatharagni which in turn effect Dhatwagni eventually brings out pathological sequence and ultimately the disease condition develop.According to A.H-

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"स्वस्थानस्य कायाग्नेः अंशाः धातुषुः संश्रिताः।तेषां सादातिदीप्तिभ्यांधातुवृद्धि क्षयोद्भवः"॥(अ.ह.सू.११)

Management of Hypothyroidism with the modern drugs may bring the value of TSH and T_4 to normal range but the increased dosage and continuous medication make the patient drug dependent till the end of mortal life and have many side effects. In Ayurveda role of Agni is foremost and through its management. In Hypothyroidsim etiological factors mainly vitiate Tridosha (Kapha predominance associated with Pitta vitiation and Margavaranajanya leading to provoking of Vata).The line of treatment with specific target to Rasavaha, Mamsavaha, Medovaha, ManovahaSrotasaswellasVata-KaphaNashaka, Agnideepan, Srotoshodhana, Vatanuloman, Amapachan treatment should be administered in Hypothyroidism. Drugs mention above have Agnideepan, Srotosodhak, Vatanuloman, Medohara, AmapachakProperties.[3]

The necessary investigation has been done before treatment, during treatment, after treatment to evaluate the action of therapy follow up patient has been done through clinical examination and observation and results been stated below.

Materials And Methods:-

Table 1:- material: the detail of the drug along with doses are given in the table below[4]

S. No	DRUGS	DOSES	ANUPANA
1.	Kanchnaratwakakwatha	40 ml BD	Lukewarm water
2.	Shunthichurna	1gm BD	Lukewarm water

Method:-

A. **Centre of study:** Rishikul Campus, UAU, Haridwar
B. **Type of study:** Simple random single case study.
C. **Plan of treatment:** the treatment was done on an OPD basis, the drug mentioned in table no 1 was prescribed along with the guidance of Pathyaand Apathyato the patient. The patient was observed after every 1 and ½ month for 3 months, the changes in symptoms are noted along with report of TSH was done in each visit.
D. **Case reports:**a 27 year old female patient visited our OPD with complaints of Weight gain, Muscle pain, Puffiness under eye, Cold intolerance, Hair loss, Constipation, Lethargy, Menstrual abnormality (Oligomenorrhea).

History of present illness:-

The patient was suffering from the symptoms since 4 month back and undergoes thyroid profile after recommendation.She decided to go for Ayurvedictreatment from our hospital.

Clinical examination

At the first visit to the OPD following examination done-
Nadi- 68 bpm,
Mala- Vibandh(constipated)
Mutra- normal
Jihva- normal
Sparsha- ruksha
Twaka- dry skin
Drika- upanetra
Akriti- Madhyama(moderate)

General examination-

Weight - 64kg
Height- 5.3 feet
Thyroid gland- not enlarged
BP- 120/80 mmHg
Respiration – 18/min
Sleep- disturbed
Oedema – puffiness under eye

Blood examination
TSH- 16.21µIU/ml

Observation And Result:-

The patient was observed for 3 consecutive months and on each 30 days subjective symptoms were Assess (**table no 2**) and after 45 days of treatment thyroid profile was repeated (**table no 3**).

Table 02[5]:-

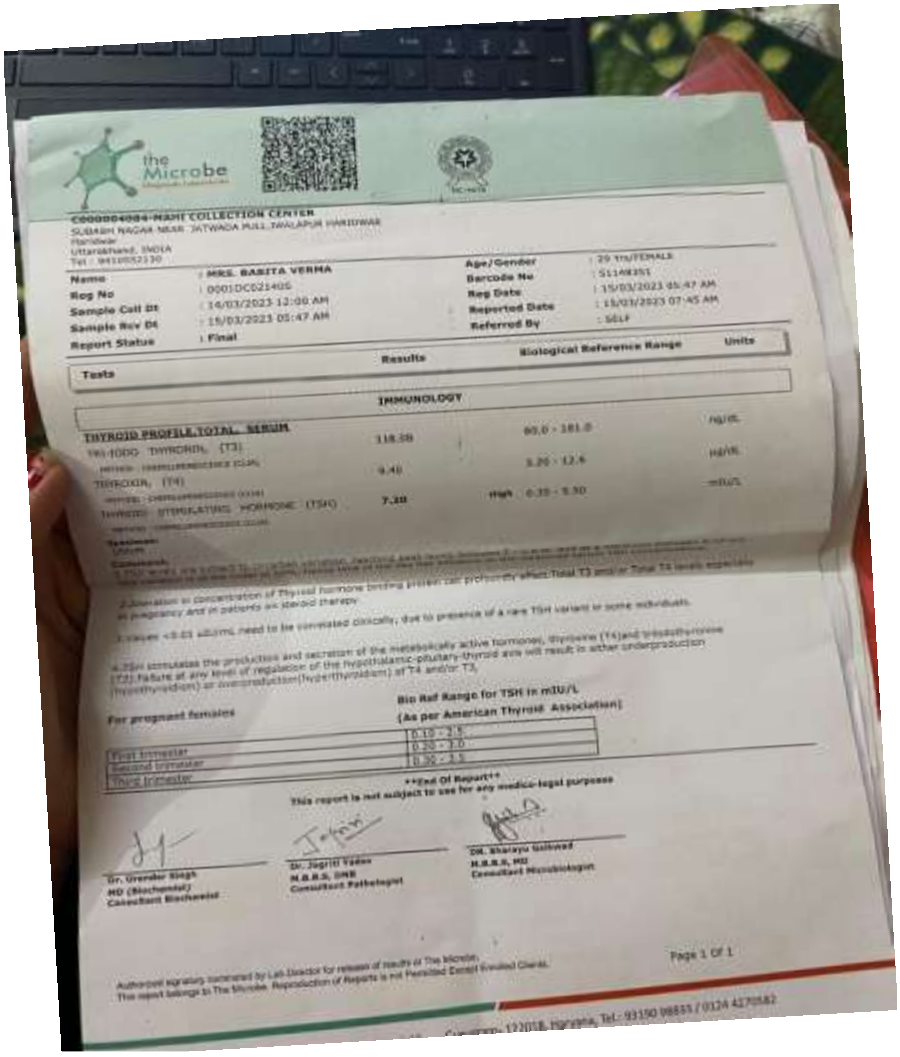
Symptoms	1st month	2nd month	3rd month
Weight gain	+++	++	+
Constipation	++	-	-
Cold intolerance	++	+	-
Hair fall	+++	++	+
Puffiness under eyes	++	+	-
Muscle pain	++	-	-
Oligomenorrhea	+++	++	+

Table 03:-

1.Before treatment

TSH	BEFORE TREATMENT	AFTER TREATMENT
	16.21 µIU/ml	7.20 µIU/ml

2. After treatment



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C0008040084-MAHI COLLECTION CENTER
SUBASH NAGAR NEAR JATWADA PULL JWALAPUR HARIDWAR
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Tel : 9410052130

Name	: MRS. BASITA VERMA	Age/Gender	: 29 Yrs/FEMALE
Reg No	: 0001DC021405	Barcode No	: 51148351
Sample Coll Dt	: 14/03/2023 12:00 AM	Reg Date	: 15/03/2023 05:47 AM
Sample Rcv Dt	: 15/03/2023 05:47 AM	Reported Date	: 15/03/2023 07:45 AM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Reference Range	Units
IMMUNOLOGY			
THYROID PROFILE,TOTAL, SERUM			
TRI-IODO THYRONIN, (T3)	118.58	80.0 - 181.0	ng/dL
THYROXIN, (T4)	9.49	3.20 - 12.6	µg/dL
THYROID STIMULATING HORMONE (TSH)	7.28	High 0.35 - 5.50	mIU/L

Specimen: Serum
Comments:

2.Elevation in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy

3.Values <0.01 mIU/mL need to be corroborated clinically, due to presence of a rare TSH variant in some individuals.

4.TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4)and triiodothyronine (T3).Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (Hypothyroidism) or overproduction(Hyperthyroidism) of T4 and/or T3.

Bio Ref Range for TSH in mIU/L
(As per American Thyroid Association)

For pregnant females	
First trimester	0.10 - 2.5
Second trimester	0.20 - 3.0
Third trimester	0.30 - 3.5

End Of Report
This report is not subject to use for any medico-legal purposes

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Discussion:-

After reviewing the various Nidan, Sampraptiand Rupaetc, of the disease hypothyroidism it is clear that according to Ayurveda, it is a Kapha-VataVikaraVyadhiwith Agnimandya. Agni plays a very vital role in the normal functioning of the body as well as its vitiation is the cause of any disease. When the function of Jatharagniis hampered its effects are seen in the functioning of Dhatuwagni.Dhatuwagniis present in each dhatu.so we see if there is Agnimandataof that particular Dhatusthen the PoshakAnshasare unable to nourish the respective Dhatuand the Uttar-Uttar Dhatu. This leads to the disease formation. As per Ayurvedicview Thyroid gland (AvatuGranthi) is situated in the interior part of neck which is known as KaphaSthanaso definitely there is SrotoAvrodhaand VataPrakopawhich leads to growth of Thyroid gland as the Thyroid hormone is not releasing enough hormones or enzymes so it is called as Hypothyroidism which is similar to the Ayurveda concept ofAgnimandyaso Agnideepana, Sroto-Shodhana, VataSamanaChikitsashould be employed.

Kanchanaratwaka is drug of choice for Granthivikara, Galaganda. Clinical studies have shown active constituents of Kanchanarapromotes conversion of Tyrosine to Thyroxineby potentiating the enzyme Tyrosinase. It has ability to dry up vitiated Kaphaand Medadue to astringent property. Deepana property of Kanchanaraimproves digestive fire which in turn reduces Ama.

Shunthi have Kapha-VataShamaka, Deepana, Lekhana, Vatanulomanproperties.

So, by use of KanchanaraTwakaKwatha40ml BD after meal along with ShunthiChurna1gm BD follow up were taken on symptomatic relief every month whereas thyroid profile was repeated after completion of treatment i.e is after 3 months. As per patient there was huge relief on symptoms whereas TSH value was greatly reduced after completion of treatment.

Conclusion:-

After reviewing the observation and result it may be concluded that KanchanaraTwakaKwatha40 ml BD along with ShunthiChurna1gm BD for 3 months is good remedy against hypothyroidism, no such adverse effect was observed during the treatment schedule.[6]

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