

MANAGEMENT OF HYPOTHYROIDISM THROUGH PRINCIPLES OF AYURVEDA: A SUCCESSFUL CASE STUDY

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ABSTRACT

The most common presentation of thyroid disease are thyrotoxicosis (graves' disease) i.e., hyper functioning of thyroid gland, hypo thyroidism, (creatinisim) in children, myxoedema in females and enlargement of gland called as goiter. Iodine (I) is the trace element required for thyroid hormone synthesis, In hypo thyroidism TSH level is increased, where as in hyper thyroidism TSH level is decreased, both the conditions exhibit different signs and symptoms. In modern science, the treatment of hypothyroidism is done by Thyroxine therapy for lifelong starting from 25mcg/day. There is no direct reference of thyroid in Ayurvedic classics, whereas the *Galganda* and *Gandmala* have been frequently used in the text. According to Charaka presentation of multiple *Granthi* around the neck is called *Gandmala* and single swelling on the *Parshav* of the neck is *Galgand*. *Galgand* is explained classically in all the Ayurvedic texts, including *Shushruta* and *Astang hruday*, since *Galgand* is the most untouched topic in Ayurveda and since thyroid is becoming one of the common problems in day-to-day practice. However in recent times it has been observed that thyroid can be very well managed with Ayurvedic drugs, although modern drugs are quite effective in getting TSH level down but with certain side effects. So a case of hypothyroidism was selected and observed before and after the treatment. *Kanchnar* is considered as a drug of choice for *Granthi vikar* and *Galgand*, so here in this case *Kanchnar guggulu* along with *Varunadi kashaya* along with *Trivrit avleha* was administered for the purpose of *Nitya virechana*. The patient was followed upto 6 months to observe increase in value of TSH.

Keywords: *Galgand, hypo thyroidism, Kanchnar guggulu, Varunaadi kashaya*

INTRODUCTION

Thyroid is one of the earliest endocrine glands to build up [1]. After diabetes thyroid is the second most prevailing disorder in daily OPD. The thyroid gland secretes two hormones, tetraiodothyronine or thyroxine (T4) and triiodothyronine (T3). Hypothyroidism is a condition where there is hypo functioning of thyroid gland, and less secretion of T3 and T4. The disease is more prevalent in females around 6 -8

times, between 40-50 year [2]. The prevalence of primary hypothyroidism is 1:100, but increases to 5:100. The female-male ratio is approximately 6:1.

In the modern treatment of Hypothyroidism, majority of patients have to take thyroid extract throughout their life. The patients on long term treatment gradually develop complaints of increased appetite, insomnia, heart palpitations and shak-

ness. According to principles of Ayurveda, the main factor responsible for the manifestations of Hypothyroidism is the Agnimandya; hence drugs acting on Agni, having Deepana, Pachana, Stotoshodhaka, Medohara, Lekhana and Karshan pradhana properties are likely to check the basic pathogenesis of Hypothyroidism. The simultaneous use of Naimittika Rasayana agents as mentioned in Ayurvedic classics by revitalize the whole body tissue and generates potent immunity in the individuals which may help in controlling Hypothyroidism. The proper nutritional balanced diet, food habits and mode of living as described in Ayurvedic texts are also required to be followed by the patients for the proper control of disease.

Thyroid Hormone is required for the normal functioning of each and every tissue of the body, hence deficiency manifest as multi system involvement. Iodine is the trace element for the synthesis of thyroid hormone. The daily requirement of iodine recommended is 150ug/day, when there is iodine deficiency. The thyroid compensates by increasing the iodine trapping mechanism and synthesis of hormone under the influence of TSH. These results in diffuse enlargement of the gland, which later on becomes multinodular[3]. The onset and progression of disease is very gradual, the basal metabolic rate is decreased, deposition of Haluronidase in dermis and all tissues and hence leading to non-pitting oedema i.e., myxoedema, which is the result of long lasting Hypothyroidism. Other symptoms weakness, malaise, lethargy, and weight gain, peri orbital puffiness are the early symptoms. It is followed by cold intolerance, loss of hair, skin changes consist of dry and scaly skin, nails become brittle, Hoarseness of voice and slowness of speech, constipa-

tion, irregular cycle, PCOD and infertility. Also cardio vascular manifestation includes Bradycardia, Mild diastolic hypertension and breathlessness. The neurological manifestations are stiffness, cramps in muscles, mental slowness, carpel tunnel syndrome, depression and rarely seen myxoedema madness. In severe Hypothyroidism there may be galactorroea. Sub clinical myxoedema is the term used when TSH level is elevated with normal T3, T4 and vague symptoms[4] The terms like *Galgand* and *Gandmala* have been cited in the text, like *Charaka*[5], *Sushruta*[6] and *Astanghrudaya*[7]. But no direct reference of hypothyroidism is available, since the name suggests its manifestation in and around the neck, so one can consider it as goiter and thyroidism. *Kanchnar* is considered as a drug of choice for *Granthi vikar* and *Galgand*[8], so here in this case *Kanchnar guggulu* with *Varunadi kashaya*[9] along with *Trivrit avleha*[10] was administered for the purpose of *Nitya virechana*. Patient was reviewed after 1 month interval with investigations like TSH. Hence, keeping *Galgand* in mind, the treatment was performed.

Case report:

A case study of a female patient aged 39 yrs with hypothyroidism was diagnosed and treated in the hospital in rural area at post Manjara, Latur. She complain swelling of body and puffiness of face, hoarseness of voice, lethargy and general debility, hair fall and constipation since three and half months patient was taking medicine for general weakness, she was on haematinics and multivitamins, but she was not getting relief. After taking proper history patient was subjected to further investigations, like Hb gm% PBF, CBC.



Urine R/E. and TSH After seeing the reports, we reached to a conclusion that she was suffering from hypothyroidism since her TSH total as on 11/12/14 was 15. 26µ IU/ml

Treatment Plan:

A treatment was planned keeping the disease and symptoms in mind, Tab *Kanchnar guggul* 2 TDS with luke warm water, *Varunadi kashaya* 40ml twice a day with water and *Trivrit avleha* 1.5 tsp twice a day with luke warm water was advised to the patient and was advised *Pathya* and *Apathya*. *Pathya* like flowers of *Kanchnar* were advised in her diet in the form of vegetable, *Apathya* like cabbage and cauliflower were excluded from her diet. Patient was then advised to undergo TSH investigation after 1 month. After 1 month, patient started with the feeling of well-being and the intensity of symptoms reduced. Her TSH Total as on 12/1/15, came lower to 10. 68 µ IU/ml, then again she was advised to continue same treatment for next 1month and test was repeated as on 12/02/15 and her TSH Total was 5. 63 µ IU/ml. she was further observed for the period of 6 months where alone Tab. *Kanchnar guggulu* was advised along with *Pathya* and TSH investigation once in three months. Tab. *Kanchnar guggulu* help, maintained her TSH level and patient was appearing normal clinically.

DISCUSSION

Hypo thyroidism is a clinical condition, which needs to be treated. A patient may land up to the complication like myxoedema coma which is very rare. So like modern medicine Ayurvedic medicine takes time to normalize the value of TSH, Hence treat patiently. Since there is no direct reference of Hypothyroidism in the Ayurvedic text, but *Galgand* or *Gandmala* is found in the text. since *Galgand* is *Vata*

kaphaj disorder hence the drugs used, act on *Vata* and *Kapha*. *Kanchnar guggulu* is considered as drug of choice for all kinds of *Granthis*, hence the drug was chosen *Varunadi kashaya* is used in *Vata kaphaja* disorder and it is also very well indicated in *Gandmala*.

Trivrit avaleha was indicated for the purpose of *Nitya virechana* and *Trivrit* can give in all seasons. Since *Galganda* is *Vata Kaphaja* disorder but with *pitta* *Dush-ti*, since there is hyposecretion of hormones *pitta* to be considered as hormones and perhaps *pitta* needs to be regularize hence combination was made.

Pathya – Apathya Management:

Pathya: Light diet, food rich in Vitamin A and D, Iodine rich diet, old rice Barley, Moong daal etc. Increase in physical activities, aerobic exercises, in Yoga-Sarvangasana, Matsyasana, Halasana, Suryanamaskara found to be helpful. In Pranayama, most effective is Ujjayi Pranayama.

Apathya: Cabbage, Cauliflower, Soya beans, Pears, heavy –fried and fast food, over sleep, sedentary lifestyle should be avoided.

CONCLUSION

1. Since Hypothyroidism is the second most prevalent disorder and should be ruled out at OPD level.
2. It can be very well managed with Ayurvedic medicines, depending upon the symptoms, and careful selection of drugs to be made.
3. The myth about Ayurvedic treatment that it is late acting can be very well denied in this case.
4. By adopting Ayurvedic treatment one can not only decrease the level of TSH, but also enhance, stimulate the normal functioning of gland.

5. During the course of treatment no side effect or any complications were seen, patient very well tolerated the treatment.

6. Hypothyroidism is the topic of research and more studies should be conducted to reach, and to make a proper protocol for the disease modality and help the mankind with our ancient science.

7. Ayurvedic medicine proves to be bliss in thyroid disorders, so it is therefore requested to prescribe Ayurvedic drugs for same without any fear.

Thus, Hypothyroidism, the metabolic disorder can be managed effectively with the help of Ayurvedic principles. The patient had got near about 80-90 % relief from symptoms. Thus the plan of treatment was found to be significant in the case of hypothyroidism.

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Source of support: Nil
Conflict of interest: None Declared