

# INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







Case Report ISSN: 2320-5091 Impact Factor: 6.719

# AYURVEDIC PROTOCOL FOR THE MANAGEMENT OF HYPOTHYROIDISM - A CASE STUDY

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https://doi.org/10.46607/iamj3810032022

(Published Online: March 2022)

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Article Received: 05/02//2022 - Peer Reviewed: 17/02/2022 - Accepted for Publication: 18/02/2022



#### **ABSTRACT**

The thyroid gland is one of the most important and sensitive endocrine glands, as it easily responds to stress and stimuli. It regulates the metabolism of the body by its hormones. Thyroid hormones exert major control over many vital functions of the human body and thus have an important role in maintaining homeostasis. Therefore, the hypothyroid state is associated with a wide spectrum of symptoms affecting almost all bodily functions. Among the major organs affected, the nervous system and body metabolism are severely affected. Facial appearance, including ocular changes, is a characteristic of the hypothyroid state. In Ayurveda texts, although there are no direct descriptions found regarding hypothyroidism, based on its clinical presentation, it can be correlated with different pathological entities which are manifested either as symptoms or disease, so it is difficult to give a single Ayurvedic nomenclature for it.

**Keywords:** Ayurvedic Management, Hypothyroidism, Kaphaavritta-Udanavata, Dhatvaagni Mandya

# INTRODUCTION

The thyroid gland is one of the most important and sensitive endocrine glands, as it easily responds to stress and stimuli. It regulates the metabolism of the body by its hormones. The insufficient level of thyroid hormones is hypothyroidism which is generally described as underactive thyroid and it is characterized by specific signs and symptoms such as slow metabolic rate, weight gain, sleepiness, dry and cool skin etc. [1] It is the most common form of thyroid gland dysfunctions and commonly encountered problem in clinical practice, it is also the commonest endocrine disorder worldwide, and India too is no exception. According to projection, from various studies on thyroid disorders, it has been estimated that about 42 million populations in India are suffering from thyroid disorders. [2] The Prevalence of hypothyroidism in India is 11% [3] and is more prevalent among females, with the male to female ratio being 1:6. [4] At present thyroid disorders are the second most common endocrine disorder in India next to diabetes mellitus. [5] among the different types, primary hypothyroidism is the commonest which occurs after the destruction of thyroid follicles mainly because of autoimmunity. 95% of all hypothyroid cases are the primary hypothyroidism. Population with autoimmune diseases such as type-1 diabetes or a family history of thyroid disease is at risk of developing hypothyroidism. In Ayurveda texts, although there are no direct descriptions found regarding hypothyroidism, based on its clinical presentation, it can be correlated with different pathological entities which are manifested either as symptoms or disease, so it is difficult to give a single Ayurvedic nomenclature for it. Many systems are involved in the pathogenesis of hypothyroidism. The mixed signs and symptoms of all these systems lead to a complex clinical picture of hypothyroidism. The clinical presentation of the hypothyroidism shows resemblance with different underlying clinical conditions in Ayurvedic classics that include Kaphaavritta-Vata, [6] Kaphaavritta-*Udanavata*,<sup>[7]</sup> Kaphaavritta-Samanvata<sup>[8]</sup> Dhatvaagni-Mandya.<sup>[9]</sup> Dhatvaagni Mandya results in metabolic dysfunction in the body.

The symptoms of hypothyroidism are notorious for their nonspecific nature and for how may lead to a long life of pathological events and makes the affected person remain dependent on hormonal replacements throughout his life. The treatment though effective but has many side effects. So, time demands to understand this disease because of Ayurveda and to search the management of this type of challenging disease through the heritage of *Ayurveda*.

#### CASE

A 26-year-old male patient came in OPD of Pt. KLSGAC&I, Bhopal (MP) with presenting complaints of

- ➤ Weight gain
- Swelling on the face, puffiness
- Lethargic ness
- > Tiredness
- ➤ Hair fall
- Muscle cramps
- > Excessive sleep

The patient had the above complaints in the last 2 years.

# History of present illness-

The patient was quite well before two years. Gradually he experiences the lethargic ness, puffy face and weight increasing two years before.

He has taken Homeopathic treatment for 1.5 years but has not been relieved. After that, he is gaining weight 5 Kg in two months and heaviness in the body, along with the above symptoms.

# History-

Non-HTN, Non DM<sub>2</sub>

# Family history- No

# Ashtavidha Parikshana

- ➤ *Nadi* (Pulse)= 86/min (Kapha-Vata)
- ➤ Mala (Stool)= Malavshtmbha
- ➤ Mutra (Urine)= Normal
- ➤ Jeeva (Tounge)= Saam
- > Shabda (Speech)= Normal
- > Sparsha (Skin)= Twak rukshata
- ➤ Drika (Eyes)= Upanetra
- ➤ *Akriti*= Madhyama
- ➤ Bala= Madhyama
- ightharpoonup Raktadaaba (B.P) = 125/90 mm/Hg
- ➤ Agni= Kshudhamandya

#### MATERIALS AND METHODS

#### **Materials**

**Table 01:** Showing material used for the study

S. No.	Aushadh	Dose	Duration	Anupana
1.	Erand Tailam (For Nitya Virechana)	15 ml BD	15 Days	
2.	Basant Kusumakar Ras	125 mg BD		
3.	Tab Triphala	250 mg BD	30 Days	Sukhoshana Jala
4.	Dashamooladi Kashayam	40 ml BD		
5.	Smritis agar Ras	125 mg BD	45 Days	
6.	Kanchnar Googulu	250 mg TDS		

#### Methods

**Centre of study:** Pt. Khushilal Sharma Government (Autonomous) Ayurveda College & Institute, Bhopal (MP)

**Type of study:** Simple random single case study.

#### **Observations and Results**

(Table 2,3) Due to our Ayurvedic management, there are revealed Regressions of symptoms. The patient had started improving symptoms within 7 days. After 1.5 months of treatment, the patient was cured subjective as well as objective.

**Table 2:** Showing daily treatment with prognosis.

S. No.	Symptoms	1st (After 15 Days)	2 <sup>nd</sup> (After 30 Days)	3 <sup>rd</sup> (After 45 Days)
1.	Weight gain	++	+	0
2.	Excessive sleep	++	0	0
3.	Muscles cramps	++	0	0
4.	Oedema	++	+	0
5.	Dry skin	++	0	0
6.	Constipation	++	0	0
7.	Tiredness	++	+	0
8.	Hair fall	++	0	0

**Table 3:** Showing changes in thyroid reports

THYROID PROFILE							
	Before (9/4/2018)	After (8/7/2021)	Normal Range				
TSH	>150 μIU/ml	16.335 μIU/ml	0.5-4.7 μIU/ml				

# **DISCUSSION**

Thyroid gland from the view of the modern system of medicines, it's very difficult to directly correlate this disease in Ayurveda as a whole disease yet signs and symptoms that we approach in day-to-day clinical practice can be seen in Ayurvedic texts differently. To understand the pathophysiological phenomenon and the clinical manifestation could be considered on the options available with a thought of *Doshik* combination pattern, involvement of *Dhatu* and *Srotas*, Status of *Agni*, production of *Ama* and concept of

Avarana. Due to the lack of secretions of thyroid hormones, almost all the chemical reactions of the body would become sluggish, according to Ayurveda, we will find that metabolism of the body is controlled by *Jatharagni*, *Bhutagni* and *Dhatwagni*. The disease is produced by the *Kapha* and *Vata Dosha*, both are the initiative factors for its pathogenesis.

#### CONCLUSION

All available signs & symptoms were analysed based on the scoring pattern. The subjective symptoms, objective symptoms and laboratory investigations before and after treatment were scored and recorded for the present clinical study. Hypothyroidism is the most common form of thyroid disorder and commonly encountered problem in clinical practice, it is also the commonest endocrine disorder worldwide and India too is no exception. In Ayurveda although there is no specific terminology or clinical entity described as such, probably because the disease is biochemically diagnosed and not just only the basis of symptomatology. Ayurvedic treatment regimen comprising of Nitya Virechana along with Dashamooladi Kashayam provided statistically significant results on clinical signs and symptoms and Serum TSH of the patient suffering from Hypothyroidism. TSH Level reduced from  $>150 \mu IU/ml$  to  $16.335 \mu IU/ml$ .

#### **REFERENCES**

- Shastri Kashinath, Chaturvedi Gorakhnath edited Charaka Samhita of Agnivesha, revised by Charaka and Dridhbala; Sutra Sthana, ch.9. verse 21, vol. I, Varanasi; Chaukhambha Bharati Academy, Reprint Ed, 2018; p.198.
- Shastri Kashinath, Chaturvedi Gorakhnath edited Charaka Samhita of Agnivesha, revised by Charaka and Dridhbala; Sutra Sthana, ch.18. verse 44, vol. I, Varanasi; Chaukhambha Bharati Academy, Reprint Ed, 2018; p.383.
- 3. Shastri Kashinath, Chaturvedi Gorakhnath edited Charaka Samhita of Agnivesha, revised by Charaka and Dridhbala; Chikitsha Sthana, ch.28. verse 62, vol.2, Varanasi; Chaukhambha Bharati Academy, Reprint Ed, 2018; p.789.
- Shastri Kashinath, Chaturvedi Gorakhnath edited Charaka Samhita of Agnivesha, revised by Charaka and Dridhbala; Chikitsha Sthana, ch.28. verse 224, vol. 2, Varanasi; Chaukhambha Bharati Academy, Reprint Ed, 2018; p.814.
- Shastri Kashinath, Chaturvedi Gorakhnath edited Charaka Samhita of Agnivesha, revised by Charaka and Dridhbala; Chikitsha Sthana, ch.28. verse 226, vol. 2, Varanasi; Chaukhambha Bharati Academy, Reprint Ed, 2018; p.815.
- Shastri Kashinath, Chaturvedi Gorakhnath edited Charaka Samhita of Agnivesha, revised by Charaka and Dridhbala; Chikitsha Sthana, ch.28. verse 228,

- vol. 2, Varanasi; Chaukhambha Bharati Academy, Reprint Ed, 2018; p.815.
- Gaurang Lineswala: (2002) A clinical study in the role of Vamana and Shamana in the management of Kaphaja Galaganda W.S.R. to Hypothyroidism.
- 8. Harrison's principles of internal medicine, 18th edition, Part 16, chap 341, P. no 2918.
- 9. Guyton's and Hall, Textbook of medical physiology, 11th edition, Pg. no 941.
- 10. http://chriskresser.com/the-thyroid-gut-connection.
- 11. ATA Hypothyroidism web Booklet

# Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Priyanka Jakra et al: Ayurvedic Protocol For The Management Of Hypothyroidism - A Case Study. International Ayurvedic Medical Journal {online} 2022 {cited March 2022} Available from: http://www.iamj.in/posts/images/upload/799 802.pdf