



## SUCCESSFULLY TREATED CASE OF GALAGANDA (HYPOTHYROIDISM) WITH THE HELP OF HERBOMINERAL COMPOUND – A CASE STUDY

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## ABSTRACT

Thyroid problems are among the most common endocrine disorders presently seen worldwide. Hypothyroidism results when the thyroid gland fails to produce enough of the thyroid hormone, due to structural or functional impairment that significantly impairs its output of hormones, this leads to the hypo metabolic state of hypothyroidism. According to *Charaka* presentation of multiple *Granthi* around the neck is called *Gandmala* and single swelling on the *Parshava* of the neck is *Galganda*. So *Galganda* can be co-related with hypothyroidism. The root cause of hypothyroidism is disequilibrium of *tridosha*. This is an effort to find out better treatment of *Galagand* by successfully treated case of *Galagand* with help of hypothetical herbomineral compound.

**Keywords:** *Galaganda*, Hypothyroidism, *Shoth*, etc

## INTRODUCTION

*Ayurveda*- the Great Healer Science of ancient as well as modern era, maintained its relationship with the

Nature & survived long period of 5000 years, making itself the oldest medical science of present world. The

unique principles of Ayurveda based on Human-Nature relationship. In this system (Ayurveda), each and every matter of this world is known to have some pharmacological action. In this world, one can't find even a single substance which is devoid of pharmacological action and can be used for the benefit of living organism on the basis of their properties. The great power of observations exactly resembles in *Brihatrayis* and *Laghutrayis* which gives information with detailed explanation about various concepts like *Dincharya*, *Ritucharya*, *Rasayana* and many more. *Ayurvedic* texts, although are silent about the wide knowledge of the disorder, yet several mini references are found scattered in various texts. There is no direct description of thyroid gland or their diseases in Ayurveda, but a disease named as *Galagand* mentioned under 20 *sleshma vikaras* by *Acharya Charaka*.(1) *Acharya Sushruta* described *Galaganda* as two encapsulated small or big swellings in neck which is placed in the sixth layer i.e. *Rohini* out of seven skin layers mentioned in *Sharir sthana*.(2) The analysis of the symptomatology of hypothyroidism in the light of *Ayurvedic* principle of *Dosha* and *Dushya* showed that in this disease the vitiation of *Vata-Kapha* and *Dushti* of *Rasadhatu* and *Medadhatu* are the main pathological agents. Looking at its chronicity and its effect on various body systems, there is need of a careful search to find out an effective and safe remedy against this

soul- harrowing monster. Hence this successfully treated case study may rule out future possibilities of use Herbomineral *Yoga* (combination) in *Galaganda* w.s.r.to Hypothyroidism.

### Case Report

The present case study is successful *Ayurvedic* management of *Galaganda* (Hypothyroidism). A 38-year-old female patient came to *SHIVMALHAR Ayurvedic Clinic* who presenting with the clinical criteria of *Galganda* (hypothyroidism) with pathological changes in thyroid profile tests in hypothyroidism i.e.T3, T4, TSH for 2 years was selected for the study.

### History of Present Illness

The patient was having normal before 2 years. But then patient was gradually got symptomatic appearance of *Galganda* and diagnosed during routine pathological check-up. Patient was also psychological upset since last few years due to fear of complications. For which he took many oral medications. But there was not any significant relief. Hence, he came to *SHIVMALHAR Ayurvedic Clinic* for better management.

**Past History:** Not significant

### Personal History

Name- xyz; Addiction- Tea; Age- 38 years, Bowel habit- Regular; Sex- Female; Appetite- Poor Marital status-Married; Sleep-Inadequate Occupation-Teacher

**Table 1: Ashtavidh Pariksha**

<i>Nadi</i> (Pulse)	70/min
<i>Mala</i> (Stool)	<i>Saam</i>
<i>Mutra</i> (Urine)	<i>Niram</i>
<i>Jivha</i> (Tongue)	<i>Saam</i>
<i>Shabda</i> (Speech)	<i>Aspashth</i>
<i>Sparsha</i> (Touch)	<i>Sheet</i>
<i>Drika</i> (Eye)	Pallor+
<i>Akriti</i> (Built)	<i>Madhyam</i>

**Table 2: Other**

BP	120/90 mmhg
<i>Bala</i>	<i>Madhyam</i>
<i>Prakriti</i>	<i>Pitta-Kaphaj</i>
Height	162 cm
Weight	67.5 kg

**Table 3:** Assessment Grade for Subjective & Objective Criteria trial Drugs Herb mineral Compound - (Hypothetical combination)

Sr. No.	Parameter	Gradation			
		0	1	2	3
<b>Subjective Criteria</b>					
1	<i>Nibaddha Shwayathu</i> (Neck Swelling)	No swelling	Mild swelling (Palpable but not visible)	Moderate swelling (Palpable and Visible)	Severe /Huge swelling (Enlarged Thyroid gland)
2	<i>Rasa-Aasyata</i> (changes in taste)	No changes in <i>Rasa-Aasyata</i>	<i>Snigdhasyata</i> (only coated tongue)	<i>Madhuryamasyata</i> (Taste sense changes toward sweetness)	<i>Vairasyamasyata</i> (tastelessness)
3	<i>Varna Parivartan</i> (changes in colour)	No changes in colour	Mild discoloration over affected site	Moderate visible colour changes towards <i>Shyava/Aruna/Pandu</i>	Complete change of colour of affected site
4	<i>Gala-Talu Parivartan</i> (Throat and neck changes)	No changes	Mild difficulty like dysphagia	Moderate difficulty like <i>Talugala prashosh</i> (sore throat), <i>Jantogaleanushabdam</i> (slurred speech)	Severe difficulty like severe Dysphagia, Aphagia
5	<i>Ruja</i> (pain at site of swelling)	No pain	Only <i>Kndu</i> (itching) but no <i>Ruja</i> (pain)	<i>Kandu</i> (Itching) with Moderate or tolerable <i>Ruja</i> (pain)	severe <i>Kandu</i> (Itching) and Severe pain ( <i>Ruja</i> ) both
6	Weight gain	BMI <20	BMI 20-25	BMI 25-30	BMI 30-35
7	Muscle cramps	Not present	Once in a week	Twice / Thrice a week	Continuously present
8	Dry & coarse skin	No dryness	Dryness after bath only	Dryness for whole day but relieved by oil application	Dryness not even relieved by oil application
9	Fatigue	No fatigue	Mild fatigue	Moderate fatigue	Severe fatigue
<b>Objective Criteria</b>					
1	TSH level	0.30- 6.00 IU/ml	6.00-7.00 IU/ml	7.00-8.00 IU/ml	>8.00 IU/ml

The *Samprapti* of Hypothyroidism may include *Doshas* like *Kapha - Vaat*, *Dushya* like *Meda - Dhatu* and *Agni* hence we need to combine more herbs probably acting for *Samprapti-Bhanga*. The combination of Herbomineral Compound has drugs as follows-

1. *Navaka Guggulu*

2. *Jalakumbhi Bhasma*,
3. *Aparajita mula Churna*
4. *Punarnava Churna*,
5. *Vanga Bhasma*
6. *Gomutra* as a *Bhavana Dravya*

**Table 4:** Composition of Herbomineral Compound

Dravya (Drug)	Dose	Dravya (Drug)	Dose
<i>Amalaki</i>	26mg	<i>Chiktraka</i>	26mg
<i>Haritaki</i>	26mg	<i>Aparajita Mul Churna</i>	60mg
<i>Bibhitaki</i>	26mg	<i>Punarnava Churna</i>	60mg
<i>Sunthi</i>	26mg	<i>Vanga Bhasma</i>	60mg
<i>Marich</i>	26mg	<i>Jalakumbhi Bhasma</i>	60mg
<i>Pippali</i>	26mg	<i>Shudhha Guggulu</i>	26mg
<i>Musta</i>	26mg	<i>Gomutra</i>	1 lit
<i>Vidanga</i>	26mg	Total	500mg

**Table 5:** Intervention Chart:

Drug	Anupana	Duration & Dose
Herbomineral compound	Warm Water	2 Tab – 500mg each Morning & Evening 30 days

**Results:** The progress will be noted on the basis of assessment parameters, parametric test before treatment & after treatment.

**Table 6:**

Sr. No.	Assessment Parameters	Before Treatment	After Treatment
1	<i>Nibaddha Shwayathu</i> (Neck Swelling)	2	1
2	<i>Rasa-Aasyata</i> (changes in taste)	1	0
3	<i>Varna Parivartan</i> (changes in colour)	1	1
4	<i>Gala-Talu Parivartan</i> (Throat and neck changes)	2	0
5	<i>Ruja</i> (pain at site of swelling)	2	1
6	Weight gain	1	0
7	Muscle cramps	1	0
8	Dry & coarse skin	2	1
9	Fatigue	2	1
10	TSH Level	2	1

## DISCUSSION

Above mentioned Herbomineral compound is formed by combining three herbs (*Jalakumbhi*, *Aparajita* and *Punarnava*) with one mineral (*Vanga Bhasma*) along with *Navak Guggulu*. The *Navaka Guggulu* consists of 10 (with *Shuddha Guggulu*) drugs and similar to the *Medohara Guggulu* in contents. *Navaka Guggulu* is mentioned in *Medorogadhikar*. All combination has *Deepan - Pachan* as well as *Lekhan Guna*. It is mentioned by *Bhaishajya Ratnavali* (*Prakarana* 39/43) (3) & *Chakradutta* (4). *Jalakumbhi* is the drug mentioned in *Galaganada Chikitsa* by various *Acharyas*. It is also rich in Iodine content hence this herb plays major role in Hypothyroidism because one of the causes of Hypothyroidism is Iodine deficiency. *Jalakumbhi* has *Madhur- Kashaya rasa* and *Laghu- Ruksha Guna* which act as *Lekhniya* as well as it has *Tridoshagna* properties (5). *Aparajita* has *katu-Tikta-Kashaya Rasa* with *Laghu Ruksha Guna* along with *Ushna Virya* helps to maintain *Tridoshagna property*. It also has *Medhya Karma* which tends to minimise the stress factor and minimises cortisol level. *Aparajita* also act as *Vishaghna* and *Chakshushya* (6). *Punarnava* is best *Shothahar* and diuretic in nature. It has *Tikta-Kashaya-Katu-Madhur Rasa* with *Laghu Ruksha Guna* and *Ushna Virya* Helps for *Kapha - Vaatahar*

*karma* which are the major etiological factor for *Galaganada*. *Gomuta* is also has karma of *Kapha - Vaathar* in nature. It also does *Lekhan karma* by its *Rasa-Guna-Virya* and *Vipaka*. With the help of *Amla Rasa* it promotes *Agni Deepan* function. All of above drugs together works as *Kapha - vaathara*, *Lekhana*, *Medhya*, *Medohara* as well as *Agni-Deepak* which breaks down the *Samprapti* of *Galaganada*.

## CONCLUSION

The concept of *Galaganada* disease explained in text is a part of *Sthanik Shoth* due to *Meda Dhatu Dusthi* influenced with vitiation of *Vaata* and *Kapha*. *Samprapti* of Hypothyroidism is directly related with *Agni* (*Jatharagni* and *Dhatwagni*) also involves *Strotovaigunya* of *Medovaha Strotas* and vitiation of *Vata* and *Kapha* primarily, if untreated then interact with other *Dhatu-Agni* due to extreme vitiation of *Vata*, *Kapha* and *Meda*. All the selected symptoms derived from *Galaganada* (Hypothyroidism), got relief significantly due to *Tridoshaghna* especially *Kapha-Vaatshamak*, *Medoghna*, *Dhatvagni-Deepak*, *Strotorodhanashak*, *Galangangahar*, *Sukshma strotogami* and *Rasayana* property of Herbomineral Compound.

## SCOPE FOR STUDY

There is a need of study by using this formulation on a large-scale sample and on various entities for more accuracy, because present trial work is carried out on a single patient.

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