

INTERVENTIONS OF KANCHANAR GULGULU AND VARUNADI KASHAYAM IN SUBCLINICAL HYPOTHYROIDISM (SCH) - A CASE STUDY

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ABSTRACT

SCH is defined as- Biochemical evidence of hypothyroidism (normal T3 & T4 but raised TSH). SCH is likelihood of progression to clinical hypothyroidism. It may persist for years. It is more common in women than men, and its prevalence increases with age. Of patients with SCH, 80% have a serum TSH of less than 10mIU/L. The most important implication of SCH is high likelihood of progression to clinical hypothyroidism. The possibility that it is a cardiovascular risk factor has been a subject of debate. Currently the practical approach in modern therapy is routine levothyroxine therapy for persons with a persistent serum TSH of more than 10.0mIU/L and individualized therapy for those with a TSH of less than 10.0mIU/L. There is no direct reference of thyroid in *Ayurvedic* classics, but the *Galaganda* and *Gandamala* have been frequently used in the text. According to *Charakacharya* presentation of multiple *Granthi* around the neck is called *Gandamala* and single swelling on the *Parshva* (laterals) of neck is *Galagand*. *Galagand* is explained classically in all the *Ayurvedic* texts, including *Sushruta* and *Ashtangahruday*. Since *Galagand* 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 disorders can be very well managed with *Ayurvedic* drugs, although modern drugs are quite effective in getting TSH level down but with certain adverse effects. So, a case of Subclinical hypothyroidism was selected and observed before, and after the treatment. *Kanchanar* is considered as a drug of choice for *Granthi* (Cysts) and *Galagand*

(Goitre), so here in this case *Kanchanar Guggulu* along with *Varunadi Kashayam* and *Vaishwanar Choornam* was administered for the purpose of *Agnideepana* (To improve digestive fire), & *Vatanulomana* (Regularise *Vata*). The patient was followed upto 6 months to observe increase in value of TSH.

Keywords: SCH, TSH, *Galaganda Dhatwagni*

INTRODUCTION

Thyroid is one of the earliest endocrine glands to build up¹. Subclinical hypothyroidism is characterized by a serum TSH above the upper reference limit with a normal free thyroxin (T4) level. This is only applicable when the hypothalamic-pituitary- thyroid axis is normal. It results from thyroid or suprathyroid abnormalities. Usually it runs a chronic course along with slow and insidious onset. At times patients are accidentally diagnosed when they come to seek treatment of other related problems or accompanying another person to a doctor. Thyroid gland abnormality influences body metabolism to a great extent and it also affects functioning of other glands. Thyroid hormone deficiency manifest as multi system involvement. Iodine is the trace element required for the synthesis of thyroid hormone. The daily requirement of iodine recommended is 150ug/day, when there is iodine deficiency. It is more prominent in females with ratio of male to female being 1:6. If left untreated it may result in severe complications with progressively increased mortality. The basic aim of treatment of SCH is to bring normalcy in TSH which reduces the incidence of clinical hypothyroidism and other complications also its affection towards other glands. The Colorado thyroid disease prevalence survey, conducted in United States of America on individuals who were not taking any thyroid hormones and who were attending a health fair tested with an upper normal TSH value of 5.0mlU/L was used, reported a prevalence of 8.5% and 0.4% for subclinical and overt hypothyroidism respectively.² In the British Whickham survey serum TSH values over 10mlU/L were found in 9.3 % of women and 1.2% of men.^{3,4}

With the changing lifestyle of 21st century hypothyroidism is considered as one of the commonest diseases. Around 200 million population of the world is suffering from thyroid disorder. Presently the available

treatment is orally artificially synthesized hormone Levothyroxine with main goal to normalize elevated TSH. So, there is need to search an effective management for this challenging disease.

In Ayurveda there is no exact mentioning of disease but it possibly can be correlate with *Kaphaja Shopha* (Swelling), *Kaphaja Galaganda*, *Rasapradoshaja Vikaras* (Disorders of *Rasa Dhatu* vitiation) *Atisthoola purusha* (Obesity).⁵ Although considering any of them the line of treatment remains same because on analysis of symptomatology of SCH, in the light of ayurvedic principle of *Dosha*, and *Dooshya* showed in the disease, there is dominance of vitiated *Kapha* and *Vata* and vitiation of *Rasadhatu* (Component of body with nutrients and essence) and then *Medadhatu* (fat) is the main feature and somewhat similar pathology is seen in above mentioned diseases. As per *Dosic* predominance the *Vataja* type of *Galaganda* comparable to hyperthyroidism and *Kaphaja* and *Medoja Galaganda* to hypothyroidism in conventional system of medicine. In the pathogenesis *Bhutagni*, (Fire present in basic elements) *Dhatwagni* (Fire located inside the tissues), plays an important role, which shows the metabolic disturbances in this disease.

SCH sometimes has no symptoms, is especially true when TSH levels are only mildly elevated. When symptoms do arise, however, they tend to be vague and general. So, in Ayurveda there is wide scope of research to find out safety remedy for the management of SCH. Since there is predominantly vitiation of *Vata* and *Kapha*, so for their normalisation oral use of *Kanchanar Guggulu*, *Varunadi Kashayam* and *Vaishwanar Choornam* are taken into consideration.

A case study of a female patient aged 47yrs with Subclinical hypothyroidism was diagnosed and treated in the hospital of Mannam Ayurveda Co-operative Medical College, Pandalam, Pathanamthitta (Dist.), Kera-

la. She complains Weight gain , Depression, Constipation, fatigue, hair loss, cold intolerance, swelling over feet since 2yrs. Examination revealed clinical features of Subclinical hypothyroidism with TSH – 8.3mIU/L , Hb- 9.3gm% and T3, T4 within normal limits dated on 12-05-2017.

A treatment was planned to keep the disease and symptoms in mind. Tab *Kanchanar Guggulu*⁶ 2 BD with *Varunadi Kashayam* as an *Anupan* (Vehicle/ medium) in the dose of 15ml mixed with 45 ml. of warm water 1.5 hour before food. And *Vaishwanar Chooranam* 5 gm TDS with warm water 30 min. before food. Patient was then advised to undergo TSH and Hb investigation after 1 month. After 1 month, patient started with the feeling of wellbeing and the intensity of the symptoms were reduced. Her TSH reduced to 6.5mIU/L, and then again, she was advised to continue same treatment for 1 month. Test was repeated on 13-07-2017 and her TSH was 5.03mIU/L, Hb becomes 10.9gm%.

She was further observed for the period of 6 months where same medicines were advised along with Pathya and T3, T4 & TSH investigations once in 3 months. These medicines help, maintained the T3, T4 & TSH level in normal range and patient was appearing normal clinically.

DISCUSSION

Subclinical hypothyroidism is defined as Biochemical evidence of hypothyroidism (normal T3 &T4 but raised TSH). SCH is likelihood of progression to clinical hypothyroidism, which needs to be treated. A patient may land up to the complication's clinical hypothyroidism, obesity, cardiovascular diseases. Ayurvedic medicines takes time to normalize the value of TSH, hence treat patiently. Since there is no direct reference of Subclinical / Clinical Hypothyroidism in the *Ayurvedic* texts, but *Galagand* or *Gandamala* is found in the text. *Galagand* is *Vata kaphaja* disorder hence the drugs used, act on *Vata* and *Kapha*. *Kanchanar Guggulu* is indicated in tumours, disorders of lymphatic channels, cyst, wounds, *Gulma* (Flatulence), skin disorders and *Fistula*,⁷ hence the drug was chosen. Ingredients of *Kanchanar Guggulu* have the

effect of *Deepana* and the *Shodhana of Sukshma srotasa* (purification of microchannels). In this way by improving *Koshthagni* and *Dhatwagni*, it corrects tissue metabolism and by that way treated Subclinical hypothyroidism.

Varunadi Kashayam is used in *Vatakaphaja* disorder and it is also very well indicated in *Gandamala*, *Kapharogas*, *Medorogas*, *Agnimandya* (Dyspepsia), *Urustambha* (Thigh spasticity), *Shirashoola*, *Gulma* and *Antarvidradhi* (Internal Abscess).⁸

According to *Charakacharya Vatanulomana* helps in relieving symptoms like *Aruchi*, Obesity, *Pandu* etc⁹. *Vaishwanar Chooranam* was given for the purpose of *Agnideepana*, *Vatanulomana*. It is indicated in *Amavata* (Rheumatoid Arthritis), *Gulma* (Flatulence), *Hridroga* (Cardiac diseases), *Vastjanya Rogas* (Bladder disorders), Spleen diseases, Piles, Constipation Abdomen pain .¹⁰ Since *Galagand* is *Vatakaphaja* disorder but with *Pitta Dusti* (Vitiation of *Pitta Dosa*), since there is hyposecretion of hormones *Pitta* to be considered as hormone and perhaps *Pitta* needs to be regularize to normalise the value of TSH, hence combination was made.

CONCLUSION

This case demonstrates a classical presentation of Subclinical hypothyroidism which was responded well to the line of treatment mentioned in ayurveda, by giving positive variations in clinical & biochemical findings.

The clinical trial highlights the following points:

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, careful selection of drugs to be made.
3. Ayurvedic treatment in the cases of subclinical hypothyroidism not only decrease the level of TSH, but also stimulate the normal functioning of gland.
4. Significant improvement was found in both the parameters symptomatically as well as Pathologi-

cally in the TSH level, which was 8.3ml U/L before treatment was reduced to 5.03ml U/L.

5. During the course of treatment, no adverse effects were seen.
6. Large scale, government- sponsored, multicentre, randomized, placebo- controlled studies are urgently needed to assess the efficacy of the above interventions in the patients having TSH levels of less than 10mlU/L and more than 10mlU/L, to make a proper protocol for the disease modality and help the mankind with our ancient science.
7. Ayurveda medicines prove to be bliss in thyroid disorders, so it is therefore requested to prescribe Ayurvedic medicines for same.

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