



PURE AYURVEDIC MANAGEMENT OF HYPOTHYROIDISM - A CASE REPORT

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ABSTRACT

Thyroid hormones are very essential for normal metabolism, growth and development. It is extremely receptive and responds to stress and stimulation very quickly. According to recent studies, 13 out of every 100 people have thyroid issues. Among this, Hypothyroidism is one of the most prevalent thyroid disorder in India which is affecting one out of every ten persons. Although the diagnosis and treatment of hypothyroidism are considered as simple, there are large numbers of people with this condition who are not treated seriously. The main obstacle in Ayurveda is that there is no exact correlation of thyroid gland in Ayurvedic classics, where as the Galganda and Gandmala have been frequently used in the text. But Ayurvedic system of medicine is very futuristic and Caraka in 18th chapter of sutra sthana emphasized that there is no need to emphasize on the exact nomenclature of the disease. The thyroid condition can be compared as agni dushti. There will be a formation of ama because of that agni dushti. In a nut shell "ama is a precursor state of a substance in transformation". It results in स्रोतोरोधबलभ्रंशगौरवानिलमूढता: । आलस्यापक्ति निष्ठीव मलसङ्गारुचि क्लमा:। (अ. ह. सू. १३/२३). Using these principles Srotoshodhana, Agnideepana, Pachana and Vatanulomana are the main principles in the treatment of Hypothyroidism. Here a case study of a patient who suffered from hypothyroidism and was successfully treated with multifactorial approach of Ayurveda like shodhana and shamana is selected. After the treatment, TSH was reduced from 18.48 to 4.63µg/mL.

KERWORDS: Hypothyroidism, Agni, Shodhana, Shamana

INTRODUCTION

Hypothyroidism is caused when the thyroid gland secretes inadequate amounts of thyroid hormone. In both the developing and developed countries, hypothyroidism is a significant health concern. The prevalence of Hypothyroidism in India is 11%¹ which contributes to about 42 million people². Thyroid regulates the metabolism of the body, hence deficiency manifest as multi system involvement. Metabolism can be understood as paka in ayurveda, which is the function of agni. That is in Hypothyroidism pachana kriya is reduced due to mandagni. It can influence every organ in the body and alters the metabolism down to the molecular level. The prevalence of hypothyroidism is continuously increasing. It is extremely receptive and responds to stress and stimulation very quickly. So it is understandable why thyroid diseases have grown to be the second most prevalent endocrinal disorder. The disease hypothyroidism causes complications at its peak can result in threatening conditions³.

In Ayurveda texts, although there are no direct references found regarding hypothyroidism, based on its clinical presentation, it can be correlated with different pathological entities which are manifested either as symptoms or disease. The nidanas, for Rasapradoshaka, Agnimandya janaka, and kapha-vata prakopaka can be the causes for the development of hypothyroidism. The signs and symptoms of hypothyroidism described in modern medicine indicate that the kapha pradhana tridosha is a significant factor in the illness. It can be understood and evaluated based on the involved agni, dosha, dushya, srotas, and srotodusti, etc. Clinical symptoms of agnimandya are srotorodha, gaurava, anila mudhata, aalasya, apakti, malasanga, aruchi, klama⁴. These symptoms can be correlated with patient's chief



complaints. Due to apathya nidana sevana there is tridosha dushti, which causes jatharagni mandya, which results in dhatwagnimandya and finally uttarottara dhatu vikriti. The treatment was planned in such a way that it included amapachaka, agnideepana, and kapha-vata shamaka properties.

CASE REPORT

Patient Information

A female patient aged 31 yrs homemaker with married life of 5 years was registered from the outpatient department of Prasutitantra and Streeroga of SDM College of Ayurveda and Hospital, Hassan. Patient complaints of irregular menstruation since 8 months associated with lethargy, weight gain, hair fall and loss of appetite. Her Thyroid profile report showed a TSH level of 18.48 μ IU/ml. No significant family history was found. Patient was not willing to take modern medication and she was under Ayurvedic medication for the same since few months but did not have satisfactory relief. So patient was advised for admission and appropriate pachakarma treatment was prescribed.

General Examination

Personal history revealed that patient was having disturbed sleep, sedentary life style. The patient was following a mixed diet. Also she was having reduced appetite, irregular interval of food with more intake of junk foods and cool drinks. Patient was following intake of madhura rasa pradhana ahara. Assessment of Dashawidha Pareeksha was done. Prakruti – Kapha vata Vikruti- Kapha pradhana tridosha, Sara – Madhyama, Samhanana - Madhyama , Pramana – Madhyama, Sathwa-Madhyama, Satmya-Madhura rasa pradhana, Abhyavaharana shakti- Avara, Jarana shakti- Avara, Vyayama shakti- Avara, Vaya- Madhyama. Asthasthana Pareeksha was performed. Nadi - 76 bpm, Mootra- 5-6 times/ day, Mala - Prakruta -Once a day, Jihwa- Alipta, Shabda – Spashta, Sparsha - Anushna sheeta , Druk – Prakrutha, Aakruti - Sthaulya

Menstrual history

Menarche – 13 years of age
 Menstrual history – irregular
 3-4 days/ 45-60 days
 No of pads – 2-3 pads/ day
 Pain-Absent
 Clots-Present
 No foul smell

TREATMENT

The treatment was planned to relieve the kaphavarana and promote vatanulomana. After performing Snehana & Swedana karmas, Vamana was advised for this patient.

SR.NO	Therapeutic approach	Day	Medicines
1	Deepana pachana Sarvanga udwartana	3	Chitrakadi vati 1 tid , panchakola phanta 50 ml tid
2	Snehapana	4	Indukantha Ghrita (Starting from 30 ml then increased gradually up to Samyak Sneha-Siddhi Lakshan 120 ml)
3	Abhyanga followed by Baspa sweda and Ushna jala snana	1	Brihat saidavadi taila
4	Vamana karma (with Madanaphala 10 gm+Pippali 1 gm+Yashti madhu 5 gm+Saindhava 5 gm+Vacha 2gm)		

After vamana, Samsarsajana karma was followed for 5days. Then discharge medicines and Pathya-apathya in ahara and vihara was explained to the patient.



DISCUSSION

Hypothyroidism is hypo metabolic state resulting from inadequate secretion of thyroid hormones for prolonged period⁵. In hypothyroidism, agni is effected at the koshta and dhatu levels. This will leads to formation of Ama. The treatment for this patient was planned keeping the disease and symptoms in mind. Principle of management includes dhatwagni deepana, ama pachana, srotoshodhana, vata-kapha shamana. Classical vamana karma was done and on discharge tab Kanchanara guggulu 2 tid with luke warm water and Varunadi kashaya 15ml tid with equal amount of water was advised to the patient for three months along with Pathya - apathy ahara vihras was adviced. Patient was then advised to undergo TSH investigation after 3 months. Her TSH level reduced to 4.63 μ iu/ml from 18.48 μ iu/ml.

For deepana pachana, chitrakadi vati selected which improves Agni. Patient got improvement in appetite and feeling lightness of body which indicates that Ama pachana attained at the level of Jatharagni. Deepana Pachana was done untill nirama lakshana was attained. For Snehapana, Indukantha ghrita⁶ explained in udara roga was selected by considering the role of Kapha pradana tridosha. This helps in sroto-shodhana and Kapha dosha utkleshana. There was a decrease of weight at the end of Snehapana, which indicates Medo vilayana. Snehapana was done until samyak snigdha lakshana was attained.

The Vamana karma is indicated for Kapha pradana vikaras which acts through the virya of the dravyas. After snehapana and proper visramakala the vamana karma was conducted. Vamana karma because of its properties like Tikshna, Ashukaari, Vyavayi, Vikasi and formed with a predominance of agni and vayu mahaboota. But the main action is attained by the urdhwabhagahara prabhava possessed by the drugs. The drugs due to their virya will reach hridaya and dhamani thereby reaches Stula and anu srotas of sharira. Samsarjana krama is followed according to the type of shuddhi to restore the Jatharagni, Dhatawagni and Prakruta dhatus. Hence, Shodhana karma was helpful here as the condition is caused by ama, kaphavarana and Srotorodha and helps in removal of dushita doshas. Ayurveda identifies the dominance of Kapha dosha and Soumya dhatu as an important causative factor in artvakshaya and agnimandya condition, so removal of this is achieved by vamanakarma to maintain agni in the normal condition⁷. So here in this case it was beneficial for both hypothyroidism and arthavadushti. Kanchanara guggulu is a drug of choice for granthi vikara and galaganda⁸. The research data suggests that Guggulu corrects structure and function of the thyroid, significantly hypothyroidism and directly stimulates thyroid function probably through some enzymatic mechanisms⁹. Kanchanara and Guggulu had all the necessary properties of deepana, pachana, vata-kapha shamaka, shothahara, lekhana, bhedi, properties which helps to get rid of the cardinal symptoms of hypothyroidism. Guggulu contains the chemical constituents like oleoresin which was found to be highly potent and anti-inflammatory effect¹⁰. Varunadi kashaya is directly indicated for kapha and medoja conditions, mandagni and gulma which is very



useful in hypothyroidism¹¹ condition. The medicines were discontinued after 3 months, and a repeat thyroid profile was done. The value of T.S.H. was found to be 4.63 μ IU/ml. Then she was advised to undergo a thyroid profile routinely to monitor the values.

CONCLUSION

This case report is an observation and evidence to learn that with systematic Ayurvedic treatment modalities, hypothyroidism can be managed efficiently. Here, the prime importance was given for agni in all levels of treatment and we got best result for curing the signs and symptoms of the patient. The changes after treatment was proved with evidence of lab report also. Even though it is a single case, the results observed in this case are encouraging and the protocol followed in the case may be subjected to trial in a larger sample.

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