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A Single Case Study On The Ayurvedic Management Of Subclinical Hypothyroidism

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ABSTRACT: The number of cases of hypothyroidism is increasing day by day resulting in discomforts, sign and symptoms such as weight gain, dry skin, bradycardia, hair loss, irregular menstruation in females, etc. In Ayurveda we did not find any *vyadhi* having direct correlation with hypothyroidism, so as per acharya Charaka it may be treated as a *anukta vyadhi*, on the basis of prakriti, *hetu, rupa* and others. As per the symptoms of hypothyroidism it can be predicted that there are involvement of *kapha and vata dosa*, so it should be managed as a *kapha vataja vyadhi*. The present study deals with a female patient, aged 35 years, suffering from sub clinical hypothyroidism since last two years, with complaints such as weight gain, weakness, palpitation, hair fall, breathlessness, etc. The patient was put under ayurvedic treatment with drugs *kaishore guggulu and dashamoola kwath*, while maintaining *pathya and apathya* for three consecutive months. Monthly observation were done, after the complete duration of treatment the blood TSH level was successfully dropped from 8.5 to 4.3 milli international units / liter, with consecutive relief from aforesaid symptoms.

Keywords : Hypothyroidism, *Kaishore guggulu*, *Dashamoola kwath*, *Anukta vyadhi*.

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INTRODUCTION

In this era of advance technology and facilities , there is a dark side of unhealthy lifestyles (not following *dinacharya* , *ritucharya* etc.), polluted environment , which leads to various new kind of diseases which does not have any direct correlation with ayurvedic text , Hypothyroidism is such a disease. So as per *Acharya charaka* if the *vyadhi* is not being named, it should be categorized into *anukta vyadhi* ^[1] and as per *vagbhat* if we do not know the name of the *vyadhi* then it should be managed on the basis of *prakriti, adhithana, bheda, hetu* ^[2]. It is estimated around 5% of the total population , suffers from thyroid disorder , in which hypothyroidism is the most common one ^[3]. Hypothyroidism in females is around six times more than males. According to modern science ,

hypothyroidism is also described as an underactive thyroid disorder, in which the thyroid glands does not produce sufficient amount of thyroid hormone (Triiodothyronine T3 , Thyroxine T4) resulting in sign and symptoms like bradycardia , dry skin, weight gain , depression , hyperacidity , greater sensitivity to cold, irregular menstruation in females, etc^[4]. According to aforesaid symptoms , the disease reflects the involvement of *kapha and vata dosas* , so it is managed as a *kapha vataja vyadhi*. As an ayurvedic physician it is our duty to provide relief to our patients, by using our ayurvedic principles resulting in a natural and healthier lifestyle along with less adverse effects when compared to modern system of medicine.

MATERIAL AND METHODS :

Material : The details of the drugs along with doses are given in the table below (Table 01).

Table 01			
S.No.	Drugs	Doses	Anupana
01	<i>Kaishore guggulu</i>	500 mg BDPC	Luke warm water
02	<i>Dashamoola kwath</i>	15 ml BDAC	Luke warm water

Method :

a. **Centre of study :** Institute of post graduate ayurvedic education and research at S.V.S.P

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

c. **Plan of treatment :** The treatment was done on OPD basis , the drugs mentioned in table 01 were prescribed along with a guidance of *pathya and apathya* to the patient. The patient was observed on a monthly basis for three consecutive months, the changes in complaints were noted and a blood report of TSH was done with each visit.

d. **Case report :** A 35 years old female patient visited our OPD with complaints such as *daurbalya* (weakness) , *twak rukshata* (dryness of skin), *kesh patan* (hair fall) , *mala vistambha* (constipation), *swara*

kasthata (hoarseness of voice) , *smriti alpata* (loss of memory).

1. **H/O present illness :** The patient was suffering from the symptoms for last two years and was under modern medicine , levothyroxine 75 mcg for last 1 year, still she was suffering from the symptoms, so she decided to go for ayurvedic treatment from our hospital.

2. **Clinical examination :** At the first visit to OPD , following examinations were done.

I. Asta vidha pariksha :

Nadi – 78 beats / min

Mala – Mala vibandha (constipated)

Mutra – Normal

Jihva – Normal

Sabda – Normal

Sparsha – Twak rukshata (dry skin)

Drik – Upanetra

Akriti – Madhyama

II. **General examination** : (as per related case)

Weight – 68 kg

Height – 5’2”

Facies – normal

Thyroid – not enlarged

Blood pressure – 130/70 mm of Hg

Oedema – mild pedal oedema

Respiration – 26 / min

Sleep – Normal (7-8 hours per day)

III. **Blood examination** :

Hb - 11.2 gm/dl

TSH – 9.2 uIU/ml

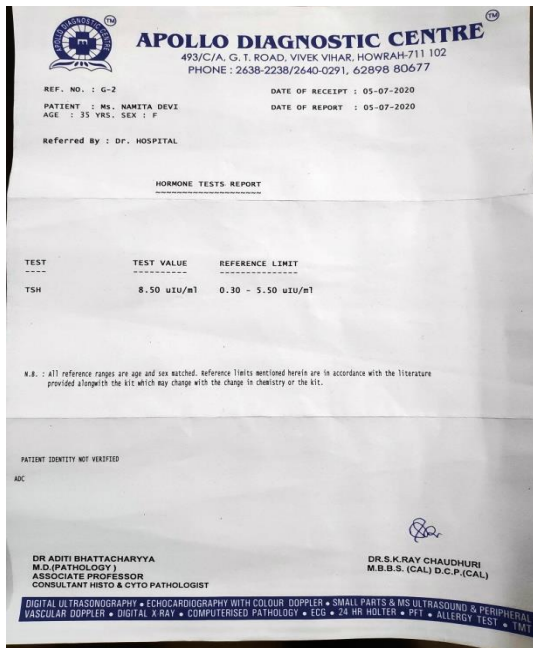
OBSERVATION AND RESULTS :

The patient was observed for three consecutive months and on each thirty days interval the changes in complaints were noted (Table 02) along with a blood report of TSH was done after each visit (Table 03).

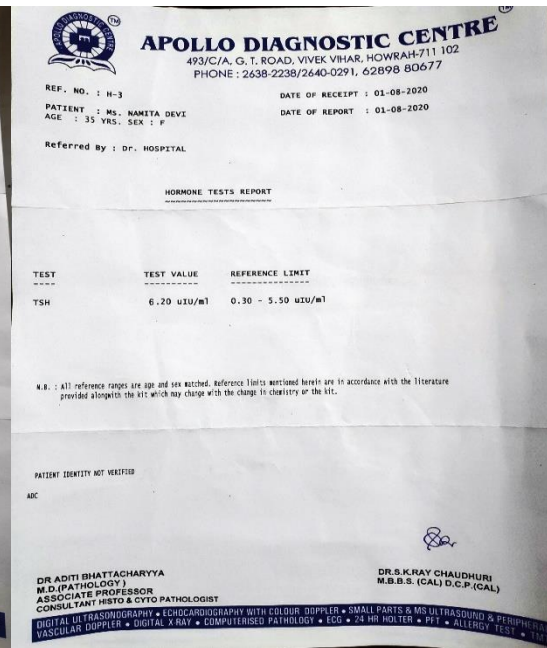
Table 02 – Changes in complaints			
Symptoms	1 st month	2 nd month	3 rd month
<i>Daurbalya</i>	+++ (feeling tired during sedentary state)	++ (able to do some hard work)	0 (no such complaint regarding strength)
<i>Twak rukshata</i>	++ (rough and dry skin specially limbs)	+ (slightly improved)	0 (normal skin appearance)
<i>Kesha patan</i>	+++ (dry scalp with hair fall while using comb)	++ (dry scalp with reduced hair fall)	+ (scalp normal with reduced hair fall)
<i>Mala vibandha</i>	++ (passing of hard stool sometimes on alternate days)	0 (regular passage of soft formed stool)	0
<i>Svara kashata</i>	++ (hoarseness of voice with soreness in throat)	+ (complaints reduced to some extent)	0 (no such complaints related voice)
<i>Smriti alpata</i>	++ (had to focus hard on remembering things)	+ (slight relief in complaints)	+

Table 03 – Changes in TSH levels in blood

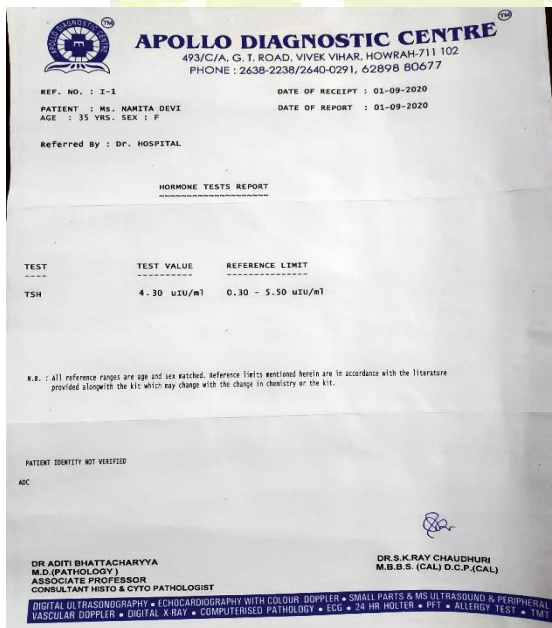
TSH (normal level 0.30-5.50 mIU/l) ^[5]	1 st month	2 nd month	3 rd month
	8.50 mIU/l	6.20 mIU/l	4.3 mIU/l



1st month



2nd month



3rd month

DISCUSSION :

Hypothyroidism is a condition in which there is under activity of the thyroid glands, resulting in the under production of hormones like T3 and T4 , which are mainly responsible for maintaining metabolism, growth , etc. As per ayurvedic view , thyroid gland is situated in *kapha sthana* (throat), and any action of other *dosas* (hyper or hypo) is maintained by the influence of *vata dosa*^[6]. So, in this case of hypothyroidism it can be concluded that there is definite involvement of *vata dosa* because of the *avarana* created by *kapha dosa*, resulting in a condition like *kaphavrita vata* having features like *sitalata, gauravata, etc*^[7]. Due to similar properties like *sita guna* of both the involved *dosas*, the secretions of thyroid gland loses its potency , leading to *vishama kriya* and sometimes it leads to a swelling over throat (goitre), which may correlated with *galaganda*. According to features of *galaganda* it is mainly a *vata sleshmik granthi vikar*^[8]. So as per both the theories , it is concluded that hypothyroidism reflects the involvement of *vata and kapha dosas*, so the management should be done by reducing the *kapha dosa* while simultaneous pacification of *vata dosa* , with drugs helping in the penetration of

avarana and enhancement of *agni* as well as *oja*. *Kaishore guggulu* is prepared from drugs like *guggulu, sunthi, trivrit, danti* ,etc. which are potent *vata nasak* by their *ushna guna* , while causing the enhancement of *agni* , *oja* and reduction of *vikrita kapha*^[9]. *Dashamoola kwatha* consist of the *laghu* and *brihat panchamoola*, having the properties like *srota sodhak, sotha hara, vata samak, kapha samak* etc^[10]. So, after being satisfied through vivid literature survey these two formulations were taken into consideration as the treating agent. Fortunately the presented case showed satisfactory results over clinical sign and symptoms as well as biological parameters (Table 02, 03).

CONCLUSION:

After reviewing the observation and results it may be concluded that *kaishore guggulu* in a dose of 500 mg twice daily and *Dashamoola kwatha* in a dose of 15ml twice daily , for three months is a potent remedy against sub clinical hypothyroidism. No such adverse effects were observed during the treatment schedule.

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