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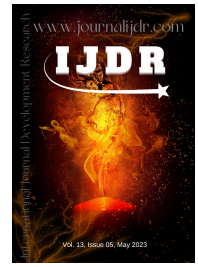
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RESEARCH ARTICLE

OPEN ACCESS

## AYURVEDA MANAGERMENTS AND REVERSE OF HYPOTHYROIDISM – A CASE STUDY

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### ABSTRACT

Thyroid disease is one of the most prevalent endocrine disorders worldwide. Hypothyroidism can result from any of a variety of abnormalities that lead to insufficient synthesis of thyroid hormones. Thyroid dysfunction prevalence is rising at an alarming rate in Indian population, more prevalent among the females. In modern science, the treatment of hypothyroidism is done by thyroxine hormone therapy for long time but this medication can lead to several side effects like chest pain or discomfort, difficult or labored breathing, extreme fatigue, irritability etc. However in recent times, hypothyroidism can be well managed with Ayurvedic medication. In present study, a hypothyroid case has been treated successfully with combination of Kanchanar guggulu, Shiva gutika, Triphala guggulu. The present case study has focused effectiveness of Ayurvedic medicines in primary hypothyroidism.

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## INTRODUCTION

Thyroid disease is one of the most prevalent endocrine disorders worldwide. Hypothyroidism can result from any of a variety of abnormalities that lead to insufficient synthesis of thyroid hormones. Thyroid dysfunction prevalence is rising at an alarming rate in Indian population, more prevalent among the females<sup>1</sup>. In modern science, the treatment of hypothyroidism is done by thyroxine hormone therapy. Hypothyroidism may occur as a result of primary gland failure or insufficient thyroid gland stimulation by the hypothalamus or pituitary gland. Primary gland failure can result from congenital abnormalities, autoimmune destruction (Hashimoto disease), iodine deficiency, and infiltrative diseases. Autoimmune thyroid disease is the most common aetiology of hypothyroidism in the United States (Singer, 1991). There are three types of hypothyroidism: primary, secondary, and tertiary. Primary hypothyroidism, which is quite common, results from abnormalities of the thyroid gland. Approximately 95% of hypothyroidism cases are diagnosed as primary hypothyroidism (AACE, 2002). Secondary and tertiary hypothyroidism result from malfunctions of the pituitary and the hypothalamus, respectively. Tertiary hypothyroidism is sometimes not distinguished from secondary hypothyroidism. Secondary and tertiary hypothyroidism are sometimes referred to as central hypothyroidism (Acharya PriyaVritt Sharma, 2006). The thyroid is an important part of the human endocrine system, where thyroid hormones play a major role in the body's overall metabolic activity,

growth and development (Tortora and Derrickson, 2012). The decreased levels of thyroid hormones lead to hypothyroidism. Early signs and symptoms include cold intolerance, weakness, fatigue, and constipation. Dryskin, decreased sweating, myxedema, puffiness of face with edematous eyelids, non pitting pre tibial edema, pallor, retarded nail growth, dry brittle hair, constipation, weight gain, decreased libido and menstrual disturbances menorrhagia in common, oligomenorrhoea or amenorrhoea etc. There is no direct reference of hypothyroidism in Ayurveda, where as the description of Galaganda and Gandamala have been frequently mentioned in the different Samhitas. Galaganda, characterized by neck swelling, is well known. The symptoms of Galaganda and Hypothyroidism are vaguely similar. We get scattered references in the Ayurveda texts which help us in understanding the underlying pathology.

The description of swelling in the neck was mentioned in Atharva Veda by the name of Apachi. Charaka described multiple Granthi around the neck is called Gandamala and single swelling on the side of the neck is Galaganda (Agnivesha et al., 2014). He mentioned about the disease under the Nanatmaja Kaphaja Roga (Ch. Su.20/17) and also presented that Galaganda is a solitary swelling in 11th chapter of Chikitsa Sthana of Charak Samhita. Sushruta in Sareera Sthana mentioned in the sixth layers of the skin i.e. Rohini is the seat of Galaganda (Su.Sa.4/4) (Ayurvedic Approach to Management of Hypothyroidism, 2021).

## CASE REPORT

A female patient of 34 years old, software engineer came to OPD of BVVS Ayurveda Medical college and Hospital Bagalkot, Karnataka with chief complaints of weakness, lethargy, puffiness of face, since one year. Known case hypothyroidism since 8 years on treatment 75 mg thyronorm, herself was interested for Ayurvedic treatment. She had no family history for similar conditions and no significant past history. She also had no any history of hypertension, diabetes, cardiac problem or any other complicated diseases. The patient was advised to undergo investigations of T3, T4, TSH all are normal limit with Tab thyronorm 75mg but patient willing to withdraw medicine here a successful withdrawal of medicine with Ayurveda medicine replaced. Finally all medicines are stopped. And 3 thyroid profile readings are normal after withdrawal of all medicines.

## MATERIALS AND METHODS

The treatment was planned seeing the state of rogabala (strength of the disease) and aturbala (strength of the patient). The treatment like amapachak (digestion of undigested food), agnideepan (increasing appetite), anuloman (proper bowel movement), medohara (anti obesity) and vatakaphanasak properties following medicines were administered to the patient. The treatment was continued for 3 months.



### Before Treatment

The patient was advised as per Ayurvedic fundamental principles to avoid apathyaaahara (food) and vihara (daily activities) like fast and junk food, cabbage, cauliflower, soybean, excessive sleep and other sedentary life style etc. she was advised to indulge pathyas like light diet, other green vegetables, sea food, old rice, barley and aerobic exercises along with Kanchanar guggulu, Triphala Guggulu, Punamavasa advised with gradual withdrawal of allopathic medicines for duration of 8 months dose is adjusted according to symptoms.

## OBSERVATION AND RESULTS

The patient was advised to undergo investigations of T3, T4, TSH every 3 months once. After 3 months started drug withdrawal gradually and symptom like lethargy, heaviness of body irritation etc are relieved. At end of 8 months all medicines are stopped. Thyroid profile are under normal limit. Consequent 3 readings are normal. Following are before and after reports.

**Probable Mode of Action of Trial Drugs:** Hypothyroidism mainly occurs due to vitiation of Vata and Kaphadoshas. This vitiated doshas derange the Jatharagni (digestive enzymes etc.), ultimately leading to the production of Ama and lastly vitiates Medadhātu. This Ama blocks the channels (Srotorodha) in the body. Lethargy, fatigue, weight gain, weakness and glandular enlargement etc. symptoms are mainly occurred due to accumulation of Kapha and Medadhātu;

 <b>ಶ್ರೀ ಸಾಯಿ ಡಯಾಗ್ನೋಸ್ಟಿಕ್ ಲ್ಯಾಬೋರೇಟರಿ</b> <b>Shri Sai Diagnostic Laboratory</b> Advanced Medical Diagnostic Centre		 <b>Shri Sai Diagnostics</b>		Engineering College Circle, Landmark Savalagi Complex, Beneath Panjuri Hotel, Vidyagiri, Bagalkot - 587102. Mob : +91 9880735631, 7353223643, E-mail : shrisaidiag9915@gmail.com	
REPORTS					
Name :					
Age/Sex:	35Y / Female	Sample Received On	26/1/22	6:50 pm	
Ref. Dr:	DR. ANAND. K. DADDENAVAR	Reported on	16/2/23	6:54 pm	
Bill No:	2022/00062 Slno: 1	Pat ID :	2022/00361		
LABORATORY REPORT					
TEST NAME	RESULTS	NORMAL RANGES			
TOTAL TRIIODOTHYRONINE-T3	0.97 ng/ml	<b>ng/ml</b> - 0.97-7.42 1-4weeks - 1.04-3.45 1-12months - 1.04-2.47 1-5years - 1.04-2.66 6-10yrs - 0.60-2.40 11-80yrs - 0.60-2.14 1st trimester - 0.84-2.60 2nd trimester - 1.10-2.86 3rd trimester - 0.26-2.53 16-17YRS MALE - 0.71-2.12 1-17YRSFEMALE - 0.61-1.51			
Method:- CHEMILUMINESCENT MICROPARTICLE IMMUNO ASSAY					
TOTAL THYROXINE-T4	6.66 µg/dl	<b>µg/dl</b> - 11.0-21.5 1-4weeks - 8.2-17.1 1-12months - 5.9-16.3 1-5years - 7.3-14.9 6-10yrs - 6.3-13.2 11-80yrs - 4.2-11.8 1st trimester - 7.7-14.7 2nd trimester - 7.1-19.5 3rd trimester - 8.3-17.0			
Method:- CHEMILUMINESCENT MICROPARTICLE IMMUNO ASSAY					
THYROID STIMULATING HORMONE-TSH	5.11 µIU/ml	<b>µIU/ml</b> - 1.0-39.0 1-4weeks - 1.7-9.1 1-12months - 0.8-8.2 1-5years - 0.25-5.0 6-80yrs - 0.25-5.5 1st trimester - 0.6-3.5 2nd trimester - 0.4-4.5 3rd trimester - 0.7-4.0 First trimester - 0.1-2.5 Second trimester - 0.2-3.0 Third trimester - 0.3-3.0 Adult Male - 12-18yrs - 0.51-4.94 >60yrs - 0.5-8.9 19-60yrs - 0.55-4.78			
SERVICES : HEAMATOLOGY   BIO CHEMISTRY   CLINICAL PATHOLOGY   SEROLOGY   TUMOUR MARKERS   HORMONE ASSAYS   INFECTIOUS DISEASE   CULTURE & SENSITIVITY   RHEUMATOLOGY					
> The result obtained related only to the sample given/received & tested. A Single test result is not always indicative of a disease, it has to be correlated with clinical data. The reported results are for information and for interpretation of the referring doctor only > This report is not valid for medico - Legal purposes					

After treatment:

**PROCESSED AT :**  
**Thyrocare**  
 1st Floor, 889 HSR layout  
 Sector-7 (BDA), No 1159, Bangalore

Corporate office : Thyrocare Technologies Limited, D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400 703  
 ☎ 022 - 3090 0000 / 6712 3400 ☎ 9870666333 ✉ wellness@thyrocare.com 🌐 www.thyrocare.com

**REPORT**

**NAME :** [REDACTED] **HOME COLLECTION :**  
**REF. BY :** SELF **R K TOWNSHIP YARANDAHALLI BENGALORU - 56011**  
**TEST ASKED :** T3-T4-TSH

**PATIENTID :** 1K15457469

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	102	ng/dl	58 - 159
TOTAL THYROXINE (T4)	C.M.I.A	9.43	µg/dl	4.87 - 11.72
THYROID STIMULATING HORMONE (TSH)	C.M.I.A	2.16	µIU/ml	0.35 - 4.94

**Please correlate with clinical conditions.**  
**Method :**  
 T3 - Fully Automated Chemi Luminescent Microparticle Immunoassay  
 T4 - Fully Automated Chemi Luminescent Microparticle Immunoassay  
 TSH - Fully Automated Chemi Luminescent Microparticle Immunoassay  
 Pregnancy reference ranges for TSH/USTSH :

Trimester || T3 (ng/dl) || T4 (µg/dl) || TSH/USTSH (µIU/ml)  
 1st || 83.9-196.6 || 4.4-11.5 || 0.1-2.5  
 2nd || 86.1-217.4 || 4.9-12.2 || 0.2-3.0  
 3rd || 79.9-186 || 5.1-13.2 || 0.3-3.5

References :  
 1. Carol Devilla, C I Parhon. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrinol. 2016; 12(2) : 242 - 243  
 2. Kulhari K, Negi R, Kalra DK et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

**Disclaimer :**  
 Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference in reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

~~ End of report ~~

**Sample Collected on (SCT)** : 11 Feb 2023 07:00  
**Sample Received on (SRT)** : 11 Feb 2023 14:43  
**Report Released on (RRT)** : 11 Feb 2023 16:23  
**Sample Type** : SERUM  
**Labcode** : 1102082230/BAN78  
**Barcode** : AK359667



Dr Ishant Anand MD(Path)

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srotorodh, constipation and muscle pain, loss of libido, amenorrhoea etc. mainly seen due to vitiated Vatadosha by Avarana.<sup>5</sup> The primary ingredients of Kanchanar Guggulu are Guggulu (50%) and Kanchanar (25%). Kanchanar is a valuable plant, used since ancient times for reducing growths on the body and for strengthening the glandular system. It has ruksha (dry), laghu (light) gunas, kasaya rasa (astringent taste), katuvipaka (pungent in post digestive taste) but its prabhava (special effect) is gandamalanashan (effective in cervical lymphadenitis, thyroid and glandular enlargements etc.). Kanchanara has great ability to dry up the vitiated Kapha and Meda because of its potent astringent property. Its grahi (enhancing absorption) property helps to remove excess fluid from swollen tissues. It helps correct the thyroid imbalance by removing Kapha in the body. It is considered as a drug of choice for all kinds of Granthi vikara (glandular diseases) and Galaganda in Ayurveda (Acharya Priya Vritt Sharma, 2006).

Triphala Guggul is said to be the best vata and medohara (hypolipidaemic) drug in Ayurveda. It has ruksha, laghu and sukshma (minute) gunas, usnavirya (hot potency), katuvipaka and lekhana (scraping properties having thermogenic activity) property, so it is effective in the management of Kaphamedas predominant disorders in hypothyroidism (Amit et al., 2015). So it helps to reduce excessive body weight. Overall, Kanchanar Guggulu subsides the Kapha and Medadushti and helps to reduce the swelling in thyroid gland and also supports the jatharagni (Sastri, 2005). It helps to reduce or break down the deep seated Kaphadosha and Medadhatu and clears the obstruction of channels (srotorodha). By this way, it restores the functions of this gland, prevent weight gain, and puffiness of the face; corrects hoarseness of voice, menstrual abnormalities and constipation caused due to hypothyroidism. It also helps to reduce joint pains, muscle weakness, stiffness and pain associated with this

disease. Punarnavasa and shiva gutika. also act on metabolism and punarnava shothgna. Hence it exhibits kaphavata shamaka, deepana, pachana, srotovishodhana & shothahara properties (Srivastava Shailaja, 2009). Hence it improves the Agni (digestive fire) and helps in the removal of Aama (toxins) from the body, breaks Medadhatu and clears channel in hypothyroidism.

## DISCUSSION

Kanchanara Guggulu, Triphala Guggulu, shiva gutika, Punarnavasav supports proper function of the lymphatic system, balances Kapha Dosha, promotes elimination of inflammatory toxins. Kanchanara is very useful in extra growth or tumors and helps in reducing bleeding (Brahmashankar Mishra, 2004). Kanchanar has a balancing activity on the thyroxin production, increasing any deficient production and decreasing any excess. From the above study it is seen that Ayurvedic medicines can help to normalize the TSH value. All these medicine have the evidence to cure hypothyroidism.

## CONCLUSION

From the above study it can be clearly concluded that Kanchanar guggulu, Triphala guggulu and Shivagutika combinedly effective in the management of primary hypothyroidism without apparent evidence of side effects or any complications.

This medicine showed encouraging results in this case. The results need to be studied in more numbers in the early stage of the disease for the better assessment.

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