Hypothyroidism - Ayurvedic interpretation and management - A Case Report

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ABSTRACT

Hypothyroidism is one of the burning issues in current scenario and is affecting the life of many people on various levels. Since this condition is associated with many complications, on many systems, ranging from generalized tiredness to infertility, there by compromising the quality of life of an individual, it is need of the hour to recognize an effective treatment protocol for the same. This article is a small attempt to find an effective treatment for hypothyroidism with simple Ayurvedic formulations told in the classics. A female patient of age 23 years, with freshly detected subclinical hypothyroidism was selected for the study. She was treated with classical Ayurvedic medicines like Varunadi Kashaya and Chandraprabha Vati. Thyroid profile was assessed on certain intervals which showed good results in the same.

Key words: TSH, Hypothyroidism, Galaganda, Varunadi kashaya, Chandraprabha Vati.

INTRODUCTION

Hypothyroidism is one among the endocrine disorders which is rising in incidence on an alarming rate. Recent report tells us that 300 million people in the globe are going through thyroid disorders and among them about 42 million people reside in India. As per the gender assessment; Thyroid disorders are more common in women than in men. One in every eight women during their life time has risk for thyroid disorder. The apparent reason for the same is not known; hypothesis being, higher prevalence in females might have an association with estrogen and progesterone levels. The most important varieties of hypothyroidism are primary and secondary hypothyroidism. Primary hypothyroidism may be either autoimmune, transient, iatrogenic etc. Secondary hypothyroidism may be due to, any pathology related to the pituitary gland or any other causes. Even though there is no direct reference about this condition in Ayurvedic classics, we can relate it to some conditions like Galaganda for some clarity. But further theoretical analysis might lead to some other correlations where we might consider Avarana pathology too for the same.

MATERIALS AND METHODS

Source of data

A. Literary source - The knowledge about hypothyroidism was taken from contemporary textbooks of medicine and of Galaganda from classical Ayurvedic text books.

B. Patient source and history details - A 23 year old female patient, came to OPD of Sri Sri College of Ayurvedic Science And Research Hospital on 19th September 2017. She came with the presentation of tiredness and debility along with severe hair
loss and weight gain (6-7 kgs in the span of 3 months) since 2-3 months. She had also got with her, the reports of thyroid profile which was done on 25th July 2017. Report showed high levels of Sr.TSH (10.53 microIU). Levels of Sr.T3 and T4 remained within normal range (110.39ng/ml and 7.85ug/dl respectively).

Analysis of History

1. Gradual in onset localized over the frontal region - Hair loss since 3 months.
2. Gain of 6 - 7kgs in span of 3 months
   a. Wt : 67Kg
   b. Ht : 161cm
   c. BMI : 25.8
   d. Overweight
3. Lethargy for performing daily work and exhaustion on doing mild work - Tiredness on mild activity.

Taking the presenting complaints into consideration Ser. TSH, T3 and T4 investigations were undertaken which confirmed the diagnosis as Subclinical hypothyroidism because of High TSH levels with normal Thyroid hormones.

Examinatory findings

R.S - NAD
C.V.S. - NAD
C.N.S. NAD

Examination of the patient

Patient was assessed carefully with elaborate history and physical examination. The patient seemed to be of Kapha Vata Prakruthi. Present weight was 67 kgs and BMI of 25.8 showed that she was overweight.

Other general parameters like pallor, icterus, edema, lymphadenopathy, clubbing etc. were absent. Systemic examinations were also performed which showed no gross anomalies.

Selection of medication

Considering the Prakruti of the subject, Vikruti of the presenting illness, the patient was administered with Ayurvedic classical medicines of Varunadi Kashaya and Chandraprabha Vati.

Varunadi Kashaya in the dosage of 15 ml, twice daily, before food and Chandraprabha Vati in the dosage of 2 tablets twice daily before food for the period of three months. The medicines were sourced from GMP certified pharmacies.

Patient was made to follow certain Pathyas and advised to avoid certain Apathyas. Advise against consuming cauliflower, spinach, radish, soybean, peanut, pine nut, peaches and millet was given.

Intervention

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Time of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chandraprabha Vati</td>
<td>2 Tablets B.D.</td>
<td>before food</td>
</tr>
<tr>
<td>Varunadi Kashayam</td>
<td>15ml B.D. with</td>
<td>before food</td>
</tr>
<tr>
<td></td>
<td>Kashayam</td>
<td></td>
</tr>
</tbody>
</table>

Both the medicines administered have property of reducing the Kapha and Medas and treating Aama with their Ushana Tiksha Gunas.

Moreover Chandraprabhavati also helps by acting as a Rasayana.

Therefore both facilitate purification of micro channels due to their Vata-Kaphahara property and by increasing supply and assimilation of micronutrients to tissues therby correcting the metabolism.
OBSERVATIONS AND RESULTS

During the course of medicine, symptoms like tiredness and hair fall were considerably reduced. The symptoms were assessed according to the Zulewski’s clinical score for hypothyroidism and improvements were noted. Serum TSH levels also showed a drastic reduction gradually from 10.53 micro IU/ml to 7.02 micro IU/ml and then to 5.78 micro IU/ml.

The patient did not show any adverse effects during the course of treatment and was comfortable. The details of the results are also as follows;

Assessment

Thyroid Function test

<table>
<thead>
<tr>
<th>Date</th>
<th>TSH (0.3-5mIU)</th>
<th>T3 (70-204 ng/ml)</th>
<th>T4 (5.2-12.5µg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/10/17</td>
<td>10.53</td>
<td>110.39</td>
<td>7.85</td>
</tr>
<tr>
<td>17/12/17</td>
<td>7.02</td>
<td>101.40</td>
<td>7.33</td>
</tr>
<tr>
<td>11/02/18</td>
<td>5.78</td>
<td>112.56</td>
<td>10.42</td>
</tr>
</tbody>
</table>

Zulewski’s clinical score for hypothyroidism

<table>
<thead>
<tr>
<th>Date of test</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/10/17</td>
<td>3</td>
</tr>
<tr>
<td>17/12/17</td>
<td>3</td>
</tr>
<tr>
<td>11/02/18</td>
<td>2</td>
</tr>
</tbody>
</table>

0 - 1 point (Euthyroidism), 2 - 5 points (Borderline), >5 points (Clinical hypothyroidism)

Zulewski’s clinical score for hypothyroidism

<table>
<thead>
<tr>
<th>On the basis of Symptoms</th>
<th>New score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Present</td>
</tr>
<tr>
<td>Diminished sweating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sweating in the warm room or a hot summer day</td>
</tr>
</tbody>
</table>

| Sum of all symptoms and signs present | 12 | 0 |
DISCUSSION

Hypothyroidism is one of the conditions where metabolism is impaired because of the hormonal imbalance related to thyroid hormones. It is usually manifested with high serum TSH levels with or without decreased T3 and T4 levels. The main symptoms of hypothyroidism are fatigue, weakness, increased sensitivity to cold, constipation, hoarseness, unexplained weight gain, dry skin, hair loss or coarse dry hair, muscle cramps, headache, muscle weakness, joint stiffness, elevated LDL cholesterol, depression and memory loss. However, most symptoms take years to develop. The slower the metabolism gets, the more obvious the signs and symptoms will become. If hypothyroidism goes untreated, the signs and symptoms could become severe, such as a swollen thyroid gland (goiter), slow thought processes, or dementia and impaired fertility.

Subclinical hypothyroidism, an often under-diagnosed thyroid disorder, manifests as elevated TSH, normal T4 and normal T3 levels. Individuals with subclinical hypothyroidism are at greater risk for developing overt hypothyroidism.

But this was a typical case of hypothyroidism with mild clinical symptoms.

There is no direct reference about this condition as per Ayurvedic texts. But there is a condition mentioned in Ayurvedic classics called Galaganda and Gandamala which can be nearly correlated to this condition. But in classics we see only local signs and symptoms described by Acharyas in relation to Galaganda whereas if we consider hypothyroidism, it shows systemic manifestations. Charaka Samhita mentioned the disease under 20 Sleshma Vikaras. Sushruta Samhita in Shareera Sthana has mentioned that of the seven layers of the skin, the sixth layer Rohini is the seat of Galaganda. In Nidanasthana he described Galaganda as two encapsulated small or big swellings in the anterior angle of the neck, where as Charaka Samhita mentioned Galaganda as a single swelling.

Analyzing hypothyroidism in the view of Dosha, Dhatu and Mala would be better option in conditions where direct references aren’t available. Dhatvagni-Mandhyata specifically of Rasa Dhatu leads to Rasa Vridhi and over production of Mala of Rasadhatu i.e. Mala Kapha Vridhi. Dhatvagni Mandhya is also the major features of the disease and all these features contribute with the modern concept of metabolism i.e., decreased Basal Metabolic Rate.”

Considering the drugs which were chosen for this case, Chandraprabha Vati was from the reference, Sharangadhara Samhita. Major ingredients of Chandraprabha Vati are Karpura, Vacha, Musta, Bhumibha, Amruta, Shilajatu, Guggulu etc. It is a well known Rasayana. The ingredients are mainly Vata Kaphahara and that itself is the most desired effect here, as Galaganda is Vatakaphaja disorder in itself.

Varunadi Kashaya was from the reference Ashtanga Hrudaya Sutrasthana and contains main ingredients as Varuna, Shatavari, Kharanja, Bhallataka etc. If we analyze the ingredients carefully, most of them being Kapha Vatahara and Teekshna, acts well on Galaganda which is caused because of the same condition.

CONCLUSION

Hypothyroidism is a concerned topic in today’s medical scenario. This condition can be well managed with Ayurvedic medicines preferably supplemented with Panchakarma procedures in OPD level itself. Ayurvedic medicines normalized the TSH levels within a month and maintained the same in many follow-ups. When given appropriate Ayurvedic medicines, not only TSH levels can be controlled but also the symptoms can be kept well under control. During the treatment of the patient, with Varunadi Kashaya and Chandraprabha Vati, no gross side effects were noticed in the patient. Further researches can be done with more number of follow-ups and a standard treatment protocol can be established for this condition.

REFERENCES


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