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A clinical study to evaluate the efficacy of *Kanchnara Twak Kwatha* with *Shunthi Churna* and *Nimba Taila Nasya* in Hypothyroidism

Pratima Yadav[1], Ajay Kumar[2], Tina Singhal[3]

[1]*Post Graduate Scholar, Department of Panchakarma, Govt. Postgraduate Ayurveda College & Hospital, Varanasi, Uttar Pradesh, India.*

[2]*Assistant Professor, Department of Kayachikitsa & Panchakarma, Govt. Postgraduate Ayurveda College & Hospital, Varanasi, Uttar Pradesh, India.*

[3]*Assistant Professor, Department of Rachana Sharir, Govt. Postgraduate Ayurveda College & Hospital, Varanasi, Uttar Pradesh, India.*

ABSTRACT

Context: Hypothyroidism is a clinical syndrome resulting from deficiency of thyroid hormones due to their insufficient synthesis which is turn result in generalized slowing down of metabolic process characterized by broad clinical spectrum ranging from an asymptomatic or subclinical condition to fully manifested clinical condition. It is more common in females than males with middle age women more effected. **Materials and Methods:** Sixty eligible hypothyroid patients with serum thyroid-stimulating hormone >4.5 μIU/ml and serum T_3 and T_4 lower than their respective normal range were selected and treated with *Kanchnar Twak Kwath* with *Shunthi Churna* and *Nimb Taila Nasya* for 45 days. Patients were advised to discontinue any medicine they might be taking for the management of hypothyroidism to assess the unbiased effect of therapies. **Results:** Significant improvement was observed on subjective parameters, and objective parameters. Of the 60 enrolled patients, In group B maximum improvement 62.07%, moderate improvement 20.69%, mild improvement 13.79%, no improvement 3.45%. But in group A maximum improvement 7.14%, moderate improvement 28.57%, mild improvement 42.86%, no improvement 21.43%. after this trial maximum patient had withdrawn their hormone replacement therapy. **Conclusion:** *Kanchnar Twak Kwath* with *Shunthi Churna* and *Nimba Taila Nasya* are effective in the management of hypothyroidism.

Key words: *Hypothyroidism, Kanchnar Twak Kwath, Nimb Tail Nasya, Shunthi Churna*

INTRODUCTION

Hypothyroidism results in slowing of metabolic process and energy expenditure. It results in a many of clinical signs and symptoms. The *Kapha* symptoms like lethargy, sleepiness, weight gain, decreased appetite, cold intolerance, fullness in the throat, hoarseness of voice, etc. are produced. The *Vata* symptoms like fatigue, loss of energy, dry skin, hair loss, muscle pain, joint pain, blurred vision, weakness in the extremities, mental disfigurement, forgetfulness, impaired memory, constipation, menstrual disturbances, impaired fertility, decreased perspiration.

These all symptoms are produced due to increment of *Kapha-Vata* mainly. Vitiation of *Doshas* also depends on vitiations of *Agni* that is why, Acharya Vagbhatta has said that [1] Pathophysiology of all diseases lies in the concept of *Agni*, as *Agni* is said to be the *Prana*(life) of the living body. Also, body is made up of *Dosha, Dhatu*, and *Mala* Nourishment of each of these solely depends on balanced *Agni* of each *Dhatu*.[2]

As said by *Acharya Charak*:[3]*Srotas* vitiation also depends on *Agni*. So, it is clear that in hypothyroidism there is abnormality of *Agni* with abnormality of *Kapha*

Address for correspondence:
Dr. Pratima Yadav
Post Graduate Scholar, Department of Panchakarma, Govt. Postgraduate Ayurveda College & Hospital, Varanasi, Uttar Pradesh, India.
E-mail: pratimayy12@gmail.com
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and *Vata Doshas* as well as *Rasavaha, Raktavaha, Medovaha, Sukravaha and Manovaha Srotas.*

The main treatment of hypothyroidism in modern medicine is hormone replacement therapy.[4] But hormone (levothyroxine) has to be taken life long and has certain side effects on long term use.

It all starts with improper diet (heavy, cold, sweet and saturated fat containing food items) and sedentary lifestyle (lack of physical activity, sleeping after meals, sleeping during day time) which is now-a-day very common. It leads to aggravation of *Kapha Doshas*. Due to increased amount of *Kapha* impairs the *Jatharagni* so, formation of *Aamdosha* occur. As *Dhatvagni* depends on *Jatharagni Bala*, so impairment of *Dhatvagni* occur. According to *Ayurveda*, due to vitiation of *Dhatvagni* can be compared with effect of hypothyroidism i.e., alteration in metabolic activity. So, this *Dhatvagni* vitiation causes improper formation of *Sapta Dhatu* starting from *Rasa* to *Shukra*. It leads to improper nourishment to the body leading to symptoms of hypothyroidism along with swelling in neck described as *'Galganda'* in *Ayurvedic* texts.

Hypothyroidism is a disease with *Kapha Vata* predominance and *Pittakshaya*. In hypothyroidism *Jatharagni Mandhya* leads to *Dhatvagni Mandhya*. So therefore, we have selected a drug which is *Kapha Vata Shamak* property. So, we have used *Kanchanar Twak Kwath* with *Shunthi Churna* and *Nimb Taila Nasya* for treatment of hypothyroidism. Further hypothyroidism is a disease which may also be due to auto immunity.

Kanchnar which has *Kashaya* in *Rasa, Laghu, Ruksha Guna, Kapha-Pitta Shamak*, and *Gandamalanaashan* property.[5] *Shunthi* which has *Katu Rasa, Laghu Snigdh Guna*, and *Kapha Vata Shaamak.*[6] *Nimba* has *Tikta Kashaya Rasa, Kapha Pitta Shaamak* and *Raktashodhan property.*[7]

Aims and Objective

1. To assess the efficacy of the trial drugs in the cases of hypothyroidism.
2. To normalize the level of T.S.H. and other symptoms in the cases.
3. To gradually decrease the hormone (levothyroxine) with the trial drugs.
4. To find out the easily available, economical safe and effective remedy for the treatment of Hypothyroidism.

Materials and Methods

Plan of the study

The study was carried out after getting clearance from IEC and CTRI registration.

Institutional ethics clearance number: RAC-IEC-19-M.D.-04, Dated 25.01.2021

CTRI registration number: CTRI/2021/04/033150 [Registered on 27.04.2021]

Trial Registered prospectively

Type of trial: Interventional

Randomized Sampling: Computer generated randomization Method

Nature of Study design: Randomized, Parallel Group Trial

Type of Study: Interventional Open Randomized clinical study.

Period of Study: Total duration of clinical trial was 45 days with fortnightly follow-up for symptoms and monthly follow-up for thyroid function test.

Sample Size: Total 60 patients of hypothyroidism were registered for this study. Among these 3 patients were drop out.

Grouping

Minimum 60 patients of hypothyroidism from OPD and IPD of Govt. P.G. Ayurveda College and Hospital, Varanasi were selected and treated with trial drugs. Patients who are using the modern drug Levothyroxine was given the trial *Ayurveda* drug after wash out period of at least 15 days. There were two groups.

Group A: 30 Patients were registered in Group-A, out of which 2 patients drop out. Remaining 28 patients were treated with *Kanchnar Twak Kwath* 50 ml with 1gm *Shunthi Churna* two times in a day before meal.

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Group B: 30 patients were registered in Group-B, out of which 1 patient drop out, remaining 29 patients were treated with *Kanchnar Twak Kwath* 50 ml with 1 gm *Shunthi Churna* two times in a day before meal and *Nimb Taila Nasya* 2 drops in each nostril.

Selection of patients

A total of 60 patients suffering from hypothyroidism were selected from outdoor patient department and indoor patient department of Panchakarma, Govt. Ayurveda college and Hospital, Varanasi, irrespective of their sex, religion, caste, occupation etc.

Ethical clearance was obtained from the Institutional ethics clearance No. RAC-IEC-19-M.D.-04, dated 25.01.2021. This study is registered in Clinical Trial Registry of India with registration no. CTRI/2021/04/033150. Informed written consent in language suitable to the patients was obtained from all enrolled participants.

Inclusion criteria

- Age between 20-60 years.
- Patients who are freshly diagnosed case of hypothyroidism with increased T.S.H. levels
- T.S.H. level >4.5 µIU/ml.
- Total serum T4 level less than normal value (total serum T4=4.5-12.5 µg/dl)
- Total serum T3 level less than normal value (total serum T3=80-220 ng/dl)
- Patients having clinical features of Hypothyroidism;
    a) Puffiness of the face and eyelids
    b) Peripheral edema
    c) Dry/coarse skin
    d) Breathlessness
    e) Constipation
    f) Weakness
    g) Lethargy
    h) Fatigue
    i) Muscle ache
    j) Duration of menstrual blood(female)
    k) Interval between two cycles(female)
    l) Hair fall
- Patients who are ready to switch over to Ayurvedic medicine and have signed the consent form.

Exclusion criteria

- Patients below 20 years and above 60 years of age.
- If patients undergone any type of thyroid surgery.
- Patients whose symptoms are aggravated after leaving the modern drug levothyroxine (for washout period)
- Patients suffering from systemic diseases like cardiac problems, diabetes HTN and carcinoma etc.
- Congenital hypothyroidism and secondary hypothyroidism
- Pregnant women, hyperthyroidism, neoplasia, toxic goitre is excluded.

Laboratory Investigation

Following laboratory investigations were performed for proper diagnosis and to rule out major pathological conditions.

- Biochemical parameters like Thyroid profile (Serum T_3, Serum T_4 and TSH) lipid profile, liver function test, RBS, Serum creatinine, Blood urea.
- Haematological parameters like Hb%, TLC, DLC, ESR.

Drugs and dosage

Kanchnar Twak Kwath 50 ml with 1 gm *Shunthi churna* two times in a day before meal.[8]

Nimb Taila Nasya[9] 2 drops in each nostril.

The trial drugs were procured from Pharmacy, Sampoornanad Sanskrit University.

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Preparation method of trial drugs

Preparation of *Kanchnar Twak Kwath* with *Shunthi Churna*: Patients were advised to boil coarse powder of *Kanchnar Twak Kwath* in eight parts of water and reduce it up to 50 ml and mixed with 1 gm *Shunthi Churna* before meal.

Nimb Tail Nasya - 2 drops in each nostril.

The trial drugs were administered for 45 days.

Follow-up study: After completion of the therapy, patients were followed for 15 days.

Subjective and Objective criteria

Percentage of improvement in each parameter was calculated. Paired 't' test was applied to the data to analyse the effect of therapy on subjective and objective parameters. The results were interpreted at $P < 0.05$, $P < 0.01$ and $P < 0.001$ significance levels.

Observation and Results

Out of the 60 registered patients, maximum patients belonged to age group of 31-40 years and 41-50 years (29.82%) and majority of the patients were female 89.47%. The study showed that middle economical group was affected mostly 59.65%. Maximum no. of patients 52.63% were House-wives followed by other 24.56%, Private 22.81%, about 70.18% of the patients were married, *Mandagni* was observed in 59.65% of the patients, 59.65% of the patients were *Krura Kostha*, Maximum no. of patient 70.18% were suffering from constipation habit, maximum no. of patient 57.89% were of *Vata-Kapha Prakrati.*

Effect of therapy on presenting complaints of hypothyroidism

The results were significant in all the signs and symptoms of hypothyroidism. Highly significant improvement ($P < 0.001$) was observed in puffiness of the face and eyelid, oedema, dry/coarse skin, constipation, weakness, fatigue and muscle ache, duration of menstrual blood, interval between two cycles and hair fall.

Table 1: Showing the effect of symptoms in Group A.

Paired Samples Statistics							Paired Differences			
Group (A)		N	Mean	Std. Dev	S. E.	% Change	t	df	p-value	Result
Puffiness of the face and eyelid	BT	28	1.93	0.72	0.14	37.04	6.30	27	<0.001	HS
	AT	28	1.21	0.63	0.12					
Edema	BT	28	1.86	0.76	0.14	25.00	4.26	27	<0.001	HS
	AT	28	1.39	0.50	0.09					
Dry coarse skin	BT	28	2.32	0.61	0.12	20.00	4.84	27	<0.001	HS
	AT	28	1.86	0.59	0.11					
Constipation	BT	28	2.36	0.62	0.12	22.73	4.92	27	<0.001	HS
	AT	28	1.82	0.72	0.14					
Weakness	BT	28	2.36	0.62	0.12	22.73	5.58	27	<0.001	HS
	AT	28	1.82	0.61	0.12					
Lethargy	BT	28	2.36	0.62	0.12	24.24	4.77	27	<0.001	HS

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	AT	28	1.79	0.63	0.12					
Fatigue	BT	28	2.29	0.66	0.12	29.69	4.77	27	<0.001	HS
	AT	28	1.61	0.57	0.11					

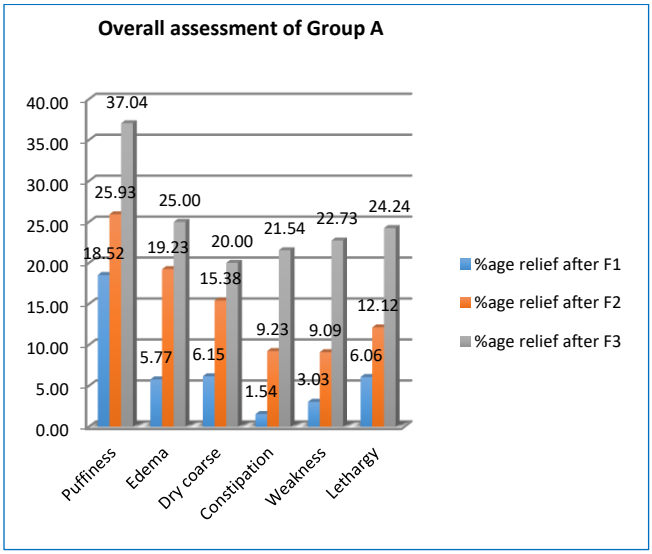

Table 2: Showing the effect of symptoms in Group A.

Paired Samples Statistics							Paired Differences			
Group (A)		**N**	**Mean**	**Std. Dev**	**S. E.**	**% Change**	**t**	**df**	**p-value**	**Result**
Muscle ache	BT	28	2.36	0.62	0.12	24.24	5.28	27	<0.001	HS
	AT	28	1.79	0.57	0.11					
Duration of menstrual blood	BT	28	1.78	0.67	0.14	51.22	5.97	27	<0.001	HS
	AT	28	0.87	0.63	0.13					
Interval Bw 2 cycle	BT	28	2.39	0.66	0.14	43.64	6.52	27	<0.001	HS
	AT	28	1.35	0.65	0.13					
Hair fall	BT	28	1.75	0.52	0.10	32.65	5.28	27	<0.001	HS
	AT	28	1.18	0.55	0.10					

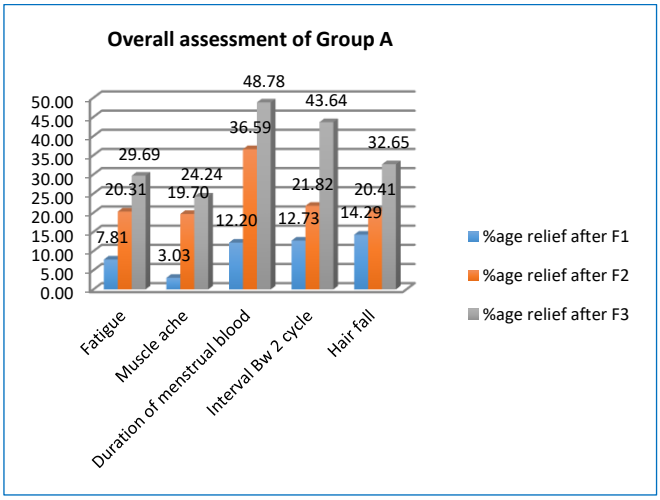

Table 3: Showing the effect of symptoms in Group B.

Paired Samples Statistics							Paired Differences			
Group (B)		**N**	**Mean**	**Std. Dev**	**S. E.**	**% Change**	**t**	**df**	**p-value**	**Result**
Puffiness of the face and eyelid	BT	29	2.07	0.70	0.13	80.00	13.31	28	<0.001	HS
	AT	29	0.41	0.50	0.09					
Edema	BT	29	2.28	0.59	0.11	80.30	16.36	28	<0.001	HS
	AT	29	0.45	0.51	0.09					
Dry coarse skin	BT	29	2.14	0.69	0.13	83.87	19.65	28	<0.001	HS

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	AT	29	0.34	0.48	0.09					
Constipation	BT	29	2.34	0.61	0.11	77.94	16.36	28	<0.001	HS
	AT	29	0.52	0.51	0.09					
Weakness	BT	29	1.97	0.68	0.13	80.70	10.95	28	<0.001	HS
	AT	29	0.38	0.49	0.09					
Lethargy	BT	29	2.41	0.57	0.11	80.00	17.52	28	<0.001	HS
	AT	29	0.48	0.51	0.09					
Fatigue	BT	29	2.38	0.56	0.10	84.06	15.23	28	<0.001	HS
	AT	29	0.38	0.49	0.09					

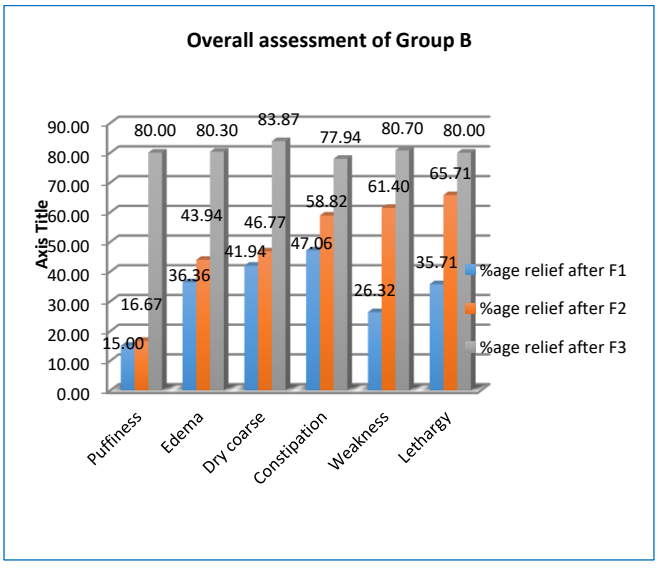

Table 4: Showing the effect of symptoms in Group B.

Paired Samples Statistics							Paired Differences			
Group (B)		N	Mean	Std. Dev	S. E.	% Change	t	df	p-value	Result
Muscle ache	BT	29	2.21	0.62	0.12	82.81	16.36	28	<0.001	HS
	AT	29	0.38	0.49	0.09					
Duration of menstrual blood	BT	29	1.93	0.73	0.14	76.92	11.98	28	<0.001	HS
	AT	29	0.44	0.51	0.10					
Interval Bw 2 cycle	BT	29	2.22	0.58	0.11	81.67	15.15	28	<0.001	HS
	AT	29	0.41	0.50	0.10					
Hair fall	BT	29	2.34	0.61	0.11	76.47	14.30	28	<0.001	HS
	AT	29	0.55	0.63	0.12					

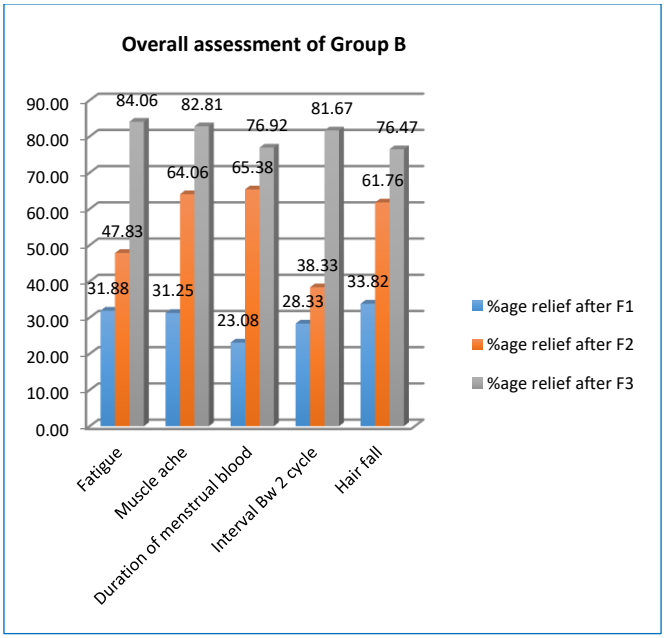

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Table 5: Showing the effect of Weight and BMI in Group A.

Paired Samples Statistics							Paired Differences			
Group (A)		N	Mean	Std. Dev.	S. E.	% Change	t	df	p-value	Result
Weight	BT	28	60.11	7.23	1.37	0.71	2.06	27	0.050	NS
	AT	28	59.68	7.27	1.37					
BMI	BT	28	25.19	3.16	0.60	0.65	1.92	27	0.066	NS
	AT	28	25.03	3.22	0.61					

Table 6: Showing the effect of Weight and BMI in Group B.

Paired Samples Statistics							Paired Differences			
Group (B)		N	Mean	Std. Dev.	S. E.	% Change	t	df	p-value	Result
Weight	BT	29	61.79	10.11	1.88	4.46	10.21	28	0.000	HS
	AT	29	59.03	9.98	1.85					
BMI	BT	29	25.97	3.74	0.69	4.46	10.20	28	0.000	HS
	AT	29	24.81	3.67	0.68					

The above table clearly depicts that in all the groups, mean Weight values was in abnormal range before and after the treatment. In group A, before treatment the mean score 60.11 and after 45 days of intervention mean score 59.68 which is statistically not significant p value-.050 (p>0.05). In group B, before treatment the mean score 61.79 and after 45 days of intervention mean score 59.03 which is statistically highly significant P value- 0.000 (p<0.05). *Agnimandya* causes weight gain in hypothyroidism. Because of the *Agnimandya* state, the degree of *Meda Dhatu* increased due to *Mandhyata* of *Meda Dhatwagni*. Weight gain is primarily caused by lethargy-like symptoms that cause patients to avoid physical activity. *Shunthi* causes *Aamapachana* and may aid to reduce fluid retention due to its qualities such as *Deepana, Pachana*, and *Vatakaphahara* property. The effect of *Shunthi* has been determined to be significant in terms of body weight improvement in studies.[10]

The above table clearly depicts that in all the groups, mean BMI values was in abnormal range before and after the treatment. In group A, before treatment the mean score 25.19 and after 45 days of intervention mean score 25.03 which is statistically not significant P value-0.066 (p>0.05). In group B, before treatment the mean score 25.97 and after 45 days of intervention mean score 24.81 which is statistically highly significant (p<0.05).

Table 7: Showing the effect of Thyroid profile in Group A.

Paired Samples Statistics							Paired Differences			
Group (A)		N	Mean	Std. Dev.	S. E.	% Change	t	df	p-value	Result
ST3	BT	28	1.20	0.75	0.14	2.05	1.66	27	0.108	NS
	AT	28	1.18	0.68	0.13					
ST4	BT	28	5.74	1.76	0.33	0.36	0.41	27	0.687	NS
	AT	28	5.72	1.67	0.32					
STSH	BT	28	13.56	18.28	3.45	5.97	2.02	27	0.053	NS
	AT	28	12.75	17.38	3.28					

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Table 8: Showing the effect of Thyroid profile in Group B.

Paired Samples Statistics							Paired Differences			
Group (B)		N	Mean	Std. Dev.	S. E.	% Change	t	df	p-value	Result
ST3	BT	29	1.06	0.36	0.07	60.10	-10.07	28	0.001	HS
	AT	29	1.70	0.13	0.02					
ST4	BT	29	6.27	1.62	0.30	17.70	-12.61	28	0.001	HS
	AT	29	7.38	1.52	0.28					
STSH	BT	29	6.94	2.95	0.55	36.70	5.80	28	0.000	HS
	AT	29	4.39	0.75	0.14					

Before treatment mean score 1.20 in Group A and 1.06 in Group B. After treatment mean score 1.18 in Group A and 1.70 in Group B. There was no significant improvement in T3 level in Group-A (P value-0.108) and highly significant effect on Group-B (P value-0.001).

Before treatment mean score 5.74 in Group A and 6.27 in Group B. After treatment mean score 5.72 in Group A and 7.38 in Group B. There was no significant improvement in T4 level in Group-A (P value-0.687) and highly significant effect on Group-B (P value-0.001).

Before treatment mean score 13.56 in Group A and 6.94 in Group B. After treatment mean score 12.75 in Group A and 4.39 in Group B. There was no significant improvement in TSH level in Group-A (P value-0.053) and highly significant effect on Group-B (P value-0.000). *Agnimandya* and *Uttrottar Dhatu Mandyata* are the main causes of hypothyroidism. The drugs *Kanchnar* and *Shunthi* both function as *Deepan* so, *Agni Saamyata* occurs. According to *Acharya Charak Galagand, Gandamala* mainly due to *Mamsa Dhatu Dushti*, and *Kanchnar's Gandamalanashan* ability to control thyroid hormones**.**

Effect of therapy on haematological parameters and lipid profile

There was statistically insignificant change ($P > 0.05$) in all the haematological parameters and highly significant change ($P<0.05$) in lipid profile. Changes in lipid profile like Sr. cholesterol, Sr. triglycerides, HDL, LDL, VLDL were insignificant in group A and highly significant in group B.

Thyroid hormones aid in the reduction of lipid levels by potentiating the effect of catecholamines and other lipolytic hormones. Thyroid hormones enhance lipolysis by potentiating the action of catecholamines and other lipolytic hormones and help in reducing the lipid levels.

Overall effect of therapy

Maximum improvement was found in 62.07% of the patients, 20.69% of the patients showed moderate improvement, 13.79% of the patients showed mild improvement and 3.45% of the patients showed no improvement.

Table 9: Effect of Overall therapy in different groups

SN	Results	Range	Group A		Group B	
			No of Pt.	%	No of Pt.	%
1.	Maximum Improvement	75% & Above	2	7.14	18	62.07
2.	Moderate Improvement	50% to 75%	8	28.57	6	20.69
3.	Mild Improvement	25% to 50%	12	42.86	4	13.79
4.	No Improvement	25% & Less	6	21.43	1	3.45

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	Total	28	100.00	29	100.00

Discussion

Thyroid diseases affect 42 million people in India, the most frequent of which is hypothyroidism. Hypothyroidism is a thyroid hormone deficiency that can impact the function of nearly every system in the body. Thyroxine is an iodine-containing hormone released by the thyroid gland that regulates growth and boosts cell metabolism.

Thyroid hormone has the overall impact of activating nuclear transcription of a wide number of genes. As a result, a large number of protein enzymes, structural proteins, transport proteins, and other compounds are created in practically every cell of the body. As a result, there is a widespread increase in functional activity across the body. Iodine can be considered as *Tejomahabhutamsha* and its main content of thyroid hormones.[11] So, it can be said that that thyroid hormones have *Agni Amsha.* Almost all of the body's chemical reactions would become sluggish if thyroid hormones were not produced by the thyroid gland. As a result, they can be considered a part of *Kayagni,* which is responsible for all metabolic activities.

Dahana, *Pachana*, and *Satmikarana* are three functions of the *Agni* that are linked to metabolic activity in the body. Thyroid hormones regulate the body's whole metabolic process. The concept of *agni* is very much unique in *Ayurveda*. Hypothyroidism in *Ayurveda* can be considered under a disease arising from malfunction of *Agni* as *Agnidushti.* According to *Acharya Charak Jatharagni* is the reason of longevity, colour strength, health, enthusiasm, intelligence, complexion, *Ojas* (immunity), *Tejas* (lusture), other varieties of *Agni* and *Prana*. Extinction of this *Jatharagni* leads to death, its power maintenance helps a person to live a long life and its impairment gives rise to disease.

Clinical presentation of Hypothyroidism also exhibits same symptoms like tiredness, letharginess, heaviness in body, sleepiness, loss of appetite. As in cases of Hypothyroidism there is involvement of *Agnidushti* which is compare with basal metabolic rate.

Keeping all these above point means the principle of vitiation of *Agni* in mind therefore, here an attempt is made to understand Hypothyroidism through Ayurvedic perspective and principles under the title "A Clinical study to evaluate the efficacy of *Kanchnar Twak Kwath* with *Shunthi Churna* and *Nimb Tail Nasya* in Hypothyroidism".

So, all three *Doshas* are involved, although hypothyroidism is largely a *Kapha* imbalance according to *Ayurveda*. *Jatharagni Mandhya* causes *Dhatvagni Mandhya* in hypothyroidism, so, we have chosen a medication with *Kapha Vata Shamak* properties.

Mode of action of trial drug (*Kanchnar Kwath* with *Shunthi Churna*)

Ruksha and *Laghu Guna* of *Kanchnar Twak* removes the *Margavaran*. According to the findings of this study, the majority of patients have *Mandagni*, hence the qualities of *Deepan* and *Grahi* work on the digestive system by increasing *Agni*.[12]

Shunthi has the same *Deepan* property as *Kanchnar*, therefore it helps to encourage the rise of *Agni* and *Anulomaka*, which helps to eradicate constipation because the majority of the patients in this study complained of incomplete evacuation. The properties like *Ushna Veerya, Katu Rasa, Tikta Rasa*, *Laghu Guna* favour to cleanse the *Srotavrodha*.[13] *Shunthi* with its *Vata Kaphahara* quality pacify the symptoms arising out of *Vata Dosha* and *Kapha Dosha*.

Mode of action *Nimb Tail Nasya*

Nimb Tail having *Laghuguna, Snigdhguna*, and *Vatahara Kaphahara* properties.[14] With the help of *Laghu Guna, Bhedaniya Prabhava* occur of this drug and *Tikta Rasa* helps in digestion. With its *Katu Vipaka* increase the *Agni* and improve the digestion. According to *Acharya Sharangdhar Nimb Tail* having *Sukshmaguna* so it reaches easily in microchannels of the body.[15] The administered oil is quickly absorbed through the nasal route. *Tail* helps to balance *Vata* while not aggravating *Kapha* and *Ushna, Tikshna*, and *Vyavayi Gunas* are present in tail. As a result, it has a high capacity for penetrating narrow channels, allowing it to open congested pathways such as the

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sinus ostia and assist the drainage of collected effluent. Another therapeutic aspect of *Tail* is that when it is treated with other medications, it absorbs the properties of those drugs as well. When viewed from this perspective, *Tail* is the best *Sneha Dravya* since it not only merges the substance introduced to it, but it also gives up its own properties.

CONCLUSION

The present thesis entitled "A Clinical Study to Evaluate the Efficacy of *Kanchnar Twak Kwath* with *Shunthi Churna* and *Nimb Tail Nasya* in Hypothyroidism**.** To approached hypothyroidism with *Dosha Pratyaneek Chikitsa*, will help to manage condition better. It means this remedy is safe and effective which not only relieves symptoms but also increase sense of well being leading to more acceptability and better compliance. There is no side effect of hormonal replacement therapy like arrythmia etc. there is symptomatic satisfactory relief in most of cases. The remedy which normalizes the level of thyroid hormone and give symptomatic relief.

REFERENCES

1. Vagabhata, *Ashtanga Hridayam,* Vidyotini with the Hindi Commentary of Kaviraja Atrideva Gupta, edited by Vaidya Yadunandana Upadhyaya: Chaukhamba Orientalia, Varanasi, 2016: *Sutrasthana* 12/1, p.358
2. Sushruta Samhita of Maharshi Sushruta, Edited with Ayurveda-Tattva-Sandipika, by Kaviraja Ambikadutta Shastri, Chaukhamba Sanskrit Sansthan, Varanasi 2007; *Sutra Sthana* 15/3.
3. Agnivesha, Charaka, Dridhbala Charaka Samhita, edited by Pt. Kashinatha Shastri and Dr.Gorakhnath Chaturvedi, Chaukhamba Bharti Academy,Varanasi 2013, Chikitsa Sthana. 15/3-4, p.452.
4. Strachan M.W.J, Newell- Price.J. Endocrine disease In: Colledge N.R., Walker B.R., Ralston S.H., Penman I.D.(Eds). Davidson's principles and practice of medicine. 22nd ed. Edinburgh: Churchill Livingstone/Elsevier Ltd; 2014. pg.743.
5. Dravyaguna Vigyana, By Prof. P. V. Sharma, Vol-2, Chaukhambha Bharati Academy, Varanasi, Edition 2012.pg.234.
6. Dravyaguna Vigyana, By Prof. P. V. Sharma, Vol-2, Chaukhambha Bharati Academy, Varanasi, Edition 2012.pg.331.
7. Dravyaguna Vigyana, By Prof. P. V. Sharma, Vol-2, Chaukhambha Bharati Academy, Varanasi, Edition 2012.pg.149.
8. Bhavamishra, Bhavaprakasha Vidyotini Hindi Commentary edited by Bhishgratna Pandit Sri Brahma Shankar Mishra, Choukambha Sanskrit Bhawan Varanasi, reprint 2009, pg.449.
9. Chakrapanidatta, Chakradatta, with the Vidyotini Hindi commentary Indradeva Tripathi, edited by Acharya Ramnath Dwivedi, Choukambha Sanskrit Sansthan Varanasi, 3rd edition 1997, pg.246.
10. *Dravyaguna Vigyana*, Vol- 2nd by Dr. J.L.N. Sastry; Chaukhamba Orientalia Varanasi, Reprint Edition 2010; page no. 524.
11. M. Shrinivasulu. Concept of Aama in Ayurveda (with a chapter on Amavata and its management). Chowkhamba Sanskrit Series Office, Varanasi, chap 2 p. 28
12. The Ayurvedic Pharmacopoeia of India, Part-1, Volume-I, p.73.
13. The Ayurvedic Pharmacopoeia of India, Part-1, Volume- I p.138.
14. The Ayurvedic Pharmacopoeia of India, Part-1, Volume- V p.143.
15. Sharangadhara Samhita of Acharya Sarangdhar, By Dr. Smt. Shailaja Srivastava, Chaukhambha Orientalia, Varanasi, Edition 2017. Poorva khanda 4/19, p.33.

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