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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.[1] 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.[2] 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.

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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

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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, lymphedenopathy, 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

Drug	*Chandraprabha Vati* (Sh.Ma. 7/40)	*Varunadi Kashayam* (As.Hr.Su.15/21)
Dosage	2 Tablets B.D. with *Kashayam*	15ml B.D. with equal quantity water
Time of Administration	before food	before food
Duration	120 days	120 days
Major Ingredients	*Shilajitu,Guggulu,Lauha Bhasma* etc.	*Varuna, Shatavari, Bhallataka, Karanja* etc.
Indications	*Vibandha, Pandu, Aruchi, Agnimandya, Artava Ruja, Daurbalya* etc.	*Kapha, Meda, Mandagni Nashaka* etc.

- Both the medicines admisistered 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.

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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

Date	TSH (0.3-5mIU)	T3 (70-204 ng/ml)	T4 (5.2-12.5Ug/dL)
19/10/17	10.53	110.39	7.85
17/12/17	7.02	101.40	7.33
11/02/18	5.78	112.56	10.42

Zulewski's clinical score for hypothyroidism

Date of test	Score
19/10/17	3
17/12/17	3
11/02/18	2
0 - 1 point (Euthyroidism), 2 - 5 points (Borderline), >5points (Clinical hypothyroidism)	

Zulewski's clinical score for hypothyroidism

On the basis of Symptoms		New score	
		Present	Absent
Diminished sweating	Sweating in the warm room or a hot summer day	1	0
Hoarseness	Speaking voice, singing voice	1	0
Paraesthesia	Subjective sensation	1	0
Dry skin	Dryness of skin, noticed spontaneously, requiring treatment	1	0
Constipation	Bowel habit, use of laxative	1	0
Impairment of hearing	Progressive impairment of hearing	1	0
Weight increase	Recorded weight increase, tightness of clothes	1	0
Physical signs			
Slow movements	Observe patient removing his clothes	1	0
Delayed ankle reflex	Observe the relaxation of the reflex	1	0
Coarse skin	Examine hands, forearms, elbows for roughness and thickening of skin	1	0
Periorbital puffiness	This should obscure the curve of the malar bone	1	0
Cold skin	Compare temperature of hands with examiner's	1	0
Sum of all symptoms and signs present		12	0

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DISCUSSION

Hypothyroidism is one of 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.[3]

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.[4] 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.*[5] *Sushruta Samhita* in *Shareera Sthana* has mentioned that of the seven layers of the skin, the sixth layer *Rohini* is the seat of *Galaganda.*[6] In *Nidanasthana* he described *Galaganda* as two encapsulated small or big swellings in the anterior angle of the neck,[7] where as *Charaka Samhita* mentioned *Galaganda* as a single swelling.[8]

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*[9],[10] was from the reference, *Sharangadhara Samhita*. Major ingredients of *Chandraprabha Vati* are *Karpura, Vacha, Musta, Bhunimba, 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[11] 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.

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