



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 11 Issue: III Month of publication: March 2023

DOI: https://doi.org/10.22214/ijraset.2023.49999

www.ijraset.com

Call: © 08813907089 E-mail ID: ijraset@gmail.com

ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538

Volume 11 Issue III Mar 2023- Available at www.ijraset.com

A Successful Case Study on Ayurvedic Management of Hypothyroidism

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Abstract: Hypothyroidism is mainly classified, resulting in failure of thyroid function and secondary (middle) due to failure of an adequate thyroid-stimulating hormone (TSH) from the pituitary gland or thyrotrophin-releasing hormone (TRH) from the hypothalamus. Secondary hypothyroidism can be distinguished from the pituitary and hypothalamic by using TRH tests. In some cases, failure of hormone action in peripheral muscles can be detected. Primary hypothyroidism may be clinical when free T4 (FT4) decreases and TSH increases or subclinical when FT4 is normal and TSH increases. In secondary hypothyroidism FT4 decreases and TSH normal or decreases. Major hypothyroidism is often caused by chronic autoimmune thyroiditis, causes that are rarely treated with radioiodine and thyroidectomy. Hypothyroidism is one of the most common endocrine disorders seen in daily OPD. As per Charak Samhita, we can categorize Hypothyroidism in Anukta vhadhies. Vata and Kapha are two main doshas involved in this vhadhies. Present case is one of my successful cases of hypothyroidism. 32 year's female patient suffering from weakness, dry skin, poor memory, hair loss, constipation, acidity, breathlessness since the last 8 years, and from last one month all symptoms increase rapidly. Patient having history of piles and thyroid and under allopathic treatment since last 4 years. After 1.5 months Ayurvedic treatment patient got relief in most of symptoms of disease and TSH level before treatment 8.65 to reduce 3.40. Keywords: Subclinical hypothyroidism, Anukta vhadhie, Ayurveda

I. INTRODUCTION

A comfortable lifestyle gives pleasure to the body. At the same time, this joy disturbs the doshas as well as the mental and physical disturbances. This luxurious lifestyle creates many lifestyle problems. Thyroid, high blood pressure, diabetes are other examples of lifestyle disorders. In society the number of thyroid cases is increasing day by day. There are 3.8-6% of the general population affected by hypothyroidism¹. Thyroid dysfunction is of two types namely over function and under function. In Hypothyroidism, the thyroid gland does not produce enough thyroid hormone². Hypothyroidism can be defined as an underactive thyroid. Infertility, weight problems, depression, and chronic fatigue syndrome are the most common complications of hypothyroidism³. Ayurvedic Samhita has a history of thyroid gland called *Galganda* which is a symptom of hyperthyroidism⁴. No specific definition of hypothyroidism is found in *samhitas*. There are many diseases that are not specifically mentioned in Ayurvedic texts called *Anukta vyadhi*⁵. Subclinical hypothyroidism is one such disorder. Although there is no specific definition of such a disease, its treatment is very well defined. There is an explanation in *Ashtanga Hrudaya* that, if we do not know the name of the disease then Vaidya should treat the patient with *Prakriti, Adhistahna, Bhed, Hetu*⁶. According to Ayurveda Hypothyroidism can be regarded as *Anukta vikara* and is referred to as *vata-kafaj dushti-janya vhadhi*. Modern science has made great strides in advancing disease, diagnosis and treatment, but there is still no easy way to cure a lifestyle.

A. A Case Report

A 32-year-old female patient came to us with chief compliant of⁷

- 1) Kesh patana (hair loss).
- 2) Weight gain 3kg in 1 yr
- 3) Blood with stool
- 4) Malavashtmbha (constipation)
- 5) Body ache
- 6) Twak rukshata (Dry skin)
- 7) Shwasa Kashthta (breathlessness) while during walking
- 8) Smriti alpata (poor memory)



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B. History of Personal Illness

Patient had above complaints in the last 3-4 years. k/c/o piles (for 1 years) and h/o Miscarries 3 times, no h/o / HTN, Asthma, DM. The patient is k/c/o Piles since 1 yr. with history of hypothyroidism from last 3-4 years. She was under modern medicine 50 mg of thyroxin. Even consumption of modern medicine, patient have been suffering from weight gain, *Twak rukshata* (Dry skin), *kesh patana* (hair loss), *malavashtmbha* (constipation), *shwasakashthta* (breathlessness), *Smriti alpata* (poor memory) Even all medicine this symptom increased gradually, then he decides to take Ayurveda treatment. For Ayurvedic treatment he came to our hospital National Institute of Ayurveda (de-novo), Jaipur, Rajasthan

C. Ashtavidha Parikshana

Nadi (pulse) : 74 /min.(kapha-vata)

Mala (stool) : Constipated

Mutra (urine) : Clear Jeevha (tongue) : Coated

Agni : Kshudhamandya

Shabda (speech): Normal

Sparsha (skin) : Twak rukshata
Druka (eyes) : Upanetra
Akruti : Madhyama
Bala : Madhyama
Raktadaaba (B.P) : 130/80 mm/Hg

II. MATERIALS AND METHOD

A. Materials

Table 1: Showing material used for study

| S.No | DRAVYA | DOSE | DURATION | ANUPANA |
|------|-----------------|-----------|----------|-----------------|
| 1 | Panchkola Churn | 2 gm BD | | Luke warm water |
| | Vidang Churn | 1 gm BD | 3 months | |
| 2 | Kanchnar Guglu | 250 mg BD | 3 months | Luke warm water |
| 3 | Tab Thyter | 250 mg BD | | Luke warm water |

B. Methods

- 1) Centre of Study: National institute of Ayurveda Jaipur (De-Novo)
- 2) Type of Study: Simple random single case study.

III. OBSERVATIONS AND RESULTS

(Table 2,3) Due to our Ayurvedic management there are revealed Regression of symptoms. The patient had started improving symptoms within 7days. After 90 days treatment patient cured subjective as well as objective

Table 2: showing daily treatment with prognosis

| Symptoms | 1 st (after 7 days) | 2 nd (after 14 days) | 3 rd (after 21 days) | 4 th (after 28 days) | 5 th (after 90 days) |
|----------------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Weight gain | +++ | +++ | +++ | +++ | ++ |
| Twak rukshata (Dry skin) | ++ | ++ | + | 0 | 0 |
| kesh patina (Hair loss) | ++ | ++ | + | 0 | 0 |
| malavashtmbha (constipation) | ++ | 0 | 0 | 0 | 0 |
| Shwasa Kashthta (breathlessness) | + | + | 0 | 0 | 0 |
| Smriti alpata (Poor memory) | + | + | + | 0 | 0 |
| Blood with stools | +++ | ++ | + | + | 0 |
| Body ache | ++ | + | + | 0 | 0 |



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Table 3: Showing changes in thyroid reports

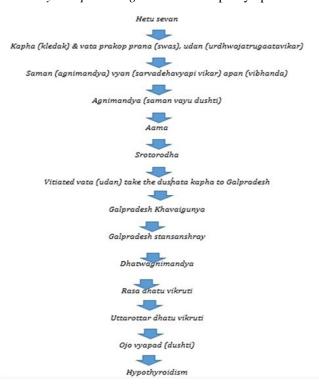
| THYRIOD PROFILE | | | | | |
|-----------------|-------------------|------------------|--------------|--|--|
| | Before (5/7/2021) | After (3/2/2022) | Normal Range | | |
| TSH | 8.653 | 3.40 | 0.3-5.5 | | |

IV. DISCUSSION

- 1) Hetu of subclinical Hypothyriodism
- 2) Ahar Improper and irregular diet.
- 3) Diwasawpan Daily
- 4) Dadhi Twice in week
- 5) Biscuit Daily with milk
- 6) Dosa, idali, sandwich Daily
- 7) Daily empty stomach water 4-5 glass per day
- 8) Vihar Prolong seating Ratri jagran
- a) Manasika Nidan: Chinta, vegavrodha causes vata vrudhi
- b) Sanprapti Ghatak
- Dosh: vata-kapha
- Dushya: Rasa, Rakta, Meda
- c) Vikalpa Samprapti
- Vata dosha- Sheeta guna⁸
- Kapha dosha- Manda, sheeta, guru

A. Samprapti

All hetues in this case are mainly vata and kafa prakopak⁹. Due to hetu-sevan aamuttpatti occurs which causes agnimandya and constipation. Due to hetues first aahar-rasa convert into Aam, which make vikrut rasa dhatu. All this further disturb and produce vikrut dhatu-uttpatti. It also does dhatu kshaya via pratilom gati and show as per symptoms ¹⁰⁻¹⁶. (Flow chart)





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Diagnosis of hypothyroidism with its symptoms along with blood test measuring T3, T4, TSH levels. (Table 4)

Table 4: showing how to Diagnosis of hypothyroidism with T3,T4,TSH levels.

| TSH | T4 | INTERPRETATION | |
|----------|--------|----------------------------|--|
| Normal | Normal | Normal thyroid function | |
| Elevated | Low | Over-hypothyroidism | |
| Normal | Low | central hypothyroidism | |
| Elevated | Normal | subclinical hypothyroidism | |

V. CONCLUSION

Lifestyle disorders becomes headache due its cases increased day by days. Ayurveda has best solution in such type of *Anukta vhyadhi*. With *doshas vichar*, Ayurveda cure such disease & act as *apunarbhava* also. This is one example of successful case of subclinical hypothyroid among my all-cured thyroid case. I will work out further research on same disease.

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