



“UNDERSTANDING APPROCH TOWORDS HYPOTHYROIDISM”

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ABSTRACT

Thyroid disorders have been one among the most challenging and most common endocrine disorders that we confront worldwide. Major thyroid disorders include hypothyroidism, hyperthyroidism, goitre/iodine deficiency, Hashimoto's thyroiditis, and thyroid cancer. Among these, hypothyroidism is arguably the most challenging as its multifarious clinical presentation often goes unnoticed. Hypothyroidism can be attributed to the deficiency of thyroid hormones, triiodothyronine (T3) and thyroxine (T4), in the body. Mild or subclinical hypothyroidism refers to the condition where peripheral thyroid hormone levels are within normal range, but serum thyroid-stimulating hormone (TSH) levels are mildly elevated.

Hypothyroidism refers to the pathological state of thyroid hormone insufficiency. Most common symptoms of hypothyroidism include tiredness, constipation, weight gain, aches, dry hair, and skin and cold sensitivity along with being in a hypometabolic state. Due to the large variation in clinical manifestation and lack of warning signs, the characterization of hypothyroidism is, for

the most part, biochemical.¹ Overt or clinical primary hypothyroidism is said to be having the thyroid-stimulating hormone (TSH) concentrations higher and free thyroid hormone (T3/T4) concentrations less than the reference range. Mild or subclinical hypothyroidism is

characterized by TSH concentrations exceeding the reference range whereas the free thyroxine concentrations remain within the normal range². This is commonly regarded as a sign of early thyroid failure. According to others, hypothyroidism can be subdivided into primary, secondary, or tertiary, and central and peripheral hypothyroidism. The primary hypothyroidism is the result of the lack of active thyroid hormones in the system. Secondary hypothyroidism results from the deficiency of TSH, whereas tertiary type is brought about by the thyrotropin-releasing hormone (TRH) deficiency that actually results in reduced TSH release. The central and peripheral hypothyroidism, having characteristic reasons, is accounted for less than 1% of all cases throughout the world.³

Keywords: Hypothyroidism, Ayurveda, Anukta vyadhi, nidan

INTRODUCTION-

Hypothyroidism is the most common lifestyle disorder affecting the endocrine system. Hypothyroidism is described as underactive thyroid function mainly affecting the female population. Weight gain, infertility, and depression are some of the symptoms of the disease which may confuse the physician regarding the diagnosis of the disease. As per Charaka Samhita, we can categorize it under Anukta vyadhi. Proper understanding of the disease in terms of Ayurveda is essential for successful management of Hypothyroidism without complications.

MATERIALS AND METHOD:

This study is based on a review study of hypothyroidism in *Ayurveda* and Modern texts.

Signs & symptoms

adults. There are two lateral lobes connected by an isthmus in the middle in front of the trachea. The gland is composed of colloid filled spherical follicles. Follicles are the main functional units of the thyroid gland. Thyroid hormones are classified into three types, triiodothyronine hormone (T₃), thyroxin hormone (T₄), and calcitonin. This thyroid hormone secretion and regulated by the negative feedback mechanism of the hypothalamic-pituitary-thyroid (HPT) axis. ⁽³⁾ Thyroid dysfunction is of two types i.e., over activity - hyperthyroidism and under-activity – hypothyroidism

Hypothyroidism: Hypo metabolic clinical state due to the reduced production of Thyroid hormones or may be due to the resistance of peripheral tissues to the effect of thyroid hormones.

Table 1: Showing signs and symptoms of hypothyroidism ^(4,5)

Signs	Symptoms
Dry coarse skin,	Tiredness, weakness
Cool peripheral extremities	Dry skin
Puffy face, hand and feet	Feeling cold
Diffuse alopecia	Hair loss
Bradycardia	Difficulty in concentrating & poor memory
Peripheral oedema	Constipation
Delayed tendon reflex relaxation	Weight gain, poor appetite
Carpal tunnel syndrome	Dyspnea
Serous cavity effusions	Hoarse voice
	Irregular menstruation
	Paresthesia
	Impaired hearing

Ayurveda perspective of hypothyroidism ⁶

There is no exact correlation for hypothyroidism in *Ayurveda*. The function of hormones is better understood in terms of *Agni*. Due to *Atishoulya Nidana sevana Jataragni mandya* occur which in turn leads to *Kapha vata dosha dusti* and *Dhatwagi mandya*.

Involvement of Dosha ⁽⁷⁾

Table 2: Showing involvement of Dosha

Dosha	Lakshana
Vata vridhhi	Ushana kamitha (desire for heat), sakrt graha(constipation), balahani(weakness) nidrahani (loss of sleep)
Kapha vridhhi	Agnisaada (dyspepsia), alasya(idleness) gaurava(heaviness) saithya(coldness)
Pitta kshaya	Mandhoanila (reduced digestion), sheetam(coldness)

INVOLVMENT OF DHATU AND STROTAS⁸

Dhatu & srotas	Lakshana
Rasa	Angagaurava (heaviness of body), tandra (drowsiness). Angamarda (body ache), klaibya (impotency)
Raktha	Parusha twak (rough skin), sputita (skin crack), rookshata (Dry sin)
Mamsa	Galaganda (goitre)
Meda	Atisthula (obesity), kruchravyavayatha (impotency), Dourbalya (weakness)
Asthi	Katishoola (arthralgia), kesa, Loma, Nakha, smasru dosha (hair loss, brittle nails)
Majja	Alasaka (infertility), Asthitoda (arthralgia)
Shukra	Daurbalyam (weakness), shrama (tiredness), klaibya (infertility)
Purisha	Kruchrena, gratitam (constipation)
Artava	Vadyatwam (infertility), artava nasha (irregular menstruation)
Manovaha	Smriti vibrama (loss of memory), sheela and chesta vibrama (behavioural changes)

MANAGEMENT OF HYPOTHYROIDISM⁹⁻¹¹

Shamana yoga - Showing Shamana yoga according to *Lakshana*

<i>LAKSHANA</i>	<i>SHAMANA YOGA</i>
<i>Atisthoulya</i>	<i>Varunadi kwata, ashtavargam kwata, Asanadi kwata Kanchnaar guggulu, navaka guggulu, Kaishor guggulu, shiva gutika, ushakati vati</i>
<i>Sandhishoola</i>	<i>Guggulu tiktaka kwata, dhanwantara kwata, Yoga raja guggulu. laksha guggulu, simhanada guggulu</i>
<i>Vibhandham</i>	<i>Triphala choorna, avipathikara choorna. abhayarista, dhantyarista, eranda taila with shunti kwata</i>
<i>Sotha</i>	<i>Punarnavadi kwata, punarnavasava, gokshuradi guggulu, gudardraka prayoga, guggulu rasayana</i>
<i>Klaivya</i>	<i>Ashwagandha, kapikachu, shatavari, pushpadhanwa rasa</i>

Nashtartava	<i>Sukumara gritam, chandraprabhavati, rajapravrtnivati</i> <i>Varanadi kwata, saptasaram kwata, kumaryasava, darsharista, ashokarista</i>
Vishada	<i>Kalyanaka grita, panchagavya grita, bhrami grita, saraswatarista, ashwagandharista, manasamitra vati Medya rasayana.</i>

PATHYA – APATHYA ⁽¹²⁾

Pathya ahara - purana shaali, Rakta shaali, yava, chanaka, kulatha, lashuna, shunti, ardraka, takra, nimba, patola, karavellaka, madhu, shigru, Jangala mamsa. Pathya vihara- udwartana, ushna jala snana, vyayama

Apathya ahara - Navanna, masha, taila, sheeta jala, Dushita jala, Nava Madya, alike, Dadhi, guda, Anupa mamsa, Apathya vihara – Diwaswapna, Avyayama

DISCUSSION-

As *Acharya charaka* explained, if a physician is not able to name a particular disease, he should not feel ashamed on that account because it's not able to name disease in definite terms. ⁽¹¹⁾ Hypothyroidism is such an *Anukta vyadhi* with evident *Kapha Medo dusti, Dhatwagni mandya* leading to *Srotodusti*. The disease has many folds of clinical presentation depending upon the *Dhatu* and *Srotas* involved. According to the clinical presentation it can be diagnosed *Atisthoulya* if the patient has obesity symptoms, *Galaganda* or *Sotha* if swelling present or as *Kaphaja unmada* if the patient has depression-like psychiatric manifestations etc... In this account, *Chikitsa* has to be planned by assessing the three-fold diagnostic principles like *Dosha* vitiation, etiological factors and site of manifestation. *Chikitsa* for hypothyroidism should aim at *Agnitundi* correcting *Jataragni* and *Dhatwagni Mandya*. *Srotoshodhana, Kapha vata shamana* and *Medohara* line of management have to be adopted. *Vamana* is the best shodhana therapy as it is removed *Kapha medo dusti*, removes *Avarana* and treats *Srotodusti*. *Lakshanika chikitsa* is a fruitful *Shamana chikitsa* that can be administered according to the clinical presentation of the patient. *Rasayana chikitsa* is inevitable as it does *Srotosuddhi* and helps to attain *Dhatusamyata*. Principles of *Suddha chikitsa* ⁽¹²⁾ has to be followed so that treating hypothyroidism should not end up in other diseases.

CONCLUSION-

Ayurveda doesn't give importance to naming the disease, rather insists to understand the factors and processes of disease manifestation and adopt appropriate treatment. Hypothyroidism is such an *Anukta vyadhi* where there is evident *Kapha medho dusti* and *Dhatwagni mandhya*. *Lakshanika Chikitsa* along with *Shodhana chikitsa* will be fruitful in effective management of the disease rectifying *Agni mandhya* and *Kapha medo dusti*. The curative, as well as preventive aspect role of *Rasayana chikitsa*, is inevitable. *Ayurveda* has a promising solution even for the management of *Anukta vyadhi*.

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