



# Understanding Ayurvedic Approach Towards Hypothyroidism

**Dr. Vijayalaxmi Sujay Patil**

M.D.(Kayachikitsa), Ph.D.(Kayachikitsa) Scholar

**Associate Professor Department of Kayachikitsa,**

M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi,  
Hadpasar, Pune -411028, Maharashtra, India

**Dr. Revati Pradeep Dhawadkar**

M.D.(Kayachikitsa) Scholar,

Department of Kayachikitsa,

M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi,  
Hadpasar, Pune -411028, Maharashtra, India

## ABSTRACT

Thyroid disorders have been one among the most challenging and most common endocrine disorders that we confront worldwide. Major thyroid disorders, including 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.<sup>1</sup> 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 range<sup>2</sup>. 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.<sup>3</sup>

**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

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), thyroxine hormone (T4), and calcitonin. This thyroid hormone secretion is regulated by the negative feedback mechanism of the hypothalamic-pituitary-thyroid (HPT) axis. <sup>(3)</sup> 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** <sup>(4,5)</sup>

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 <sup>6</sup>

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 <sup>(7)</sup>

**Table 2: Showing involvement of Dosha**

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

**INVOLVEMENT OF DHATU AND STROTAS<sup>8</sup>**

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

**MANAGEMENT OF HYPOTHYROIDISM<sup>9-11</sup>**

*Shamana yoga* - Showing *Shamana yoga* according to *Lakshana*

<b>LAKSHANA</b>	<b>SHAMANA YOGA</b>
<i>Atisthoulya</i>	<i>Varunadi kwata</i> , <i>ashtavargam kwata</i> , <i>Asanadi kwata</i> <i>Kanchnaar guggulu</i> , <i>navaka guggulu</i> , <i>Kaishor guggulu</i> , <i>shiva gutika</i> , <i>ushakati vati</i>
<i>Sandhishoola</i>	<i>Guggulu tiktaka kwata</i> , <i>dhanwantara kwata</i> , <i>Yoga raja guggulu</i> , <i>laksha guggulu</i> , <i>simhanada guggulu</i>
<i>Vibhandham</i>	<i>Triphala choorna</i> , <i>avipathikara choorna</i> . <i>abhayarista</i> , <i>dhantyarista</i> , <i>eranda taila with shunti kwata</i>
<i>Sotha</i>	<i>Punarnavadi kwata</i> , <i>punarnavasava</i> , <i>gokshuradi guggulu</i> , <i>gudardraka prayoga</i> , <i>guggulu rasayana</i>
<i>Klaivya</i>	<i>Ashwagandha</i> , <i>kapikachu</i> , <i>shatavari</i> , <i>pushpadhanwa rasa</i>
<i>Nashtartava</i>	<i>Sukumara gritam</i> , <i>chandrprabhavati</i> , <i>rajapravrtnivati</i> <i>Varanadi kwata</i> , <i>saptasaram kwata</i> , <i>kumaryasava</i> , <i>darsharista</i> , <i>ashokarista</i>
<i>Vishada</i>	<i>Kalyanaka grita</i> , <i>panchagavya grita</i> , <i>bhrami grita</i> , <i>saraswatarista</i> , <i>ashwagandharista</i> , <i>manasamitra vati Medya rasayana</i> .

**PATHYA – APATHYA <sup>(12)</sup>**

*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.<sup>(11)</sup> 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 is 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 removes *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*<sup>(12)</sup> have 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 on understanding the factors and processes of disease manifestation and adopting 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*.

## ACKNOWLEDGMENT-

I express gratitude to the Department of *Kayachikitsa* and Hospital Authority for giving me this opportunity to study this particular research topic. Special thanks to my Research Guide, HOD Hon'ble Principal and departmental teachers for co-operating throughout the research study.

## REFERENCES -

- 1) Stanly Patrick Davidson, Davidson's principles and practice of medicine, Edited by Nicki R Colledge, Brain R Walker, Stuart H Ralston, 21<sup>st</sup> edition, Vol 3, Chap 20, Churchill Livingstone Elsevier; 2010. P 639.
- 2) Acharya Agnivesha, Charaka Samhita, revised by Charaka, Compelled by Dridabala, Ayurveda Deepika commentary of Acharya Chakrapanidatta, Edited by Bhagwan Das R K Sharma, Vol 1, Chap 18, Varanasi: Chowkhamba Sanskrit Series Office; 2012. P 345.
- 3) Stanly Patrick Davidson, Davidson's principles and practice of medicine, Edited by Nicki R Colledge, Brain R Walker, Stuart H Ralston, 21<sup>st</sup> edition, Vol 3, Chap 20, Churchill Livingstone Elsevier; 2010. P 641.
- 4) Stanly Patrick Davidson, Davidson's principles and practice of medicine, Edited by Nicki R Colledge, Brain R Walker, Stuart H Ralston, 21<sup>st</sup> edition, Chap 20, Churchill Livingstone Elsevier; 2010. P 636.
- 5) Harrison's principles of internal medicine, Edited by Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo, 19<sup>th</sup> edition, Vol 3, Chap 405, McGraw Hill Education Private Limited; 2016. P 2290.
- 6) Acharya Agnivesha, Charaka Samhita, revised by Charaka, Compelled by Dridabala, Ayurveda Deepika commentary of Acharya Chakrapanidatta, Edited by Bhagwan Das R K Sharma, Vol 1, Chap 18, Varanasi: Chowkhamba Sanskrit Series Office; 2012. P 345.
- 7) Vagbhata, Astanga Hrdaya, Sarvanga Sundara commentary by Arunadatta, Edited by Sreekumar T, 3<sup>rd</sup> edition, Vol 1, Chap 12, Kerala: Harisree; 2011. P 305.
- 8) Acharya Agnivesha, Charaka Samhita, revised by Charaka, Compelled by Dridabala, Ayurveda Deepika commentary of Acharya Chakrapanidatta, Edited by Bhagwan Das R K Sharma, Vol 4, Chap 1, Varanasi: Chowkhamba Sanskrit Series Office; 2012. P 150.
- 9) Vagbhata, Astanga Hrdaya, Sarvanga Sundara commentary by Arunadatta, Edited by Sreekumar T, 3<sup>rd</sup> edition, Vol 2, Chap 20, Kerala: Harisree; 2011. P 107.

- 10) Govinda Dasji Bhisagratna, Bhaisajya Ratnavali, Edited by Bhisagratna Shri Brahmashankar Mishra. Vol 2, Chap 39, Varanasi, Chaukhambha Sanskrit Sansthan; 2009. P 563.
- 11) Acharya Agnivesha, Charaka Samhita, revised by Charaka, Compelled by Dridabala, Ayurveda Deepika commentary of Acharya Chakrapanidatta, Edited by Bhagwan Das R K Sharma, Vol 1, Chap 18, Varanasi: Chowkhamba Sanskrit Series Office; 2012. P 345.
- 12) Acharya Agnivesha, Charaka Samhita, revised by Charaka, Compelled by Dridabala, Ayurveda Deepika commentary of Acharya Chakrapanidatta, Edited by Bhagwan Das R K Sharma, Vol 2, Chap 8, Varanasi: Chowkhamba Sanskrit Series Office; 2012. P 10.

