VOL- XI | ISSUE- I | JANUARY | 2024 | PEER REVIEW e-JOURNAL | IMPACT FACTOR 8.02 | ISSN 2349-638x

Basti Karma And *Shaman Chikitsa With Pathya- Apathya* In *Hypothyrodism: A Case Report.*

Dr. Neha G. Babar[1], Dr Sushrut S.Sardeshmukh[2] and Dr Anjali A. Deshpande[3]

1. MD Scholar Final Year Kayachikitsa Department, BSDT'S Ayurved Mahavidyala wagholi, Pune.
2. Guide, MD, PhD. (Kayachikitsa), Associate Profressor BSDT'S Ayurved Mahavidyala wagholi, Pune.
3. MD, PhD. (Kayachikitsa), Prof. and HOD Kayachikitsa Department, BSDT'S Ayurved Mahavidyala wagholi, Pune.

ABSTRACT

We all know that *Ayurveda* is life science, which has solutions for all heath related issues. Hypothyroidism is one of the most common endocrine disorders seen in daily OPD. As per *Charak samhita* we can categorize Hypothyroidism as *Anukta vyadhi*. In this case of hypothyroidism, from Ayurvedic points of view *Vata* and *kapha* are two main doshas. The present study deals with a 42 year old female patient, Known case of hypothyroidism since 8yr with complaints of Generalised weakness, Dry skin, Constipation, Hyperacidity, Morning stiffiness, Leucorrhoea, B|l hand swelling since last 8-10 years. The patient was advised *Shaman Chikitsa*, *Panchakrma Chikitsa* and *Pathya-apathya* was explained in detail. After 21 days *Ayurvedic* treatment patient got relief in most of symptoms of disease and TSH level reduced from 9.53 to 4.78 mIU/L. Patient was advised to avoid Red meat, Non-vegetarian foods, Deep fried, fermented food, spicy and hot food, bakery product, curds, Green chilli, Banana, Pulses, Untimely meal, fast and to avoid day time sleep. Along with this she was advised to walk in the morning for 30-45min walk, Relaxation, Yoga and music.

Keywords: Hypothyroidism, *Basti karma*, *Anukta Vyadhi*.

INTRODUCTION:

Hypothyroidism refers to any state that result in a deficiency of thyroid hormone. Hypothyroidism results from under secretion of thyroid hormone from the thyroid gland. Occurrence of Hypothyriodism is seen in all countries, this is due to change in life style and food habits. Prevalence of hypothyroidism in developed countries is 4-5% of their population, but in India it is around 10.95% of the total poupulation[1]. Female:Male ratio for hypothyoroidism is 6:1 and hence females are seen to be affected greater than males[2]. Iodine deficiency remains the most common cause of hypothyroidism[3]. Other causes are surgical removal of the thyroid gland, thyroid gland ablation with radioactive iodine, external irradiation, a biosynthetic defect in iodine organification, replacement of the thyroid gland by tumor (lymphoma), and drugs such as lithium or interferon. Secondary causes of hypothyroidism include pituitary and hypothalamic disease[4].

Though any disease condition is not described in *Ayurveda* which is similar to Hypothyroidism yet, several references are found scattered in various texts. Eight types of *Nindita Purushas*[5] and *Avarana*[6] can be described on the basis of various hormonal disorders.

There is no direct reference of hypothyroidism in *Ayurveda* where as the description of '*Galganda'* characterized by swelling at the neck region has been described by *Acharya Charak* in '*Shotha Vikara*'[7]. Hypothroidism can be correlated with *Dhatvagni mandya* along with *Vata* and *Kapha dosha vrudhi.* In Hypothyroidsim, etiological factors mainly vitiate *Tridosha (Kapha* predominance associated with *Pitta and Vata* vitiation). Considering the pathogenesis of hypothyroidism according to the principles of *Ayurveda,* we find that it is basically caused due to dysfunction of the *Agni*, especially hypo functioning of *Jatharagni*, which in turn, affects *Dhatvagni*. *Dhatvagni mandya* results in metabolic dysfunction in the body, eventually resulting in pathological sequence and ultimately the diseased condition is developed[8].

According to A.H

स्वस्थानस्थस्य कायग्नेरंशा धातुषु संश्रिताः|

तेषां सादातिदीप्तिभ्यां धातुवृद्धिक्षयोद्भवः|| (अ.ह.सू 11/34)[9]

Hypothyroidism affects the quality of life of individuals. Inspite of many advances, the modern management of hypothyroidism remains unsatisfactory. The modern line of treatment involves Levothyroxine hormone replacement therapy. Daily replacement requires 1.6µg/Kg body weight (100-150µg on average) [10]. Levothyroxine, also known as Synthetic T4, is available under several brand names such as Levothyroid, Levoxyl, Synthyroid, Tirosint, Unithroid, Thyronorm, Eltroxin, Cytomel, and Thyrolar. The treatment has adverse effects such as high blood pressure, infertility, weight loss, impaired diastolic functions and increased risk of coronary heart disease.

In *Ayurveda,* role of *Agni* is foremost. Hypothyroidism treatment as per the *Ayurveda* perspective with specific target to improve *Jatharagni*, *Dhatvagni*, pacification of *Tridosha* with special emphasis on *Kapha dosha*, *Rasavaha, Mamsavaha, Medovaha, Manovaha Srotasas.*

Actions like *Agnideepan, Srotoshodhana, Vatanuloman, Amapachan* [11]are important to consider in *Ayurvedic* treatment .The drugs advised for this patients have all of these properties. *Ayurveda* has certain specific *Shodhana* procedure which is believed to facilitate into maintain metabolism and overall improvement in quality of life of patient.

MATERIAL AND METHODS

Case Report: A 42 year old female patient, known case of Hypothyroidism visited *Kayachikitsa* OPD at BSDT'S Ayurvedic hospital and Research centre, Wagholi. She had complaints of *Sarvanga shotha*, *bharvruddhi*, *Ayasenashwas, twak rukshata*, *Ati-keshapatana*, *Ubhaya Hastaanguli shotha-shoola, Avipaka, Shirashoola, Malavibandha, Shwetastrava* since last 3 years. She visited the OPD with these complaints and was advised appropriate treatment. The Patient was taking modern medicine Levothyroxine 50mcg for 1 1/2month still she was suffering from the symptoms and patient irregularly took the medicine and stopped the treatment after which she visited the *Ayurvedic* Hospital. She had no family history for similar conditions and no significant past history of hypertension, diabetes and cardiac problem or any other complications. The patient was thoroughly checked and treated with *Ayurvedic* treatment with *Ayurvedic Shamana* and *Shodhana chikitsa* along with *Pathya- Apathya*. Her lab investigations revealed elevated TSH levels.

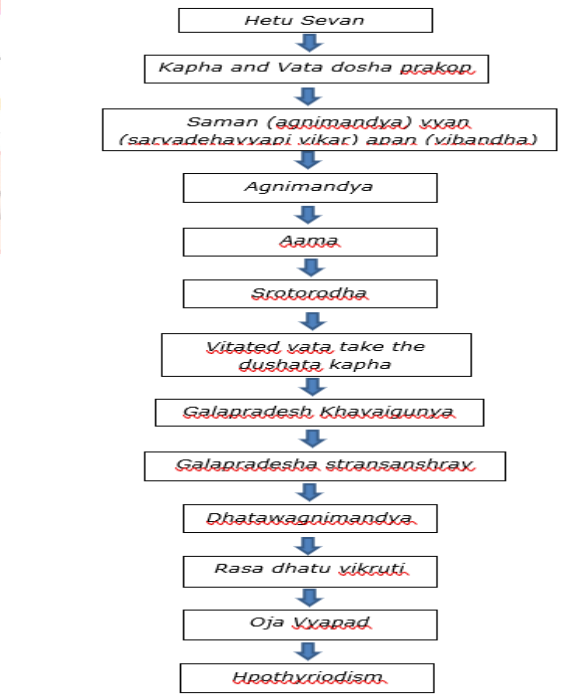
Table no-1: Aaturbala Praman Pariksha:

Prakruti	***Kaphavatapradhan***
Sara	*Madhyam*
Samhanana	*Madhyam*
Pramana	*Madhyam*
Satmya	*Madhyam*
Satva	*Pravara*
Aaharshakti	*Madhyam* *Jaran: 5-6hr*
Vyayamshakti	*Avara*
Desha	*Sadharana*

Table no-2: Ashtavidha Pariksha

Sr.no	**Name**	**Result**
1	***Nadi***	*Vata-kaphaj*
2	***Mutra***	*Samyaka*
3	***Mala***	*Malavibandha*
4	***Shabdha***	*Spasta*
5	***Jivha***	*Sama*
6	***Sparsha***	*Samashitoshna*
7	***Drik***	*Spasta*
8	***Akriti***	*Madhyam*

SAMPRATI:



TREATMENT PROTOCOL:

The treatment included *Shamana Chikitsa* (oral *Ayurvedic* medicines) followed by *Shodhana* therapy.

Table no-3: PANCHKARMA THERAPY

S.No	*Karma*	*Dravya*	Days
1.	*Sarvanga Snehan*	*Nirundi Tail*	7 days
2.	*Sarvanga Swedan*	*Nirgundi Patra*	7 days
3.	*Basti - Krumighna*	*Neemba+ Nirgundi+ Yashti taila*	first 3 days
4.	*Shodhana Pradhna Kaphghna and Vatghna Niruha and Anuvasan basti vyatyasat*	*Erandamooladi Niruha and Dashmoola tail + Eranda tail*	4^{th} to 7^{th} days

Table no-4: SHAMANA AUSHADHA

S.No	Dravya	Dose	Duration	Anupana
1.	*Antikola vati*	500mg	*Twice a day*	warm water
2.	*Navyasa Loha*	500mg	*Twice a day*	warm water
3.	*Pathyadi vati*	500mg	*Twice a day*	warm water
4.	*Sukhma Triphala*	500mg	*Twice a day*	warm water
5.	*Dadimashtak Churna*	2gm	*Twice a day*	warm water
6.	*Triphala vati*	500mg	*Daily in night*	warm water

ON OBSERVATION:

The patient was subjected to *Shamana Chikitsa* for 2 months and *Shodhna chikitsa* for 7 days along with the *Pathya-apathya.* The patient emeticulously followed the *pathya apathya*. Post treatment changes were noted mainly in respect to range of thyroid profile.

Table no 5:

	Before Treatment	After Treatment
TSH	9.53 mIU/L	4.78 mIU/L

DISCUSSION:

This case was analyzed according to *Ayurvedic* principles and then treated accordingly. This case is a classic example of *Mandagni* and *Santarpana* for which *Ayurveda* has explained *Apatarpana Chikitsa*. The treatment aims at pacifying *Kapha* and *Vata*, and strengthening the *Dhatu* by use of *Rasayana.* According to *Ayurveda,* excess and vitiated *Kapha dosha*, *medha dhatu* (excess fats) leads to impairment which may cause Hypothyriodism. The root cause of Hypothyriodism is also *Agnimandya.* While Discussing over the Pharmacodynamic properties of *Antikol, Navayas Loha vati, Pathyadi vati, SukhmaTriphala, Dadimashtak Churna Triphala vati which mainly have actions like Deepana, Ama- Pachana, Tridoshahar-Shelshmaghna, Pittashamana, Balya, Rakta Shodhana, Rasyana, Agnivardhana, Lekhana, Shothahar, Krumighna, Anulomana* properties are likely to correct the basic pathogenesis of Hypothyriodism i.e. Hypometabolism.

Shodhana Karma included administration of *shodhana pradhana Niruha* and *Anuvasan basti* alternately *(Vyatyasat). The Niruha basti used were Kaphaghna niruha basti and Erandamooladi niruha basti. The dravays utilised in kaphaghna niruha basti are from the reference, Aragwadhadi gana mentioned in fifteenth adhyaya of Ashtang hrudya Sutrasthana.* This *basti* contains *Aragwadha, Indrayava, Neemba, Kakatikta, Guduchi, Patha, Sahachara, Patol, Chitraka, Mandanaphala and other.* This *basti has Kaphaghna, Kandughna, Krumighna, Kushtanghna action. Erandamooladi Niruha Basti* mentioned in *Charak Siddhisthana adhyay* third has following contents, *Erandamool, Palash Laghupanchmool, Rasna, Ashwagandha, Guduchi, Puranava, Aragwadha, Shatavha* having action of *Deepana* and *Lekhana* , which helps in vitiated *Kapha shodhana* and pacifying *Vata dosha*. *Erandamooladi Kwatha* act as *Anulomana* and *Nirharana* for vitiated *Doshas.* In *Anuvasan basti Neemba taila, Nirgundi taila* were having *Krumighna* action and *Yasti taila* having *Anulomana.*

It was seen that this patient was consuming excess Green chilli and red meat, Deep fried food, excessive salty food like pickles, *dadhi sevana*, bakery products, pulses, fermented food, *Paryushit ahar*a and day time sleep. Prolong sitting habit and untimely meals. All these factors leads to vititation of *Kapha* and *Vata dosha*. In *pathya* patient was advised to avoid Red meat, Non-vegetarian foods, Deep fried, fermented food, spicy and hot food, bakery product, curds, Green chilli, Banana Untimely meal, fast and to avoid day time sleep The main vitiated *doshas* were *Kapha* and *Vata.* Advised to consume *Pathya* as Drumstick, use of prepared of ginger, garlic, *Dhanyaka, Jeera, Marich, barely, old ghee, green gram.*

And also advised lifestyle modifcations like to avoid day time sleep, 50 mins daily walk, excessive drinking of water, timely meals and free from mental stress with the help of music and yoga practice.

The patient got relief in following symptoms *Sarvanga shotha, Ayasenashwas, twak rukshata, Ubhaya Hastaanguli shotha-shoola Shwetastrava*. Due to *Agni Deepana pachnana* the symptoms like Avipaka*, Shirashoola, Malavibandha* were also relieved . There was no change in *bharashya* instead the body measturment were reduced. There was miminum improvement in Atikeshapatana. Also the TSH level was reduced. After the 3 month again the TSH level were checked which were found reduced. Patient is still visting the OPD regularly.

CONCLUSION:

It was observed that in this case of hypothyroidism, the above mentioned *Shamana* and *Shodhana Chikitsa* along with *Pathya-Apathya* helped to reduce the symptoms and shows improvement.

REFERENCE

1. API Text book of medicine, 7th 2003 edition, published by The association of physician of India, 1057.
2. Unnikrishnan A. G., Kalra S., Sahay R.K., Bantwal G., John M.. Tewari N..Prevalence of hypothyroidism in adults: An Epidemiological study in eight cities of India. Indian J Endocrinol Metab., Jul-Aug. 2013; 17(4): 647-652.
3. Longo, Fauci, Kasper et at, Harrison's Principle of internal Medicine. Page, Mc Graw Mil publication: Volume 2; 18th edition;chapter 341, page 2918.
4. Thyroid Guidelines Committee AACE Clinical practice guidelines for the evaluation and treatment of hyperthyroidism and hypothyriodism Endoer Pract.2003, page no463.
5. *Shastri Ambikadatta, "Ayurvedatattvasandipkia"* commentary on Sushrut Sahmita, Purvardha, Chakumbha SankritaSathana, Varanasi, India, Rep.2007, Sutrasthana 1/26.
6. Gaur Banwari Lal Sannaya hindi translatios on Carako Samhita with "Eahana" hindi Commentary on Chakrapanidatta "Ayurveda dipika", Vol. I. R.A.V. Publications, New Delhi, India, first Ed 2014, Sutrasthana 21.
7. Shukla V and Tripathi R. Editors. Charak Samhita, Chikitsasthana, Chapter 12. Verse 79, Delhi: Choukhambha Sanskrit Pratisthan, reprint edition, 2012: 2: 284.
8. Shastri Kashinath,Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha,revised by Charaka and Dridhbala,part II, Chaukhambha Bharati Academy,Varanasi.Reprint.,2009; Chikitsha Sthana28/62;page no 789.
9. Prof.K.R. Srikantha Murthy: Vagbhat, Ashtanga Hridaya sarvanga, Vol-2 Published by Krishnadas Academy, Varanasi: 3rd edition 1998, Nidansthan 11th adhya, sholk no: 34, page no: 278.
10. Jameson Fauci Kasper Hauser Longo Loscalzo ; Harrison principles of Internal Medicine; 21st edition; Vol-1; Endocrinology system, Hypothyriodism Chap – 376; Pg no-2701.
11. Karishmasingh and anupthakar Dept. of Panchakarma, IPGT and RA Jamnagar, A clinical study to evaluate the 3 role of Triphalaadya Guggulualong with Punarnavadi Kashayain the management of Hypothyroidism.[GOOGLE Scholar].