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AYURVEDIC VIEW OF DHATWAGNIJANYA ROGA WSR TO SUBCLINICAL HYPOTHYROIDISM: A REVIEW

Dr. Gayatri Devi*[1], Dr. Archana Bartwal[2], Dr. Puneeta Pandey[3] and Dr. Priya Ranjana Tiwari[4]

[1]PG Scholar, PG Department of Kayachikitsa, Gurukul Campus, Haridwar Uttrakhand India.

[2]PG Scholar, PG Department of Shalakya, Patanjali Bhartiya Ayurvigyan Evam Anusandhana Sansthana, Haridwar.

[3]Professor, PG Department of Kayachikitsa, Gurukul Campus, Haridwar Uttrakhand india.

[4]Assosiate Professor, PG Department of Kayachikitsa, Gurukul Campus, Haridwar Uttrakhand India.

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***Corresponding Author**
Dr. Gayatri Devi
PG Scholar, PG Department of Kayachikitsa, Gurukul Campus, Haridwar Uttrakhand India.

ABSTRACT

Subclinical hypothyroidism (SCH), also called mild thyroid failure, is diagnosed when peripheral thyroid hormone levels are within normal reference but serum thyroid-stimulating hormone (TSH) levels are mildly elevated. The general symptoms of disease include fatigue and generalized weakness. Usually, there is a chronicity with slow & gradual onset making it hardly noticeable and sometimes is accidently diagnosed. Thyroid gland abnormality influences body metabolism up to a great extent & is found more in females than males with a ratio of 1:6. If left untreated can lead to severe complications of hypercholesterolemia, hypertension & cardiovascular diseases. Great sages of *Ayurveda* envisage *Agni* as prime factor for health. As per *Acharya Charaka* food is held responsible for nutrition of body as well as healthy tissue, *oja, bala varna, utshah* are considered dependent on it. In *Ayurveda Shamhita* there is no single term for this disease but as per *Dhatvagni Mandyata* (Metabolic derangement) and involvement of tridosha mainly *(vata and kapha), Dushya* it can be explained under headings like *Rasa and Medo pradoshaj vikar*. Clinical symptoms and complication of Subclinical Hypothyroidism closely related with *Rasa Pradoshaj* and *Medo Pradoshaj vikar.*

KEYWORDS: Subclinical Hypothyroidism, *Rasa dhatu, Medo dhatu, Agni.*

INTRODUCTION

Hypothyroidism is most common disease in india.0Reduce production of thyroid hormone is the central feature of the clinical state termed hypothyroidism.[1,2] Autoimmune type (permanent loss of thyroid) of hypothyroidism refers to Hashimoto disease[3], at the later stages of the disease, minimal residual thyroid tissue (*atrophic thyroiditis*).[4] autoimmune process gradually reduces thyroid function, there is a phase of compensation when normal thyroid hormone levels are maintained by a rise in TSH. Some patients may have minor symptoms is called subclinical hypothyroidism.[5] Later stage unbound T4 levels fall and TSH levels rise (usually TSH >10 mIU/L) further symptoms become more readily apparent at this stage, which is referred to as clinical hypothyroidism or overt hypothyroidism.

SUBCLINICAL HYPOTHYROIDISM

Subclinical hypothyroidism defines as when Serum TSH is raised and serum T3 and T4 concentrations are at the lower end of the reference range. This may persist for many years and leads risk of progression to overt thyroid failure, particularly if antibodies to thyroid peroxidase are present or if the TSH rises above 10 mIU/L.[6] Subclinical hypothyroidism or mild thyroid failure is a common problem, with a prevalence of 3% to 8% in the population without known thyroid disease. The prevalence is higher in women and increases with age. After the sixth decade of life, the prevalence in men approaches that of women, with a combined prevalence of 10%.[2] Antithyroid antibodies can be detected in 80% of patients with SCH, and 80% of patients with SCH have a serum TSH of less than 10 ml U/L The prevalence is higher in women and in older people. Risk of heart failure, coronary artery disease events, and mortality from coronary heart disease may be associated with subclinical hypothyroidism.[7] Middle-aged patients with subclinical hypothyroidism may have cognitive impairment, nonspecific symptoms such as fatigue, and altered mood.[7]

Signs and Symptoms[8,9]

Signs

- ✓ Cool peripheral extremities
- ✓ Puffy face, hands &feet
- ✓ Bradycardia
- ✓ Peripheral edema
- ✓ Muscle aches / stiffness
- ✓ Carpal tunnel syndrome

- ✓ Pallor

Symptoms

- ✓ Forgetfulness
- ✓ Sudden Weight gain
- ✓ Hair fall
- ✓ Cold intolerance
- ✓ Forgetfulness
- ✓ Puffiness of the face
- ✓ Menstrual disturbance
- ✓ Loss of appetite
- ✓ General Weakness

AYURVEDIC PROSPECTIVE OF HYPOTHYROIDISM

Agni is the important source for the proper digestion, assimilation and absorption of the food consumed by its nature it is very subtle. Any disturbance in its function due to any cause leads to the formation of *Aama* which disturbs the metabolism of the whole body. According to *Vagbhatta* due to the hypofunctioning of agni, the first rasa dhatu or chyle, is not properly formed. Instead, the *annarasa* undergoes fermentation and or putrefaction (*dushta*) being retained in the *amashya*. This state of rasa is spoken as aam.[9] *Dhatwagni* and *bhootagni* is also disturbed produces Aama. Ayurveda, the entity hypothyroidism is explained under headings like *Rasapradoshaja, Medopradoshaja Vikaar*. *Acharya Sushrut* has explained such *medodusthi* as *rasnimittaja* and caused due to "*Dhatvagni Mandya*" which is nothing but metabolic derangement. In Ayurveda there is no direct correlation of Subclinical Hypothyroidism but on the basis of clinical presentation it can be correlated with different entities as Syndrome. There are many systems which are involved in the pathogenesis of Subclinical Hypothyroidism. Subclinical hypothyroid is a type of mild hypothyroidism. The mixed signs and symptoms of all these systems leads to a complex clinical picture of Subclinical Hypothyroidism. Focousing on the concept and clinical symptoms of hypothyroidism, it seems very similar to the concept of *Rasapradosajavikara*.

***Rasapradosaja Vikaras*[11]**

1. *Bhojana Asradha* (aversion to food)
2. *Aruchi* (anorexia)
3. *Asya Vairasya* (tastelessness)

4. *Rasajnata* (loss of taste perception)
5. *Hrullasa* (nausea)
6. *Gaurava* (heaviness of the bodyache)
7. *Tandra* (drowsiness)
8. *Angasada* (body ache)
9. *Pandu* (anaemia)
10. *Srotorodha* (blockage of micro-nutrient channel)
11. *Klaibya* (infertility)
12. *Agninasha* (loss of digestive power)
13. *Ayathakala Vali* and *Palita* (premature graying of hairs and wrinkling).

Medoapradosaja Vikaras[12]

1. *Granti(*cysts)
2. *Vridhi* (enlagment of tissue and organ) goiter excessive obesity
3. *Galgand* (goirt)
4. *Atisthaulya (*excessive obesity)

DISSCUSION

Clinical picture shows the dominance of *Kapha dosha*. Majority of the *Nanatmaja Roga* of *Kapha dosha* can be included as a signs and symptoms of Subclinical Hypothyroidism. As per Charaka Sneha, *Shaitya, Shukla, Gourava, Madhurya, Sthairya, Pichchila are* the effects produced in the body by the action of *Kapha;* the condition accompanied with any of the above symptoms should be diagnosed as a *Kapha* disorder. *Dusthi* of *Rasa dhatu* and *meda dhatu* plays a major role in pathogenesis. Many of *Rasa* and *medavikaras* as mentioned by *Charaka* are similar to the clinical features of Subclinical Hypothyroidism, as mentioned above. *Rasadhatvagnimandya* (hypofunctioning of Rasa Dhatu) and *medodhatvagnimandya* leads to *Rasavruddhi, meda vridhi* and its cannot participate into *asthi dhatu poshan.* Loss of appetite, Heaviness of body, Lethargy, Generalized aches, Somnolence, premature aging symptoms like hairloss, Cold intolerance, Puffiness, Anaemia, Menustral disturbances, Infertility. All these symptoms related with involvement of Rasa Dhatu. Tiredness, Sleepiness, sluggishness, Hyperlipidemia are related with involvement of *Medo Dhatu.*

Samprapti Ghatakas

Dosha - Kapha – Avalambaka Kapha, Kledaka, Kapha

Vata – Samana Vata, Vyana Vata

Dusya – Rasa dhatu, Meda dhatu

Agni – Jatharagni, Rasadhatvagni, Bhutagni (mainly Pritvi and Jala)

Srotas – Rasavahasrotas, Manovahasrotas.

Srotodusti – Sanga

Adhisthana – Sarvanga specially in *Gala Pradesha*

Udbhavasthna – Amashaya

Ama – Dhatvagni Mandyajanya Ama.

Vyaktasthana – Sarvasharira

***Lakshanika Chikitsa* (symptomatic treatment)**

As per *acharya shusruta* disease does not occurs without the *dosh prakopa* so *anukta roga (*disease which have not been directly described in *shamhita) into* should be treated according to symptoms.[13]

- Anorexia - *Agni Uttejaka, Amapachaka* (*Arochaka Chikitsa*)
- Sudden Weight gain - *Sthula Chikitsa such as karshana chikitsa*
- Anemia and Menstrual disturbances - could be corrected by *Pandu Chikistsa* (*Punarnava Manduram* is a liver stimulant, diuretic and iron supplement).
- Cold intolerence - *Svedana* (*Sagni* and *Niragni*)
- Hair falls and Forgetfulness - *Siroabhyanga* and *Nasya.*
- General Weakness - *Rasayana* as Immunomodulator.
- Generalised pain - *Snehana* and *Swedana*, *Vatashamka* treatment
- Puffiness of the face - (*Kaphaja Sotha Chikitsa)*

CONCLUSION

Analyzing subclinical hypothyroidism with reference of *dosha, dhatu* and *mala* would be better option in conditions where direct reference are not available *dhatvagni Mandhyata* specifically of *Rasa Dhatu* leads over production of *rasadhatu i.e Mala Kapha Vridhi*. *Medo dhatu vridhi* leads to over production of *medo dhatu*. *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. Hence medicines which are *Agnideepak, Rasadhatwagni Vardhaka* and *medodhatwagni Vardhak* are helpful to treat the condition. Although, after mere knowledge of disorders pertaining to Thyroid gland from the view of modern system of Medicines, one cannot directly correlate the disease in Ayurveda as a whole. Subclinical Hypothyroidism is not a single disease entity, there are many systems

involved in the pathogenesis of Subclinical Hypothyroidism, hence we can consider as Syndrome i.e., group of symptoms.

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