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"EFFECT OF ERANDMOOLADI NIRUH BASTI AND APARAJEETA MOOL CHURNA IN THE MANGAMENT OF HYPOTHYROIDISM"

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ABSTRACT

Hypothyroidism is a clinical syndrome resulting from a deficiency of thyroid hormones due to their insufficient synthesis, which in turn results in a generalised slowing down of metabolic processes. It affects the metabolism of the body even at the cellular level and thus can affect any organ virtually. Hypothyroidism has been found to be a common form of thyroid dysfunction, affecting 10.9% of the total population. The prevalence of undetected hypothyroidism is about 3.47% in India and is the second most common endocrine disorder reported all over the world at present. In India, 1 in every 10 men and women suffers from hypothyroidism. Though there is no direct reference to hypothyroidism in Ayurvedic classics, as per its presentation, this condition can be correlated with the hypofunction of Dhatvaagni and Dhatwavaran to some extent. As per the principle of Ayurveda, for the disorders that are Yapya and are deeply rooted in the body, Rasayana prescribed after proper Shodhana is preferred. In the present case study, a newly detected case of primary hypothyroidism was successfully treated with an Ayurvedic line of treatment, which includes Niruh Basti with Erandmuladi for 21 days, followed by Shweta Aparajitamool taken orally for 45 days. The patient was followed for up to 45 days, and significant results were found in both subjective and objective parameters.

KEYWORDS: Hypothyroidism, Erandmuladi Niruh Basti, Aparajitamool churna.

INTRODUCTION

Hypothyroidism is one of the most common and challenging disease conditions in today's era. The prevalence of hypothyroidism in India is around 11%.[1] Hypothyroidism is a condition in which the thyroid gland does not produce enough thyroxine (T4) and tri-iodothyronine (T3). Iodine deficiency and auto-immunity are the main causes of hypothyroidism, out of which auto-immunity is common in areas of iodine deficiency. There is no promising cure in contemporary systems for hypothyroidism. The only available treatment is the lifelong use of synthetic thyroxine, which invites complications in the long run. The mangament concepts of Agni (digestive fire) and Ama (unwanted by product of improper digestion) are the central dogmas of Ayurvedic therapeutics in general and in particular in the management of autoimmune pathologies. Mandagni hampers digestion and metabolism, leading to the accumulation of intermediate metabolic products in the body at different levels. Such unwanted by-products (which may sometimes act as free radicals) become toxic and may initiate the pathologies of autoimmunity. As most body cells have receptors for thyroid hormones, T3 and T4 exert their effects throughout the body.[2] These hormones stimulate diverse metabolic activities in most tissues, leading to an increase in basal metabolic rate. Without thyroid hormones, almost all the chemical reactions in the body would become sluggish. These hormones can be considered a part of Kayagni, on which the entire metabolic activity depends.[3] Hence, impaired metabolism can be compared with the vitiation of Agni, according to Ayurveda. Dhatwagnimandya is a result of Jathragnimandya, by which ama is produced in mahasrotas and dhatwasya. In spite of annarole and dhatu pusti, malapusti or doshpushti occurs in the body. The symptoms of hypothyroidism mimic those of kapha pushti lakshan, so it can be assumed that malarupa kapha pusti occurs in the disease due to rasagni mandya. Thus, the principle is that correcting the functioning of Agni will be beneficial in treating various pathologies. Following these guidelines, a case of hypothyroidism was managed. Erandmooladi Niruh Basti and Aparajeeta mool churna directly influence the kayagni, especially the dhatwagni, at the tissue level. This basti is said to exert a systemic influence that regulates and governs tissue metabolism all over the body, either directly or indirectly. Which can be corrected with an attempt at basti therapy and oral medication.

CASE REPORT

A 43-year-old female has been suffering from irregular menses and irregular bleeding for 8 years, along with the symptoms of puffiness of the face, hair loss, coarse dry skin, and weight

gain. consulted Panchakarma OPD of Pt. Khushilal Sharma Ayurved Institute Bhopal. After analysing all the complaints, the patient was advised to take his CBP, ESR, and thyroid profile for a haematological and hormonal investigation. The thyroid profile shows an increase in TSH level (8.0 microIU/ml) and T3 and T4 levels (1.3 ng/ml and 10.2 microg/dl). The patient was clinically assessed in detail prior to the treatment, and the following treatment regimen is planned.

Treatment regimen: the patient has been given Shweta Aparajita mool churna (3 g twice a day) for 45 days, along with Erandmooladi Niruh Basti and Mahanarayn Taila Anuvasan Basti in a 3:1 ratio for 21 days.

Pathya and Apathya Ahara and Vihara (wholesome and unwholesome diet and lifestyle) were also advised to the patient. She was asked to consume lukewarm water in place of normal or cold water during the treatment period. In addition, the patient was advised to avoid consuming diets that are difficult to digest; consuming diets before the complete digestion of an earlier diet; frequent and excessive intake of curd and day sleep, etc.

Pradhan Vedana (chief complain)

Table No. 1: Chief complain.

S.No.	Pradhan vedana	Duration
1	Weight gain	4 years
2	Tiredness	No
3	Hair fall	1year
4	Menstrual irregularities	8 years
5	Constipation	No
6	Loss of appetite	No
7	Coarse dry skin/hair	2 years
8	Generalized ache	6 months
9	Muscle cramp	No
10	Puffiness of face/eyes	6 months
11	Cold intolerance	2 months
12	Excessive sleep	No

Family history- No family history of hypothyroidism is found.

Menstrual history- LMP 14/06/23

Quantity-moderate

Irregular period,

heavy bleeding on 8th & 9th day

Cycle (20-25day)

Personal history

Diet- Mixed

Sleep-Normal

Appetite- Moderate

Digestion-Moderate

Micturition-Normal

Bowel-Regular

Any kind of stress- Yes

Kostha- Madhyam

Agni- Vishamgani

Addiction- No

Table No 2: Vital examination.

S.No	Vitals	Valuve
1.	Body temperature	98.1 f
2.	Pulse	66/min
3.	Respiratory Rate	17/min
4.	Blood pressure	110/70 mmhg

Table No 3: Showing examination finding in the patient.

General examination	
Built	Well built
Height	5 foot 2 inch
Weight	70kg
BMI	28.4
Clubbing	Absent
Cyanosis	Absent
Pallor	Present
Icterus	Absent
Lymphadenopathy	Absent
Oedema	Present (non pitting -face&feet)
Skin	Dry
Hair	Thin
Hair fall	Present

Table No 4: Dasha Vidha pareeksha.

S. No.	Pareeksha	
1.	Prakriti	Vaat- pitta
2.	Vikriti	Kaph-vaat
3.	Saara	Madhyasaara
4.	Samhanana	Madhya samhat(Madhya bala)
5.	Pramana	Madhyama
6.	Satmya	Vyamishra(Madhyama)
7.	Satva	Madhyama
8.	Aahar shakti	Madhyama
9.	Vyayam shakti	Madhyama
10.	Vaya	Madhyama

Table No 5: Investigation.

Test performed	Value observed
Triiodothyronine (T3)	1.0 ng/ml
Thyroxine(T4)	11.5 micro.gm/dl
Thyroid stimulating harmone(TSH)	8.0 micro.IU/ml

Table No. 6: Composition of Erandmooladi Niruh Basti.

DRAVYA	QUANTITY
HONEY	80ML
SAINDHAV LAVAN	10GM
SNEHA (SAHACHARADI SNEHA)	80ML
KALAK (SHATPUSPA, HAPUSHA, PRIYANGU, PIPALI, BALA, KUTAJ BEEJ, MUSTA, RASANJAN)	40GM
KWATH (ERANDMOOL 3 PART, PALASHLAGHUPANCHMOOL, RASANA, ASHWGANDHA, ATIBALA, GUDUCHI, PUNARNAVA, AARAGWADH, DEVDARU, MADANPHAL ALL ARE IN 1 PART)	250ML
GOMUTRA	80ML
TOTAL	580ML

Tests for thyroid profiles were conducted and the patient was assessed on subjective parameters before starting the treatment and after 45 days of treatment.

Assessment criteria: Treatment was assessed on the basis of the percentage of relief observed in the presenting complaints. The grading criteria being followed in the institute was adopted to assess the effectiveness of the therapy in the objective parameters (Table 7).

Table No 7: Effect on objective parameter.

Sr. No	Symptoms	BT	AT
1.	Weight gain	+++	++
2.	Constipation	+++	_
3.	Excessive sleep	+++	+
4.	Tiredness	+++	+
5.	Hair fall	+++	+
6.	Dry and coarse skin	+++	+
7.	Muscle ache	+++	+
8.	Odema	++	+
9.	Menstrual irregularities	++	+
10.	Loss of appetite	++	_

OBSERVATIONS AND RESULTS: Considerable improvement was noticed in complaints as placed at Table 8.

Test performed	Value observed	
	Before	After
Triiodothyronine (T3)	1.0 ng/ml	1.3 ng/ml
Thyroxine(T4)	11.5 micro.gm/dl	10.2 micro.gm/dl
Thyroid stimulating harmone(TSH)	8.0 micro.IU/ml	6.3 micro.IU/ml

DISCUSSION

Discussion on Disease

In hypothyroidism, causative factors mainly vitiate Tridosha (Kapha predominance associated with Pitta) and Margavaranajanya (hindrance of function) samprapti dushti. Vata and Kapha dosha vitiation leads to the derangement of Jatharagni (the digestive system) and Dhatwagni (the metabolic system) and the subsequent appearance of Ama. This Ama blocks the channels in the body (Shrotorodha), thereby afflicting the contents of channels, causing the vitiation of Srotas as well as the Dhatu to which these Srotas deliver. The present study has been entitled “to assess the effect of erandmooladi niruh basti and aparajeeta mool churna in the management of hypothyrodism.” Hypothyrodism is one of the ongoing problems. In Ayurvedic classics, this condition can be correlated with the hypofunction of Dhatvaagni and Dhatwavaran.

Discussion on Basti

In Panchakarma, Basti is considered Ardhachikitsa.[4] Basti helps in removing the Vata Vyagunya pertaining to this disorder. Erandmooladi Niruha and Anuvasana Basti, along with the oral medication aparajeeta mool churna, have been selected for the management of hypothyrodism.

After observing the Samprapti Ghatak of the disease, the selection of Basti has been done. If we see the Samprapti Ghatak, this is a Kapha dominant Tridoshaj Vyadhi in which Kapha obstructs the pathway of Vata dosha; Rasa-meda is the predominant Dushya; involvement of Rasa-Medovaha Srotas; and Srotodusthi is Sanga type. Dhatwanimandhya is found with the involvement of Avarana (Kapha-Avrutta Vata). Basically, hypothyroidism is an Avaranatamak vyadhi, and Niruha Basti has a specific role to counteract the Avaranajanya Samprapati, as mentioned by Acharya Charak in the Chikitsa Sthana in the context of the Chikitsa Sutra of the Kaphaavrutta Vata.[5]

Erandmuladi Niruha Basti is mentioned by Acharya Charak in Siddhi Sthan in the context of Medoroga, Kaphoroga, Mandaagni, and Kapha Avritta Vata.[6] Erandamooladi Kwatha does Deepana, Lekhana, Tridoshahara, Ama Pachana, and Anuloma.

Discussion on the Shaman drug

Shwet Aparajita is described in Bhaishajya Ratnawali Galganda Chikitsa. It is considered the drug of choice for Shotha roga, Galgand, and Gandmala.[7] The management of hypothyroidism is primarily focused on. To remove the avaran and srotoshodhan and increase the dhatwagni. Katu, Tikta, Kashaya Rasa Pradhanya, Laghu, Tikshna Guna Pradhanya, and Ushna Veerya are indicative of the Kaphashamaka effect of the Shwet Aparajita. This helps in the removal of Avaran.

CONCLUSION

Purification followed by palliative therapy was found to be a suitable treatment plan to manage hypothyroidism. All the Ayurvedic therapies adopted as a part of various research studies proved to have significant results in the management of hypothyroidism. Among the purification therapies, the Basti karma procedure was the most commonly adopted purificatory process with maximum efficacy. It also revealed the fact that all the therapies were found to be significantly effective and clinically safe, as no adverse drug reactions were reported during the treatment period among any of the screened studies.

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