



Case Study

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MANAGEMENT OF HASHIMOTO'S THYROIDITIS THROUGH SHODHANA AND SHAMANA AUSHADHI: A CASE STUDY

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ABSTRACT

Hashimoto's thyroiditis is chronic inflammation of the thyroid gland due to the formation of autoantibodies. It is an autoimmune disorder that would lead to hypothyroidism. Failures of host defense do occur, however, and fall into three broad categories: immune deficiencies, autoimmunity and hypersensitivities. Ayurveda has a unique approach in treating the auto immune disorders through Shodhana and Rasayana Therapies. Due to Nidana Sevana, Kapha - pitta vata dushti takes place leading to Jatharagni Vaishamy and Ama Utpatti. This causes Asamyak Ahara Pachana, Rasavaha Srotodushti, Rasa Dhatwagni Vaishamy leads to Uttarottara dhatwagni and Dhatu Vaishamy. When Agni becomes too low, metabolism is affected. Shodhana karma has a great efficacy in Sroto-shodhana and in turn it corrects the functioning of Jatharagni, dhatwagni Srotas and Doshas. The present case study includes a female patient of 26 years age suffering from Hashimoto's thyroiditis complaints of gradual increase in size of swelling over neck for 3 years She was treated with Shodhana and Shamana Aushadhis for 3 months and found effective in reducing the levels of antibodies.

Keywords: Hashimoto's thyroiditis, autoimmune disorder, Shodhana, Rasayana.

INTRODUCTION

Hashimoto's thyroiditis is chronic inflammation of the thyroid gland due to the formation of autoantibodies. It is also known as chronic lymphocytic thyroiditis. It is an autoimmune disorder which is the primary cause of hypothyroidism which in turn lead to decreased metabolism¹. An autoimmune disease is that which occurs when the body's immune system starts attacking a particular organ. Antibodies against thyroid peroxidase or thyroglobulin cause gradual destruction of follicles in the thyroid gland². A combination of genetic and environmental factors initiates the autoimmune response in Hashimoto's thyroiditis. The exact cause of disease is not known, but many factors like genetics, excess intake of iodine, radiation exposure, and stress are believed to play a role. A family history of thyroid disorders is common, with the HLA-DR5 gene³. The most common symptoms include fatigue, weight gain, feeling cold, constipation, hair fall, menstrual dysfunction, panic disorder etc.

The disequilibrium of immune system caused either by hyperactivity or hypo activity of immunity. Auto immune disease is caused by hyperactivity of immune system damaging its own tissues. The condition of Hashimoto's thyroiditis in context of Dasha-Dushya sammurchana may be considered as Kapha associated Pitta dushti with vitiation of Vata leading to Jatharagni Vaishamy, Ama Utpatti and predominantly Rasa-Vaha, Mamsa-Vaha and Medo-Vaha Srotodushti⁴. Hence here the treatment is aimed at improving metabolism which is corrected through dhatwagni deepana. Shodhana karma has a great efficacy in Sroto-shodhana and in turn it corrects the functioning of Jatharagni, dhatwagni srotas and doshas. In this case study, a patient of Hashimoto's thyroiditis treated with Shodhana and Shamana and the results were found effective.

Case report

A 26-year-old female patient visited OPD of JSSAMCH, Mysuru 570010, Karnataka, India, with complaints of gradual increase in size of swelling over neck for 3 years. Initially, patient had only swelling without any other symptoms. On advice of a physician patient underwent thyroid profile test including T3, T4 and TSH which were normal. So, the patient was not advised any medications. 2 years later, patient noticed further increase in swelling over neck. Patient also had slight hair fall, anxiety, mood swings and palpitations for which she approached an Ayurvedic physician and on advice, patient underwent Thyroid antibody test which showed high values and patient was diagnosed as auto immune thyroid disease. The patient was suggested to undergo surgery by contemporary system of medicine, but she refused. She was on Ayurvedic medications for 6 months but not much relief was found. So, she approached our hospital for further management.

Personal history revealed mixed diet, micturition 5-6 times day, regular bowel, Mrudu Koshtha, Pitta-kapha Prakruti, Vishama agni, and normal sleep.

Family history revealed mother with H/O Hypothyroidism for 6 years.

Consent

Written & informed consent of the patient was taken before their registration for the study.

Examination of thyroid gland

On Inspection

Skin – Dry, No scars/dilated vein
 Eyes – Normal (no exophthalmos)
 Thyroid gland –
 Swelling - Over Left lobe +
 Swallow test - Upper movement on deglutination and protrusion of tongue +

On Palpation

Location- Left lobe.
 Diffuse Enlargement +
 Firm non-tender swelling +
 Movement on swallowing +

Investigations

T3- 1.08 nmol/L
 T4- 7.2 mcg/Dl
 TSH- 2.83 mIU/ml
 Anti TPO antibodies- >1300 IU/L (Figure 1)

THYROID PROFILE TEST (TFT)			
TOTAL TRIIODOTHYRONINE (T3)	1.08	ng/ml	0.6 - 1.81
INTERPRETATION: Cord (>37weeks): 0.05-1.41 Pregnancy First trimester normal range:0.81-1.9 ng/ml Second and Third trimester Normal Range 1.0-2.6 ng/ml			
TOTAL THYROXINE (T4)	7.2	µg/dl	3.5 - 12.6
INTERPRETATION: Cord blood: 7.4-13.1			
THYROID STIMULATING HORMONE (TSH)	2.83	mIU/ml	0.35 - 5.5
INTERPRETATION: Cord blood (>37weeks):2.3-13.2mIU/ml Newborn-<20mIU/ml Pregnancy: First trimester 0.3-4.5mIU/ml Second Trimester 0.5-4.6mIU/ml Third trimester 0.8-5.2mIU/ml			
Anti Thyroid Peroxidase Antibody - TPO	>1300.0	IU/mL	Negative: < 60 Positive: >= 60

Figure 1: The Anti Thyroperoxidase Antibody value before treatment

Diagnosis

Based on Clinical features and investigations, patient was diagnosed as Hashimoto's thyroiditis and the following treatment plan is made.

Treatment adopted

Table 1: The treatment plan

Shodhana	Duration
Deepana Pachana- • Chitrakadi Vati ⁵ (1-1-1) B/F with lukewarm water before food. • Triphala Kashaya ⁶ (20ML-0-20ML) with equal water before food.	3 days
Sneha Pana with Varunadi ghrita ⁷ (30-60-90-120-150 ml)	5 days
Sarvanga abhyanga with Murchita tila taila followed by Sarvanga Nadi Sweda	4 days
Virechana with Trivrut Lehya ⁸ (50 grams)	1 days

Table 2: The contents of Shamana aushadhi

Shamana aushadhi	Dose	Anupana	Duration
Varunadi Kashaya ⁹	20 ml-0-20 ml After food	With equal quantity of Ushna jala	3 months
Shiva Gutika ¹⁰	1-0-1 After food	Ushna jala	3 months
Kanchanara Guggulu ¹¹	2-0-2 After food	Ushna jala	3 months

RESULTS

Patient had 19 Vegas of Virechana. After Virechana and Samsarjana krama the complaints of anxiety, mood swings, and palpitations were relieved.

After 3-month course of Shamana aushadhi, the values of Anti TPO antibodies markedly reduced to 299.5 IU/mL (Figure 2)

No reduction was seen in the size of the swelling.

T3, T4, TSH were within normal limits.

mmol/L, SERUM SODIUM: 139.0 mmol/L, Triiodothyronine - T3: 1.06 ng/mL, Thyroxine Total - T4: 6.33 µg/dL, ANTI-THYROID PEROXIDASE ANTIBODIES (Anti TPO): 299.5 IU/mL, Thyroid Stimulating Hormone (TSH): 4.410 µIU/mL, UREA (SERUM): 25 mg/dL, 16/06/2019 - ABSOLUTE EOSINOPHIL COUNT: 0.04 x 10 ⁹ /L, ABSOLUTE NEUTROPHIL COUNT: 5.50 x 10 ⁹ /L, BASOPHIL: 0.3 %, EOSINOPHIL: 0.5 %, HAEMOGLOBIN: 12.7

Figure 2: The Anti Thyroperoxidase Antibody value after treatment

DISCUSSION

Hashimoto thyroiditis is chronic autoimmune inflammation of the thyroid with lymphocytic infiltration, and it is the most common cause of primary hypothyroidism leading to painless thyroid enlargement and symptoms of hypothyroidism. The exact cause of disease is not known, but many factors like genetics, excess intake of iodine, radiation exposure, and stress are believed to play a role. The thyroid is invaded by white blood cells, and antibodies are created that attack the thyroid gland. Diagnosis involves demonstration of high titres of thyroid peroxidase antibodies. The metabolic rate slows due to the reduced secretion of hormones. When agni becomes too low, metabolism is affected.

Due to Nidana Sevana, Kapha - pitta vata dushti takes place leading to Jatharagni Vaishmya and Ama Utpatti. This causes Asamyak ahara pachana, Rasavaha Sroto-dushti, Rasa dhatwagni Vaishmya leads to Uttarottara dhatwagni and dhatu Vaishmya.

In this case, as Kantha is kapha Sthana, Kapha Pradhana tridoshaja vyadhi with Rasa, Medo dushti predominance, Chitrakadi Vati helped in Ama Pachana and deepana of jatharagni which is the basic pathology in autoimmune disease. The Triphala kashaya opted here for the Rukshana karma.

Virechana is indicated in Sannipataja vyadhi. Varunadi Ghrita used in Snehapana contains ingredients like Varuna, Erandamula, Bala, Hapusha, Chitraka, Pippali, Shunthi, Haritaki etc has Vata-pittahara properties. Trivrit have Kapha pitta hara, Bhedana, Rechana, Shothahara, and Lekhana properties. Virechana helped in Sroto-shodhana and balanced dhatwagni, increased cellular metabolism thus increased efficacy of shamana aushadha.

Ingredients of Varunadi Kashaya like Varuna, Saireyaka, Chitraka, Shatavari, Bilva, Haritaki has Vatakaphahara, lekhana guna. It pacifies kapha dosha by virtue of their ruksha guna, katu vipaka, Ushna veerya and indicated in Mandagni and kapha-medoaja vyadhi. Thus, play an important role in improving Agni and metabolism.

Kanchanara guggulu comprises Kanchanara, Shunthi, Pippali, Maricha, Haritaki, Vibhitaki, Amalaki, Varuna and Guggulu has medohara action, helped in removing the Sroto-avarodha and resolving agnimandhya.

Shiva Gutika contains Shuddha Shilajitu, Triphala, Bala, Gomutra etc., does Sroto-shodhana, lekhana and agni deepana. Thus, acts as vyadhihara rasayana with multifaceted action.

CONCLUSION

Combined effect of Shodhana and Shamana helped in Sroto-shodhana, balancing jatharagni, dhatwagni and thus improving metabolism.

Thus, the Shodhana and Shamana came out as a better management of Hashimoto's thyroiditis.

REFERENCES

1. Colledge, Nicki R., Brian R. Walker, Stuart Ralston, *et al.* Davidson's Principles and Practice of Medicine. Endocrinology, Edinburgh: Churchill Livingstone/Elsevier; 2010. p. 748.
2. Munjal YP, Sharma SK, Agarwal AK *et al.*, editors. API Textbook of Medicine. Vol I, Disorders of thyroid glands, 10th ed, New Delhi: Jaypee Brothers Medical Publisher; 2015. p. 601.
3. Dan Longo, Anthony Fauci, Dennis Kasper *et al.* Harrison's Principles of Internal Medicine, Vol II, Disorders of the thyroid gland, 18th ed. McGraw Hill Education; 2011. p. 2919.
4. Prasuna V.V.L, Textbook of Thyroid in Ayurveda, Part 2, Varanasi, Chaukhambha Sanskrit Series; 2010. p. 50.
5. Govind Dasji Bishagrathna, Bhaishajya Ratnavali, Vol II, commented upon by Vaidya Shri Ambikadatta Shastri. translation by Dr. Kanjiv Lochan, chapter 8, verse 26, Varanasi: Chaukhambha Sanskrit Sansthan; 2014. p. 481.
6. Bhav Mishra, Bhava Prakasha Nighantu, Vol I, translated by Prof. K. R. Srikanta Murty, Chapter 5, Haritakyadi Varga, Verse 42-43, Varanasi Chaukhambha Bharati Academy; 2011. p. 164.
7. Vagbhata, Ashtanga Hridayam with commentaries Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, Edited by Bhashagacharya Harishastri Paradkar Vaidya, Sutra Sthana, Chapter 15, Verse 21, Chaukhambha Surabharati Prakashan, Varanasi; 2012. p. 236.
8. Acharya Vagbhata, Ashtanga Hridayam, Vol II, K.R. Srikanta Murty ed, Kalpa Sthana, Chapter 2, Verse 9, 3rd edition, Krishnadas Academy, Varanasi; p. 540.
9. Acharya Vagbhata, Ashtanga Hridayam with commentaries Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, Bhashagacharya Harishastri Paradkar Vaidya ed, Sutra Sthana Chapter 15, Verse 21, Chaukhambha Surabharati Prakashan, Varanasi; 2012. p. 236.
10. Govind Dasji Bishagrathna, Bhaishajya Ratnavali, Vol III, commented upon by Vaidya Shri Ambikadatta Shastri. translation by Dr. Kanjiv Lochan, chapter 73, Verse 151-175, Varanasi Chaukhambha Sanskrit Sansthan; 2014. p. 503.
11. Govind Dasji Bishagrathna, Bhaishajya Ratnavali, Vol II commented upon by Vaidya Shri Ambikadatta Shastri. translation by Dr. Kanjiv Lochan, chapter 44, verse 64-69, Varanasi Chaukhambha Sanskrit Sansthan; 2014. p. 721.

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