



Case Study

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(ISSN Online:2229-3566, ISSN Print:2277-4343)



EFFECT OF KANCHNAR TWAK KWATH WITH SHUNTHI CHURNA AND NIMB TAIL NASYA IN HYPOTHYROIDISM: A CASE STUDY

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Received on: 28/01/23 Accepted on: 13/03/23

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DOI: 10.7897/2277-4343.140230

ABSTRACT

Introduction: Hypothyroidism is one of the most widespread endocrine disorders in most patients with daily OPD. In Ayurveda, it often has to do with the actions of "AGNI". **Material and Method:** A 30-year-old female patient has been experiencing weakness, dizziness, decreased sleep, head weight, dry skin, hair loss, and constipation for the past three years, and over the past two to three months, all symptoms have become more severe. The patient has used levothyroxine for two years to normalise their thyroid profile. We administered her 50 ml Kanchnar twak kwath with 1 gm Shunthi churna and Nimb tail nasya 2 drops in each nostril for 15 days and 2 follow-up at 15 days intervals after 1.5 months of levothyroxine washout. Repeat the thyroid profile in 1.5 months. Most of the patient's illness symptoms were relieved by Ayurvedic treatment, and her TSH level dropped from 18.65 to 6.92. **Observation and Result:** The patient's symptoms significantly improved. Following treatment, weakness diminished, fainting was gone, and hair loss was stopped. The patient could do her task without trouble by employing Nimb tail nasya and Kanchnar twak kwath with Shunthi churna. **Discussion and Conclusion:** Kanchnar: It is kashaya in the rasa, laghu ruksha in the guna, Kapha-Pitta shamaka, and gandamalanaashan in the prabhava. Shunthi has qualities such as katu rasa, laghu snigdha guna and Kapha Vata shaamak. Nasya karma is a distinctive panchakarma procedure in which the medication is injected into the nose and travels up to the shringataka, spreading throughout the entire head interior.

Keywords: Kanchnar twak kwath, Shunthi churna, Nimb tail nasya, Hypothyroidism.

INTRODUCTION

The most prevalent causes of hypothyroidism include autoimmune disease (Hashimoto's thyroiditis) and thyroid failure following I-131. Women are affected approximately six times more frequently than men, and prolonged hypothyroidism results in the infiltration of numerous body tissues by mucopolysaccharides, hyaluronic acid, and chondroitin sulphate, which causes a low-pitched voice, poor hearing, slurred speech due to a swollen tongue, and compression of the median nerve at the wrist (carpal tunnel syndrome). Non-pitting oedema (myxoedema), caused by dermal infiltration, is particularly noticeable in the skin of the hands, feet, and eyelids¹. Hypothyroidism is caused by inadequate thyroid hormone secretion through the thyroid gland or complete loss of function. The proportion of hypothyroidism, among other endocrine-related diseases, gradually increases. Treatment, however, is almost always successful and helps a patient live a completely everyday life.

CASE STUDY

A 35-year-old female complained of tiredness, dizziness, decreased sleep, heaviness in the head, dry skin, hair fall, constipation and weight gain from the past 3 years. On advice, she underwent a thyroid profile on 20/01/2021 and was found to have a TSH level of 5.92; after 11 months, the patient was advised for a repeated thyroid profile on 31/12/2021 was found to have a TSH level of 18.65 and was diagnosed as hypothyroidism. She was under Ayurvedic management for nine months from the Department of Panchakarma OPD and IPD (Registration No. 7292/1804) of GAC and Hospital

Varanasi. There was not only a reduction in TSH level to normal, but also marked relief was noted in associated symptoms when treated with Ayurvedic principles. With Ayurvedic treatment, the patient got relief in most of the disease symptoms, and the TSH level reduced from 18.65 µIU/mL to 6.92 µIU/mL.

On physical examination, her vital signs: body temperature, pulse rate, respiratory rate, and blood pressure, were normal; there was no evidence of eye disease, tremor, or tachycardia, and her thyroid gland was not enlarged. Blood work completed the same day revealed normal complete blood count and liver and kidney function tests, but thyroid-stimulating hormone (TSH) was low up to 6.92 µIU/mL (reference range, 0.4-4.5 µIU/L). After a review of her previous laboratory tests, it was found that her thyroid function tests, including TSH and free T4 levels, were previously normal on several occasions. In a follow-up visit, the patient denied recent pregnancy, iodine exposure, neck pain or fever, recent acute illness, and symptoms of thyrotoxicosis. In addition, she denied receiving any new medication, specifically amiodarone or lithium.

On General Examination

BP: 120/78 mm of Hg
Pallor: Nil
Cyanosis: Nil
Temp: Afebrile
R/R: 16/min.
Pulse rate: 72/min.
Lymph node enlargement: Not palpable

Subjective Criteria

Puffiness of the face and eyelids
 Peripheral oedema
 Dry/coarse skin
 Breathlessness
 Constipation
 Weakness
 Lethargy
 Fatigue
 Muscle ache
 Duration of menstrual blood (female)
 The interval between two cycles (female)
 Hair fall

Objective criteria

Serum T3, Serum T4, TSH and BMI.

MATERIAL AND METHODS

Institutional ethics clearance number: RAC-IEC-19-M.D.-04, Dated 25.01.2021.

CTRI registration number: CTRI/2021/04/033150 [Registered on 27.04.2021]

Treatment: The patient was given 50 ml Kanchnar twak kwath with 1 gm Shunthi churna² before a meal and 2 drops of Nimb tail nasya³ in each nostril.

The procedure of Nasya: Pratimarsh nasya was given 2 drops in each nostril. Nasya method is explained under three steps in Ayurvedic classics.⁴

Purva Karma

Purva karma includes 2 steps.

- Snehan karma- The patient selected for Nasya karma will be given snehana with Til tail externally over the face, neck, ear, and head. Light hand massage is done for 5 min.

- Swedan karma –Swedan is done after snehan karma with steam over the face, neck, ear, and head region.

Pradhan Karma

Once purva karma is completed, the patient will be asked to lie supine on the bed with straight legs and hands near the body. The head of the patient tilted slightly towards the back to facilitate easy administration of the drug. Raising the tip of the nose with the left hand and right hand, 2 bindu of Nimb tail were administered in each nostril. After administration of the drug patient had advised to forceful inhalation of the drug. Given a gentle massage on the nose to decrease the itching effect of the drug, and the patient is allowed to rest for 100 matra kala (counting). The patient will be asked not to swallow oil but to spit it out.

Paschat karma

After pradhan karma, dhoompan with Haridra dipped in cow ghrit is given.

Advised the patient to rest for 10 min after the procedure.

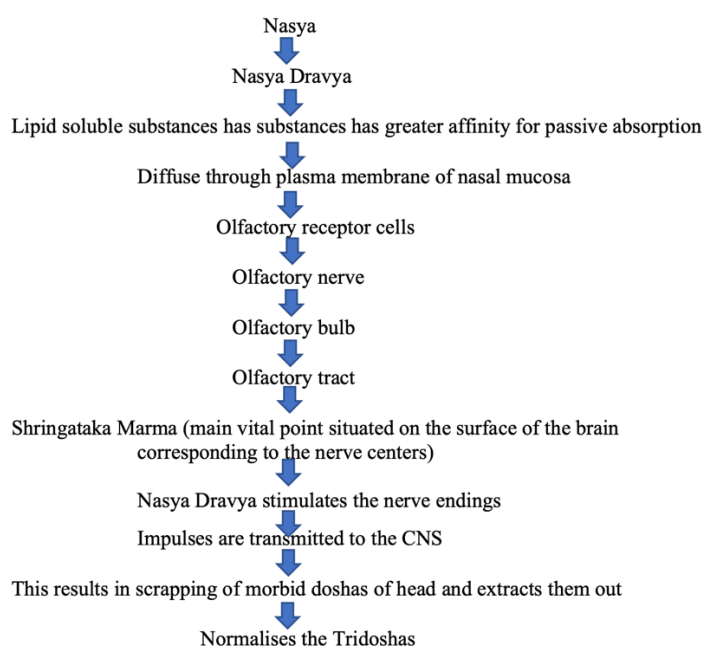
Mode of action of Nasya

In Ashtanga Samgraha

- The nose is the gateway to shira.
- The drug administered through nostrils reaches shringataka, a marma spreads in the brain, including the marma of the eye, ear, throat, opening of the vessels, etc.
- Scratches the morbid bio-humors in the supra clavicular region.
- Expels them from the head.⁵

From a modern point of view

- Moreover, the blood and brain barrier is a strict security system that the human brain has.
- The nose is used as a route of administration for inhaling anaesthetic materials.
- The nasal administration of luteinising hormone and calcitonin is equally effective as intravenous infusions in maintaining blood concentrations.⁶



RESULTS AND DISCUSSION

Observation and examination were done before treatment and after completion of shaman chikitsa (Kanchnar twak kwath with Shunthi churna) and shodhan chikitsa (Nimb tail nasya). This

case study was done with a 15-day follow-up for symptoms and a 30-day follow-up for thyroid profile. Assessment of the thyroid profile is given in Table 1, and the comparative effect on weight and BMI showed in Table 2.

Table 1: Assessment of Thyroid Profile

Thyroid profile	Before treatment	After treatment
Serum T3 (ng/dl)	2.48	3.98
Serum T4 (µg/dl)	6.54	7.82
Serum TSH (µIU/ml)	18.65	6.92

Table 2: Comparative effect on Weight and BMI

	Before treatment	After treatment
Weight (kg)	56	53
Body mass index	23.92	22.64

The patient had a history of feeling tired quickly, dizziness, decreased sleep, heaviness in the head, dry skin, hair fall, constipation and weight gain with a thyroid profile disturbed. TSH level in the patient was increased. The patient was taken levothyroxine to normalise the thyroid profile for 2 years, but no significant results were found in the patient, so, with all these complaints patient came to an Ayurvedic hospital for better treatment. Taking an improper diet (heavy, cold, sweet and saturated fat contain food items and a sedentary lifestyle like lack of physical activity, sleeping after meals and sleeping during day time.

All these causes aggravation of Kapha. This increased amount of Kapha impairs the jatharagni with the formation of amadosha as dhatwagni depends on jatharagni bala, so impairment of dhatwagni takes place in due course of time. Hypothyroidism affects the metabolic process, which is, according to Ayurveda, vitiation of dhatwagni. Dhatwagni vitiation causes the improper formation of sapta dhatu, which is started from (rasa-shukra). This causes improper nourishment to the body leading to hypothyroidism symptoms, along with neck swelling, which is described as "Galgand" in Ayurveda⁷. The patient starts with Ayurvedic treatment Kanchnar twak kwath with Shunthi churna before a meal and Nimb tail nasya in each nostril.

Ruksha and laghu, guna of Kanchnar twak, remove the margavarana⁸. Constituents of Kanchnar- *Tannin*, sugar etc. According to the findings of this study, patients have mandagni. Hence the qualities of deepan and grahi work on the digestive system by increasing agni. Shunthi has the same deepan property as Kanchnar. Therefore, it helps to encourage the rise of agni and anulomaka, which helps to eradicate constipation because, in this study, the patient complained of incomplete evacuation. Shunthi, with its Vata Kapha hara quality, alleviate the symptoms arising out of Vata dosha and Kapha dosha⁹. The properties like ushna veerya, katu rasa, tikta rasa, and laghu guna favour cleansing the srotavrodha. Constituents of Shunthi- essential oil, *zingiberene*, *zingiberol*, pungent constituents (*gingerol* and *shogaol*), resinous matter and starch.

Nimb Tail has laghu guna, snigdha guna, and Vata hara Kapha hara properties¹⁰. Phytochemicals of Nimb-fixed oil containing *Diterpenoids* and *Triterpenoids (limonoids) Nimbin, Gedunin, Azadirachtin, Nimbidin, Salanin*. With the help of laghu guna, bhedaniya prabhava occurs from this drug, and tikta rasa helps digestion. With its, katu vipaka increases the agni and improves digestion. According to Acharya Sharangdhara, Nimb tail has sukshma guna, so it reaches quickly in microchannels of the body¹¹; during the follow-up patient presented with a significant improvement by subjective assessment.

CONCLUSION

Ayurvedic treatment of hypothyroidism showed a significant result in this case. Moderate improvement in symptoms. This case study suggested that Kanchnar twak kwath with Shunthi churna as a shaman chikitsa (palliative therapy) and Nimb tail nasya (bio-purification therapy-drug administration through nasal route) give better results as compared to thyroxine treatment in hypothyroidism. Hypothyroidism is due to jatharagni and dhatwagni mandya, so in this study, Kanchnar has deepan and gandavradhahara properties, and Shunthi has deepan, pachana and Vata Kapha hara properties. Nimb tail nasya is a helpful procedure in urdhva-jatrugata roga. So, all this medication breaks the pathogenesis of the disease. These drugs were very useful in this study, and no side effects were observed during treatment and after follow-up. Before treatment, TSH was 18.65 µIU/ml and after taking Ayurvedic treatment, 6.92 µIU/ml.

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Source of support: Nil, Conflict of interest: None Declared

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