



HASHIMOTO'S THYROIDITIS: AN AYURVEDIC TREATMENT APPROACH

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ABSTRACT Hashimoto's thyroiditis is a commonly occurring, painless, diffuse enlargement of the thyroid gland predominantly in middle-aged women. The incidence is on the order of three to six cases per 10,000 populations per year. This disease is also known as chronic autoimmune thyroiditis and chronic lymphocytic thyroiditis. The pathology of the disease involves the formation of antithyroid antibodies that attack the thyroid tissue, causing progressive fibrosis. The disease presents with a variety of symptoms, including fatigue, weight gain, sensitivity to cold, muscle and joint pain, constipation, heavy or irregular menstrual periods, infertility, depression, memory problems and slowed heart rate. Explanations of diseases like pandu, galaganda and concepts like ama and agnimandya will help us to understand the ayurvedic view of hypothyroidism. Forming an ayurvedic treatment approach through proper literature review and clinical experience will play a pivotal role in improving the quality of life of the patients. Improvement in clinical manifestations as well as biochemical markers can be achieved with this approach. A discussion based on 3 case reports of Hashimoto's thyroiditis with proper follow up is used to analyze the disease in ayurvedic perspective and to come up with a probable treatment approach.

KEYWORDS : Hashimoto's thyroiditis, Dhatuagni, Ama, Pandu

INTRODUCTION

Hashimoto's Thyroiditis is a progressive autoimmune condition of the thyroid gland. It is a chronic disease that affects the gland, causing inflammation and eventual damage. This condition is named after the Japanese physician, Hakaru Hashimoto, who first described it in 1912.¹ The annual incidence of Hashimoto's Thyroiditis is 0.3-1.5 cases/every 1000. It is the most common cause of hypothyroidism in iodine-sufficient areas. This condition is strongly associated with other autoimmune conditions like Rheumatoid Arthritis. Hashimoto's Thyroiditis presents with a variety of symptoms, including fatigue, weight gain, sensitivity to cold, muscle and joint pain, constipation, heavy or irregular menstrual periods, infertility, depression, memory problems, a slowed heart rate, and fibrous change of the thyroid gland.² Therefore, understanding and early detection of Hashimoto's Thyroiditis can improve the quality of life of those affected.

In this article, 3 similar cases of hashimoto's thyroiditis have been taken to discuss the Ayurvedic approach and probable treatment principle. The author will be doing literature review of pathology and symptomatology of the disease with comparable clinical presentation in ayurvedic literature. Results of the case study will be analyzed to try and form a probable treatment protocol in Ayurveda in managing the condition

CASE REPORT

Three patients satisfying the diagnostic criteria of HT were treated with ayurvedic medicines and found to be positively effective when symptoms and biochemical markers were analyzed (Table no:1 and 2). All the three cases were having a TSH level of more than 10 mg/dl with positive TPO antibody.

Case no:1

A 36 year female with clinical presentations of extreme Fatigue and Burning sensation. The patient was on L-thyroxine

Case no:2

A female of 32 years with Diffuse muscle pain and fatigue

Case no:3

A 33 year female with complaints of Mood swings and occasional menorrhagia and reduced appetite

Table No:1 Biochemical Markers Before And After Treatment

Case no:	Before treatment			After treatment		
	TSH	Anti TPO	Anti TG	TSH	Anti TPO	Anti TG
1	12	71.9	348	3.8	43.3	215
2	15.7	78.3	383.5	2.8	32.4	68
3	22	46	203.7	6	32	57.3

Table No:2 Treatments Given With Duration

Case no:	Medicines prescribed	Days of medication
1	1.Guluchyadi kashayam 90ml bd 2.Arogya vardhini vati : 1bd 3.Draksha phantam for drinking purpose	3 months
	Drakshadi kashayam 90 ml bd	3 months
2	1. Guggulu tikthakam kashayam 90 ml bd 2. Arogya vardhini vati 1bd 3. Kanchanara guggulu 1bd	3 months
	Thiktakam kashayam	3 months
3	1. Guluchyadi kashaya 90mlbd 2. Tab shaddharanam 2TID	7 days
	Acha snehapana: tikthakam ghrtham Abhyanga ooshmasveda Utklesana Vamanam Peyadi krama Mrdu virechana:avipathy choornam 15gm	
	1.Amrtha prasam ghrtham 10 ml bd 2.Drakshadi for pana	3 months

DISCUSSION

The initiating process of Hashimoto's Thyroiditis is not clearly understood. However, the disease is thought to be caused by a combination of genetic and environmental factors. The immune system attacks the thyroid gland, causing inflammation and damage to the gland. This results in a decrease in the production of thyroid hormones, leading to hypothyroidism. Hashimoto thyroiditis is an autoimmune disease that destroys thyroid cells by cell and antibody-mediated immune processes. The pathology of the disease involves the formation of antithyroid antibodies that attack the thyroid tissue, causing progressive fibrosis. The most common laboratory findings demonstrate an elevated thyroid-stimulating hormone (TSH) and low levels of free thyroxine (fT4), coupled with increased antithyroid peroxidase (TPO) antibodies.³

Positive serum anti-TPO antibody concentration is correlated with the active phase of the disease.⁴

Patients may begin with hyperthyroid symptoms and eventually, they exhibit symptoms of hypothyroidism. These symptoms may completely vary case to case and may affect almost any organ system in the body. Fatigue, exertional dyspnea, and exercise intolerance are common presentations. Limited pulmonary and cardiac reserve, decreased muscle strength or increased muscle fatigue can be correlated with these presentations.

The rate of hair growth slows, with dry, coarse, dull, and brittle hair.

Diffuse or partial alopecia is also observed commonly.

Cool and dry skin, coarse hair, loss of body hair, hoarse voice, coarse facial features, facial and generalized edema and bradycardia are common presentations.

Early symptoms may include constipation, fatigue, dry skin, and weight gain. More advanced symptoms may include: cold intolerance, decreased sweating, nerve deafness, peripheral neuropathy, decreased energy, depression, dementia, memory loss, muscle cramps, joint pain, hair loss, apnea, menorrhagia, and pressure symptoms in the neck from goiter enlargement such as voice hoarseness.⁵

Ayurvedic Approach

According to Ayurveda, when the symptoms are examined carefully, Hashimoto's Thyroiditis is understood to be caused by the Dhatvagni mandyam and Kaphavruha vata with pittanubandha. Disease explanations of pandu and vatasonita will enlighten the probable ayurvedic understanding of the disease pathology. Involvement of rasa and rakta dhatu is evidently clear throughout the various stages of disease. This is seen as a common finding in almost all diseases with an autoimmune etiology.

Destruction of the gland in the initial stage and later fibrosis is the same pathogenesis of classic santarpana janya vyadhi starting with predominant involvement of kapha kopa turning slowly into vata. Disease shows involvement of agni mandya and ama throughout its presentation.

The Ayurvedic approach to the treatment of Hashimoto's Thyroiditis involves the use of Agni sandeepanam, Sama pitta chikitsa with Pitta kapha hara yoga. For associated rheumatic complaints, rakta prasadana, Sama pittahara vata-sonitha chikitsa, Proper pathya ahara and mana prasadana are also to be considered. The goal is to improve clinical manifestations as well as biochemical markers.

From the case stories, it's clear that similar results can be obtained through various medicines but all with a common treatment principle. Associate medical conditions, person specificity and other factors like diet, environment will play a vital role in forming the final prescription.

CONCLUSION

Hashimoto's Thyroiditis is a progressive autoimmune condition of the thyroid gland. Early detection of this condition is crucial for better management of the disease. The Ayurvedic approach to the treatment of Hashimoto's Thyroiditis involves Kapha pittahara, sama pitta management targeting rasa and rakta prasadana and later rasayana. Improvement in clinical manifestations as well as biochemical markers can be achieved with this approach. Further studies should be conducted to extend the findings to a larger population.

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