

THYROID GLAND DISORDERS IN CHILDREN AND IT'S MANAGEMENT THROUGH AYURVEDA**Dr. Shankar Lal Verma^{1*}, Dr. Peeyush Pareek², Dr. Jitendra Kumar Sharma³, Dr. Purushottam Das Sharma⁴,
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ABSTRACT

Hypothyroidism is emerging as a common health concern in India as well as worldwide. An autoimmune cause accounts for approximately 90% of adult hypothyroidism mostly due to Hashimoto's disease. In Ayurveda, autoimmune disease can be compared with Dhatugata Ama with vitiation of Tridosha. This study aimed to access the efficacy of Ayurvedic management including Shodhana Karma in hypothyroidism in pediatric age. It is a single case study. A 15-year female child has already been diagnosed with hypothyroidism since 6 years proceed to the Ayurvedic hospital. And she was treated with Virechana Karma followed by internal medications. Laboratory investigations were carried out after treatment with satisfactory outcome.

KEYWORDS Hypothyroidism, Shodhana Karma, Virechana Karma, Shamana Chikitsa.**INTRODUCTION**

Congenital hypothyroidism (CH) occurs in 1 in 1500 to 3000 newborns.^[1] Early diagnosis and treatment of thyroid hormone deficiency is crucial to ensure normal development and cognition. Screening for CH is part of all newborn screening programs in the United States, as well as most developed countries.^[2,3] The most common cause of primary CH is thyroid dysgenesis, which explains 80% to 85% of all cases, followed by defects in thyroid hormone biosynthesis or secretion known as thyroid dysmorphogenesis.^[4] Central hypothyroidism occurs less frequently and is often associated with additional pituitary hormone deficiencies. Infants with multiple pituitary hormone deficiencies often present with hypoglycemia, cholestatic hepatitis, microphallus, and ocular abnormalities.^[5,6] Exogenous or environmental etiologies of CH include maternal thyrotropin receptor blocking antibodies, antithyroid drug use, and iodine deficiency or excess.^[7-12]

CASE REPORT

A female patient of 15 years old, female child came to OPD of kaumarbhritya department hospital with chief complaints of weakness, lethargy, puffiness of face, hoarseness of voice, loss of hair, weight gain, poor memory, etc. since one year. After taking proper history, the patient was done for investigations of bloodHb%,

Ayurveda (Ac fasting blood sugar, total lipid profile, T3, T4, TSH etc. After seeing the report, the patient was diagnosed as hypothyroidism. The patient was first diagnosed here. Since her TSH was 9.51mIU/ml and T3 and T4 was within its normal limits. After diagnosis the patient, herself was interested for Ayurvedic treatment. She had no family history for similar conditions and no significant past history. She also had no any history of hypertension, diabetes, cardiac problem or any other complicated diseases.

Treatment given

- 1) Kanchanar guggulu 250 mg BD
- 2) Trikatu churna 1gm BD with kosha jala
- 3) Vidanga churna 1gm BD with kosha jala

4)Virechana Karma

1. Snehapana with Panchatikta Ghrita was started in dose of 40 ml twice a day on 1st day, in increasing order with addition of 15 ml each day till Sneha Siddhi Lakshana were obtained. Sneha Siddhi Lakshana was found at 85 ml twice a day on the 4th day.
2. After Samyaka Snehapana, Sarvanga Abhyanga with Narayana Taila and Bashpa Swedana were performed for 3 days.
3. Virechana Karma was planned with Eranda Sneha - 40 ml. The patient got 20 Virechana Vega.

4. Sansarjana Karma was followed for 3 days.
B. After the completion of Virechana Karma, the following treatment was given for 3 weeks.

OBSERVATION

| | Before treatment | After treatment |
|-----|------------------|-----------------|
| T3 | 0.6 ng/ml | 0.8 ng/ml |
| T4 | 4.5 mcg/dl | 5.2mcg/dl |
| TSH | 9.51mIU/ml | 5.3mIU/ml |

DISCUSSION

Probable Mode of Action of Trial Drugs

Hypothyroidism mainly occurs due to vitiation of Vata and Kapha doshas. This vitiated doshas derange the Jatharagni (digestive enzymes etc.), ultimately leading to the production of Ama and lastly vitiates Meda dhatu. This Ama blocks the channels (Srotorodha) in the body. Lethargy, fatigue, weight gain, weakness and glandular enlargement etc. symptoms are mainly occurred due to accumulation of Kapha and Meda dhatu; srotorodh, constipation and muscle pain. loss of libido, amenorrhoea etc. mainly seen due to vitiated Vata dosha by Avarana. The primary ingredients of Kanchnar Guggulu are Guggulu (50%) and Kanchnar (25%). Kanchnar is a valuable plant, used since ancient times for reducing growths on the body and for strengthening the glandular system. It has ruksha (dry), laghu (light) gunas, kasaya rasa (astringent taste), katu vipaka (pungent in post digestive taste) but its prabhava (special effect) is gandamanashan (effective in cervical lymphadenitis, thyroid and glandular enlargements etc.). Kanchnar has great ability to dry up the vitiated Kapha and Meda because of its potent astringent property. Its grahi (enhancing absorption) property helps to remove excess fluid from swollen tissues. It helps correct the thyroid imbalance by removing Kapha in the body. It is considered as a drug of choice for all kinds of Granthi vikara (glandular diseases) and Galaganda in Ayurveda (Acharya Priya Vritt Sharma, 2006). Guggul is said to be the best vata and medohara (hypolipidaemic) drug in Ayurveda. It has ruksha, laghu and sukshma (minute) gunas, usna virya (hot potency), katu vipaka and lekhana (scraping properties having thermogenic activity) property, so it is effective in the management of Kapha-medas predominant disorders in hypothyroidism. So it helps to reduce excessive body weight. Overall, Kanchnar Guggulu sub sides the Kapha and Meda dushti and helps to reduce the swelling in thyroid gland and also supports the jatharagni. It helps to reduce or break down the deep seated Kapha dosha and Meda dhatu and clears the obstruction of channels (srotorodha). By this way, it restores the functions of this gland, prevent weight gain, and puffiness of the face; corrects hoarseness of voice, menstrual abnormalities and constipation caused due to hypothyroidism. It also helps to reduce joint pains, muscle weakness, stiffness and pain associated with this disease. Vidanga possesses ruksha, laghu, tikshna, ushna, deepan, lekhana, vatanulomana and Vatakaphashamak properties. Hence, it breaks Kapha-medas disorders and corrects Ama, clears

srotorodha and subside avarana of vata dosha in hypothyroidism. Vidanga promoted as a weight loss agent that supposedly enhances thyroid function. Trikatu is predominantly having usna, tikshna, ruksha, laghu guna, katu rasa, katu vipaka & usna virya. Hence it exhibits kapha- vata shamaka, deepana, pachana, srotovishodhana & shothahara properties. Hence it improves the Agni (digestive fire) and helps in the removal of Ama (toxins) from the body, breaks Meda dhatu and clears channel in hypothyroidism.

Hypothyroidism is mostly caused by chronic autoimmune thyroiditis, and was observed more commonly in girls. Autoimmune process can consider under the broad heading of Dhatugata Ama with vitiation of Tridosha. Shodhana Karma is required for Samprapti Vighatana. Virechana Karma leads to Srotasa Shuddhi, removal of Sanga from Srotasa and is responsible for Dhatvagni Deepana.

CONCLUSION

The results of the aforementioned study make it evident that Kanchnar guggulu, Trikatu churna, and Vidanga churna are effective when used in combination to treat primary hypothyroidism without any obvious signs of side effects or complications. In this instance, the medication's effects were encouraging. For a more accurate assessment, more results need to be examined in the early stages of the disease.as demonstrated by this case study, Panchkarma therapy for the treatment of hypothyroidism, it is essential.

REFERENCES

1. Wassner AJ, Brown RS. Congenital hypothyroidism: recent advances. *Curr Opin Endocrinol Diabetes Obes*, 2015; 22(5): 407-412.
2. Rose SR, Brown RS, Foley T, et al; American Academy of Pediatrics; Section on Endocrinology and Committee on Genetics, American Thyroid Association; Public Health Committee, Lawson Wilkins Pediatric Endocrine Society. Update of newborn screening and therapy for congenital hypothyroidism. *Pediatrics*, 2006; 117(6): 2290-2303.
3. Léger J, Olivieri A, Donaldson M, et al;ESPE-PES-SLEP-JSPE-APEG-APPES-ISPAAE; Congenital Hypothyroidism Consensus Conference Group. European Society for Paediatric Endocrinology consensus guidelines on screening,diagnosis, and management of congenital hypothyroidism. *Horm Res Paediatr*, 2014; 81(2): 80-103.
4. Rastogi MV, LaFranchi SH. Congenital hypothyroidism. *Orphanet J Rare Dis*, 2010; 5: 17.
5. Binder G, Martin DD, Kanther I, Schwarze CP,Ranke MB. The course of neonatal cholestasis in congenital combined pituitary hormone deficiency.J *Pediatr Endocrinol Metab*, 2007; 20(6): 695-702.
6. Karnsakul W, Sawathiparnich P, Nimkarn S,Likitmaskul S, Santiprabhob J, Aanpreung P.Anterior pituitary hormone effects on hepatic

- functions in infants with congenital hypopituitarism. *Ann Hepatol*, 2007; 6(2): 97-103.
7. Rhee SS, Braverman LE, Pino S, He X, Pearce EN. High iodine content of Korean seaweed soup: a health risk for lactating women and their infants? *Thyroid*, 2011; 21(8): 927-928.
 8. Pesce L, Kopp P. Iodide transport: implications for health and disease. *Int J Pediatr Endocrinol*, 2014; 2014(1): 8.
 9. Grüters A, Krude H. Detection and treatment of congenital hypothyroidism. *Nat Rev Endocrinol*, 2011; 8(2): 104-113.
 10. Connelly KJ, Boston BA, Pearce EN, et al. Congenital hypothyroidism caused by excess prenatal maternal iodine ingestion. *J Pediatr*, 2012; 161(4): 760-762.
 11. Brown RS, Bellisario RL, Botero D, et al. Incidence of transient congenital hypothyroidism due to maternal thyrotropin receptor-blocking antibodies in over one million babies. *J Clin Endocrinol Metab*, 1996; 81(3): 1147-1151.
 12. Bath SC, Steer CD, Golding J, Emmett P, Rayman MP. Effect of inadequate iodine status in UK pregnant women on cognitive outcomes in their children: results from the Avon Longitudinal Study of Parents and Children (ALSPAC). *Lancet*, 2013; 382(9889): 331-337.