



Case Report

**KANCHNAR GUGGULU AND VARUNADI KASHAYA IN HYPOTHYROIDISM - A CASE STUDY**

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Received on: 12/04/2014

Revised on: 18/04/2014

Accepted on: 27/04/2014

**ABSTRACT**

Thyroid is one of the earliest endocrine glands to build up. After diabetes thyroid is the second most prevailing disorder in daily OPD. The thyroid gland secretes two hormones, tetraiodothyronine or thyroxine (T<sub>4</sub>) and triiodothyronine (T<sub>3</sub>). The most common presentation of thyroid disease are thyrotoxicosis (graves disease) i.e., hyper functioning of thyroid gland, hypo thyroidism, (creatinisim) in children, myxoedema in females and enlargement of gland called as goiter. Iodine (I) is the trace element required for thyroid hormone synthesis, In hypo thyroidism TSH level is increased, where as in hyper thyroidism TSH level is decreased, both the conditions exhibit different signs and symptoms. The prevalence of primary hypothyroidism is 1:100, but increases to 5:100. The female-male ratio is approximately 6:1. In modern science, the treatment of hypothyroidism is done by Thyroxine therapy for lifelong starting from 25mcg/day.

There is no direct reference of thyroid in Ayurvedic classics, where as the *Galganda* and *Gandmala* have been frequently used in the text. According to Charaka presentation of multiple *Granthi* around the neck is called *Gandmala* and single swelling on the *Parshav* of the neck is *Galgand*. *Galgand* is explained classically in all the Ayurvedic texts, including *Shushruta* and *Astang hruday*, since *Galgand* is the most untouched topic in Ayurveda and since thyroid is becoming one of the common problems in day-to-day practice.

However in recent times it has been observed that thyroid can be very well managed with Ayurvedic drugs, although modern drugs are quite effective in getting TSH level down but with certain side effects. So a case of hypothyroidism was selected and observed before and after the treatment.

*Kanchnar* is considered as a drug of choice for *Granthi vikar* and *Galgand*, so here in this case *Kanchnar guggulu* along with *Varunadi kashaya* along with *Trivrit avleha* was administered for the purpose of *Nitya virechana*. The patient was followed upto 6months to observe increase in value of TSH.

**Key Words:** Thyroid gland, *Galgand*, hypo thyroidism, *Kanchnar guggulu*, *Varunaadi kashaya*, *Trivrit avleha*.

**INTRODUCTION**

Thyroid is one of the earliest endocrine glands to build up<sup>[1]</sup>. Hypothyroidism is a condition where there is hypo functioning of thyroid gland, and less secretion of T<sub>3</sub> and T<sub>4</sub>. The disease is more prevalent in females around 6 -8 times, between 40-50 year<sup>[2]</sup>.

Thyroid Hormone is required for the normal functioning of each and every tissue of the

body, hence deficiency manifest as multi system involvement. Iodine is the trace element for the synthesis of thyroid hormone. The daily requirement of iodine recommended is 150ug/day, when there is iodine deficiency. The thyroid compensates by increasing the iodine trapping mechanism and synthesis of hormone under the influence of TSH. This result in diffuse

enlargement of the gland, which later on becomes multinodular<sup>[3]</sup>. The onset and progression of disease is very gradual, the basal metabolic rate is decreased, deposition of Haluronidase in dermis and all tissues and hence leading to non pitting oedema i.e., myxoedema, which is the result of long lasting Hypothyroidism. Other symptoms weakness, malaise, lethargy, and weight gain, peri orbital puffiness are the early symptoms. It is followed by cold intolerance, loss of hair, skin changes consist of dry and scaly skin, nails become brittle, Hoarseness of voice and slowness of speech, constipation, irregular cycle, PCOD and infertility. Also cardio vascular manifestation includes Bradycardia, Mild diastolic hypertension and breathlessness. The neurological manifestations are stiffness, cramps in muscles, mental slowness, carpal tunnel syndrome, depression and rarely seen myxoedema madness. In severe Hypothyroidism there may be galactorroea. Sub clinical myxoedema is the term used when TSH level is elevated with normal T3, T4 and vague symptoms<sup>[4]</sup>

The terms like *Galgand* and *Gandmala* have been cited in the text, like *Charaka*<sup>[5]</sup>, *Sushruta*<sup>[6]</sup> and *Astanghrudaya*<sup>[7]</sup>. But no direct reference of hypothyroidism is available, since the name suggest its manifestation in and around the neck, so one can consider it as goiter and thyroidism.

*Kanchnar* is considered as a drug of choice for *Granthi vikar* and *Galgand*<sup>[8]</sup>, so here in this case *Kanchnar guggulu* with *Varunadi kashaya*<sup>[9]</sup> along with *Trivrit avleha*<sup>[10]</sup> was administered for the purpose of *Nitya virechana*. Patient was reviewed after 15 days with investigations like TSH.

Hence, keeping *Galgand* in mind, the treatment was performed. A case study of a female patient aged 45 yrs with hypothyroidism was diagnosed and treated in the hospital of Jammu institute of ayurveda and research Jammu. She complain swelling of body and puffiness of face, hoarseness of voice, lethargy and general debility, hair fall and constipation since 3 months patient was taking medicine for general weakness, she was on haematonics and multivitamins, but she was not getting relief.

After taking proper history patient was subjected to further investigations, like Hb gm% PBF, CBC, Urine R/E. and TSH

After seeing the reports, we reached to a conclusion that she was suffering from hypothyroidism since her TSH total as on 21/12/11 was 13.78Uiu/ml

A treatment was planned keeping the disease and symptoms in mind, Tab *Kanchnar guggul* 2 TDS with luke warm water, *Varunadi kashaya* 15ml TDS with water and *Trivrit avleha* 1sp BT with luke warm water was advised to the patient and was advised *Pathya* and *Apathya*. *Pathya* like flowers of *Kanchnar* were advised in her diet in the form of vegetable and curd raita, *Apathya* like cabbage and cauliflower were excluded from her diet.

Patient was then advised to undergo TSH investigation after 15 days. After 15 days, patient started with the feeling of well being and the intensity of symptoms reduced. Her TSH Total as on 7/1/12, came lower to 9.99Uiu/ml, then again she was advised to continue same treatment for 15 days and test was repeated as on 1/2/12 and her TSH Total was 5.54Uiu/ml. she was further observed for the period of 6 months where alone tab *Kanchnar guggulu* was advised along with *Pathya* and TSH investigation once in three months. tab *Kanchnar guggulu* help, maintained her TSH level and patient was appearing normal clinically.

## DISCUSSION

Hypo thyroidism is a clinical condition, which needs to be treated. A patient may land up to the complication like myxoedema coma which is very rare. So like modern medicine Ayurvedic medicine takes time to normalize the value of TSH, Hence treat patiently. Since there is no direct reference of Hypothyroidism in the Ayurvedic text, but *Galgand* or *Gandmala* is found in the text. since *Galgand* is *Vata kaphaj* disorder hence the drugs used, act on *Vata* and *Kapha*. *Kanchnar guggulu* is considered as drug of choice for all kinds of *Granthis*, hence the drug was chosen

*Varunadi kashaya* is used in *Vata kaphaja* disorder and it is also very well indicated in *Gandmala*.

*Trivrit avleha* was indicated for the purpose of *Nitya virechana* and *Trivrit* can be

given in all seasons. Since *Galgand* is *Vata kaphaja* disorder but with *Pitta dusti*, since there is hypo secretion of hormones *pitta* to be considered as hormone and perhaps *Pitta* needs to be regularize, hence combination was made.

## CONCLUSION

1. Since Hypothyroidism is the second most prevalent disorder and should be ruled out at OPD level.
2. It can be very well managed with Ayurvedic medicines, depending upon the symptoms, careful selection of drugs to be made.
3. The myth about Ayurvedic treatment that it is late acting can be very well denied in this case.
4. By adopting Ayurvedic treatment one can not only decrease the level of TSH, but also enhance, stimulate the normal functioning of gland.
5. During the course of treatment no side effect or any complications were seen, patient very well tolerated the treatment.
6. Hypothyroidism is the topic of research and more studies should be conducted to reach, and to make a proper protocol for the disease modality and help the mankind with our ancient science.
7. Ayurvedic medicine proves to be bliss in thyroid disorders, so it is therefore requested to prescribe Ayurvedic drugs for same without any fear.

## ACKNOWLEDGEMENT

The author expresses her sincere gratitude to Dr. Rooplal Sharma, Chairman, Jammu institute of Ayurveda and research Jammu.

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### Cite this article as:

Kaur Jagmeet, Chauhan Milan. Kanchnar Guggulu and Varunadi Kashaya in Hypothyroidism - A Case Study. Int. J. Ayur. Pharma Research. 2014;2(2):58-60.

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

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