

CONCEPT OF HYPOTHYROIDISM [QILLAT-E-IFRAZ-E-DARQIYA] IN UNANI SYSTEM OF MEDICINE

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ABSTRACT

As the cases of hypothyroidism is increasing in India, one woman after other women getting affected, it is very essential to know more about this condition and prevalence, early detection of this condition and early management of the disease resulting in good recovery. Population growths, rapid urbanization, are playing a major role in disease spread. Measures should be taken to control the aforementioned causes to prevent disease spread and Hypothyroidism (*Qillat-e-ifraz-darqiya*) is a clinical state resulting due to structural and functional abnormalities of thyroid gland caused by thyroid hormone deficiency by reduced production. In simplest term it can be defined as deficient production of thyroid hormone. It's caused mainly in women and less number in men.

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INTRODUCTION

Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormone helps the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should the disease of thyroid chiefly effects the females and are common in them. Occurring in about 5% of the population. The word hypothyroidism is derived from Greek word hypo-'reduced', thyreos 'shield', and eidos 'form'.^(1,2)

The concept is based on Hypothyroidism (*Qillat-e- Ifraz-e-Darqiyya*) affects women more frequently and its incidence increases with age. Worldwide about one billion people are estimated to be iodine-deficient; however, it is unknown how often this results in hypothyroidism The prevalence of hypothyroidism in is India about 11% whereas, in developed countries it is around 4-5%,. It is a condition where the thyroid gland is underactive and unable to produce enough thyroid hormone. In other words, Hypothyroidism (*Qillat-e- Ifraz-e- Darqiyya*) is the most common endocrine disease

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caused by a defect in the thyroid gland that leads to reduced production of thyroid hormone. It has multiple aetiologies and manifestations. Long-lasting effects of untreated hypothyroidism (Qillat-e- *Ifracz-e- Darqiyya*) or chronic hypothyroidism (Qillat-e- *Ifracz-e- Darqiyya Muzmin*) can lead to various co-morbidities, such as hypertension, anaemia, mixed hyperlipidaemia, hypercholesterolemia, obesity, diabetes mellitus, myopathy, weight gain, depression migraine and anxiety. One can say it can affect all systems of the body.^(2,4,7)

Concept of hypothyroidism in Unani Medicine:

There is no direct description of the Qillat-e-*ifraz-e-Darqiya* (hypothyroidism) in the Unani classical literature. Qillat-e-*Ifracz-e-Darqiya* is literal meaning of hypothyroidism. In fact the word myxedema, which is a characteristic feature of hypothyroidism, has been derived from the Greek word myxaoidema.^(2,17,20)

- Ali Ibn Abbas Majoosi (10th century AD) stated that the waram which occurs due to Balgham-e- Ghaliz results in Ghaingha (goiter) which are similar to glands.^(4,7)
- Buqarat (Hippocrates) (460-337 BC), in his book “De Glandulis”, narrated in context to the glands that “when glands of the neck become diseased themselves, they become tubercular and produce Struma”. The term “Struma” is still used in some European countries (e.g. Austria, Italy) under the caption of Goiter.^(7,10)

Pathophysiology

Su-e-Mizaj (Derangement in temperament) is derangement or imbalance of a temperament (Mizaj) of the body, whereas Su-e- Mizaj Baarid (abnormal cold temperament) indicates imbalance in the cold temperament. When an imbalance in the temperament of an organ develops and the signs indicate that it has a cold nature, it is called a cold temperament (Su-e- Mizaj Baarid); cold temperament can be indicated by various Alaamat (symptoms/signs), like excessive sleep, loss of appetite, increase of pallor in the body etc.^(9,12,14)

Causative Factors

➤ Primary Atrophic Hypothyroidism^(3,21)

1. Primary idiopathic hypothyroidism (probably end stage Hashimoto's disease) radiation to non-thyroidal malignancy.
2. Post-ablative (iatrogenic) or surgery or therapeutic radiation to non-thyroidal malignancy.

➤ Goitrous Hypothyroidism^(22,23)

1. Riedel's Struma.
2. Endemic Iodine Deficiency.
3. Iodine induced hypothyroidism.
4. Antithyroid agents.
5. Inherited defects of hormone synthesis.

➤ Central Hypothyroidism⁽²²⁾

1. Secondary hypothyroidism (Pituitary)
2. Pan hypopituitarism (Sheehan's syndrome, tumours, infiltrative disorders).
3. Isolated TSH deficiency.

➤ Etiology According to Unani Concept^(5,6,9)

The causes of Su-e-Mizaj Barid Balghami (deranged phlegmatic temperament) or Qillat-e- *Ifracz-e- Darqiyya* (Hypothyroidism) mentioned in Unani medicine are alteration in Asbab-e- Sitta Zarooriyah (six prerequisites for existence), including Ghair Tabayi Balgham (Abnormal Phlegm), Zoaf-e-Dimagh (Debility of Brain), Zoaf-e- Kabid (Debility of Liver), Zoaf-e- Tihal (Splenic Debility), Zoaf-e- Gurdah (Renal Debility), Sul- Qinyah (Anemia), Qillat-e- Harkat (Sedentary life), Ghair Tabayi Istifragh (Excessive Evacuation) etc.

➤ Symptoms of Hypothyroidism:^(24,25)

- Weakness
- Dry skin
- Constipation
- Gain in weight
- Lethargy
- Pallor of lips
- Loss of hair
- Edema of eyelids
- Sensation of cold
- Anorexia
- Coarseness of hairs
- Deafness

➤ Correlation of symptoms of Sue Mizaj Barid with symptoms of hypothyroidism:^(25,26)

- Dry and coarse skin
- Thick tongue
- Excessive sleep
- Low volume pulse
- Palpitation
- Puffiness of face
- Diminished
- Dementia
- Decreased appetite

➤ **Investigation:**

Table 1: Normal Thyroid Profile ⁽²⁷⁾.

Analyte	Serum levels in	
	SI units	Conventional units
T3	0.92 – 2.78 n mol/L	60-181 ng/dl
T4	58-140 n mol/L	4.5-10.9 g/dl
TSH	0.5-4.7 m U/L	0.5-4.7 U/ml
FT3	0.22-6.78 p mol/L	1.4-4.4 pg/ml
FT4	10.3-35 p mol/L	0.8-2.7 ng/dl
FTHS	4.2-13	4.2-13

Table 2: Interpretation of Thyroid Function Tests : ^(27, 28)

TSH normal T3, T4	TSH high T3, T4 normal	TSH high T3, T4 low or T3 normal	TSH low T3, T4 low
Euthyroid	Subclinical Hypothyroidism	Primary Hypothyroidism	Central Hypothyroidism

➤ **USOOLE ILAJ:** ^(5,15)

In Unani system of medicine, the principles of treatment of any disease are based on the Tadeel Mizaj, Istifragh- wa- Tanqiyah madde fasida. Owing to resemblance in the symptoms of Qillat-e-Ifraz-e- Darqiya with symptoms of Sue Mizaj Barid, this disease may also be treated on the same line of treatment. For example to restore normal Mizaj, Advia harrah may be used. For the evacuation of morbid matter particularly Madde Balghamiah, Munzijate Balgham (Phlegmatic Concoctive) and Mushilate Balgham (Phlegmatic Purgatives) should be used.

➤ **Use of Munzijate Balgham:** ^(7,15)

Behke badiyan 7gr, Behke kasni 7gr, Behke krafs 7gr, Behke izkhar 7gr, Asalasoos muqashshar 7gr, Barge gauzuban 7gr, Anjeer zard 5 No., Maweez munaqa 8 No., Gulqand asli 15gr. Patients are advised to take decoction (40ml) on empty stomach twice a day for a period of 2-3 weeks till the symptoms of Nuzj appears.

➤ **Use of Mushilate Balgham** ⁽⁹⁾

Barge sana 6gr, Turbud 6gr, Turanjabeen 4gr,

Gariqoon 4gr, Magz amaltas 7gr, Shere khisht 7gr, Roghane bade anjeer 25ml. Appropriate doses of Mushilate Balgham are added to the decoction of Munzige Balgham for a period of 3-5 days to induce purgation.

➤ **Tabreede Badan:** ^(15,9)

This is the last step of Munzij wa Mushil Therapy usually done with the help of Mubarridat to neutralize the side effects of Mushillat on intestines. Commonly used drugs are Laube bahidana, Laube ispagol, Laube rashe khatmi, Shere unnab, Shere badiyan, Arq shahitra etc. These are used for a period of 2-3 days.

➤ **Use of Musakkhinat:** ^(5,14)

After the completion of Istifraghe balgham patients are advised to take Harrul Mizaj Advia both single as well as compound formulation. The commonly used Musakkhin advia of herbo-mineral origin are Filfil siyah, Khulanjan, Darchini, Kababchini, Salikha, Zeera, Karafs Naushader, Saji, Suhagha, Zanjabeel, Darefilfil, Zuranbad, Peepal, Abhal, Kabab khanda, Qaranfal, Podina, Gandana, etc.

compound formulations used are Har Moajeen wa Jawarishat, etc. such as Majoon Chobchini, Mojoon Zanjabeel, Majoon Khader, Majoon Talkh, Jawarish Jalinoos, Jawarish Kamoni, Jawarish Falafali, Jawarish Bisbasa, Jawarish Podina etc.

Bibliography

1. **Susan S**, et al. Gray's Anatomy. 39th Ed. New York: Churchill Livingstone; 1999: 560-565.
2. **Byron J, Bailey, Karen H**. Head and Neck Surgery – Otolaryngology. Vol. I. 3rd Ed. New York: Lippincott Williams & Wilkins Publishers; 2001:873-75.
3. **Lee Goldman, Ausiello Dennis**. Cecil Text book of Medicine. Vol. II. 22th Ed. USA: Saunders Elsevier Publication; 2004:1402-1404.
4. **Jurjani SI**. Zakhira Khawarizm Shahi (Urdu translation by khan HH) Vol. VII. Lucknow: Munshi Nawal Kishore; 1996: 35, 36.
5. **Majoosi A**. Kamilus Sana (Urdu translation by Kantoori GH) Vol. I. Lucknow: Munshi Nawal Kishore; 1889:25, 28,426.
6. **Khan MA**. Al-Akseer (Urdu translation by Kabeeruddin M). Vol I & II. New Delhi: Aijaz publishing house; 2003: 27, 29,631,632,573,810.
7. **Kabeerudin M**. Kulliyate Qanoon (Urdu translation) Vol. I. New Delhi: Aijaz Publishing House; 2007: 240, 356.
8. **Ahmad SI**. Kulliyate Asri. Delhi New: Public press; 1983: 66-69.
9. **Razi AMBZ**. Kitab al Mansoori (Urdu translation by CCRUM) 1st Ed. New Delhi: Ministry of H & FW, Govt. of India; 1991:63,111,112,142,141.
10. **Ahmad Altaf Azmi**. Basic Concepts of Unani Medicine. 1st Ed. New Delhi: Jamia Hamdard, Hamdard nagar; 1995: 60-66.
11. **Ahmad SI**. Introduction to Al Umur Attabiyah. 1st Ed. New Delhi: Saini Printers; 1980:50-54, 58, 59.
12. **Tabri AAM**. Al-Mualajat Al-Buqratiyah (Urdu translation by CCRUM). Vol. III. New Delhi: Ministry of Health and Family Welfare; 1997: 21, 28, 202, 203, and 338.
13. **Ibn Zohar**. kitabut Taiseer (Urdu translation).New Delhi: CCRUM; 1986: 234,235.
14. **Ibn Sina**. Alqanoon Fit Tib (Urdu translation by Kantoori G. H) Vol. I. New Delhi: Idara Kitabul shifa; 2007: 855, 1031-1036, 1089-1091.
15. **Ibn Baitar**. Al Jamiul Mufradatul Advia wal Aghzia (Urdu translation). Vol. II, III & IV. New Delhi: CCRUM; 1999: 377-380,170-173, 163,407, 165, 320-321.
16. **Leoutsakos V**. A short history of the thyroid gland. Hormones 2004; 4: 268-271.
17. **Fauci AS, Braunwald E, Kasper L**. Dennis. Harrison's Principal of Internal Medicine. Vol. II.17th Ed. New York: McGraw Hill; 2008: 2229-2233.
18. **Gaurav S, Singh Savita, Singh KP.**, et al. Effect of yoga on pulmonary function.
19. Tests of hypothyroid patients. *Indian J Physiol Pharmacol* 2009; 54: 51 -56.
20. **Guyton AC, Hall JE**. Text book of Medical Physiology. 10th ed. Philadelphia: Saunders company; 2004: 858-865, 867-868.
21. **Becker KL, Ronald C**. Principles and Practice of Endocrinology and Metabolism. 3rd Ed. New York: Lippincott Williams & Wilkins Publishers; 2002: 398,399.
22. **Swash M, Glynn M**. Hutchison's Clinical Methods. 22nd Ed. New York: Saunders Elsevier; 2007:266-279.
23. **Naik VS**. Hypothyroidism. *The journal of general Medicine*. 2008; 3: 13-17.
24. **Werner and Ingbar's** The Thyroid: A Fundamental and Clinical Text. 8th Ed. New York: Lippincott Williams & Wilkins Publishers; 2000: 13, 14, 446, and 625.
25. **Wilson, Foster, Kronenberg**. Williams Textbook of Endocrinology. 9th ed. Philadelphia, Pennsylvania: Saunders Company; 1998: 460-465,467-72.
26. **Edwards CRW, Toft AD, Walker BR**. Davidson's Principles and Practice of Medicine. 19th Ed. New York: Churchill Livingstone; 2004:689,690,699.
27. **Fauci AS, Braunwald E, Kasper L**. Dennis. Harrison's Principal of Internal Medicine. Vol. II.17th Ed. New York: McGraw Hill; 2008: 2229-2233.
28. **Lee Goldman, Ausiello Dennis**. Cecil Text book of Medicine. Vol. II. 22th Ed. USA: Saunders Elsevier Publication; 2004:1402-1404.