AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Research Article

# TO STUDY CORRELATION BETWEEN HYPOTHYROIDISM AND *CHARAKOKTA KAPHAJ PANDU*

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**KEYWORDS:** *Charakokta kaphaj Pandu,* Hypothyroidism.

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## ABSTRACT

The disease Hypothyroidism is more prevalent among Thyroid disorders. For giving proper Ayurvedic treatment to patient of Hypothyroidism, it is important to study this disease in the view of Ayurveda. In Ayurveda, there is no direct reference of the disease which can be correlated to Hypothyroidism. But, some of the signs and symptoms of Hypothyroidism are parallel to *Kaphaj pandu* and hence to see Correlation between them detailed study of *Kaphaj pandu* is also done.

In present study To study correlation between Hypothyroidism and *Charakokta kaphaj pandu*, 30 diagnosed patients of Hypothyroidism were selected and a detail case taken of each patient to find out presence of number of *Lakshanas* of *Charakokta kaphaj pandu* in that patient. Presence of minimum 50% *Lakshanas* of *Kaphaj pandu* will be considered as positive result i.e., Hypothyroidism can be correlated with *Charakokta kaphaj pandu*. Out of 30 patients of Hypothyroidism 3 patients had more than 10 symptoms of *Kaphaj pandu*. Correlation between Hypothyroidism and *Kaphaj pandu* was made and expressed statistically.

Out of 30 observed patients 3 patients were having more than 10 symptoms of *Kaphaj pandu* and remaining 27 patients were having symptoms of *Kaphaj pandu*.

In these 30 patients it is seen that average TSH level is 23.13, which is high than normal level i.e. 5.5. Further, average HB was 8.7 which is below the normal range i.e., 12-14 gm/dl. As described earlier, *Shwetavbhasata* is one of the main symptoms of *Kaphaj pandu* and it is found in every patient.

## INTRODUCTION

Ayurveda, the "science of life," or longevity, is the holistic alternative science of medicine. It is believed to be the oldest healing science in existence, forming the foundation of all others. Originally four main books of *Vedic* spirituality existed including topics like included health, astrology, spiritual business, government, military, poetry, and ethical living; these are known as the *Vedas*: *Rig, Yajur, Sama* and *Atharva*. Eventually, Ayurveda was organized into its own compact system of health and considered under a branch of *Atharva Veda.* This *Upaveda/*branch dealt with the healing aspects of spirituality; although, it did not directly treat spiritual disorders.

Human life has been considered as a valuable opportunity to achieve the prime goals of life viz. *Dharma, Artha, Kama* and *Moksha*. To achieve this, one needs a Healthy and Calm life. As stated, Whole Ancient culture tried to achieve all four prime goals of life, so that they had a smooth, sound, safe, assured steady and healthy life style. On the other hand, today mankind is trying to gain good financial status to fulfill all the Physical Desires. As human has entered in 21st century with modernization in each and every perspective of life, he has also paid for it by leaving in several stressful somatic and psychological conditions. The response to the psychological conditions varies person to

person because each has different psychic and physical constitution.

However, these stresses play certain role in the development, progression, prognosis as well as management of the diseases. This stressful life-style affects one's mind and homeostasis of body by several psychosomatic mechanisms and causes many psychosomatic disorders. Therefore today's Metaphysical Society is facing unsteady, weekend, hard & everyday changing lifestyle generated disorders. The miserable gift of stressful, hectic lifestyle, diet habits, an environmental changes that, man has become victim of many diseases. One such potent gift is Hypothyroidism disorder.

When there is hypo-functioning of *Jatharagni*, improper *Anna-rasa* is produced. Improper *Anna-rasa* leads to the formation of abnormal *Rasa* and will consequently produce abnormal and deficient *Rakta* which leads to *Kshaya* of other *Poshya* and *Poshaka dhatus* of the body. In this series, ultimately there is diminution of the Vital essence i.e. *Ojas.* As a result of above, the individual becomes *Nissara* (insipid) and *Pandu* gets produced.

Thyroid Gland is one of the important and sensitive endocrine gland. As it is easily responsible to stress and stimuli, the global incidence of hypothyroidism increases day by day. The major function of thyroid gland is to control the rate of metabolism. The amount of stimulation the cell receives from thyroxin will determine how quickly they perform their function. These functions are similar to *Dhatvagni.* Hypothyroidism results from inadequate production of thyroid hormone. Any structural or functional defect of thyroid gland that significantly impairs its output of hormones, will lead to the hypo metabolic state of Hypothyroidism.

The symptoms of hypothyroidism are notorious for their non specific nature and for the way in which they mimic symptoms of other disease, so often, it remains undiagnosed or misdiagnosed. Vertigo, weight gain, easy fatiguability, tiredness, lethargy, slowing of movements, memory, intellect and thought, menstrual irregularities, cold intolerance, dry rough skin, thin brittle hair, hair fall, muscle stiffness, weakness, fatigue, myxodema, constipation, hoarseness of voice, goitres etc.

In Ayurveda, there is no clear evidence of Hypothyroidism, but on the basis of its clinical presentation, it can be correlated with different entities. Commonly seen signs and symptoms of Hypothyroidism are similar to *Kaphajapandu* described in classical texts, as there is a little references of hypothyroidism in classical texts. It is necessary to study in detail. This problem in Ayurvedic view to give Ayurvedic consultation. Hence this dissertation endeavours to put forward and name a disease on Ayurvedic principles which can aptly explain the *Samprapti* of *Kaphajapandu* with special reference to Hypothyroidism with an Ayurvedic perspective. This shall definitely help to shed light on not only diagnosis but also the prognosis as well as help to formulate the guidelines for the treatment of Hypothyroidism in Ayurveda.

The analysis of symptomatology of Hypothyroidism can be studied in the light of Ayurvedic principles as *Agni, Strotas, Dosha* and *Dushya*. It is necessary to study in detail this problem in Ayurvedic view to give Ayurvedic consultation

The hypothyroidism is a condition in which the body lacks sufficient thyroid hormone, so patients are kept on long term hormone therapy by modern physician. The Thyroxin replacement therapy is the choice of treatment in modern science which is expensive one, conducting the various adverse effects. So better and long lasting therapy is need of hour and it continues to pose challenge to physician due to severe morbidity and crippling nature. After the prolonged treatment with thyroid hormones patient do not get complete relief, even it is also said that treatment for hypothyroidism is similar to hypertension or diabetes which is to be continued for long period even sometime lifelong. In such condition patients seek for alternative medicine for complete relief or as a supportive treatment. Taking in this mind he comes for Ayurvedic treatment but Ayurvedic physicians do not find clear cut references of hypothyroidism or any endocrine glands, but some conditions are described here and there under various names. In the case of hypothyroidism, signs and symptoms given in modern literature may be studied in Ayurvedic view. Ayurvedic texts has given clear idea regarding study of classically non mentioned diseases i.e. *Anuktavyadhis* on the basis of *Dosha, Dushya, Lakshan, Samprapti* etc. Taking in this consideration if we see Ayurvedic texts we come to know that some of the signs and symptoms of hypothyroidism are parallel to *Kaphajpandu*, so it becomes necessary to study correlation between hypothyroidism and *Kaphajpandu* on present scientific base, there by Ayurvedic management of hypothyroidism will be possible.

The thyroid related diseases are as ancient as an as history of mankind. Now 200 million population of world is suffering from Thyroid

disease. Man is most precious creature on earth. Health is supreme foundation and diseases are destroyers of health. Then now 200 million population of world is suffering from thyroid diseases. Among them hypothyroidism 4 one 2 the commonest clinical entity in the day to day practice found most commonly prevalent in women population. The prevalence of disease is 1:100 out of which increases the 5:100. If subclinical hypothyroidism is included, the female and male ratio is 6:1. The hypothyroidism is a condition which the body lacks sufficient thyroid hormone. Hypothyroidism is not a single disease entity. In Ayurveda the disorders of thyroid gland are dealt under the heading of *Galganda* and the analysis of symptomatology in the light of Ayurvedic principles of *Agni, Strotas, Dosha* and *Dushya*.

The Thyroxine replacement therapy is the choice of treatment in modern science which is expensive one conducting the various adverse effects. So, better and long lasting therapy is need of hour. So it continues to pose challenge to physician due to severe morbidity and crippling nature and it is a demand of time to search the management of this type of disease through the Heritage of Ayurveda. Hypothyroidism is most commonly occurring problem in 21st century. Patients of Hypothyroidism are increasing continuously. Patients are kept on long term harmone therapy by modern physician. Patients always seek for Ayurvedic management. As there are a little references of Hypothyroidism in classical texts, it is necessary to study in detail this problem in Ayurvedic consultation. Commonly seen signs and symptoms of Hypothyroidism are mostly similar to *Kaphajapandu* described in classical texts. So it will be useful to study correlation between Hypothyroidism and *Charakoktakaphajapandurog* for successful management of hypothyroidism.

Hence, this dissertation endeavours to put forward and name a disease on Ayurvedic principles which can aptly explain the *Samprapti* of Hypothyroidism with an Ayurvedic perspective. This shall definitely help to shed light on not only diagnosis but also the prognosis as well as help to formulate the guidelines for the treatment of Hypothyroidism in Ayurveda.

In present study entitled "To study correlation between Hypothyroidism and *Charakoktakaphajpandu*". 30 diagnosed patients of Hypothyroidism were selected and a detail case taken of each patient to find out presence of no. of *Lakshanas* of *Charakoktakaphajpandu* in that patient. Presence of min. 50% *Lakshanas* of *Kaphajpandu* will be considered as positive result i.e. Hypothyroidism can be correlated with *Charakoktakaphajpandu*.

**Aim and Objectives**

**AIM:** To study correlation between Hypothyroidism and *Charakokta Kaphaj Pandu.*

**Objectives**

1. To study Hypothyroidism as per modern texts.
2. To study *Charakokta Kaphaj Pandu* as per classical Ayurvedic texts.
3. To study correlation between Hypo-thyroidism and *Charakokta Kaphaj Pandu.*

**Material and Methods**

1) All the references of hypothyroidism were studied from modern medical text books and related websites.
2) The *Samprapti* of an *Charakokta Kaphaj Pandu* is formulated according to Ayurvedic principles.

**Study Design**

1) Patients were selected irrespective of age, sex, caste, religion, social status etc.

2) Total number of 30 patients aged above 16 years and below 60 years had Hypothyroidism diagnosed by TFT were selected.

3) Written consent was taken from each patient prior to case taking.

4) Detail case of the patients was taken with the help of specially designed case paper to find the symptoms of *Charakoktakaphaj Pandu* in the patients of Hypothyroidism.

5) Further with the help of above data Diagnosis of Hypothyrodism was established on the Ayurvedic basic principles.

**Selection of Patient**

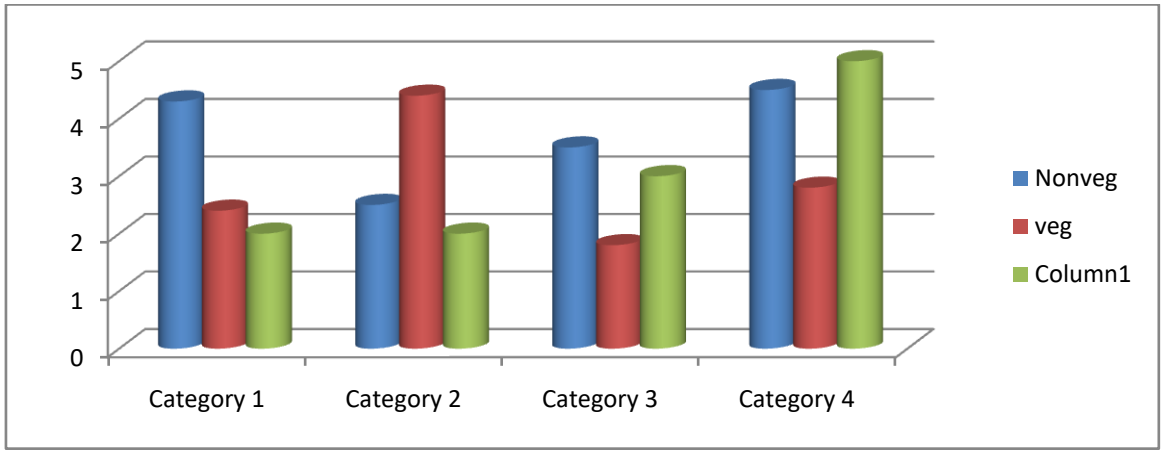
**a) Inclusion Criteria**

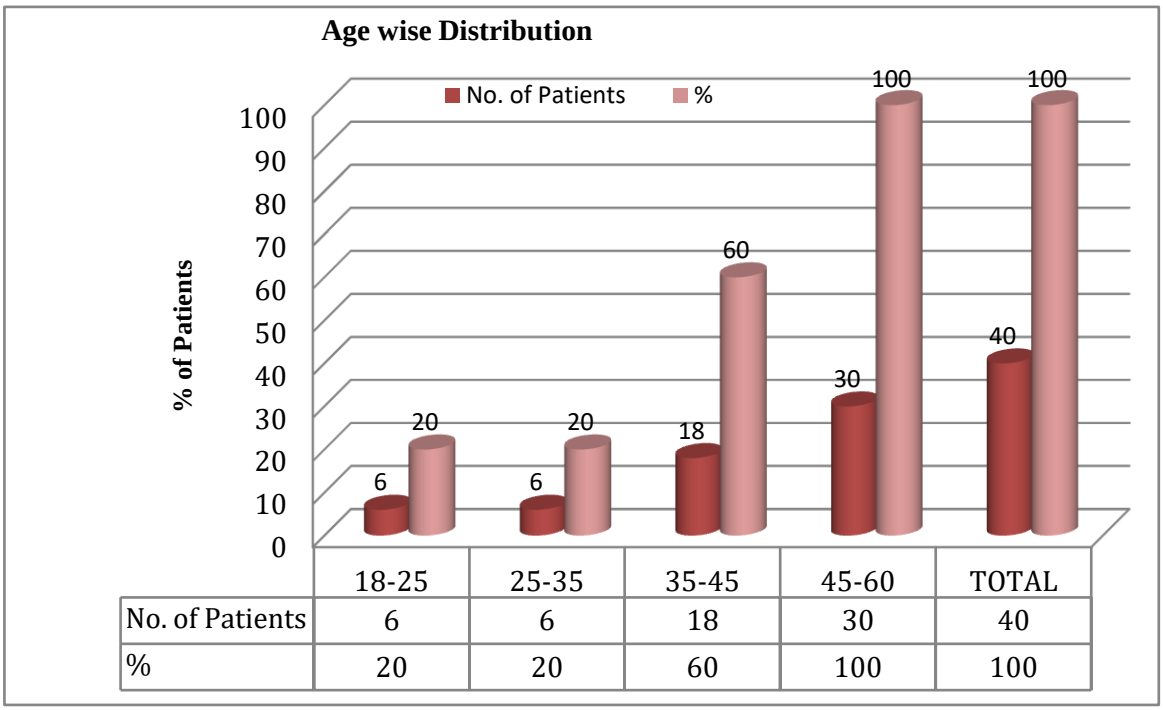
1) Patients of age group 16-60 years suffering from Hypothyroidism.
2) Patients of the both gender.
3) The patients from OPD/IPD who are already diagnosed as Hypothyroidism by pathological investigation i.e. Thyroid Function Test.

**b) Exclusion Criteria**

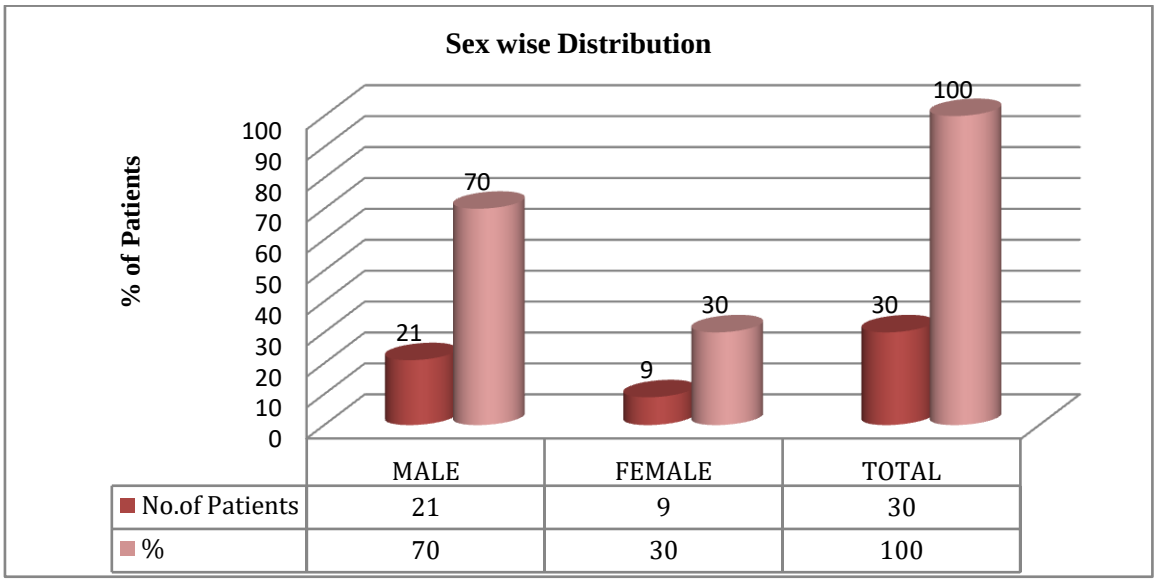
1. Patients below 16 years and above 60 years.
2. All patients suffering from Heart disease, any other major illness, pregnant women.

## Observations and Result



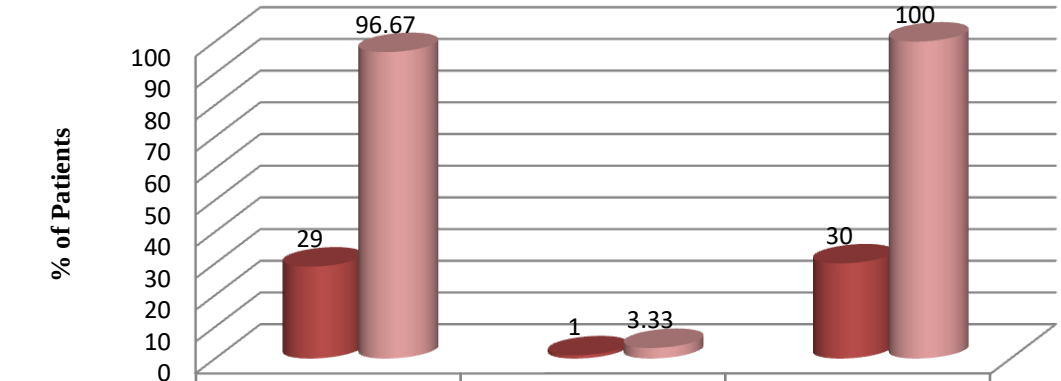




| | 18-25 | 25-35 | 35-45 | 45-60 | TOTAL |
|---|---|---|---|---|---|
| No. of Patients | 6 | 6 | 18 | 30 | 40 |
| % | 20 | 20 | 60 | 100 | 100 |



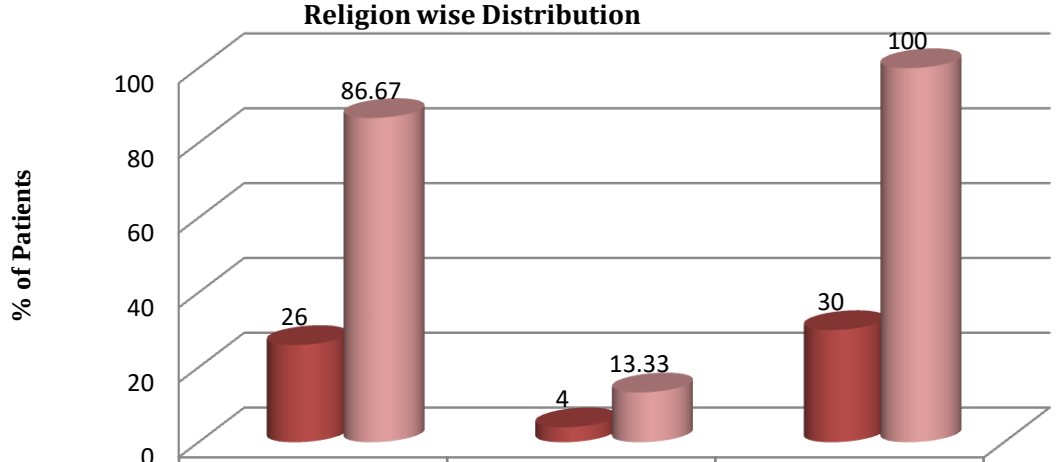

| | MALE | FEMALE | TOTAL |
|---|---|---|---|
| No.of Patients | 21 | 9 | 30 |
| % | 70 | 30 | 100 |

**Marital Status wise Distribution**



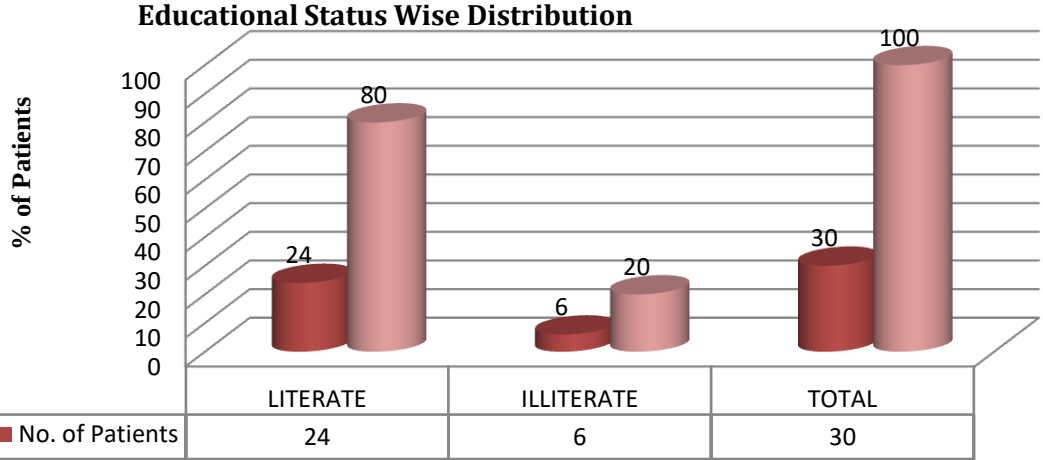

| | MARRIED | UNMARRIED | TOTAL |
|---|---|---|---|
| No. of Patients | 29 | 1 | 30 |
| % | 96.67 | 3.33 | 100 |

**Religion wise Distribution**

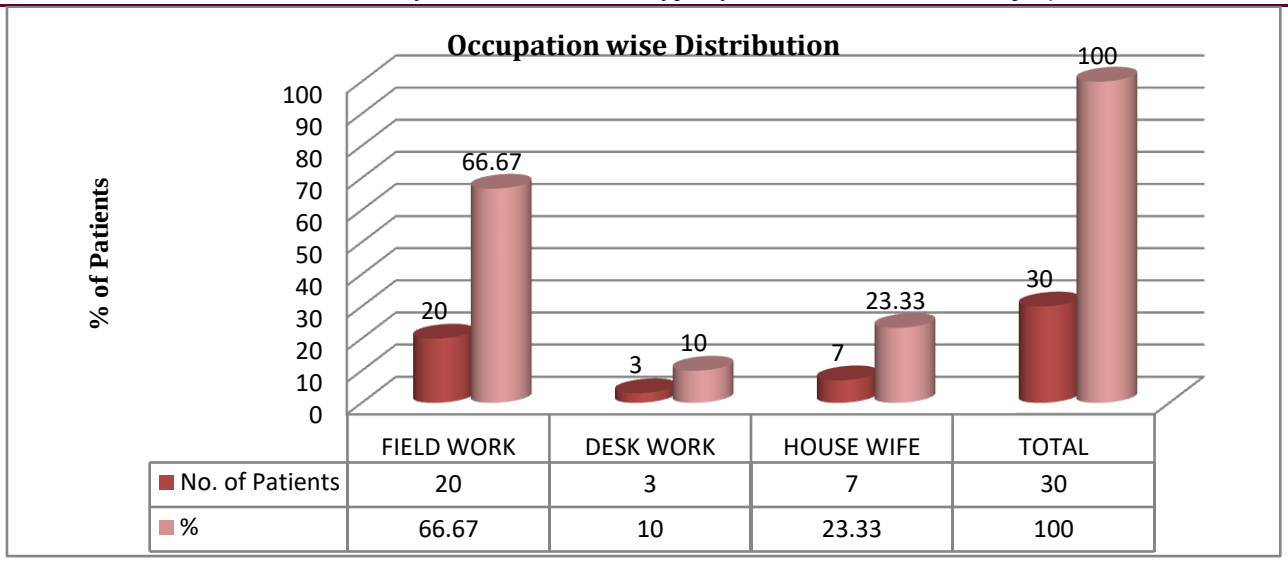



| | HINDU | MUSLIM | TOTAL |
|---|---|---|---|
| No. of Patients | 26 | 4 | 30 |
| % | 86.67 | 13.33 | 100 |

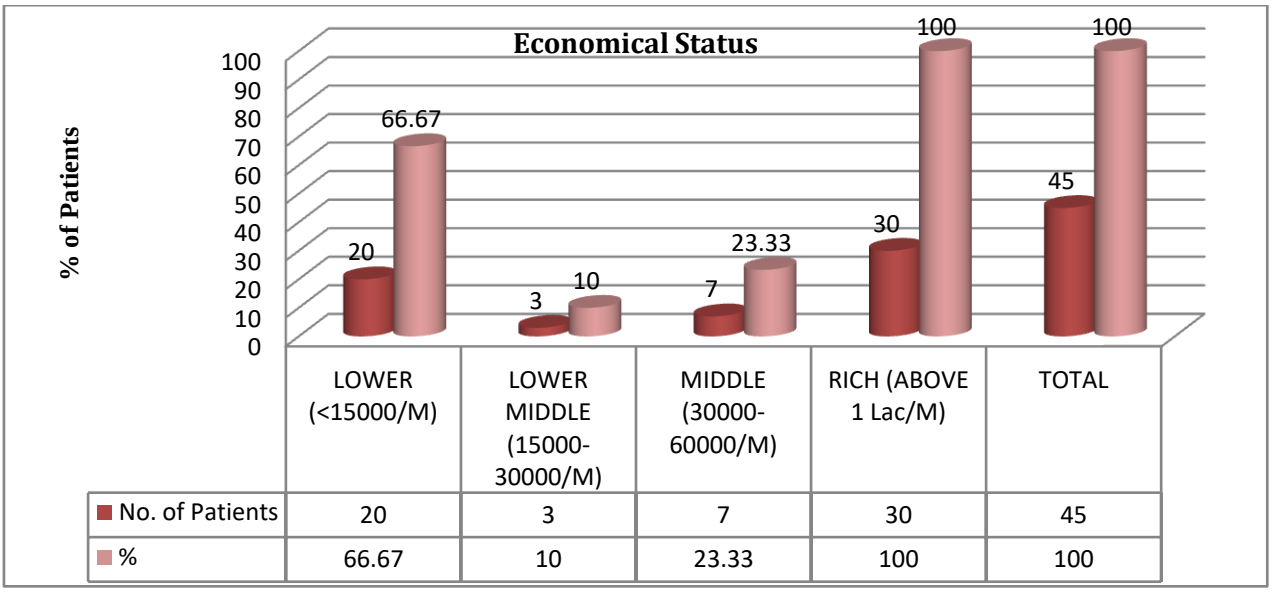
**Educational Status Wise Distribution**



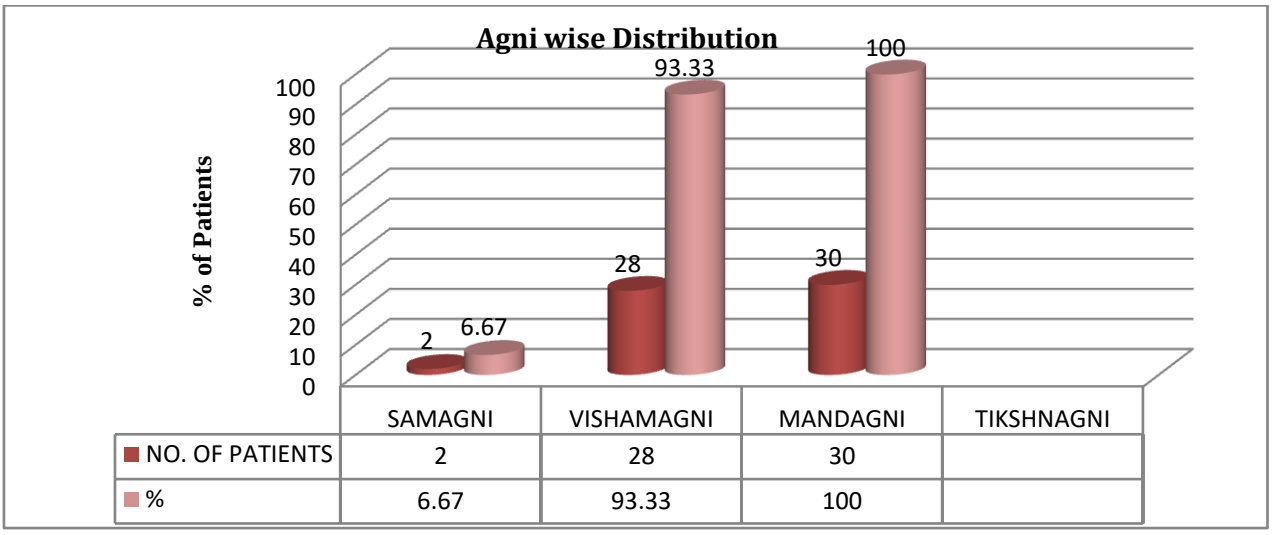

| | LITERATE | ILLITERATE | TOTAL |
|---|---|---|---|
| No. of Patients | 24 | 6 | 30 |
| % | 80 | 20 | 100 |




| | FIELD WORK | DESK WORK | HOUSE WIFE | TOTAL |
|---|---|---|---|---|
| No. of Patients | 20 | 3 | 7 | 30 |
| % | 66.67 | 10 | 23.33 | 100 |

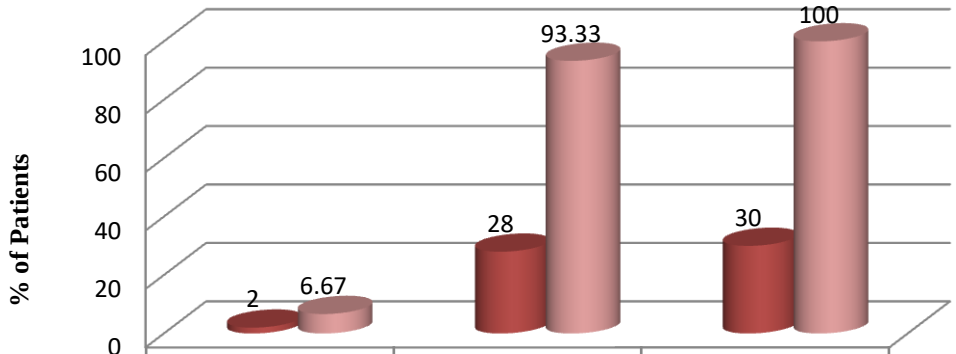



| | LOWER (<15000/M) | LOWER MIDDLE (15000-30000/M) | MIDDLE (30000-60000/M) | RICH (ABOVE 1 Lac/M) | TOTAL |
|---|---|---|---|---|---|
| No. of Patients | 20 | 3 | 7 | 30 | 45 |
| % | 66.67 | 10 | 23.33 | 100 | 100 |



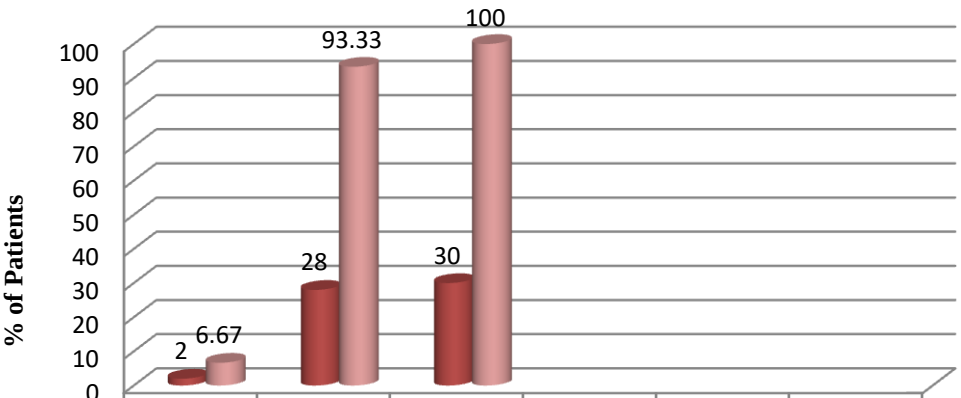

| | SAMAGNI | VISHAMAGNI | MANDAGNI | TIKSHNAGNI |
|---|---|---|---|---|
| NO. OF PATIENTS | 2 | 28 | 30 | |
| % | 6.67 | 93.33 | 100 | |

**Ahara wise Distribution**



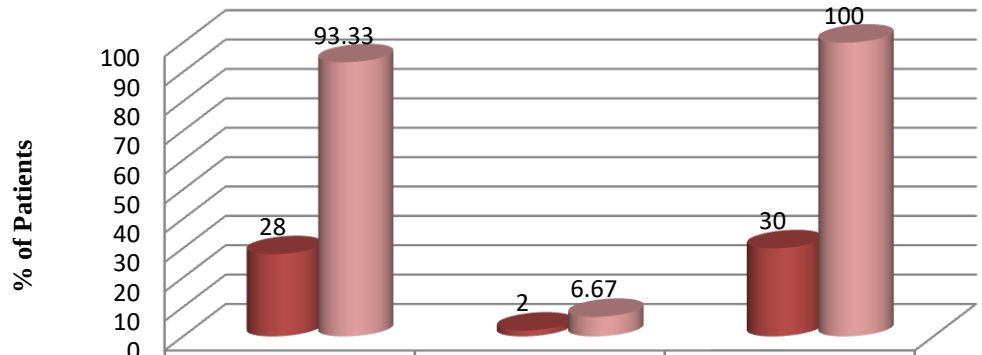

| | VEGETARIAN | MIXED | TOTAL |
|---|---|---|---|
| NO. OF PATIENTS | 2 | 28 | 30 |
| % | 6.67 | 93.33 | 100 |

**Rasa Pradhanya in Diet**



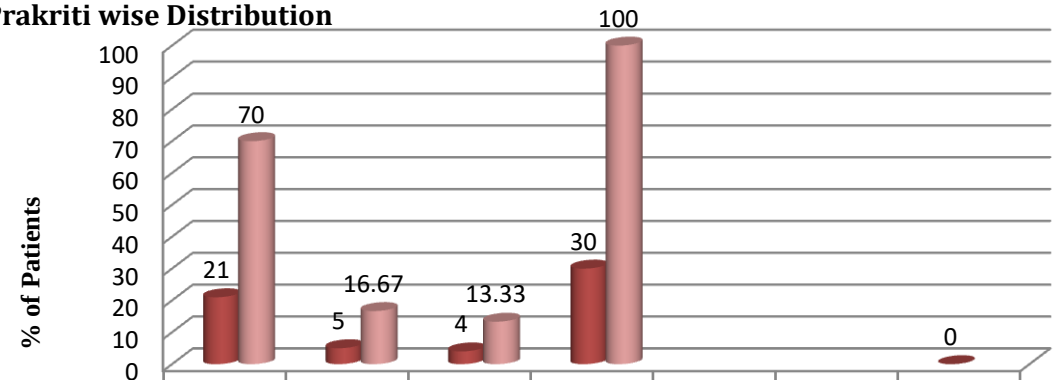

| | MADHURA | AMLA | LAVANA | KATU | TIKTA | KASHAYA |
|---|---|---|---|---|---|---|
| NO. OF PATIENTS | 2 | 28 | 30 | | | |
| % | 6.67 | 93.33 | 100 | | | |

**Stress wise Distribution**



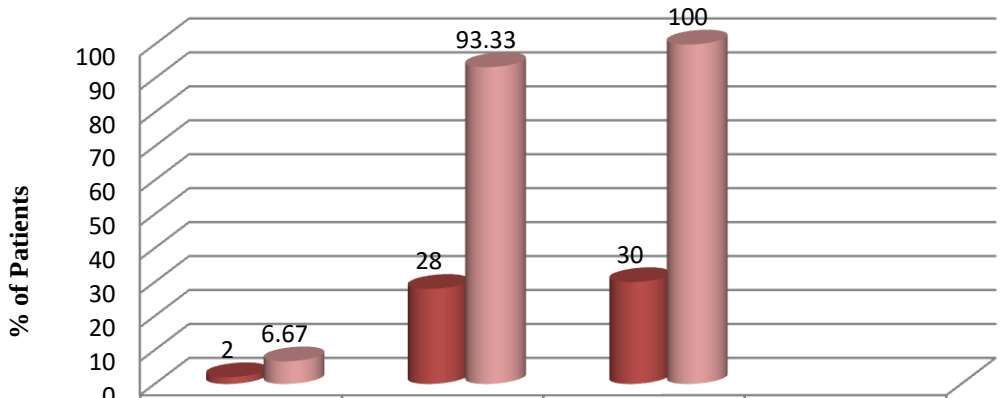

| | PRESENT | ABSENT | TOTAL |
|---|---|---|---|
| No. of Patients | 28 | 2 | 30 |
| % | 93.33 | 6.67 | 100 |

**Sharira Prakriti wise Distribution**



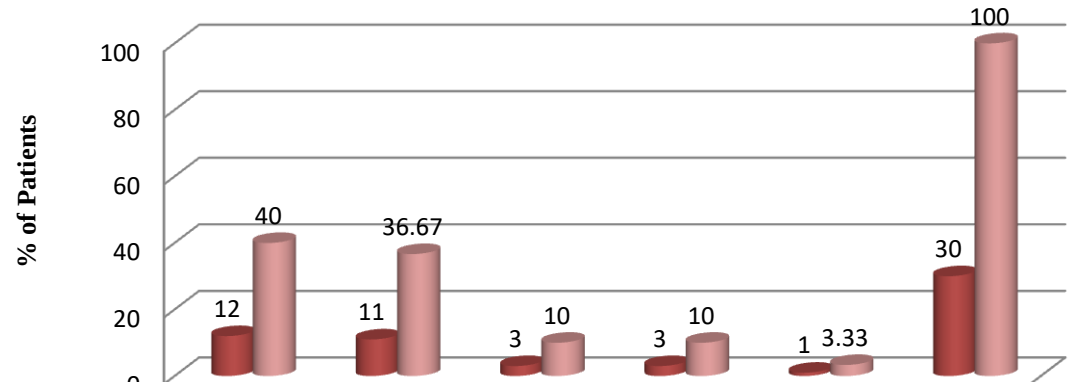

| | VATA-PITTA | VATA-KAPHA | PITTA-KAPHA | PITTA-VATA | KAPHA-VATA | KAPHA-PITTA | TOTAL |
|---|---|---|---|---|---|---|---|
| NO. OF PATIENTS | 21 | 5 | 4 | 30 | | | 0 |
| % | 70 | 16.67 | 13.33 | 100 | | | |

**Menstruation wise Distribution**

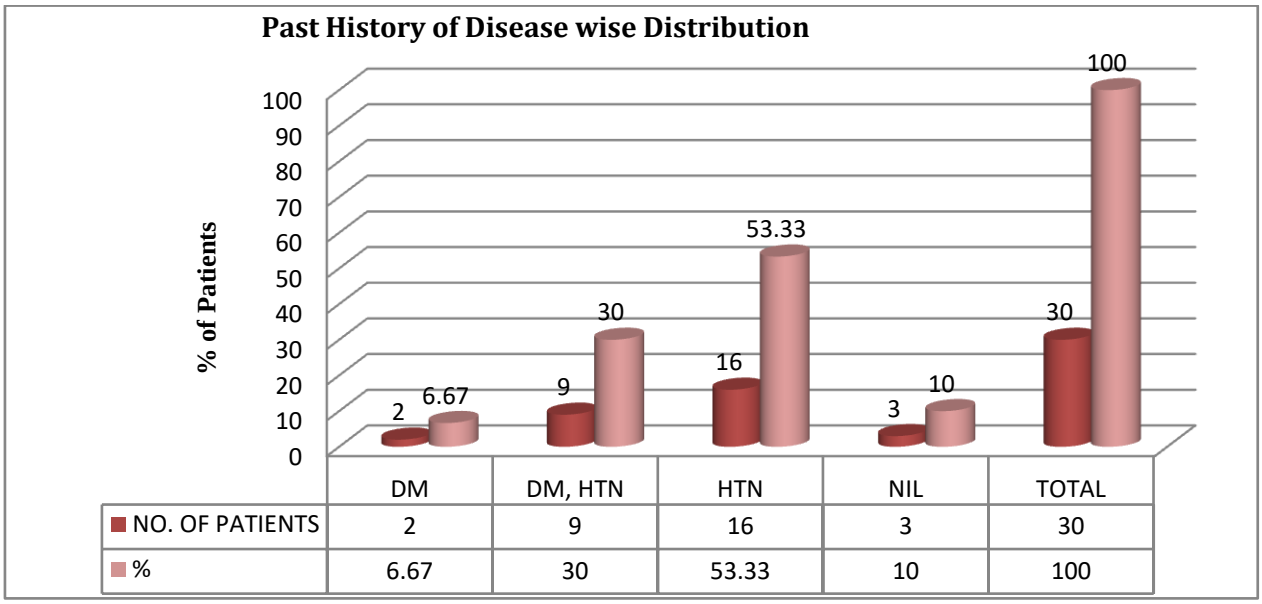


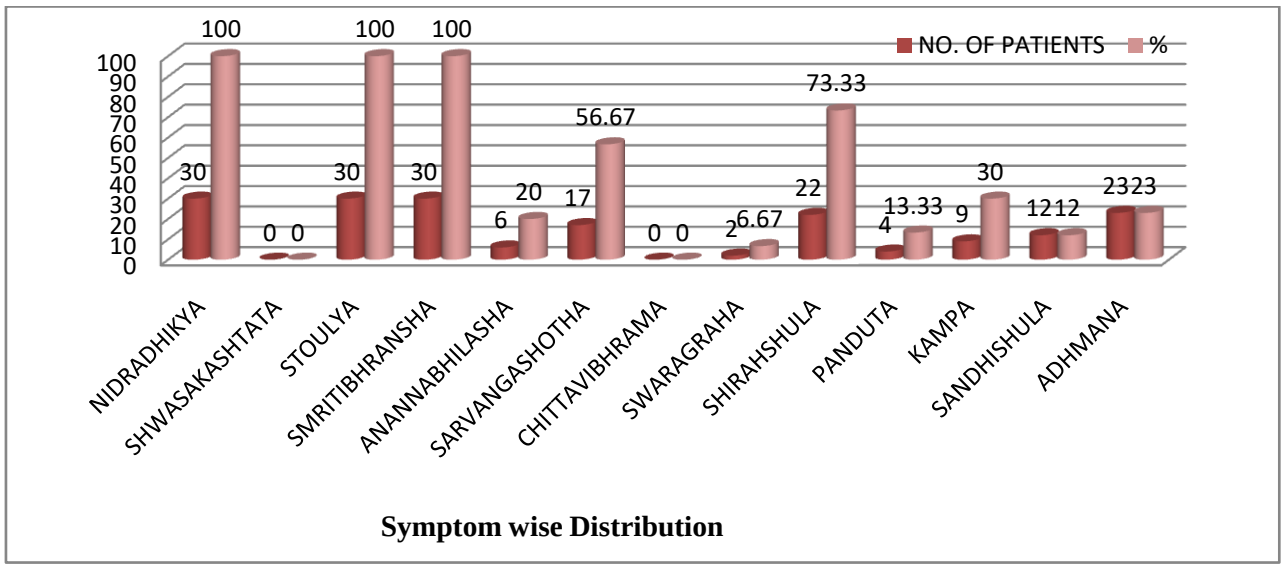

| | REGULAR | IRREGULAR | MENOPAUSE | TOTAL |
|---|---|---|---|---|
| NO. OF PATIENTS | 2 | 28 | 30 | |
| % | 6.67 | 93.33 | 100 | |

**Chronicity wise Distribution**

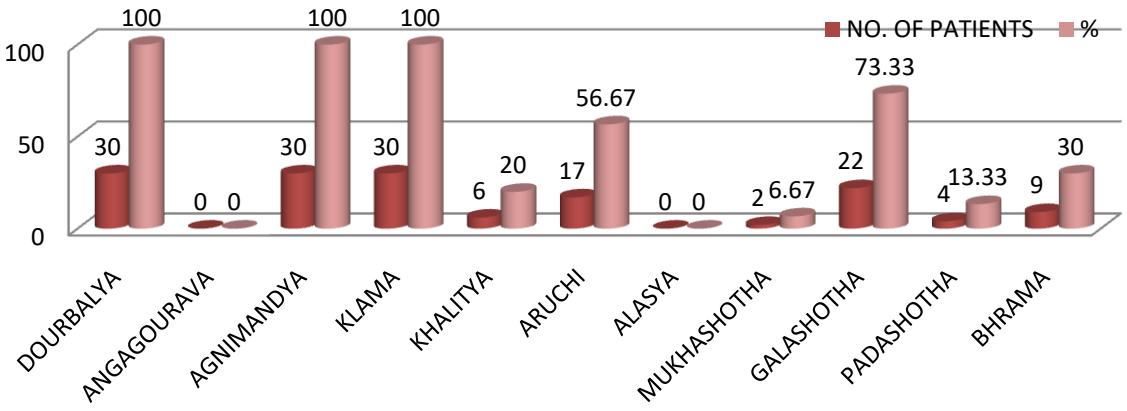



| | 0-6 Months | 7-12 Months | 13-18 Months | 19-24 Months | 25-30 Months | TOTAL |
|---|---|---|---|---|---|---|
| No. of Patients | 12 | 11 | 3 | 3 | 1 | 30 |
| % | 40 | 36.67 | 10 | 10 | 3.33 | 100 |




| Sr. | Symptoms | No. of Patients | % |
|---|---|---|---|
| 1 | *Nidradhikya* | 30 | 100 |
| 2 | *Shwasakashtata* | 0 | 0 |
| 3 | *Sthoulya* | 30 | 100 |
| 4 | *Smritibhransha* | 30 | 100 |
| 5 | *Anannabhilasha* | 6 | 20 |
| 6 | *Sarvangashotha* | 17 | 56.67 |
| 7 | *Chittavibhrama* | 0 | 0 |
| 8 | *Swaragraha* | 2 | 6.67 |
| 9 | *Shirahshula* | 22 | 73.33 |
| 10 | *Panduta* | 4 | 13.33 |
| 11 | *Kampa* | 9 | 30 |
| 12 | *Sandhishula* | 12 | 12 |
| 13 | *Adhmana* | 23 | 23 |




**Symptom Wise Distribution**

| S.No. | Symptoms | No. of Patients | % |
|---|---|---|---|
| 1 | *Dourbalya* | 30 | 100 |
| 2 | *Angagourava* | 0 | 0 |
| 3 | *Agnimandya* | 30 | 100 |
| 4 | *Klama* | 30 | 100 |
| 5 | *Khalitya* | 6 | 20 |
| 6 | *Aruchi* | 17 | 56.67 |
| 7 | *Alasya* | 0 | 0 |
| 8 | *Mukhashotha* | 2 | 6.67 |
| 9 | *Galashotha* | 22 | 73.33 |
| 10 | *Padashotha* | 4 | 13.33 |
| 11 | *Bhrama* | 9 | 30 |

## DISCUSSION

Discussion is made on the disease and clinical observations. In the discussion on the disease detailed study of Hypothyroidism and Charakoktakaphajpandu was done.

**Discussion on Clinical Study:** In this study total 30 diagnosed patients of Hypothyroidism were registered irrespective of their sex, religion etc. then detailed case history of the patients was taken with the help of a specially prepared case record form.

**Age:** Maximum no. of patients i.e.40% were belonging to the age group of 26-35 years followed by 23% patients were belonging to 36-45years age group. 20% patients were from age group 16-25years and 17% patients were from 46-60 years age group. Hypothyroidism can start at any age, but the risk keeps growing as people get older 65.Prevalence of hypo-thyroidism increases with age 66.

**Sex:** Maximum number of patients, 93% were of females where as 7% patients were males. Hypothyroidism is more prevalent in females with ratio 6:167. The female preponderance of thyroid autoimmunity is most likely due to sex steroid effects on the immune response.

**Religion:** In the present study, maximum number of patients i.e. 67% were from Hindu community, 23% patients were Muslim and 10% patients were from other i.e. shikh, Buddhist etc. that is because the study was conducted in Hindu dominant population.

**Marital Status**: In the present study, maximum i.e. 80% patients were married, where as 20% patients were unmarried as the patients were taken between 20 to 60 years age group. According to American Thyroid Association, rate of hypothyroidism increases after pregnancy and post partum.

**Educational Status:** Maximum i.e. 70 % patients had completed education upto higher secondary and 30% patients were uneducated. This generally proves that there is more awareness about

hypothyroidism in the educated class hence were more liable to undergo diagnostic as well as therapeutic measures to overcome it.

**Occupation:** Maximum no. i.e. 60% patients was housewives. This high incidence may be due to their sedentary life style, *Vegadharana*and house hold tensions. Sedentary lifestyle leads to a less energy expenditure than uptake.

***Prakruti*:** *Prakruti* wise distribution 27% patients were of *Vatakaphaprakruti* and 17% patients were of *Vatapittaprakruti* and 17% patients were of *Kaphapittaprakruti*, 13% patients were of *Kaphavataprakruti*, 13% patients were of *Pittavata* and 13 % patients were of *Pittakaphaprakruti*. This indicates that people having *Vatakaphaprakruti* are more prone to Hypothyroidism.

***Agni Pariksha*:** Data obtained for *Agnipariksha* shows that 43 % patients having *Mandagni*, 37 % patients having *Vishamagni*, 13 % patients were having *Tikshnagni* and 7 % patients were with *Samagni*. This observation points towords predominant role of *Kaphadosha* in the pathogenesis of Hypothyroidism.

**Menstrual History:** Out of 28 female patients 13 (43%) females had menstruation irregularity and 08 (27%) females had regular menstruation. 7 (23%) females belonged from menopausal group. This indicates that in Hypothyroidism vitiated *Rasadhatu* cannot properly nourish its *Updhatu i.e. Artava* and result in above condition.

**Diet:** In this study 64% patients were with vegetarian diet and 36% patients were having non-vegetarian diet.

***Kostha*:** 47% patients had *Krurakostha*, 30% patients were having *Madhyamkostha* and 23% patients were with *Mrudukostha*. In this study, patients with *Vatakaphaprakruti* were observed more and *Vataprakruti* have mainly *Krurakostha* hence observed more.

***Malapravruti*:** 60% patients were having *Asamyakmalaprvruti*, as explained earlier, in this study patients with *Vatakaphaprakruti* and with *Krurakostha* were more in number and *Vata Prakopa* (*Ruksha Guna*) results in *Gadhavarchastvam* (constipation) and aggravated *Kapha* (*Manda Guna*) may cause decrease in *Apakarshani Gati* of *Mahasrotas* which leads to constipation i.e. *Asamyakmalapravruti*.

***Mutra Pravruti*:** 90% patients were with *samyakmutrapravruti* and only 10 % patients were having complains like *Sadahamutra-pravruti*, *Sakashtamutrapravruti* etc.

**TFT (Thyroid Function Test):** Out of 30 patients 3 (10%) patients were having low T3 and T4 level with high TSH level. 90% patients were with normal T3 and T4 levels with high TSH(Thyroid Stimulating Hormone), i.e. 90% patients were having subclinical hypo-thyroidism and remaining were with primary/ secondary Hypothyroidism.

**Hb%:** In the present study Hb% estimation shows that, 74% patients were having Hb% between 7-10 gm/dl, 13% patients were with Hb% below 7 and 13% patients were having Hb% more than 10 but below normal level.

**Symptoms of *Kaphajpandu*:** In the 30 patients of Hypothyroidism, it was observed that 87% patients had *Shwetavbhasata*, *Shwayathu* (80%), *Gaurav* (67%), *Aalasya* (50%), *Aruchi* (80%), *Vakswara-graha* (53%), *Shukla-mutra-akshi-varchastwa* (50%), *Sada* (47%), *Klama* (40%). Lowest observed symptoms are *Tandra* (30%), *Bhrama* (13%), *Katu-ruksha-ushnakamata* (20%), *Shwasa* (6%), *Chardi* (6%), *Madhurasyata* (10%) and *Prasek* (3.3%). Symptoms which were not observed in all the registered patients were *Murcha, Lomharsha* and *Kasa.*

**Treatment history**: 90% patients were taking thyroxine while 10% patients were not taking any medicine. It is observed that, number of symptoms of *kaphajpandu* were more in the patients which were not taking thyroxine.

**Chronicity**: The chronicity of the disease in 43% patients was between 1yr-5 years, In 40% patients, the chronicity was upto 1 year & in 17% patients, the chronicity was more than 5 years.

In this study 30 diagnosed patients of Hypothyroidism were selected irrespective of their sex, religion etc. Then detailed case history of the patients was taken, with the help of a specially prepared case record form.

- Out of 30 patients, 3 patients were having more than 10 symptoms of *Kaphajpandu*.
- Remaining 27 patients were having symptoms of *Kaphajpandu* in between the range 3-9.
- There is no single patient in which symptoms of *Kaphajpandu* was absent.
- It was observed that patients having more than 10 symptoms of *Kaphajpandu* were having thyroxin from short duration.
- All the 30 patients were having Tab. Thyroxin.
- Average TSH level of these 30 patients was 23.13 i.e. high than normal level i.e. 5 and average HB% of these 30 patient was 8.7 gm/dl i.e. low than normal level i.e. 12-14gm/dl.
- As described earlier that *Shwetavbhasata* is the one of the main symptom of *Kaphajpandu* & it is

found in each & every patient of Hypothyroidism.

By observing above data, it is found that there is no significant correlation between Hypothyroidism and *Charakoktakaphajpandu*. After observing all above data following, it is found that

There is partial correlation between Hypothyroidism and *Charakoktakaphajpandu*, as

i) Every patient of Hypothyroidism having some no of symptoms of *Kaphajpandu*

ii) Every patient having Hormonal treatment from weeks to years, which may responsible for unavailability of complete picture of symptoms of *Kaphajpandu*.

Further study of newly diagnosed patients of Hypothyroidism in the view of *Kaphajpandu* will be more useful.

## CONCLUSION

1) Out of 30 observed patients 3 patients were having more than 10 symptoms of *Kaphajpandu* & remaining 27 patients were having no. Of symptoms of *Kaphajpandu* in range 3-9.
2) In these 30 patients it is seen that average TSH level is 23.13, which is high than normal level i.e. 5.5. Further, average HB was 8.7 which is below the normal range i.e 12-14 gm/dl. As described earlier, *Shwetavbhasata* is one of the main symptoms of *Kaphajpandu* & it is found in every patient.
3) It is also observed that the 3 patients having more than 10 symptoms of *Kaphajpandu* were taking thyroxin from short duration.
4) In statistical analysis, though the correlation between hypothyroidism and *Kaphajpandu* are partially significant but this may be due to, all the patients of Hypothyroidism were getting thyroxin, therefore there is every possibility that complete picture regarding *Kaphajpandu* symptoms may not be available.
5) As every patient having some symptoms of *Kaphajpandu* and there is also seen that every patient of Hypothyroidism having low Haemoglobin and each patient having Hormonal treatment.
6) Therefore study of newly diagnosed patients of Hypothyroidism in the view of *Kaphajpandu* will be more useful and present study will be guideline for such a study.

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**Cite this article as:**
Shital Mane, Raviteja Mane, Ashish Kale, Shankar Mane. To Study Correlation Between Hypothyroidism and Charakokta Kaphaj Pandu. AYUSHDHARA, 2018;5(6): 1988-1999.
***Source of support: Nil, Conflict of interest: None Declared***