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

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Review Paper

Received: 20.06.2022 
Revised: 29.06.2022 
Accepted: 10.07.2022

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.

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. Thyroid hormone is produced in the thyroid gland. The thyroid gland is a butterfly-shaped endocrine gland located in the lower front of the neck. The thyroid gland produces two hormones: thyroid-stimulating hormone (TSH) and thyroid hormones (T3 and T4).

The concept is based on Hypothyroidism (Qillat-e-Ifraz-e-Darqiyaa) 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 India is 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-Darqiyaa) is the most common endocrine disease...
caused by a defect in the thyroid gland that leads to reduced production of thyroid hormone. It has multiple aetologies and manifestations. Long-lasting effects of untreated hypothyroidism (Qillat-e-Ifraz-e-Darqiyya) or chronic hypothyroidism (Qillat-e-Ifraz-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-Darqiyya (hypothyroidism) in the Unani classical literature. Qillat-e-Ifraz-e-Darqiyya is literal meaning of hypothyroidism. In fact the word myxedema, which is a characteristic feature of hypothyroidism, has been derived from the Greek word myxoidema. (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)

- **Bugarat (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** (22, 23)
  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**
  1. Secondary hypothyroidism (Pituitary)
  2. Pan hypopituitarism (Sheehan’s syndrome, tumours, infiltrative disorders).
  3. Isolated TSH deficiency.
- **Etiology According to Unani Concept** (24, 25)
  The causes of Su-e-Mizaj Barid Balghami (deranged phlegmatic temperament) or Qillat-e-Ifraz-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 (Splenical Debility), Zoaf-e-Gurdah (Renal Debility), Susul-Qinyah (Anemia), Qillat-e-Harkat (Sedentary life), Ghair Tabayi Istifragh (Excessive Evacuation) etc.

- **Symptoms of Hypothyroidism:**
  - 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

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

Table 2: Interpretation of Thyroid Function Tests

<table>
<thead>
<tr>
<th>TSH normal</th>
<th>TSH high T3, T4 normal</th>
<th>TSH high T3, T4 low</th>
<th>TSH low T3, T4 low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euthyroid</td>
<td>Subclinical Hypothyroidism</td>
<td>Primary Hypothyroidism</td>
<td>Central Hypothyroidism</td>
</tr>
</tbody>
</table>

- **USOOLE ILAJ:**
  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-Ifrazz-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:**
  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:**
  Barge sana 6gr, Turbud 6gr, Turanjabeen 4gr, Gariqoon 4gr, Magz amaltas 7gr, Shere khisht 7gr, Roghan bade anjeer 25ml. Appropriate doses of Mushilat Balgham are added to the decoction of Munzige Balgham for a period of 3-5 days to induce purgation.

- **Tabreeede Badan:**
  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 shalitra etc. These are used for a period of 2-3 days.

- **Use of Musakkhinat:**
  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, Khul Anjan, 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