



EFFICACY OF *JAWARISH FALAFALI* IN *QILLAT-I-IFRAZE DARQIA* (HYPOTHYROIDISM) - A CASE STUDY

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Case Study

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ABSTRACT

Hypothyroidism is a condition when the thyroid gland produces insufficient amounts of the hormone thyroxin. One of the most prevalent endocrine system diseases, hypothyroidism (*Qillat-i-Darqiyyat*), affects 11% of people, mostly women. Clinical features of *Sue-i-Mizaj Baridratah* are almost identical to those of hypothyroidism, also known as *Qillat-i-Darqiyyat* in the Unani System of medicine. A 35-year-old female patient was treated with *jawarish Falafali*, a unani formulation, for two months after presenting to the ilaj bit tadbeer OPD at the Ajmal Khan Tibbiya College with symptoms of weight gain, pain in multiple joints, hair loss, and general weakness. Along with the thyroid profile test, all routine blood tests were performed both before and after treatment. After receiving medication for 2 months, the patient's symptoms significantly improved, as evidenced by a reduction in signs and symptoms and a decrease in TSH levels from 8.9 IU/mL to 3.5 IU/mL. However, during the course of therapy, the blood T3 and T4 levels remained within the normal range. As a result, this study suggests that unani medication can be used successfully to treat hypothyroidism.

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INTRODUCTION

Hypothyroidism is a hormonally deficient condition brought on by inherent thyroid gland dysfunction, which affects the body's ability to produce and secrete T4 and T3 hormones. If individuals with subclinical hypothyroidism (normal t4, increased TSH) are included, the prevalence of primary hypothyroidism rises to 5:100 from 1:100 now. The male-female ratio is around 6 to 1. There are several main hypothyroidism causes. Over 90% of instances of Hashimoto's thyroiditis, spontaneous atrophic hypothyroidism, graves' disease, thyroid failure, or surgical therapy of thyrotoxicosis are found in regions of the world that do not have considerable iodine deficiency.

The intensity and length of the hypothyroidism determine the clinical characteristics. Long-term hypothyroidism causes mucopolysaccharides, hyaluronic acid, and chondroitin sulphate to infiltrate numerous body tissues, which causes a low-pitched voice, poor hearing, slurred speech due to a large tongue, fatigue, weakness, feeling cold, hair loss, difficulty concentrating, poor memory, constipation, weight gain with poor appetite, dyspnoea, and menorrhagia (later oligomenorrhoea). Levothyroxine-based hormone replacement therapy is used successfully in conventional medical systems to treat hypothyroidism, but it can also have serious side

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effects, including osteoporosis, atrial fibrillation, myocardial ischemia, and lowering TSH levels to subnormal ranges.

Concept of hypothyroidism in unani medicine

Although *Qillat-i-Ifraze Darqia* (hypothyroidism) is not directly covered in classical Unani texts, Unani physicians were well aware of the various endocrine glands and their disease conditions, and treatments like organotherapy were well known for treating a variety of such disorders. The goiter is referred to as a "struma" by the father of medicine, Buqrat (Hippocrates, 460–377 B.C.). The eminent Greeco-Roman physician Galenus (Galen 130–200 A.D.), who made significant contributions to the study of numerous illnesses, hypothesized that thyroid gland secretions were crucial for lubricating the larynx. He also provided evidence that many patients became silent following thyroid surgery because the procedure injured the laryngeal nerves. In his renowned book "*Kamil al-Sana't*", 'Ali ibn 'Abbas Majusi (930-994 A.D.), related that the waram (swelling) that follows from the buildup of *Balgham e-Ghaleez* (abnormal *phelgem*) results in "Ghainga", which are comparable to glands. The father of surgery and the greatest unani surgeon of all time, Abul Qasim Zahrawi (936–1036 A.D.), mentions a thyroid operation in his classic unani medical work, "*Kitab al-Tayasar Fi'l Madaw'at al-Tadbeer*." *Hujuzul ain*, also known as exophthalmic goiter, was described by Ibn Hubul Baghdadi (1122–1213 A.D.) in his book "*kitab al-Mukhtarat Fi'l Tibb*" (a traditional Unani medical literature). Another Unani physician, Ismail Jurjani, spoke about protruding eyeballs in his work "*Dhakhira Khawarizm Shahi*" (12th century), which is today recognized as a key indicator of Grave's disease. Regarding the symptoms and signs of *su'-mizaj barid maddi* or *su'-mizaj balghami* (impaired substantial cold temperament) or (impaired phelgematic temperament), which almost all great unani physicians, including Ibn Sina (980–1037 A.D.) and others, have described, the clinical characteristics of hypothyroidism (*Qillat-i-Ifraze Darqia*) somewhat resemble these. Rushud (1126–1198 A.D.), Ibn -Hubul Baghdadi (1122–1213 A.D.), and Zakaria Razi (860–925 A.D.) in their respective treatises like *Al-Qanun Fi'l-Tibb* (The Canon of Medicine), *Kitab al-*

Kulliyat (Basics of Unani Medicine), *Kitab al-Mukhtarat fi'l Tibb* (a classical unani medical text), and *Kitab al-Mansuri* (a classical unani medical text), respectively, have been described in detail.

MATERIAL AND METHOD

Case report

A 35-year-old married woman visited the outpatient department of Ilaj Bit Tadbeer Ajmal Khan Tibbiya College and Hospital with symptoms of several joints pain, increase weight since 5–6 months, low appetite, and hair loss since 3 months. The patient was asymptomatic for the previous six months, at which point she began to complain of weight gain that came on gradually (about 1-1.5 kg per month), coupled with severe hair loss, a lack of appetite, and overall weakness that made it difficult for her to carry out normal domestic tasks. No prior complaints of this nature existed. There was no history of systemic illnesses such as CAD, PCOD, hypertension, or diabetes. There was no history of hypothyroidism in the family. She was non vegetarian, did not oversleep, had normal bowel and bladder movements, and had no relevant gynaecological medical history. Additionally, the patient did not smoke, drink, or use any other substances. The patient was examined for blood Hb%, fasting blood sugar, total lipid profile, T3, T4, TSH, and other tests after receiving a thorough medical history. When the patient read the report, hypothyroidism was diagnosed. Here's where the patient was originally diagnosed. Her TSH was 8.5mlU/ml; therefore, her T3 and T4 levels on May 5, 2023, were within normal ranges. The informed permission form for publication of this report was signed by the patient.

Intervention and follow up

For two months, the patient got 6grams of *jawarish falafali* twice a day with water. Every two weeks, the patient underwent follow-up exams to gauge any progress in signs and symptoms and to look for any negative effects. During the trial period, concurrent treatment is not permitted. *Jawarish falafali* ingredients were discovered to have thyroid-stimulating properties.

Ingredients of *jawarish falafali*

Unani name	Botanical name	Dose
Filfil siyah	<i>Piper nigrum</i>	200gm
Filfil safed	<i>Piper nigrum</i>	200gm
Filfil daraz	<i>Piper longum</i>	200gm
Zinjbeel	<i>Zingiber officinale</i>	10gm
Aud balsan	<i>Commiphora opoballasum</i>	10gm
Tukhm karfas	<i>Apium graveolens linn</i>	10gm
Saleekha	<i>Cinnamom zeylanicum</i>	10gm
Asaroon	<i>Valerina wallichill</i>	10gm
Qand safeed	<i>Sugar</i>	

OBSERVATION AND RESULT

The evaluation of efficacy was based on clinical indicators, such as a decrease in the pace of weight gain, an improvement in appetite, a decrease in hair loss, an improvement in general well-being. A thyroid function test served as the basis for evaluating the objective criteria. Throughout the course of therapy, no negative effects were discovered (table 2). The TSH

report decreased from 8.5 to 3.7 before and after therapy. After 2 months, there were no longer any symptoms to be seen due to a gradual reduction in symptom recurrence. Clinically, the patient showed no abnormalities. The patient has no complaints about the unani therapy. She was completely satisfied with the Unani treatment.

Table 1: Symptoms Wise Result.

Sr. No	Symptoms Before Treatment	0	1 st	2 nd	3 rd	4 th
1.	Weight Gain	Not Reduced	Not Reduced	Mild Reduced	Reduced	Reduced
2.	Puffy Face and Eyes	+++	+++	++	+	-
3.	Laziness	+++	++	++	+	-
4.	Joints pain and Stiffness	+++	+++	++	+	+
5.	Constipation	++	+	-	-	-

Table 2: Effects of Drugs on Objective and Safety Parameters.

Investigation	Before treatment values	After treatment values
Hemoglobin	11.1	11.9
RBC	3.73	3.90
WBC	6.1	6.0
Platelets	2.5 lakh/cumm	2.6 lakh/cumm
neutrophil	55.8%	55.2%
lymphocyte	34.3%	33.4%
monocyte	6.9%	33.4%
eosinophil	3.0%	3.1%
basophil	0	0
ESR	57	52

Blood urea nitrogen	17	15
Serum creatinine	0.75	0.50
Serum bilirubin	0.8	0.6
SGPT	22	19
SGOT	28	24
Alkaline phosphate	333	314
Serum triglycerides	205	194
ECG	normal	normal
Total triiodothyronine T3	219	190
Total thyroxine T4	5.1	5.1
Thyroid stimulating hormone TSH	8.9	3.5

DISCUSSION

It was shown that the Unani formulation of *jawarish falafali* was successful in lowering clinical symptoms and TSH levels in biochemical tests. The body's disposition shifts from normal to abnormally frigid in hypothyroidism. The goal of the Unani system of medicine's recommended treatment plan is to give the body a hot, dry temperament in order to combat the body's aberrant temperament. Based on its hot and dry disposition, *jawarish falafali* was chosen and utilized to treat hypothyroidism.

CONCLUSION

The conclusions of this study show that Wayne's score and the subjective and objective parameters have significantly improved with the use of the Unani formulation, *jawarish falafali*. Without any known negative effects, effective tolerance and acceptance, together with a general increase in quality of life, were reached using unani medication. We may thus draw the conclusion that *jawarish falafali* can be employed in the safe and efficient management of hypothyroidism. To successfully control hypothyroidism with a novel therapy option using unorthodox medications, extensive clinical studies with a larger sample size are needed.

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