



MANAGEMENT OF EARLY HYPOTHYROIDISM (QILLAT-I-DARQIYYAT) WITH A UNANI REGIMEN: A CASE REPORT

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Review Paper

Received: 16.07.2025

Revised: 00.00.2025

Accepted: 00.00.2025

ABSTRACT

Background: Hypothyroidism is a prevalent endocrine disorder characterized by insufficient thyroid hormone production, leading to various systemic effects such as fatigue, indigestion, mood disturbances, and metabolic slowing. While conventional treatment includes hormone replacement therapy, Unani medicine offers alternative approaches. Hypothyroidism symptoms align closely with those of "Su-e-Mizaj Barid Maddi" in Unani texts, indicating potential for traditional interventions.

Objectives: To evaluate the effectiveness and safety of a Unani regimen comprising *Sufoof-e-Hazim*, *Arq Badiyan*, and *Hab Kabid Naushadri* in managing early hypothyroidism symptoms and improving thyroid function.

Methods: A 60-year-old male with symptoms of indigestion, disturbed sleep, and generalized weakness was treated at the Regional Research Institute of Unani Medicine, Srinagar. Diagnostic investigations confirmed early hypothyroidism (TSH: 9.7 μ IU/mL). A 60-day Unani treatment regimen was administered with biweekly follow-ups assessing clinical symptoms, vitals, and therapy tolerance. Thyroid function was re-evaluated at the end of the treatment.

Result: The patient showed significant clinical improvement, including better digestion, sleep quality, and energy levels. Follow-up Thyroid Function Test revealed a reduction in TSH to 3.6 μ IU/mL, suggesting endocrine improvement. No adverse effects were observed, supporting the regimen's efficacy and safety in managing early hypothyroidism through Unani medicine.

No. of Pages: 6

No. of Tables: 3

No. of Figures: 1

References: 37

Keywords: Hypothyroidism, Unani Medicine, Su-e-Mizaj Barid Maddi, Thyroid Function Test, Qillat-e-Ifraz-e-Darqiya.

1. Introduction

Hypothyroidism, a common thyroid hormone deficiency, can cause serious health issues and death if untreated. Diagnosis relies on biochemical markers due to varied, non-specific symptoms.[1] It results from genetic abnormalities, gland removal, destruction, or autoimmune damage, leading to

reduced hormone signaling and affecting mood, cognition, and metabolism.[2] Clinical presentations range from severe myxedema to asymptomatic/subclinical forms with mildly elevated thyrotropin levels, affecting 4-15% of developed countries' populations.[3] Overall prevalence is 3.8-4.6%, with women more affected. Conventional treatment

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involves hormone replacement therapy.[4-9] In Unani medicine, "Qillat-e-Ifraz-e-Darqiyya" describes hypothyroidism, caused by thyroid gland abnormalities and reduced hormone production.[10]

Hypothyroidism has diverse causes and symptoms.[11] Untreated or chronic hypothyroidism can lead to co-morbidities like anemia, hypertension, hypercholesterolemia, diabetes, obesity, myopathy, migraine, depression, and anxiety.[12] While not directly described in Unani medicine, symptoms of "Su-e-Mizaj Barid Balghami" (disturbed phlegmatic temperament) in Unani literature are similar to modern hypothyroidism symptoms.[13-16]

Unani physicians, including Hippocrates, Galen, Zakaria Razi (865–925 AD), Ali Ibn-e-Abbas Majoosi (983 AD), Ibn-e-Sina (980–1037 AD), Ismail Jurjani (1040–1136 AD), Ibn-e-Hubal Baghdadi (1121–1213 AD), Ibn-e-Rushd (1126–1128 AD), and Ibn-e-Zohr (1094–1162), recognized glands and related pathologies.[17-18] Unani philosophy links health and illness to humoral and temperamental balance. Diseases arise from imbalances in humors or temperament, influenced by various factors.[19] "Su-e-Mizaj Barid" (cold temperament) occurs with cold organ imbalances, showing signs like excessive sleep, appetite loss, and pale skin. Hypothyroidism symptoms resemble "Su-e-Mizaj Barid Maddi," including plethoric appearance, salivation, fatigue, appetite loss, sleepiness, and cold skin, attributed to abnormal

phlegm excess.[20] Clinical manifestations of "Su-e-Mizaj Barid Maddi," detailed by Unani scholars, align with hypothyroidism symptoms.[21-32]

MATERIAL AND METHODS

The study was conducted in 2025 at the Regional Research Institute of Unani Medicine, Srinagar, affiliated with the University of Kashmir. Results were published while maintaining patient confidentiality in line with prior consent. The patient was treated with a combination of Sufoof-e-Hazim, Arq Badiyan, and Hab Kabid Naushadri, each prescribed with specific dosages and therapeutic intentions.

Case History

A 60-year-old male presented to the Regional Research Institute of Unani Medicine, Srinagar, University of Kashmir, with complaints of indigestion, hyperacidity, disturbed sleep, and generalized weakness for the past several months. He reported persistent indigestion with a sensation of fullness after meals, frequent belching, and bloating, along with hyperacidity, particularly after consuming spicy or heavy foods. The patient also experienced difficulty sleeping, marked by frequent nighttime awakenings, and complained of generalized weakness and morning fatigue. Occasionally, he experienced mild headaches without associated nausea or photophobia. There was no history of diabetes, hypertension, cardiac illness, or gastrointestinal ulcers. He was not on any regular medication prior to the onset of symptoms and denied any history of substance use.

Table 1: Laboratory Investigations.

Test	Result	Interpretation
TSH	9.7 μ IU/mL	Elevated
Free T3, Free T4	Low-normal	Suggestive of early hypothyroidism
Complete Blood Count (CBC)	Within normal limits	
Fasting & Random Blood Sugar	Normal	
LFT/KFT	Normal	
ECG	Normal sinus rhythm	

As shown in Table 1, the laboratory investigations revealed a significantly elevated TSH level (9.7 μ IU/mL) with low-normal Free T3 and T4, which is suggestive of early hypothyroidism. Other routine investigations including CBC, blood sugar levels, liver

and kidney function tests, and ECG were within normal limits, indicating no systemic illness or metabolic disturbance apart from thyroid dysfunction.

Table 2: Clinical Examination Findings.

Parameter	Findings
General Appearance	Mildly pale, no icterus or edema
Vitals	BP: 122/78 mmHg, Pulse: 74 bpm, Afebrile
Weight	Slightly increased, no recent loss
Abdominal Examination	Mild epigastric tenderness, no organomegaly
Neurological Exam	Normal, no focal deficits
Cardiovascular System	Normal heart sounds, no murmurs
Respiratory System	Clear breath sounds
Sleep Assessment	Difficulty initiating sleep, frequent nighttime waking
Mental State	Mild lethargy, no signs of depression

Table 2 Highlights the findings from the clinical examination. The patient appeared mildly pale, but there were no signs of edema, jaundice, or acute systemic involvement. His vitals were stable, and both cardiovascular and respiratory examinations were unremarkable. Notably, sleep assessment indicated insomnia with frequent nighttime awakenings,

aligning with his complaints of disturbed sleep. Mental and neurological assessments were within normal limits, excluding any neuropsychiatric contribution to his symptoms.

Therapeutic intervention

Prescribed Unani Combination Therapy (Duration: 60 Days)

Table 2: Clinical Examination Findings.

Medicine	Formulation Type	Dosage	Purpose / Therapeutic Actions	Reference
Sufoof-e-Hazim	Polyherbal powder	5 grams twice daily after meals	Improves digestion - Relieves flatulence and bloating - Acts as an appetizer	[33]
Arq Badiyan	Herbal distillate	30 ml twice daily after meals	Digestive, gastroprotective, hepatoprotective - Antispasmodic and carminative - Diuretic and anorectic-Effective in fatty liver, improves HDL	[34]
Hab Kabid	tablet/pill	2 tablets	Supports liver function - Promotes overall	[34]
Naushadri		twice daily with lukewarm water	digestive wellness	

Follow up and outcome measures

The therapy was followed for a duration of 60 days, with follow-ups conducted at regular intervals every 15 days to monitor the patient's clinical progress. Throughout the treatment period, the patient demonstrated steady improvement in symptoms without any adverse effects such as indigestion, nausea, or other complications, confirming the safety and tolerability of the prescribed Unani regimen. At each follow-up, the patient's vitals were recorded, and

regular monitoring of the thyroid function was recommended to assess the therapeutic effectiveness. At the end of the 60-day treatment period, a repeat Thyroid Function Test (TFT) was performed, which showed improvement in thyroid levels, indicating a positive response to the treatment.

RESULTS

Reported marked clinical improvement. Symptoms of indigestion, hyperacidity, disturbed sleep, and

generalized weakness had notably subsided. The patient experienced better sleep quality, improved digestion, and increased overall energy levels.

A repeat Thyroid Function Test (TFT) conducted on the 60th day revealed a significant reduction in TSH levels from 9.7 $\mu\text{IU/mL}$ to 3.6 $\mu\text{IU/mL}$, bringing it closer to the normal reference range. Free T3 and Free

T4 levels remained within low-normal limits, indicating a favorable endocrine response. No adverse effects or complications were reported throughout the treatment period, and vital signs remained stable across all follow-ups. These findings suggest that the combination therapy was both effective and well-tolerated, contributing positively to both digestive wellness and thyroid function regulation (Chart 1).

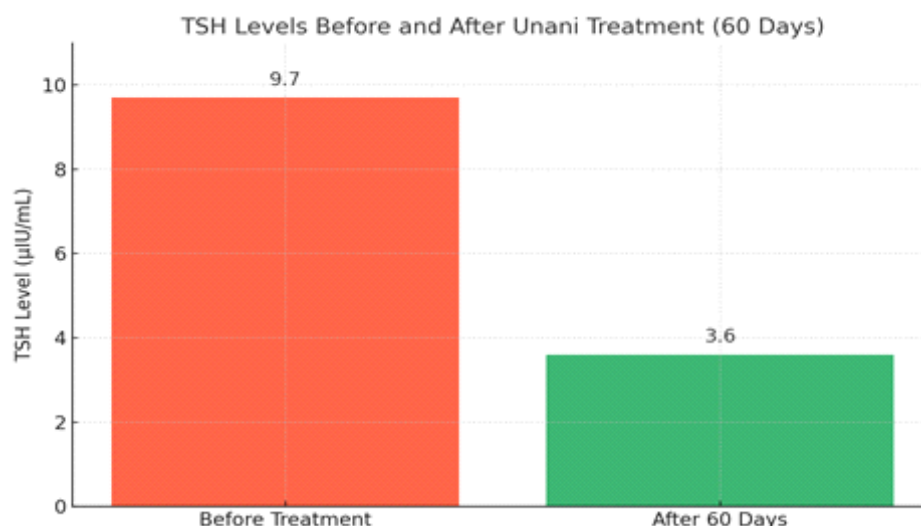


Chart 1: Showing the significant reduction in TSH levels from 9.7 $\mu\text{IU/mL}$ before treatment to 3.6 $\mu\text{IU/mL}$ after 60 days of Unani therapy.

DISCUSSION

This case underscores the therapeutic potential and safety of a classical Unani regimen—Sufoof-e-Hazim, Arq Badiyan, and Hab Kabid Naushadri—in the management of early hypothyroidism accompanied by digestive disturbances. The patient exhibited notable symptomatic improvement and a marked reduction in TSH levels from 9.7 $\mu\text{IU/mL}$ to 3.6 $\mu\text{IU/mL}$ within 60 days, without any adverse effects. The clinical benefits observed may be due to the synergistic action of the formulations, each grounded in Unani principles. Sufoof-e-Hazim, mentioned in *Al-Qanoon fi'l-Tibb* and *Makhzan al-Adwiyah*, functions as a Hāzim (digestive) and Muqawwi-i-Meda (stomach tonic), promoting gastric function and relieving dyspepsia. Arq Badiyan, described in *Bayaz-e-Kabir* and *Qarabadin-e-Azam*, acts as a Mufttiḥ (deobstruent) and Mufarriḥ (exhilarant), relieving bloating and digestive distress, and may exert mild Moaddil-i-Hormonal effects. Hab Kabid Naushadri, a well-known liver tonic in Unani medicine, supports hepatic detoxification and T4 to T3 conversion,

crucial for thyroid function. By addressing Asbab such as Su-e-Hadm, Zo'f-i-Kabid, and Imtila, this regimen reflects the holistic approach of Unani medicine in restoring metabolic and hormonal balance, meriting further scientific evaluation.

CONCLUSION

The case highlights the potential benefits of Unani medicine in the management of early hypothyroidism accompanied by digestive disturbances. The combination therapy of Sufoof-e-Hazim, Arq Badiyan, and Hab Kabid Naushadri was effective in relieving symptoms such as indigestion, hyperacidity, disturbed sleep, and generalized weakness, while also significantly reducing TSH levels from 9.7 to 3.6 $\mu\text{IU/mL}$. The treatment was well-tolerated, with no reported side effects during the 60-day duration. These findings suggest that traditional Unani formulations may offer a safe, holistic, and effective approach to support thyroid health and improve quality of life in patients with subclinical or early-stage hypothyroidism.

Future Suggestions

Further research with larger sample sizes and longer follow-up periods is recommended to validate these findings. Controlled clinical trials comparing Unani therapy with conventional treatments could provide stronger evidence for its efficacy and safety. Additionally, exploring the pharmacological actions of individual Unani ingredients may help understand their role in thyroid regulation and digestive support.

Declaration of patient consent

The authors affirm that duly executed patient consent forms, authorizing the dissemination of clinical data within this publication, have been obtained. While meticulous measures will be employed to safeguard patient confidentiality, absolute anonymity cannot be assured. The patient acknowledges that their full names and initials will be withheld.

ACKNOWLEDGEMENT

The authors express their sincere gratitude to Dr. Irfat Ara, Deputy Director of the Regional Research Institute of Unani Medicine, Srinagar, and to the Library staff for their invaluable support and for providing extensive literature that greatly aided in the preparation of this case report.

Conflict of Interest

None

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