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Correlation between AMA and hypothyroidism: Conceptual study

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Abstract

Hypothyroidism is commanest endocrine disease. It affects quality of life of individual. In Modern medicine, Only treatment is synthetic thyroxine tablets which patients had to take lifelong.

The Phenomena of *Ama* as understand like outcome of improper digestion. *Samagni* is result of equilibrated states of functioning of *tridoshas*. *Agni* plays an important role in digestion of food as well as it maintain hormonal mechanisms. Thyroid Function largely depends on GIT health. Hypo, Hyper and Erractic function of *agni* may be followed by hypo, hyper and erractic function of thyroid gland. So hypothyroidism can be considered as a result of *ama* formation which is caused by *agnimandya*.

Keywords: Hypothyroidism, Ama, Samagni, Agnimamdya

Introduction

The most common disorder of endocrine gland is thyroid disorders and hypothyroidism is one of most comman disorder of thyroid gland. Hypothyroidism, Hyperthyroidism, Goiter and Iodine deficiency disorder, Hashimoto's thyroiditis, thyroid cancer are disorder of thyroid gland [1]. Thyroid hormones impact the functioning of almost all organs of our body. For growth and development of our body as well as for development of nervous system thyroid hormone is required. Thyroid gland released iodine- containing thyroid hormones, thyroxine (T₄) and Tri-iodothyronine (T₃). The major function of the thyroid gland is to maintain a high rate of metabolism. Hypothyroidism is a hypo metabolic clinical state resulting from inadequate production of the thyroid hormones for prolonged periods. Prevalence of hypothyroidism is 11% in India, affects 1 in 10 person [2]. It is 10 times more common in female as compared to male that increase with age [3].

The concept of *agni* gives us basic knowledge for the understanding theories of *auyrvedic* physiology as well as pathological status. Chemical Process involve in Gastro intestinal digestion is belonged with kayaagni. According to *charak* Life span, complexion, strength, health, enthusiasm, corpulence, luster, immunity, energy, heat process and vital breath all these depend on Agni. The term agni means fire but in functioning of human body this term indicated various factor which participate in direct course of digestion & metabolism [4]. According to the different functions and sites of action agni is of 3 main type i.e *Antaragni*, *Bhutagni*, *Dhatwagni*. The agni located in the jathara is responsible for digestion and absorption of the food called *Antaragni*. The bhutagni is responsible for transformation of heterogeneous substance to homogenous substance. The *Dhatwagni* along with *bhutagni* responsible for the metabolism [5].

Ama is a Sanskrit word that translates literally to mean things like "unripe," "uncooked," "raw," "immature," or "undigested." Approximately, it is configuration of un-metabolized waste that cannot be utilized by the body ^[6]. Due to impaired Agni food does not digest properly and develop unprocessed Rasa is known as *AMA*. The effect of the thyroid hormone on body is similar to the functioning of agni and the symptoms of Hypothyroidism and *Ama* also resemble each other. So here an attempt has made to understand it.

AIM

To study the concept of Hypothyroidism and ama (agnimandya) & correlate with each other.

Type of Study

Conceptual type of study.

Materials & Methodology

- Literary study of Hypothyroidism.
- Literary study of *dhatwagnimadhya* & ama.
- Comparartive study.

Anatomy & Physiology of Thyroid

Thyroid gland is a endocrine gland of body which shaped like butterfly composed of two lateral lobes which connected by a thin band of tissue called as isthmus. The thyroid gland located in neck in front of trachea. Its weight is 15-25gram $^{[8]}$. Cut section of normal thyroid is yellowish and translucent. Thyroid is composed of lobules of colloid filled spherical follicle or acini. The follicle are main functions units of thyroid $^{[9]}$. The follicles synthesize and secrete iodine containing hormone tri-iodothyroine (T_3) and tetra-iodothyronin $(T_4)^{[7]}$. Thyroid gland also consist of a second type of cell called as parafollicular or c cells which synthesize and secrete the hormone calcitonin. It regulate blood calcium level along with parathyroid hormone $^{[8]}$.

Thyroid gland secretes hormone T_3 and T_4 while TSH is secreted from anterior pituitary gland. TSH stimulates the production & secretion of metabolically active thyroid hormones. Thyroxine (T_4) & Tri-Iodothyronin (T_3) are responsible for regulating diverse biochemical process throughout the body which are essential for normal development as well as metabolic & neural activity $^{[10]}$.

Functions of Thyroid Gland [8, 11]

- Bone Growth
- Maturation of CNS.
- Adrenegic actions -increasing cardic output, Heartrate, Contractility of Myocardium.
- Thyroid hormone increases general metabolism, BMR is increased, O₂ consumption and heat production is also increased. It also Increases Glycogenolysis, Gluconeogenesis, Lipolysis.
- Carbohydrate mechanism: Thyroxine stimulates the absorption of monosaccharide from the intestine. Thyroid hormones increases the rate of absorption of carbohydrates from the gastrointestinal tract. It stimulates the process of glycogenolysis and also stimulates the consumption of glucose in the tissue.
- Protein Metabolism: Thyroxine hormone has anabolic effect on protein and enhancement of growth of all bodily tissues.
- Fat Metabolism: Thyroxine increases synthesis of lipids and also promotes lipolysis by mobilising and degrading the lipids.
- Iodine metabolism: Thyroxine helps in the absorption of inorganic iodidie from the plasma and oxidation of iodide into iodine

Hypothyroidism

Reduced production of thyroid hormone is termed as Hypothroidism ^[12]. According to the time of onset it is divided in congenital and acquired, according to the level of endocrine dysfunction in primary and secondary or central and according to the severity in severe or clinical and mild or subclinical hypothyroidism ^[13].

The diagnosis may be easily performed by the measurement

of blood levels of thyroid hormones. Normal Range of thyroid are $^{[8]}$

$$\begin{split} TSH &= 0.4\text{-}4.0 \text{ mIu/L} \\ Total \ T_{4=} 5.4\text{-}11.5 \ \text{mIu/L} \\ Free \ T_{4=} 0.7 \ \text{-}1.8 \ \text{mIu/L} \\ Total \ T_{3=} 80 \ \text{-}220 \ \text{mIu/L} \\ Free \ T_{3=} 260\text{-}480 \ \text{mIu/L} \end{split}$$

TSH and FT₄ measurement are essential laboratory tests for the diagnosis of hypothyroidism and the differential diagnosis between primary (clinical or subclinical) and secondary one.

Primary Hypothyroidism: Decreased function of thyroid gland due to disease of thyroid itself.

Secondary Hypothyroidism: Decreased function of thyroid gland due to decreased TSH level.

Tertiary Hypothyroidism: Decreased function of thyroid gland due to decreased function of hypothalamus.

Subclinical Hypothyroidism: A condition with normal thyroxine and triiodothyronine level along with mildly elevated TSH level.

Cause of Hypothyroidism [8] Primary Hypothyroidism

- Iodine deficiency
- Autoimmune Hypothyroidis- Hashimoto thyroiditis.
- Exogenous Goiterogens
- Congenital Hypothyroidis- Agenesis of thyroid Hypoplasia of thyroid Dyshormonogenetic goiter
- Iatrogenic Hypothyroidism- Surgical removal Radiation

Secondary Hypothyroidis

- Due to defect in pituitary hypothalamic axis.
- Failure of pituitary
- Failure of hypothalamus.

Clinical Features of Primary Hypothyroidism [8]

- 1. Leathargy
- 2. Mild depression
- 3. Distrubances in menstruation
- 4. Weight gain
- 5. Cold intolerance
- 6. Dry skin
- 7. Coarse brittle hair
- 8. Myopathy
- 9. Constipation
- 10. Reduced reflexes
- 11. Breadycardia

The Clinical manifestation of hypothyroidism depending upon the age and onset of disorder are divided into 2 type – Cretinism-The development of hypothyroidism during infant or childhood.

Myxedema-It is development of hypothyroidism during childhood.

Clinical Picture [14]

Table 1

Cretinism	Myxedema
Skeleton: Stunted growth, short club- like fingers,	Skin and body: Irregular deposition of the fat on the body
deformed bones and teeth	Swelling of tongue, hoarseness and slow speech.
Face: bloated face, idiotic look, saliva	Face: Swollen puffy and oedematous look
Dribbing	of the face and whole body
Abdomen: overweight or bloated belly, umbilicus often protruding.	Abdomen: overweight and bloated belly
GI Tract: Appetite is reduced. Motility of GI tract is reduced, Constipation	GI Tract and metabolism: Appetite and motility is reduced. Body weight is increased, Constipation. BMR is reduced by 35-40% Low body temperature.
Metabolism: BMR is reduced by 20-40%, low body	Blood: low blood sugar and iodine. Increased sugar tolerance
temperature, deposition of fat especially above the clavicle.	Raised serum Cholesterol
Susceptible to cold and flu, immunity is reduced.	Heart other symptoms:
	Slow heart rate (Bradychardia) Stroke volume and minute volume is
	reduced. So the cardiac output is reduced. Respiration rates are reduced.
Urine output is reduced.	Excretion of Nitrogen and urine output is reduced.
Dry scaly skin, hoarse cry and bradycardia	Lethargy and apathy

Agnimandhya in Ayurveda

Agni present in the jathara which digest the food is BHAGAVAN, he receives sweet and other tastes, he being subtle it is not possible to perceive him [15]. Jatharagni is the chief among all types of agnis because functions of bhutagni and dhatvagni depends on this. Aggravations or dimintion of jatharagni results in aggravation or dimintion of bhutagni and dhatvagni [16]. Jatharagni maintains the procedure of paka of dhatus which is signify metabolism of tissues [17]. Pacakagni is stated to be responsible for digestion and metabolism. It is of 4 kinds based on the involvement of dosas: First variety is not associated with dosas and it is called SAMAGNI state and it is the physiological state of agni. Remaining 3 varieties of agni are the pathological onces, VISAMAGNI state due to vata, TIKSNAGNI state due to pitta, Mandagni state due to kapha [18]. Accorrding to acharaya sushrut, Mandagni is the state in which digestion process become weak and takes long times to digest the less quantity of food. In charak Samhita, mandagni is the state in which action of jathargni is considerably inhibited due to kapha,in this time agni is unable to digest small quantity of food. While discribing" agnimandya" Acharya Madhav has not only emphasized on" Mandaagni" alon butany kind of hyper functioning or hypo functioning of agni has ben considered

in the term "agnimandya". In pathogenesis of many disorder Agnimandya is main step. Dosha-prakop cause by Hetusevan. These prakupitdosha vitiate dushya and their samuurchhana which leads to many diseases [19].

Concept of AMA

IN asthang hridhya vagbhatt mentioned; Due to weakness in agni adhya rasa becomes immature, improperly metabolism substance called AMA, which manifests in amasaya [20]. According to Charak; Impaired digestion and metabolism due to hypofunctioning of jatharagni is called AMA and it excacerbates all the dosa [21]. Due to hypofunctioning of agni proper digestion of food doesn't takes place leading to formation of AMA, which is responsible for the manifestation of almost all diseases. Food which is improperly digested having foul smell, excess unctuousness and develops lethargy in all body organ is called AMA [22]. According to Dalhana and Cakarpani, Ama formation not only done by jatharagni mandya, the whole dhatvagnivyapara may impaired.

Production of Ama is complete at various level;

- Jatharagni mardavata (sluggish impaired functioning of agni)
- Dhatvagni Daurbalya(Altered functions of dhatvagni)
- Bhutagni mandyata(Defect in the functions of bhuta) [23]

Pathogensis of Ama [24]

FOOD + JATHARAGNI (MANDA) = AMA(CAUSING DISEASE IN MAHASROTAS ALSO SOME PORTION OF IT IS ABSORBED TO CAUSE GENERALISED SYMPTOMS) $\downarrow \\ SAMA JATHARAGNI \\ \downarrow \\ AHARA RAS + BHUTAGNI AND DHATVAGNI(MANDA) = AMA CAUSE DISEASE ALL OVER BODY \\ \downarrow \\ SAMA DHATVAGNI$

- Asthayi Dhatu + Pacakansa (Manda)= Vrdhhi of the dhatu
- Asthayi Dhatu + Pacakansa (Tiksna)= Ksaya of the dhatu

General Symptoms of AMA [25]

• Srotorodha -Obstruction to body channels

- Balbhrinsha -Loss of body strength
- *Gaurava* -Heaviness
- Anil Mudhata-Abnormal movement of Vata Dosha
- Aalasya -LazinessApakti IndigestionNisthiva -Excess drooling
- *Malsanga* -Obstruction to Mala eg. Purisha, etc.
- Aruchi -Loss of Taste Klama -Lethargy

Discussion on Comparison of AMA and hypothyroidism

Almost all disease arises due to sluggish functions of *agni*. ^[26] in other word, Diminish and exaggerate functioning of the "*agni*" is the main cause of pathogenesis of any *vikruti.Kayaagni* present in its own place has portions of

itself, present in *dhatus* also. Their decrease (quanity, qualities, functions) and increase (quanity, qualities, functions) give rise to increase and decrease of *Dhatus* (respectively) [27]. *Ama* is the outcome of improper digestion, in other word incomplete or partial digestion of food leads to *Ama*. Irregular digestion and metabolism cause imbalance *in Dhatus* [28]. Due to hypofunctioning of *agni* proper digestion of food doesn't takes place leading to formation of Ama, which is responsible for the manifestation of almost all disease [22]. Hypometabolism *or Mandagni* leading to state analogous to Hypothyroidism resulting in *dhatuvraddhi* [27]. Here *manadyagni* mention not only *jatharagni mandya* but *mandya of dhatvagnis* and *bhutagnis* also. Disturbed functions of agni leads to formation of *ama*, the symptoms *of ama* and hypothyroidism are correlated as:

Table 2

Symptoms due to Ama	Symptoms of Hypothyroidism ²⁹
Srotorodh	Irregular deposition of the fat on the body, hoarseness and slow speech.
Balbrinsha	BMR is reduced, Bradycardia
Gaurava	Body Weight is increased, loss of appetite
Anil Mudhata	Deformed bones and teeth, constipation
Aalasya	Lethargy and apathy.
Apakti	Appetite is reduced, Indigestion
Malsanga	Motility of GI tract is reduced, Constipation
Klama	Lethargy

Conclusion

Thyroid gland is also one of the important glands of the endocrine system. The thyroid gland produces hormones that regulate the body's metabolic rate, muscle and digestive function, and bone maintenance. The special part of *agni* relates to hormonal mechanism. This aspect is important in relation of thyroid mechanism and *agni*. Recent studies shows that thyroid functions largely depends on GIT health. AS Symptoms of undigested food material is the symptom of ama. As discussed in this article there are some significant features of *Ama* mentioned by various *Acharyas* which are related with those of hypothyroidism.

References

- Chandra S, Gurao R, Dadhich OP. Conceptual study of hypothyroidism and agnimamdya. International Journal of Ayurveda and Holistic Medicine. 2015;5(4):1923-1931. Available from: http://www.interscience.org.uk
- Owen K, Turner H, Wass J, editors. Oxford handbook of endocrinology & diabetes. Oxford University Press; c2022.
- Choudhary S, Mandal AK. Textbook of Pathology for MBBS. 2nd ed. New Delhi: Avichal Publishing Company; c2021.
- 4. Dwarakanatha C. Introduction to Kayachikitsha. Varanasi: Chaukhambha Orientalia; c1996.
- Verma G, Pawer JJ. A review on Ayurvedic perspective of thyroid disorder. International Journal of Development Research. 2016;6(8):8916-8919. Available from: http://www.journalijdr.com
- 6. Pole S. Ayurvedic Medicine: The Principles of Traditional Practice. London: Churchill Livingstone; c2006. p. 44-46.
- 7. Yogratnaker 19/5. By Shree Laxmipati Shastri. Varanasi: Chaukhambha Prakashan.
- 8. Kawthalkar MS. Essentials of Clinical Pathology. 2nd

- ed. New Delhi: Jaypee Brothers Medical Publishers; c2018.
- 9. Mohan H. Textbook of Pathology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers; c2019.
- 10. Boelaert K, Franklyn JA. Thyroid hormone in health and disease. Journal of Endocrinology. 2005;187(1):15.
- 11. Chatterjee CC. Human Physiology. 12th ed. New Delhi: CBS Publishers; c2018. Chapter 72, p. 607.
- 12. Sharma S, Sethi GR. Standard Treatment Guidelines—A Manual for Medical Therapeutics, 6e. Wolters Kluwer India Pvt. Ltd.; c2021.
- 13. Kostoglou-Athanassiou I, Ntalles K. Hypothyroidism: New aspects of an old disease. Hippokratia. 2010;14(2):82-87.
- Samhita S. Sutra Sthana 35/27. Edited by Ambikadatt Shastri. 9th ed. Varanasi: Chaukhambha Sanskrit Samsthan; c2051.
- Charaka Samhita, Chikitsa Sthana, Gahani Dosha Chikitsa Adhyaya, 15/38-39. Edited by Brahmanand Tripathi. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; c2009.
- 16. Thakur A, Kishor B. Concept and significance of agni in Ayurveda. International Journal of Ayurveda and Pharma Research. 2018, 6(9).
- 17. Nivertitakle P, Katti BH. Review article on agnimandhya and its management. Aayushi International Interdisciplinary Research Journal. 2019, 6(8).
- 18. Hridaya A. Sutra Sthana 13/25. Edited by Brahmanand Tripathi. Reprint ed. Delhi: Chaukhambha Sanskrit Prakashan; c2007.
- Madhava Nidan, Chapter 25/1-5. By Yadunandan Upadhyay. 32nd ed. Varanasi: Chaukhambha Sanskrit Bhavan; c2002.
- 20. Byadgi PS. Parameswarappa's Textbook of Ayurvediya Vikriti-Vijnana & Roga Vijnana. Vol 1. New Delhi: Chaukhambha Publications; c2019.

- 21. Dash B. Concept of agni in Ayurveda with special reference to agnibala pariksha. Varanasi: Chaukhambha Amarabharati Prakashan; c2015.
- Ashtanga Sangraha, Nidan Sthana 12/1. Translated by KK Murthy. 9th ed. Varanasi: Chaukhambha Orientalia; c2018.
- Ashtanga Sangraha, Sutra Sthana 11/34. Translated by KK Murthy. 9th ed. Varanasi: Chaukhambha Orientalia; c2018
- 24. Charaka Samhita, Chikitsa Sthana, Gahani Dosha Chikitsa Adhyaya, 15/50. Edited by Brahmanand Tripathi. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; c2009.
- 25. Sharma H, Sharma RK, Sharma DC. Physiological Evaluation and Correlation between Agnimandhya and Hypothyroidism. International Research Journal of Ayurveda and Yoga. 2021;4(1):211-216.