THEORY:
Subclinical hypothyroidism (SCH)—or mild thyroid failure—is estimated to occur in up to 8 percent of the total population, with a higher incidence among women, particularly those suffering from Hashimoto's thyroiditis, a chronic autoimmune disorder. The only approved traditional therapy is not reliable and carries health risks. Instead, could the use of ashwagandha, traditionally used for hormonal disorders in Ayurveda, act as an adaptogen to address SCH?

PARAMETERS:
A single-center, prospective, double-blind, randomized, placebo-controlled, parallel group trial was conducted at Sudbhawana Hospital, Varanasi, India. Subjects (n=50) had serum thyroid-stimulating hormone (TSH) levels between 4.5 and 10 µIU/L, and normal serum T3 and T4 levels. Over eight weeks, subjects received 300 mg of ashwagandha (as KSM-66) twice daily or placebo for eight weeks. Efficacy was assessed by evaluating serum TSH, T3 and T4 levels at baseline, four weeks and eight weeks; physical, vital and hematologic parameters were monitored to determine safety of the intervention. Four subjects (two from each group) withdrew consent before the four-week visit.

OUTCOME:
After eight weeks, adults taking ashwagandha had:

- Significantly decreased serum TSH levels compared to placebo at four and eight weeks.
- Increases in T3 levels by 18.6% at four weeks and 41.5% by eight weeks; changes from baseline were statistically significant compared to the placebo group.
- Increased T4 levels from baseline by 9.3% at four weeks and 19.6% by eight weeks; which were significant compared to placebo.
- Four subjects—three in placebo and one taking ashwagandha—reported mild, temporary adverse effects.

Researchers concluded: Researchers cited limitations with the small sample size and study duration, recommending further investigation with a larger population and longer duration. However, they concluded: “Treatment with ashwagandha may be beneficial for normalizing thyroid indices in subclinical hypothyroid patients.”

IMPACT:
Subclinical hypothyroidism may affect up to 18 percent of elderly adults, and can increase the risk of coronary heart disease and heart failure, and may adversely affect bone mineral density and increase the risk of fracture. However, the most common treatment—levothyroxine—is controversial and may provide no benefit. Instead, researchers and practitioners are looking for alternative ways to naturally support thyroid function. With its historical use as an adaptogen with positive balancing effects on the body, ashwagandha (Withania somnifera Dunal) may have a role to play in supporting healthy thyroid function.

1. Swiss Med Wkly. 2014 Dec 23;144:w14058
3. NEJM. 2017;376:2534-2544


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