

Navigating hypothyroidism – An Ayurvedic approach

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ABSTRACT:

BACKGROUND :

Hypothyroidism is one of the most common endocrine disorders encountered worldwide and is characterized by inadequate thyroid hormone activity, commonly presenting with weight gain, lethargy, hair loss, menstrual irregularities, and generalized heaviness. From an *Ayurvedic* perspective, these clinical features may be correlated with *Kapha* predominance, *Agnimandya*, *Medo-Dushti*, and *Santarpana*. A 24-year-old female presented with neck swelling, irregular menstrual cycles, generalized body heaviness, lethargy, hair loss, and weight gain. Thyroid profile revealed elevated TSH (61.009 μ IU/mL) and reduced T4 (3.54 μ g/dL). Based on the *Ayurvedic* assessment, a multimodal treatment protocol comprising *Langhana*, *Deepana-Pachana*, *Kapha-Medohara Chikitsa*, *Vamana*, *Shamana Chikitsa*, and dietary and lifestyle modifications was adopted. *Vamana* was performed considering the *Kapha* predominance and

Santarpana pathology. After 60 days of treatment, significant clinical improvement was observed, with TSH decreasing to 3.04 μ IU/mL and T4 increasing to 9.1 μ g/dL.

AIM: *Ayurvedic* management of hypothyroidism.

METHODS: The study is based on objective parameters

RESULTS: After 60 days of treatment, significant clinical improvement was observed. TSH decreased from 61.009 to 3.04 μ IU/mL, while T4 increased from 3.54 to 9.1 μ g/dL.

CONCLUSION: This case highlights the potential of an individualized *Ayurvedic* approach, including *Vamana* and appropriate dietary and lifestyle modifications, in the management of hypothyroid features.

KEYWORDS:

Hypothyroidism, *Ayurveda*, *Agnimandya*, *Medo-Dushti*, *Santarpana*, *Vamana*, *Kapha*.

INTRODUCTION:

Hypothyroidism is a clinical disorder characterized by inadequate thyroid hormone action at the tissue level, resulting in impaired cellular and metabolic functions.^[1] Primary hypothyroidism results from intrinsic dysfunction of the thyroid gland, whereas central hypothyroidism occurs due to hypothalamic or pituitary disorders causing deficient secretion of thyrotropin-releasing hormone (TRH) and/or thyroid-stimulating hormone (TSH).^[2,3,4] Peripheral hypothyroidism comprises disorders in which thyroid hormone secretion is normal or increased, but its action in peripheral tissues is impaired.

Biochemically, overt hypothyroidism is characterized by elevated serum TSH with reduced serum thyroxine (T₄), while subclinical hypothyroidism presents with elevated TSH and normal serum T₄ levels.^[5]

Among adult people in India, the prevalence of hypothyroidism has been recently studied. In this population-based study done in Cochin on 971 adult subjects, the prevalence of hypothyroidism was 3.9%. The prevalence of subclinical hypothyroidism was also high in this study, the value being 9.4%. In women, the prevalence was higher, at 11.4%, when compared with men, in whom the prevalence was 6.2%. The prevalence of subclinical hypothyroidism increased with age^[6].

The clinical manifestations of hypothyroidism are diverse and may include fatigue, lethargy, cold intolerance, dry and coarse skin, constipation, weight gain, hair loss, cognitive changes, oedema, hoarseness, and menstrual disturbances.^[7,8] According to recent studies (2014) have further reported symptoms

such as fatigue, mood changes, palpitations, restlessness, dysphagia, and breathlessness.^[9] As thyroid hormones influence multiple organs and metabolic processes, hypothyroidism may present as a multisystemic disorder.

From an *Ayurvedic* perspective, the clinical features may be understood in relation to impairment of *Jatharagni*, *Bhutagni*, and *Dhatwagni*, along with *Kapha-Vata* vitiation and *Medo-dhatu dushti*.^[10] These pathological changes may contribute to impaired metabolism and the subsequent manifestation of hypothyroid features.

CASE PRESENTATION:

A 24-year-old female student, Suhashini, came to the KC Outpatient Department of RRAMCH Hospital, Humnabad, Bidar, with complaints of,

- ✓ neck swelling
- ✓ irregular menstrual cycles
- ✓ generalized body heaviness
- ✓ hair loss
- ✓ weight gain.

According to the Patient she was apparently normal 6 months back. She developed irregular periods, 2 cycles in a month (scanty menses). She also noticed weight gain, Gradual, associated with heaviness of the body, lethargy. She also complaint about hair loss, insidious in onset, minimal. She further noticed a diffuse swelling in the neck.

PAST MEDICAL HISTORY:

- ✓ NO/H/O Diabetes Mellitus, Hypertension
- ✓ NO/H/O any surgeries in the past
- ✓ FAMILY HISTORY : nothing significant

PERSONAL HISTORY:

- ✓ DIET : mixed (regularly eating outside, excessive intake of junk food)
- ✓ SLEEP : sound
- ✓ APPETITE : good
- ✓ BOWEL : clear
- ✓ MICTURATION : 3-4 times a day
- ✓ OCCUPATION : student

FAMILY HISTORY:

There was no relevant family history

GENERAL EXAMINATION:

- ✓ NO pallor ,icterus ,cyanosis, clubbing, lymphadenopathy.
- ✓ Weight : 70kg
- ✓ BMI : 26.5 kg/m²

VITALS:

- ✓ PULSE RATE : 72bpm
- ✓ BP : 110/70mmhg
- ✓ RR: 15breaths per min
- ✓ TEMPERATURE : 97 F

ON EXAMINATION :

- ✓ A diffuse swelling is palpated just below Adam's apple, smooth, non tender , moves with deglutition.

ASHTAVIDHA PARIKSHA:

- ✓ Nadi- kaphavataja
- ✓ Jiwha- lipta
- ✓ Mala- prakruta
- ✓ Mutra- prakruta
- ✓ Shabdha-vikruta
- ✓ Sparsha- anushna sheeta
- ✓ Drikh- prakruta
- ✓ Akruiti- pravara

DASHAVIDHA PARIKSHA:

- ✓ Prakruti- kaphavataja
- ✓ Vikruti- dosha- kapha
dushya- rasa, mamsa, medas

- ✓ Sara- madhyama
- ✓ Samhanan- madhyama
- ✓ Pramana- pravara
- ✓ Satmya- madhyama
- ✓ Satva- madhyama
- ✓ Abhyavaran Shakti- madhyama
- ✓ Jarana shakti- madhyama
- ✓ Vyayamshakti- madhyama
- ✓ Vaya - Madhyama

ELICITING HETUS:

AHARAJA NIDANA :

- ✓ adhyashana,ajeernashana,
- ✓ intake of guru,snigdha,madhura ahara.
- ✓ Regular intake of dadhi and dugdha.
- ✓ Regular intake of dryfruits.
- ✓ Regular intake of junk food.

VIHARAJA NIDANA :

- ✓ Divaswapna
- ✓ Avyayama

LABORATORY EVALUATION:

Thyroid profile

- ✓ T3 - 81ng/dl
- ✓ T4 - 3.54 µg/dl
- ✓ TSH - 61.009 µIU/ml

TREATMENT PROTOCOL:

1ST SITTING

- ✓ Langhana
- ✓ For Deepana and pachana

Medication	Dose	Time	Duration
Tab chitrakadi vati	1	bd	15 days
Tab Arogyavardhini vati	1	bd	15 days

<i>Kanchanara guggulu</i>	1	bd	15 days
<i>Varunadi kashaya</i>	15ml	bd	15 days

DIET AND LIFESTYLE MODIFICATION:

- ✓ Avoid intake of *guru, madhura, snigdha ahara*.
- ✓ Regular exercise improves rate of metabolism.
- ✓ Small and frequent meal.
- ✓ Avoid *divaswapna*.
- ✓ Avoid intake of heavy meals, milk product, dryfruits..etc

2nd SITTING:

After 15 days, *vamana* was planned(It is done due to *Kaphapradhana Tridosha Avastha*)

Procedure:

- ✓ *Snehapana* for 4 days with *Varunadi Ghrita*.
 - 1st day -30ml
 - 2nd day -60ml
 - 3rd day -90ml
 - 4th day -120ml
- ✓ *Abhyanga* with *Murchita Tila Taila* and *Sarwanga Sweda* was done.
- ✓ *Vamanopaga dravyas* :*Madanaphala, pippali, vacha, yashtimadhu, saindhava* and *madhu* - 15gms in total.
- ✓ After administration of drug total 6 *Vegas* and 4 *upavegas* were noted and was observed *Pittant*, with *Samyak Vamana Lakshana* like *laghuta, agnideepti, kale pravritti*(timely initiation of *vegas*), *kantha shuddhi, anati mahati vyatha* (not much discomfort) were attained.

- ✓ After *Vamana, Dhumapana* with *haridra dhumavarti* was given.
- ✓ *Kavala* with *ushna jala*

Medication	Dose	Time	Duration
<i>shiva gutika</i>	500mg	bd	45 days
<i>Avipattikara churna + Amruta satwa</i>	1 tsp	bd	45 days
<i>Kanchanara guggulu</i>	1	bd	45 days
<i>Maha tiktaka kashaya</i>	15ml	bd	45 days

- ✓ strict diet and lifestyle modification were advised and maintained.

After 45 days Thyroid profile was done

- ✓ T3 – 142 ng/dl
- ✓ T4 – 9.1 µg/dl
- ✓ TSH – 3.04 µIU/ml

MODE OF ACTION OF DRUGS:

CHITRAKADI VATI :

- ✓ contains *panchakola, kshara dwaya, ajmoda, saindhava, sauvarchala lavana*, etc .
- ✓ The preparation mainly contains ingredients having *katu vipaka, ushna veerya*, and *deepana, pachana* properties making it perfect drug for *agni deepana*.
- ✓ It improves *jathragni*
- ✓ Balances *vata* and *kapha*
- ✓ Removes the *ama* from the body, leading to improved digestion and proper formation of *rasa dhatu*.

AROgyAVARDHINI VATI:

- ✓ It consists *tamra* which does *lekhana*.
- ✓ *Katuki* does *anulomana*.
- ✓ Mainly indicated for *deepana pachana*

- ✓ *Kshuda pravartan* (increase appetite)

VARUNADI KASHAYA:

- ✓ contains *varuna, chitrak, bhallatak* which work on *kapha* and *vata doshas* (due to *ushna guna*).
- ✓ It is indicated in *agnimandya*, *medorogas*, *kapha rogas*.

KANCHANAR GUGGULU:

- ✓ contains *kanchanar, triphala, varuna, guggulu* ..etc.
- ✓ it is considered as *vata medohara*
- ✓ by virtue of its *laghu, ruksha* and *lekhana* properties it pacifies *kapha* and *meda* and removes obstruction from macro-microcirculation.
- ✓ it has *laghu*, *ruksha* properties and *kashaya rasa* which pacifies *kapha* and *meda*.

SHIVA GUTIKA:

- ✓ it is a herbomineral drug mainly contains *shilajatu*
- ✓ It possesses *rasayana* property and is useful in the treatment of *shotha* (inflammation)
- ✓ Other drugs in *shiva gutika* have *kaphavata shamaka* properties.

AVIPATTIKARA CHURNA:

- ✓ contains *triphala, trikatu, musta* ..etc
- ✓ it is used to pacify the *ushna gunas* produced due to other drugs
- ✓ it does *deepana pachana*
- ✓ it is *pitta rechaka*

AMRUTA SATWA:

- ✓ It is *vata-pitta hara*
- ✓ it is anti-inflammatory

DISCUSSION:

Hypothyroidism is a common endocrine disorder characterized by reduced thyroid hormone activity and commonly presents with weight gain, fatigue, lethargy, hair loss, menstrual irregularities, and generalized heaviness. In the present case, the patient presented with these features along with diffuse neck swelling. Thyroid profile showed elevated TSH (61.009 μ IU/mL) and reduced T4 (3.54 μ g/dL), supporting the diagnosis of primary hypothyroidism.

From an *Ayurvedic* perspective, the case was assessed as a *Kapha*-predominant *santarpana* disorder associated with *agnimandya* and *meda dushti*. The patient's dietary and lifestyle history revealed several *santarpana nidanas*, including excessive intake of *guru, snigdha* and *madhura ahara*, junk food, *adhyashana, divaswapna*, and *avyayama*. The clinical features of *gaurava*, weight gain, lethargy, *lipta jihwa*, and neck swelling were considered suggestive of *Kapha* and *meda* involvement.

The treatment was planned based on *langhana, deepana-pachana, Kapha-medohara*, and *shodhana* principles. Initially, *Chitrakadi Vati, Arogyavardhini Vati, Kanchanara Guggulu*, and *Varunadi Kashaya* were administered along with dietary and lifestyle modifications. *Vamana* was subsequently performed due to the predominance of *Kapha* and the *santarpana* pathology. As a *Kapha-shodhana* procedure, *Vamana* was intended to eliminate aggravated *Kapha* and help reduce the associated *gaurava* and *meda*-related manifestations. *Snehapana, abhyanga*, and *swedana* were performed as preparatory procedures, and *Samyak Vamana lakshanas* were observed.

After *Vamana, shamana* medications and dietary and lifestyle modifications were continued. On follow-up after 45 days, TSH decreased from 61.009 to 3.04 μ IU/mL, while T4 increased from 3.54 to 9.1 μ g/dL, along with improvement in the clinical

features. These findings indicate a favourable response to the overall treatment protocol.

CONCLUSION:

- The present case highlights an individualized *Ayurvedic* approach in the management of hypothyroidism. The condition was considered a *Kapha*-predominant *santarpana* disorder with *agnimandya* and *meda dushti*.
- Treatment included *langhana*, *deepana-pachana*, *Kapha-medohara* therapy, *Vamana*, and dietary and lifestyle modifications.
- *Vamana* supported *Kapha* elimination and reduction of *Kapha-meda* involvement.
- At the completion of therapy, the patient showed marked improvement in clinical symptoms, with no adverse effects reported.

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