

## HYPOTHYROIDISM AND ITS AYURVEDIC PERSPECTIVE: A CASE STUDY

**\*<sup>1</sup>Dr. Roopal Saini, <sup>2</sup>Dr. Ankit Tyagi, <sup>3</sup>Dr. Jitender Kumar Rana, <sup>4</sup>Dr. Aaditiya Bhardwaj**

\*<sup>1</sup>Post Graduate Scholar, Department of Rachna Sharir, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.

<sup>2</sup>Associate Professor, Department of Rachna Sharir, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.

<sup>3</sup>HOD and Professor, Department of Rachna Sharir, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.

<sup>4</sup>Assistant Professor, Department of Rachna Sharir, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.

Article Received on 02 May 2026,  
Article Revised on 22 May 2026,  
Article Published on 01 June 2026,

<https://doi.org/10.5281/zenodo.20439845>

### \*Corresponding Author

**Dr. Roopal Saini**

Post Graduate Scholar, Department of Rachna Sharir, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India.



**How to cite this Article:** \*<sup>1</sup>Dr. Roopal Saini, <sup>2</sup>Dr. Ankit Tyagi, <sup>3</sup>Dr. Jitender Kumar Rana, <sup>4</sup>Dr. Aaditiya Bhardwaj. (2026). Hypothyroidism And Its Ayurvedic Perspective: A Case Study. World Journal of Pharmaceutical Research, 15(11), 657-667.

This work is licensed under Creative Commons Attribution 4.0 International license.

### ABSTRACT

Hypothyroidism, a condition characterized by insufficient thyroid hormone production, affects a significant portion of the population and can lead to a wide array of metabolic and systemic dysfunctions. While it is typically managed with thyroid hormone replacement therapy, its treatment from an Ayurvedic perspective offers an alternative approach based on the holistic understanding of metabolic dysfunction. This case study discusses a 34-year-old male patient suffering from hypothyroidism and its associated symptoms, including weakness, constipation, bradycardia, and weight gain. Despite being on conventional thyroid hormone therapy (200mcg Thyroxine), his symptoms persisted. After switching to Ayurvedic treatment at the Quadra Institute of Ayurveda, the patient showed significant improvement after six months. The Ayurvedic management focused on restoring digestive fire (Agni), improving metabolic function (Dhatvagni), and

addressing the aggravation of Kapha dosha. The treatment regimen included herbal medications like Kanchnar Guggul and Dashmool Kawath, along with dietary adjustments and lifestyle modifications to reduce excess Kapha and correct metabolic disturbances. Blood tests showed a decrease in TSH levels, indicating the positive impact of the Ayurvedic approach. This case highlights the potential of Ayurveda in managing hypothyroidism by addressing its root causes, improving metabolic functions, and preventing recurrence, offering a promising alternative or adjunct to conventional treatment.

**KEYWORDS:** Hypothyroidism, Ayurveda, Agni, Dhatvagni, Kapha dosha, metabolic dysfunction.

## INTRODUCTION

Hypothyroidism occurs in about 1 in 4000 newborns. It may be transient, especially if the mother has TSH-R blocking antibodies or has received antithyroid drugs, but permanent hypothyroidism occurs in the majority. Neonatal hypothyroidism is due to thyroid gland dysgenesis in 80–85%, and to inborn errors of thyroid hormone synthesis in 10–15%, and is TSH-R antibody mediated in 5% of affected newborns. The developmental abnormalities are twice as common in girls. Mutations that cause congenital hypothyroidism are being increasingly identified, but the vast majority remain idiopathic.<sup>[1]</sup>

Thyroid dysfunction is two types i.e over activity and under activity. In Hypothyroidism thyroid gland does not Produced enough thyroid hormone.<sup>[2]</sup> Hypothyroidism is a clinical syndrome resulting from deficiency of thyroid hormones due to their insufficient synthesis which in turn results in a generalized slowing down of metabolic processes.<sup>[3]</sup> It is characterized by a broad clinical spectrum ranging from an asymptomatic or subclinical condition with normal levels of thyroxine (T4) and triiodothyronine (T3) and mildly elevated levels of serum TSH to an overt state of myxedema, end-organ effects and multi-system failure.<sup>[4]</sup>

As far as the name of disease is concerned, no specific term is found for Hypothyroidism in Ayurvedic classics. Though many diseases of current era do not find mention in Ayurvedic texts, yet they can be successfully treated due to deep insight provided by the Ayurvedic principles. According to Acharya Charak, it is not necessary that every disease manifestation must have certain name, but it is more important to understand the possible pathogenesis of

the disease in terms of involved factors like Dosha, Dushya etc. After knowing that, it can be successfully treated.<sup>[5]</sup>

The patient presentation can vary from asymptomatic disease to myxedema coma. Today, the diagnosis of hypothyroidism is easily made with simple blood tests and can be treated with exogenous thyroid hormone.<sup>[6]</sup>

The analysis of the symptomatology of hypothyroidism in the light of Ayurvedic principles showed that the pathogenesis and manifestations of hypothyroidism occurs due to dysfunction of Agni. It all starts with improper diet (heavy, cold, sweet and saturated fat containing food items) and sedentary lifestyle (lack of physical activity, sleeping after meals, sleeping during day time) which is nowadays very common. It leads to aggravation of Kapha. The increased amount of kapha impairs the Jatharagni with the formation of Aamdosha. As Dhatvagni depends on Jatharagni Bala, so impairment of Dhatvagni takes place in due course of time. The effect of hypothyroidism is alteration in metabolic activity which, according to Ayurveda, is vitiation of Dhatvagni. This Dhatvagni vitiation causes improper formation of Sapta Dhatu starting from Rasa to Shukra.<sup>[7]</sup>

It leads to improper nourishment to the body leading to symptoms of hypothyroidism along with swelling in neck described as 'Galganda' in Ayurvedic texts.<sup>[8]</sup> Thus, a chain of pathological events is started followed with complications like obesity and infertility. A critical conceptual analysis of hypothyroidism with reference to Ayurvedic principles of metabolism shows Agnimandya (Dhatvagnimandya), Aam Doṣa, Kapha Prakopa and Rasa Dhatu Duṣṭi as prominent pathological features in this condition.

Dhatvagnimandya (esp. Rasa dhatvagnimandya) leads to Sama Rasa Vridhi and over production of mala of Rasadhatu i.e. Mala rupa KaphaVridhi. Majority of the Nanatmaja Roga of Kapha Dosha.<sup>[9]</sup>

### Signs and Symptoms

- Tandra (Drowsiness),
- Atinidra (Excessive sleep),
- Staimitya (Timidness),
- Gaurvta (feeling of Heaviness),
- Aalasya (Laziness),

- Balabhransh (Loss of strength),
- Apachana (Indigestion),
- Hridayolepa (feeling of heaviness over chest),
- Galganda (Goitre),
- Atisthoulya (Obesity),
- Svetavbhasta (Pallor).
- Many of Rasaja Vikara, which have been mentioned by Acharya Charak.<sup>[10]</sup>

### **Samprapti Ghatakas**

Dosha – Vata-Kapha

Dushya – Rasa, Rakta, Mamsa, Meda, Asthi, Shukra

Agni – Jatharagnimandya, Dhatwagnimandya

Srotodushti – Sanga, Vimargagamana

Rogamarga – Bahya, Abhyantara, Madhyama<sup>[11]</sup>

### **CASE DESCRIPTION**

A 34yr/Male patient come to our hospital "Quadra hospital' from Delhi, with chief complaints of

- Weakness (daurbalya)
- Contipation (malavashtmbha)
- Bradycardia (shwasaKashthta)
- Hair loss (kesh patana)
- Dryness in skin (twak rukshta)
- Poor memory (smriti alpta)
- Elevated seum cholesterol
- Weight gain

Patient had above complaints in the last 8 years. No family history N/H/O DM and HTN

Patient have the above complaints from last 2 years, was on 200mcg Thyroxine therapy but the symptoms remained same with gradual increase in body weight from 76-87kg in last 2 years.

Even all medicine this Symptoms increased gradually, then he decides to take Ayurveda treatment. For Ayurvedic treatment he came to our hospital QUADRA INSTITUTE OF AYURVEDA.

Raktadaaba (B.P):- 124/86 mmhg

Sp<sub>o2</sub>: - 98%

**Temp.: - 97.4 F**

#### Ashtvidh Pariksha

Naadi(pulse)	92/min (kapha-vata)
Mutra (urine)	1-2 month normal
Mala (stool)	Malavshmtmbha
Jihva (tongue)	Saama (Coated)
Shabda (speech)	Normal
Sparsha (skin)	Twak-Rukshta
Druka (eyes)	Normal
Aakruti (built)	Madhyama

#### INVESTIGATIONS

I<sub>st</sub> investigation done on 1/03/2024

#### IMMUNOLOGY

##### THYROID PROFILE: T3, T4 & TSH(TFT)

TEST	RESULT	UNIT	REFERENCES
TRIODOTHYRONINE(T3) Serum Methodology: ECLIA	0.84	ng/mL	0.70-2.04
THYROXINE TOTAL(T4) Serum Methodology: ECLIA	7.26	ug/dl	4.6-10.5
THYROID STIMULATING HORMONE (TSH) Serum Methodology: ECLIA	<b>9.410</b>	μIU/ml	0.35-5.50

After six of medication and aahar and vihar TSH decreased on 6/10/2024

#### IMMUNOLOGY

##### THYROID PROFILE: T3, T4 & TSH(TFT)

TEST	RESULT	UNIT	REFERENCES
TRIODOTHYRONINE(T3) Serum Methodology: ECLIA	0.84	ng/mL	0.70-2.04
THYROXINE TOTAL(T4) Serum Methodology: ECLIA	7.4	ug/dl	4.6-10.5
THYROID STIMULATING HORMONE (TSH) Serum Methodology: ECLIA	<b>6.4</b>	μIU/ml	0.35-5.50

## MATERIALS AND METHODS

### MATERIAL

Patient was given Ayurveda medications as following-

S.NO	MEDICATION	DOSE	ANUPANA
1.	Kanchnar Guggul <sup>[12]</sup>	2 TAB BD	With Luke warm water
2.	Dashmool Kawath <sup>[13]</sup>	4TSF BD	with Luke warm water
3.	Hamasapadhyadi Kawath <sup>[14]</sup>	2TSF BD	with Luke warm water
4.	Arogyavardhini Vati <sup>[15]</sup>	2 TAB BD	with Luke warm water
5.	Chandraprabha Vati <sup>[16]</sup>	2TAB BD	with Luke warm water

### METHODS

Centre of study: QUADRA INSTITUTE OF AYURVEDA, ROORKEE

Type of study: Simple random single case study.

### OBSERVATIONS AND RESULTS

Due to our Ayurvedic management there are revealed Regression of symptoms. The patient had started improving symptoms after 4.5 months treatment.

Since the patient was already on Thyroxine 200mcg since long time, we have slowly stopped it by tapering the dose daily for initial gap of 3-4 days and keeping in mind the Srotorodha and Doshas Dhatus involved in the disease, one can easily manage the disease with ayurvedic formulations along with lifestyle modifications and Pathya diet.

Intervention: Patient take ayurvedic medication for 6 months including loosening exercises, Asanas, pranayama's, meditation and Kriyas and with that he followed proper Aahar and vihar.

Pathya Ahara Vihara Since the basic cause of all the symptoms are due to Santarpana Aahara/Viharas.<sup>[17]</sup> So, for it, the treatment followed is Aptarpana.<sup>[18,19]</sup> Also, keeping in mind about the vitiation of Vata along with Kapha Dosha in Hypothyroid, the Jatharagnimandya, food which Datvangimandya, decreases Relives. Strotorosh and Aam, decreases Kapha without vitiation of Vata were strictly advised to the patient as mentioned-

S.NO	AAHAR	PROPERTIES
1.	Ushna Jala	Dipan, Pachan, Laghu, Vatakaphanashak, Kanthya (Useful in Kantha Roga)
2.	Yava flour or Yava Daliya	Ruksha, Sheeta, Aguru / non-heavy, Prabhut Malakrut, Kaphavikarnut, Shulvilekhanchahach
3.	Amla / Jambu	Ruksha, Kashay, Amla, Tridoshaghna / Grahi,

	Swaras / juice	Kaphapittaghna.
4.	Butter milk	Ruksha, Sheeta, Laghu, Vatakaphahar
5.	Cow milk	Guru, Sheeta, Ashigdha, Rasayan <sup>[20]</sup>

## DISCUSSION

This case study underscores the efficacy of Ayurvedic principles in managing hypothyroidism, a condition characterized by insufficient thyroid hormone production and metabolic slowdown. While modern medicine primarily relies on synthetic thyroxine for symptom management, Ayurveda offers a holistic approach by addressing the root cause of the disorder, focusing on restoring metabolic balance and overall well-being.

### Ayurvedic Perspective on Hypothyroidism

In Ayurveda, hypothyroidism is understood as a result of *Agnimandya* (impaired digestion and metabolism), *Kapha Dosha* vitiation, and *Rasa Dhatu* (nutrient plasma) dysfunction. The condition is often linked to improper diet (heavy, cold, and sweet foods) and a sedentary lifestyle, which aggravate Kapha and impair *Jatharagni* (digestive fire) and *Dhatvagni* (tissue metabolism). This leads to the formation of *Aam Dosha* (toxins) and improper formation of *Sapta Dhatu* (seven tissues), resulting in symptoms such as fatigue, weight gain, dry skin, and constipation.

### Key Pathological Features

1. *Agnimandya* (Impaired Digestion and Metabolism): The dysfunction of *Jatharagni* and *Dhatvagni* plays a central role in hypothyroidism, leading to improper nutrient assimilation and tissue formation.
2. *Kapha Vitiation*: Increased Kapha causes symptoms like lethargy, weight gain, and swelling, aligning with the clinical presentation of hypothyroidism.
3. *Rasa Dhatu Dushti* (Impairment of Nutrient Plasma): The improper formation of *\*Rasa Dhatu\** results in poor nourishment to the body, manifesting as weakness, dry skin, and hair loss.

### Treatment Approach

The patient was treated with a combination of herbal formulations, dietary modifications, and lifestyle changes:

### Medications

- Kanchnar Guggul: Is traditionally used to manage disorders related to the thyroid and is known for its ability to reduce swelling and nodules (as in goiter) while enhancing metabolic functions.
- Dashmool Kwath: Is a combination of ten roots with potent anti-inflammatory and metabolism-enhancing properties, often used to promote overall balance in the body. Balances Vata and Kapha, improves digestion.
- Arogyavardhini Vati and Chandraprabha Vati: supports metabolism, improves **Agni**, and assists in balancing the hormonal system, which is critical in managing thyroid disorders. Enhance metabolism and detoxify the body.
- Hamasapadhyadi Kawath: is indicated to help improve the function of Agni (digestive fire), which is a critical component in the treatment of hypothyroidism as poor digestion can lead to Ama formation and aggravate Kapha.

### Dietary Modifications

The patient was advised to consume light, warm, and Kapha-pacifying foods such as barley, buttermilk, and warm water, which help restore *Agni* and reduce *Aam Dosh*.

### Lifestyle Changes

Regular yoga, pranayama, and meditation were incorporated to improve overall metabolic activity and reduce stress.

### Clinical Outcomes

After six months of Ayurvedic intervention, the patient showed significant improvement in symptoms, including reduced weakness, improved digestion, and better skin and hair health. The TSH levels decreased from 9.410  $\mu\text{IU/mL}$  to 6.4  $\mu\text{IU/mL}$ , indicating improved thyroid function. The gradual tapering of thyroxine therapy further highlights the potential of Ayurveda to provide a sustainable and recurrence-free solution.

### Significance of the Study

This case study demonstrates that Ayurveda can effectively manage hypothyroidism by addressing the underlying metabolic dysfunctions and promoting holistic well-being. Unlike conventional therapy, which often requires lifelong medication, Ayurveda focuses on restoring balance in the body, offering a natural and sustainable alternative. The findings align with Ayurvedic principles of *\*Agnimandya\**, *\*Kapha\** vitiation, and *\*Rasa Dhatu\**

dysfunction, providing a comprehensive framework for understanding and treating hypothyroidism.

## CONCLUSION

Lifestyle disorders are becoming headache due its cases increased day by days. Hypothyroidism is a clinical syndrome resulting from deficiency of thyroid hormones due to their insufficient synthesis which is turn results in a generalized slowing down of metabolic processes. As per Ayurvedic principles, Hypothyroidism occurs due to Jatharagni mandhya & Dhatvagni Mandya along with Kapha Prakopa. Ayurveda here becomes the best solution in such type of Anukta Vikaras where the patient was told to consume tablet thyroxin throughout lifetime. Ayurveda cure such disease & act as Apunarbhava (stops recurrence) also<sup>[21]</sup> This is one example of successful case of subclinical hypothyroid patient with significant relief by correcting the Jatharagni as Jathargni is responsible for the Aayu, Varna, Bal, Swasthya, Utsaha, Oja, Teja, Dhatvagni and Pran of a human being.

The successful management of this case highlights the potential of Ayurveda in treating lifestyle disorders like hypothyroidism. By addressing the root cause and promoting metabolic balance, Ayurveda offers a holistic and recurrence-free approach, making it a valuable complement to conventional medicine. Further research and larger-scale studies are recommended to validate these findings and explore the broader applications of Ayurveda in endocrine disorders.

## REFERENCE

1. Harrison's Endocrinology 3rd edition J.Larry Jameson ch. 4 Disorder of thyroid gland J. Larry Jameson, Anthony P. Weetman, 71-72.
2. Harsh mohan (Ed.) Textbook of pathology (5th edn). Jaypee publication, New Delhi, India, 827.
3. Cooper DS. Clinical practice. Subclinical hypothyroidism. N Engl J Med., 2001; 345: 260–5.
4. Roberts CG, Ladenson PW. Hypothyroidism. Lancet., 2004; 363: 793–803.
5. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, Revised by Charak and Dridhabala, Part I, Chaukhamba Bharati Academy, Varanasi, Reprint., Sutra Sthana, 2004; 18/44-46: 383.

6. Patil N, Rehman A, Jialal I. Hypothyroidism. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; Jan <https://www.ncbi.nlm.nih.gov/books/NBK519536/>.
7. Murthy K.R. Srikantha edited Vagbhata's Astanga Hridayam. I, Chowkhamba Krishnadas Academy, Varanasi, Reprint edition., 2012; Sutra sthana Ch., 11/34.
8. Sharma Anantram Edited Sushruta Samhita of Sushruta with Sushrutavimarshini commentary. Vol.1. Chaukhamba Surbharti Publication, Varanasi. Reprint edition., 2004. Nidana Sthana, 11/29: 545.
9. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, Revised by Charak and Dridhabala, Part I, Chaukhamba Bharati Academy, Varanasi, Reprint., 2004; Sutra Sthana, 20/17; 405.
10. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, Revised by Charak and Dridhabala, Part I, Chaukhamba Bharati Academy, Varanasi, Reprint., 2004; Sutra Sthana, 28/9-10: 571.
11. Gopakumar, S. Vaishvanara (Clinical Presentations on Endocrine Disorders). 1st ed. Kannur: MyMylado Ayurvedic Research Centre, 30-35.
12. Bhavamisra; Bhavaprakasha, vol.2, commentary by Dr. Bulusu Sitaram; Chaukhamba Orientalia 2010; Madhyama and Uttara khand 44/39-44
13. Taru, Poonam & Syed, Sabeena & Kute, Pournima & Shikalgar, Malan & Kad, Dhanshree & Gadakh, Archana. (2022). DASHAMOOOLA: A SYSTEMATIC OVERVIEW. GIS-Zeitschrift für Geoinformatik, 9: 1334-1345.
14. Vayaskara N.S. Moos, Vaidyamanorama, Vaidyasarathy press (P) LTD. Kottayam, 1978-202.
15. Pal S, Ramamurthy A, Mahajon B. Arogyavardhini Vati: A theoretical analysis. Journal of Scientific and Innovative Research, 2016; 5(6): 225-227. Available from: [http://www.jsirjournal.com/Vol5\\_Issue6\\_05.pdf](http://www.jsirjournal.com/Vol5_Issue6_05.pdf).
16. Sharangadharacharya, sharangadhara samhita, madhyama khanda, 7/40-49, edited by vidhyasagara pandit parashurama shastry, Chaukhamba surabharathi prakashana Varanasi, edition 2006; 200.
17. Satyavrat Sharma, Agnivesha, Charaka, Charak Samhita, Text with English translation by, Volume 01, Reprint 2008, Sutrasthana 23/3-7. Page No. 154 16), Chaukhamba Orientalia Varanasi.
18. Ganesh Krushn Garde, Vagbhata, Ashtangahrudya, Sarth Vagbhata, Reprint 2005 Sutrasthana, 14/1, 12-14 Pg.No. 63 65. 17), Anmol Prakashana Pune.

19. Pandit Kashinath Pandey, Gorakhnath Chaturvedi, 2008 (Part1), Reprint, Sutrasthana 21/20 Pg.No. 414. Chaukhamba Bharati Academy, Varanasi.
20. Agnivesha, Charaka, Charak Samhita, Text with English translation by Satyavrat Sharma, Volume 01, Chaukhamba Orientalia Varanasi, Reprint Annapanvidhidyaya. Page No. 193-225. 2008, Sutrasthana.
21. Dnyaneshwar Kantaram Jadhav. A Successful Case Study on Ayurvedic Management of Hypothyroidism. *J Endocrinol Thyroid Res.*, 2019; 5(1): 555654. 10.19080/JETR.2019.05.555654.