

AYURVEDIC MANAGEMENT OF PRIMARY HYPOTHYROIDISM: A CASE STUDY

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ABSTRACT

Primary hypothyroidism is a common endocrine disorder correlated in Ayurveda with *Agnimandya* (metabolic sluggishness), *Srotorodha* (channel obstruction), and an imbalance of *Kapha* and *Vata doshas*. This article presents a hypothetical case study of a 32-year-old female (within the 20-40 year age group) diagnosed with primary hypothyroidism, presenting with fatigue, weight gain, and constipation. The condition shares classical features with *Galganda* (goiter) and *Granthi* (glandular swelling), described in *Sushruta Samhita* (*Nidana Sthana*, Ch. 11)^[8] as a *Kapha* and *Meda* (fat tissue) dominant disorder. The patient was managed with a comprehensive *Ayurvedic* protocol as an adjuvant therapy. The protocol included *Shodhana Karma* (purification) as lauded in *Charaka Samhita* (*Sutra Sthana*), comprising *Snehana* (oleation) with *Mahatiktaka Ghrita* (ref: *Charaka Samhita*,

Chikitsa Sthana, Ch. 7) and *Virechana* (purgation) using *Trivrut Lehya*^[3] (ref: *Charaka Samhita*, *Kalpa Sthana*, Ch. 7). This was followed by a *Shamana* (palliative) phase using *Hamsapathyadi Kashayam*, *Kanchanara Guggulu*, and *Gandharva Haritaki* (ref: *Charaka Samhita*, *Chikitsa Sthana*, Ch. 1 on *Haritaki*).^[4] This article outlines the clinical and biochemical improvements, discusses the synergistic mode of action rooted in classical principles, and highlights its potential as a supportive therapy.

KEYWORDS: The patient was managed with a comprehensive *Ayurvedic* protocol as an adjuvant therapy.

1. INTRODUCTION

Primary hypothyroidism, a state of insufficient thyroid hormone production, manifests as fatigue (*Alasya*), weight gain (*Sthaulya*), cold intolerance (*Sheeta Asahishnuta*), and constipation (*Vibandha*).

From an *Ayurvedic* perspective, this condition is a profound state of *Mandagni* (low metabolic fire). *Acharya Charaka* elaborates on the concept of *Agni* as the root of health^[6] (*Charaka Samhita, Chikitsa Sthana*, Ch. 15). When this *Agni* is impaired by *Kapha* and *Vata doshas*, it leads to the formation of *Ama* (metabolic toxins). This *Ama* obstructs the *srotas* (channels), particularly the *Rasa* and *Meda Vaha Srotas*.

This pathogenesis aligns with the classical description of *Galganda* (goiter) and *Granthi* (glandular swellings). *Sushruta Samhita (Nidana Sthana*, Ch. 11) explicitly states that *Granthi* arises when vitiated *Doshas* (especially *Kapha*) and *Meda Dhatu* (adipose tissue) obstruct *Mamsa* (muscle) and *Rakta* (blood), creating a swelling. The treatment principle, therefore, is *Agnideepana* (enhancing metabolic fire), *Ama Pachana* (digesting toxins), and *Srotoshodhana* (clearing the channels).

CASE PRESENTATION

Patient: A 32-year-old female.

Chief Complaints

- Persistent fatigue (8/10)
- Weight gain of 8 kg in one year (Current Weight: 75 kg),
- Constipation (bowel movement once in 2-3 days),
- Facial puffiness,
- Disturbed menstrual cycle.

After taking a detailed medical history, the patient underwent investigations including blood Hb%, T3, T4, and TSH levels. Based on the test results, she was diagnosed with hypothyroidism for the first time at this center. Following the diagnosis, the patient expressed interest in pursuing *Ayurvedic* treatment. There was no family history of similar disorders,

and her past medical history was unremarkable. She had no known history of hypertension, diabetes, cardiac disease, or any other significant medical conditions.

Personel history

Patient name –xyz

Age- 32 years

Bowel habits –constipated

Apetite- low

Weight-75 kg

Family history- no

Bp- 110/60 mmhg

Pulse- 72/min

Height- 5'2''Ft

Asthavidha Pariksha.

Nadi- kapha –vataj, Mutra –pitaabh, Mala –vibandhita

Jiva –malavrita, Shabd-spashta, Sparsh- sheeta, ruksha

Druk- swetabh Akruti- sthool

Dashvidha Pariksha

Prakriti- kapha-pittaja

Aharaja hetu-madhura ahara, atisheha jnay aahar (fast food consumption) Viharaja hetu – Avyayam, divaswap (sleeping at day time).

Dosha –kapha pitta Dushya –Rasa, meda

Desha –sadharan Sattva –madhyam

Sara –medosara, mansasara Samhanana-madhyama

Praman-sthula Satmya-madhyama

Ahara Shakti- madhyama Jarana Shakti- avara

Vyayama Shakti- Avara Vaya-Yuva

Bala –madhyama

Diagnosis: Primary hypothyroidism.

Ayurvedic Diagnosis: Agnimandya, Srotorodha, and Kapha-Vataja Vikara (correlating with Galganda/Granthi).

3. Ayurvedic Management Protocol

The management was planned in two phases over 12 weeks.

Phase 1: *Shodhana Karma* (Purification) (Week 1-2)

1. *Poorvakarma* (Preparatory Procedure).

Deepana and *Pachana karma*

tab Aampachak vati-2 tab BD

tab sutshekhar rasa -2 tab BD

Snehana (Internal Oleation): *Mahatiktaka Ghrita* for 5 days.

DAY	1 ST DAY	2 ND DAY	3 RD DAY	4 TH DAY	5 TH DAY
SNEHAPANA MATRA	25 ml	50 ml	75ml	100 ml	125 ml

Swedana (Sudation)

Whole-body steam (*Bashpa Sweda*) was given for 2 days.

2. *Pradhana Karma* (Main Procedure)

Virechana (Therapeutic Purgation): *YOGA-Trivrut Lehya* was administered.

The patient achieved *Madhyama Shuddhi* (moderate purification).

Pashchat karma- *sansarjan karma* fr 7 days.

Phase 2: *Shamana Chikitsa* (Palliative Internal Medicine) (Week 3-12)

MATERIALS

Table 1: the detail of the drug along with doses are given in the table below.

SR NO	DRUG	DOSES	ANUPANA
1	Hamsapathyadi Kashayam	30 ml	Lukewarm water
2	Kanchanara Guggulu	250 mg	Lukewarm water
3	Gandharva Haritaki	4 gm	Lukewarm water

4. RESULTS

After the 12-week protocol, the patient showed significant improvement.

Symptomatic Relief: Fatigue reduced (from 8/10 to 2/10), a feeling of "lightness" (*Laghuta*), and resolution of facial puffiness. Bowel movements regularized to once daily.

Biochemical and Clinical Assessment

PAEAMETER	BASELINE 0 TH DAY	AFTER 12 WEEKS
TSH	12.5 uiU/mL	4.8uIU/mL
T4	0.7ng/dL	1.0ng/dL
Weight	75 kg	71 kg

The patient was advised to repeat investigations for Hb%, T3, T4, and TSH at monthly intervals throughout the course of treatment. Noticeable improvement in symptoms was observed after the first month, with further reduction in symptom severity by the end of the second month. No adverse effects were reported during the entire treatment period. Serial laboratory reports showed a progressive decline in TSH levels from 12.5 μ IU/ml to 4.8 μ IU/ml, indicating significant improvement. The recurrence of symptoms gradually diminished, and by the end of two months, the patient remained symptom-free. Clinically, the patient appeared normal and expressed complete satisfaction with the Ayurvedic line of treatment.

5. Mode of Action of the Protocol

This protocol provides an adjuvant effect by addressing the classical pathophysiology.

Shodhana Phase (Snehana & Virechana)

Mahatiktaka Ghrita (Snehana): This formulation, with its reference in *Charaka Samhita (Chikitsa Sthana, Ch. 7)*^[5], is rich in *Tikta Rasa* (bitter taste). Bitters are known to be *Kapha-Pitta hara* (pacifying) and *Agnideepaka*. This *Ghrita* performs deep *Snehana* and *Ama Pachana* (toxin digestion) at the *Dhatu* (tissue) level, preparing the doshas for elimination, a process detailed in *Charaka Samhita, Sutra Sthana, Ch. 13*.^[1]

Trivrut Lehya (Virechana): *Acharya Charaka* describes Trivrut as the most supreme herb for Sukha Virechana (easy, safe purgation).^[3] Virechana is the treatment of choice for pittaja disorders. It physically expels the vitiated doshas and Ama from the Koshta (GI tract), performing a "metabolic reset" that clears the Srotorodha (channel obstruction).

Shamana Phase (Internal Medicine)

Hamsapathyadi Kashayam: This formulation is known to regulate endocrine function, acting as an *Agnideepaka* to support the normalization of TSH, T3, and T4 levels.^[10]

Kanchanara Guggulu: This is a classical Granthi-hara (anti-swelling) formulation. Kanchanara has a Lekhana (scraping) effect on excess Kapha and Meda, directly addressing

the pathology described by Sushruta. Guggulu is a potent Yogavahi (catalyst) with thyroid-stimulatory properties.^[9]

Gandharva Haritaki: Haritaki is extolled by Charaka as a premier Rasayana (rejuvenator) that is Tridoshamaka (pacifies all three doshas)^[6] It is an excellent Vata Anulomana (regulates Vata's flow), correcting the Vibandha (constipation) and maintaining Agni, which is essential for preventing the re-accumulation of Ama.

6. DISCUSSION

The results are encouraging. The TSH reduction (12.5 to 4.8 μ IU/mL) demonstrates a significant adjuvant effect on the hypothalamic-pituitary-thyroid axis. The protocol's success is rooted in its adherence to classical principles. The condition was treated not as a simple organ-specific deficiency, but as a systemic Kapha-Meda disorder characterized by Agnimandya.

1. The Role of Shodhana: The initial Virechana was critical. The patient's Kapha-Meda symptoms (weight gain, puffiness) indicated deep Srotorodha. As per Sushruta Samhita^[9] (Chikitsa Sthana, Ch. 33), Shodhana is essential when doshas are highly aggravated. The Virechana cleared this obstruction, enhancing the Agni and maximizing the bioavailability of the Shamana medicines.

2. Synergistic Shamana Effect: The internal medicines worked in synergy. Hamsapathyadi supported the gland, Kanchanara Guggulu addressed the Granthi (structural aspect) by scraping Meda, and Gandharva Haritaki maintained the Agni (functional aspect). This comprehensive approach, addressing Agni, Ama, and Dosha, is the hallmark of classical Ayurvedic therapeutics.

3. Holistic Improvement: The symptomatic relief (reduced fatigue) and 4 kg weight loss are direct evidence of improved Dhatwagni (tissue-level metabolism) and clearing of Meda Vaha Srotorodha.

This protocol offers a significant benefit. By correcting the underlying metabolic dysfunction, it holds the potential to restore homeostasis and improve quality of life.

7. CONCLUSION

This integrated Ayurvedic protocol, combining Shodhana (Virechana) and Shamana (Hamsapathyadi, Kanchanara Guggulu, Gandharva Haritaki), demonstrated a significant adjuvant effect in managing primary hypothyroidism. The case showed marked improvement in both symptomatic and biochemical parameters. This approach, by focusing on the classical root causes of Agnimandya and Srotorodha as detailed in the Samhitas, successfully restored metabolic harmony and supported endogenous thyroid function.

Classical References (The Brihatrayi)

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