

## AYURVEDIC APPROACH TO THE MANAGEMENT OF HYPOTHYROIDISM — A CLINICAL CASE REPORT

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### ABSTRACT

**Background:** Hypothyroidism poses considerable diagnostic challenges owing to its non-specific symptomatology and the absence of universally accepted screening protocols. Clinical presentations are frequently subtle or overlap with numerous other medical conditions, and existing guidelines offer limited clarity on whom to screen and at what stage. Nevertheless, early and accurate identification of hypothyroidism remains essential for effective patient care. Cardinal clinical features encompass fatigue, progressive weight gain, diffuse hair loss, cold intolerance, mood alterations, impaired digestion, and dry or rough skin texture. **Case Report:** A female patient, 38 years of age, with a confirmed diagnosis of hypothyroidism spanning a decade, was administered treatment comprising *Rasayana* and *Shamanoushadhi* formulations alongside specific dietary guidance aligned with *Shoulya Chikitsa* principles. **Results:** At the conclusion of a two-month therapeutic course, a clinically meaningful reduction in both signs and symptoms was documented, reflecting an overall improvement of approximately 60% in the patient's condition.

**KEYWORDS:** *Hypothyroidism, Rasayana, Shamanoushadhi.*

## INTRODUCTION

Thyroid gland pathology is broadly categorised into two major types: structural disorders — including colloidal goitre, abscess, and malignancy — and functional disorders, namely hyperthyroidism and hypothyroidism.<sup>[1]</sup> A third category, representing a confluence of both structural and functional derangements, may also exist and can occasionally present with complications such as Graves' disease.

Each category presents with a distinctive constellation of signs and symptoms. The present report focuses on functional thyroid pathology, specifically hypothyroidism, whose clinical manifestations include persistent fatigue, weight gain, hair loss, cold intolerance, mood disturbances, digestive impairment, and dry, rough skin. Conventional medical management relies primarily on hormonal replacement therapy. This clinical picture bears a marked resemblance to the Ayurvedic condition of *Sthoulya*,<sup>[2]</sup> and accordingly, the therapeutic framework applicable to *Sthoulya Chikitsa* was adopted. The treatment strategy in such cases is centered upon *Shodhana* (purificatory measures), *Shamana* (pacificatory therapy), and *Vyadhihara Rasayana* (disease-specific rejuvenative formulations).<sup>[4]</sup> Although substantial clinical research exists on the management of hypothyroidism, comparatively limited attention has been directed towards evaluating *Shamanoushadhis*. The present case report documents the successful application of such an approach.

## CASE PRESENTATION

A female patient aged 38 years presented to the outpatient department with complaints of progressive weight gain accompanied by heightened fatigue and significant hair loss of approximately six months' duration. She had been a known case of hypothyroidism for the preceding ten years and was on regular allopathic medication (Thyroxine 75 mg orally each morning, prior to meals). Her body weight had increased from a previous baseline of 65 kg to 73 kg. Additional complaints included impaired digestion and dry, rough skin. There was no documented personal or family history of diabetes mellitus, hypertension, cardiac conditions, or thyroid disorders. Appetite was reduced; sleep patterns, bowel habits, and urinary frequency (4–5 times daily) were within normal limits. All vital parameters and systemic examination findings were unremarkable.

**Local Thyroid Examination:** On inspection, no localised swelling was detected. Palpation revealed normal thyroid size and shape; no localised temperature elevation or tenderness was elicited.

## MATERIALS AND METHODS

The therapeutic plan was formulated after careful assessment of *Rogabala* (disease strength) and *Aturabala* (patient's inherent vitality). The following medicinal regimen was administered for a period of two months. The patient was concurrently counselled to adhere to a light diet incorporating barley and to undertake regular physical exercise.

**Table 1: Therapeutic Interventions Administered.**

S.N.	Drug Name	Dosage	Timing	Frequency & Anupana
1	<i>Yashtimadhu</i> (capsule)	2 capsules	Before food	Three times daily with lukewarm water
2	<i>Dhatri Loha</i> (tablet)	1 tablet	Before food	Three times daily with lukewarm water
3	<i>Nityananda Rasa</i> (tablet)	2 tablets	After food	Three times daily with lukewarm water

## RESULTS

**Table 2: Symptom-Wise Treatment Outcomes.**

S.N.	Parameter	Before Treatment	After Treatment
1	Body Weight	73 kg	70 kg
2	Fatigue	80%	20%
3	Hair Loss	90%	30%
4	Dry Skin	70%	40%
5	Indigestion	80%	2%

**Table 3: Thyroid Function Profile — Pre- and Post-Treatment Values.**

S.N.	Investigation	Before Treatment	After Treatment
1	T3	70.0	68.0
2	T4	8.26	6.76
3	TSH	49.60	12.0

## DISCUSSION

The clinical manifestation of hypothyroidism closely parallels that of *Sthoulya*, and the current case was accordingly managed within the framework of *Sthoulya Chikitsa*. An appropriately selected *Shamanoushadhi* regimen was formulated for this patient. *Yashtimadhu*<sup>[3]</sup> was incorporated primarily for its beneficial action on cutaneous dryness. *Dhatri Loha*<sup>[4]</sup>, known for its *Tridosahara* and *Rasayana* properties, was administered to address the digestive impairment. *Nityananda Rasa*<sup>[5]</sup> demonstrates particular efficacy in *Mamsa-Medogata Vikara*, conditions characterised by pathological accumulation in muscular and adipose tissues. Since *Sthoulya* is fundamentally a *Meda Pradhana Vyadhi* (disorder of adipose predominance), the constituent ingredients of *Nityananda Rasa* — all of which

exhibit *Vata-Kaphahara*, *Lekhana* (scraping), and *Rasayana* properties — are well-suited to its management. Additionally, *Yava* (barley), prescribed as part of the dietary regimen, possesses pronounced *Rukshana* properties translating to potent lipid-reducing action, thereby depleting excess adipose accumulations while sustaining the metabolic energy needed for daily functioning.

**Table 4: Constituent Ingredients, Properties, and Therapeutic Actions of The Formulations.**

Drug	Constituent Ingredients	Properties & Actions
<i>Dhatri Loha</i>	<i>Amalaki, Loha Bhasma, Yashtimadhu, Guduchi</i>	<i>Tridoshahara, Rasayana</i>
<i>Nityananda Rasa</i>	<i>Triphala, Trikatu, Parada, Gandhaka, Kasya, Tamra, Vanga, Tuttha, Shankha Bhasma, Haratala, Vidari, Vidanga, Loha Bhasma, Pancha Lavana, Chavya, Pippali Moola, Hapusha, Vacha, Patha, Devadaru, Ela, Vriddhadharu, Trivrut, Chitraka, Danti, Shati</i>	<i>Vatakaphahara, Agnideepana, Amapachana, Lekhana, Rasayana<sup>[6]</sup></i>
<i>Yashtimadhu</i>	<i>Yashtimadhu</i>	<i>Balavarnakrit, Vatapittahara, Shothahara, Kantya</i>

## CONCLUSION

The findings of this case report indicate that the combination of *Nityananda Rasa*, *Yashtimadhu* capsules, and *Dhatri Loha* is effective in the management of hypothyroidism. A clinically significant reduction in symptom burden was observed, corroborated by improvement in the thyroid function profile. The formulations yielded encouraging outcomes in this individual case. To establish generalisability and enable robust assessment, replication across a larger patient cohort is warranted.

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