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AYURVEDIC MANAGEMENT OF AVATU GRANTHI ROGA (HYPOTHYROIDISM)- A CASE STUDY

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ABSTRACT

Hypothyroidism is a common endocrine disorder characterized by inadequate production of thyroid hormones, resulting in metabolic disturbances and a reduction in the basal metabolic rate. In Ayurveda, diseases of the thyroid gland can be correlated with *Avatu Granthi Roga*. Ayurveda emphasizes identification and management of the underlying causative factors and considers the involvement of *Kapha-Vata Dosha*, *Rasavaha Srotas*, *Medovaha Srotas*, and *Agnimandya* in the manifestation of the condition. A 35-year-old female patient presented with *Sthaulya* (weight gain), *Daurbalya* (weakness), *Twak Rukshata* (dry skin), *Kesha Patana* (hair loss), *Akshikut shotha* (periorbital puffiness), mood swings, impaired memory, emotional distress, *Tandra* (drowsiness), Shirshool (headache), *Amlapitta* (hyperacidity), and elevated thyroid stimulating hormone (TSH) and normal T3 and T4 levels for approximately four years. She had been receiving conventional medical treatment but reported inadequate relief in her symptoms. An Ayurvedic treatment protocol consisting of a group of herbo-mineral preparations was administered for four months and experienced relief in her symptoms and decrease in TSH level. Her allopathy medicines completely stopped.

KEYWORDS: Hypothyroidism, *Avatu Granthi Roga*, *Sthaulya*, *Agnimandya*, *Kapha-Vata Dosha*, *Rasavaha Srotas*, *Medovaha* Srotas.

INTRODUCTION

Reduced production of thyroid hormone is the central feature of the clinical state termed hypothyroidism. Primary hypothyroidism is due to disease of thyroid itself. It accounts for approximately 99% of cases, with < 1% being due to TSH deficiency known as central or secondary hypo-thyroidism. Primary hypothyroidism can be further sub-classified depending on whether it is associated with goitre or an atrophic gland, and each of these entities can either be congenital or acquired in aetiology.

According to modern science clinical Features are.

In adult hypothyroidism, clinical features can largely be explained by the reduced metabolic rate and deposition of glycosaminoglycans (GAG) in different body compartments. Symptoms of hypothyroidism develop gradually. The term myxoedema refers to the boggy appearance of the skin and subcutaneous tissues in the patients in a severe hypothyroid state. Peripheral manifestations of hypothyroidism are less manifest in patients with secondary hypothyroidism.

Skin is pale and cool, and reduction in sweat and sebaceous secretion causes dryness. Scalp become dry and hair become brittle and tend to fall. Glycosaminoglycans (GAG deposition) in the pharynx and larynx contributes to hoarseness of voice.

Cardiovascular involvement includes decreased cardiac output, narrowing of pulse pressure and increased systemic vascular resistance causing diastolic hypertension and decrease in exercise tolerance.

Weight gain despite reduced appetite and constipation, due to reduced gut peristalsis, are common complaints. Neuromuscular manifestation include slowed physical and mental functions, lethargy, somnolence, agitation (‘myxoedema madness’) or depression, deafness, carpal tunnel syndrome and ‘hung-up’ reflexes may also be present. In adult women, hypothyroidism may be associated with diminished libido, failure of ovulation, polymenorrhoea, menorrhagia, and reduced fertility. In men, hypothyroidism may cause reduced libido, impotence and oligospermia. These disturbances in the reproductive system are often associated with hyperprolactinaemia (since prolactin is also under the control of

TRH) and rarely can also be associated with pituitary enlargement due to thyrotroph hyperplasia. Energy metabolism is reduced leading to a decrease in appetite, cold intolerance, reduced protein synthesis and lipid accumulation (elevated TG and LDL-cholesterol).[1]

According to Ayurveda

Avatu Granthi Roga, a condition described under *Granthi (*glandular swellings) and *Galaganda(*goiter-like swelling) in classical Ayurvedic texts. *Granthi* refers to localized nodular swellings formed due to the vitiation of *Doshas* and *Dhatus*, whereas *Galaganda* specifically refers to enlargement of the neck region due to thyroid dysfunction.[3-4] The term *Avatu* denotes the thyroid gland, and *Avatu Granthi* implies nodular or glandular pathology of the thyroid. *Kapha Dosha Vriddhi*, *Agnimandya*, *Ama*, *Medo-dushti and* Srotodushti. The predominant involvement of *Kapha Dosha* may manifest as *gaurava* (heaviness), *alasya* (lethargy), *atisuptata* (excessive sleep), weight gain and edema, while associated *Vata Dosha* involvement may contribute to constipation, dryness of skin, weakness and cold intolerance. *Agnimandya* may lead to impaired digestion and metabolism, followed by *Ama* formation and impairment of *Dhatvagni*, particularly *Medo-dhatvagni*, resulting in abnormal accumulation of adipose tissue and disturbed lipid metabolism. Thus, the Ayurvedic understanding of hypothyroidism may be considered as a multifactorial process involving *Dosha*, *Agni*, *Dhatu* and *Srotas*, with *Kapha-pradhana Tridosha Dushti*, *Agnimandya* and *Rasa-Medo dushti* playing important roles in its pathogenesis.

Principles of *chikitsa*

1) *Agni Deepana* & *Ama Pachana* – correction of *Mandagni* and digestion of *Ama* using *Deepana–Pachana* drugs.

2) *Kapha–Vata Shamana* – drugs and measures that balance *Kapha* and *Vata*, particularly in cases with heaviness, lethargy, cold intolerance and constipation.

3) *Medohara Chikitsa* – correction of excessive *Meda* and associated weight gain through appropriate *Ahara, Vihara* and *Medohara* drugs.

4) *Srotoshodhana* – removal of obstruction in *Rasavaha* and *Medovaha Srotas* to improve tissue metabolism.

5) *Lekhana* & *Rukshana* – useful in patients with *Sthaulya*, excessive *Meda* and *Kapha* predominance.

6) *Nasya Karma – Nasya* may be considered when *Urdhvajatrugata vyadhi* for *shodhana*.

7) *Rasayana* – after correction of *Agni* and *Srotas*, *Rasayana* therapy may be considered to support strength and normal tissue function.

AIM

To evaluate the efficacy of *shamana chikitsa* and *shodhana chikitsa* in hypothyroidism.

OBJECTIVE

1) To assess the efficacy of herbal medication and *shodhana chikitsa – nasya* in management of *Avatu granthi roga* (hypothyroidism).
2) To assess the changes in symptoms and serum TSH levels following ayurvedic interventions.

CASE REPORT

A 35 year old female came to an clinic with complaints of

1) *Sthaulya* (weight gain)
2) *Daurbalya* (weakness)
3) *Twak Rukshata* (dry skin)
4) *Kesha Patana* (hair loss)
5) *Akshikut shotha* (Periorbital puffiness)
6) Mood swings
7) Impaired memory
8) Emotional distress
9) *Tandra* (Drowsiness)
10) *Shirshool* (Headache)
11) *Amlapitta* (hyperacidity)

DURATION- 4 Years

HISTORY OF PERSONAL ILLNESS

The patient has been experiencing the above mentioned complaints for four years, with significant aggrevation over previous six months. She was a known case of hypothyroidism and had been taking tablet thyroxine 50 mcg once daily as prescribed under allopathic management.

PAST HISTORY

Medical history

- Hypothyroididm- 4 years
- Hypertension/ Diabetes Mellitus/Bronchial Asthma- No any history

Medication History

- Tab. Thyroxine 50 mcg daily for hypothyroidism.

PERSONAL HISTORY

Diet-Mixed

Addiction- No

FAMILY HISTORY

No family history of hypothyroidism/Diabetes Mellitus/Hypertension

SYSTEMIC EXAMINATION

Systems	Findings
General examination	Conscious, oriented, moderately built
Cardiovascular system	S1 S2 normal, no murmur
Respiratory system	Bilateral air entry equally present
Gastrointestinal system	Gasesous distension
Central nervous system	Conscious,oriented, normal reflexes
Locomotor system	No edema, normal tone
Skin	Dryness present

LOCAL EXAMINATION

Inspection	The neck appeared symmetrical, with no visible swelling or enlargement in the thyroid region. The overlying skin was normal, without discoloration, dilated veins, or other visible abnormalities.
Palpation	The thyroid was not palpable. The was no tenderness, nodularity, or palpable mass.
Auscultation	No bruit was audible over the thyroid region

DASHAVIDH PARIKSHA

Prakriti	*Pitta-Kapha*
Vikruti	*Kapha-Vata, Rasa* and *Medo dhatu dushti*
Sara	*Madhyam*
Samhanana	*Madhyam*
Pramana	*Uttam*
Satmya	*Madhyam*
Satva	*Uttam*
Aharshakti	*Heena*
Vyayamshakti	*Madhyam*
Vaya	35 yr- *Tarunyavastha*

ASHTAVIDHA PARIKSHA

Nadi	*Vata-pitta*
Mala	*Badhata*
Mutra	*Prakrut*
Jivha	*Sama*
Shabda	*Spashta*
Sparsha	*Anushna, ruksha*
Druka	*Prakrut*
Akruti	*Sthaulya*

Thyroid Profile

TSH Level-22.5 uIU/ml

DIAGNOSIS- Avatu granthi roga(Hypothyroidism)

PLAN OF SHAMAN CHIKITSA AND SHODHANA CHIKITSA

Sr no	**Time**	***Dravya***	***Matra***	***Kala***	***Anupana***	**Allopathy Tab Thyroxine**
1.	First month	*1) Laghushutshekhar rasa*	125 mg	*Apane* (BD)	Luke warm water	50 mcg
		2) Hamspadyadi kashaya	20 ml	*Apane* (BD)	Luke warm water	
		3) Chandraprabha vati	250 mg	*Vyanodan* (BD)	Luke warm water	
		4) Kanchanar guggul	500 mg	*Vyanodan* (BD)	Luke warm water	
		5) Anutail nasya	4 drops in each nostril	*Snan purva* (OD)	-	
2.	Second month	*1) Laghushutshekhar rasa*	125 mg	*Apane* (BD)	Luke warm water	25 mcg
		2) Hamspadyadi kashaya	20 ml	*Apane* (BD)	Luke warm water	
		3) Chandraprabha vati	250 mg	*Vyanodan (BD)*	Luke warm water	
		4) Kanchanar guggul	500 mg	*Vyanodan* (BD)	Luke warm water	
		5) Anutail nasya	4 dops in each nostril;	*Snan purva* (OD)	-	
3.	Third month	*1) Laghusutshekhar rasa*	125 mg	*Apane* (BD)	Luke warm water	12.5 mcg
		2) Hamspdyadi kashaya	20 ml	*Apane* (BD)	Luke warm water	
		3) Arogyavardhini rasa	500 mg	*Vyanodan* (BD)	Luke warm water	
		4) Anutail nasya	4 drops in each	*Snan purva (OD)*	-	

			nostril			
4.	Fourth month	*1) Laghusutshekar rasa*	125 mg	*Apane* (BD)	Luke warm water	Stopped
		2) Hamspadyadi kashaya	20 ml	*Apane* (BD)	Luke warm water	
		3)Arogyavardhini rasa	500 mg	*Vyanodan* (BD)	Luke warm water	
		4) Anutail nasya	4 drops in each nostril	*Snan purva* (OD)	-	

OBSERVATION AND RESULT

Sr no	Complaints	Baseline	After 1 month	After 2 month	After 3 month	After 4 month
1.	*Sthaulya*	85.3 kg	84.2 kg	82 kg	80 kg	77.9 kg
2.	*Daurbalya*	++++	+++	+++	++	+
3.	*Twak rukshata*	++++	+++	++	+	
4.	*Kesha patana*	+++++	+++++	+++++	++++	+++
5.	*Amlapitta*	+++++	+++	++	++	+
6.	*Akshikut shotha*(Periorbital puffiness)	++++	+++	++	+	
7.	*Shirshool*(Headache)	+++++	+++	++	+	
8.	*Tandra* (Drowsiness)	++	+			
9.	Emotional distress, mood swings, memory impaired	++++	+++	+++	++	++
10.	TSH level	22.5 uIU/ml	18.6 uIU/ml	12.5 uIU/ml	6.7 uIU/ml	4.2 uIU/ml

DISCUSSION

In the present case, the treatment was planned according to the principles of *Deepana-Pachana, Kapha-Medohara, Srotoshodhana, Amapachana* and correction of *Agni* and *Dhatvagni*. *Hamsapadyadi Kashaya* was administered as the principal decoction, considering its potential role in improving *Agni*, reducing *Kapha* predominance and supporting metabolic correction. *Kanchanara Guggulu* was incorporated with the intention of addressing *Kapha-Meda Dushti* and *Srotorodha*, particularly in view of the glandular/endocrine component of the disease.

Chandraprabha Vati was used as a supportive formulation with its traditionally described *Tridosha-shamaka, Mutrala* and *Srotoshodhaka* properties, while *Arogyavardhini Vati* helps in improving *Agni* and *Dhatvagni* and supporting hepatic and metabolic functions. *Laghusutashekhar Rasa* helps as an adjunctive formulation, particularly from the perspective of correcting *Agnimandya* and associated gastrointestinal symptoms.

Anu Taila Nasya was administered as a local Ayurvedic procedure which will helpful to stimulate the pituitary gland and secretes the thyroid stimulating hormones. In Ayurvedic therapeutics, *Nasya* is considered an important route for delivering the medicine to structures situated urdhvajatrugata (above the clavicle) and is traditionally described as influencing *Shiras* and *Urdhvajatrugata* functions.

The combined therapeutic approach was therefore directed not merely toward symptomatic relief but toward correction of the presumed underlying *Agni, Dosha, Dhatu* and *Srotas* abnormalities. Improvement in clinical manifestations along with changes in relevant laboratory parameters, it is documented during follow-up, may indicate a favorable response to the treatment protocol. However, because this is a single-case observation, the improvement cannot be attributed conclusively to any individual formulation, and larger controlled clinical studies are required to establish efficacy and mechanism.

CONCLUSION

The present case suggests that the Ayurvedic treatment protocol comprising *Hamsapadyadi Kashaya, Chandraprabha Vati, Kanchanara Guggulu, Laghusutashekhara Rasa, Anu Taila Nasya* and *Arogyavardhini Vati* demonstrated a favourable clinical response and good prognosis in the management of hypothyroidism. The treatment was individualized based on *Kapha-Vata Dushti, Agnimandya, Ama* and *Medo Dhatu Dushti*. However, further controlled clinical studies with standardized outcome measures, thyroid function monitoring and long-term follow-up are necessary to establish its efficacy and safety.

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