WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 11, 813-822. Case Study ISSN 2277–7105

AYURVEDIC MANAGEMENT OF KAPHA NANATMAJA VIKARA WITH SPECIAL REFERENCE TO HYPOTHYROIDISM: A CASE REPORT

Dr. Ravika Sangwan*[1], Dr. V. Lakshmana Prasad[2]

*[1]Post Graduate Scholar, Department of Panchakarma, Sri Venkateswara Ayurvedic College, TTD, Tirupati, India.

[2]Professor (PG), Department of Panchakarma, Sri Venkateswara Ayurvedic College, TTD, Tirupati, India.

Article Received on 01 May 2026,
Article Revised on 21 May 2026,
Article Published on 01 June 2026,

https://doi.org/10.5281/zenodo.20441725

***Corresponding Author**

Dr. Ravika Sangwan

Post Graduate Scholar, Department of Panchakarma, Sri Venkateswara Ayurvedic College, TTD, Tirupati, India.

How to cite this Article: Dr. Ravika Sangwan*[1], Dr. V. Lakshmana Prasad[2]. (2026). Ayurvedic Management Of Kapha Nanatmaja Vikara With Special Reference To Hypothyroidism: A Case Report. World Journal of Pharmaceutical Research, 15(11), 813–822.
This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

A *Kapha Nanatmaja Vikara* represents a group of disorders caused predominantly by the aggravation of *Kapha Dosha*.[1] In modern medicine, it may be correlated with Hypothyroidism based on similarities in clinical presentation and underlying pathophysiology. Hypothyroidism is a clinical condition resulting from inadequate secretion of thyroid hormones by the thyroid gland. It affects nearly 200 million individuals worldwide, with approximately 9 million reported cases in India. The condition is more common in females, with a female-to-male ratio of about 6:1, and its prevalence in the general population is estimated to be around 5%. In *Ayurveda*, Hypothyroidism can be considered under *Kapha Nanatmaja Vikara* due to the predominance of *Kapha Dosha* and the resemblance in symptomatology and disease manifestation. This case report describes the *Ayurvedic* management of a 26-year-old female patient who presented with complaints of weakness, weight gain, dry skin, and reduced speed in performing daily activities for the past 4½ months. These symptoms were associated with markedly elevated TSH levels (336.99 µIU/ml), low haemoglobin levels (9.2 gm/dl), and ultrasonographic findings suggestive of mild thyroiditis. The patient was managed with *Shodhananga Snehapana* using *Murchhita Tila Taila*, followed by *Vamana* with *Krsnadi Yoga*[4] and *Virechana* with *Pippalayadi Yoga*,[5] after *Deepana-Pachana* using

Chitrakadi Vati (250 mg) as *Purva Karma*. Marked clinical improvement was observed following treatment, including reduction in TSH levels from 336.99 µIU/ml to 71.99 µIU/ml, weight reduction of 4.9 kg, and improvement in Billewicz score from -19 to -47, indicating considerable relief in hypothyroid symptoms. This case report suggests the potential effectiveness of *Ayurvedic Shodhana* therapy in the management of *Kapha Nanatmaja Vikara*.

KEYWORDS: *Kapha Nanatmaja Vikara*, Hypothyroidism, *Shodhananga Snehapana*, *Vamana, Virechana, Chitrakadi Vati*, Billewicz Score, TSH.

INTRODUCTION

Hypothyroidism is a clinical syndrome characterised by insufficient production of thyroid hormones by the thyroid gland, resulting in a generalised reduction of metabolic activity.[2] It is among the most common endocrine disorders worldwide and shows a higher incidence in females. The condition typically presents with symptoms such as fatigue, weight gain, cold intolerance, dry skin, bradycardia, constipation, and cognitive slowing.[3] The conventional line of management mainly involves lifelong thyroid hormone replacement therapy; however, some patients continue to experience persistent symptoms or seek alternative therapeutic options due to concerns related to long-term medication use.

In *Ayurveda*, the thyroid gland is not described as a distinct anatomical structure; however, its functional and pathological correlations can be understood through classical concepts described in the *Samhitas*.[1] Hypothyroidism, with its features such as *Gaurava* (heaviness), *Alasya* (lethargy), *Sthoulya* (tendency toward obesity), *Tvak Rukshata* (dryness of skin), *Manda Agni* (reduced digestive fire), and *Srotorodha* (obstruction of channels), closely resembles *Kapha Nanatmaja Vikara* as described in *Charaka Samhita*. The predominant involved *Dosha* is *Kapha*, while the affected *Dushyas* include Rasa, Meda, and Mamsa Dhatus, along with involvement of *Rasavaha, Medovaha, and Mamsavaha Srotases*.

Shodhana therapy (bio-purification), particularly *Vamana* and *Virechana*, is well-established in *Ayurveda* for the management of Kapha-dominant disorders. This case report highlights the significant clinical and biochemical improvement observed in a patient with Hypothyroidism (*Kapha Nanatmaja Vikara*) following *Ayurvedic Shodhana* therapy at Sri Venkateswara Ayurvedic College & Hospital (SVAYH), Tirupati.

MATERIALS AND METHODS

Various references were collected from available *Ayurvedic* texts and their commentaries, modern medical texts, and relevant websites.

CASE PRESENTATION

A 26year old female patient came to opd, department of *Panchakarma*, SV Ayurvedic Hospital, TTD, Tirupati complaining of Weakness, Weight gain, Dry skin, Slowness in daily activities, Excessive sleep, Heaviness of body, Loss of strength, Indigestion, Early satiety (Trpti), Laziness since 4 ½ months.

History of present illness

The patient was apparently asymptomatic 4½ months prior to admission. She gradually developed generalized weakness, dry skin, hair fall, and progressive weight gain along with slowness in daily activities. She subsequently underwent blood investigations and thyroid profile testing, which revealed low haemoglobin levels and significantly elevated TSH levels. For confirmation, she underwent USG thyroid scan, which indicated mild thyroiditis with mild enlargement of the thyroid gland. She then consulted SVAYH and was prescribed *Ayurvedic* medications for 1 month, with limited relief. She was subsequently admitted to SVAYH for inpatient *Shodhana* therapy.

Past history

No relavant h/o HTN, DM.

Family history

No relevant family history.

Personal history

Diet – mixed

Appetite – low

Thirst – normal

Urine – 5 to 6 times during day and 3 to 4 times during night

Bowel – constipated

Addiction – no addiction to smoking and alcohol

Physical examination

B.P – 110/78 mm hg

P.R – 73/min

Respiration rate – 16/min

Weight – 64.5kg

Ashtavidha Pariksha

Nadi – Kapha-Vata Pradhana

Mala – Badha

Mutra – Mutra anigraha

Jihwa – Lipta

Shabda –Spashta

Sparsha –Shita

Netra – Samanya

Akriti – Madhyama

Dashavidha Pariksha

Prakriti – Vatapittaj

Vikriti – Kapha pradhan

Sara – Madhyama

Samhana – Madhyama

Pramana – Madhyama (5 feet 5 inch)

Satmya – Madhyama

Satwa – Madhyama

Agni - Aharashakti – Avara, Jarana shakti – Avara

Vyayama shakti – Madhyama

Vaya – Madhyama

Systemic examination

CVS: Bradycardia present; S1 & S2 heard; no murmurs

CNS: Patient conscious and oriented to time, place and person; motor and sensory systems normal; reflexes normal

Digestive System: Abdomen soft and non-tender; no organomegaly; Normal bowel sounds present.

Respiratory System: Bilateral air entry present; no added sounds

Uro-genital System: NAD

Investigations

1. Haematological Investigations

Investigation	Value	Normal Range
Haemoglobin (Hb%)	9.2 gm/dl	12–16 gm/dl
TLC	7000 cells/cumm	4000–11000
DLC – Neutrophils	56%	40–70%
DLC – Lymphocytes	36%	20–40%
DLC – Eosinophils	0.5%	1–4%
DLC – Monocytes	03%	2–8%
ESR	15 mm/hr	0–20 mm/hr

2. Biochemical Investigations

Investigation	Value	Normal Range
FBS	90 mg/dl	70–110 mg/dl
PPBS	117 mg/dl	<140 mg/dl
Total Cholesterol	130 mg/dl	<200 mg/dl
Triglycerides	120 mg/dl	<150 mg/dl
LDL	74 mg/dl	<100 mg/dl
HDL	32 mg/dl	>40 mg/dl
VLDL	24 mg/dl	<30 mg/dl

3. Thyroid Profile

Parameter	Value	Normal Range
TSH	336.99 µIU/ml	0.4–4.0 µIU/ml
T3	89.81 mg/dl	80–200 ng/dl
T4	3.76 µg/dl	5–12 µg/dl

USG Thyroid: Features suggestive of Thyroiditis; thyroid gland mildly enlarged in size.

Urine Routine: No albumin, no sugar; Microscopy: 1–2 pus cells/HPF, 1–2 epithelial cells/HPF.

MODERN DIAGNOSIS

Patient was diagnosed as a case of Hypothyroidism.

AYURVEDIC DIAGNOSIS

Patient was diagnosed as a case of *Kapha Nanatmaja Vikara*.

TREATMENT PROTOCOL

The patient was given *Murchhita Tila Taila* as *Shodhananga Snehapana* with followed by *Vamana* with *Krsnadi Yoga* and *Virechana* with *Pippalayadi Yoga*.

1 *Purva Karma* (Preparatory Procedure)

***(a) Deepana-Pachana*:** Tab. *Chitrakadi Vati* 250 mg × 1–1–1 for 3 days before commencement of *Snehapana*, to kindle Agni and digest Ama.

***(b) Shodhananga Snehapana*:** *Murchhita Tila Taila* administered in escalating doses for 5 days as per classical protocol. *Snehapana* was continued until Samyak Snigdha Lakshanas (signs of proper oleation) were observed.

2 *Pradhana Karma*

***Vamana* (Therapeutic Emesis):** Administered with *Krsnadi Yoga* following completion of *Snehapana*, targeting *Kapha* elimination from *Urdhva Marga* (upper channels).

***Virechana* (Therapeutic Purgation):** Administered with *Pippalayadi Yoga* following *Vamana*, targeting *Pitta* and residual *Kapha* elimination from *Adhomarga* (lower channels).

OBSERVATION AND RESULTS

1. Objective Parameters — Before and After Treatment

Parameter	Before Treatment	After Treatment	Change
Weight	64.5 kg	59.6 kg	↓ 4.9 kg
BMI	23.3 kg/m²	21.2 kg/m²	↓ 2.1 kg/m²
TSH	336.99 µIU/ml	71.99 µIU/ml	↓ 265 µIU/ml
T3	89.61 mg/dl	93.9 mg/dl	↑ 4.29 mg/dl
T4	3.75 µg/dl	5.3 µg/dl	↑ 1.55 µg/dl

2 Billewicz Diagnostic Score

Symptom/Sign	Before Treatment	After Treatment
Diminished Sweating	-2	-2
Dry Skin	+3	-6
Cold Intolerance	+4	-5

Weight Increase	+1	-1
Constipation	+2	-1
Hoarseness	-4	-4
Slow Movement	-3	-3
Coarse Skin	-7	-7
Cold Skin	+3	-2
Peri-orbital Puffiness	-6	-6
Pulse Rate	-4	-4
Ankle Jerk	-6	-6
TOTAL SCORE	-19	-47

Interpretation: A Billewicz score ≥ +25 indicates overt hypothyroidism; -30 to +25 indicates subclinical/borderline hypothyroidism; ≤ -30 indicates hypothyroidism unlikely/excluded.

The score improved from -19 (borderline) to -47 (hypothyroidism excluded range), indicating marked clinical improvement following *Ayurvedic Shodhana* therapy.

3 Subjective Parameters

Symptom	Before Treatment	After Treatment
Trpti (Early Satiety)	Present	Absent
Nidradhikya (Excessive Sleep)	Present	Absent
Gurugatrata (Heaviness)	Present	Absent
Alasya (Laziness)	Present	Absent
Balasaka (Weakness)	Present	Reduced
Apakti (Indigestion)	Present	Reduced
Mandagni (Weak Digestion)	Present	Reduced

DISCUSSION

Hypothyroidism is characterized by elevated TSH levels along with reduced T3 and T4 levels, resulting in a hypometabolic state.[2] In the present case, there was a markedly elevated TSH level of 336.99 µIU/ml, which is significantly above the normal range,

accompanied by low haemoglobin levels, bradycardia, and classic symptoms such as fatigue, weight gain, cold intolerance, and dry skin.

From an *Ayurvedic* perspective, the etiological factors in this case included excessive intake of *Guru*, *Snigdha*, and *Madhura Ahara*, along with *Alpa Vyayama*, *Divasvapna*, and a sedentary lifestyle. These factors collectively lead to *Agni Mandya* (impairment of digestive fire).[1] This, in turn, results in *Ama* formation and vitiation of *Kapha Dosha*. The obstruction of *Rasa*, *Meda*, and *Mamsavaha Srotas* further impairs *Dhatu* metabolism, manifesting clinically as *Kapha Nanatmaja Vikara*, which closely resembles the pathophysiology of Hypothyroidism.

Shodhananga Snehapana with *Murchhita Tila Taila* was selected due to its *Kapha-Vata Shamaka* properties and its ability to lubricate the channels and loosen accumulated *Dosha-Dushya* complexes. *Tila Taila* is indicated in *Kapha-Vata* predominant conditions owing to its *Ushna*, *Sukshma*, and *Srotoshodhana* properties. Prior administration of *Deepana-Pachana* with *Chitrakadi Vati* ensured proper activation of *Agni* and digestion of *Ama*, thereby preparing the patient for *Shodhana*.

Vamana with *Krsnadi Yoga* effectively eliminated aggravated *Kapha Dosha* through the *Urdhva Marga*. Since *Kapha* is the predominant *Dosha* involved in Hypothyroidism, its targeted elimination was essential. This was followed by *Virechana* with *Pippalayadi Yoga*, which helped in clearing residual Kapha and Pitta through the *Adhomarga*. Together, these *Shodhana* procedures restored *Srotas* patency and enhanced *Dhatu* metabolism.

The clinical outcome observed was significant. TSH levels reduced from 336.99 µIU/ml to 71.99 µIU/ml, reflecting an approximate 87.5% reduction, indicating a notable improvement in thyroid function. Body weight decreased by 4.9 kg, BMI reduced by 2.1 kg/m², and the Billewicz score improved from -19 to -47, confirming substantial clinical recovery. Improvements were also observed in T3 and T4 levels, suggesting gradual normalisation of thyroid hormonal activity. Subjective improvements in energy levels, sleep quality, digestion, and skin texture further supported the biochemical findings.

This case highlights that *Ayurvedic Shodhana* therapy, by correcting underlying *Dosha-Dushya* imbalance and restoring *Srotas* function, may lead to significant improvement in both

clinical and biochemical parameters of Hypothyroidism. However, further well-designed studies with larger sample sizes are required to validate and generalise these findings.

CONCLUSION

This case report highlights the effectiveness of *Ayurvedic Shodhana* therapy — comprising *Shodhananga Snehapana* with *Murchhita Tila Taila*, *Vamana* with *Krsnadi Yoga*, and *Virechana* with *Pippalayadi Yoga* — in the management of *Kapha Nanatmaja Vikara*, which is clinically correlated with Hypothyroidism. Marked improvement was observed in biochemical and clinical parameters, including a reduction in TSH levels from 336.99 to 41.99 µIU/ml, a decrease in body weight by 4.9 kg, and improvement in Billewicz score from -19 to -47, along with significant relief in subjective symptoms.

The findings suggest that *Ayurvedic Shodhana* therapy, by addressing the root cause through *Kapha Shamana* and *Srotas Shodhana*, may offer a beneficial therapeutic approach in the management of Hypothyroidism. However, further randomised controlled trials with larger sample sizes are required to establish its efficacy and role in standard clinical practice.

ACKNOWLEDGEMENT

The authors acknowledge the support of the clinical and research staff at Sri Venkateswara Ayurvedic College and Hospital (SVAYH), Tirupati, Andhra Pradesh. Gratitude is expressed to the patient for her cooperation during the study.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

1. Sharma RK, Dash B, editors. Agniveśa Caraka Saṃhitā: based on Cakrapāṇi Datta Āyurveda Dīpikā. Vol. 1, Sūtra Sthāna 20, Verse 17. Varanasi: Chowkhamba Sanskrit Series Office, 2009.
2. Walker BR, Colledge NR, Ralston SH, Penman ID, editors. Davidson's Principles and Practice of Medicine. 22nd ed. Edinburgh: Churchill Livingstone/Elsevier, 2014.
3. Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. Davidson's Principles and Practice of Medicine. 24th ed. Edinburgh: Elsevier, 2022.
4. Murthy KRS, translator. Śāraṅgadhara Saṃhitā. Uttara Khaṇḍa 3, Verse 20. 4th ed. Varanasi: Chaukhambha Orientalia, 2001.

5. Sharma RK, Dash B, editors. Agniveśa Caraka Saṃhitā: based on Cakrapāṇi Datta Āyurveda Dīpikā. Vol. 6, Kalpa Sthāna 7, Verse 29. Varanasi: Chowkhamba Sanskrit Series Office, 2010.