

EXPLORING THE NEUROENDOCRINE MODULATORY EFFECTS OF MANASMITRA VATAKAM IN HYPOTHYROIDISM - A CASE REPORT

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ABSTRACT

Introduction: Hypothyroidism is a multifactorial endocrine disorder increasingly linked to dysregulation of the neuroendocrine axis and psychological stress common posing challenges in holistic management. Main clinical findings: A female presented with elevated thyroid stimulating hormone (TSH) levels and significant stress. **Diagnosis:** Hypothyroidism with associated *Agnimandya* and manasik involvement was established. Intervention: Management included *Manasmitra vatakam* as the principal drug, along with Kanchanar Guggulu, Hanspathyadi kashaya and Triphala churna. **Outcome:** Over three months, TSH levels reduced from 10.5 μ IU/mL to 4.47 μ IU/mL with noticeable improvement in stress and overall wellbeing. **Conclusion:** The observed outcome indicates a

plausible neuroendocrine modulatory role of *Manasmitra vatakam* via Hypothalamus-pituitary-thyroid axis, potentially mediated through stress axis regulation influencing thyroid function. This case holds significance of integrating *Manasika Chikitsa* in the management of hypothyroidism.

KEYWORDS: *Agnimandya*, Case report, Hypothyroidism, *Manasika Bhava Manasmitra vatakam* Neuroendocrine modulation, Stress, Thyroid- stimulating hormone.

INTRODUCTION

Hypothyroidism represents a state of thyroid hormone deficiency with widespread metabolic and systemic consequences while conventionally attributing to primary thyroid gland dysfunction increasing attention has been directed the Central Neuroendocrine Regulation

that is the hypothalamic pituitary thyroid axis –HPT.^[1,2] Psychological stress is known to disrupt this axis through activation of the Hypothalamic-Pituitary-Adrenal pathway thereby influencing thyroid function and hormonal hemostasis.^[3,4] From an Ayurvedic perspective hypothyroidism may be correlated with *Agnimandya* and *Kapha* predominance, further compounded by disturbances in *Manasika Bhavas* as described in classical texts.^[5,6] Such an integrative understanding necessitates the theoretic approach addressing both the physiological and *manasik* dimensions. *Manasmittar vatakam*, a classical *medhya rasayana* is traditionally indicated in stress related disorders and may exert modulatory influence on the neuroendocrine pathways. This case report evaluates its potential role in the management of hypothyroidism associated with significant psychological stress.

CASE REPORT

A 38-year-old female patient presented in September 2025 with complaints suggestive of hypothyroidism and associated psychological stress. She was not on any conventional thyroid medication at the time of presentation there was no history of diabetes mellitus hypertension asthma or other major systemic illness. Past surgical history was significant for lower segment caesarean section (LSCS). Her dietary pattern was vegetarian with normal appetite thirst and sleep. No known drug or food allergies were reported.

Examination

On examination pulse (*Nadi*)- 72 beats per minute and blood pressure was 110 /90 mm of Hg. The patient was afebrile (*Sparsha*), with clear speech (*Shabda*), and no pallor(*drik*) body constitution was *Madhyama*. Systemic examination revealed normal respiratory cardiovascular and central nervous systems. From an Ayurvedic perspective *mala* and *mutra* were satisfactory. (*Samanya*) *jirva* was initially *sama* and later *nirama*, indicating improvement in metabolic status. The clinical picture was suggestive of *Agnimandya* with *kapha* predominance and *Manasika* involvement.

Investigations

Table 01: Comparison Of Serum Thyroid Levels.

Investigation Month	T3 (TRIiodothyronine)	T4 (Tetraiodothyronine)	TSH (Thyroid Stimulating Hormone)
1 st September 2025	1.01 ng/mL	6.12 µg/dL	10.55 µIU/mL
31 st October 2025	106.9 ng/dL	5.79 µg/dL	6.43 µIU/mL
23 rd January 2026	2.82 pg/mL	0.50 ng/dL	4.47 µIU/mL

Intervention

The patient was treated with *Manasmitra vatakam* 250 mg twice a day with luke warm water after food as the principal drug, along with *Kanchanar Guggulu* 250mg twice a day before food, *Hanspathyadi Kashaya* 30 ml twice a day after food and *Triphala Churna* 5gm twice a day after food with luke warm water. The same regimen was continued throughout the treatment. Pathya-apathya advice included avoidance of *kapha* and *vata* aggravating foods such as brinjal, potato, fermented, fried items, bakery products, cold drinks and non-vegetarian diets.

Outcome and follow up

Over A period of approximately three months, there was a progressive reduction in TSH levels from 10.55 μ IU/mL to 4.47 μ IU/mL approaching the normal range without the use of conventional thyroid hormone replacement therapy the patient also reported subjective improvement in stress and overall wellbeing no adverse effects were noted during the course of treatment.



September 2025 (neck region)



January 2026 (neck region)

DISCUSSION

Hypothyroidism is increasingly recognized as a disorder influenced not only by primary thyroid dysfunction but also by higher neuroendocrine regulation. Chronic psychological stress activates the hypothalamic- pituitary -adrenal axis resulting in elevated cortisol levels which may suppress hypothalamic and pituitary signalling thereby, altering the hypothalamic pituitary thyroid axis and affecting thyroid functions.^[7,8] This establishes a functional link between stress and thyroid dysregulation.

[illegible]

“□ □ □ □ □ □ □ □ □ □ □ □ □ □”^[10] □

Kanchanar guggul indicated in *Granthi* and *Kapha Meda* disorders, aids in resolving glandular dysfunction and improving metabolism *Hanspathyadi Kashaya* contributes through *Deepana Pachana* action correlating *Agnimandya* while *Triphla churna* acts as mild detoxifying and rasayana agent, supporting metabolic hemostasis.

The progressive reduction in TSH levels without conventional hormone therapy suggests a synergistic therapeutic effect, with *Manasmitra Vatakam* playing a pivotal role in stress modulation. This case demonstrates that addressing both *Manasika* and metabolic factors may positively influence thyroid functions, reflecting a plausible neuroendocrine modulatory mechanism.

This case highlights the potential of an integrative *Ayurvedic* approach in the management of hypothyroidism particularly in the presence of stress the observed reduction in TSH levels without conventional hormone therapy suggests a synergistic therapeutic effect of the conventions employed *Manasmitra vatakam* as a *medhya rasayana*, may play a pivotal role in modulating stress related neuroendocrine pathways thereby influencing thyroid function. These findings underscore the significance of integrating *Manasika* considerations in

endocrine disorders and support the role of Ayurvedic interventions in modulating stress associated thyroid dysfunction.

Table-02: Stress And Hpt (Hypothalamus Pituitary Thyroid)

Axis.

Psychological stress

↓

Hypothalamus

↓ (CRH)

Pituitary

↓ (ACTH)

Adrenal gland

↓ (Cortisol ↑)

↓Inhibition of HPT Axis

↓↓TRH→↓TSH→Thyroid Dysfunction

Abbreviation

HPT- Hypothalamus pituitary thyroid axis

CRH- cortisol releasing hormone

ACTH- Adrenocorticotrophic hormone

TRH- thyroid releasing hormone

TSH- thyroid stimulating hormone

Source of support: Nil.

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REFERENCES

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw-Hill, 2022.
2. Melmed S, Polonsky KS, Larsen PR, Kronenberg HM. Williams Textbook of Endocrinology. 14th ed. Philadelphia: Elsevier, 2020.
3. Chrousos GP. Stress and disorders of the stress system. Nat Rev Endocrinol, 2009; 5(7): 374–381.

4. Tsigos C, Chrousos GP. Hypothalamic–pituitary–adrenal axis, neuroendocrine factors and stress. *J Psychosom Res*, 2002; 53(4): 865–871.
5. Sharma PV. *Charaka Samhita*. Varanasi: Chaukhambha Orientalia, 2014.
6. Murthy KRS. *Ashtanga Hridaya of Vagbhata*. Varanasi: Chaukhambha Krishnadas Academy, 2014.
7. Chrousos GP. Stress and disorders of the stress system. *Nat Rev Endocrinol*, 2009; 5(7): 374–381.
8. Tsigos C, Chrousos GP. Hypothalamic–pituitary–adrenal axis, neuroendocrine factors and stress. *J Psychosom Res*, 2002; 53(4): 865–871.
9. Sharma PV. *Charaka Samhita*. Varanasi: Chaukhambha Orientalia, 2014.
10. Murthy KRS. *Ashtanga Hridaya of Vagbhata*. Varanasi: Chaukhambha Krishnadas Academy, 2014.