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EFFECT OF VYOSHADI GUGGULU AND ANU TAILA NASYA IN HYPOTHYROIDISM: A SINGLE-CASE STUDY

Dr. Haresh Sable[1]*, Dr. Aparna Sathe[2]

*[1]PG Scholar Third Year (Department of Kayachikitsa), Dr. G.D.Pol Foundation's YMT Ayurvedic College Hospital, PG Institute, Kharghar, Navi Mumbai, Maharashtra, India.

[2]Associate Professor (Department of Kayachikitsa), Dr. G.D.Pol Foundation's YMT Ayurvedic College Hospital, PG Institute, Kharghar, Navi Mumbai, Maharashtra, India.

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***Corresponding Author**

Dr. Haresh Sable

PG Scholar Third Year (Department of Kayachikitsa), Dr. G.D.Pol Foundation's YMT Ayurvedic College Hospital, PG Institute, Kharghar, Navi Mumbai, Maharashtra, India.

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ABSTRACT

Hypothyroidism is a common metabolic disorder characterized by reduced thyroid hormone production, leading to symptoms such as fatigue, weight gain, dry skin, hair loss and metabolic slowing. In Ayurveda, the condition can be understood through concepts of Agnimandya, Ama formation, Kapha–Vata vitiation and Srotorodha. This case study presents a 30-year-old female patient diagnosed with hypothyroidism, who was managed with an integrative Ayurvedic protocol comprising Anu Taila Nasya and Vyoshadi Guggulu for 6 weeks. Treatment focused on correcting Agnimandya, reducing Kapha accumulation, improving metabolism, and supporting thyroid function. Significant clinical improvement was observed, including reduction in fatigue, puffiness, weight gain and dryness of skin. Laboratory parameters improved markedly, with T3 increasing from 0.38 to 1.45 ng/dl, T4 from 3.81 to 7.63 µg/dl, and TSH decreasing from 12.11 to 4.21 µIU/ml. The results suggest that the combination of Anu Taila Nasya and Vyoshadi Guggulu may be effective in restoring metabolic balance and improving thyroid function. Further studies with larger sample sizes are recommended to validate these findings.

KEYWORDS: Hypothyroidism; Vyoshadi Guggulu; Anu Taila Nasya; Ayurveda; Agnimandya; Kapha-Vata vitiation; Thyroid dysfunction; Case study; Metabolic disorder; Srotorodha.

INTRODUCTION

Thyroid gland produces two related hormones Thyroxine (T4) and Tri-iodothyronine (T3). These hormones are formed within the follicular cells of the gland, which are released into the systemic circulation in response to Thyroid stimulating hormone(TSH) secreted from the thyrotropic cells of Anterior Pituitary gland. TSH plays a major role in controlling the thyroid axis and serves as the most useful physiological marker of Thyroid gland function. Sedentary lifestyle and unhealthy food habits may be considered as a primary reason behind increasing Endocrinological disorders including that of Thyroid gland. Increasing levels of stress and anxiety is also contributing to thyroid disorders as the gland is highly sensitive to stimuli. Hypothyroidism is divided into Primary and Secondary types depending on whether the condition arises from abnormality in the Thyroid gland itself or as a result of Pituitary or Hypothalamic malfunction. As per the principles of Ayurveda, all diseases are caused due to mandagni.[1] When Jatharagni becomes manda or hypo functioning Ahara rasa is not processed properly and Ama is formed. Simultaneously Bhutagnimandata and Dhatwagnimandyata leads to improper dhatu poshan krama. Rasadhatwagnimandyata leads to formation of Sama Rasa Vridhi and excessive formation of Malarupi kapha (mala of rasadhatu). Many of the kaphaja nanatmaja vikaras are seen as the clinical features of Hypothyroidism viz. Gurugatrata (feeling of heaviness), Alashya (lethargy), Tandra(drowsiness), Atisthoulya (obesity/weight gain), Atinidra (excessive sleep). Medodhatu is being nourished and maintained by Medodhatwagni. If there is Medodhatwagnimandya, excess deposition of medo dhatu (saama meda dhatu) which will contribute to symptoms of Hypothyroidism. As Charaka Acharya has mentioned the medavaha srota dushti laksanas[2] which are also the purvarupa of Prameha: shayyasana-sapnasukhe rati (fatigue), sithilangata (lethargy), Ghanangata (weight gain) etc. These features also simulate the symptoms of Hypothyroidism. Hypothyroidism is a clinico-pathological condition affecting multiple systems. There are many hypotheses formulated regarding the understanding of Hypothyroidism in Ayurveda.

CASE PRESENTATION

A female patient, 30 years of age came to OPD of Kayachikitsa Department at YMT Ayurvedic medical college & hospital with the following complaints.

1. Increased Fatigue in daily routine
2. Weight gain
3. Puffiness of face
4. Dry Skin
5. Hairloss

History of present illness

The patient was apparently asymptomatic 3 months ago, after that she started complaining of above-mentioned complaints. Within 2 months, she gained 4-5 kgs of weight drastically.

Past History- No history of Diabetes, Hypertension or any other major illness.

Family History –None

Surgical History- Appendectomy done at age of 21.

Menstrual History- LMP- 01/07/2024, Regular 28 days cycle with scanty blood flow for 2-3 days only.

ASHTAVIDHA PARIKSHA

- Nadi- 70/min
- Mala- Malavasthamba
- Mutra- Prakrut
- Jivha- Saama
- Shabda- Prakrut
- Sparsha- Twak rukshata
- Akruti- Madhyam
- Druk- Upanetra

Systemic examination

- RS- AEBE Clear
- CVS- S1& S2 Heard, no abnormality detected in cardiovascular system
- CNS- conscious and oriented

Thyroid profile test done on 07/12/24.

Investigation	Result	Normal range
T3	**0.38** ng/dl	0.55-1.80
T4	**3.81** µg/dl	4.66-10.50
TSH	**12.11** µIU/ml	0.54-5.30

Based on the TFT reports, we could diagnose it as a case of Hypothyroidism and planned a treatment protocol to correct the Agnimandya (Dhatwagnimandya).

MATERIALS AND METHODS

The treatment was adminstered according to the state of Rogabala (strength of the disease) and Aturabala (strength of the patient). The following medicines are administered to the patient for a period of 6 weeks. The treatment was given for 6 weeks. The patient was advised as per Ayurvedic fundamental principles to avoid apathya ahara (food) and vihara (daily activities) like fast and junk food, cabbage, cauliflower, soybean, excessive sleep and other sedentary life style etc.

The treatment of patient was done with Anu taila Nasya (Nasal instillation therapy) and Shamana Chikitsa (Palliative treatment).

Drug preparation

The Drug used in the study is Vyoshadi guggulu[3]

Dose: 4 Tab

Duration: 6 Weeks

Kaal: Nishi Kala (HS)

Therapeutic intervention

Panchakarma Intervention

Shodhana Nasya karma[4] (Nasal instillation therapy) with Anu Taila[5] 8 drops in each nostril was advised for 7 days/month for 3 months. Procedure

1. Pre-Procedure

- Make the patient stable, explained the whole procedures and consent was taken.
- Patient was lied down on the procedures table in supine position.
- Firstly, Sthanika snehana (local oleation) with Tila taila was given to neck, face, forehead.

After that Sthanika swedana (fomentation) with hot towel was given to the patient.

2. Procedure

- After proper (Nasal instillation therapy) Sthanika snehana and Swedana the Anu taila Nasya karma was done.
- Neck of the patient was put in Pralambita position i.e., slightly tilted upward at 45°.
- Anu taila was lukewarm by immersing it in hot water.
- Then the tip of nose of patient was raised with middle finger and 8 drops of Anu taila was poured in the nostril while using the index and ring finger to close the alternate nostril.
- Patient was advised to inhale the oil slowly.
- The whole procedures repeated in the other nostril.[6]

3. Post Procedures

- After Nasya, Swedana was done and patient was asked to spit out the sputum.
- Wiped off the oil from the face with help of cotton cloth.
- After that Dhumpana (fumigation therapy) was done to extract out the remaining Kapha.
- Patient was advised to follow Pathya-Apathya (proper diet regimen).

Patient follow up was taken after 6 weeks with investigations like Thyroid profile and other symptoms.

Treatment Regimen

Panchakarma Intervention

Sr.no	Panchakarma	Dosage	Duration
1	Anu taila Nasya	4^0-4^0	07/12/2024 – 18/01/2025

Shaman Chikitsa (Palliative Treatment)

Sr.no	Shaman Aushadhi	Dose	Frequency	Duration
1	Vyoshadhi Guggulu	250mg (4 tabs)	HS (at night)	6 Weeks

RESULT

Investigation Before treatment	Result	Investigation After treatment	Result
T3	**0.38** ng/dl	T3	1.45 ng/dl
T4	**3.81** µg/dl	T4	7.63 µg/dl
TSH	**12.11** µIU/ml	TSH	4.21 µIU/ml

DISCUSSION

Hypothyroidism, being a metabolic disorder, causes disturbances in the maintenance of normal body functioning and also slows down activities[7] Hypothyroidism is a clinical

condition, which needs to be treated. A patient may land up to the complication like myxoedema coma which is very rare. So like modern medicine Ayurvedic medicine takes time to normalize the value of TSH, Hence treat patiently. Since there is no direct reference of Hypothyroidism in the Ayurvedic text, but Gulgand or Gandmala is found in the text. since Galgand is Vata kaphaj disorder hence the drugs used, act on Vata and Kapha. Vyoshadi guggulu is considered as drug of choice for all kinds of Granthis, hence the drug was chosen.

Probable Mode of Action

- **Anu taila Nasya**- The primary pathology in hypo-thyroidism is present in thyroid gland which is located in Urdhava-jatru (upper clavicle region) and predominant Doshas involved are Kapha and Vata for which Nasya is considered to be an ideal cure.[8]

In Nasya, Shodhana-Nasya is said to be helpful in management of the kaphaja-urdhavajatru-gata vikaras. Anu taila contains ushna, tikshna dravyas and vata- kaphahara property which causes shodhana and lekhana of kapha dosha. Thus, nasya with anu taila was advised.

- **Vyoshadi Guggulu**- Vyoshadi Guggulu acts primarily by correcting Kapha predominance, Agni mandya, and Srotorodha, which closely correlate with the metabolic sluggishness and reduced thyroid hormone activity seen in hypothyroidism. The formulation contains Triphala, Trikatu, Kanchanar, Guggulu, and Madhu, each contributing synergistically to restoring metabolic and glandular balance.

Triphala and **Trikatu** exert potent Deepana–Pachana activity, improving digestion, reducing Ama, and enhancing overall metabolic functioning, which is impaired in hypothyroidism.[9,10] **Trikatu**, through the presence of piperine, enhances the bioavailability of other components, optimizing their systemic activity.[14] **Kanchanar** provides Lekhana and Kapha-Meda Shoshana effects and is traditionally indicated for glandular swellings; this supports its use in thyroid dysfunction and goitre-like conditions.[11] **Guggulu** plays a central role through its thyroid-stimulating activity; guggulsterones have been experimentally shown to enhance iodothyronine[13] '-deiodinase, promoting peripheral conversion of T4 to the more active T3 hormone.[12] Additionally, **Guggulu** exhibits hypolipidemic, Srotoshodhaka, and anti-inflammatory actions, which help correct associated dyslipidemia and improve microcirculation.[16] **Triphala and Guggulu** further contribute antioxidant and Rasayana effects, supporting thyroid tissue rejuvenation and reducing oxidative stress.[15]

Overall, Vyoshadi Guggulu facilitates improved digestion, better hormone conversion, normalization of lipid profile, clearance of microchannel obstruction, and enhanced cellular function. These collective actions help restore metabolic homeostasis and contribute to symptomatic improvement in hypothyroid patients.

CONCLUSION

The present case study demonstrates that an integrative Ayurvedic management approach—combining Anu Taila Nasya and Vyoshadi Guggulu—is effective in improving both clinical symptoms and biochemical parameters of hypothyroidism. The patient showed marked relief in fatigue, weight gain, puffiness of face, dryness of skin, and hairloss over a 6-week treatment period. Laboratory findings also revealed significant improvement, with TSH levels reducing from 12.11 µIU/ml to 4.21 µIU/ml, indicating normalization of thyroid function.

The therapeutic rationale was based on correcting Agnimandya, reducing Kapha-Vata vitiation, clearing Srotorodha, and enhancing metabolic activity. Anu Taila Nasya acted locally on the Urdhvajatru region to alleviate Kapha dominance and support glandular function, while Vyoshadi Guggulu addressed systemic metabolic impairment through its Deepana, Pachana, Lekhana, Medohara, and thyroid-stimulating actions.

Overall, the combined protocol was safe, well-tolerated, and effective in restoring metabolic balance. This case highlights the potential role of Ayurvedic interventions as supportive therapy in the management of hypothyroidism. Further large-scale clinical studies are warranted to validate these findings and establish standardized treatment guidelines.

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