WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.453
Volume 15, Issue 3, 763-770. Case Study ISSN 2277–7105

AYURVEDIC MANAGEMENT OF HYPERTHYROIDISM – A CASE STUDY

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Article Received on 25 Dec. 2025,
Article Revised on 15 Jan. 2026,
Article Published on 01 Feb. 2026,

https://doi.org/10.5281/zenodo.18429950

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How to cite this Article: [1]*Dr. Ashwini Chouhan*, [2]Dr. O.P. Vyas, [3]Dr. Naresh Jain, [4]Dr. Preeti Jain (2026). Ayurvedic management of Hyperthyroidism - A Case Study. World Journal of Pharmaceutical Research, 15(3), 763–770.

ABSTRACT

The incidence of thyroid dysfunction is demonstrating an alarming upward trend worldwide, and India also bears a substantial burden of thyroid disorders. Evidence derived from multiple epidemiological investigations projects that approximately 42 million individuals in India are affected by various thyroid diseases. Hyperthyroidism is particularly observed with notable frequency in populations of developing nations. The present case report describes a 38-year-old female patient who presented with classical manifestations including palpitations, increased appetite, unintentional weight loss, fine tremors of the extremities, and exophthalmos. The patient was clinically diagnosed with hyperthyroidism (ICD-10 code E05.0), which was subsequently corroborated through laboratory evaluation revealing elevated serum thyroid hormones (thyroxine and/or triiodothyronine) along with suppressed, nearly undetectable thyroid-stimulating hormone levels. Symptomatic improvement and gradual normalization of biochemical parameters became evident after two months of Ayurvedic medication. The patient was further counseled

to progressively taper and discontinue conventional modern pharmacotherapy. These observations indicate the potential efficacy of Ayurvedic formulations in the comprehensive management of hyperthyroidism and thyrotoxicosis.

KEYWORDS: Hyperthyroidism and ayurveda- management, Thyrotoxicosis, palpitation, T3,T4,TSH.

INTRODUCTION

Hyperthyroidism, commonly referred to as thyrotoxicosis, is a clinical condition characterized by the synthesis and release of excessive quantities of thyroid hormones from the thyroid gland. The elevated hormonal levels result in acceleration of basal metabolic processes, leading to a hypermetabolic state.[1,2] The disorder manifests through a wide spectrum of symptoms that typically include tachycardia, progressive weight reduction, excessive perspiration, intolerance to heat, anxiety, irritability, palpitations, fatigue, exophthalmos, increased bowel frequency, and fine tremors of the upper and lower limbs. Biochemically, hyperthyroidism is identified by suppressed serum thyroid-stimulating hormone (TSH) concentrations accompanied by raised levels of thyroxine (T4), triiodothyronine (T3), or both. In contrast, subclinical hyperthyroidism presents with low serum TSH levels while serum T3 and T4 concentrations remain within normal limits.

The prevalence of hyperthyroidism is comparatively lower than that of hypothyroidism; however, untreated disease may precipitate serious complications involving the cardiovascular system, skeletal integrity, neuromuscular function, menstrual regularity, and reproductive health, including fertility. On a global scale, approximately 1–5 percent of the population is affected by this disorder. Several studies have evaluated the burden of thyroid diseases in India. A community-based epidemiological survey conducted in Cochin reported the presence of subclinical hyperthyroidism in 1.6 percent and overt hyperthyroidism in 1.3 percent of the participants.[3,4]

The term hyperthyroidism denotes increased functional activity of the thyroid gland and is frequently associated with thyrotoxicosis, a hypermetabolic condition produced by elevated circulating T3 and T4 levels. Nevertheless, hyperthyroidism is not the sole etiological factor for thyrotoxicosis. The condition is typically accompanied by reduced TSH secretion as a consequence of the negative feedback mechanism exerted by high thyroid hormone concentrations. Major causes of hyperthyroidism include Graves' disease, autonomous

thyroid nodules, thyroiditis, excessive iodine intake, and over-replacement with thyroid medications.

Ayurvedic classical literature does not contain a direct or explicit description corresponding to hyperthyroidism as understood in contemporary medicine. However, on the basis of clinical manifestations and underlying physiological considerations, the condition may be analogously compared with Ayurvedic entities such as Atyagni, Teekshnagni, and Bhasmaka Roga,[5,6,7,8] all of which are associated with pathological augmentation of Agni. The vitiation of Pitta is considered to have a pivotal role in the pathogenesis and in the elicitation of cardinal symptoms. Excessive stimulation of Agni results in accelerated digestive activity and precipitates features of Pitta Prakopa, which are reflected clinically as increased appetite, insomnia, and related systemic disturbances.

CASE REPORT

A 38-year-old female patient kunta bai with opd no. 69064 presented to the outpatient department with complaints of palpitations, markedly increased appetite, progressive weight loss, anxiety accompanied by irritability, disturbed sleep, fine tremors of the hands and legs, exophthalmos, fatigue, increased bowel frequency, and generalized weakness. The symptoms had been persistent for the preceding one year, and the patient reported no associated comorbid illnesses or significant past medical history.

General physical examination revealed a fatigued appearance. Vital parameters recorded in the OPD included blood pressure of 90/70 mm Hg, pulse rate of 80 beats per minute, body temperature of 97.4°F, and respiratory rate of 19 breaths per minute. Local examination demonstrated evident exophthalmos and diffuse enlargement of the thyroid gland on palpation.

Laboratory investigations showed thyroid-stimulating hormone (TSH) levels of less than 0.02 mIU/L, T3 level 2.28nmol/l and T4 level 204.77nmol/l .Thyroid function tests revealed elevated serum T3 and T4 concentrations, while subsequent evaluation during the course of treatment demonstrated persistently suppressed TSH with relatively normalizing T3 and T4 values. Thyroid scintigraphy was performed, and the imaging features were suggestive of a hyperactive diffuse toxic goiter, consistent with the diagnosis of diffuse thyrotoxic goiter (ICD-10 code E05.0).

Following the diagnosis, the patient was initiated on carbimazole therapy (Neomercazole) at a dose of 40 mg per day as advised by the treating physician, which was continued for approximately nine months. Despite adherence to conventional pharmacotherapy, the clinical symptoms and abnormalities in thyroid profile persisted with minimal improvement. Consequently, the patient opted for Ayurvedic management and underwent further consultation and therapeutic intervention.

ASHTASTHAANA PAREEKSHA[9,10]

It was conducted as part of the Ayurvedic clinical assessment. Examination of Naadi (pulse) revealed a rate of 100 beats per minute, indicative of increased circulatory activity. Mala (bowel) assessment showed frequent bowel movements occurring approximately 3–4 times per day. Mootra (urine) was reported to be normal in frequency and character. Jihwa (tongue) appeared unremarkable, and Sabda (voice and speech) was normal. Sparsa (touch) indicated increased body heat, with the patient feeling warm on palpation. Drik (eyes) examination demonstrated evident exophthalmos. Aakrti (built) assessment categorized the patient as Krisha, reflecting a lean body constitution consistent with hypermetabolic changes.

MATERIALS AND METHODS OF AYURVEDIC TREATMENTS

Ayurvedic management of hyperthyroidism adopts a comprehensive and patient-centered approach that emphasizes holistic care and individualization of therapy. The treatment strategy is directed toward pacification and regulation of the vitiated Vata and Pitta Doshas through the integrated application of appropriate herbal formulations, tailored dietary modifications, Panchakarma-based bio-purificatory procedures, and necessary lifestyle interventions aimed at restoring physiological equilibrium.

1. Triphala churna - 1g
   Guduchi churna – 1g
   Mukta pishthi - 125mg
   ——— 3g -BD
2. Kanchnar Guggula – 2BD
3. Tab. Shuddha Guggula – 1BD
4. Brahmi vati – 2BD
5. Avipattikar churna – 03 g at night with luke warm water
6. Hamsapathyadi Kashayam - 15 ml BD with equal amount of water

DIETARY RECOMMENDATIONS

Ayurvedic dietary guidance in hyperthyroidism principally emphasizes the inclusion of cooling and Pitta-pacifying foods while eliminating substances that exert stimulant effects on metabolism and the neuroendocrine system.

1. The recommended regimen encourages the intake of nutritive cooling articles such as cucumber, coconut water, leafy green vegetables, and fresh fruits including bananas and melons. Regular use of cruciferous vegetables like broccoli and cauliflower is also advised owing to the presence of naturally occurring constituents that may assist in moderating thyroid hormone synthesis.

2. Dairy products, particularly milk, ghee, and related preparations, are considered beneficial for providing nourishment and stabilizing Agni.

The incorporation of mild herbs and spices such as coriander and fennel is suggested to support digestive regulation and doshic balance.

Conversely, patients are counseled to avoid or restrict foods that aggravate Pitta, including excessively spicy, acidic, fried, and sugar-laden processed items. Limitation of iodine-rich substances such as seaweed, iodized salt, and the majority of seafood, along with reduction of caffeine and other stimulants, forms an important component of the therapeutic diet.

LIFESTYLE MODIFICATIONS AND SUPPORTIVE THERAPIES

Non-pharmacological measures aimed at stress mitigation and establishment of a disciplined daily routine are regarded as essential for achieving hormonal stability. Gentle practices of Yoga, meditation, Pranayama, and restorative postures such as Shavasana and Matsyasana are recommended to alleviate anxiety, reduce sympathetic overactivity, and promote relaxation, thereby complementing the overall Ayurvedic management strategy.

ASSESSMENT CRITERIA

The patient was subjected to regular evaluation with assessment based on serum T3, T4, and thyroid-stimulating hormone concentrations, along with the degree of clinical symptom relief observed before initiation and after completion of therapy. Comparative analysis of biochemical parameters and symptomatic response was performed to determine treatment efficacy. The conventional antithyroid medication, Neomercazole, was tapered and discontinued within two months following commencement of Ayurvedic medicines under medical supervision.

RESULTS

Regular clinical and biochemical assessments were undertaken to monitor therapeutic progress, with evaluation focused on symptomatic changes and thyroid-related blood parameters. Considerable improvement in presenting symptoms was observed over the course of treatment. The frequency and intensity of palpitations declined to a normal range, and the previously reported intra-abdominal burning sensation resolved within two months of administration of the medication. Attenuation of weight loss was also evident, with the patient demonstrating weight gain from 59 kg to 64 kg compared to the baseline level of 59 kg recorded at initiation of Ayurvedic therapy.

Sleep disturbances resolved within two months of Ayurvedic therapy, and the patient began to experience regular, restorative sleep during this period. Exophthalmos and fatigue showed gradual remission over the course of treatment. The increased frequency of bowel movements was effectively relieved, and fine tremors of the extremities were no longer observed following the Ayurvedic procedures. After two months Thyroid function test parameters improve, TSH value 0.33ulU/ml , T3 value 2.01nmol/l , and T4 value 130 nmol/l found.

DISCUSSION

Ayurvedic classical texts do not provide a direct description of hyperthyroidism as defined in modern biomedical science. Nevertheless, the disease may be interpreted within the Ayurvedic framework as a condition analogous to Atyagni or Bhasmaka, [11] which represent pathological hyperactivity of Agni. Several clinical features described under Vaataja Pandu Roga—such as Alpamedas, Balakshaya, Kampa, and allied manifestations—are similarly observed in patients with hyperthyroidism, reflecting involvement of Vata along with Pitta predominance. From an Ayurvedic perspective, the Nidana of subclinical hyperthyroidism is broadly categorized into Aahara (dietary factors), Vihaara (behavioral and environmental factors), and Manasika Nidana (psychological factors), all of which contribute to doshic vitiation and disease progression. The nidana of the condition attributed to improper and irregular diet, stressful life, lack of exercise, reduced sleep, excessive thought, suppression of urges etc.

The principal vitiated Doshas involved in this condition were Vata and Pitta, while the predominant Dushya comprised the Saptadhaatus, particularly Rasa Dhatu. Ayurvedic theory postulates that impaired digestive function contributes to the accumulation of Ama, which results in obstruction of microchannels (Srotorodha) and may disturb the physiological

activity of the thyroid gland. Elevated levels of Vata and Pitta Doshas accelerate metabolic rate and give rise to symptoms including excessive hunger, weight loss, psychological distress, fatigue, and anxiety.

Ayurveda emphasizes elimination of the root cause to achieve sustained and permanent remission Virechana with Avipathi Churna enabled expulsion of Ama through Mala and aided in removal of residual vitiated Vata and Pitta Doshas. Kanchanar Guggulu is a classical Ayurvedic formulation widely employed in the management of thyroid disorders, particularly for its potential role in reducing glandular enlargement, swelling, and nodular changes of the thyroid. Brahmi - this herbs help calm the nervous system, reduce anxiety, palpitations, and insomnia asso ciated with an overactive thyroid. Giloy (Guduchi) is considered a Pitta reducing herb that helps balance the overactive state associated with hyperthyroidism.Amla is rich in Vitamin C and antioxidants, offering cooling properties that help balance Pitta dosha.
This report represents the clinical course of a single case, which constitutes a limitation with regard to generalization of outcomes. Further well-designed clinical trials are warranted to establish definitive conclusions concerning the efficacy of Ayurvedic interventions in hyperthyroidism.

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