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Review Article

TREATING ENDOCRINE GLAND WITH AYURVEDA – A CASE REPORT ON HYPOTHYROIDISM .

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Abstract

Background: Hypothyroidism is a common endocrine disorder characterized by inadequate thyroid hormone production, leading to reduced metabolic activity and multiple systemic manifestations. In Ayurveda, hypothyroidism can be understood in terms of Agnimandya, Kapha-Vata predominance, Rasavaha Srotodushti, and Medovaha Srotodushti.

A 73-year-old female diagnosed with primary hypothyroidism presented with elevated serum thyroid stimulating hormone (TSH) while maintaining normal serum triiodothyronine (T3) and thyroxine (T4) levels. She underwent individualized Ayurvedic management comprising Deepana, Pachana, Kapha-Vata Shamana, Agni correction, Rasayana therapy, dietary regulation, and lifestyle modification. Following approximately 12 weeks of treatment, serum TSH decreased from 24 μ IU/ml to 12.2 μ IU/ml (approximately 49% reduction). Serum T3 improved from 0.84 ng/ml to 1.38 ng/ml, while serum T4 increased from 7.2 μ g/dl to 8.67 μ g/dl, remaining within the normal reference range.

Conclusion: Individualized Ayurvedic management was associated with partial biochemical improvement in thyroid function. Although TSH remained above the normal reference range, serial laboratory findings suggested improvement. Larger controlled clinical

studies are required to evaluate the effectiveness of Ayurvedic interventions in hypothyroidism.

Keywords: Hypothyroidism, Ayurveda, Agnimandya, TSH, Thyroid Function Test, Case Report

Introduction

Hypothyroidism is one of the most prevalent endocrine disorders worldwide and is characterized by insufficient synthesis or action of thyroid hormones. Clinical manifestations include fatigue, weight gain, constipation, cold intolerance, dry skin, and reduced physical activity. Persistent hypothyroidism may adversely affect cardiovascular, metabolic, and neurological functions.

According to Ayurvedic principles, hypothyroidism may be interpreted as a disorder involving Agnimandya, Kapha-Vata Dosha predominance, Dhatvagni Mandya, Rasavaha Srotodushti, and Medovaha Srotodushti. Treatment focuses on restoration of Agni, removal of Ama, balancing Doshas, and improving tissue metabolism.

Case Presentation

Patient Name: Shamala Vilas Veer

Age: 73 years

Gender: Female

Clinical Presentation - Fatigue, weight gain, dry skin, hair fall, lethargy, disturbed mental health.

Diagnosis: Primary Hypothyroidism

Baseline Laboratory Investigations- done on 09/07/2025

Parameter	Result
Serum T3	0.84 ng/ml
Serum T4	7.2 µg/dl
Serum TSH	24 µIU/ml

The markedly elevated TSH with normal T3 and T4 suggested persistent primary (subclinical) hypothyroidism.

Ayurvedic Assessment

Based on Ayurvedic clinical evaluation, the patient was diagnosed with:

- Agnimandya
- Kapha-Vata Dosha predominance
- Rasavaha Srotodushti
- Medovaha Srotodushti
- Dhatvagni Mandya

Intervention

The patient received individualized Ayurvedic treatment aimed at restoring metabolic balance.

Therapeutic Principles

- Deepana
- Pachana
- Kapha-Vata Shamana
- Agni Deepana
- Rasayana Chikitsa

Medicines

Medicine	Dose	Frequency	Duration
Kanchanar Guggul	500mg	TWICE A DAY	12 WEEKS
Arogyavardhini vati	500mg	TWICE A DAY	12 WEEKS
Punarnava Mandur	250mg	ONCE A DAY	4 WEEKS
Varunadi Kashayam	40ml	TWICE A DAY	4 WEEKS
Dashamooladi kashayam	40ml	TWICE A DAY	12 WEEKS

Hansapadadi kashayam	40ml	TWICE A DAY	12 WEEKS
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Timeline

Time	Clinical Event
Week 0	Baseline evaluation and thyroid function test performed
Week 1	Ayurvedic treatment initiated
Weeks 2–4	Continued medications with dietary recommendations
Weeks 5–8	Clinical review and treatment continuation
Week 12	Repeat thyroid function test performed

Outcome Measures

Clinical sings –

Fatigue decreases, weight gradually reducing, patient feels energetic, mental states become normal.

Follow-up Thyroid Function Test

PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
Serum T3	0.84	1.38
Serum T4	7.2	8.67
Serum TSH	24	12.2

Results

Following treatment:

Following approximately 12 weeks of individualized Ayurvedic treatment, serial thyroid function tests demonstrated a favorable biochemical trend. Serum TSH decreased from 24 µIU/ml to 12.2 µIU/ml, representing an approximate **49% reduction** from baseline. Serum T3 and Serum T4 both values remaining within the normal reference range throughout the treatment period. These findings suggest a **biochemical improvement** in thyroid function following Ayurvedic management. However, despite the observed reduction, the TSH level remained above the normal reference range, indicating persistent hypothyroidism and the need for continued treatment and periodic follow-up.

Discussion

Conclusion

Hypothyroidism is interpreted in Ayurveda as a disorder involving **Agnimandya (impaired digestive and metabolic fire)**, **Kapha-Vata Dosha**

predominance, Dhatvagni Mandya, Rasavaha Srotodushti, and Medovaha Srotodushti. These pathological changes result in diminished tissue metabolism, accumulation of Ama, impaired nourishment of Dhatus, and reduced physiological activity. Therefore, the therapeutic approach aims to kindle Agni, digest Ama, normalize Kapha-Vata, improve Srotas patency, and restore normal metabolic function.

Kanchanar Guggulu is one of the most commonly prescribed formulations for disorders characterized by Kapha predominance and glandular enlargement. Owing to its Deepana, Pachana, Lekhana, and Shothahara properties, it helps remove Ama, reduce Kapha accumulation, and improve the function of Rasavaha and Medovaha Srotas. Guggulu possesses Yogavahi properties, facilitating deeper tissue penetration of the formulation. These actions may support restoration of metabolic balance in patients with hypothyroidism.

Arogyavardhini Vati acts primarily as a Deepana-Pachana formulation that enhances Jatharagni and Dhatvagni while improving hepatic metabolism. Since impaired Agni is considered central to the pathogenesis of hypothyroidism, correction of digestive and tissue metabolism may contribute to improved physiological function. Its ingredients are traditionally indicated for metabolic disorders associated with Kapha and Meda Dushti.

Punarnava Mandura is recognized for its Rasayana, Shothahara, and Raktaprasadana properties. It supports correction of anemia, improves tissue nutrition, reduces edema, and enhances microcirculation. These actions may help alleviate common symptoms associated with hypothyroidism, such as fatigue, generalized swelling, and weakness, while promoting overall tissue metabolism.

Varunadi Kashayam is traditionally indicated in Kapha-Meda disorders and conditions involving Srotorodha (obstruction of body channels). Its Kapha-Vata Shamaka and Lekhana properties help reduce excessive Kapha and improve metabolic activity. By promoting proper channel function and reducing Meda accumulation, it may assist in correcting the underlying Ayurvedic pathology associated with hypothyroidism.

Dashamooladi Kashayam predominantly pacifies Vata while exhibiting anti-inflammatory (Shothahara), analgesic, and Rasayana properties. It helps restore physiological balance by reducing chronic inflammation, improving circulation, and supporting normal tissue function. In hypothyroidism, where Vata and Kapha are

frequently involved, Dashamooladi Kashayam contributes to Dosha equilibrium and general well-being.

Hansapadadi Kashayam is traditionally used to improve Agni, reduce Ama, and pacify Kapha-Vata Doshas. By enhancing digestive and metabolic activity and facilitating proper tissue nourishment, it complements the action of other formulations in correcting Dhatvagni Mandya and improving systemic metabolism.

The combined therapeutic regimen addressed multiple aspects of the Ayurvedic pathogenesis of hypothyroidism through Agni Deepana, Ama Pachana, Kapha-Vata Shamana, Srotoshodhana, and Rasayana therapy. Clinically, this integrated approach was associated with a reduction in serum TSH from **24 μ IU/ml to 12.2 μ IU/ml**, together with maintenance of normal serum T3 and T4 concentrations. Although a causal relationship cannot be established from a single case report, the observed biochemical trend suggests a favorable response during the treatment period. Further prospective studies with larger sample sizes and longer follow-up are required to validate the efficacy and safety of this Ayurvedic treatment protocol in patients with hypothyroidism.

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