



AYURVEDIC MANAGEMENT OF HYPOTHYROIDISM: A CASE STUDY

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Article Received on 23/04/2024

Article Revised on 13/05/2024

Article Accepted on 03/06/2024

ABSTRACT

The Thyroid gland is one of the most important organs of the endocrine system as it regulates nearly all the bodily functions including metabolic, respiratory, cardiovascular, digestive, nervous and reproductive system either directly or indirectly. Lack of thyroid hormone or resistance of the body tissue to the thyroid hormone with respect to metabolic demand results in disorder called hypothyroidism.^[1] High levels of TSH with normal or low levels of T₄ is indicator of hypothyroidism. The present case study was conducted with the objective to find out the effective Ayurvedic management in hypothyroidism. This report is on a case study of a 38 years old female patient who is a known case of hypothyroidism since 9 years approached kayachikitsa OPD with the symptoms of reduced appetite, drowsiness, lethargy, tiredness, hairfall, irritability, moodswings, increased weight, puffiness of face, increased sleep during day time, pain all over the body, calf muscle cramps, difficulty in recollecting day to day things and dryness of skin since 4.5months. The patient was treated phase-wise. In first phase patient was administered with sarvanga udwartana, sarvanga abhyanga and bashpa sweda for 10 days followed by virechana karma. In the second phase the patient was advised with a set of shamana aushadhi which was modified periodically according to symptoms. There were no side effects observed during and after treatment. Patients got complete relief in all symptoms and there was significant difference in TSH value after the treatment.

KEYWORDS: Hypothyroidism, Rasa Pradoshaja vikara, Udwartana, Shodhana, Virechana, Shamanoushadhi.

INTRODUCTION

Hypothyroidism, also known as underactive thyroid disease, is a common endocrine disorder where the thyroid gland does not produce enough thyroid hormones. These hormones are crucial for regulating metabolism, and their deficiency can lead to various physical and mental health issues. Hypothyroidism is posing a major health challenge in both developing as well as developed world. There is 2-5 % prevalence of hypothyroidism in developed world. The prevalence of subclinical hypothyroidism in the developed world is approximately 4-15%. The prevalence of hypothyroidism in urban India is 10.95%. Major portion of hypothyroidism (approximately 3.47%) remains undetected. Incidence of hypothyroidism is more in females and elderly patients.^[2]

The most common cause of hypothyroidism is Hashimoto's thyroiditis, an autoimmune disorder where the immune system attacks the thyroid gland. Other causes include iodine deficiency, surgical removal of the thyroid, radiation therapy, certain medications, and

congenital hypothyroidism (present at birth). Less commonly, hypothyroidism can result from disorders of the pituitary gland or hypothalamus, which are responsible for signalling the thyroid gland to produce hormones.

The signs and symptoms of hypothyroidism can vary widely depending on the severity of hormone deficiency and the duration of the condition. Common symptoms include fatigue, weight gain, cold intolerance, low body temperature, constipation, dry skin, Hair loss, Muscle weakness and joint pain, Depression, Memory problems, decreased exercise tolerance, slow voice, a low-pitched voice, periorbital Edema, delayed reflexes and bradycardia. It can also cause hypertension, pericardial effusion, asymmetric septal myocardial hypertrophy, myopathy, neuropathy, ataxia, anaemia, elevated cholesterol levels. Menstrual irregularities and bleeding problems are common in hypothyroid women.^[3] In severe cases, hypothyroidism can lead to myxoedema, a rare but life-threatening condition characterized by extreme cold intolerance, drowsiness, and coma.

Hypothyroidism is diagnosed through a combination of clinical evaluation and laboratory tests. Blood tests measure levels of Thyroid Stimulating Hormone (TSH) and free thyroxine (T4). High TSH levels with low T4 levels typically indicate primary hypothyroidism. Additionally, the presence of thyroid peroxidase antibodies (TPOAb) can suggest autoimmune thyroiditis as the cause.

The standard treatment for hypothyroidism is thyroid hormone replacement therapy, usually in the form of levothyroxine. This synthetic hormone is identical to T4 and helps restore normal hormone levels, alleviating symptoms. The dosage of levothyroxine is individualized based on factors such as age, weight, severity of hypothyroidism, and the presence of other health conditions. Regular monitoring of TSH levels is essential to ensure the effectiveness of the treatment and to adjust the dosage as needed.

In ayurveda, there is no clearcut evidence of hypothyroidism, but based on its clinical presentation, it can be correlated with different entities which one explained either as symptoms or diseases. There are many systems which involves in the pathogenesis of hypothyroidism. The mixed signs and symptoms of all these systems leads to a complex clinical picture of hypothyroidism. It can be considered under *rasa pradoshaja vikara*, *galaganda*, *kaphaja pandu*, *kaphavruta vata*, *kaphavataja shopha*, *medasvruta vata*, *amajeerna*, *bahudosha lakshana* etc.

Acharya charaka in *vividhashitapeetiya adhyaya* has dealt in detail regarding four types of *ahara*. In that chapter he has clearly explained wholesome and unwholesome food, further there is explanation of diseases arise due to improper food and lifestyle. *Dhatu pradoshaja vikaras* have been explained which arise due to *mithya ahara* and *vihara*, *rasa pradoshaja vikara* is one among them. Thus, there is a reference of metabolic disorders in ayurveda classics. The mixed signs and symptoms of hypothyroidism can be seen in cluster of symptoms that are explained under *rasa pradoshaja vikara*.^[4]

CASE REPORT

A female patient aged 38 years not a known case of hypertension and Diabetes mellitus was apparently healthy before 9 years. She gradually started noticing tiredness, lethargy, drowsiness, hair fall, pain all over the body for which she consulted a nearby clinic, while examining doctor noticed paleness in her eyes and nails. So, she was advised to undergo blood investigation (complete blood count). In that her haemoglobin percentage were low so she was advised to take medications (details unknown). Patient continued the same for 3 months and had symptomatic relief. After a year patient noticed similar complaints along with reduced appetite, heaviness of body, muscle cramps in both calf muscles occasionally, irritability, mood swings.

So, she was asked to check her haemoglobin levels and it was low. So, to find out the cause for low haemoglobin patient was asked to get her thyroid profile done. In that TSH levels were increased and doctor advised her to take T. Thyronorm medication 12.5mcg (1-0-0 empty stomach). She took this dosage for 2 years. Patient appetite had improved, lethargy, tiredness, drowsy and pain all over the body were reduced. But hair fall was persistent. Again, she was advised to get her thyroid profile done and her TSH were not in control, so she was asked to take 25mcg. This dosage continued for 2years. Along with this patient was also having homeopathic medicines. Again, she was asked to check her thyroid profile, in which TSH levels were not in normal range, so she was advised to take T. Thyronorm 50 mcg (1-0-0 in empty stomach), and she discontinued homeopathic medicines. This dosage continued for 2 years. In this period patient had symptomatic relief and there was reduction in all symptoms. Then patient got conceived and she was continuing 50mcg dosage of T. Thyronorm (1-0-0 Empty stomach) for first trimester. In her second trimester her thyroid profile was done and TSH levels were not in control, so she was advised to take T. Thyronorm 75 mcg (1-0-0 in empty stomach). The same dosage continued throughout her pregnancy and in later days also. Till May 2022 patient continued with the same dosage of T. Thyronorm (1-0-0 in empty stomach). She wanted to quit T. Thyronorm and wanted an alternative for it. So, one of her friends advised her to visit a folklore practitioner in Puttur. Patient consulted there and was advised few medications, details of which are unknown to the patient and was asked to discontinue T. Thyronorm. Patient took these medications for 4.5 months. For about 3 months patient couldn't appreciate any difference in symptoms neither increase nor decrease. But in the past 1-month patient started experiencing reduced appetite, drowsiness, lethargy and tiredness. She also complaints of hair fall, mood swings, and irritability. Patient noticed increase in weight by 2kgs in 1.5 months and heaviness of body. She complaints of headache, burning sensation in abdomen. This is usually seen when patient skips her meals or any change in timings of food intake. She complaints of incomplete evacuation of stools occasionally. Also, complaints of cramps in bilateral calf muscles occasionally for about 30minutes and it relieves without any medications by 2-3 days. She also complaints of feeling cold especially in both hands and legs frequently and dryness of skin all over body. Patient also complaints of difficulty in recollecting day to day things often. Patient also complaints of increased sleep in the last 5 days and she doesn't feel active in morning after sleeping for more than 8 hours. She also complaints of puffiness of face in the last 5 days prominent during morning hours and slightly reduces as the day ends. Complaints of pain all over the body in the last 5 days. Presently patient has approached SKAMCH&RC with all the above complaints.

EXAMINATION**General Physical Examination**

General condition: fair, built – Moderately built, Nourishment – Moderately nourished

Pulse: 70beats/min, Respiratory rate: 18 cycles/min, Blood pressure: 110/80 mm Hg, Temperature: 98°F

Pallor: Absent, Icterus: Absent, Lymphadenopathy: Absent, Cyanosis: Absent, Clubbing: absent, edema: absent

Height: 165cm, Weight: 65kgs BMI: 23.9kg/m²

Tongue: Coated.

Systemic Examination**Higher Mental Function Examination**

- Appearance and behaviour: Intact
- Speech language: Intact
- Comprehension: Intact
- Mood and Affect: Intact
- Thoughts and Perceptions: Intact
- Cognitive functions: Intact
- Higher cognitive functions: Intact

Central nervous system

- Consciousness: Conscious
- Orientation: Well oriented to time, place, date
- Cranial nerves: Intact.

Respiratory System

- No surgical scars, rashes, redness seen.
- Bilateral symmetric chest movements on breathing.
- No local tenderness and palpable mass felt on palpation.

- Resonant notes heard on percussion, no abnormal bronchovesicular sounds heard on auscultation.

Gastrointestinal Tract

- Tongue – coated. No mouth ulcers. Oral hygiene maintained.
- Shape of abdomen: scaphoid Umbilicus: centrally placed, inverted
- No palpable mass and tenderness felt on palpation.
- Fluid thrill and shifting dullness test negative on percussion.
- Normal bowel sounds heard on auscultation.

Cardiovascular System

- Chest shape - normal, Position of trachea – central, no visible pulsation or dilated veins, no surgical or any scars seen on inspection.
- Apex beat – palpable.
- Cardiac dullness heard on percussion.
- S1 S2 heard no added sounds or murmurs heard on auscultation.

LOCAL EXAMINATION OF THYROID GLAND**Inspection**

- Swelling – absent
- Scar – absent
- Nodules – absent
- Distended veins – absent

Palpation

- Temperature – normal
- Tenderness – absent.

INVESTIGATIONS**Table No. 1.**

| DATE | TSH | Haemoglobin |
|------------|-------|-------------|
| 12/09/2022 | 16.05 | |
| 18/12/2022 | 15.59 | |
| 27/2/2023 | 14.65 | |
| 16/5/2023 | 24.71 | 11.8g/dl |
| 12/9/2023 | 19.91 | |
| 9/12/2023 | 13.15 | 12.9g/dl |

THERAPEUTIC INTERVENTION**First Phase of Treatment Table No. 2.**

| DATE | TREATMENT | OBSERVATION |
|------------------------------|---|---|
| 13/9/2022 TO 22/9/2022 | Sarvanga Udwartana with Triphala churna, Kolakulltadi churna and yava churna Sarvanga Abhyanga with yashtimadhu Taila F/B Bashpa sweda Orally: 1. Cap. Thyronil 1-0-1 (A/F) Arogyavardhini Rasa 1-1-1 A/F Hamsapadyadi Kashaya 3tsp-0-3tsp with 6tsp warm water (A/F) Dashamoolarishta 3tsp-0-3tsp with 6tsp warm water (A/F) | Patient feels lightness of body. Appetite has improved. Feels satisfied by 8 hours of sleep. Other complaints persist. |
| 23/9/2022 TO 25/9/2022 | Snehapana with kalyanaka ghrita and varunadi ghrita for 3 days. Day 1 – 15ml+15ml | C/ O Sleep increased C/O Lethargy and tiredness increased |

| | | |
|---|---|--|
| | Day 2 – 60ml+60ml Day 3 – 120ml+120ml | |
| 26/9/2022 TO 28/9/2022 | Vishrama kala Sarvanga Abhyanga with yashtimadhu taila F/B Bashpa sweda | Patient feels lightness of body C/O Tiredness reduced. Other complaints persist |
| 29/9/2022 | Sarvanga Abhyanga with yashtimadhu taila F/B Bashpa sweda Virechana with trivrut lehya 65gms followed by 100ml triphala kashaya (vegas-22) | Patient feels lightness of body. Appetite has been improved. C/O Drowsiness, lethargy, Tiredness reduced. |
| 30/9/2022 TO 3/10/2022 | Samsarjana Krama for 5 days | C/O Mood variations reduced. Feels lightness of body. Appetite improved. |
| Second Phase of Treatment Table No. 3. | | |
| 17/10/2022 To 14/11/2022 | Cap. Thyronil 1-0-1 (A/F) Arogyavardhini Rasa 1-1-1 A/F Hamsapadyadi Kashaya 3tsp-0-3tsp with 6tsp warm water (A/F) Pippalyasva 3tsp-0-3tsp with 6tsp warm water (A/F) | C/o mood variations reduced. Feels lightness of body. Appetite improved. C/o burning sensation in abdomen reduced. Relief in symptoms by 20-30%. |
| 15/11/22 To 21/12/22 | Cap. Thyronil 1-0-1 (A/F) Arogyavardhini Rasa 1-1-1 A/F Pippalyasva 3tsp-0-3tsp with 6tsp warm water (A/F) | C/o mood variations reduced. Feels lightness of body. Appetite improved. C/o burning sensation in abdomen reduced. Relief in symptoms by 40-50%. |
| 22/12/2 TO 17/1/23 | Makaradwaja Rasa 1-0-1 A/F Arogyavardhini Rasa 2-0-2 A/F Hamsapadyadi Kashaya 3tsp-0-3tsp with 6tsp warm water A/F | C/o episodes of headache and burning sensation in stomach reduced. C/o hair fall, irritability and mood swings |
| 18/1/2023 To 16/5/23 | Makaradwaja Rasa 1-0-1 A/F Arogyavardhini Rasa 2-0-2 A/F Cap Kakla Rakshaka Yoga 1-0-1 A/F Hamsapadyadi Kashaya 3tsp-0-3tsp with 6tsp warm water A/F | C/o hair fall, irritability and mood swings. C/o cough with sputum and hoarseness of voice. C/o drowsiness, lethargy and tiredness. C/o mild bodyache. |
| 17/5/2023 To 1/6/2023 | T.Thyrocare 1-0-1 A/F T. Shilapravang with gold 1-0-1A/F T. Brento 1-0-1 A/F Hamsapadyadi Kashaya +Pippalyasava+ Varunadi Kashaya 9tsp-0-9tsp with 18tsp of warm water A/F | C/o hair fall, irritability and mood swings persists. C/o frequent episodes of headache. C/o cough with sputum and hoarseness of voice reduced. C/o drowsiness, lethargy and tiredness reduced by 10-20%. C/o mild body ache reduced. |
| 27/7/23 To 11/9/23 | T.Thyrocare 1-0-1 A/F T. Shilapravang with gold 1-0-1 T. Menosan 1-0-1 A/F Hamsapadyadi Kashaya +Pippalyasava+ Varunadi Kashaya 9tsp-0-9tsp with 18tsp of warm water A/F Arogyavardhini Rasa 2-0-2 A/F | C/o hair fall, irritability and mood swings reduced by 10-20%. C/o drowsiness, lethargy and tiredness reduced by 20-30%. Relief in symptoms by 30-40%. |
| 12/9/2023 TO 29/9/2023 | T.Thyronil 1-0-1 A/F T. Shilapravang with gold 0-1-0 A/F Hamsapadyadi Kashaya +Pippalyasava+ Varunadi Kashaya 9tsp-0-9tsp with 18tsp of warm water A/F Arogyavardhini Rasa 2-0-2 A/F | C/o hair fall, irritability and mood swings reduced by 70%. C/o drowsiness, lethargy and tiredness reduced by 70%. C/O Puffiness of face in morning hours. Relief in symptoms by 60-70%. |
| 30/9/2023 TO 8/1/2024 | T.Thyronil 1-0-1 A/F T. Shilapravang with gold 0-1-0 A/F Hamsapadyadi Kashaya +Pippalyasava+ Varunadi Kashaya 9tsp-0-9tsp with 18tsp of warm water A/F Arogyavardhini Rasa 2-0-2 A/F | C/o hair fall, irritability and mood swings reduced by 80-90%. C/o drowsiness, lethargy and tiredness reduced completely. C/O Puffiness of face reduced completely, and |

| | | |
|----------|--|---|
| | Punarnava Mandoora 2-0 A/F | appetite has been improved. Patient feels active and satisfied with 8 hours of sleep. |
| 9/1/2024 | Kaklarakshaka Yoga 1-0-1 A/F Arogyavardhini Rasa 2-0-2 A/F Shilappravang 0-1-0 A/F Pippalyasava 3tsp-0-3tsp with 6tsp warm water A/F Dashamoolarishta 3tsp-0-3tsp with 6tsp warm water A/F For one month. | Follow up after 1 month. |

OBSERVATION

Table No. 4.

| BEFORE TREATMENT | AFTER TREATMENT |
|--|---|
| C/o Reduced appetite | Appetite has improved. |
| Drowsiness, lethargy and tiredness | Drowsiness, lethargy and tiredness reduced. |
| C/o increased mood swings and irritability | C/o mood swings and irritability reduced. |
| Increased weight by 2kgs in 2 months | Weight is consistent. No more weight gain. |
| C/o increased sleep | Proper sleep and awakening |
| C/o increased hair fall | Reduced hair fall |
| C/o puffiness of face | Puffiness of face reduced |
| C/o Headache and burning sensation in abdomen occasionally | Headache frequency and burning sensation in abdomen reduced |
| TSH: 24.71 Hb: 11.8g/dl | TSH: 13.15 Hb: 12.5g/dl |

DISCUSSION

Hypothyroidism is considered as an endocrinal disorder, a condition wherein there is underproduction of the thyroid hormones due to various structural or functional abnormalities resulting in clinical and biochemical manifestation of the thyroid hormone deficiency in the target tissue of the hormone. Shedding light on the pathogenesis of the disease based on ayurvedic principles, it becomes evident that kapha dosha is the chief culprit along with vitiation of vata and pitta dosha. It can be interpreted as tridosha vitiation causing dysfunctioning of agni i.e; agnimandhya at the level of koshta which further leads to dysfunctioning of agni at the level of dhatu i.e; dhatwagnimandhya predominantly at rasa dhatu and medo dhatu. This further causes uttarotara dhatwagnimandhya impairing the uttarotara dhatuposhana thus causing various symptomatology of the disease.

Chikitsa of any disease is mainly dealt under 3 categories i.e; Nidana parivarjana, shodhana chikitsa and shamana chikitsa. Nidana parivarjana is refraining oneself from the causative factors of the disease. Patient was advised to avoid certain factors such as diwaswapna, ati snigdha, madhura, guru ahara.

The therapies in which the vitiated doshas are eliminated after mobilizing them from their respective sites by urdha or adha marga from the body is known as shodhana chikitsa. As there is bahudoshavastha and symptoms resemble rasa pradoshaja vikara langhana chikitsa is the prime line of management which also includes shodhana chikitsa. As there is involvement all tridoshas in this case, virechana karma has been selected.

In Bhela samhita in the context of doshabhedha upakrama, he has mentioned that when there is involvement of all tridoshas virechana karma must be done.^[5] Virechana karma without prior administration of vamana karma may lead to grahani accadana leading to atisara, pravahika, gourava. In such cases, acharya sharangadhara has mentioned the importance of deepana and pachana which must be adopted before virechana karma.^[6]

Sarvanga Udwartana and Sarvanga Abhyanga

In the present case sarvanga udwartana with triphala churna,^[7] Yava churna^[8] and kolakultadi churna^[9] followed by sarvanga abhyanga with yashtimadhu taila^[10] and sarvanga bashpa sweda for 10 days along with shamana oushadhi (Table No 2) were done prior to virechana karma. Udwartana is one of the rukshana upakramas. It possesses shoshana and kaphamedohara properties. The churnas used have kapha vata hara, medovilayana, srotoavarodhahara, medo hara, kledahara rookshana and agnivaradhana properties. It promotes twachasta agni deepanam by stimulating vaa and pitta situated in twacha, thereby twachastagni mandhya in twak gata sira is enhanced.^[11]

Sarvanga abhyanga with yashtimadhu taila helps in mobilization of accumulated muco-polysaccharides and fat metabolism. It contains ingredients such as yashtimadhu, Dhatri, Tilataila and ksheera. Further it provides nourishment to the skin which reduces the dryness which is one of the symptoms seen in hypothyroidism.

Virechana Karma

Virechana karma was carried out. Snehapana with varunadi ghrita^[12] and kalyanaka ghrita^[13] was done until attainment of samyak snigdha lakshanas (3days). Varunadi Ghrita has been mentioned in ashtanga hridaya and sahasrayoga consists of drugs with tikta rasa pradhana, laghu ruksha guna and ushna veerya. It does kapha medohara, agni deepaka and tridosahara. Then in vishrama kala sarvanga abhyanga with yashtimadhu taila followed by bashpa sweda was done for 3 days. Swedana is done after snehana as it liquifies the adhered morbid material in the sookshma srotas of the shareera. Sarvanga abhyanga with yashtimadhu taila helps in mobilization of accumulated muco-polysaccharides and fat metabolism. It contains ingredients such as yashtimadhu, Dhatri, Tilataila and ksheera. Further it provides nourishment to the skin which reduces the dryness which is one of the symptoms seen in hypothyroidism.

On 4th day, after sarvanga abhyanga and bashpa sweda trivrut lehya^[14] (65g) followed by triphala kashaya (100ml) was given for virechana karma. Patient had 22 vegas. She was advised samsarjana krama for 5 days. Trivrut lehya was used as it is anapayitwa. It does sroto shodhana by dosha nirharana, agni deepana. It does ruksha virechana, which facilitates in the removal of kapha sanchaya and induction of vata anulomana, deepana, pachana, lekhana, srotoshodhana and kapha shamaka. There by alleviating signs and symptoms.

In the second phase of treatment patient was prescribed with a set of shamana aushadhi (Table No 3) which was periodically monitored. Modifications were made depending on the signs and symptoms.

Arogyavardhini Rasa^[15]

Arogyavardhini Rasa mainly contains mineral drugs like Parada, Gandhaka, Loha, Abraka all mainly ability to reach minute capillaries and tissue pores. Parada is such drug can transfer the blood brain barrier and there it acts on target site. Hence it has direct action over endocrine system. At the level of Thyroid gland and controls its secretions. Loha Bhasma and Abraka Bhasma and Tamra Bhasma all these are Balya, Ayushya, Vrishya and Medhya, Datwagnivardhana, Malashodhaka and Pakwashyadushtinashka helps in building immunity in the individual.

Kaklarakshaka Yoga

Kaklarakshaka yoga contains ingredients such as kanchanara, ashwagandha, guduchi, chitraka, guggulu, katuki. It possesses katu, tikta, kashaya rasa, laghu ruksha guna. Does deepana, pachana and kapha pittahara.

Shilappravang

Shilappravang contains shuddha shilajatu, pravala bhasma, vanga bhasma, swarnamakshika bhasma, guduhi satva, ashwagandha, and shatavari. Most of the drugs are

having tikta, kashaya, madhura rasa. Does deepana, kapha medohara, vatapitta hara and has rasayana actions.

Makaradwaja Rasa^[16]

Makaradwaja rasa is mentioned in bhaishajya ratnavali has ingredients such as shudha swarna, shudha parada, shudha gandhaka, karpasa, kumari swarasa. It acts as tridosha shamaka.

Hamsapadyadi Kashaya^[17]

Hamsapadyadi Kashaya is a formulation described in Vaidya Manorama - an ancient text of Kerala for Galaganda and Gandamala. It contains Hamsapadi, Guduchi, Nimba, Pippali, Vasa. Most of these drugs possess Katu, Tikta, Kashaya Rasa, Laghu, Ruksha, Tikshna Guna, Ushna-Sheeta Virya and Katu Vipaka. Katu Rasa is Agni Deepaka, Tikta Rasa is Deepaka as well as Pachaka and hence it does Agni Deepana and Amapachana. Hence in the pathogenesis of the hypothyroidism, where the Kapha and Vata are important Dosha, Rasa and Meda are the most important Dushyas and the pathology is due to Dhatvagnimandhya, the drugs present in Hamsapadyadi Kashaya seems too useful in combating the pathogenesis involved in the disease as well as relieving the symptoms exhibited in this condition.

Pippalyasava^[18]

Agnimandya and Amadosha are the important cause for the disease. Most of the drugs in Pippalyasava possesses Ushna Virya, Tikta Rasa, Katu Vipaka, Laghu Guna due to these properties it does Amapachana and relieves agnimandyata. Pippalyasava is very good remedy which cures Kshaya, Gulma, Udara, Karshya and Panduta. Pippali acts as a Rasayana in case of Hypothyroidism. Agnimandya at Koshta level can be addressed by Agnideepana Kalpanas like Rasayanas. Rasayana work at Dhatwagni level correcting Dhatvagnimandya which are seen in Hypothyroidism like endocrine disorders. Rasayana drugs can be given in suitable formulations considering Dosha status and Vyadhi Awastha of patient.

Varunadi Kashaya^[19]

Varunadi kashaya has been mentioned in Ashtanga hridaya has drugs possessing katu rasa, katu vipaka, ushna virya, agni deepana, medohara and lekhana properties. It is mainly indicated in vatakaphaja disorders, Gandamala, kapharogas, medoroga and agnimandhya.

Dashamoolarishta^[20]

Dashamoolarishta mentioned in sharangadhara samhita contains ingredients such as dashamoola, chitraka, pushkaramoola, lodhra, guduchi possessing katu, tikta, kashaya rasa, laghu, ushna, teekshna guna, katu vipaka and ushna virya. It does vatakapha hara, deepana, pachana, vatanulomana and balya. It is mainly indicated in pandu, mandaagni, vatavyadhi.

CONCLUSION

Hypothyroidism can be effectively managed with proper diagnosis and treatment. Early detection and increased awareness are essential to prevent serious complications of this common endocrine condition. While medication is the cornerstone of hypothyroidism treatment, lifestyle modifications can also help manage symptoms. Maintaining a balanced diet, rich in iodine, selenium, and zinc, supports thyroid health. Regular exercise can help combat fatigue and weight gain. Patients should also avoid certain foods and substances, like soy and calcium supplements, which can interfere with hormone absorption. In this case, the patient is not taking any allopathic medications for hypothyroidism. She has been using Ayurvedic treatments exclusively for the past two years, leading to a decrease in both her signs and symptoms and her TSH levels.

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