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# Importance of *Virechana* in Postpartum Hypothyroidism - A Case Report

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## ABSTRACT

**Background:** Postpartum Hypothyroidism is generally a temporary condition that affects about 5% of women, usually self-resolving in nature. In rare cases, it continues to become subclinical Hypothyroidism. It occurs as a state of Hyperthyroidism followed by Hypothyroidism. **Materials and Methods:** A 39-year-old female presented with weight gain and hair fall after the birth of her second child due to postpartum hypothyroidism that wasn't controlled with medical intervention. The treatment protocol that was chosen was classical *Virechana* followed by 15 days of internal medication. **Observations and Results:** After 4 weeks of Ayurvedic treatment the TSH level from 19.03 uIU/ml came down to 1.44 uIU/ml. Apart from this changes in the symptoms were assessed with the Zulewski *et al.* scale, the score reduced from 8 to 2 suggesting an euthyroid state. **Conclusion:** Overall it was concluded that one round of classical *Virechana* had significant changes on the laboratory parameters and the symptoms, ultimately being an effective way to control hypothyroidism.

**Key words:** Hypothyroidism, Postpartum Hypothyroidism, Galaganda, Panchakarma, *Virechana*, Ayurveda

## INTRODUCTION

Ayurveda is a science that encompasses both preventive and curative forms of medicine. Its vast knowledge cannot be looked upon as just a means of curing disease, rather a way of living. In recent times, a difference can be drawn in the ways of Living, thus giving rise to an increasing number of Lifestyle disorders. But these disorders have long before been told in the texts, along with specific reasoning as to why they occur, explaining about the lifestyle changes.

One such Lifestyle disorder that's seen a steep increase

is Hypothyroidism. A hypo-metabolic clinical state of the thyroid gland results in something known as Hypothyroidism. It is seen more often in Whites and Asians. Six times more prevalent in women, Hypothyroidism can be primary and secondary owing to whether the fault lies in the hypothalamic-pituitary axis or the thyroid gland as such.<sup>[1]</sup> Primary hypothyroidism is diagnosed when the levels of TSH are increased along with increased levels of free T4 or it can be subclinical when the levels of TSH are increased but Free T4 is in its normal range. Postpartum Hypothyroidism occurs after the birth of a child, a period of acute Hyper-thyroidism which ultimately moves into a Prolonged Hypothyroidic state.

In Ayurveda the features of hypothyroidism can be understood as a vitiation in the *Doshas* and the *Dhatu*s, particularly the *Pitta and Kapha Dosh*a vitiation that ultimately affects the *Rasa dhatu* all the way to the *Shukra dhatu*. Symptoms such as diffuse neck swelling, weight gain and fatigue all have separate references such as *Acharya Charaka's Galaganda* in the 11<sup>th</sup> chapter of *Chikitsa Sthana* or *Sroto Dusti Lakshanas*, even *Kaphaja Nanatmaja Vikaras* according to *Charaka*

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*Samhita Sutrasthana* 20<sup>th</sup> chapter but don't fall into the same *Roga* as such but can be easily treated if the *Samprapti* is understood.

### AIMS AND OBJECTIVES

To evaluate the efficacy of *Virechana* as a *Panchakarma* measure in Postpartum hypothyroidism.

### MATERIALS AND METHODS

A 39-year-old female came into the OPD in Chennai, Tamil Nadu on 18/11/2022 with primary complaints of hair fall, and weight gain over the past six years. Although she noticed the symptoms starting 6 years back after the birth of her second child, she noticed a progression over the past year with a weight gain of 9 kilos in 1 year, and patchy baldness setting to appear. She was diagnosed of having Primary Hypothyroidism, developing after the caesarean delivery of her second child (Postpartum Hypothyroidism). She was put on Thyronorm 50mcg along with 12 mcg once daily on an empty stomach in the morning, but the symptoms persisted along with elevated TSH levels. Over the past year she also started experiencing irregular menstrual cycles, with 50 to 55 day intervals. The patient wasn't seeing any change with allopathic medication; hence she was interested in starting Ayurvedic treatment. The patient had no significant medical history, and family history.

**Table 1: Dasha Vidha Pariksha assessment of the patient (at the time of first consult)**

<i>Prakruthi</i>	<i>Pitta Pradhana Kaphanubandhi</i>
<i>Vikruthi</i>	<i>Kapha Pitta</i>
<i>Saara</i>	<i>Madhyama</i>
<i>Saatmya</i>	<i>Pravara</i>
<i>Samhanana</i>	<i>Pravara</i>
<i>Pramana</i>	<i>Pravara</i>
<i>Satva</i>	<i>Pravara</i>
<i>Ahara Shakthi</i>	<i>Madhyama</i>

<i>Vyayamashakthi</i>	<i>Heena</i>
<i>Vaya</i>	<i>Madhyama</i>

When it came to planning the treatment protocol, assessing the *Dosha* status was first. *Astavidha Pariksha* was also assessed. The *Mala* was *Vikrutha* with regular episodes of constipation and *Mutra* was in the *Prakrutha Awastha*, *Shabda - Snigdha*, *Akruthi - Sthula*, *Sparsha - Ushnam*, *Druk - Prakrutha*.

Upon examination of the neck, a diffuse swelling was palpated with no nodal formations. The patient weighed 99 kilos and was 152 cm in height with a BMI of 42.8 while starting the treatment.

### Intervention

Prior to starting with Ayurvedic medications, one round of Classical *Virechana Karma* was conducted for relieving the *Pitta Vikruthi* and acquiring *Srota Shodhana*.

**Table 2: Panchakarma treatment plan that was followed, with specifications of the medicine used and dosage.**

<i>Deepana Pachana</i>	<i>Avipattikar Churna</i>	½ tsp-0-1/2 tsp before food for 3 days
<i>Snehapana</i>	<i>Guggulutiktaka Ghritam</i>	Was given in accordance to <i>Agni</i> (3 days)
<i>Sarvanga Abhyanga</i> followed by <i>Bhaspa Sweda</i>	<i>Dhanwantaram Tailam</i>	3 days
<i>Virechana</i>	<i>Trivruth Lehya</i>	70mg for 1 day.

### Post Virechana

*Samsarjana Krama* was advised, for 5 days. As the patient was Non vegetarian proper *Pathyam* was advised including non-vegetarian options. Patient was told to follow a largely – *Pitta* balancing diet, along with additions of *Kaphahara Ahara* and *Vihara*. She was advised to exercise daily, and stop consumption of heavy meats, and start intake of meat soups, and lean meats into her diet.

### Post Virechana the following medications were given (first for 15 days)

1. *Sowbhagya Shunti* 1 tsp-0-0 empty stomach with warm water
2. *Kanchanara Guggulu* 1-0-1 after food
3. *Avipattikar Churna* 0-0-1/2 tsp with water at bedtime
4. *Shatbindu Taila - Nasya* 2 drops each nostril, daily.
5. *Guduchi* tab 1-0-1 after food

### Assessment Criteria

#### Subjective Criteria

The Zulewski *et al.* scale was used. This scale includes the most common symptoms of Hypothyroidism, a score of 1 is given if the symptom persists, otherwise zero. A total score of more than and equal to 5 equates to hypothyroidism, a score of less than, equal to 3 equates a euthyroid state, and between 3-5 shows an intermediate state.<sup>[2]</sup>

#### Objective Criteria

Levels of TSH and T4 and T3 were checked before and after a round of classical *Virechana*.

### OBSERVATIONS

Upon first consultation, it was observed that the TSH levels weren't even responding to the Allopathic medication indicating the level of *Sroto-Avarohana* in the body.

The patient was asked to stop her allopathic thyroid medication during the course of treatment to estimate the true efficacy of *Virechana*. The patient complied and the medicine was stopped from the first consult itself, 5 days ahead of *Deepana Pachana*.

*Virechana* was planned, and the patient was advised to take *Avipattikar Churna* as *Deepana Pachana* medication

*Guggulutiktaka Ghritham* was chosen as the *Snehapana Oushadhi* and dosage was planned according to her *Agni Pariksha*.

Day 1 - 30 ml

Day 2 - 60ml

Day 3 - 90 ml

During *Snehapana* the patient followed strict protocol and *Samyak Snigdha Lakshanas* were seen after the 3<sup>rd</sup> day.<sup>[3]</sup>

*Kanji* was advised and taken after *Udgaara Shuddhi* and *Ksuth Pravruithi*.

*Mala* was passed easily, with slight *Snigdha* every day.

After finishing *Snehapana* the patient underwent *Abhyanga* and *Baspa Sweda* for three days, with *Dhanwantaram Tailam*.

During this period, the patient felt very light and found relief from her muscle stiffness and fatigue. Upon assessing whether the hair loss had decreased, she observed that it did when she combed her hair.

On the third day of *Abhyanga* the patient was told to take *Trivriith Lehyam* 70ml at 8:30 in the morning.

After taking the *Lehyam*, the *Vegas* began after nearly 1 and a half hours. The patient was comfortable and was passing loose stools at first.

**Table 3: Record of stools passed, with timings.**

Number of Vegas	Time	Observation
1	10:30	Light yellow stools, loose
2	10:45	Light yellow stools, loose
3	10:53	Loose stools
4	11:09	Semi solid stools
5	11:20	Loose, light yellow stools
6	11:32	Darker stools, loose
7	11:45	Loose dark stools
8	11:56	Loose dark stools
9	12:15	Watery stools
10	12:44	Watery stools

11	1:06	Watery stools
12	1:40	Watery stools

**Table 4: Assessment of Shuddhi after completion of Virechana**

Vegika Shuddhi	Anthika Shuddhi	Maniki Shuddhi	Lingaka Shuddhi
12	Kaphantha	Madhyama	Indriyashudhi Ksuthippasa Pravruthi Laghutha

During the Virechana she experienced slight abdominal pain at first which gradually subsided. She was advised to keep sipping on warm water regularly and place a hot water bag if she felt too much discomfort.

At 3:30pm, she began to feel hungry and was advised to take Kanji.

After finishing Virechana the patient felt a great difference in her body, felt light and was able to properly pass motion over the next few days. She was given the Samsarjana Krama and was able to follow it properly.

#### Symptomatically

- Patient found a slight difference in hair-fall.
- Sense of fatigue was absent
- Patient found relief from the body ache.

**Table 5: Weight loss before and after Virechana**

Before Virechana	After Snehapana	After Virechana
99	98.3 kilos	95.5 kilos

**Table 6: Difference found in the levels of TSH within a week of Virechana**

Before Ayurvedic Treatment (27/1/2021)	Pre - Virechana (08/11/2022)	Post - Virechana (30/11/2022)
15.62 uIU/ml	19.03 uIU/ml	1.44 uIU/ml

Zulewski et al. scale before treatment and after treatment

**Table 7: Before treatment - 8 (more than 5 indicating Hypothyroidism)**

Signs and symptoms	Score
Slowness of movement	1
Ankle reflex	0
Coarse skin	1
Periorbital puffiness	1
Cold skin	1
Diminished sweating	1
Hoarseness of voice	0
Paraesthesia	0
Dry skin	1
Weight increase	1
Hearing impairment	0
Constipation	1

**Table 8: After treatment - 2 (assessed after the Samsarjana Krama was completed)**

Signs and symptoms	Score
Slowness of movement	1
Ankle reflex	0
Coarse skin	0
Periorbital puffiness	1
Cold skin	0
Diminished sweating	0
Hoarseness of voice	0
Paraesthesia	0

Dry skin	0
Weight increase	0
Hearing impairment	0
Constipation	0

## DISCUSSION

The above patient is a clear example of how with just one round of classical *Virechana*, the TSH levels can be reduced even without levothyroxine. Understanding the symptoms and *Dosha* predominance and plainly adopting a *Hetu Vyaadhi Viparitha Chikitsa* is beneficial than just giving symptomatic medication.

*Virechana* was chosen as the season was not compatible for *Vamana*.

*Avipattikar Churna* was chosen as *Deepana Pachana* medication since she was suffering from *Apanavayu Vikruthi* and was having *Vibandha*. As *Avipattikar Churna* was both a *Pitta Rechaka* and a *Deepana Dravya* and was easily available it was selected.

*Guggulutiktaka Ghritham* was chosen as the *Snehapana Oushadhi* as it is both *Pitta* and *Kaphahara* in nature. In the *Phalasaruthi* it has been clearly mentioned that it can be used for *Gandamala* and *Jatrurdhwagada* both of which were seen in this case.

In Ayurveda, the features of Hypo-thyroidism can be understood as a vitiation in the *Doshas* and the *Dhatu*s, particularly the *Pitta* and *Kapha Dosha* vitiation that ultimately affects the *Rasa Dhatu* all the way to the *Shukra Dhatu* [Symptoms such as diffuse neck swelling, weight gain and fatigue all have separate references such as Acharya *Charaka's Galaganda* in the 11<sup>th</sup> chapter of *Chikitsa Sthana* or *Sroto Dustila Kshanas* even *Kaphajananatmaja Vikaras* according to *Charaka Samhita Sutrasthana* 20<sup>th</sup> chapter but don't fall into the same *Roga* as such but can be easily treated if the *Samprapti* is understood.]

All *Roga's* arise from a state of *Agnimandya* which is the same that can be said for Hypo-thyroidism. Due to excessive *Kaphakara Ahara* and *Vihara Dushti* in the *Agni* can affect the *Rasa Dhatu* production and result

in *Uttara Uttara Dhathu Poshana* ultimately resulting in features seen in *Rasa Dhatu Pradoshaja Vikrara*. Due to the chronicity even features of *Shukra Pradoshaja Vikara's* can be seen in some cases.

**Table 9: Clinical features and their *Doshic* breakdown<sup>[4]</sup>**

Features	Dosha Involved	Predominant Dhatu involved
Neck swelling	<i>Kapha</i>	<i>Rasa, Rakta, Mamsa and Meda</i>
Weight gain	<i>Pitthaksaya</i> and <i>Kapha Vrudhhi</i>	<i>Rasa and Medas</i>
Puffiness of Face	<i>Kapha Vrudhi</i>	<i>Rasa Dhatu</i>
Hair fall	<i>Pitta</i> and <i>Kaphavridhhi</i>	<i>Rasa, Raktadhaatu</i>
Lethargy	<i>Pitta Ksaya</i> and <i>Kaphavridhhi</i>	<i>Rasa Dhaatu</i>
Altered texture of skin	<i>Pitta Ksaya</i>	<i>Rasa, Raktadhaatu</i>
Constipation	<i>Vata Vriddhi</i>	<i>Rasa Dhaatu</i>

## CONCLUSION

Hypothyroidism is one of the most prevalent Endocrine disorders seen in women. Over 5% of the population have diagnosed hypothyroidism where another 5% go undiagnosed. Levothyroxine is the main drug of choice in modern medicine, although it is told to be taken life-long with progressively increasing dosages.<sup>[5]</sup> In this case, even after 6 years of childbirth and a progressively increased dose of levothyroxine the condition was uncontrolled. The patient had full faith in the treatment as she noticed visible changes at first, and adhered completely to the protocol without an issue. The internal medications were started after *Samsarjana Krama* and the patient was instructed to wean off the allopathic medication. Hypothyroidism can easily be managed by Ayurveda as this condition has been explained in our texts, in a scattered format. Most times, with timely *Panchakarma* and

symptomatic medication the effects of hypothyroidism can regress. In such conditions of endocrine origin, *Shodhana* shows tremendous changes. With *Shodhana* being done regularly the patient is also known to respond better to any internal medications given. So, it should be considered as one of the first levels of treatment in cases like these.

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