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Case Report

Hypothyroidism

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Management of Hypothyroidism with Ayurveda - A Case Study

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The most prevalent endocrine disorders in the world are thyroid issues. TSH is the most practical physiological indicator of thyroid gland function and is crucial in regulating the thyroid axis. One major factor contributing to the rise in endocrine disorders, including thyroid disorders, may be a sedentary lifestyle and poor eating habits. Numerous Kaphaja Nanatmaja Vikaras are thought to be signs of hypothyroidism. Multiple systems are affected by the clinico-pathological condition known as hypothyroidism, which necessitates multimodal treatment. Shamana Chikitsa implemented the treatment plan in order to combat the pathophysiology. Even after two months, the patient's symptoms had completely disappeared. Laboratory tests were conducted during routine follow-ups and subsequent treatments.

Keywords: Hypothyroidism, Ayurveda, Agnimandya, Medo-Dushti

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Introduction

The thyroid is among the first endocrine glands to develop.[1] The disease known as hypothyroidism is characterized by decreased thyroid gland function and decreased T3 and T4 production. The illness affects women roughly 6–8 times more frequently between the ages of 40 and 50.[2]

Since every tissue in the body depends on thyroid hormones for proper operation, a shortage can cause multisystem involvement. The most practical physiological indicator of thyroid gland function, TSH is also a key regulator of the thyroid axis system. The main cause of the rise in endocrinological illnesses, particularly thyroid disorders, may be attributed to sedentary lifestyles and poor eating habits.

Thyroid diseases are also a result of rising stress and anxiety levels because the gland is extremely sensitive to stimuli. Primary and secondary forms of hypothyroidism are distinguished based on whether the disorder results from a thyroid gland anomaly or from pituitary or hypothalamic dysfunction.

The clinical manifestations of hypothyroidism include many of the *Kaphaja Nanatmaja Vikaras*, such as *Gurugatrata* (heaviness), *Alasya* (lethargy), *Tandra* (drowsiness), *Atisthoulya* (obesity/weight increase), *Atinidra* (excessive sleep), etc. *Medodhatwagni* provides nourishment and upkeep for *Medodhatu*. The symptoms of hypothyroidism will be exacerbated if there is an excess of *Medo Dhatu ~Saama Meda Dhatu* due to *Medodhatwagnimandya*.[3]

Case Report

Patient Information

In September 2024, an 18-year-old female Hindu, unmarried, student by profession, came to OPD in the Ayurvedic institute. **Primary concerns and symptoms of patient:** Patient presented with complaints of the dryness in skin (*Twakparushya*) over palmar surface in both hands along with associated symptoms of increased tiredness lethargy, hair fall, excess sweating and constipation in the last 3 months. **Medical history:** The patient was unable to provide any documentation of prior treatments, but her response to those treatments was insufficient.

Personal history: There was no personal history of autoimmune disorders like psoriasis, asthma and no history of trauma, surgery, hypertension or diabetes. No history of any allergic disorders was noted. **Family history:** Her family history was negative in first-degree relations. She belongs to a middle-class background as far as her socio-economic status is concerned. ***Hetu* Observed:** She was taking a vegetarian diet often eating spicy food, curd, fruit shakes and heavy food, *Adhyashana*, also has habit of sleeping in daytime, after having food.

Clinical Findings

General Examination:

Vitals are within normal limits. Systemic examination was normal, *Prakriti* (body composition) was *Pittakaphaj* (humors' dominance in the composition of the body) and weight was 63 kg with 158 cm height.

***Hetu* observed:** She followed a vegetarian diet and frequently ate curd, spicy food, fruit shakes, and heavy meals (*Adhyashana*) also had a habit of falling asleep during the day after eating. ***Ashtavidpariksha* (~eight-fold examination):** Upon examination, it was found that the pulse (*Nadi*) was *Pittakaphaa*, the excreta (*Mala*) had the nature of *Amaja* (mucus), and the tongue (*Jivha*) had *Samata* (white coated), all of which indicated indigestion. *Sparsha* (touch) was *Samshitoushna* (normal body temperature), *Drik* (vision) was *Samanya* (normal), *Akriti* (body proportion) was *Madhyam* (medium), and *Shabda* (voice) was *Spashta* (clear).

Laboratory evaluation

Thyroid profile T3 - 1.32 ng/mL T4 - 10.56 µg/dL TSH - 5.67 µIU/ml

Therapeutic interventions

As per etiology and clinical presentation patient was diagnosed as *Rasavaha Strotas Dushti* and *Agnimandya*. On basis of this diagnosis, line of treatment was planned. *Shamana* (pacifying) therapy was chosen because the patient was not consenting for *Shodhan* therapy. In this context *Deepana* (balance *Agni* of body) and *Rasapachak* medicines were given to patient along with external application for dryness in palms. Details of medications prescribed to the patient and procedures are given [Table 1].

***Pathya* and *Apathya* (~wholesome and unwholesome)**

Along with taking the drugs, the patient was instructed to strictly adhere to *Pathya* (wholesome) and refrain from *Apathya* (unwholesome), for instance *Laghu Anna-Pana* (eating foods that are easily digested), *Amla* (goose berry), *Tikta Rasa Pradhan Ahara* (bitter food items) *Karela* (bitter gourd), *Parwal* (pointed gourd), *Mudga* (green grams), *Yava* (barley), *Vegavrodhvarjan* (avoid holding natural urges), *Yoga* (exercise and meditation) was advised.

The patient was advised to avoid *Dahi* (curd), *Virudhasana* (mutually contraindicated food items) such as milk with fish etc.

Lavan (salty food), *Amla Raspradhanahara* (sour food), *Mash* (black gram), *Adhyashana, Divasvapan* (day sleeping), *Avyayam* (lack of exercise and physical activity) and excess *Krodh, Soka,* stress (exposing to negative emotions).

Table 1: Therapeutic Intervention

Treatment	Dose and method of administration	Prescription
Vaishvanar Churna	4 gm	Taken before meal with Paniye twice a day.
Dashmool Kwath + Shadang Paniye	6gm each	Put 12 gm of powder in 1lt.of water and keep it at night, mash and sieve in morning and use.
Arogyavardhni Vati	500 mg	2 tab of 500 mg are taken after food with Paniye
Jatyadi Tail	As per required	Apply at night

Follow-Up and Outcome

The treatment was given for almost 3 months, and monthly follow-up was done. There were 3 follow-ups during the course of treatment and 01 follow-up after one month of stopping the treatment wherein the TSH level was assessed after 3 months. Significant improvement was observed during follow-ups.

At the end of 1 month, constipation was relieved along with the dryness in palms. By the third follow-up, heaviness, excess sweating and lethargy were completely resolved. There was also improvement in the complaint of hair fall. TSH level was reduced to normal limits.

Timeline of Patient

- First visit (September 26, 2024) - The patient came to OPD with the complaint of complaints of the dryness in skin (*Twakparushya*) over palmar surface in both hands along with associated symptoms of increased tiredness lethargy, hair fall and constipation in the last 3 months. TSH was 5.67 µIU/ml.(Fig.1)
- First follow-up (October 26, 2024) - Mild-to-moderate relief in the complaint of weakness and heaviness all over the body was noted. Constipation was relieved.
- Second follow-up (November 30, 2024) - Relief in symptom of palm dryness, excess sweating and hair fall.
- Third follow-up (December 21, 2024) - The patient was feeling zestful in daily routine activity. S. TSH was repeated and showed a value of 4.02 µIU/ml.(Fig.2)
- Follow-up was also done after 2 months after stopping the medicines. During this period, the patient was not on any medication; however, she was advised to follow *pathya-apathya* as advised during the treatment.

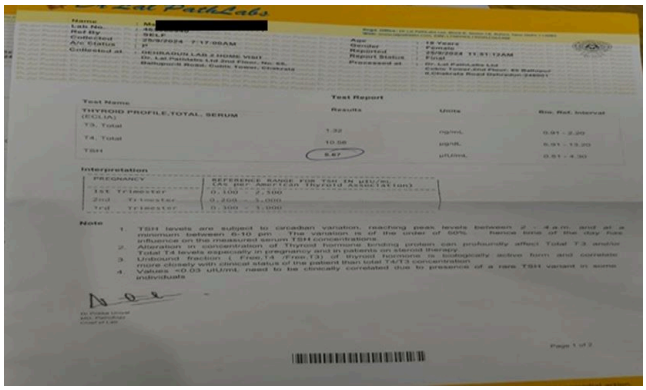

Figure 1: At first visit

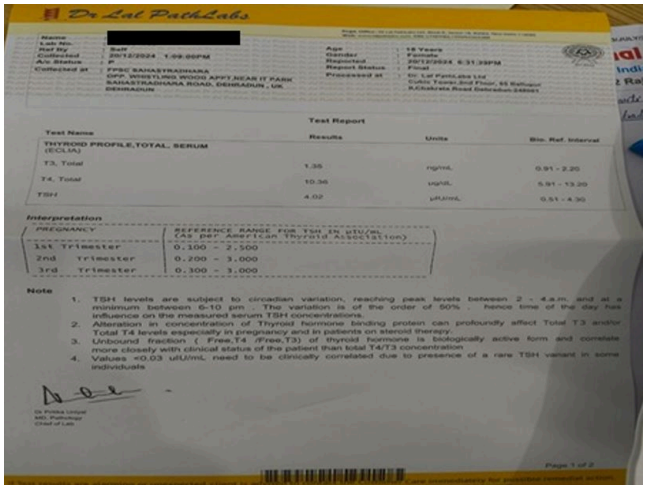

Figure 2: At third visit

Discussion

The clinical condition known as hypothyroidism is brought on by insufficient thyroid hormone synthesis. Even at the cellular level, it interferes with the body's metabolism and can impact nearly every organ.

The condition hypothyroidism can be mainly categorized under *Agni's* activity, even though it is not specifically mentioned in traditional Ayurvedic texts. The *Jathragni* is the most important of the thirteen varieties of *Agni* that have been described in Ayurvedic texts. *Ahara* and *Vihar* are necessary for their equilibrium.**[4]** When *Guru, Madhur, Sheet*, and *Drava* foods are regularly consumed along with inactivity, lack of exercise, *Shodhan*, etc., *Kapha* is vitiated, which causes *Agnimandya*, *Ama* accumulation, and *Dhatwagnimandyata*, as was the case in this instance. Hence, after thoroughly understanding the pathophysiology of the case, a treatment protocol was developed for bringing the vitiated *Agni* and *Doshas* back to their natural state. To attain this, formulations having *Agnideepaka, Strotoshodhak, Vatakaphashamaka* and *Shothhara* were prescribed.

The ingredients of *Vaishvanara Churna* are *Saindhava Lavana*, *Ajwain*, *Ajamoda*, *Shunthi* and *Haritaki*. All the constituents of drug are having *Ushna Veerya*, *Madhura*, *Katu Vipaka* and *Vata Kapha Shamaka* properties. *Haritaki* and *Saindhava* are having *Tridoshashamaka* property. All the ingredients of *Vaishvanara Churna* are having *Deepana*, *Pachana*, *Anulomana* properties which improve the status of *Agni*, subsequently prevent *Ama* formation and vitiation of *Dosha*.**[5]**

Dashmool Kwath - It contains herbs with properties of entering in minute channels thus helping in alleviating *Kapha Dosha* with anti-inflammatory properties and analgesic effect. All of the drugs in *dashmool* have *Ushna Virya* thus helping in pacifying *Avarana* caused by *Kapha Dosha* over *Jatharagni*.**[6]**

Shadang Paneeya - including *Musta, Parpatak, Usheera, Chandana, Uddichya,* and *Nagar*, a herbal infusion that was selected for its distinct therapeutic qualities. The purpose of this herb combination is to treat a number of *Pitta*-related symptoms, such as dehydration, excessive thirst, burning feelings, and appetite loss.

The body's *Doshas*, especially *Pitta* and *Kapha*, are balanced by *Shadang Paneeya*, according to Ayurvedic texts. Each of the six medicinal herbs has distinct qualities that support its use as a detoxifying, anti-inflammatory, and immunomodulatory agent.**[7]**

Jatyadi Taila is used externally for *Abhyanga*, i.e., for *Kandu* (itching), *Sphotaka* (boiling), *Nadivrana* (fistula), *Shastra Prahara Vrana* (wounds caused by sharp weapons), *Dagdha Vrana* (burn ulcer), *Danta Nakha Kshata* (tooth and nail injury), *Dusta Vrana* (Nonhealing ulcer).**[8]**

Jatyadi Taila has antibacterial properties, making it an excellent wound healer. It can also help with a variety of skin problems. It is used to treat wounds caused by burns and scalds because of its incredibly cooling effect.**[9]**

Conclusion

The causative factors leading to hypothyroidism when viewed from the perspective of *Ayurveda*, may be *Agnimandya* and *Aama* resulting from *Aahara-Viharavaishamya*. Hence, the treatment plan included medicines with *Agnideepaka, Strotoshodhak,* and *Vatakaphashamaka* properties. Symptomatic relief was observed within 1 month of onset of Ayurvedic treatment and other investigations such as serum TSH were found normal after 3 months of treatment. Thus, it may be concluded that treatment protocol prescribed with an approach toward correction of *Agnimandya* and *Aama* may lead to the normalization of thyroid functions and alleviation of associated symptoms.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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