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Ayurvedic management of Hypothyroidism - A Case Study

Monisha P¹, G Shrinivasa Acharya², Nishanth Pai K³, Shrilatha Kamath T⁴

¹Final Year Post Graduate Scholar, Department of Kayachikitsa, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

²Ex Principal & Guide, Department of Kayachikitsa & Manasaroga, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

³Assistant Professor & Guide, Department of Kayachikitsa & Manasaroga, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

⁴Professor & HOD, Department of Kayachikitsa & Manasaroga, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

ABSTRACT

Background: Hypothyroidism can be difficult to diagnose, as its signs and symptoms are non-specific, and no global consensus exists on screening. It can be difficult to determine when to test for hypothyroidism, as patients may present with symptoms that are subtle or that overlap with other common conditions, and guidelines can be vague regarding who and when to test. However, identification of hypothyroidism is important in clinical practice. The symptoms of hypothyroidism include tiredness, weight gain, hair loss, cold intolerance, mood disturbances, indigestion, dry rough skin. Case report: In this present study a female patient aged 38 years known case of hypothyroidism since 10 years was treated with Rasayana, Shamanoushadhi and specific Pathya followed as per Sthoulya Chikitsa. Results: After 2 months of treatment there was a significant reduction in the signs and symptoms of the disease with a 60% improvement in the condition.

Key words: Hypothyroidism, Rasayana, Shamanoushadhi.

INTRODUCTION

The pathology of thyroid gland broadly divided into two types. First one is structural pathological conditions such as colloidal goitre, abscess, malignancy and the second one is functional pathological conditions such as hyperthyroidism and hypothyroidism.

Address for correspondence:

Dr. Monisha P

Final Year Post Graduate Scholar, Department of Kayachikitsa, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

E-mail: monishashetty34@gmail.com Submission Date: 16/01/2022 Accepted Date: 20/02/2022



There may be a third variety which is blend of both structural and functional pathological conditions and sometimes may also have a complication in all the above conditions as graves disease.^[1] Each of the pathology presents with its own signs and symptoms here in this study the functional pathology of thyroid gland is elaborated that is hypothyroidism which presents itself with tiredness, weight gain, hair loss, cold intolerance, mood disturbances, indigestion, dry rough skin and the treatment to this condition is hormone replacement .This clinical picture mimics the condition of Sthoulya^[2] and hence, it has to be treated in terms of Sthoulya Chikitsa. The treatment of this condition mainly focus on Shodhana and Shamana, *Vyadhihara Rasayana*^[4] a lot of clinical studies done on the management of hypothyroidism but less emphasis laid on trying *Shamanoushadhis*, so, the present case report shows the successful management of hypothyroidism.

2.

3.

RESULT

Loha

Nityanan

da Rasa

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CASE PRESENTATION

A female patient aged 38 years was consulted in the outpatient department of Shri Dharmasthala Manjunatheshwara Avurveda Hospital. Udupi complaints of weight gain associated with increased tiredness and Hair loss since 6 months. She is known case of hypothyroidism since 10 years on regula medication Thyroxine 75 mg at morning daily before food. Her Previous weight was 65 kg now she is increased to 73 kg. She is also presented with indigestion and dry rough skin. There is no history of diabetes or hypertension, cardiac problem or any other complicated diseases and there was no relevant family history of thyroid disorders. The appetite is reduced, sleep is sound, bowel is regular and micturition is 4 to 5 times per day. All the vitals and systemic examination were within normal limits.

Thyroid local Examination

On Inspection

Localized swelling - Absent

On palpation

Size - Normal

Shape - Normal

Localized temperature - Not Raised

Tenderness - Absent

Localized temperature - Absent

MATERIALS AND METHODS

The treatment was planned seeing the state of *Rogabala* (strength of the disease) and *Aturabala* (strength of the patient). The following medicines are administered to the patient for a period of 2 months. The patient was advised to indulge in light diet, barley and exercises.

Table 1: Intervention

SN	Name of drug	Dosage	Time of adminis tration	Frequency and Anupana
1.	Yashtima dhu	2 capsule	Before Food	Thrice a day with lukewarm water

	Table	e 2: Symptom wise resu	ult	
e s	SN	Effect of treatment	Percentage wi	se results

2 tablet

514		rereentage wise results	
		вт	AT
1.	Weight	73 kg	70 kg
2.	Fatigue	80%	20%
3.	Hair loss	90%	30%
4.	Dry skin	70%	40%
5.	Indigestion	80%	2%

Table 3: Thyroid profile report

SN	Investigation	Before treatment	After treatment
1.	T ₃	70.0	68.0
2.	T ₄	8.26	6.76
3.	TSH	49.60	12.0

On comparison percentage of improvements in before & after the treatment



Dhatri 1 tablet Before Thrice a day with

Food.

After

food.

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lukewarm water

Thrice a day with

lukewarm water

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DISCUSSION

This clinical picture of hypothyroidism mimics the condition of *Sthoulya* and hence it was treated in terms of *Sthoulya Chikitsa*. Suitable *Shamanoushadhi* was planned in this case, *Yashtimadhu*^[3] helps in dry skin condition, *Dhatri loha* ^[4] treats indigestion and *Tridoshahara* and act as *Rasayana* also. *Nityananda Rasa* is very beneficial in case of *Mamsa Medogata Vikaras*. As *Sthoulya* is *Meda Pradhana Vyadhi*, Each and every ingredient in *Nityananda Rasa*^[5] possess the quality of *Vata Kaphahara* and it has the properties like *Lekhana* and *Rasayana*. *Yava* (barley) which is having *Rukshana* property i.e., potent lipid reducing effect that helps in depleting excess of fat while providing essential energy required for maintaining daily life.

Table 4: Ingredients, properties and action of thedrugs

Drug	Ingredients	Properties & Action
Dhatri Loha	Amalaki, Loha Bhasma, Yashtimadhu, Guduchi	Tridoshahara, Rasayana
Nityananda Rasa	Triphala, Trikatu, Parada Gandhaka, Kasya, Tamra, Vanga, Tuttha, Shankha Bhasma, Haratala, Vidari, Vidanga, Loha, Bhasma, Pancha Lavana, Chavya, Pippali Moola, Hapusha, Vacha, Patha, Devadaru, Ela, Vriddhadharu, Trivrut, Chitraka, Danti, Shati	Vatakaphahara, Agnideepana, Amapachana, Lekhana and Rasayana. ^[6]
Yashtimadhu	Yashtimadhu	Balavarnakrit, Vatapittahara, Shothahara, Kantya.

CONCLUSION

From the above study it can be concluded that *Nityananda Rasa*, capsule *Yashtimadhu*, *Dhatri Loha* effective in the management of hypothyroidism. So, there was a significant reduction in the signs and symptoms of the disease, and also in thyroid profile report. The medicine showed encouraging results in this case. The results need to be studied in more numbers of patients for the better assessment.

PATIENT CONSENT

Written permission for publication of this case study has been obtained from the patient.

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