



## Case Study

### EFFECT OF VASANTHIKA VAMANA KARMA ON TSH LEVELS - A SUCCESSFUL CASE SERIES

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#### ABSTRACT

Hypothyroidism in one among the lifestyle and metabolic disorders having great prevalence in the world wide. It occurs when the thyroid gland is not making enough hormones for good health. It effects multiple organ system so the symptoms of hypothyroidism are wide ranging and diverse. In spite of many advance techniques the allopathic management of hypothyroidism still remains unsatisfactory. Ayurveda is holistic approach particularly Panchakarma which aims at eliminating the Doshas from its root. Hence Vamana karma is found to be effective treatment in hypothyroidism due to involvement of abundant Kapha dosha with Pittanubandha and also involvement of Rasavaha, Medovaha dushti and Bahudoshavastha lakshnas. Hence in this present of 6 patients where Vamana Karma is conducted in Vasanta ritu. There was significant decrease in thyroid stimulating hormone (TSH) level and marked improvement in signs and symptoms.

#### INTRODUCTION

Hypothyroidism is the one of the most common functional disorders of thyroid gland and very commonly encountered problem in clinical practice. It is clinical syndrome caused by cellular responses to insufficient thyroid hormone production.<sup>[1]</sup> Primary Hypothyroidism is defined as thyroid stimulating hormone concentration above the reference range and free thyroxine concentration below the reference range. Mild or subclinical hypothyroidism which is commonly regarded as sign of early thyroid failure<sup>[2]</sup>.

The prevalence of overt Hypothyroidism in general population ranges from 0.2% to 5.3% in Europe and 0.3% to 3.7% in USA respectively. The prevalence rate of hypothyroidism in India is higher than Europe and USA that is 11% compared with only 2% in U.K and 4.6% in USA. Compared with coastal cities (Mumbai, Goa and Chennai), inland cities like Kolkata, Bangalore, Delhi etc have a higher prevalence<sup>[3]</sup>. The female to male ratio is approximately 6:1.<sup>[4]</sup>

#### Classification

- **Primary Hypothyroidism:** Primary hypothyroidism occurs after destruction of the thyroid gland because of autoimmunity, medical interventions such as surgery, radio iodine and radiation.
- **Secondary Hypothyroidism:** Due to pituitary damage leads to insufficient production of TSH.
- **Tertiary Hypothyroidism:** In adequate secretion Thyrotropin releasing hormone leads to insufficient release of TSH which in turn causes inadequate thyroid stimulation<sup>[5]</sup>.

#### Aetiology

Genetic and iodine factors are important role in manifestation of disease.

##### 1. Primary Hypothyroidism

- Inadequate thyroid hormone production secondary to intrinsic thyroid effect.
- Iatrogenic post ablative (surgical thyroidectomy)
- Autoimmune: Hashimoto's thyroiditis, Chronic thyroiditis, Idiopathic, Burnt-out graves.
- Hypothyroid phase of subacute thyroiditis
- Drugs: goitrogens (iodine), PTU, MMI, lithium
- Infiltrative disease (progressive systemic sclerosis, amyloid)
- Iodine deficiency
- Congenital (1/4000 births)

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- Neoplasia
2. Secondary hypothyroidism: Pituitary hypothyroidism
    - Insufficient pituitary TSH
  3. Tertiary hypothyroidism: Hypothalamic hypothyroidism
    - Decreased TRH from hypothalamus (rare)
  4. Peripheral tissue resistance to thyroid hormone (Refetoff syndrome)<sup>[6]</sup>.

### Clinical Features

**General:** Fatigue, cold intolerance, slowing of mental and physical performance.

**CVS:** Pericardial effusion, Bradycardia

**Respiratory:** Decreased exercise capacity, hypoventilation, decreased pulmonary response to hypoxia, sleep apnoea.

**GI:** Weight gain despite of poor appetite, constipation.

**Neurology:** Paraesthesia, slow speech, muscle cramps, delaying relaxation phase of deep tendon reflexes, seizures.

**Genitourinary:** Menorrhagia, amenorrhea, impotency.

**Dermatology:** Puffiness of face, periorbital oedema, cold pale dry and rough skin, hair loss, dry and coarse hair, thinned eyebrows at lateral 1/3, discoloration.

**Haematology:** Anaemia<sup>[7]</sup>

As there is no direct mentioning of hypothyroidism in Ayurveda it can be understood under the concept of *Anukta Vyadhi*. Many of the symptoms of Hypothyroidism can be seen under the spectrum of *Bahudoshavasta* mentioned in Ayurvedic Classics. Hence from the Ayurvedic perspective, all three *Doshas* are involved but primarily of *Kapha dosha* imbalance. In *Bahudoshavastha Samshodhana* is the line of treatment explained<sup>[8]</sup> and as there is a predominance of *Kapha dosha Vamana karma*<sup>[9]</sup> is the best treatment principle that can be adopted. Thus, in present era of stressful and sedentary lifestyle, the incidence of hypothyroidism is increasing day by day and it is the need of the hour to tackle this condition challengingly.

### Clinical Report

This present case series included 6 participants diagnosed with Hypothyroidism who are registered for *Vasantika Vamana Karma 2022* by Department of *Panchakarma*, SJIIM, Bengaluru, with primary history of weight gain, hair fall, generalized debility etc symptoms. After proper evaluation and physical examination classical *Vamana karma* was conducted and results were analysed based on thyroid function test and clinical features.

### Case 1

A female patient of 35 years age who is working in private office with moderately sedentary lifestyle habits, was apparently healthy 1 year back. Gradually developed generalised body ache, excessive weight gain, numbness in bilateral upper limb. She consulted allopathic hospital where the physician advised her to undergo some haematological tests. Later they found that her TSH levels were high and she was diagnosed with Hypothyroidism. She was taking Tab. Thyronorm 50mcg. After starting medicine for about 6 months, she was free from above said symptoms. Later she gradually developed excessive fatigue, weight gain, mood swings, hair fall. She gained about 7kg of weight in span of 6 months and observed increased mental irritation and anger. For all these complaints she consulted Panchakarma OPD of SJIIM hospital, Bangalore and got registered for *Vasanthika vamana*.

### Case 2

A female patient of 45 years age is N/K/C/O DM and HTN, is diagnosed case of Hypothyroidism for 5 years, was taking Ayurvedic medication since past 5 years. She is complaining of increased weight, low back ache, reduced appetite, multiple joint pains, disturbed sleep for 4 months. She is also complaining of repeated chest burn, sour belching even after taking small quantity of food. She gained about 10kg of weight over past 1 year and was having difficulty to do day to day household work. When she checked her Thyroid function test her TSH level found to be high. She consulted Panchakarma OPD of SJIIM Bangalore with her reports for further management of her condition.

### Case 3

A female patient of 43 years age is K/C/O Bronchial asthma was a diagnosed case of Hypothyroidism for 10 years and was taking Thyronorm 100mcg. She is working in a hospital and nature of work is physical. For past 5 months she is complaining of numbness in bilateral upper and lower limb, excessive fatigue, pain in multiple joints, excessive hair falls etc. Because of generalised body ache she was having difficulty to do work in her workplace. She is also complaining of reduced appetite, heaviness of body. For all these complaints she was taking Ayurvedic oral medication but there was no improvement in her condition. Hence, she got registered herself for *Vasanthika Vamana*.

### Case 4

A female patient aged about 41 years k/c/o HTN is diagnosed with hypothyroidism complaining of excessive weight gain, hair fall, constipation and mood swings. Patient was on tab Thyronorm 100mcg past 5 years. In spite of taking tablet her symptoms were

aggravating. For 4 months she gradually developed pain in low back region and bilateral knee joint associated with numbness in bilateral upper limb. For that she consulted physician and again checked thyroid profile value was high. For better treatment she approached *Panchakarma* department SJIIM and registered for *Vasantika vamana*.

**Case 5**

A patient aged 39 years was apparently healthy before 5 years. Then gradually started gaining weight, generalised debility, irregular menstruation associated with body pain. For these complaints she consulted a physician and did thyroid profile. TSH Value was high

and started Tab. Thyronorm 75 mcg for about 5 years, then gradually decreased to 50mcg. Symptoms were much better. For 6 months she started increased hair fall and irritability. So approached SJJIM Hospital.

**Case 6**

A female patient aged about 24 years was apparently healthy. Suddenly she missed her one-month menstrual cycle and gradually started gaining weight about 5kg in span of 2 months. Later menstruation was regular. Then she underwent thyroid profile, TSH level was high. For this complaint she consulted *Panchakarma* OPD SJIIM and got registered for *Vasantika vamana*.

**Table 1: Showing Treatment Schedule**

	Case 1		Case 2		Case 3		Case 4		Case 5		Case 6	
<i>Deepana Pachana</i>	<i>Bhoonimbadi choorna</i> 5gm TID (B/F) - 3days		<i>Bhoonimbadi choorna</i> 5gm TID (B/F) -5days		<i>Chitrakadi vati</i> 2-2-2 (B/F)- 4 days		<i>Chitrakadi vati</i> 2-2-2 (B/F)- 4 days		<i>Chitrakadi vati</i> 2-2-2 (B/F) - 4 days		<i>Chitrakadi vati</i> 2-2-2 (B/F) - 5 days	
<i>Snehapana with Varunadi Gritha</i>	Days	Ml	Days	Ml	days	Ml	days	ml	days	Ml	days	Ml
	1	30ml	1	30	1	30	1	30	1	30	1	30
	2	60	2	90	2	60	2	70	2	60	2	50
	3	100	3	150	3	100	3	100	3	100	3	100
	4	120	4	200	4	135	4	150	4	150	-	
5	150			5	150	5	180	5	200			
<i>Vishramakala - Abhyanga sweda</i>	<i>Sarvanga abhyanga</i> with <i>Ksheerabala taila</i> F/b <i>Nadi sweda</i>		<i>Sarvanga abhyanga</i> with <i>Ksheerabala taila</i> F/b <i>Nadi sweda</i>		<i>Sarvanga abhyanga</i> with <i>Ksheera bala taila</i> F/b <i>Nadi sweda</i>		<i>Sarvanga abhyanga</i> with <i>Murchita tila taila</i> F/b <i>Nadi sweda</i>		<i>Sarvanga abhyanga</i> with <i>Murchita tila taila</i> F/b <i>Nadi sweda</i>		<i>Sarvanga abhyanga</i> with <i>Murchita tila taila</i> F/b <i>Nadi sweda</i>	
<i>Vamana</i>	<i>Madnaphala yoga</i>		<i>Madnaphala yoga</i>		<i>Madnaphala yoga</i>		<i>Madnaphala yoga</i>		<i>Madnaphala yoga</i>		<i>Madnaphala yoga</i>	
<i>Samsarjana Krama</i>	For 5 days		For 5 days		For 5 days		For 5 days		5 days		3 days	

**Table 2: Showing Subjective Criteria**

S.N	Lakshshanas	Before Treatment						After treatment					
		Case1	Case2	Case3	Case 4	Case5	Case6	Case1	Case2	Case 3	Case 4	Case 5	Case 6
1	weight	65kg	85kg	64			65	60kg	81kg	63			62
2	Hair fall	+++	+++	+++	+++	+++	-	+	++	+	++	++	-
3	Generalised debility	+++	+++	+++	+++	+++	-	+	+	+	+	+	-
4	Constipation	-	-	-	+++	+++	-	-	-	-	+	+	-
5	Joint pain	+++	+++	++	+++	++	-	++	+	+	+	+	-
6	Mental irritability	+++	+++	-	+++	-	-	++	+	-	+	-	-
7	Numbness of limbs	+++	+++	+++	-	-	-	++	+	+	-	-	-
8	Irregular menstruation	-	-	-	-	+++	+++	-	-	-	-	++	+

(+++) severe presentation of symptoms, (++) moderate presentation of symptoms, (+) Mild presentation of symptoms, (-) no symptoms)

**Table 3: Showing Objective Criteria**

S. N	Before treatment						After treatment					
	Case1	Case2	Case3	Case4	Case5	Case 6	Case1	Case2	Case3	Case4	Case5	Case 6
TSH (mIU/ml)	17.81	8.54	14	7.04	12.84	6.6	9.51	4.99	6.2	4,14	6.26	7.2
T3 (ng/ml)	0.87	0.83	0.4	0.74	89.70	1.40	1.10	1.23	0.63	0.9	91.34	1.8
T4 (micro gm/dl)	8.19	7.11	7.14	6.32	5.63	9.01	9.51	9.81	9.95	8.43	7.60	9.76

## DISCUSSION

Hypothyroidism is the disorder of endocrine system in which Thyroid gland doesn't produce enough thyroid hormone such as Thyroxine (T4) and Triiodothyronine (T3). As a result of this there is increase in TSH levels. Now it is burning issue in worldwide having wide range of aetiology and clinical features. If untreated it can lead to serious health effects and ultimately death.

In Ayurvedic perspective, hypothyroidism can be understood under the broad spectrum of *Kapha dusti*, *Rasa Dhatu dusti*, *Udanavruta Samana*, *Kaphavruta samana*, *Agnimandya*, *Kaphaja galaganda* etc. While looking at the symptomatology it resembles the *Kapha* associate *Pitta dusti* with vitiation of *Vata* due to *Margavarana* and predominantly *Rasavaha* and *Medovaha srotodusti lakshans* which commonly comes under *Bahudoshavastha*. In Ayurveda classics it is emphasised that *Bahudoshavastha* should be treated with *Samshodana karma*. *Samshodhana* helps to remove the cause from its root level so that there is no chance of reoccurrence of disease<sup>[10]</sup>. Thyroid gland is situated in neck region which is the *Kaphadosha sthana* and predominantly *Kaphadusti Lakshanas* seen in Hypothyroidism. Also, *Acharya Sushruta* and *Vagbhata* mentioned *Vamana Karma* as main line of treatment in *Kaphaja Galaganda*<sup>[11,12]</sup>. After considering all these factors *Vamana Karma* is selected as prime treatment. Due to seasonal variation, *Doshas* undergoes accumulation and aggravation which need to be eliminated, if not it will result in grievous disorder. *Kapha dosha* gets accumulated in *Hemantha Ritu*, undergoes *Vilayana* (liquefaction) in *Vasantha Ritu* which has to be eliminated by *Vamana Karma*<sup>[13]</sup>. Hence the concept of *Vasanthika Vamana* plays important role.

*Vamana Karma* is carried out in 3 phases that is *Poorvakarma*, *Pradhanakarma* and *Paschat karma*. *Deepana*, *Pachana*, *Arohana snehapana* and *Swedana* comes under *Poorvakarma*. *Deepana Pachana* is carried out to prepare body for *Shodhananga snehapana*, to increase *Jataragni*, *Dhatvagni* and digestion of *Ama*, without which the *Sneha* will not undergo proper digestion causing *Sneha vyapat* (complications). In this study *Deepana pachana* was done with *Chitrakadi vati* for 4 subjects and *Bhoonimbadi choorna* for 2 subjects as they were having severe gastric irritation.

*Shodhananga snehapana* is the most important *Poorvakarma* which makes the *Doshas* undergo *Vridhi*, *Vishyandana* there by helps in bringing *Doshas* from *Kostha* to *Shaka*. *Shodhananga snehapana* in *Madhyama matra* was administered in *Arohana krama* using *Varunadi Gritha*. This *Gritha* contains ingredients like *Varuna*, *Saireyaka*, *Shatavari*, *Chitraka*, *Morata*, *Brahati*, *Jaya* etc that have *Kapha meda hara* property and indicated in *Mandhagni*, *Gulma*, *Anthar Vidhradi*<sup>[14]</sup>.

After observing *Samyak snigdha lakshanas*, patient was given one day of *Vishramakala* during which *Abhyanga* with *Ksheerabala taila* for 3 patients and *Moorchitha tila taila* for 3 patients was done followed by *Nadi sweda*. *Bahya snehana* and *Swedana* causes *Vridha Doshas* to undergo *Vilayana* and *Paka* and helps the *doshas* move from *Shaka to Kosta*. *Kaphotkleshakara Ahara* was given on that day as diet regimen. These foods are predominant of *Snigdha*, *Guru guna* which directly increases *Kapha dosha* in *Kosta* and aids in *Vamana Karma*<sup>[15]</sup>.

Once the *Doshas* reaches *Kosta*, it is eliminated through *Vamana Karma* using *Madhanaphala Vamaka Yoga*. It contains *Madhana phala pippali choorna*, *Yastimadhu Choorna*, *Vacha choorna*, *Saindhava lavana* and *Madhu*. This *Vamaka Yoga* is having *Agni* and *Vayu mahabhootha* predominance and *Ushna*, *Teekshna*, *Vyavayi*, *Vikasi guna*. By these qualities and *Prabhava* the *Utklishta dosha* are eliminated out of body through *Mukha marga*<sup>[16]</sup>. Thus, *Vamana karma* in Hypothyroidism helps in *Samprapti vighatana* of disease.

## OBSERAVTIONS AND RESULT

In the present study it was observed that, before intervention mean value of TSH was 11.14 (mIU/ml), which reduced to 6.2 (mIU/ml) after the intervention. Result obtained in the mean value before intervention and after intervention (t=3.90) showed statistical significance with p value 0.05.

## CONCLUSION

Hypothyroidism can be understood as *Anuktha Vyadhi*, which results due to *Agni dushti*, *Dhatwagnimandya* especially *Rasa* and *Medho dhatu*. Treatment adapted here is based on *Doshik* predominance and symptomatology. As it is an emerging condition globally, Ayurveda has wide scope of research in this field. Thus, above clinical study

clearly concluded that *Vamana karma* especially in *Vasanta ritu* is found to be effective in management of hypothyroidism without apparent evidence of side effects and any complications.

#### REFERENCES

1. Z Merali, J D Woodfine (editor in chief), 32 edition, Toronto notes 2016, E26.
2. Vahab Fatourech. Subclinical Hypothyroidism: An Update for Primary Care Physicians. Mayo Clin Proc. 2009 Jan; 84(1): 65-71.
3. Unnikrishnan, A.G. et al. Prevalence of Hypothyroidism in adults: an epidemiological study in eight cities of India. Indian J. Endocrinol. Metab. 17, 647-652 (2013)
4. Ralston SH, Penman ID, Strachan MWJ, Hobson RP (editor), 23 edition, Davidson, Davidson's principles and Practice of medicine, Elsevier Limited; 2018
5. <https://www.ncbi.nlm.nih.gov>
6. Z Merali, J D Woodfine (editor in chief), 32 edition, Toronto notes 2016, E26
7. Z Merali, J D Woodfine (editor in chief), 32 edition, Toronto notes 2016, E26
8. Acharya YT (ed.), Charaka Samhita of agnivesha elaborated by Charaka and Drdhabala with Ayurveda deepika commentary by Sri Chakrapanidatta, Sutrasthana 16<sup>th</sup> chapter 19<sup>th</sup> verse, Varanasi: Choukamba Surbharati Prakashan, 2014, pn:97
9. Acharya YT (ed.), Charaka Samhita of agnivesha elaborated by Charaka and Drdhabala with Ayurveda deepika commentary by Sri Chakrapanidatta, Sutrasthana 20<sup>th</sup> chapter 19<sup>th</sup> verse, Varanasi: Choukamba Surbharati Prakashan, 2014, pn:115
10. Acharya YT (ed.), Charaka Samhita of agnivesha elaborated by Charaka and Drdhabala with Ayurveda deepika commentary by Sri Chakrapanidatta, Sutrasthana 16<sup>nd</sup> chapter 21<sup>st</sup> verse, Varanasi: Choukamba Surbharati Prakashan, 2014, pn:97
11. Acharya YT (ed.), Susruta Samhita of Susruta with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana, chikitsa sthana 18<sup>th</sup> chapter, 50<sup>th</sup> verse, Varanasi: Chaukhamba Surbharati Prakashan, 2014, Pn.475.
12. Paradakara HSS (ed.), Astangahrdaya of Vagbhata with the commentaries Sarvangasudara of Arunadatta and Ayurvedarasayana of Hemadri, Uttaratantra 22<sup>nd</sup> Chapter 71 verse, Chaukhamba Sanskrit Samsthan, Varanasi, 2016, pn.855.
13. Paradakara HSS (ed.), Astangahrdaya of Vagbhata with the commentaries Sarvangasudara of Arunadatta and Ayurvedarasayana of Hemadri, Sutrasthana 4<sup>th</sup> Chapter, 35<sup>th</sup> verse, Chaukhamba Sanskrit Samsthan, Varanasi, 2016, pn.59
14. Paradakara HSS (ed.), Astangahrdaya of Vagbhata with the commentaries Sarvangasudara of Arunadatta and Ayurveda rasayana of Hemadri, Sutrasthana 15<sup>th</sup> Chapter, 21-22 verse, Chaukhamba Sanskrit Samsthan, Varanasi, 2016, pn.236
15. Acharya YT (ed.), Charaka Samhita of agnivesha elaborated by Charaka and Drdhabala with Ayurveda deepika commentary by Sri Chakrapanidatta, Siddhi sthana 1<sup>st</sup> chapter 9<sup>th</sup> verse, Varanasi: Choukamba Surbharati Prakashan, 2014, pn:678
16. Acharya YT (ed.), Charaka Samhita of agnivesha elaborated by Charaka and Drdhabala with Ayurveda deepika commentary by Sri Chakrapanidatta, Kalpa Sthana 1<sup>st</sup> chapter 5<sup>th</sup> verse, Varanasi: Choukamba Surbharati Prakashan, 2014, pn:651

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