



Case Study

## ROLE OF VIDDHA KARMA IN MANAGEMENT OF GALAGANDA

Sayali S. Shinde<sup>1\*</sup>, Neeta S. Kala<sup>2</sup>, Sumit N. Kala<sup>3</sup>

<sup>1</sup>Ayurved Physician, Shri. Sukhayu Ayurvedic Chikitsalaya and Panchakarma Center, Wardha

<sup>2</sup>Ayurved Physician, Agni-Viddhakarma Specialist, Vishwa Ayurved Chikitsalaya, Aurangabad.

<sup>3</sup>General Physician, Chintamani Clinic, Aurangabad.

### Article info

#### Article History:

Received: 11-03-2024

Accepted: 12-04-2024

Published: 07-05-2024

### KEYWORDS:

Galaganda,  
Thyroid, Goiter,  
Viddha Karma,  
Thyroid disorders,  
Hyperthyroidism.

### ABSTRACT

**Background:** In Ayurveda, *Galaganda* which is characterized by neck swelling is well known. *Galaganda* is often compared with Goiter which is related with Thyroid disorders. *Aaharaja* and *Viharaja Hetus* cause vitiation in *Vata*, *Kapha* and *Meda*. These vitiated *Doshas* reach the neck and the Nape of the neck gets lodged therein causing swelling in the neck which gradually develops having their respective symptoms. **Case Report:** In this present study an Indian Female Patient aged 30 years known case of Hyperthyroidism and swelling over the neck for 1 year was treated by *Viddha Karma* Therapy.

**Result:** The 7 consequent sittings of *Viddha Karma* led to regression of the size of Thyroid Gland as well as reduction of cervical lymphadenopathy and thus provided relief in signs and symptoms. Also, there were positive significant changes observed in the Thyroid profile and USG reports. This is an effort to find a better and faster treatment for *Galaganda* by successfully treating the case of *Galaganda* with *Viddha Karma* Therapy.

### INTRODUCTION

In Ayurveda, we cannot find direct references regarding the thyroid gland and its disorders, but a disease by the name *Galaganda*, characterized by neck swelling, is well known. *Acharya Charaka* mentioned the disease under 20 *Sleshma\_Vikaras*.<sup>[1]</sup> *Acharya Sushruta* in *Sharirsthana* has mentioned that of the seven layers of the skin, the sixth layer *Rohini* is the seat of *Galaganda*.<sup>[2]</sup> In *Nidanasthana*, *Acharya Sushruta* described *Galaganda* as two encapsulated small or big swellings in the anterior angle of the neck, which hang like a scrotum<sup>[3]</sup>. Whereas *Acharya Charaka* mentioned *Galaganda* as a solitary swelling.<sup>[4]</sup> Thyroid disorder either occurs due to reduced secretion of thyroid hormones which is known as Hypothyroidism or due to increased secretion of thyroid hormones which is known as Hyperthyroidism.


According to Modern Science, a Single large swelling occurring at the neck region is known as Goiter. A goiter may be associated with no change in thyroid function or with an increase or decrease in thyroid hormones.<sup>[5]</sup> Normal thyroid gland measures 4 to 6 cm in length, 1.3 to 1.8 cm Antero posteriorly and the isthmus is less than 6 mm in dimensions.<sup>[6]</sup>

### A CASE REPORT

A 30-year-old Indian female presented with complaints of an increase in the size of *Gala Granthi*. Ultrasonography impression revealed Thyroiditis likely Graves' disease with Cervical Lymphadenopathy.

### Present Complaints

1. *Nibaddha Svayathu* (Neck Swelling)
2. *Ura Pradeshi Todavat Vedana* (Pricking Pain in Chest Region)
3. *Nirgalana Kashthata* (Difficulty in Swallowing)
4. *Swarabheda* (Hoarseness of Voice)
5. *Drava Mala Pravrutti* (Loose motions) – Every time after intake of food/water
6. *Udara Shoola* (Pain in Abdomen)
7. *Daurbalya* (Weakness)
8. *Bharakshaya* (Weight Loss) - 8 kg loss in 1 month
9. *Khalitty* (Hair loss)
10. *Kampa* (Tremors)

Access this article online	
Quick Response Code	
	<a href="https://doi.org/10.47070/ayushdhara.v11i2.1537">https://doi.org/10.47070/ayushdhara.v11i2.1537</a>
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

The patient had the above complaints in the last 5 months.

**History of personal illness**

She has been suffering from *Agnimandya* for 10 months and her Neck Swelling began to grow after 6 months. She was referred from the Rural Hospital of Ghodegaon for Thyroidectomy in January 2023. However, due to poor economic conditions, it was not affordable. She visited my Clinic on 27th February 2023.

**Past History:** No H/O HTN / DM / Asthma / T.B. / Any measure Surgery

**General Examination**

**On examination**

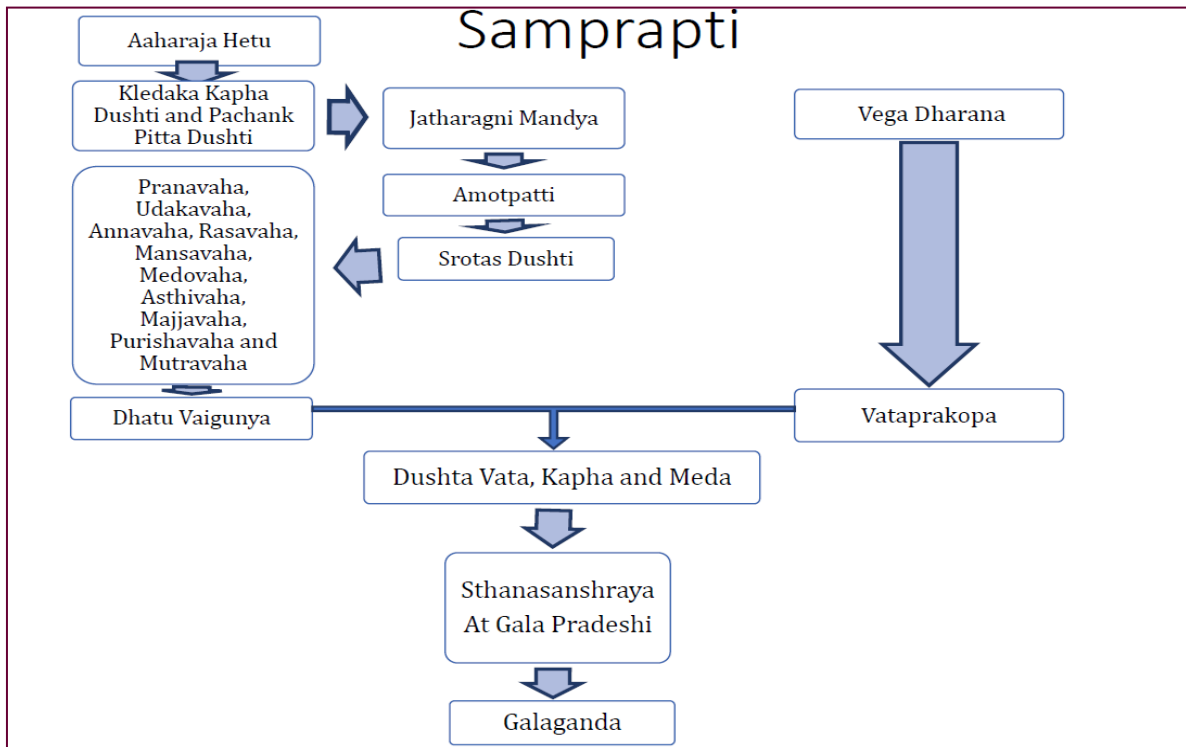
- Temp – Afebrile
- B.P. – 90/60 mm of Hg
- Pulse - 90 /min
- Weight – 31 Kg

**Systemic Examination**

- RS – AEBE clear
- CVS – S1S2 Normal
- CNS – Conscious and Oriented
- P/A – Soft

**Dashavidha Parikshana**

1. *Nadi – Vata Pitta Pradhan*
2. *Mala – Drava Mala* (every time immediately after intake of meal or Water)
3. *Mutra – Alpa* (1-2times/day)
4. *Jivha – Saam*
5. *Akruti – Krusha*
6. *Agni – Mandya*
7. *Koshtha - Mrudu*
8. *Shabda – Sakashta Shabda Utpatti*
9. *Sparsha – Anushnasheeta*
10. *Druk - Shweta* (Pallor ++)



**Fig.1: Samprapti Chart of Galaganda in present Case**

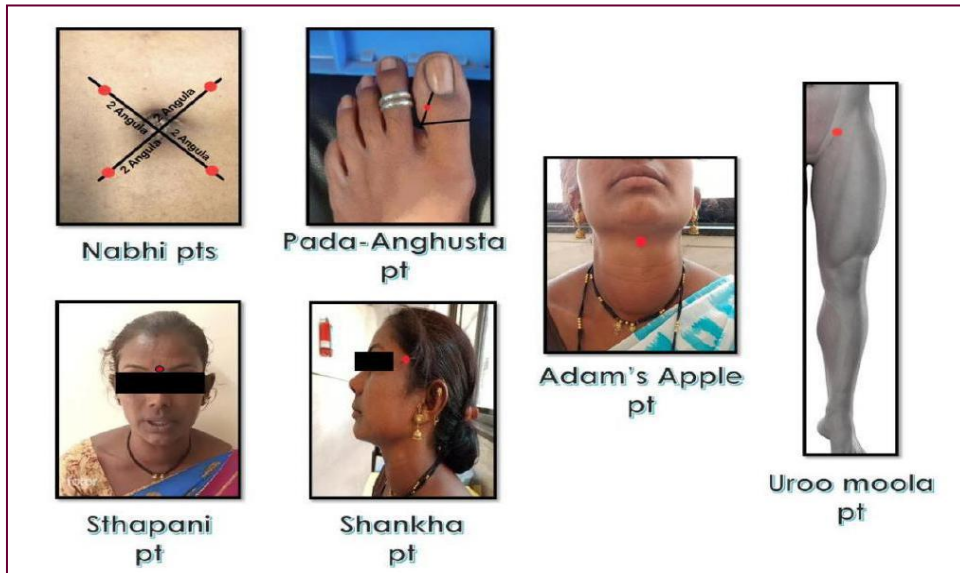
•*Hetu Sevan – Mishri* (Tobacco product) – 5 times daily, Exposure to Sun and Wind, *Ati-Katu Sevan* like spicy food, *Kharda* – Green chilly chutney, Suppression of Thirst Urge, Urine Urge and Hunger, *Ati-Lavan-aml* *Sevan* like Salty Peanuts, Tomatoes, Lemon, Pickles.

**MATERIAL AND METHOD**

The procedure of *Viddha Karma* is done in three steps  
 1) Pre-Procedure 2) Main Procedure 3) Post-procedure

Requirements for this *Chikitsa* – 1) Room 2) BP Apparatus 3) Needle – 26 G \* ½ (0.45\*13 mm) and 24 G (0.55\*25 mm)

*Shaman Chikitsa* was given for 7 days after 7 consequent sitting of *Viddha karma* only for the next 10 days – *Sanjeevani Vati* [7] 12 bid and *Gaudarishta*[8] ( From *Pandu Roga Adhikara* ) 10 ml Bid with 10 ml water after meal.



**Fig.2: Site for Viddha Karma**

1. Nabhi Points (Right Lower – Right Upper – Left Upper – Left Lower)
2. Pada-Anghusta Viddha (Both Side) <sup>[9][13]</sup>
3. Adam's Apple Point <sup>[10]</sup>
4. Manas Points (*Bhru Madhya + Shankhau*) <sup>[11]</sup>

Viddha Karma was repeated for 7 days. (27 February 2023 to 5 March 2023). After these settings – Viddha has been done weekly thrice until now.

5. Uroo Moola (Both Side) <sup>[12]</sup>



**Fig.3: Reduction in Swelling with 7 consequent Sitzings of 7 days**

### OBSERVATION AND RESULT

With 7 sittings of Viddha Karma, it was observed that there was a reduction in the size of the swelling. (Fig.3) Recurrent frequency of loose motions ceased and proper bowel movements were noted. Improvement was noted in weakness, voice, Hair loss, and Tremors. She was able to swallow food and water without difficulty. Pricking pain in the chest region was reduced. Proper digestion of food was noted and She gained 13 kg of weight within 45 days of treatment. The assessment of Objective Criteria along with its results is given in Table 1 and Table 2 respectively and

also assessment of Subjective Criteria along with its results is given in Table 3 and Table 4 respectively.

Thyroid Profile showed significant changes. A graphical representation of the thyroid profile is given in Fig.4. The values of Thyroid Profile Reports are given in Table 5. Before treatment values on 7/1/2023 were T3 – 651 ng/dL, T4 – 24.86 ug/dL, and TSH – 0.005 uIU/ml. After one month of treatment i.e. on 24/03/2023, the values changed to T3 – 336.32 ng/dL, T4–15.44 ug/dL, and TSH–0.08 uIU/ml. After 3 months of treatment i.e. on 25/05/2023 values changed to T3 – 200.2 ng/dL, T4 – 7.33 ug/dL, and TSH–0.08 uIU/ml.

Here TSH increased from 0.005 uIU/ml to 0.08 uIU/ml which remained constant after 3 months.

The First USG reports dated 18/1/2023 had the impression of Thyroiditis likely Graves' Disease with cervical Lymphadenopathy. Even though the size reduction was seen by the naked eye USG reports which were repeated after 3 months did not show changes. Then again, the USG reports were

repeated after 6 months dated 15/8/2023 showed significant changes in size. Changes in dimensions of Right lobe reduced to 5\*3.2\*3 cm from 6.1\*2.5\*4.3 cm; Left lobe reduced to 4.8\*3.7\*2.2 cm from 7\*3.1\*3.4 cm and Isthmus reduced to 8 mm from 11.4 mm. A graphical Representation of the change in the size of the Thyroid Gland is shown in Fig.5. Dimensions from USG Reports are shown in Table 6.

**Table 1: Objective Criteria Gradation**

Sr.No.	Parameters	Gradation			
		0	1	2	3
1.	T3	60 – 200 ng/dl	200.1 – 300 ng/dl	300.1 – 600 ng/dl	Above 600 ng/dl
2.	T4	4.5 – 14.5 ug/dL	14.6 – 15.5 ug/dL	15.5 – 20.5 ug/dL	Above 20.5 ug/dL
3.	TSH	0.35-5.5 uIU/ml	0.1 – 0.35 uIU/ml	0.05 -0.1 uIU/ml	0.005 -0.04 uIU/ml

**Table 2: Result of Objective Criteria**

Sr.No.	Parameter	Gradation		
		Before Treatment	After 1 month Treatment	After 3 month Treatment
1.	T3	3	2	1
2.	T4	3	1	0
3.	TSH	3	2	2

**Table 3: Subjective Criteria Gradation**

Sr. No.	Parameter	Gradation				
		0	1	2	3	4
1.	<i>Nibaddha Svayathu</i> (Neck Swelling)	No Swelling	Mild Swelling (Palpable but not visible)	Moderate Swelling (Palpable and Visible)	Enlarged Thyroid Gland	Enlarged Thyroid Gland with cervical lymphadenopathy
2.	<i>Gala Talu Parivartana</i> (Changes in Intake)	Able to Swallow without difficulty	Mild difficulty Like Dysphagia	Moderate difficulty in Swallowing	Severe Difficulty in Swallowing	Aphagia
3.	<i>Ruja</i> (Pain)	No Pain	Mild Pricking pain	Moderate bearable Pricking pain	Moderate Unbearable Pricking pain	Severe Pricking pain
4.	<i>Daurbalya</i> (Weakness)	No Fatigue	Mild Fatigue	Moderate Fatigue	Severe Fatigue	Unable to perform tasks
5.	<i>Mala Pravrutti</i> (Bowel movements)	Normal Bowel Movements	Loose motions once in a week	Loose motions twice/ thrice in a week	Loose motions dialy	Loose motions after intake of meal or water
6.	<i>Swara</i> (Voice)	Normal Voice	Minimal change in quality of speech	Moderate Change in Quality of Speech	Severe change in Quality of Speech	Severe change in Quality of Speech with Low pitch
7.	<i>Kampa</i> (Tremors)	No Tremors	Tremulous feeling	Mild Tremors (Occasional)	Moderate Tremors (constant but doesn't interfere in daily routine)	Severe Tremors (constant and interfere in daily routine)

**Table 4: Result of Subjective Criteria**

Sr.No.	Parameter	Gradation	
		Before Treatment	After 7 Sittings
1.	Neck Swelling	4	2
2.	Changes in Intake	3	0
3.	Pain	2	0
4.	Weakness	4	0
5.	Bowel movements	4	0
6.	Voice	4	0
7.	Tremors	3	0

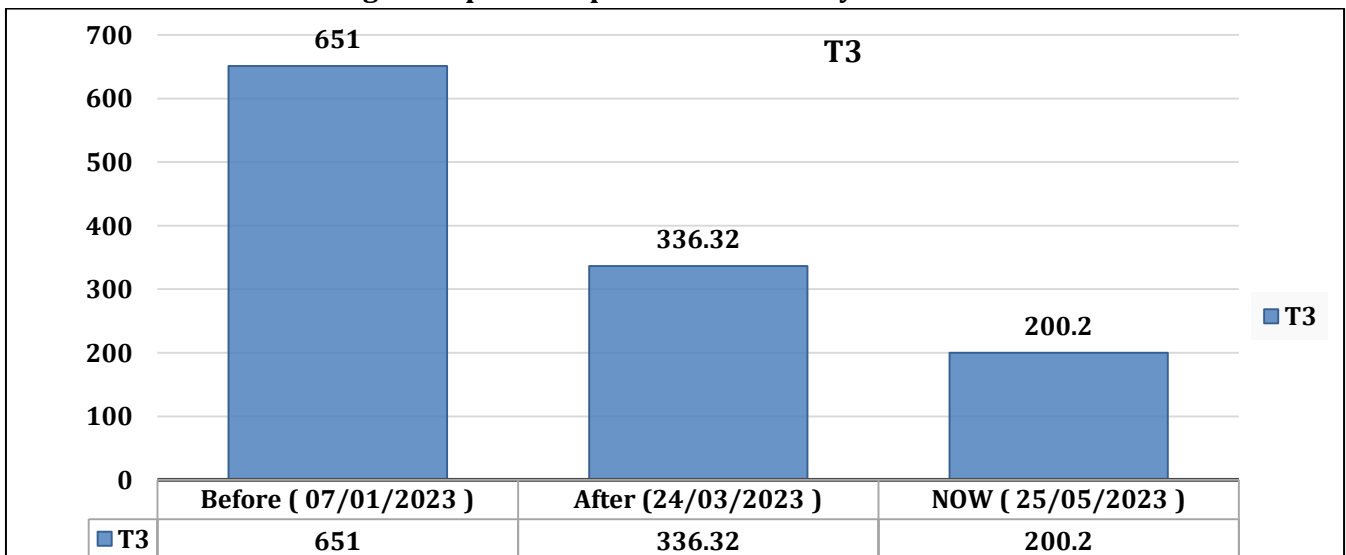
**Table 5: Changes in Report of Thyroid Profile**

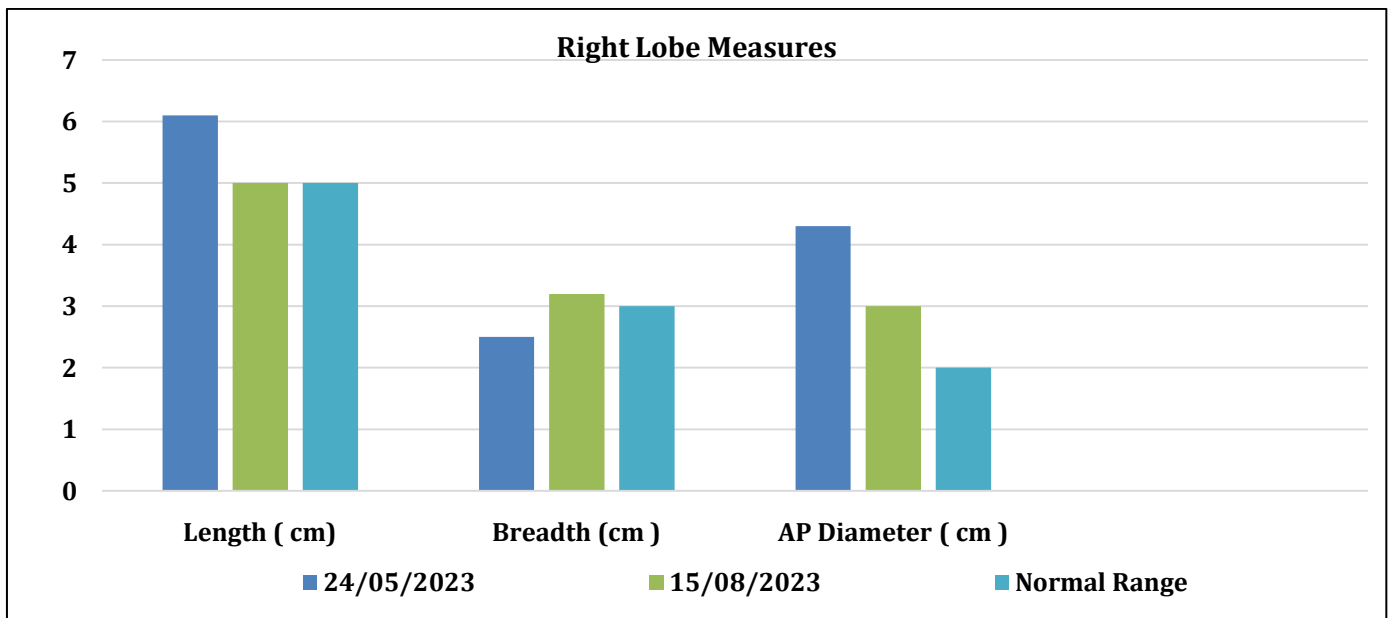
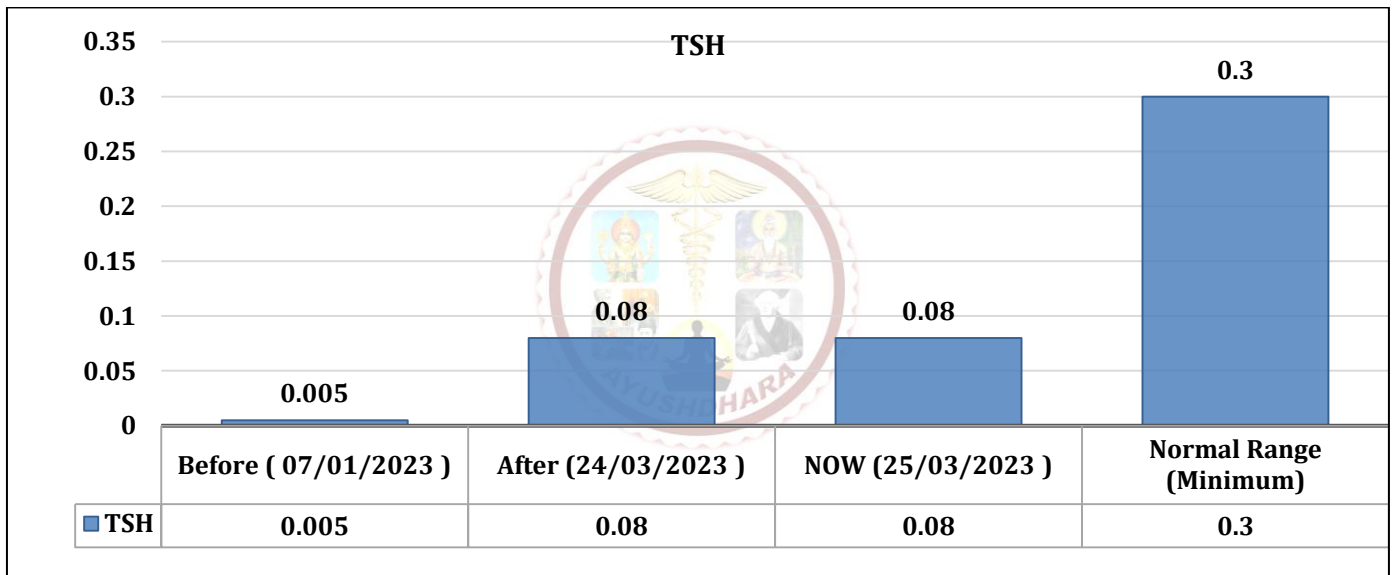
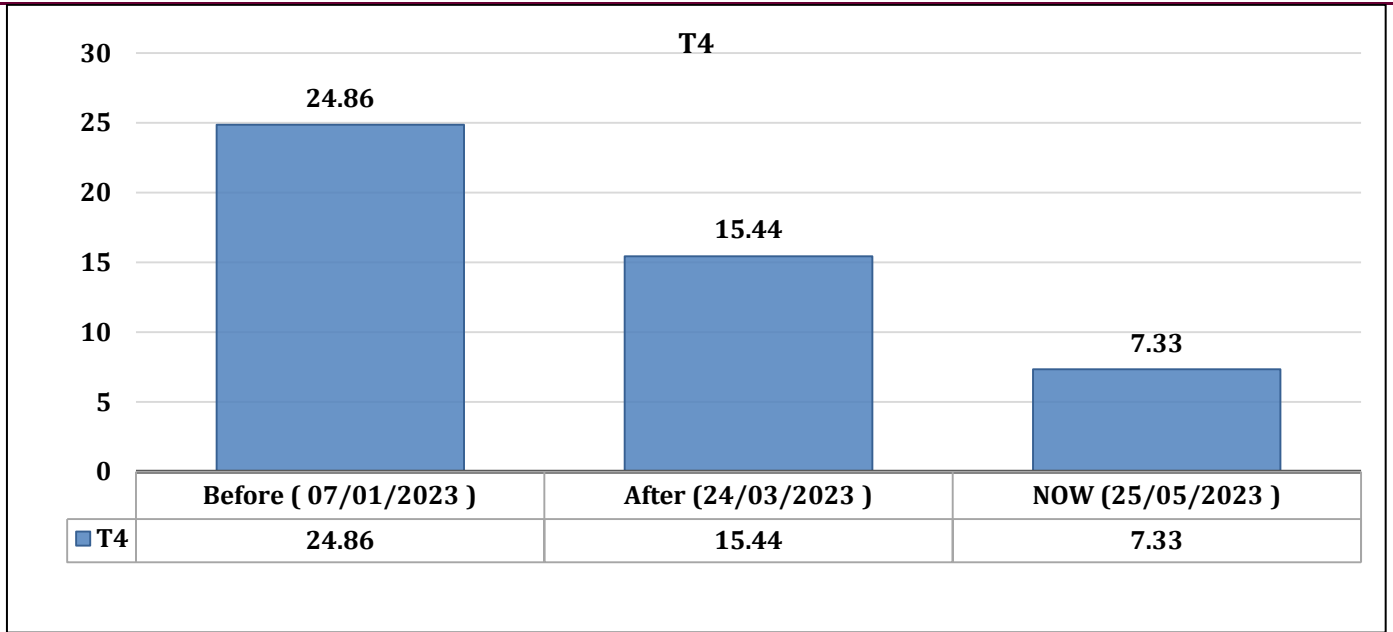
Parameters	Before Treatment	After 1 month of Treatment	After 2 months of Treatment
	27/02/2023	24/03/2023	25/05/2023
T3 (ng/dL)	651	336.32	200.2
T4 (ug/dL)	24.86	15.44	7.33
TSH (uIU/ml)	0.005	0.08	0.08

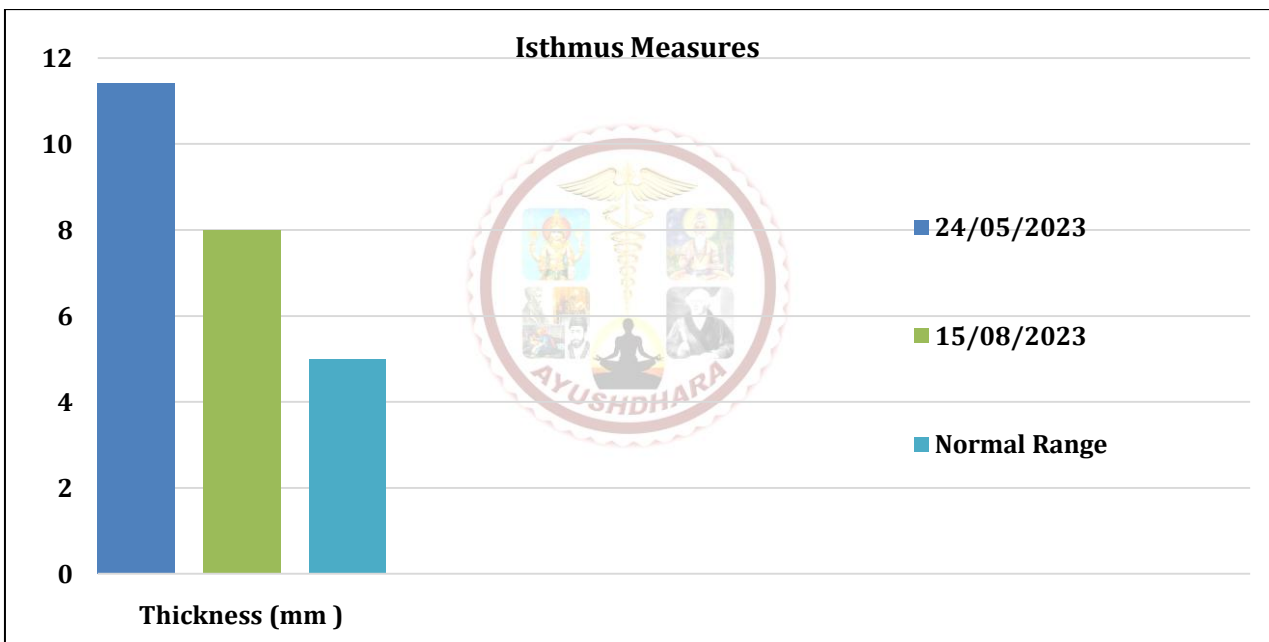
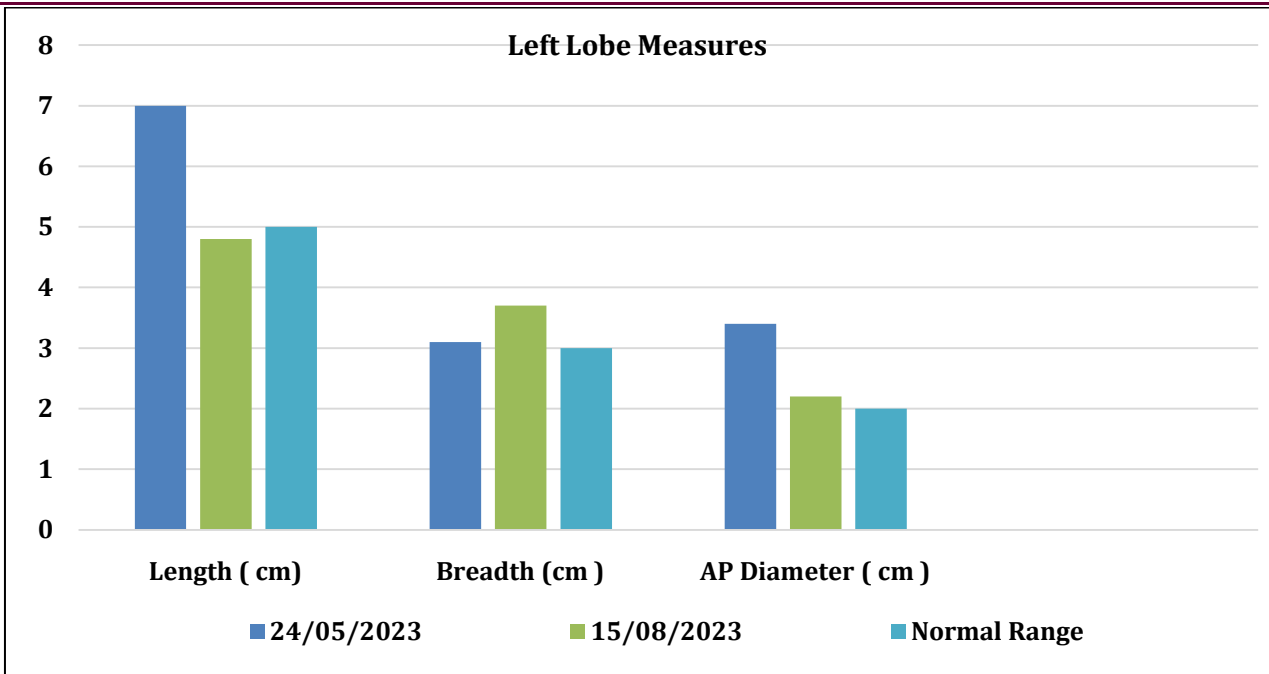
**Table 6: Changes in Size of Thyroid Gland as observed in USG reports**

Parameters	Dimensions	After 3 months of Treatment	After 6 months of Treatment
		24/05/2023	15/08/2023
Right Lobe	Length (cm)	6.1	5
	Breadth (cm)	2.5	3.2
	AP Diameter (cm)	4.3	3
Left Lobe	Length (cm)	7	4.8
	Breadth (cm)	3.1	3.7
	AP Diameter (cm)	3.4	2.2
Isthmus	(mm)	11.4	8

**Fig.4: Graphical Representation of Thyroid Profile**







**Fig.5: Graphical Representation of Changes in Size of Thyroid Gland**

**DISCUSSION**

In *Viddha Karma Chikitsa* the sequence of points is very important. The Sequence is to be decided based on *Samprapti*. At first *Viddha* of 4 points around *Nabhi Marma* was performed because in this particular case, *Samprapti* started from *Agnimandya* and the Area around *Nabhi* is a *Sthan* of *Agni*. To work on *Samana Vayu*, *Pachaka Pitta*, and *Udana Vayu* the sequence chosen was from Right Lower to Left Lower. It Works on *Jathara Agni*, *Grahani*, and *Yakruta* respectively. *Pada-Anghustha* on both sides specifically for *Apana Dusti*. *Pada-Anghusta* point is mentioned in Chinese medicine in the case of renal colic [13] and In *Sushruta Samhita*, it is given in the treatment of *Antravriddhi*. [9]

This signifies that stimulation to this point leads to the *Anulomana* of *Apana Vayu*. Adam’s Apple point is also mentioned in Chinese medicine [10] as it is near the location of the thyroid gland it was chosen as a third point for *Viddha*. *Manas* points specifically *Sthapani* and *Shankh* were included because she was in a lot of suffering physically, and mentally and had a burden of operative due to poor economic conditions. All these points were taken for 3 months – weekly thrice. Then after the second USG report, the *Uroo moola* point of both sides was added as it is a *Granthokta* Point of *Galaganda Vyadhi*. [12,14] Interpretation for these results is probably due to the removal of obstruction present

in blood vessels and the establishment of circulation, it also reduces the load of local pathogens/toxins/*Ama* circulating in blood and it also lets out vitiated *Doshas* locally.<sup>[15]</sup>

## CONCLUSION

*Viddha Karma* showed significant relief and was found very effective in treating *Galaganda*. It can be concluded that *Viddha Chikitsa* led to regression of the size of the Thyroid Gland as well as reduction of cervical lymphadenopathy and thus provided relief in signs and symptoms. Also, the treatment showed positive significant changes in Thyroid profile and USG reports. Her treatment is still going on and at present condition she is not suffering from any symptoms as mentioned earlier. Bowel Habits were noted to be normal; Appetite and Bala had increased.

## REFERENCES

1. Chakrapanidutta, Commentator. Charaka Samhita, Sutrasthana, Maharoga Adhyay, 20/19, 2<sup>nd</sup> edition, Chaukhambha Prakashan, Varanasi; 2011. p. 115.
2. Dalhan, Commentator. Sushruta Samhita, Sharirsthan, Garbhavyakrana Sharir, 4/4, Chaukhambha Orientalia, Varanasi; 2014. p. 355.
3. Dalhan, Commentator. Sushruta Samhita, Nidanstan, Granthiapachiarbudagalagandanam Nidanam, 11/29, Chaukhambha Orientalia, Varanasi; 2014. p. 315.
4. Chakrapanidutta, Commentator. Charaka Samhita, Sutrasthan, Trishothiya Adhyay, 18/21, 2<sup>nd</sup> edition, Chaukhambha Prakashan, Varanasi; 2011. p. 107.
5. Samer El-Kaissi, Jack R Wall; Ultrasound of the Normal Thyroid Gland, Thyroid Ultrasonography and Fine Needle Aspiration Biopsy: A Practical Guide and Picture Atlas (2018) 1: 10. <https://doi.org/10.2174/9781681086859118010004>
6. Hughes K, Eastman C. Goitre - causes investigation and management. Aust Fam Physician. 2012 Aug;41(8):572-6. [PubMed]
7. Tripathi B, Sarangdhar Samhita, Dipika Hindi Commentary, Madhyamkhanda, Vatakakalpana, 7/18-21, Chaukhamba Surbharti Prakashan, Varanasi; 2021. p. 132.
8. Chakrapanidutta, Commentator. Charaka Samhita, Chikitsasthan, Pandu Roga Adhyay, 16/105, 2<sup>nd</sup> edition, Chaukhambha Prakashan, Varanasi; 2011. p. 531.
9. Dalhan, Commentator. Sushruta Samhita, Chikitsasthan, Vruddhiupadanshakshlipada Chikitsa Adhyay, 19/22, Chaukhambha Orientalia, Varanasi; 2014. p. 476.
10. Gogate R. B., Viddha and Agni Karma Chikitsa (Eng), 5<sup>th</sup> Edition, Pune, Gogate Memorial Foundation; 2022. p. 35.
11. Gogate R. B., Viddha and Agni Karma Chikitsa (Eng), 5<sup>th</sup> Edition, Pune, Gogate Memorial Foundation; 2022. p. 67-68
12. Gogate R. B., Viddha and Agni Karma Chikitsa (Eng), 5<sup>th</sup> Edition, Pune, Gogate Memorial Foundation; 2022. p. 45.
13. Gogate R. B., Viddha and Agni Karma Chikitsa (Eng), 5<sup>th</sup> Edition, Pune, Gogate Memorial Foundation; 2022. p. 43.
14. Dalhan, Commentator. Sushruta Samhita, Sharirsthan, Shiravyadhavidhi Sharir, 8/17, Chaukhambha Orientalia, Varanasi; 2014. p. 381.
15. Gogate R. B., Viddha and Agni Karma Chikitsa (Eng), 5<sup>th</sup> Edition, Pune, Gogate Memorial Foundation; 2022. p. 15.

### Cite this article as:

Sayali S. Shinde, Neeta S. Kala, Sumit N. Kala. Role of Viddha Karma in Management of Galaganda. AYUSHDHARA, 2024;11(2):25-32.

<https://doi.org/10.47070/ayushdhara.v11i2.1537>

**Source of support: Nil, Conflict of interest: None Declared**

### \*Address for correspondence

**Dr. Sayali S. Shinde**

Ayurved Physician,

Shri. Sukhayu Ayurvedic

Chikitsalaya and Panchakarma Center, Wardha.

Email: [saaushinde@gmail.com](mailto:saaushinde@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.