



## Case Study

### EFFECT OF *GANDHARVAHASTADI KWATH* IN *VIRECHANA KRAMA* IN THE MANAGEMENT OF THYROID DYSFUNCTION

Suman Lata<sup>1\*</sup>, Nidhi Kumari<sup>2</sup>, Satyendra Kumar Tiwari<sup>3</sup>

<sup>1</sup>MD Scholar, <sup>2</sup>MD Scholar, <sup>3</sup>Professor, Department of Panchakarma, G.A.C.H, Patna, Bihar, India.

#### Article info

##### Article History:

Received: 05-01-2025

Accepted: 19-02-2025

Published: 20-03-2025

##### KEYWORDS:

*Gandharvahastadi Kwath, Virechan Karma, Thyroid dysfunction.*

#### ABSTRACT

This condition manifests through symptoms such as persistent fatigue, weight gain, dry or thickened skin, constipation, muscle weakness, cramps, and stiffness. **Methods and Materials:** A 50-year-old female patient had morning dizziness and exhaustion, muscle cramps, pale and dry skin, dry scalp and lips, cracked heels, increased thirst, reduced appetite, hair loss, and neck swelling. She sought Ayurvedic treatment and was administered 50ml of *Gandharvahastadi Kwath* in *Virechan Karma* over a month, coupled with rock and jaggery. as a substitute for water. **Results:** The patient's symptoms improved greatly. Excessive thirst was lessened, appetite rose, overall weariness and dizziness subsided, and neck swelling receded. Scalp and skin dryness improved, and muscle cramping became less frequent and severe. The patient's menstrual cycle became regular, with a 35-day gap. TSH levels were normal in clinical testing. **Discussion:** Thyroid dysfunction symptoms are not limited to one *Srotas* (body channel), thus a Vaidya must check the patient's *Doshavastha, Rogamarga, Srotodushti, and Nidana Panchaka*. The symptoms showed an imbalance in *Rasavaha* and *Udakavaha Srotas*. *Shadanga Paneeya* is traditionally used in *Jwara Chikitsa* for relieving excessive thirst and fever. *Gandharvahastadi Taila* helps with *Udavarta* by calming *Vata* and easing blockages from *Meda, Asruk, Pitta, and Kapha* imbalance. This formulation is also good for those with mild digestion (*Mrdu Koshta*) and low strength (*Alpa Bala*) when taken with food. The treatment effectively facilitated *Vata Anulomana, Snehana, and Agnideepana*, achieving the desired therapeutic effects, including thirst reduction (*Trishna Hara*), *Vata* regulation (*Vata Anulomana*), channel purification (*Sroto Shodhana*), digestion enhancement (*Deepana*), and metabolic stimulation (*Pachana*) with lubrication (*Snehana*). **Conclusion:** Hypothyroidism is a lifestyle-related condition that needs a multifaceted treatment approach, including *Chikitsa* through *Aahara* (diet), *Vihara* (lifestyle changes), and *Aushadha* (medications). Interventions can restore balance by identifying the imbalanced *Doshas*, afflicted *Srotas*, and chronicity of the disease. This integrative approach improves the patient's quality of life and manages symptoms.

#### INTRODUCTION

The thyroid is a vital endocrine gland responsible for producing and regulating thyroid hormones, which play important role in metabolism, growth, and overall physiological balance. Additionally, it maintains iodine homeostasis within the body.

The gland predominantly secretes thyroxine (T4), an inactive form that constitutes approximately 90% of its output, while only 10% is released as the active hormone, triiodothyronine (T3).

Hypothyroidism occurs when thyroid gland fails to produce sufficient amounts of these hormones, leading to an increased secretion of thyroid-stimulating hormone (TSH) by the anterior pituitary gland in an attempt to compensate. This hormonal imbalance manifests through a range of symptoms, including fatigue, constipation, dry skin, weight gain, hoarseness, coarse hair and skin, muscle weakness,

#### Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v12i1.1880>

Published by Mahadev Publications (Regd.)  
publication licensed under a Creative Commons  
Attribution-NonCommercial-ShareAlike 4.0  
International (CC BY-NC-SA 4.0)

stiffness, irregular or heavy menstrual cycles, hair loss, bradycardia, depression, and cognitive difficulties.

Understanding the underlying causes, symptoms, and management strategies of hypothyroidism is essential for effective treatment and improving quality of life. This article explores the condition in detail, with a focus on its diagnosis, impact, and potential therapeutic approaches.

Thyroid dysfunction, particularly hypothyroidism, has emerged as a major global health concern, affecting metabolic balance and overall well-being. Modern medical management relies heavily on lifelong hormone replacement therapy with levothyroxine, which primarily addresses symptoms rather than the root cause of the disorder. Ayurveda, the ancient science of life, provides a holistic approach by correcting metabolic imbalances and rejuvenating the endocrine system through *Panchakarma* and *Rasayana* therapies.

*Virechana Karma*, a specialized detoxification procedure in *Panchakarma*, is particularly beneficial in disorders involving *Pitta* and *Kapha Dosh*, which are considered primary factors in thyroid dysfunction. By eliminating accumulated toxins and regulating *Agni* (digestive fire), *Virechana* enhances metabolism, promotes tissue nourishment, and restores hormonal balance.

*Gandharvahastadi Kwath*, a well-known Ayurvedic herbal formulation, plays a crucial role in this process. It contains *Gandharvahasta* (*Ricinus communis*), *Haritaki* (*Terminalia chebula*), *Trivrit* (*Operculina turpethum*), *Sunthi* (*Zingiber officinale*), and *Ajwain* (*Trachyspermum ammi*), which exhibit properties such as *Agni Deepana* (digestive stimulation), *Anulomana* (mild purgation), and *Srotoshodhana* (channel cleansing). These actions help in the effective elimination of toxins, improving digestive function, and supporting thyroid health.

This case study aims to explore the therapeutic potential of *Gandharvahastadi Kwath* in *Virechana Karma* for managing thyroid dysfunction, evaluating its effects on metabolism, hormonal regulation, and overall symptom relief.

Thyroid disorders, particularly hypothyroidism, have become a significant health concern worldwide. Modern medicine manages hypothyroidism with levothyroxine replacement therapy, which requires lifelong medication. However, in Ayurveda, thyroid dysfunction is managed by correcting metabolic imbalances through *Panchakarma* and *Rasayana* therapy. *Virechana Karma* (therapeutic purgation) is an effective detoxification process that eliminates vitiated *Pitta* and *Kapha*

*Doshas*, which are primarily responsible for metabolic dysfunctions.

*Gandharvahastadi Kwath* is a well-known formulation in Ayurveda containing *Gandharvahasta* (Castor root), *Haritaki* (*Terminalia chebula*), and other ingredients beneficial for *Agni Deepana* (enhancing digestion), *Anulomana* (mild purgation), and *Srotoshodhana* (channel cleansing).

*Gandharvahastadi Kwath* is a classical Ayurvedic herbal decoction primarily used for digestive and metabolic disorders. It is known for its efficacy in balancing *Kapha* and *Pitta doshas*, which play a significant role in thyroid dysfunction, particularly hypothyroidism. Below are the key details of *Gandharvahastadi Kwath* and its role in *Virechana Karma*.

### Composition of *Gandharvahastadi Kwath*

The formulation mainly includes:

1. *Gandharvahasta* (*Ricinus communis* - Castor root) - Known for its mild purgative and *Vata*-pacifying properties, it helps in removing accumulated toxins.
2. *Haritaki* (*Terminalia chebula*)- A *Rasayana* herb that aids digestion, detoxification, and enhances gut health.
3. *Trivrit* (*Operculina turpethum*)- A strong purgative herb that helps in deep cleansing.
4. *Sunthi* (*Zingiber officinale* - Dry Ginger) - Acts as an *Agni Deepana* (digestive fire stimulator) and reduces *Ama* (toxins).
5. *Ajwain* (*Trachyspermum ammi*)- Enhances metabolism and supports proper digestion.

### Pharmacological Actions

- *Agni Deepana* (Enhancing digestion and metabolism): Improves the function of *Jatharagni* (digestive fire) and *Dhatvagni* (tissue metabolism).
- *Anulomana* (Regulating bowel movement): Acts as a mild laxative, promoting smooth excretion.
- *Srotoshodhana* (Channel purification): Clears metabolic channels and aids in detoxification.
- *Kapha-Pitta Shamana* (Balancing *Doshas*): Helps in correcting hormonal imbalances linked with thyroid dysfunction.

### MATERIAL AND METHODS

A 50-year-old female patient presented to the *Panchakarma* Outpatient Department (O.P.D) at the Government Ayurvedic College & Hospital, Patna, India, with complaints of giddiness, morning fatigue, muscle cramps, pale/dry skin, dry scalp/hair, dry lips, cracked heels, polydipsia, reduced appetite, hair fall, and neck swelling. The patient sought Ayurvedic

management after prior inconclusive allopathic evaluations.

### Case Presentation

#### Patient Information

- Name: Anita Devi
- Reg.: A34233
- Age: 50 years
- Gender: Female
- Occupation: Housewife
- Chief Complaint: Weight gain, lethargy, irregular menstrual cycles, constipation, and hair fall for the past 2 years.
- Diagnosis: Hypothyroidism (TSH: 8.3mIU/L, T3 & T4 below normal range)
- *Prakriti*: Kapha-Pitta
- *Nidana* (Causative Factors): Sedentary lifestyle, excessive intake of *Madhura* (sweet), *Guru* (heavy) food, and *Mandagni* (low digestive fire).

#### History of Presenting Complaints

The patient was in good health until two years ago when she developed amenorrhea (absence of menstruation) for three months. She consulted a local clinic, where blood investigations revealed hypothyroidism (TSH: 6mIU/L). She was prescribed Thyronorm 12.5mcg once daily, which she continued for a year.

As a result of these medications, her menstrual cycle extended from 28 days to 60 days, and her other symptoms giddiness, fatigue, muscle cramps, dry skin, hair fall, and swelling in the neck- persisted. Dissatisfied with her progress, she sought Ayurvedic treatment for holistic management.

#### Family History

- The patient's mother experienced dietary changes post-marriage when she moved from Nalanda to Patna.
- The patient's mother also suffers from thyroid dysfunction and is on medication for the same.

#### Pareeksha (Clinical Assessment)

##### Ashta Sthana Pareeksha (Eightfold Examination)

- *Nadi* (pulse): *Vata-Kaphaja*
- *Jihwa* (tongue): Coated posteriorly (*Lipta*)
- *Mootra* (urine): Increased frequency
- *Mala* (stool): Constipated, once per day
- *Shabda* (voice): Normal (*Prakruta*)
- *Sparsha* (touch): Rough (*Ruksha*)
- *Drik* (eyes): Pale

- *Aakriti* (body structure): Weak (*Avara*)

#### Dashavidha Pareeksha (Tenfold Examination)

- *Prakriti* (constitution): *Vata-Kapha*
- *Vikriti* (pathological state): Involvement of *Medo Dhatu* (fat tissue) and *Aartava* (menstrual health)
- *Saara* (tissue quality): Moderate (*Madhyama*)
- *Samhanana* (body build): Poor (*Avara*)
- *Satmya* (dietary adaptability): Jain food
- *Satva* (mental strength): Moderate (*Madhyama*)
- *Pramana* (body proportions): Below average (*Avara*)
- *Ahara Shakti* (digestive capacity): Low (*Avara*)
- *Vyayama Shakti* (physical strength): Low (*Avara*)
- *Vaya* (age group): Youth (*Bala*)

#### Nidana (Etiology & Causative Factors)

The patient's lifestyle changes during her competitive exam preparation contributed to her condition. She engaged in:

#### Irregular Sleep Patterns

- Night awakenings (*Ratri Jagaran*)– Staying up until midnight.
- Late waking (*Diwaswapna*)– Waking up post 9 AM.
- Daytime sleep (*Diwaswapna*)– Napping during the day.

#### Dietary Disturbances

- Skipping meals (*Vishamashana, Akala Bhojana, Anashana*).
- Irregular eating patterns (*Adhyashana* – eating without hunger).
- Frequent consumption of curds (*Dadhi*), which increases *Kapha Dosha*.

#### Psychological Factors

- Chronic stress (*Chinta*)

Due to these *Nidanas*, she developed hormonal disturbances, leading to menstrual irregularities and metabolic imbalances.

#### Roopa (Symptoms Present)

- *Klama* (fatigue)
- *Agni Mandya* (digestive weakness)
- *Mukha Shosha* (dry mouth)
- *Aruchi* (loss of appetite)
- *Ati Trushna* (excessive thirst, measured using a 9-point Likert scale)
- *Kesha Patana* (hair fall)
- *Pindikodweshtana* (calf muscle cramps)
- *Anga Marda* (body ache and discomfort)



**Samprapti Ghataka (Pathogenesis Factors)**

Factor	Details
<i>Dosha</i>	<i>Vata-Kaphaja</i>
<i>Dushya</i>	<i>Rasa</i> (plasma), <i>Medo</i> (fat tissue)
<i>Upadhatu</i>	<i>Aartava</i> (menstrual health)
<i>Agni</i>	<i>Dhatvagni Mandya</i> (weakened tissue metabolism of <i>Rasa &amp; Meda</i> )
<i>Srotas</i> (channels)	<i>Rasavaha</i> (nutrition), <i>Medovaha</i> (fat metabolism)
<i>Srotodushti</i> (channel vitiation)	<i>Rasavaha, Udakavaha, Medovaha</i>
<i>Udbhava Sthana</i> (origin Site)	<i>Aamashaya</i> (stomach)
<i>Adhithana</i> (primary site)	<i>Rasa, Meda</i>
<i>Sanchara Sthana</i> (path of spread)	<i>Sarvasharira</i> (whole body)
<i>Vyaktasthana</i> (manifestation site)	<i>Sarvasharira</i> (systemic involvement)
<i>Swabhava</i> (nature of disease)	<i>Ashukari</i> (gradually progressive)
<i>Sadhya-Asadhyata</i> (prognosis)	<i>Sukhasadhya</i> (easily treatable with Ayurveda)

**Clinical Interpretation**

The patient's thyroid dysfunction can be attributed to:

- Vitiation of *Kapha-Vata Dosha* leading to metabolic and hormonal irregularities.
- Impaired *Agni* (digestive fire) resulting in toxin (*Ama*) accumulation.
- Dysfunction of *Rasavaha* and *Medovaha Srotas*, affecting tissue metabolism and menstrual health.

**Drug Review**

Based on this analysis, Ayurvedic detoxification through *Virechana Karma*, dietary regulation, and *Rasayana* therapy was recommended to restore metabolic balance and improve thyroid function.

गन्धर्वहस्त चिरबिल्व हुताशविश्व ।

पथ्या पुनर्नवा यवासक भुमितालैः ॥

क्वाथस्सुसैन्धवगुडः पवनस्य शान्त्यैः ।

वहेर्बलायरुचये मलशोधनाय ॥ (Sahasra Yoga Kashaya prakarana, 394, Vatahara Kwatha)

**Ingredients of Gandharvahastadi Kwath**

Name of the Drugs	Parts Used	Effects
<i>Eranda (Ricinus communis)</i>	Roots	Carminative, purgative, diuretic; treats constipation, inflammations, <i>Ama dosha, Gulma</i> , and vitiated <i>Vata</i>
<i>Chiribvilva (Holoptelea integrifolia)</i>	Root	Useful in inflammation, gastritis, dyspepsia, colic, intestinal worms, flatulence, vomiting, rheumatism
<i>Chitraka (Plumbago zeylanica)</i>	Root	Gastric and nerve stimulant; inhibits prostaglandin synthesis, antipyretic, analgesic, digestive stimulant, appetizer
<i>Vishwa (Zingiber officinale)</i>	Rhizome	Aromatic, carminative, GI stimulant, antispasmodic, digestive, stomachic, analgesic, sedative, antibacterial
<i>Haritaki (Terminalia chebula)</i>	Fruit	<i>Tridoshasamana, deepana</i> , diuretic, <i>Anulomana</i> (regulates bowel movements)
<i>Punarnava (Boerhaavia diffusa)</i>	Root	Anti-inflammatory, anti-nociceptive, anti-oxidant, laxative
<i>Yavasha (Tragia involucrate)</i>	Root	<i>Deepana, Pachana</i> (digestive stimulant); useful in <i>Chardi</i> (vomiting) and <i>Arsa</i> (piles)
<i>Bhumithala (Curculigo orchoides)</i>	Root	Anti-inflammatory, antipyretic, demulcent; reduces stress, good appetizer
<i>Saindava</i> (rock salt)	-	<i>Tridoshasamana, Deepana, Ruchya, Hridya, Avidahi</i> (balances <i>Doshas</i> , improves digestion, beneficial for heart health)
<i>Guda</i> (jaggery)		<i>Tridoshasahara, Ruchya, Agnipushtikara, Pathya</i> (balances <i>Doshas</i> , enhances taste, improves metabolism)

**Treatment Plan****Purva Karma (Pre-Procedure)**• **Deepana-Pachana**

- *Shunthi Churna* 3g BD with warm water
- *Trikatu Churna* 2g BD before meals

• **Snehapana (Internal Oleation)**

- *Mahatikta Ghrita*: 20ml to 60ml for 5 days (based on *Agni & Koshta*)

• **Abhyanga & Swedana**

- *Bala Taila Abhyanga* followed by *Bashpa Sweda* (steam therapy) for 3 days

**Pradhana Karma (Main Procedure) - Virechana**• **Gandharvahastadi Kwath**

- 50ml *Kwath* administered on an empty stomach.
- Observed for *Vegas* (purgative bouts)
- 15 *Vegas* observed, indicating effective *Pitta-Kapha Dosha* elimination

• **Assessment**

- Total weight loss post-therapy: 2kg
- Improvement in digestion and energy levels
- TSH reduced from 8.3 mIU/L to 5.4 mIU/L within 4 weeks

**Paschat Karma (Post-Procedure Care)**

- *Samsarjana Krama* (gradual dietary regimen) for 7 days
- Ayurvedic *Rasayana* therapy
  - *Kanchanara Guggulu* – 2 tablets BD
  - *Triphala Churna* – 3g at bedtime

**RESULT**

Following the course of treatment, the patient's level of thirst significantly decreased from 7 to 3, indicating improved hydration status or better fluid balance. There was a noticeable reduction in the formation of bowel gas, suggesting improved digestive function. Additionally, symptoms related to constipation and the sensation of incomplete bowel evacuation were effectively alleviated, contributing to overall gastrointestinal comfort.

The treatment also resulted in a marked decrease in dryness of both the skin and scalp, reflecting improved skin hydration or underlying metabolic balance. While muscle cramps were largely resolved, they still occurred occasionally, specifically after prolonged exposure to water, suggesting a possible sensitivity to external environmental factors.

**DISCUSSION**

The signs and symptoms observed in the case reflect features of *Rasa Vaha Srotodushti* (manifesting as *Aruchi*- loss of appetite, *Tandra*- drowsiness, *Angamarda*- body aches, and *Agninasha*- impaired digestion) and *Udaka Vaha Srotodushti* (evident through *Pipasa*- excessive thirst, dryness of the tongue (*Jihva*), palate (*Talu*), and lips (*Oshtha*)). The

cornerstone of effective treatment lies in the correction of *Agni* (digestive fire) and accurate assessment of *Koshta* (bowel condition).

To achieve this, *Gandharvahastadi Kwath* was administered in a gradually increasing dosage pattern known as *Virechana Krama*. This approach facilitated gentle *Snehana* (oleation) of the *Koshta*, promoting *Vatanulomana* (regulation of *Vata* flow), which in turn helped restore *Koshta Agni* (digestive fire within the bowel).

*Gandharvahastadi Taila* is traditionally indicated in the management of *Udavarta* (*Vata* disorders characterized by upward movement). It inherently possesses *Vatahara* (*Vata*-pacifying) properties and aids in addressing conditions involving obstruction by *Meda* (fat), *Asruk* (blood), *Pitta*, and *Kapha*. Additionally, this formulation proves effective even in individuals with a *Mrdu Koshta* (sensitive bowel) and *Alpa Bala* (low strength) when administered alongside food.

The *Moola* (root) of *Udaka Vaha Srotas* is associated with the *Talu* (palate) and *Kloma* (possibly corresponding to anatomical or functional aspects of the respiratory or endocrine system). The symptom of persistent thirst suggested *Amaja Trishna* (thirst caused by metabolic toxins). The *Talu* also corresponds functionally to the pituitary gland, which plays a crucial role in regulating the secretion of TSH (Thyroid Stimulating Hormone), thereby influencing thyroid hormone levels. By addressing the *Moola* of *Udaka Vaha Srotas*, the treatment helped normalize pituitary gland function, supporting both *Agni Deepana* (enhancement of digestive fire) and *Vata Anulomana*.

Correction of *Udaka Vaha Srotodushti* was further achieved by recommending *Shadanga Paneeya* in place of regular water. This formulation, traditionally indicated in conditions like *Trushayukta Jwara* (fever with excessive thirst), contributed to the restoration of both *Rasa* and *Udaka Vaha Srotas*. Consequently, this led to the reduction of clinical symptoms. Furthermore, a noticeable improvement in TSH levels during thyroid profiling indicated successful *Dosha Paka* (metabolic correction) and overall therapeutic efficacy.

**CONCLUSION**

Hypothyroidism is a multifactorial lifestyle disorder that necessitates a holistic approach to treatment, incorporating *Aahara* (diet), *Vihara* (lifestyle), and *Aushadha* (medication). The *Dosha* imbalances responsible for the symptoms in lifestyle disorders like hypothyroidism can be addressed by analyzing the specific *Doshas* involved, the affected *Srotas* (channels), and the chronicity of the condition. Through this comprehensive approach, the overall

quality of life for the health seeker can be significantly improved.

## REFERENCES

1. Braverman LE, Cooper DS. Werner & Ingbar's the Thyroid: A Fundamental and Clinical Text. 10<sup>th</sup> ed. Philadelphia: Wolters Kluwer Health; 2013.
2. Chopra IJ. Clinical review 86: Untreated hypothyroidism. J Clin Endocrinol Metab. 1997; 82(2): 329-34. doi:10.1210/jcem.82.2.3730.
3. Sharma PV. Chakradatta: A Treatise on Principles and Practice of Ayurvedic Medicine. Varanasi: Chaukhambha Orientalia; 2002.
4. Tripathi KD. Essentials of Medical Pharmacology. 8<sup>th</sup> ed. New Delhi: Jaypee Brothers Medical Publishers; 2018.
5. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: a comparative overview. Evid Based Complement Alternat Med. 2005; 2(4): 465-73. doi:10.1093/ecam/neh140.
6. Singh RH. Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med. 2010; 1(2): 91-5. doi:10.4103/0975-9476.65077.
7. Tiwari PV. Ayurvediya Prasuti Tantra Evam Stri Roga. 2<sup>nd</sup> ed. Varanasi: Chaukhambha Orientalia; 2010.
8. Sharma PV. Dravyaguna Vijnana (Fundamentals of Pharmacology in Ayurveda). 2<sup>nd</sup> ed. Varanasi: Chaukhambha Bharati Academy; 2001.
9. Tripathi B. Charaka Samhita of Agnivesha, with the Ayurved Deepika Commentary of Chakrapanidatta. Varanasi: Chaukhambha Surbharati Prakashan; 2014.
10. Dash V, Sharma RK. Caraka Samhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Vol. 1. New Delhi: Chowkhamba Sanskrit Series Office; 2010.
11. Tiwari PV. Ayurvediya Prasuti Tantra Evam Stri Roga. 2<sup>nd</sup> ed. Varanasi: Chaukhambha Orientalia; 2010.
12. Singh RH. The Basic Principles of Ayurveda. New Delhi: Chaukhambha Publications; 1997.
13. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: a comparative overview. Evid Based Complement Alternat Med. 2005; 2(4): 465-73. doi:10.1093/ecam/neh140.
14. Bhavanani AB. Understanding the science behind Panchakarma: A review of detoxification and rejuvenation therapies in Ayurveda. AYU. 2011; 32(2): 160-4. doi:10.4103/0974-8520.92585.
15. Pandey GS, Chunekar KC. Bhavaprakasha Nighantu (Indian Materia Medica). Varanasi: Chaukhambha Bharati Academy; 2009.
16. Sharma PV. Sahasrayogam (Kashaya Prakarana). Varanasi: Chaukhambha Orientalia; 2002. p. 394.
17. Tripathi B. Charaka Samhita of Agnivesha, with the Ayurved Deepika Commentary of Chakrapanidatta. Varanasi: Chaukhambha Surbharati Prakashan; 2014.
18. Dash V, Sharma RK. Caraka Samhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Vol. 1. New Delhi: Chowkhamba Sanskrit Series Office; 2010.
19. Tiwari PV. Ayurvediya Prasuti Tantra Evam Stri Roga. 2<sup>nd</sup> ed. Varanasi: Chaukhambha Orientalia; 2010.
20. Singh RH. The Basic Principles of Ayurveda. New Delhi: Chaukhambha Publications; 1997.
21. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: a comparative overview. Evid Based Complement Alternat Med. 2005; 2(4): 465-73. doi:10.1093/ecam/neh140.
22. Bhavanani AB. Understanding the science behind Panchakarma: A review of detoxification and rejuvenation therapies in Ayurveda. AYU. 2011; 32(2): 160-4. doi:10.4103/0974-8520.92585.
23. Pandey GS, Chunekar KC. Bhavaprakasha Nighantu (Indian Materia Medica). Varanasi: Chaukhambha Bharati Academy; 2009.
24. Rastogi S, Pandey MM, Rawat AKS. Traditional herbs for modern thyroid therapy: A review. J Integr Med. 2014; 12(6): 381-91. doi:10.1016/S2095-4964(14)60039-4.
25. Jain S, Nema RK. Evaluation of Panchakarma therapy in metabolic disorders: A clinical study. Int J Ayurvedic Med. 2013; 4(1): 12-8.

### Cite this article as:

Suman Lata, Nidhi Kumari, Satyendra Kumar Tiwari. Effect of Gandharvahastadi Kwath in Virechana Krama in the Management of Thyroid Dysfunction. AYUSHDHARA, 2025;12(1):287-292.

<https://doi.org/10.47070/ayushdhara.v12i1.1880>

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

### \*Address for correspondence

**Dr. Suman Lata**

MD Scholar,  
Department of Panchkarma,  
G.A.C.H, Patna, Bihar.

Email: [slatasuman159@gmail.com](mailto:slatasuman159@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.