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Case Series

CASE SERIES ON MANAGEMENT OF HYPOTHYROIDISM WITH AYURVEDIC FORMULATIONS - THYROVIB AND *HAMSAPADYADI KASHAYA*

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ABSTRACT

Hypothyroidism, a prevalent endocrine disorder, leads to metabolic disturbances such as fatigue, weight gain, and reduced metabolism. Ayurvedic formulations, including Thyrovib (Ayurvedaone) and *Hamsapadyadi Kashaya (Brihatri),* offer promising therapeutic options by targeting the root causes of the disease, such as impaired *Agni* (digestive fire) and the accumulation of *Ama* (toxins). Thyrovib, comprising herbs like *Brahmi, Gandira* (Coleus forskohlii), *Kanchanara, Kanchanara guggulu, Punarnava, Trikatu,* and *Vidanga*, synergistically enhances thyroid function, supports metabolism, and promotes detoxification. Similarly, *Hamsapadyadi Kashaya*, a well-known formulation targets conditions like *Galaganda* (goitre) and *Gandamala* (nodular swellings), addressing the pathogenesis of hypothyroidism by stimulating digestion, reducing glandular swelling, and balancing *Kapha* and *Vata doshas*. This article discusses how these Ayurvedic remedies, with their unique properties, can complement conventional thyroid treatments by improving hormone synthesis, enhancing metabolic activity, and alleviating common hypothyroid symptoms. Further studies are necessary to validate their clinical efficacy in large populations.

INTRODUCTION

Hypothyroidism affects approximately 5% of the general population, with an additional 5% believed to remain undiagnosed. More than 99% of diagnosed cases are classified as primary hypothyroidism, where the dysfunction originates within the thyroid gland itself.

Biochemically, hypothyroidism is identified by elevated serum thyroid-stimulating hormone (TSH) levels coupled with reduced thyroxine (T4) levels, both falling outside the normal reference range. The condition often presents with vague and non-specific symptoms such as fatigue, weight gain, depressed mood, poor concentration, and menstrual disturbances.

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If left untreated or inadequately managed, hypothyroidism can lead to serious health consequences, including cardiovascular disease and an increased risk of mortality.

Despite being a treatable condition, many individuals remain unaware that they have hypothyroidism. The subtlety of symptoms and lack of awareness contribute to delayed diagnosis and treatment. Hypothyroidism can profoundly affect quality of life, causing persistent tiredness, emotional instability, infertility, and, in children, impaired brain development. Changes in body weight, mood, and energy levels can significantly impact daily functioning and self-esteem.

Ongoing research continues to emphasize the need for early detection and more effective treatment strategies, ensuring that those affected by hypothyroidism receive timely and personalized care to reclaim their health and vitality[1].

While classical Ayurvedic texts do not explicitly mention the thyroid gland or the disease as it is understood in modern biomedicine, the condition can be interpreted through the lens of Ayurvedic pathophysiology, particularly in relation to *Dosha, Dhatu, Mala,* and *Agni*.

The sluggish metabolism characteristic of hypothyroidism aligns closely with the concept of *Agnimandya*- the impaired function of digestive and tissue-level metabolic fire- frequently cited in Ayurvedic literature as the root of various systemic imbalances.

According to Ayurvedic understanding, such conditions often stem from inappropriate dietary habits, lack of physical activity, and an overall sedentary lifestyle- factors that are increasingly prevalent today. These lifestyle choices aggravate the *Kapha dosha*, which in turn suppresses *Dhatvagni*, leading to the accumulation of *Ama* (metabolic toxins). This disrupts the proper formation and nourishment of bodily tissues (*Dhatus*), manifesting as symptoms akin to those observed in hypothyroidism.

The physical symptom of a swollen neck, commonly seen in hypothyroid patients, can be correlated with *Galaganda*, a condition described by *Acharya Charaka* under *Shotha Vikaras* (inflammatory swellings). Another similar reference is *Kaphaja Shotha*, which exhibits clinical features resembling myxedema, a severe manifestation of hypothyroidism.

While there is no direct reference to hypothyroidism as a distinct disease in Ayurvedic classics, its clinical expression- marked by fatigue, sluggishness, weight gain, and localized swelling- resonates with *Kapha-Vata* aggravation, *Agnimandya*, and the subsequent development of *Ama dosha*. This interpretive approach helps frame the modern understanding of hypothyroidism within the Ayurvedic paradigm, guiding effective diagnosis and management through classical principles.

AIM

To document and evaluate the observed clinical outcomes of a standardized Ayurvedic formulation protocol in the management of hypothyroidism.

OBJECTIVES

1. To present case observations where the same formulation produced reproducible outcomes.
2. To establish a rationale for the observed efficacy based on Ayurvedic principles.
3. To highlight the potential of this combination as a supportive therapy for hypothyroidism.
4. To encourage further structured clinical evaluation of the protocol.

This report includes patients presenting with clinically diagnosed hypothyroidism who received the same Ayurvedic treatment protocol for hypothyroid.

Assessment Parameters

Primary Outcome: Serum TSH levels before treatment and during treatment at different period in different cases.

Since this is a retrospective case series, comprehensive documentation of associated symptoms and their percentage-based improvement was not uniformly available across all patient records. As a result, the analysis is primarily based on the objective parameter of serum TSH levels, which serves as the principal marker for evaluating the efficacy of the Ayurvedic intervention in managing hypothyroidism. Subjective improvements, although noted anecdotally, could not be quantified consistently enough to present as statistical outcomes.

Case no. 1

A 51-year-old male presented with classical hypothyroid symptoms such as weight gain, heaviness in the body, lethargy, and occasional constipation. Additionally, he reported psychological symptoms like low mood, disinterest in daily activities, and a sense of not feeling well. Altered appetite and noticeable hair fall were also observed, further pointing toward metabolic and hormonal sluggishness.

Case no. 2

A 48-year-old male came to attention through an incidental finding of elevated TSH during a routine checkup. On further questioning, the patient admitted to reduced appetite, persistent fatigue, constipation, and emotional flatness (lack of enthusiasm or joy). Unlike Case 1, he had no weight gain, making it a subtler presentation of hypothyroidism.

Case no. 3

A 48-year-old female reported typical signs of hypothyroidism such as morning facial puffiness, a general feeling of heaviness, scanty and irregular menstruation, insomnia, and marked physical fatigue. These symptoms indicate both endocrine and neurobehavioral involvement, significantly affecting her daily routine and hormonal rhythms.

Case no. 4

A 21-year-old younger patient presenting with early signs of thyroid dysfunction—namely irregular periods, hair fall and thinning, poor appetite, and concentration difficulties. Elevated TSH levels on testing confirmed hypothyroid tendency, with symptoms affecting both reproductive and cognitive spheres.

Case No. 5

A 55-year-old female patient visited the clinic with complaints of unexplained weight gain, frequent bouts of constipation, fatigue and lethargy. Recently detected with elevated TSH levels.

Table 1: Status of the symptoms present in different patients

Symptom/ Complaint	Case 1 (M, 51 yrs)	Case 2 (M, 48 yrs)	Case 3 (F, 48 yrs)	Case 4 (F, 21 yrs)	Case 5 (F, 55 yrs)
Weight gain	Present	Absent	Absent	Absent	Present
Heaviness	Present	Absent	Present	Absent	Present
Lethargy/low energy	Present	Present	Present	Present	Present
Constipation	Occasionally present	Present	Absent	Absent	Present
Hair fall/hair thinning	Present	Absent	Absent	Present	Absent
Altered/reduced appetite	Present	Present	Absent	Present	Absent
Low mood/no excitement	Present	Present	Absent	Absent	Present
Puffy face (morning)	Absent	Absent	Present	Absent	Present
Irregular menstruation	Not applicable	Not applicable	Absent	Present	Not applicable
Insomnia	Absent	Absent	Present	Absent	Present
Lack of concentration	Absent	Absent	Absent	Present	Occasionally present
Inactive in daily work	Present	Absent	Present	Absent	Present

Ashtavidha Pareeksha

Table 2: *Ashtavidha Pareeksha* results

Pareeksha	Case 1	Case 2	Case 3	Case 4	Case 5
Nadi	70 bpm	68 bpm	76 bpm	74 bpm	72 bpm
Mala	Occasional constipation	Constipation	Normal	Normal	Constipated
Mutra	4-5 days	5-6 days	4-5 per day	5-6 days	3-5 per day
Jihwa	Coated	Slightly coated	Clear	Slightly coated	Slightly coated
Shabdha	Normal	Normal	Normal	Normal	Normal
Sparsha	Neutral	Cold	Warm	Warm	Neutral
Drik	Normal	Presbyopia	Presbyopia	Normal	Presbyopia
Akriti	Over weight	Moderate	Over weight	Moderate	Over weight

Intervention

- **Thyrovib Capsules**: 2 capsules twice daily after food with warm water
- ***Hamsapadiadi Kashaya (Brihatri)****:* 10ml twice daily after food with warm water

Table 3: Common medication prescribed to all patients with doses

Medications	Case 1	Case 2	Case 3	Case 4	Case 4	Case 5
Thyrovib (Ayurvedaone)	2 capsules twice a day after meals.	2 capsules twice a day after meals.	2 capsules twice a day after meals.	2 capsules twice a day after meals.	2 capsules twice a day after meals.	2 capsules twice a day after meals.
***Hamsapadiadi Kashaya* (Brihatri)**	10ml twice a day after meals.	10ml twice a day after meals.	10ml twice a day after meals.	10ml twice a day after meals.	10ml twice a day after meals.	10ml twice a day after meals.

TSH Values Before and After Treatment

Table 4: Before and after results of the medications on TSH values

TSH Values	Case 1	Case 2	Case 3	Case 4	Case 5
Before treatment	9.54 (17/4/24)	11.08 (30/4/24)	8.78 (9/8/24)	10.64 (24/1/25)	40.13 (23/10/24)
After treatment	4.118 (25/6/24)	5.10 (6/11/24)	4.87 (7/11/24)	3.044 (11/5/2025)	6.113 (8/03/25)

DISCUSSION

All the cases were presented to 3 different Ayucentral clinics and treated by 3 different doctors, all the cases upon investigation showed raise in elevate TSH. All of them were prescribed Thyrovib by Ayurvedaone company and *Hamsapadyadi Kashaya* of Brihatri company exclusively to treat their hypothyroid condition. They were also prescribed with other supportive medicines based on their symptoms but the above 2 medicines remain as a constant in all prescriptions.

Thyrovib harnesses a combination of powerful Ayurvedic herbs that target the root causes of hypothyroidism, such as impaired *Agni* (digestive fire), accumulated *Ama* (toxins), and sluggish metabolic function. *Trikatu*[2] (comprising *Pippali, Maricha,* and *Shunthi*) plays a central role by stimulating both *Jatharagni* (digestive fire) and *Dhatvagni* (tissue metabolism), promoting the efficient digestion and assimilation of nutrients, and preventing the formation of metabolic toxins. This aids in the effective absorption of other co-administered herbs and helps manage common symptoms of hypothyroidism, including sluggish digestion and cold intolerance.

The herb *Gandira*[3] (Coleus forskohlii) directly supports thyroid function by enhancing thyroid hormone synthesis via forskolin-induced activation of adenylate cyclase, which increases cAMP levels and mimics TSH signaling. This results in the elevation of T3 and T4 production, improving thyroid follicular activity and overall hormone release, a vital mechanism often impaired in hypothyroid patients. *Brahmi*[4] (Bacopa monnieri) complements this effect by promoting thyroid tissue regeneration and restoring normal hormonal levels. Its antioxidant properties protect thyroid cells from oxidative damage, which is commonly seen in chronic thyroid dysfunction.

Kanchanara[5] (*Bauhinia variegate*) and *Kanchanara Guggulu*[6], works to pacify the excess *Kapha* and *Meda doshas* that obstruct *Srotas* (body channels). It has *Lekhana* (scraping) and *Medohara* (fat-reducing) properties, making it effective in managing glandular swelling and promoting detoxification, particularly in nodular hypothyroid presentations. The formulation's synergy with *Trikatu* and other ingredients like *Triphala* enhances its ability to reduce lymphatic congestion and facilitate *Srotoshodhana* (channel cleansing), aiding in the resolution of subclinical hypothyroidism and early thyroid dysfunction.

Punarnava[7] (Boerhavia diffusa) adds further benefit with its diuretic and anti-inflammatory actions, reducing fluid retention and supporting detoxification. Its hepatoprotective effects ensure optimal liver function, which is crucial for the peripheral conversion of T4 to the active T3 hormone, a process often impaired in hypothyroid conditions. Additionally, *Vidanga*[8] (Embelia ribes), with its *Teekshna*, *Ushna*, and *Agni-vardhaka* properties, stimulates metabolism and clears *Ama* (toxins), while its *Krimighna* action supports gut health, which is linked to thyroid function through the gut-thyroid axis.

Together, these herbs work synergistically to enhance metabolic function, regulate thyroid hormone production, and detoxify the body, addressing both the root causes and symptoms of hypothyroidism in a holistic and balanced manner.

Hamsapadyadi[9] *Kashaya* is an ancient Ayurvedic formulation from the *Vaidya Manorama*, a classic text of Kerala, primarily used to treat conditions like *Galaganda* and *Gandamala*. It contains ingredients such as *Hamsapadi*, *Guduchi*, *Nimba*, *Pippali*, and *Vasa*, which are known for their specific therapeutic properties. Most of these herbs possess qualities like *Katu*, *Tikta*, and *Kashaya Rasa*, along with *Laghu*, *Ruksha*, *Tikshna Guna*, and both *Ushna* and *Sheeta veerya*. The *Katu Rasa* is known to stimulate *Agni*, while *Tikta Rasa* acts as both a digestive stimulant and a purifier. These properties support *Agni deepana* and *Amapachana*. In the context of hypothyroidism, where *Kapha* and *Vata doshas* are aggravated and the primary pathology stems from *Dhatvagnimandya*, the ingredients in *Hamsapadyadi Kashaya* can help address the underlying imbalances in *Rasa* and *Meda dhatu*. Thus, this formulation is effective not only in managing the pathogenesis of the condition but also in alleviating the symptoms associated with hypothyroidism.

CONCLUSION

The findings from this retrospective case series indicate that the combined use of Thyrovib and *Hamsapadiadi Kashaya* was not only well-tolerated by all patients but also demonstrated notable clinical efficacy in the management of hypothyroidism. Patients reported visible improvement in common hypothyroid symptoms such as fatigue, weight changes, constipation, and mood disturbances. These subjective outcomes were further supported by objective reductions in serum TSH levels, confirming therapeutic effectiveness. These observations support the role of integrative Ayurvedic interventions as safe and effective options in hypothyroid care and warrant further prospective studies with larger cohorts.

Conflicts of interest: None

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Limitations: The result of these case series can be anecdotal and a study with same treatment has to be conducted on a larger sample to conclude the effectiveness of the combination.

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