



Case Study

MANAGEMENT OF HYPOTHYROIDISM THROUGH AYURVEDA

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ABSTRACT


Hypothyroidism is a common endocrine disorder characterized by reduced thyroid hormone production, leading to metabolic slowing and impaired quality of life. In Ayurveda, hypothyroidism can be correlated with *Galganda*, where vitiation of *Kapha Dosha* along with *Agnimandya* and formation of *Ama* plays a key role in disease pathogenesis. This case study evaluates the effect of *Trivrita Avaleha* based *Virechana Karma* in the management of hypothyroidism. A 28-year-old female patient with a 5-year history of hypothyroidism presented with complains of weight gain, lethargy, fatigue, constipation, and breathlessness on exertion. She was on thyroxine 75mcg per day prior to treatment. After *Deepana-Pachana* for 3 days, *Snehapana* with *Goghrita* was administered for 5 days, followed by *Virechana Karma* using *Trivrita Avaleha*. Clinical assessment showed marked improvement in symptoms such as lethargy, fatigue, bowel irregularity, appetite, and sleep. Biochemically, serum TSH reduced from 9.73µIU/mL before treatment to 4.21µIU/mL after *Virechana Karma*. Free T4 improved from 0.89ng/dL to 1.10ng/dL, while Free T3 remained within normal limits (3.63–3.91pg/mL). Based on clinical and biochemical improvement, the thyroxine dose was reduced from 75mcg to 50mcg without any adverse effects. The findings suggest that *Trivrita Avaleha Virechana* helps in correcting metabolic imbalance by improving *Agni*, reducing *Ama*, and restoring *Dosha Samya*. This case highlights the potential role of *Shodhana Chikitsa* as a safe and holistic adjunct approach in the management of hypothyroidism rather than increasing dose of thyroxine.

INTRODUCTION

Hypothyroidism is a common endocrine disorder characterized by insufficient production of thyroid hormones, leading to a generalized slowing of metabolic processes in the body.^[1] Clinically, it presents with symptoms such as weight gain, lethargy, constipation, cold intolerance, dry skin, and mental sluggishness, which significantly affect the quality of life.^[2] The prevalence of hypothyroidism is steadily increasing, especially among middle-aged women, making it an important public health concern in the present era.^[3]

In Ayurveda, conditions resembling hypothyroidism are described under *Galganda*, which primarily involves vitiation of *Kapha Dosha* along with associated disturbance of *Pitta* and *Vata*.^[4] The disease is understood as a disorder of metabolism, where impairment of *Agni* leads to the formation of *Ama*, causing obstruction of *Srotas* and derangement of tissue nourishment.^[5] This pathophysiological understanding highlights the systemic nature of the disorder rather than a localized glandular pathology.^[6]

Modern management of hypothyroidism mainly relies on lifelong thyroid hormone replacement therapy, which helps in symptomatic control but does not address the underlying metabolic imbalance.^[7] Long-term dependence on medication, variable response, and the need for dose adjustments prompt exploration of alternative and complementary therapeutic approaches that aim at correcting the root cause of the disease.^[8]

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Ayurveda emphasizes *Shodhana Chikitsa* for diseases arising from deep-seated *Dosha* vitiation and metabolic dysfunction. Among these, *Virechana Karma* is considered a prime therapy for eliminating vitiated *Pitta* and *Kapha*, improving *Agni*, and removing accumulated *Ama*.^[9] *Trivrita Avaleha* is a classical formulation widely used for *Virechana* due to its safe purgative action and efficacy in metabolic and endocrine-related disorders.^[10]

Considering the Ayurvedic pathogenesis of hypothyroidism and the therapeutic potential of *Virechana Karma*,^[11] the present case study was undertaken to evaluate the clinical outcome of *Trivrita Avaleha Virechana* in the management of hypothyroidism.^[12] This study aims to observe changes in clinical symptoms and overall wellbeing, thereby contributing to evidence supporting a holistic Ayurvedic approach in managing this chronic metabolic disorder.^[13]

AIM

To evaluate the clinical outcome of *Trivrita Avaleha Virechana* in the management of hypothyroidism.

OBJECTIVES

1. To assess the effect of *Trivrita Avaleha Virechana* on the clinical symptoms of hypothyroidism.
2. To observe changes in general wellbeing and metabolic status after *Virechana Karma*.
3. To evaluate the role of *Virechana Karma* in restoring *Agni* and reducing *Ama* in hypothyroidism.

Case Report

A 28-year-old female patient approached the Panchakarma OPD with complains of progressive weight gain, lethargy, fatigue, incomplete evacuation of bowel, and breathlessness on exertion for the past 5 years. She was a known case of hypothyroidism and was on regular thyroxine supplementation of 75mcg. There is no history of any associate illness like diabetes mellitus and hypertension. On examination, her weight was 89kg, blood pressure was 120/84mmHg, pulse rate was 76/min, and systemic examination revealed dry skin and sluggish bowel sounds. Thyroid region examination showed no visible or palpable enlargement. Laboratory investigations revealed elevated TSH levels (9.73 μ IU/mL) with reduced Free T4 (0.89 ng/dL), confirming hypothyroidism.

The patient was planned for *Virechana Karma* after appropriate preparation. *Deepana-Pachana* was

done using *Chitrakadi Vati* for 3 days, followed by *Snehapana* with *Goghrita* in escalating doses from 30ml to 150ml over 5 days, achieving *Samyak Snigdha Lakshana*. Subsequently, *Virechana Karma* was administered after a gap of 2 days using *Trivrita Avaleha* (50gm) in a single sitting, followed by *Samsarjana Krama* for 3 days. After treatment, the patient showed marked improvement in symptoms such as lethargy, fatigue, bowel irregularity, appetite, and sleep. Biochemically, serum TSH reduced to 4.21 μ IU/mL and Free T4 improved to 1.10 ng/dL. Based on clinical improvement, the thyroxine dose was reduced from 75 mcg to 50 mcg and patient was kept on regular observation for any adverse effects.

History of Present Illness

The patient was apparently asymptomatic 5 years back. She gradually developed complains of progressive weight gain, lethargy, fatigue, incomplete evacuation of bowel, and breathlessness on exertion. The symptoms were insidious in onset and progressive in nature. Despite regular thyroid medication, the patient continued to experience metabolic sluggishness and associated symptoms, for which she approached the Panchakarma OPD for Ayurvedic management.

Past History

The patient is a known case of hypothyroidism since 5 years and was on regular thyroxine supplementation at a dose of 75mcg prior to Ayurvedic intervention. There was no history of any surgical intervention, type 2 Diabetes Mellitus and hypertension. No known drug or food allergies were reported by the patient.

Personal History

The patient was consuming a mixed diet with a reduced appetite. She complained of incomplete evacuation of bowel, while micturition was normal. Sleep was disturbed. There was no history of any addiction. Physical activity was irregular, suggesting a sedentary lifestyle contributing to her metabolic complaints.

Family History

There was no reported family history of hypothyroidism. However, a positive family history of metabolic disorders such as diabetes mellitus and hypertension was present. No known genetic disorders were reported in the family.

Table 1: Clinical Presentation

Symptom	Presence
Weight gain	Present
Lethargy	Present

Fatigue	Present
Incomplete evacuation	Present
Breathlessness	Present
Cold intolerance	Mild
Menstrual cycle	Irregular

Table 2: Vitals Examination

Vital Parameter	Observation
Blood Pressure (BP)	120/84 mmHg
Pulse Rate (PR)	76 /min
Respiratory Rate (RR)	18 /min
Temperature	Afebrile (98.4°F)
Weight	89 kg

Table 3: Systemic Examination

System	Findings
General Examination	Conscious, oriented, moderately built
Cardiovascular System	S1 S2 normal, no murmurs
Respiratory System	Bilateral air entry present, no added sounds
Gastrointestinal System	Soft abdomen, sluggish bowel sounds
Central Nervous System	Conscious, oriented, normal reflexes
Locomotor System	No edema, normal tone
Skin	Dryness present

Local Examination**Inspection**

No visible swelling or enlargement was observed in the thyroid region. The skin over the neck appeared normal, with no discoloration or dilated veins.

Palpation

No tenderness, nodules, or masses were felt in the thyroid area. There was no rise in local temperature, and the thyroid gland was not palpable. No cervical lymph nodes were enlarged.

Auscultation

No bruit was heard over the thyroid region on auscultation.

Diagnosis: Hypothyroidism

Treatment Plan**Table 4: Plan of Procedure**

Phase	Procedure	Drug / Material Used	Dose / Duration	Observed Data / Values	Purpose
I	<i>Deepana-Pachana</i>	<i>Chitrakadi Vati</i>	2 tablets (500mg) twice daily for 3 days	Appetite improved, reduction in heaviness	To stimulate <i>Agni</i> and digest <i>Ama</i> .
II	<i>Snehapana</i> (Early morning empty stomach)	<i>Goghrita</i>	Escalating dose for 5 days		To achieve internal oleation
		14/12/2024	30 ml	No nausea, good tolerance	To mobilise the toxins from body to gut. Adequate preparation for
		15/12/2024	60 ml	Mild heaviness in abdomen	

		16/12/2024	90 ml	Proper digestion	<i>Virechana</i>
		17/12/2024	120 ml	Oiliness of skin observed	
		18/12/2024	150 ml	Loose stool, proper bowel movement, softness of skin	
III	<i>Abhyanga</i>	Medicated oil	Once daily for 3 days	Relaxation, improved bowel urge	To facilitate movement of toxins
IV	<i>Virechana Karma</i>	<i>Trivrita Avaleha</i>	Single sitting on 21/12/2024	Multiple bowel evacuations, no complications	Elimination of vitiated <i>Pitta</i> and <i>Kapha</i> .
V	<i>Samsarjana Krama</i>	Liquid to normal diet	As per <i>Shuddhi</i>	Normal appetite restored gradually	To normalize digestive strength.
Follow-up	Clinical assessment	—	0 th , 18 th , 33 rd day	Symptomatic improvement noted	To assess response to therapy.

OBSERVATIONS AND RESULTS

Table 6: Clinical Symptoms

Clinical Parameter	Before Treatment	After <i>Virechana Karma</i>	Observation
Weight gain tendency	Present	Reduced	Improvement noted
Lethargy	Present	Absent	Marked relief
Fatigue	Present	Mild	Significant improvement
Incomplete evacuation	Present	Absent	Normal bowel habit achieved
Breathlessness	Present	Reduced	Symptomatic relief
Appetite	Reduced	Improved	Better digestion observed
Sleep	Disturbed	Improved	Sleep pattern normalized

Table 7: Thyroid Function Test

Date	T3	T4	TSH	Thyroxine Dose	Remark
7 Nov 2024	3.66 pg/mL	0.89 ng/dL	9.73 µIU/ml	75mcg	
28 Dec 2024	3.91 pg/mL	1.04 ng/dL	9.44 µIU/ml	75mcg	
12 Jan 2025	3.63 pg/mL	1.10 ng/dL	4.21 µIU/ml	50mcg	
15 Oct 2025	2.98 pg/mL	1.56 ng/dL	6.576 µIU/ml	50mcg	Patient skip taking thyroxine many times during this period
2 Feb 2026	2.42 pg/mL	1.55 ng/dL	5.835 µIU/ml	50mcg	Patient was irregular in taking thyroxine at prescribed dose

Table 8: Drug Dose

Medication	Before Treatment	After Treatment	Result
Thyroxine	75 mcg	50 mcg	TSH values improved despite Dose reduction by 25 mcg

Table 9: Overall Assessment

Assessment Parameter	Result
<i>Samyak Snigdha Lakshana</i>	Achieved
Tolerance to <i>Virechana</i>	Good
Complications	Nil
Overall improvement	Marked

DISCUSSION

Hypothyroidism represents a state of reduced metabolic activity, which in Ayurveda can be understood as *Agnimandya*^[14] with predominance of *Kapha Dosha*^[15] and associated involvement of *Pitta* and *Vata*^[16]. In the present case, the patient exhibited classical metabolic symptoms such as weight gain, lethargy, fatigue, constipation, and reduced appetite, indicating impaired *Jatharagni*^[17] and accumulation of *Ama*^[18]. Baseline thyroid function tests showed elevated TSH (9.73 μ IU/mL) with low Free T4 (0.89 ng/dL), reflecting slowed metabolism and hormonal imbalance. These findings support the concept that hypothyroidism is not merely a glandular disorder but a systemic metabolic dysfunction.^[19]

The therapeutic approach was planned based on the principle of *Shodhana Chikitsa*^[20], as deep-seated *Dosha Dushti*^[21] and chronic metabolic impairment were evident. *Purva Karma* with *Deepana-Pachana*^[22] improved appetite and reduced heaviness, indicating partial correction of *Agni*. Escalating *Snehapana*^[23] with *Goghrita*^[24] achieved *Samyak Snigdha Lakshana*^[25], suggesting adequate mobilization of vitiated *Dosha*. Following *Virechana Karma*^[26] with *Trivrita Avaleha*^[27], the patient experienced multiple bowel evacuations without complications, signifying effective elimination of morbid *Pitta* and *Kapha*. Clinically, symptoms such as lethargy, fatigue, incomplete evacuation, and breathlessness showed marked improvement.^[28]

Biochemical assessment further substantiated the clinical improvement. Serum TSH reduced from 9.73 μ IU/mL to 4.21 μ IU/mL after *Virechana Karma*, reaching near-normal levels, while Free T4 increased from 0.89 ng/dL to 1.10 ng/dL. Free T3 remained within normal limits throughout the treatment period (3.63–3.91 pg/mL), indicating stable peripheral hormone conversion. Owing to these improvements, the thyroxine dose was successfully reduced from 75 mcg to 50 mcg without any worsening of symptoms. These findings indicate that *Virechana Karma* helped restore *Agni*, reduce *Ama*, and re-establish *Dosha Samya*, leading to both symptomatic and biochemical improvement.^[29]

On taking a detailed history and evaluating the possible reason for the raised TSH levels, it was observed that the patient was not taking the prescribed medication regularly. Proper counselling was done. Dose correction was not advised at this stage. The patient was instructed to continue the medication regularly in the same dosage as previously advised and was kept under observation. Since the patient was already showing symptomatic relief, so we

continued with the same dose of thyroxine along with *Ashwagandharista* 10ml twice a day.

Results Outcome

- Reduction in serum TSH from 9.73 μ IU/mL to 4.21 μ IU/mL after *Virechana Karma*
- Improvement in Free T4 from 0.89 ng/dL to 1.10 ng/dL
- Free T3 remained within normal limits (3.63–3.91 pg/mL)
- Marked reduction in lethargy and fatigue
- Normalization of bowel habits with complete evacuation
- Improvement in appetite and digestion indicating better *Agni*
- Improvement in sleep quality and overall wellbeing
- Successful reduction of thyroxine dose from 75 mcg to 50 mcg
- No adverse effects or complications observed during or after therapy

Correlation with Modern Aspect

From a modern biomedical perspective, hypothyroidism is associated with reduced basal metabolic rate, impaired lipid and carbohydrate metabolism, and generalized slowing of physiological processes. Conventional management relies on lifelong hormone replacement therapy, which corrects biochemical deficiency but does not address metabolic inefficiency or digestive impairment. This often leads to persistent symptoms despite normalized hormone levels.^[30]

Virechana Karma may be correlated with metabolic detoxification and regulation of gut-endocrine interaction. Improved digestion, bowel clearance, and enhanced metabolic activity after *Virechana* suggest improved gastrointestinal function, which plays a crucial role in hormone metabolism and drug absorption. Restoration of digestive efficiency may enhance endogenous hormone utilization and peripheral conversion of thyroid hormones.^[31]

The observed reduction in TSH levels and improvement in Free T4 without escalation of thyroxine dose supports the hypothesis that systemic metabolic correction can positively influence endocrine regulation. Thus, *Shodhana Chikitsa* may act as an effective adjunct to conventional therapy by improving metabolic responsiveness and reducing medication dependency, offering a complementary integrative approach in hypothyroidism management.^[32]

CONCLUSION

In this case of hypothyroidism correlated with *Galganda*, administration of *Trivrita Avaleha* based *Virechana Karma* resulted in significant clinical and biochemical improvement. Subjective symptoms such as lethargy, fatigue, constipation, breathlessness, appetite loss, and disturbed sleep showed marked relief following therapy. Objectively, serum TSH levels decreased from 9.73 μ IU/mL to 4.21 μ IU/mL, while Free T4 levels improved from 0.89 ng/dL to 1.10 ng/dL, with Free T3 remaining within normal limits. The metabolic improvement achieved through correction of *Agni*, reduction of *Ama*, and restoration of *Dosha Samya* allowed successful reduction of thyroxine dosage from 75 mcg to 50 mcg without adverse effects. This case suggests that *Virechana Karma* using *Trivrita Avaleha* can serve as a safe, effective, and holistic adjunct approach in the management of hypothyroidism, addressing the underlying metabolic dysfunction rather than providing only symptomatic relief.

Informed Consent

Written informed consent was obtained from the patient prior to initiation of *Virechana Karma*. The nature of the procedure, expected benefits, possible discomforts, and follow-up requirements were clearly explained, and the patient voluntarily agreed to undergo the treatment.

Patient Perspective

The patient reported feeling lighter and more energetic after treatment, with improvement in bowel habits and reduction in fatigue. She expressed satisfaction with the therapy due to symptomatic relief and reduction in the dose of thyroxine.

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