



Case Study

## A SINGLE CASE REPORT ON AYURVEDIC MANAGEMENT OF HYPOTHYROIDISM ASSOCIATED WITH LICHEN PLANUS

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### ABSTRACT

From an Ayurvedic perspective, the clinical presentation of hypothyroidism can be understood through *Agnimandya*, Ama accumulation, and vitiation of *Rasavaha* and *Medovaha Srotas* predominantly involving *Kapha* and *Vata*. Lichen planus resembles *Kitibha Kushta* where *Rakta* and *Twak Dushti* are evident. **Aim and Objectives:** To evaluate the therapeutic effect of *Virechana Karma* followed by *Shamana Chikitsa* in a patient of hypothyroidism associated with lichen planus. **Materials and Methods:** A 29-year-old female with a 15-year history of hypothyroidism (receiving 150 mcg thyroxine daily) and 5-year history of lichen planus (on intermittent immunosuppressants) was treated with *Deepana-Pachana* using *Avipattikara Churna*, *Snehapana* with *Mahatikta Ghrita*, and *Virechana Karma* administered with *Ichhabhedi Rasa*. After purification, internal medications including *Arogyavardhini Vati*, *Brihat Manjisthadi Kwatha*, *Ashwagandha Churna*, and *Triphala Churna* were prescribed. Clinical response was assessed through symptom grading and thyroid function parameters. **Results:** Noticeable reduction was observed in itching, papular eruptions, constipation, hair fall, and breathing difficulty. Immunosuppressive drugs were discontinued. Thyroid function remained within stable limits, allowing reduction of thyroxine dosage from 150mcg to 50mcg. No adverse reactions were reported. **Conclusion:** The combined approach of *Virechana* and *Shamana Chikitsa* appeared beneficial in addressing metabolic dysfunction and immune disturbance in this case. Further controlled studies are required to establish broader clinical applicability.

### INTRODUCTION


Reduced thyroid hormone production causes a sluggish metabolic process in hypothyroidism, a common endocrine condition. It is not directly connected in Ayurveda. However, *Agrimandya* and *Srotorodha* (*Rasavaha* and *Medovaha*) can be linked to it. It is thought that lichen planus is a chronic condition marked by persistent inflammation of the skin and mucous membranes. It manifests as discomfort-producing purplish or violaceous polyhedral, flat topped itchy papules. In Ayurveda, lichen planus is associated with *Kitibha kushta*, which is mostly dominated by *Vata* with psychological stress factor

result in *Rasa*, *Rakta*, *Twak* and *Lasseka* to *Vata* vitiation.

A shared immunological base may be the reason for the correlation between lichen planus and hypothyroidism. The line of treatment should be simple as both diseases involves metabolic dysfunction and involves impairment of *Dhatvagni* and *Jathragni*. To reverse these conditions *Samprapti Ghatakas* vitiated *Vata* and *Kapha* are to be controlled and impaired *Dhatu* mainly *Twak* should be normalized. *Virechan* along with *Shaman Chikitsa* has been adopted.

### Patient Information

Age: 29y  
Gender: female  
Occupation: Chartered Accountant  
Marital status: Married  
Socioeconomic Status: Upper Middle  
Height: 5'6"

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Weight: 96.8kg before *Virechan*  
91.6kg After *Virechan*  
BMI: 32.6

*Prakriti: Kapha-Vata Pradhana*

Menstrual history: Regular

### Case report

A 29 Years old female of hypothyroidism from 15 years and lichen planus from 5 years came to thyroid clinic of CBPACS, New Delhi on 10/12/2025 with following complaints:

- 1) Constipation (on and off) x 2 years
- 2) Difficulty in breathing x 20 years
- 3) Hair fall x 2-3 months
- 4) Lesions x 5 years
- 5) Itching x 5 years

No relevant history of past illness contributing to the current situation of patient.

No history of diabetes mellitus or hypertension.

All are said to be healthy in the family.

### Timeline Table

Date	Clinical Event	Intervention	Outcome
10/12/2025	First visit	Clinical assessment	Baseline evaluation
13-18/12/2025	<i>Snehapana</i>	<i>Mahatikta Ghrita</i>	Proper Oleation signs
21/12/2025	<i>Virechana</i>	<i>Ichhabhedi Rasa</i>	24 Vegas, <i>Pravara Shuddhi</i>
21-27/12/2025	<i>Sansarjana karma</i>	<i>Peyadi sevan</i>	<i>Agni</i> stabilization
After <i>Sansarjan karma</i>	<i>Shaman chikitsa</i>	Oral medications	Symptomatic improvement
Follow-up	TFT evaluation	Dose adjustment	Dose of Thyroxine reduced

### History of personal illness

The patient was suffering from constipation, difficulty in breathing, hair fall, itching, and papules. For five years, she took immunosuppressive medications intermittently and 150mcg of thyroxine daily for hypothyroidism (starting at 25mcg, increasing to 50mcg, 100mcg, and finally 150mcg over a period of 15 years), but she did not experience any noticeable improvement. Then, on December 10, 2025, she visited the CBPACS Thyroid Clinic.

### Dashvidha Parikshana

1. *Nadi - Pitta Kapha Pradhan*
2. *Mala - Sama (Vibandh) (1-2 times per day)*
3. *Mutra - Prakrit (5-6 times/day, 0-1 times/night)*
4. *Jivha - Sama*
5. *Akriti - Prakrit*

### Shodhan Chikitsa Treatment Schedule

**Poorva karma: Deepan-Pachana with Avipattikar Churan 3g BD for 3 days**

**Snehapana: with Mahatikta Ghrita**

Date	13/12/2025	14/12/2025	15/12/2025	16/12/2025	17/12/2025	18/12/2025
Time	6:30am	6:30am	6:30am	6:30am	6:30am	6:30am
Dose	30ml	50ml	70ml	90ml	110ml	120ml
Time taken for digestion	3 hours	6 hours	7 hours	9 hours	11 hours	12 hours

**Sarvang Abhyang with Murchitha tila Taila followed by Sarvang Swedana for 3 days.**

**Pradhan karma Virechan Karma**

**Yoga: Ichhabhedi ras 500mg.**

**Anupana: Sheetal jal**

6. *Agni - Mandya*

7. *Koshtha - Madhyam*

8. *Shabda - Sakashta Shabda Utpatti*

9. *Sparsha - Anushnasheeta*

10. *Druk - Prakrit*

### MATERIALS AND METHODS

#### Shaman Chikitsa

- 1.) *Brihat Manjisthadi Kwath* 50ml empty stomach.
- 2.) *Ashwagandha Churan* 3gm BD after lunch and dinner
- 3.) *Arogyavardhini Vati* 500mg BD after lunch and dinner
- 4.) *Trifala Churn* 5G HS with warm water.

**No. of Vegas: 24**

**Antiki Shudhi: Kaphanata**

**Shudhi: Pravara**

**Peyadi Sansarjana:** Followed for 7 days after *Virechana*.

**Shodhan Chikitsa**

It plays important role in:

- 1) Agnimandya and Ama Pachana
- 2) Pitta and Rakta shodhana
- 3) Srotoshodhana (Rasavaha and Medovaha)

**Shaman Chikitsa**

- 1) Arogyavardhini Vati: Deepan-Pachan and Lekhana
- 2) Ashwagandha Churn: Balya, Rasayana, Vatahara, Medhya
- 3) Brihat Manjisthadi kwath: Rakta shodhak, Pitta shamak
- 4) Trifala churn: Vata anulomak and Rasayana.

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21/12/2025	Virechana	Ichhabhedi Rasa	24 Vegas, Pravara Shuddhi
21-27/12/2025	Sansarjana karma	Peyadi sevan	Agni stabilization
After Sansarjan karma	Shaman chikitsa	Oral medications	Symptomatic improvement
Follow-up	TFT evaluation	Dose adjustment	Thyroxine reduced

**OBSERVATIONS AND RESULTS**

Significant improvement was observed in both objective and subjective parameters with reduction in thyroxine dosage and marked relief in dermatological and respiratory symptoms.

**Objective Parameter**

Parameter	Before Virechan	After Virechan
Thyroxine dosage	150 mcg	50 mcg
T3	0.86	1.14
T4	7.64	10.8
TSH	7.08	0.44

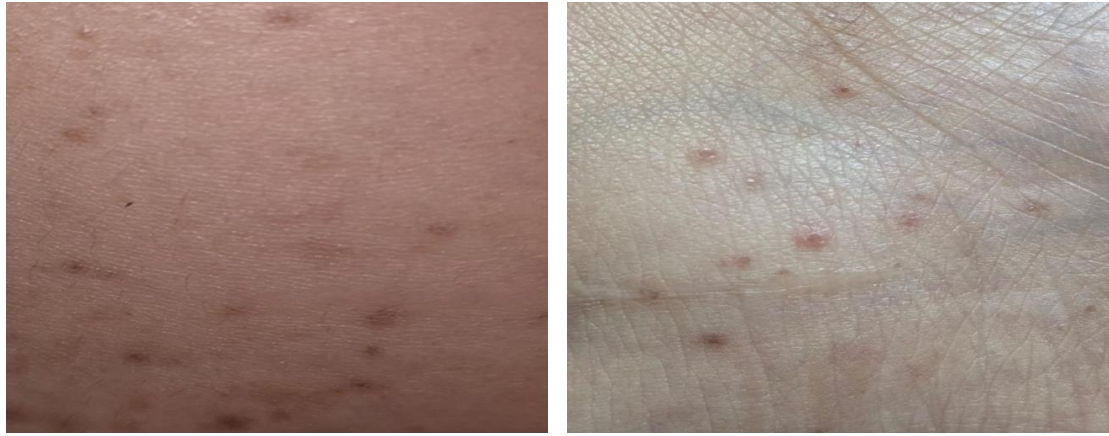
The patient's TSH level abruptly decreased after Virechan, which is why the amount of thyroxine was lowered to 50 mcg.

**Table 2: Subjective Parameters**

Symptoms	Before T/t	After T/t
Itching	++++	+
Papules	++++	+
Hair fall	++	-
Constipation	++	-
Difficulty in breathing	+++	+



**Before Treatment (illustrative)**



After Treatment (Actual)



Before Treatment

After Treatment

## DISCUSSION

Hypothyroidism is an endocrine disorder characterized by decreased production of thyroid hormones, leading to reduced basal metabolic rate and systemic metabolic derangement. In Ayurveda, hypothyroidism is not described as a single disease entity; however, it can be understood through the concepts of *Agnimandya*, *Ama* formation, *Rasavaha* and *Medovaha Srotodushti*, and *Kapha-Vata* predominance. The thyroid gland, anatomically situated in the lower neck region, plays a crucial role in metabolic regulation, which is comparable to the functional integrity of *Agni* at both *Jatharagni* and *Dhatvagni* levels.

In the present case, long-standing hypothyroidism resulted in progressive metabolic

sluggishness, constipation, hair fall, and generalized weakness, indicating chronic *Agnimandya* and *Ama* accumulation. Simultaneously, the patient was suffering from lichen planus, a chronic immune-mediated inflammatory dermatosis. In Ayurveda, lichen planus can be correlated with *Kitibha Kushta*, where *Vata-Kapha* dominance with *Rakta* and *Twak Dushti* is commonly observed. Chronic itching (*Kandu*), papular lesions (*Pidika*), and discoloration signify involvement of *Rasa*, *Rakta*, *Twak* and *Lasika Dhatus* along with persistent *Srotorodha*.

The coexistence of hypothyroidism and lichen planus in this patient suggests a shared underlying pathology of immune dysregulation and metabolic impairment, which can be attributed to long-standing

*Ama* and *Dhatvagni Mandya*. Therefore, management aimed merely at symptomatic relief would be insufficient. *Samprapti-vighatana* through *Shodhan* therapy becomes essential in such chronic and deep-seated conditions.

In this case, *Virechan Karma* was planned as the primary *Shodhan* procedure after adequate *Deepan-Pachana* and *Snehapana*. *Deepan-Pachana* with *Avipattikar Churna* helped in correcting *Jatharagni* and preparing the body by reducing *Ama*. *Snehapana* with *Mahatikta Ghrita*, owing to its *Tikta Rasa* and *Pitta-Rakta Shodhaka* properties, facilitated loosening and mobilization of morbid *Doshas* from the peripheral tissues (*Shakha*) towards the *Koshtha*.

*Virechan Karma* using *Ichhabhedi Rasa* resulted in *Pravara Shuddhi* with *Kaphanta*, indicating effective elimination of vitiated *Pitta*, *Kapha* and *Ama*. *Virechan* is specifically indicated in *Pitta-Rakta Dushti*, *Kushta*, and metabolic disorders. The expulsion of morbid *Doshas* led to *Srotoshodhana* of *Rasavaha* and *Medovaha Srotas*, restoration of *Agni*, and correction of *Dhatvagni* dysfunction.

Clinically, this was reflected by a marked reduction in itching, papules, constipation, and respiratory difficulty, along with significant improvement in hair fall. Thyroid function parameters remained within stable limits, permitting supervised reduction of thyroxine dosage, highlighting the systemic metabolic correction achieved through *Shodhan* therapy.

Following *Virechan*, *Shaman Chikitsa* played a vital role in sustaining the therapeutic benefits. *Arogyavardhini Vati* supported *Deepan-Pachana* and *Lekhana Brihat Manjisthadi Kwath* acted as *Rakta-Shodhaka* and *Pitta-Shamaka*; *Ashwagandha* provided *Rasayana*, *Balya* and *Vata-Shamana* effects; while *Triphala* ensured *Vatanulomana* and bowel regulation. This integrative approach helped prevent recurrence and restored immune balance, evident from the discontinuation of immunosuppressive therapy for lichen planus.

Thus, the present case demonstrates that *Virechan Karma* followed by appropriate *Shaman Chikitsa* effectively breaks the *Samprapti* of hypothyroidism associated with lichen planus by addressing *Agnimandya*, *Ama*, *Dosha-Dushti* and *Srotorodha* at the root level rather than offering only symptomatic relief.

#### Probable mode of Action

*Virechana Karma* facilitates expulsion of vitiated *Pitta*, *Kapha*, and accumulated *Ama* from the body, leading to *Srotoshodhana* of *Rasavaha* and *Medovaha* channels. Correction of *Agnimandya* enhances *Dhatvagni* function, thereby improving

metabolic regulation. *Mahatikta Ghrita* aids in mobilization of morbid *Doshas* from peripheral tissues. Post-*Shodhana Shamana* drugs provide *Rakta-Shodhana*, *Vatanulomana*, *Rasayana* and immunomodulatory effects, contributing to sustained symptomatic relief and metabolic stabilization.

#### Declaration of Patient Consent

Written informed consent was obtained from the patient for publication of clinical details and photographs. The patient's identity has been kept confidential.

#### Ethical Clearance

The case was managed in accordance with institutional clinical protocols. As this is a single case report, formal ethical clearance was not required.

#### Limitations

This is a single case report.

Long-term follow-up is required.

Reduction in thyroxine dosage was done under medical supervision.

Larger controlled clinical studies are necessary to validate findings.

#### CONCLUSION

Hypothyroidism is a metabolic disorder characterized by impaired conversion of food into energy due to deficient thyroid hormone activity. In Ayurvedic terms, the pathology can be understood on the basis of *Agnimandya*, *Ama* formation, *Rasavaha-Medovaha Srotodushti* and *Kapha-Vata* predominance, while the associated lichen planus represents *Pitta-Rakta Dushti* with *Twak* involvement, comparable to *Kitibha Kushta*.

The *Chikitsa Siddhanta* of hypothyroidism revolves around *Ama Dosha Pachana*, *Agni Deepana*, *Srotoshodhana* and *Shodhana Karma* after appropriate *Snehana* and *Swedana*. In the present case, *Virechana Karma* was adopted as the principal *Shodhana* procedure following *Deepana-Pachana* and *Snehapana*, which effectively eliminated morbid *Pitta*, *Kapha* and *Ama* from the body, leading to *Samprapti-bhang*.

After *Virechana*, the patient showed marked improvement in both subjective and objective parameters. There was significant relief in itching, papular lesions, constipation, hair fall and respiratory difficulty, along with stabilization of thyroid function tests, enabling a substantial reduction in thyroxine dosage. Discontinuation of immunosuppressive therapy for lichen planus further indicates correction of underlying immune dysregulation.

Subsequent *Shaman Chikitsa* helped in maintaining *Dosha-Dhatu Samyata*, improving overall metabolic function and preventing recurrence. Thus, the combined approach of *Shodhana* followed by

*Shaman Chikitsa* proved to be safe, effective and sustainable in the management of chronic hypothyroidism associated with autoimmune dermatological conditions like lichen planus.

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