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Case Study

MANAGEMENT OF NODULAR GOITER AND HYPOTHYROIDISM THROUGH *SHAMANA AUSHADHI*

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ABSTRACT

Galaganda is a clinically well-defined entity in Ayurveda, characterized by localized swelling in the anterior neck region. It is commonly correlated with goiter in modern medicine, particularly in the context of thyroid dysfunction. The pathogenesis involves *Aaharaja* and *Viharaja Hetus*, leading to vitiation of *Vata* and *Kapha Dosha* along with *Meda Dhatu Dushti*. The aggravated *Doshas* localize in the *Gala Pradesh* (neck region), resulting in progressive glandular enlargement and associated systemic manifestations. **Case Report:** A 30-year-old Indian female, a known case of hypothyroidism for one year, presented with anterior neck swelling and classical symptoms of decreased thyroid activity. The patient was managed exclusively with *Shamana Chikitsa* (conservative Ayurvedic therapeutic approach) for a duration of three months. **Result:** Post-treatment evaluation demonstrated a clinically appreciable reduction in thyroid gland enlargement. Significant symptomatic relief was observed, accompanied by measurable improvement in thyroid function parameters (T3, T4, and TSH levels). Ultrasonographic assessment further substantiated regression in gland size, indicating objective therapeutic efficacy.

INTRODUCTION

Classical Ayurvedic texts do not provide a direct description of the thyroid gland or its specific disorders; however, a condition termed *Galaganda*, characterized by cervical swelling, is extensively documented. Charaka classified *Galaganda* under the twenty types of *Shleshma Vikaras*.[1] Sushruta, in *Sharira Sthana*, described the sixth layer of the skin, *Rohini*, as the anatomical site involved in *Galaganda*.[2] Furthermore, in *Nidana Sthana*, he detailed the condition as the presence of one or two encapsulated swellings of varying size located at the anterior aspect of the neck, pendulous in nature and resembling a scrotum.[3] In contrast, Charaka characterized *Galaganda* as a solitary cervical swelling.[4]

From a contemporary biomedical perspective, thyroid disorders arise due to functional alterations in hormone secretion, manifesting either as hypothyroidism (deficient thyroid hormone production) or hyperthyroidism (excessive thyroid hormone production). According to modern medical literature, a solitary, enlarged swelling in the anterior neck region is termed a goiter. Goiter may present in a euthyroid state or be associated with hypo- or hyperfunction of the thyroid gland.[5] Anatomically, the normal thyroid gland measures approximately 4–6cm in length and 1.3–1.8cm in anteroposterior diameter, while the isthmus typically measures less than 6 mm in thickness.[6]

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AIM

To treat patient of the hypothyroidism and nodular goiter on the basis of Ayurvedic treatment protocol.

OBJECTIVES

To evaluate the clinical efficacy of *Shamana Aushadhi* in hypothyroidism and nodular goiter based on subjective and objective parameters.

Case Report

A 30-year-old Indian female presented with complaints of an increase in the size of *Gala Granthi*.

Present Complaints

1. *Nibaddha Svayathu* (neck swelling)
2. *Nirgahana Kashthata* (difficulty in swallowing)
3. *Shwash kastata* (difficulty in breathing)
4. *Swarabheda* (hoarseness of voice)
5. *Twak Raukshyata* (dryness of skin)
6. *Daurbalya* (weakness)
7. *Khalittya* (hair loss)

The patient had the above complaints in the last 9 months.

History of Present Illness

The problem started with the complaint of decreased appetite and indigestion and bloating of abdomen leading to swelling over neck, difficulty in swallowing, hoarseness of voice, dryness of skin, hair loss and increase in weight along with difficulty in breathing during daily life chores and weakness all day for the past 9 months. The patient was instructed for Thyroidectomy from the Allopathy Hospital of Delhi. Due to these complaints, she visited Thyroid Clinic, CBPACS on 3rd April 2025 for ayurvedic treatment.

Past History

There was no history of any surgical intervention, diabetes mellitus or hypertension. No known drug or food allergies were reported by the patient.

Personal History

The patient was consuming a vegetarian diet with a reduced appetite. She complained of bloating of abdomen, micturition was normal, Sleep was normal. There was no history of any addiction.

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: Vitals Examination

Vital Parameter	Observation
Blood Pressure (BP)	120/80 mm of Hg
Pulse Rate (PR)	72/min
Respiratory Rate (RR)	18 /min
Temperature	Afebrile (98.4°F)
Weight	72.3 Kg

Table 2: 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	Pitting oedema present, 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, nodular goiter

Treatment plan

Table 3: Plan of *Shaman Chikitsa*

Date	Medication	Dose	Duration	Targeted Complains
3/4/25	*Kachnar Guggulu* *Varunadi Kashay* *Ashwagandharista* *Agatsya haritaki Rasayan*	0.5gm twice a day 20ml before breakfast 4tsf twice a day with equal quantity of water 1tsf BD with milk	3 months	1) Neck swelling 2) Difficulty in 3) Swallowing 4) Difficulty in breathing 5) Hoarseness of voice 6) Dryness of skin 7) Weakness 8) Hair loss

OBSERVATIONS AND RESULTS

Table 4: Clinical Symptoms

S.No.	Subjective Parameter	Gradation	
		Before treatment	After treatment
1.	Swelling over throat	3	1
2.	Difficulty in swallowing	2	1
3.	Difficulty in breathing	2	0
4.	Hoarseness of voice	2	0
5.	Dryness of skin	3	0
6.	Weakness	3	0
7.	Hairloss	3	0

Table 5: Gradation of Clinical Symptoms (0–3 Scale)

S.No.	Parameter	Gradation			
		0	1	2	3
1.	Swelling over throat	No swelling	Mild swelling (palpable not visible).	Moderate swelling (palpable and visible).	Enlarged thyroid gland.
2.	Difficulty in swallowing	Able to swallow without difficulty	Mild difficulty in swallowing.	moderate difficulty in swallowing.	Severe difficulty in swallowing.
3.	Difficulty in breathing	No shortness of breath.	Mild difficultly in breathing.	Moderate difficulty in breathing (no exertion till climbing of 2nd floor).	Moderate difficulty in breathing (no exertion till climbing of 2nd floor).
4.	Hoarseness of voice	Normal voice	Minimal changes in quality of speech.	Moderate changes in quality of speech.	Significant changes in quality of speech.
5.	Dryness of skin	No dryness	Mild dryness	Moderate dryness	Severe dryness
6.	Weakness	No fatigue	Mild fatigue	Moderate fatigue	Severe fatigue
7.	Hair loss	No hair loss	Mild hair fall	Moderate hairfall	Severe hair fall

Table 6: Thyroid Function Test

S.No.	Objective Parameters	Changes in TFT		
		Normal values	Before treatment	After treatment
1.	T3	0.60-1.81	1.13 ng/mL	3.03 ng/mL
2.	T4	3.2-12.6	6.0 ug/dL	0.93 ug/dL
3.	TSH	0.55-4.78	7.13 µIU/mL	3.599 µIU/mL

Table 7: USG of Thyroid Gland

Parameter	Dimensions	Changes in USG reports	
		Before treatment	After treatment
Right lobe	Height	57mm	45mm
	Breadth	40mm	30mm
	AP Diameter	35mm	28mm
	Volume	43cc	20cc
Left lobe	Height	40mm	27mm
	Breadth	19mm	17mm
	AP Diameter	21mm	20mm
	Volume	8.7cc	5.14cc

DISCUSSION

The present case demonstrates the clinical application of Ayurvedic principles in the management of hypothyroidism associated with nodular goiter, correlated with *Galaganda* described in classical texts. From an Ayurvedic perspective, the etiopathogenesis involves *Agnimandya* leading to *Āma* formation, followed by vitiation of *Kapha* and *Vāta Doṣa* along with *Meda Dhātu Duṣṭi*. The aggravated *Doṣas* localize in the *Gala Pradesh*[7], resulting in glandular enlargement, obstruction of *Srotas*, and subsequent manifestation of symptoms such as *Nibaddha Śvayathu*, *Śvāsa Kaṣṭatā*, *Swarabheda*, *Daurbalya*, and *Twak Raukṣyata*. [8]

The treatment strategy was focused on:

- Correction of *Agnimandya*
- Elimination of *Āma*
- Pacification of *Kapha–Vāta Doṣa*
- Reduction of *Meda Dhātu Vriddhi*
- Removal of *Srotorodha*
- Rasāyana support for tissue normalization

Clinically, the patient showed significant improvement in subjective parameters, including reduction in neck swelling, dysphagia, dyspnea, hoarseness, fatigue, dryness of skin, and hair fall. Objective assessment revealed normalization of serum TSH levels (7.13µIU/mL to 3.599µIU/mL) and marked reduction in thyroid gland dimensions on ultrasonography, particularly in the right lobe volume (43 cc to 20 cc). The absence of adverse effects further supports the safety of the intervention.

The improvement in thyroid function parameters suggests that the therapy not only acted locally on glandular enlargement but may have contributed to restoration of endocrine balance through correction of underlying metabolic dysfunction (*Agnimandya* and *Meda Duṣṭi*). The associated weight reduction and improved digestion indicate systemic metabolic regulation.

This case highlights the integrative diagnostic approach wherein modern investigations such as TFT and USG were effectively utilized to objectively assess the impact of classical Ayurvedic management.

Probable Mode of Action

- *Kachnar guggulu:* It contains *Kachnar*, purified *Guggulu, Triphala* and *Trikaṭu*. It is indicated in *Galagaṇḍa* and *Granthi* due to its *Lekhana, Granthi-vilāyana* and *Śothahara* properties. The formulation pacifies *Kapha–Vāta doṣa*, removes *Srotorodha*, corrects *Mandāgni* and reduces abnormal *Māṃsa–Meda dhātu* proliferation, leading to reduction in nodular goiter size. [9]
- *Varunadi Kwath*: It consists of *Varuṇa, Śuṇṭhī, Marica, Pippalī, Citraka* and other *Kapha–Vātahara dravyas*. It is indicated in *Granthi, Galagaṇḍa, Śotha* and *Meda vriddhi janya vikāras*. In nodular goiter, it acts through *Bhedana, Lekhana* and *Mutrala* properties, removing *Kapha-kleda*, clearing *Srotorodha* and reducing glandular enlargement, thereby supporting significant reduction in goiter size. [10]

- *Agatsyaharitaki*: it contains *Harītakī* as the main drug along with *Daśamūla, Trikaṭu, Citraka, Guḍa* and other *Agnidīpaka dravyas*. It is indicated in *Kapha–Vāta janya vikāras, Śvāsa, Kāsa* and *Granthi*. In nodular goiter, it acts by *Agni dīpana, Āma pācana* and *Anulomana*, correcting *Mandāgni* and preventing further *Kapha* accumulation and nodular growth. [11]
- *Ashwagandharista*: It contains *Aśvagandhā* as the chief ingredient along with *Drākṣā, Mañjiṣṭhā, Harītakī, Bibhitaka, Āmalakī,* and *Prakṣepa dravyas*. It is indicated in *Vāta janya vikāras*, *Daurbalya* and *Dhātu-kṣaya*. In nodular goiter, it acts as *Rasāyana*, *Balya* and *Vātahara*, supporting metabolic balance, reducing tissue stiffness and aiding normalization of thyroid tissue function. [12]

Results Outcome

- Reduction in serum TSH from 7.13 µIU/mL to 3.599 µIU/mL after *Shaman Chikitsa*
- Free T3 remained within normal limits (0.60-1.81 ng/mL)
- Free T4 remained within normal limits (3.2-12.6 ug/dL)
- Marked reduction in all dimentions of Thyroid gland in USG
- Marked reduction in difficulty in breathing and weakness
- Improvement in appetite and digestion indicating better *Agni*
- Improvement in sleep overall wellbeing
- No adverse effects or complications observed during or after therapy

CONCLUSION

This case study demonstrates the potential effectiveness of *Shamana Chikitsa* in the management of hypothyroidism associated with nodular goiter, correlated with *Galaganda*. A three-month regimen consisting of *Kanchanar Guggulu*, *Varunadi Kwatha*, *Agatsyaharitaki*, and *Ashwagandharishta* resulted in:

- Significant symptomatic relief.
- Reduction in thyroid gland dimensions on ultrasonography.
- Normalization of elevated TSH levels.
- Improvement in metabolic status and overall wellbeing.
- Reduction in body weight.
- No reported adverse effects.

The findings suggest that appropriately selected Ayurvedic formulations targeting *Kapha–Vāta Doṣa*, *Meda Duṣṭi*, and *Agnimandya* may play a beneficial role in managing endocrine disorders such as hypothyroidism with nodular goiter.

However, as this is a single case study, larger randomized controlled clinical trials with long-term follow-up are required to validate the efficacy, safety, and reproducibility of this therapeutic approach. Nevertheless, this case underscores the scope of evidence-based Ayurvedic interventions integrated with modern diagnostic tools in the management of thyroid disorders.

Informed Consent

Written informed consent was obtained from the patient prior to initiation of *Shaman Chikitsa*. The 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 in swelling over neck, weakness. Weight decreased 7kg and reduction of the blood TSH Levels.

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