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Case Study

AYURVEDIC APPROACH TO HOLISTIC MANAGEMENT OF *AVATU GRANTHI ROG*

Acharya Manish[1]*, Richa[2], Promila[3], Tanu Rani[4], Renu Bhardwaj[4]
*[1]Director, [2]Senior Research officer, [3]Consultant, [4]Research Associate, Jeena Sikho Lifecare Limited, Jhunjhunu, Rajasthan, India.

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ABSTRACT

Avatu Granthi Roga (thyroid disorder) is a chronic endocrine condition characterized by metabolic dysfunction and systemic manifestations. In Ayurveda, it is attributed to *Kapha–Vata Dosha* imbalance, *Agnimandya*, and *Rasa Dhatu* vitiation leading to glandular disturbance. Management focuses on restoring *Agni,* balancing *Doṣhas,* and re-establishing metabolic and endocrine harmony. A 39-year-old female with a 12-year history of *Avatu Granthi Roga* (thyroid disorder), presented to Jeena Sikho Lifecare Limited Hospital, Jhunjhunu, Rajasthan, on 11 September 2024. The patient complained of generalized weakness (*Daurbalya*), fatigue (*Shrama*), severe generalized body pain (*Sarvanga Shoola*; score 7/10), acidity (*Amlapitta*), and headache (*Shirashoola*), indicating systemic involvement and metabolic dysfunction. The patient was managed with holistic Ayurvedic therapy along with dietary and lifestyle modifications. Thyroid function tests before treatment (7 August 2024) revealed markedly reduced T3 (0.32ng/dL) and T4 (2.73µg/dL) levels with extremely elevated TSH (304 mIU/L), suggestive of severe hypothyroidism. After treatment (24 October 2024), T3 and T4 levels improved to 1.00 ng/dL and 9.55 µg/dL, respectively, and TSH decreased significantly to 1.21 mIU/L. Clinically, the patient showed marked improvement in weakness, fatigue, body pain, acidity, and headache, reflecting restoration of metabolic and endocrine balance. This case highlights the potential role of Ayurveda in the holistic management of *Avatu Granthi Roga*.

INTRODUCTION

Thyroid disorders are among the most common endocrine disorders worldwide, affecting millions of individuals across all age groups and genders. The thyroid gland plays a crucial role in regulating metabolic processes, growth, development, and homeostasis through the secretion of thyroid hormones, primarily thyroxine (T4) and triiodothyronine (T3).[1] Abnormalities in thyroid function or structure can lead to significant clinical manifestations, including metabolic disturbances, cardiovascular complications, neuropsychiatric symptoms, and reproductive dysfunctions.[2]

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Among structural thyroid disorders, thyroid nodules and goiter are frequently encountered in clinical practice and are collectively referred to as thyroid gland swellings or thyroid enlargements. In Ayurveda, diseases of the thyroid gland can be correlated with *Avatu Granthi Roga,* a condition described under *Granthi* (glandular swellings) and *Galaganda* (goiter-like swelling) in classical Ayurvedic texts. *Granthi* refers to localized nodular swellings formed due to the vitiation of *Doshas* and *Dhatus,* whereas *Galaganda* specifically refers to enlargement of the neck region due to thyroid dysfunction.[3] The term *Avatu* denotes the thyroid gland, and *Avatu Granthi* implies nodular or glandular pathology of the thyroid. Although classical Ayurvedic texts do not explicitly describe thyroid hormones, the clinical features of thyroid disorders have been described in terms of *Dosha* imbalance, *Agni* dysfunction, and systemic *Dhatu* disturbances.[4] The increasing prevalence of thyroid disorders in modern society is attributed to multiple factors, including environmental pollution, dietary iodine imbalance, stress,

autoimmune diseases, and lifestyle changes. Conventional management of thyroid disorders primarily involves hormone replacement therapy, antithyroid drugs, radioactive iodine therapy, or surgical intervention.[5] While these treatments are effective in controlling thyroid hormone levels, they are often associated with long-term dependency, adverse effects, and limited impact on the underlying pathophysiological imbalance.[6] Therefore, there is a growing interest in complementary and alternative medicine systems, particularly Ayurveda, which offers a holistic approach to disease management by addressing the root cause rather than merely suppressing symptoms.[7] Ayurveda conceptualizes disease as a result of imbalance among the three *Doshas- Vata, Pitta,* and *Kapha-* along with impairment of *Agni* (digestive and metabolic fire) and disturbance of *Dhatus* (body tissues) and *Srotas* (body channels). *Granthi* formation is primarily attributed to the vitiation of *Kapha Dosha*, along with involvement of *Vata* and *Pitta,* leading to abnormal growth and accumulation of tissues.[8] In the context of *Avatu Granthi Roga*, *Kapha Dosha* plays a dominant role due to its association with growth, structure, and glandular tissue, while *Vata* contributes to irregularity and *Pitta* to inflammatory and metabolic changes. According to Ayurvedic pathology, excessive intake of *Kapha*-aggravating foods such as dairy products, refined carbohydrates, oily and heavy foods, along with sedentary lifestyle and mental stress, can lead to *Kapha* accumulation and *Meda Dhatu* vitiation, resulting in *Granthi* formation in the *Avatu* region.[9] Additionally, impaired *Agni* leads to the formation of *Ama* (metabolic toxins), which obstructs *Srotas* and contributes to glandular enlargement and dysfunction. This holistic understanding provides a unique framework for the management of thyroid disorders through dietary regulation, lifestyle modification, *Panchkarma* procedures, and herbal formulations.[10] Ayurvedic management of *Avatu Granthi Roga* focuses on restoring *Dosha* balance, enhancing *Agni,* eliminating *Ama,* and rejuvenating the affected tissues. Ayurvedic formulations containing drugs such as *Kanchnar (Bauhinia variegata), Guggulu (Commiphora mukul), Ashwagandha (Withania somnifera), Triphala*, and *Shilajit* have been traditionally used in the management of thyroid disorders due to their *Kapha*-pacifying, metabolic-enhancing, and immune-modulatory properties.[11]

***Samprapti* of *Avatu granthi Rog* in Ayurveda[12]**

Samprapti Ghataka	**Description**
Dosha (body humors)	*Vata* predominant with *Kapha* involvement (*Vata-Kapha Dosha* predominance)
Dushya (vitiated tissues)	*Rasa* (plasma), *Rakta* (blood), *Mamsa* (muscle tissue), *Meda* (adipose tissue), *Asthi* (bone tissue), *Majja* (bone marrow/ nervous tissue), *Shukra* (reproductive tissue)
Srotas (affected channels)	*Pranavaha* (respiratory channels), *Annavaha* (gastrointestinal channels), *Rasavaha* (plasma channels), *Raktavaha* (blood channels), *Mamsavaha* (muscle tissue channels), *Medavaha* (fat tissue channels), *Asthivaha* (bone channels), *Shukravaha* (reproductive tissue channels), *Purishavaha* (Faecal channels)
Srotodushti Prakara (obstruction of channels)	*Sanga* (obstruction of channels)
Agni (digestive/metabolic function)	*Jatharagni* (digestive fire), *Dhatvagni* (tissue metabolic fire), *Bhutagni* (elemental metabolic fire)
Ama (metabolic toxins)	Formation of metabolic toxins due to impaired *Jatharagni, Dhatvagni,* and *Bhutagni*
Udbhava Sthana (origin)	Origin site – Stomach and gastrointestinal tract
Adhisthana (seat of manifestation)	Primary site – Neck region (thyroid gland region)
Vyakta Sthana (manifestation site)	Manifestation site – Whole body (systemic manifestation)
Svabhava (inherent nature of the disease)	Chronic and progressive nature of disease
Sadhyata–Asadhyata	*Yapya* (Manageable but not completely curable requires long-term management)

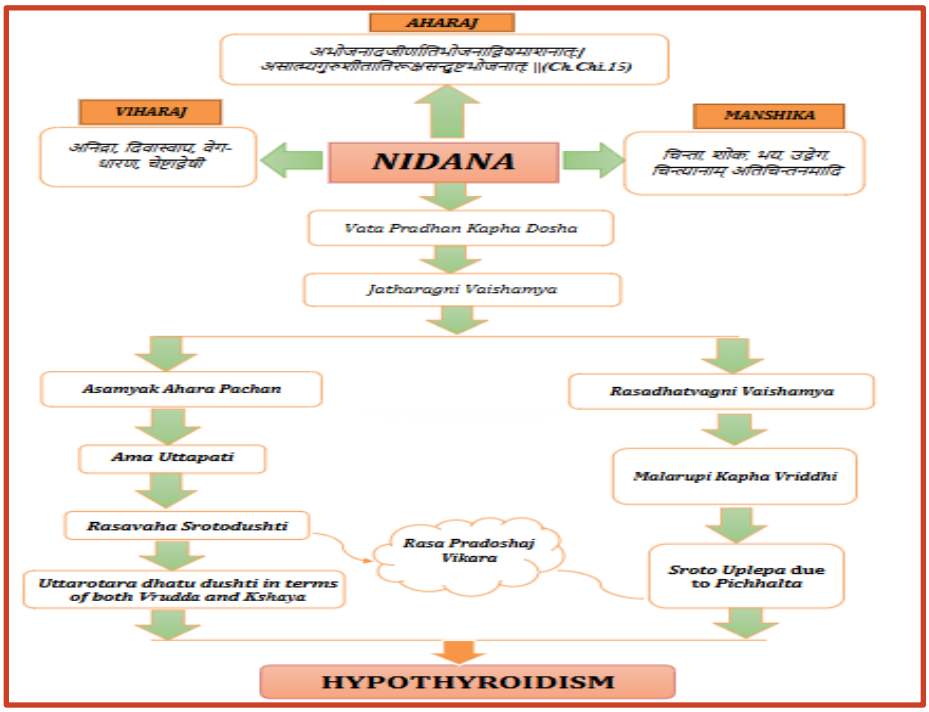

Figure 1: *Samprapti* of *Avatu granthi Rog* in Ayurveda

Case Report

A 39-year-old female with a known case of *Avatu granthi Rog* for 12 years, Hepatomegaly, and a Grade 2 fatty liver. The patient visited on 11/9/2024 at Jeena Sikho Lifecare Limited Hospital, Jhunjhunu, Rajasthan. The patient suffered from generalized weakness *(Daurbalya*), fatigue (*Shrama*), full body pain (*Sarvanga Shoola*; severity score 7/10), acidity (*Amlapitta*), and headache *(Shirashoola*). The patient reported irregular menstrual cycles occurring every 40–45 days. The last menstrual period (LMP) was on 30 July 2024, with normal flow for 4–5 days.

Table 1: Vitals during the initial examination visit on 11/9/2024

Parameters	**Findings**
Blood Pressure	100/60mmHg
Pulse Rate	86/min
Weight	84kg

Table 2: *Asthvidha Pariksha was* observed during the first visit

***Nadi* (Pulse)**	*Pittakaphaj*
***Mala* (Stool)**	*Badha* (constipation)
***Mutra* (Urine)**	*Ishatpeeta* (mild yellowish)
***Jiwha* (Tongue)**	*Saam* (coated)
***Shabdha* (Speech)**	*Spashta* (clear)
***Sparsha* (Touch)**	*Anushna sheeta* (moderate temperature)
***Drika* (Eyesight)**	*Avikrit* (normal)
***Akriti* (General appearance)**	*Madhyam* (moderate)

INTERVENTIONS

***Ahara Krama*:** The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital included the following:

Do's and Don'ts:

1. Avoid eating after 8 PM.
2. Take a small bite of solid food and chew it 32 times to aid proper digestion and nutrient absorption.
3. Do not consume wheat, refined food, milk, milk products, coffee, tea, and packed food.

***Jala Sevan* (Water intake)**

1. Take small sips of water.
2. Consume Herbal tea 300ml twice daily. To prepare 300ml of herbal tea, combine 2 cloves *(Trifolium pratense),* 2 cardamom pods, 10 black pepper seeds *(Piper nigrum),* 5 gm cinnamon sticks *(Cinnamomum verum),* and a half tea spoon of fennel *seeds (Foeniculum vulgare)* with hot water.
3. Drink Red juice made up beetroot, pomegranate and carrot (100-150ml).
4. Green juice composed of *Neem (Azadirachta indica), Tulsi (Ocimum tenuiflorum), Paan (Piper betle), Karela (Momordica charantia), Jamun (Syzygium cumini), Sadabahar (Vinca rosea)* taken in quantities of 10gm each, 200 ml water added, ground in a mixer grinder, filtered, and consumed in a quantity of (100-150 ml).
5. Living water: The approach involves a three-tiered filtration system using clay pots, each serving a specific purpose to purify and energize the water: Top Pot: Fill this pot with a mixture of small and large river stones, followed by charcoal made from burning wood. This layer acts as an initial filter, removing larger impurities. Middle Pot: Place a similar mix of stones here. Additionally, add *Moringa* seed powder (also known as drumstick or "*Sahjan"* powder), a silver vessel, a copper vessel, and *Rudraksha (Elaeocarpus angustififolium)*. *Moringa* seeds are known for their natural water-purifying properties, while silver and copper are believed to enhance the quality of water. Bottom Pot: This pot remains unaltered and serves as the collection chamber for the purified water. Advised to drink as per the need.
6. Boil 2 liters of water to reduce it to 1 litre and consume.

Aim to drink 1 litre of alkaline water daily (Procedure as follow)

1. Setup the glass jug: Fill a clean jug with fresh drinking water.
2. Add copper vessel: Place a copper vessel or glass inside the jug.
3. Infuse flavors: Add slices of carrot, cucumber, and lemon to the water.
4. Add herbs: Include ginger slices, mint leaves, and coriander leaves.
5. Optional spice: Add a slice of green chili for added flavor.
2. Let it sit: Allow the mixture to sit for 12 hours.
3. Add *Amalaki (Emblica officinalis)* and basil *(Ocimum tenuiflorum):* After 6 hours, add 3–4 pieces of *Amalaki* and a handful of basil leaves. Let it infuse for 6 hours.
4. Ready to drink: 3 to 4 times a day in divided portions

Shooka Dhanya Sevan

1. Incorporate five types of millet into diet: (*Priyaṅgava*) Foxtail (*Setaria italica*), (*Śyāmākā*) Barnyard (*Echinochloa esculenta*), (*Kodrava)* (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramose*).
2. Use only steel cookware for preparing the millets. Cook the millets only using mustard oil.

Ayurvedic and Disciplined & intelligent Person's diet (DIP) include:

Meal Timing & Structure	**Food Items**
Early morning (5:45 AM)	Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min), raw ginger, turmeric
Ayurvedic supachya diet breakfast (9:00-10:00 AM)	Steamed seasonal fruits, steamed sprouts (seasonal), fermented millet shake (4-5 types)
Morning snacks (11:00 AM)	Red juice (150ml), soaked almonds
Ayurvedic *Supachya* diet lunch (12:30 PM - 2:00 PM)	**Ayurvedic *Supachya* diet** Plate 1: Steamed salad Plate 2: Millet recipe
Evening snacks (4:00-4:20 PM)	Green juice (100-150 ml), 4-5 almonds
Ayurvedic *Supachya* diet dinner (6:15-7:30 PM)	**Ayurvedic *Supachya* diet** Plate 1: Steamed salad, chutney, soup Plate 2: Millet khichdi
Fasting	One-day fasting advised

Fasting

One-day fasting per week.

Special Instructions

1. Express gratitude to the divine before consuming food or drinks.
2. Sit in *Vajrasan* (a yoga posture) after each meal.
3. 10-minute slow walk after every meal.

Diet Types

1. The diet comprises low-salt solid, semi-solid, and smoothie options.
2. Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

Lifestyle Recommendations

1. Include *Dhyana* (meditation) for relaxation.
2. Engage in *Yoga* (*Sukhasana* and *Sukshma pranayama*) from 6:00 AM to 7:00 AM.
3. Practice barefoot brisk walk for 30 minutes.
4. Ensure 6-8 hours of quality sleep each night.
5. Adhere to a structured daily routine.

Shaman Chikitsa

Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 3.

Table 3: Medicine is advised during the treatment

Medicine Advised on (11/9/24)	1st Follow-up Medicine (7/10/24)	2nd Follow-up Medicines (12/11/24)
Amal Pitt Har Powder half a teaspoon BD *(Pragbhakta* with *Koshna jala)* (before meal)	Amal Pitt Har Powder half a teaspoon BD *(Pragbhakta with koshna jala)* (before meal)	Thyri capsule 1 Tablet BD *(Adhobhakta* with *Koshna jala)*
Thyri capsule 1 tablet BD *(Adhobhakta* with *Koshna jala)* (after meal)	Thyri capsule 1 Tablet BD *(Adhobhakta* with *Koshna jala)* (after meal)	Kanchanar Guggul Tablet 1 Tablet BD *(Adhobhakta* with *Koshna jala)*
Granthiharvati Tablet 1 tablet BD *(Adhobhakta* with *Koshna jala)*	*Kanchanar Guggul* Tablet 1 Tablet BD *(Adhobhakta* with *Koshna jala)*	
Liver Tonic 10ml BD *(Adhobhakta* with *Sama matra Koshna jala)*	*Aamvathar Guggul* Tablet 1 Tablet BD *(Adhobhakta* with *Koshna jala)*	
Ladies Tonic 10ml BD *(Adhobhakta* with *Sama matra koshna jala)*	Yakrit Shoth Har vati 2 Tablet BD *(Adhobhakta* with *Koshna jala)*	

Table 4: Medicines Advised during Follow-up

Medicine Name	Ingredients	Therapeutic Effects
Thyri capsule	*Triphala (Haritaki (Terminalia chebula), Bibhitaki, (Terminalia bellirica)* and *Bhumi Amalaki (Phyllanthus niruri), Brahmi (Bacopa monnieri), Gokshur (Tribulus terrestris linn.), Punarnava (Boerhavia diffusa), Shunthi (Zingiber officinale), Ashwagandha (Withania somnifera), Mulethi (Glycyrrhiza glabra), Shilajeet (Asphaltum punjabianum), Guggul (Commiphora wightii), Kachnar (Bauhinia variegata)*	Supports metabolic and energy balance (*Agni Samya* and *Ojasvardhana*) and assists in maintaining stamina and vitality *(Deha Bala* and *Dhatu Samvardhana*).
Granthihar vati Tablet	*Kachnar (Bauhinia variegata), Guggul (Commiphora wightii), Amalki (Phyllanthus emblica), Bibhitika (Terminalia bellirica), Haritiki (Terminalia chebula), Shunti (Zingiber officinale), Marich (Piper nigrum), Pippali mool (Piper longum), Varuna (Crateva religiosa), Sukshamala, Dalchini (Cinnamomum verum), and Tamal Patar (Cinnamomum tamala)*	*Lekhan* (scraping), *Stambhan* (astringent), *Shoth har* (anti-inflammatory), *Vedanasthapan* (analgesic), *Kapha-Vata Shaman* (pacifying *Kapha* and *Vata doshas*)
Yakrit Tonic	*Lal Punarnava (Boerhavia diffusa), Safed Punarnava (Boerhavia diffusa; different variety), Bala (Sida cordifolia), Atibala (Abutilon*	Enhances *Dhatu Shodhana* (detoxification) and supports

	*indicum), Patha (Cissampelos pareira), Guduchi (Tinospora cordifolia), Chitrak (Plumbago zeylanica), Kakoli (Roscoea procera), Vasa (Adhatoda vasica), Nagarmotha (Cyperus rotundus), Ajwain (Trachyspermum ammi), Shunti (Zingiber officinale dried), Kali Marich (Piper nigrum), Long (Syzygium aromaticum), Methi (Trigonella foenum-graecum), White Jeera (likely Cuminum cyminum), Roheda Chhal (*could refer to *Tecomella undulata bark), Dalchini (Cinnamomum verum), Tejpatta (Cinnamomum tamala), Badi Elaichi* (*Amomum subulatum*), *Choti Elaichi (Elettaria cardamomum), Jaiphal (Myristica fragrans nutmeg), Nagkesar (Mesua ferrea), Kankol (Piper cubeba), Mulethi (Glycyrrhiza glabra), Shekel (*unidentified, could require clarification*), Mahua (Madhuca longifolia)*	*Swasthya Rakshana* (maintenance of systemic health).
Amal Pitt Har Powder	*Shunti (Zingiber officinale), Marich (Piper nigrum), Pippali mool (Piper longum), Amalaki (Phyllanthus emblica), Bibhitaki (Terminalia belerica), Haritaki (Terminalia chebula), Musta (Cyperus rotundus), Sulshmaila (Sida cordifolia), Tvak patra (Cinnamomum verum), Vaividang (Embelia ribes), Bid lavana (Sodium chloride), Lavanga (Syzygium aromaticum), Trivita (Tribulus Terrestris), Shankara (Saccharum officinarum)*	Balances *Pitta* and pacifies *Urdhva Agni*, relieving *Amlapitta* and *Hrit Shula*, while reducing *Ama* and inflammation, and enhancing *Ojas* for immunity.
Yakrit Shoth Har vati	*Punarnava (Boerhavia diffusa), Kalimirch (Piper nigrum), Pippali (Piper longum), Vayavidanga (Embelia ribes), Devdaru (Cedrus deodara), Kutha Haldi (Picrorhiza kurroa), Chitrak (Plumbago zeylanica), Bibhitaki (Terminalia belerica), Haritaki (Terminalia chebula), Amalaki (Emblica officinalis), Danti (Baliospermum montanum), Chavya (Piper chaba), Indra Jon (Taraxacum officinale), Pippali Mool (Piper longum), Motha Kalajira (Nigella sativa), Kayphal (Myrica esculenta), Kutki (Picrorhiza kurroa), Nisoth (Operculina turpethum), Shunti (Zingiber officinale), Kakd Singhi (Cucumis sativus), Ajwain (Trachyspermum ammi), Mandur Bhasma (Carum copticum)*	Helps maintain *Agnisthiti* (digestive balance) and supports *Yakrit Shodhana* (liver detoxification).
Amvathar Guggul Tablet	*Shunti (Zingiber officinale), Peepal (Ficus religiosa), Chavya (Piper Retrofractum), Chitrak (Plumbago zeylancia), Hing Ajmod (Apium graveolens), Patha (Cissampelos pareira), Vaividang (Embelia ribes), Gajpipal (Scindapsus officinalis Schott), Kutki (Picrorhiza kurroa), Atees (Aconitum Heterophyllum), Bharangi (Clerodendron serratum), Vacha (Acorus calamus), Murva (Marsdenia tenacissima), Jeera (Cuminum cyminum), Kalaunji (Nigella), Haritaki (Terminalia chebula), Bibhitaki (Terminalia bellirica), Amalaki (Phyllanthus emblica), Guggul (Commiphora wightii), Vang Bhasm, Chandi Bhasm, Naag Bhasm, Log Bhasm, Mandoor Bhasm, Parad Bhasm, Abhrak Bhasm*	It helps to support bones, joints, and muscles *(Asthi, Sandhi,* and *Mamsa Dhātu Poshaka)* and provides relief from osteoporosis *(Asthi Kshaya)* and rheumatic pain *(Vātaja Sandhi Shūla)* in the body.
Ladies Tonic	*Dashmoolaristha, Lodharasava, Patragasava, Kumariasava, Ashokaristha, Loasava*	Supports *Stree Swasthya* (female wellness) and helps in *Vriddhi* (enhancing vitality and overall well-being).
Kanchanar Guggul Tablet	*Kachnar (Bauhinia variegata), Cardamom (Elettaria cardamomum), Triphala (Haritaki (Terminalia chebula), Bibhitaki, (Terminalia bellirica)* and *Bhumi Amalaki (Phyllanthus niruri), Shunti (Zingiber officinale), Kalimirch (Piper nigrum), Pippali mool (Piper longum), Varun (Crataeva nurvula), Guggul (Commiphora wightii)*	Supports the management of PCOS (Polycystic Ovarian Syndrome)- *(Yonivyapad)*, thyroid function *(Galganda)*, lipoma *(Medoja Granthi)*, endometriosis *(Yonidosha)*, and obesity *(Sthoulya)*.

RESULTS

Table 5 shows that before treatment, the patient presented with generalized weakness *(Daurbalya),* fatigue *(Shrama),* severe full body pain (*Sarvanga Shoola*; score 7/10), acidity (*Amlapitta*), and headache (*Shirashoola*). After Ayurvedic intervention, there was marked improvement in all clinical symptoms, including relief in weakness, fatigue, body pain, acidity, and headache

Table 5: Improvement in Clinical Symptoms Before and After Treatment

S.No.	Before Treatment	After Treatment
1	Generalized weakness *(Daurbalya)*(4/10)[13]	Marked improvement / Relieved (0/10)
2	Fatigue *(Shrama / Klama)*(3/10)[14]	Relieved (0/10)
3	Full body pain *(Sarvanga Shoola)*(7/10)[15]	Mild / Relieved
4	Acidity *(Amlapitta)*[16]	Relieved
5	Headache *(Shirashoola)*[17]	Relieved
6	Constipation (*Vibandha)*[18]	Relieved

The thyroid profile of the patient showed significant improvement following Ayurvedic intervention. Before treatment (7/8/2024), T3 and T4 levels were markedly reduced, while TSH was extremely elevated, indicating severe hypothyroidism. After treatment (24/10/2024), T3 and T4 levels increased to near-normal ranges, and TSH levels drastically decreased to 1.21 mIU/L, reflecting restoration of thyroid function and improved endocrine balance.

Table 6: Pre and Post-Intervention Assessment of Thyroid Profile Patient

Parameters	Findings	
Date	**7/8/24**	**24/10/24**
T3 Total	0.32ng/dl	1.00ng/dl
T4 Total	2.73(mcg/dL)	9.55(mcg/dL)
TSH	304(mIU/L)	1.21(mIU/L)

DISCUSSION

A 39-year-old female patient with a 12-year history of *Avatu Granthi Roga* (thyroid disorder), hepatomegaly, and Grade 2 fatty liver presented to Jeena Sikho Lifecare Limited Hospital, Jhunjhunu, Rajasthan, on 11 September 2024. At the time of presentation, the patient reported generalized weakness (*Daurbalya*), fatigue (*Shrama*), severe generalized body pain (*Sarvanga Shoola*; score 7/10), acidity (*Amlapitta*), and headache (*Shirashoola*), indicating systemic involvement and impaired metabolic and digestive functions.

Nidana (etiological factors) of *Avatu Granthi Roga*

The *Nidana* (etiological factors) of *Avatu Granthi Roga* include excessive intake of *Kapha*-aggravating foods such as heavy, oily, sweet, and cold diets, along with sedentary lifestyle, stress, and irregular dietary habits. *Agnimandya* (impaired digestive and metabolic fire) leads to the formation of *Ama*, which obstructs the *Srotas* and causes *Meda* and *Kapha* accumulation in the *Avatu* region.[19] Hormonal imbalance, chronic metabolic disturbances, and psychosomatic stress further contribute to the development and progression of glandular enlargement and dysfunction.

Samprapti (pathogenesis) of *Avatu Granthi Roga*

In *Avatu Granthi Roga*, vitiation of *Kapha Dosha* along with *Vata Dosha* occurs due to improper diet, lifestyle, and metabolic dysfunction. *Agnimandya* leads to the formation of *Ama,* which obstructs *Rasavaha* and *Medovaha Srotas*, resulting in *Kapha–Meda* accumulation in the *Avatu* region.[20] This causes *Granthi* (glandular swelling) formation with systemic involvement of *Rasa, Rakta,* and *Mamsa Dhatus.* Chronic *Srotorodha* further aggravates the disease, leading to progressive glandular enlargement and hormonal dysfunction.

Diet and Lifestyle *(Āhāra and Vihāra)* recommendations for *Avatu Granthi Roga*

Patients with *Avatu Granthi Roga* are advised to follow a *Kapha*-pacifying and *Agni*-enhancing diet, including light, warm, and easily digestible foods such as green vegetables, whole grains, and soups. Intake of heavy, oily, sweet, and cold foods should be avoided, along with excess dairy and refined carbohydrates.[21] Regular physical activity, yoga, and *pranayama* are recommended to improve metabolism and circulation in the neck region. Adequate sleep, stress management, and avoidance of sedentary habits are essential to

maintain hormonal balance and prevent disease progression.

Treatment Result

As shown in Table 5, the patient initially presented with generalized weakness *(Daurbalya),* fatigue *(Shrama),* severe generalized body pain (*Sarvanga Shoola*; score 7/10), acidity *(Amlapitta)*, and headache (*Shirashoola*). Following Ayurvedic intervention, a marked improvement was observed in all clinical symptoms, indicating enhanced systemic health and functional recovery. Additionally, the thyroid profile demonstrated significant normalization after treatment. At baseline (7 August 2024), T3 and T4 levels were markedly reduced, with extremely elevated TSH levels, suggestive of severe hypothyroidism. Post-treatment (24 October 2024), T3 and T4 levels improved to near-normal ranges, while TSH levels decreased drastically to 1.21 mIU/L, indicating restoration of thyroid function and improved endocrine homeostasis.

Need for Further Research[22]

1. **Scientific Validation of Ayurvedic Interventions**
2. Clinical trials and scientific studies are needed to establish the efficacy, safety, and reproducibility of Ayurvedic treatments for Avatu granthi Rog.
3. **Pathophysiological Understanding–** Further research should explore the underlying mechanisms through which Ayurvedic formulations influence tumor progression, immune response, and overall systemic health.
4. **Standardization & Personalization**– Research should focus on standardizing Ayurvedic formulations while maintaining a personalized treatment approach based on Dosha imbalances, disease stage, and patient constitution (Prakriti).

CONCLUSION

This case study demonstrates the effectiveness of a holistic Ayurvedic approach in the management of *Avatu Granthi Roga.* A 39-year-old female with a 12-year history of thyroid disorder, hepatomegaly, and Grade 2 fatty liver presented to Jeena Sikho Lifecare Limited Hospital, Jhunjhunu, Rajasthan, with generalized weakness *(Daurbalya),* fatigue *(Shrama)*, severe generalized body pain *(Sarvanga Shoola*; score 7/10), acidity (*Amlapitta*), and headache (*Shirashoola).* Following Ayurvedic intervention along with dietary and lifestyle modifications, the patient showed marked clinical improvement in all presenting symptoms. Thyroid function tests showed significant biochemical improvement, with T3 increasing from 0.32 ng/dL to 1.00 ng/dL, T4 from 2.73µg/dL to 9.55µg/dL, and TSH decreasing from 304mIU/L to 1.21mIU/L. These findings indicate restoration of thyroid function and endocrine balance. The results suggest that Ayurvedic therapy can be an effective complementary approach in managing thyroid disorders and associated metabolic disturbances. However, larger clinical studies are required to validate these findings and establish standardized treatment protocols.

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***Address for correspondence**
Dr. Richa
Senior Research officer
Jeena Sikho Lifecare Limited
Jhunjhunu, Rajasthan.
Email:
shuddhi.research@jeenasikho.co.in

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