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Case Study

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"EXPLORING THE ROLE OF AYURVEDA IN HYPOTHYROID MANAGEMENT: - A CASE REPORT"

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ABSTRACT

Hypothyroidism, a most common endocrine disorder, characterized by an underactive thyroid gland leading to various metabolic disturbances. Weight gain, infertility, depression, etc are some of the symptoms of the disease. Conventional management primarily relies on synthetic thyroid hormone replacement therapy, causing long term complications. Whereas in *Ayurveda* this is attributed to the function of *Agni*. As per *Charaka Samhita*, we can categorize it under *Anukta vyadhi*.[1] Clinical symptoms of this disease closely resemble to *Agnimandya* and symptoms precipitated consequently. Proper understanding of the disease in terms of *Ayurveda* is essential for successful management of Hypothyroidism without complications. Case report: A 26-year-old female patient visited with complaints of dysmenorrhea, gradual weight gain, cold intolerance, constipation and insomnia. She is a known case of hypothyroidism with elevated thyroid stimulating hormone levels. She was effectively treated with an *Ayurvedic* treatment approach for 5months.

KEYWORDS: *Ayurveda*, thyroid, Hypothyroidism.

INTRODUCTION

Hypothyroidism is believed to be a common health issue in India now-a-days. In 21st century changing life style leads to a variety of lifestyle disorders. Thyroid diseases, diabetes, and hypertension are some examples of lifestyle disorders. The number of thyroid cases in society is growing by the day, primarily affecting women more often than men. The thyroid gland is one of the largest endocrine glands in the body. Follicles are the main functional units of the thyroid gland. Thyroid hormones are classified into three types, triiodothyronine hormone (T3), thyroxin hormone (T4), and calcitonin. This thyroid hormone secretion and regulation is by the negative feedback mechanism of the hypothalamic-pituitary-thyroid (HPT) axis.[2] Thyroid dysfunction is of two types i.e., over activity - hyperthyroidism and under activity – hypothyroidism.

The majority of hypothyroidism cases lack a clear cause. Hypothyroidism is thought to be the result of an autoimmune reaction. Hypothyroidism affects up to 5% of the general population, with a further estimated 5% being undiagnosed. Over 99% of affected patients suffer from primary hypothyroidism.[3] Hypothyroidism is a hypometabolic clinical state resulting from inadequate production of thyroid hormones for prolonged periods, or rarely, from resistance of the peripheral tissues to the effects of thyroid hormones.[4]

Table 1: Showing how to diagnose hypothyroidism with T3 T4 TSH levels.

T3	T4	TSH	INTERPRETATION
Normal	Normal	Normal	Normal thyroid function
Normal	Low	Elevated	Primary- hypothyroidism
Elevated	Low	Elevated	Over-hypothyroidism
Normal	Low	Normal	Central hypothyroidism
Elevated	Normal	Elevated	Subclinical hypothyroidism

Symptoms of hypothyroidism include lethargy, dry hair and skin, cold intolerance, hair loss, difficulty concentrating, poor memory, constipation, weight gain with poor appetite, dyspnoea, hoarse voice, muscle cramping, and menorrhagia.[5] Serum TSH is the best initial diagnostic test, and a normal value excludes primary hypothyroidism. Low T4 with elevated TSH confirms the diagnosis of primary hypothyroidism, while normal T4 with isolated elevation of TSH leads to the diagnosis of subclinical hypothyroidism. Individuals with subclinical hypothyroidism who have elevated anti-TPO antibodies are more likely to progress to overt hypothyroidism than antibody negative individuals. Central hypothyroidism is characterised by a low T4 and an inappropriately normal TSH.

In *Ayurveda* there is no direct mention of the thyroid gland and hyperthyroidism. According to *Charak Samhita* we can categorize Hypothyroidism in *Anukta Vyadhis* means any disease which is not explained in *Ayurvedic* text but studied and treated on the base of *kupita dosha, hetu* and their *sthana*. Based on the clinical presentation it can be interpreted under different diagnoses according to *yukti* of the physician. The function of hormones can be correlated with the action of *agni*. *Jataragni* vitiation leading to a reduction in *dhattwagni* is the main cause for Hypothyroidism.[6] Proper understanding of *dosha, dhatu* vitiation, *nidana* (etiological factors) and *adhishtana* (site of manifestation), will help in the management of *Anukta vyadhis*. Based on the examination of the symptoms of hypothyroidism, the *Ayurvedic* concept of *dosha* and *dushya* revealed that the disease is primarily characterized as Kaphavruta vata in *rasa dhatu* leading to *Rasapradoshaja vikara*.[7]

CASE REPORT

A 26years old female patient, *Hindu* by religion, student, moderately built, diagnosed to have hypothyroidism, came to the outpatient department of the hospital with complaints of

- Dysmenorrhea
- Gradual weight gain
- Constipation
- Loss of appetite
- Muscle cramps

7 months

- Insomnia
- Hair fall
- Progressive fatigue/ tiredness
- Dry skin

1.5 years

History of present illness

Patient was apparently healthy before 3 years. She gradually developed dysmenorrhea, heavy bleeding during menstrual cycle, loss of appetite and hairfall. She consulted a nearby doctor and tested for thyroid profile. Serum TSH levels of patient were increased (Serum TSH- 24.29) and was prescribed Tab. Thyronorm 100mcg daily morning before food for 2months. Medicine was continued for 14 months. After few months of initiation of the treatment patient started having symptoms like palpitations, anxiety, insomnia, tremors, persistent hair loss and calf muscle cramps. She was advised to recheck her thyroid profile and her TSH levels were not in control. She was advised to increase the dosage. As patients was not willing to continue the medicine, she visited our hospital for alternative treatment.

Past History

Known case of Hypothyroid since 3 years
Not a known case of Hypertension/ Diabetes or any chronic disorders

Family history: Nothing significant

Personal History

Ahara – The personal history revealed that the patient is vegetarian (Eats spicy, sour & sweet food). Patient has no addiction. Reduced physical activity, dining out frequently, and occasional consumption of junk food, bicarbonated juices, etc.

Vihara – Prolong sitting, Decreased sleep/ *ratri jagran*, *avyayama*.

Manasika – *Chinta*.

Personal examination

Age – 26years
Weight – 53kgs
Height – 154cm
Pulse – 80/min
BP – 120/70mm of Hg
Temperature – 98.3^{o} F
Pallor – Absent
Icterus – Absent
Lymphadenopathy – Absent

Systemic examination

Respiratory system – Bilateral normal vesicular breathing sounds
CVS – S1 S2 sound normal
CNS – Normal
GIT – Soft, no distension or gourding, Bowel sounds heard.
Urinary system – Normal
Locomoter – Normal
Skin – dry

Thyroid gland local examination

On Inspection – No localised swelling, no scar, no distended veins.
On Palpation – Size, shape – Normal
Localised temperature – Not raised
Tenderness – Absent

Physical Examination

Ashtavidha pariksha
Nadi – Pittaja

Mala – Malavshtambha, Samata (Constipated)
Mutra – Samyak (Normal with yellowish discoloration)
Jiwha – Lipta (coated)
Shabdh – Samyak (Normal, clear with formed words and sentences)
Sparsha – Sheeta, Ruksha (cold extremities, dry skin)
Drika – Samanya (Normal)
Aakriti – Madhyama (Medium)

Dashavidha pariksha
Prakriti - VataPittaja
Vikriti – vata, kapha dosha and Rasa dhatu
Sara – Avara
Samhanana – Madhyama (Medium)
Pramana - Madhyama (Medium)
Satmya - Madhyama (Medium)
Satva - Madhyama (Medium)
Vaya– Baala (youvana) (Adult)
Vyayam Shakti – Madhyama (Medium)
Ahar shakti – Abhyavarana Shakti – Madhyama
Jarana Shakti -*Avara* (Decreased)

Laboratory findings
Thyroid Function Test (29/7/2024)
T3 – 1.330 ng/dl
T4 – 10.10 ugm/dl
Serum TSH – 11.300 uIU/mL

MATERIALS AND METHODS

The treatment was planned according to *Rogabala* and *Aturabala*. The following medicines are administered to the patient for a period of 5 months and monthly follow up was done during the course of treatment.

Table 2: Course of Treatment.

Sl. No	Name of the drug	Dosage	Sevana kala	Frequency	Anupana
1.	*Tiktaka ghrita*	10ml	Before food	2 times	With *saindava lavana*
2.	Tab *Kanchanara Guggulu*	2 tablets	After food	2 times	*Sukoshna jala*
3.	Tab Thyrocalm	1 tablet	Before food	2 time	*Sukoshna jala*
4.	*Dhanvantri Gulika*	2tab	Before food	3times	*Sukoshna jala*

Pathya: The patient was advised to drink *Sukoshna jala*. Daily 20min of walking or 20-30min of exercises. and avoid *pittavardhaka aharas*, avoid *guru, snigdha, Madhura aharas* and *Viharas* like *Avyayama, Divaswapna*, etc.

Composition of prescribed formulation medicines

Table 3: Ingredients of *Tiktaka ghrita:* (Ref: *Ashtanga Hridaya Chikitsa sthana 19/2-7).*

INGREDIENTS	BOTANICAL NAME	WEIGHT IN GRAMS
Kashaya dravyas:		
Patola	*Trichosanthes dioica (Pl)*	48grams
Nimba	*Azadirachta indica (Stbark)*	48grams
Katuka	*Picrorrhiza kurroa (Pl)*	48grams
Darvi/ Daruharidra	*Berberis aristata (St)*	48grams
Duralabha/ Yavasa	*Alhagi pseudalhagi*	48grams
Parpata	*Fumaria indica (Pl)*	48grams
Trayamana/ Gojivha	*Gentiana kurro (Pl)*	48grams
Water for decoction -	6.144lit boiled	Reduced to 768ml
Murchita Ghrita		576grams
Kalka dravyas:		
Trayanti/ Gojivha	*Gentiana kurro (Pl)*	12grams
Musta	*Cyperus rotundus (Rhi)*	12grams
Bhunimba/kalamegha	*Andrographis paniculata (Pl)*	12grams
Kalinga/ kutaja	*Holarrhena antidysenterica (seed)*	12grams
Kana/ Pippali	*Piper longum (fru)*	12 grams

Table 4: Ingredients of *Kanchanara guggulu* (Ref: *Bhaishajya Ratnavali – Galagandadhikara*).

INGREDIENTS	BOTANICAL NAME	WEIGHT IN GRAMS
1. Kanchanara	*Bauhinia variegata (Bark)*	240grams
2. Shunti	*Zingiber officinale (Rhi)*	48grams
3. Maricha	*Piper Nigrum (Fr)*	48grams
4. Pippali	*Piper longum (Fr)*	48grams
5. Haritaki	*Terminalia Chebula (FrPl)*	24grams
6. Vibhitaki	*Terminalia Bellerica (FrPl)*	24grams
7. Amalaki	*Embilica officinalis (Fr)*	12grams
8. Varuna	*Crataeva nurvala (Br)*	12grams

9. Ela	*Elettaria cardamomum (Fr)*	3grams
10. Twak	*Cinnamomum zeylanicum (StB)*	3grams
11. Patra	*Cinnamomum tamala (Lf)*	3grams
12. Guggulu (Shoditha)	*Commiphora mukul (Ex)*	Equal amount of all ingredients 477grams

Table 5: Ingredients of Tab.Thyrocalm (Patent medicine).

INGREDIENTS	BOTANICAL NAME	WEIGHT IN Mg
Ashwaganda	*Withania somnifera (St)*	100mg
Bramhi	*Bacopa monnieri (Pl)*	50mg
Makandi (Pashana bhedi)	*Coleus forskohlii (A.Rt)*	50mg
Guggulu (Shoditha)	*Commiphora mukul (Ex)*	50mg
Punarnava	*Boerhaevia diffusa (Rt)*	50mg
Yashtimadhu	*Glycyrrhiza glabra (St)*	50mg
Vasa	*Adhotoda Vasica (Rt)*	30mg
Pippali	*Piper longum (fr)*	30mg
Guduchi	*Tinospora Cardifolia (St)*	30mg
Hamsapadi/ Tripadi	*Desmodium triflorum (Rt)*	30mg
Nimba	*Azadirachta indica (Lf)*	30mg

Table 6: Ingredients of Dhanwantaram Gulika/Vati *(Sahasrayoga)*.

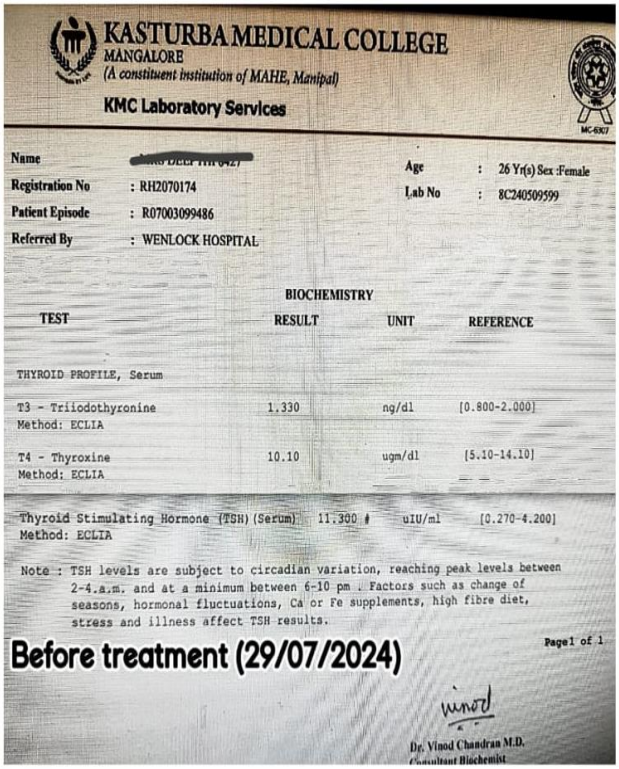
INGREDIENTS	BOTANICAL NAME	WEIGHT
Ela	*Elettaria cardamomum*	1part
Vishwa/ Shunti	*Zingiber officinalis*	1part
Abhaya/Haritaki	*Terminalia chebula*	1part
Jati	*Jasminum officinale*	1part
Brihati	*Solanum indicum*	1part
Jeeraka	*Cuminum cyminum*	1part
Kankola/ chinoshana	*Piper cubeba*	1part
Kiratatikta /arya	*Swertia chirata*	1part
Rudraksha	*Elaeocarpus ganitrus*	1part
Bhunimba	*Andrographis paniculata*	1part
Devadaru	*Cedrus deodara*	1part
Karpoora	*Cinnamomum Camphora*	1part
Karigudha/ kadivenna	*Faeces of newborn baby elephant*	1part
Mrigaretasa/ GandhaMarjara veerya	*Civet cat semen*	1part
Drava Dravya *Himambu Chandana/ Taruni*	*Rosa centifolia*	QS for bhavana
Jiraka Kashaya	Decoction of *Cuminum cyminum*	QS for bhavana

After treatment

SCORING: 0-No symptoms 1- mild symptoms 2- moderate symptoms 3- severe symptoms.

TABLE 7: Followup and improvement in symptoms score.

SYMPTOMS	29/7/2024	28/8/2024	30/9/2024	24/10/2024	20/11/2024
Dysmenorrhea	3	3	1	2	1
Loss of appetite	3	2	2	1	0
Constipation	3	3	2	1	0
Muscle cramps	3	2	1	1	0
Insomnia	3	3	2	1	1
Lethargy and tiredness	3	2	2	1	0
Increased hairfall	3	3	2	2	1
Dy skin	2	2	1	1	0
Increased weight by 3kgs in 3-4 months (53kgs – first visit)			Weight is consistent. No more weight gain.		
(29/07/2024) - Serum TSH-11.30 uIU/ml T3 – 1.330 ng/dl T4 – 10.10 ugm/dl			**(20/11/2024)- Serum TSH – 5.900 uIU/ml T3 – 1.090 ng/dl T4 – 7.41 ugm/dl**		



KASTURBA MEDICAL COLLEGE
MANGALORE
(A constituent institution of MAHE, Manipal)
KMC Laboratory Services

Name : [redacted] Age : 26 Yr(s) Sex :Female
Registration No : RH2070174 Lab No : 8C240509599
Patient Episode : R07003099486
Referred By : WENLOCK HOSPITAL

BIOCHEMISTRY

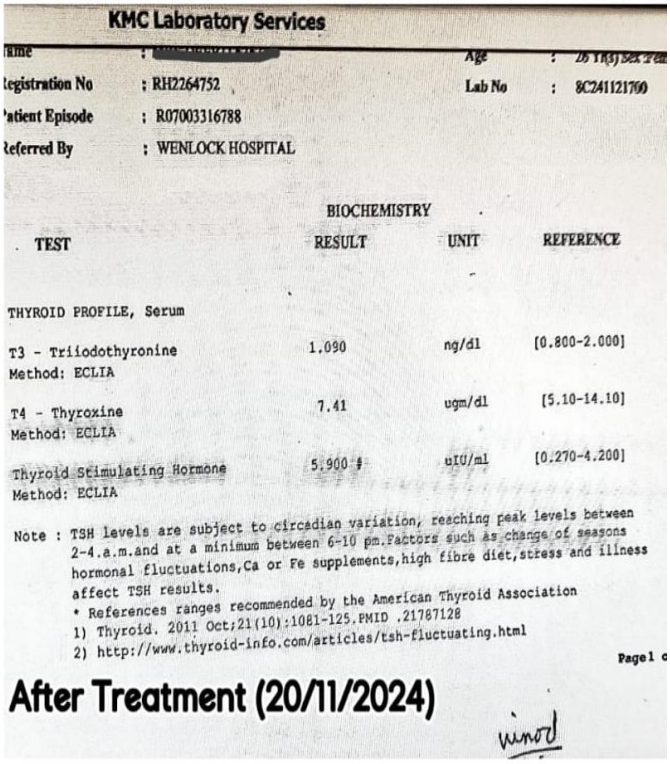
TEST	RESULT	UNIT	REFERENCE
THYROID PROFILE, Serum			
T3 - Triiodothyronine Method: ECLIA	1.330	ng/dl	[0.800-2.000]
T4 - Thyroxine Method: ECLIA	10.10	ugm/dl	[5.10-14.10]
Thyroid Stimulating Hormone (TSH) (Serum) Method: ECLIA	11.300 #	uIU/ml	[0.270-4.200]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m. and at a minimum between 6-10 pm . Factors such as change of seasons, hormonal fluctuations, Ca or Fe supplements, high fibre diet, stress and illness affect TSH results.

Page1 of 1

Before treatment (29/07/2024)

Dr. Vinod Chandran M.D.
Consultant Biochemist



KMC Laboratory Services

Name : [redacted] Age : 26 Yr(s) Sex :Female
Registration No : RH2264752 Lab No : 8C241121709
Patient Episode : R07003316788
Referred By : WENLOCK HOSPITAL

BIOCHEMISTRY

TEST	RESULT	UNIT	REFERENCE
THYROID PROFILE, Serum			
T3 - Triiodothyronine Method: ECLIA	1.090	ng/dl	[0.800-2.000]
T4 - Thyroxine Method: ECLIA	7.41	ugm/dl	[5.10-14.10]
Thyroid Stimulating Hormone Method: ECLIA	5.900 #	uIU/ml	[0.270-4.200]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.
* References ranges recommended by the American Thyroid Association
1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
2) http://www.thyroid-info.com/articles/tsh-fluctuating.html

Page1 o

After Treatment (20/11/2024)

DISCUSSION

Hypothyroidism is classified as an endocrine ailment, meaning that the thyroid hormones are not produced in sufficient amounts because of a variety of structural or functional abnormalities. Thyroid hormones raise the basal metabolic rate by activating a variety of metabolic processes in the majority of tissues. Thyroid hormone activity in *Ayurveda* is analogous to *Agni*. *Agnimandya* can be used to compare the source of disease, that is, decreased metabolism.

All *hetus* (etiological causes) of the patient, that mainly vitiate *Tridosha* in hypothyroidism are of *kapha* predominance associated with *Vata-Pitta prakopaka*. This *Tridosha* vitiation hinders the *Jatharagni* (digestive system) and causes *agnimandhya* and *vibandha*. The *aahara* intaken doesn't digest properly resulting into *ama uttpatti*. This *Ama* blocks the channels in the body (*Srotorodha*), thereby afflicting the contents of channels causing vitiation of *Srotas* as well as *Dhatus*. Once the *rasa dhatu* is in *vikruta avastha*, rest *dhatus* also gets disturbed and produce *vikrut dhatu uttpatti*, which eventually leads to *Dhatvagni* (metabolic system) dysfunction. Vitiated *rasa dhatu* and *dhatwagni mandyata* also result in the vitiation of *uttarottara dhatus*.[8] Lethargy, fatigue, weight gain, weakness etc. symptoms are mainly due to accumulation of *Kapha* and *Medadhatu*. *Srotorodha*, constipation, muscle pain and dysmenorrhea are mainly seen due to vitiated *Vata dosha* by *Avarana*. Taking all this into consideration, following drugs has been selected for the present study.

Tiktaka ghrita (Table 3) – *Tiktaka Ghrita* is combination of *Patola (Trichosanthes dioica), Nimba (Azadirachta indica), Katuka (Picrorhiza kurrooa), Darvi (Berberis aristata), Patha (Cissampelos pareira), Parpata (Fumaria indica)* etc. taken along with saindhava lavana as anupana. ***Saindava lavana*** – has *lavana rasa* and *madhura anurasa, laghu, snigdha guna and Tridosha shamaka*. It can be taken on daily basis as a *pathya*. *Lavana rasa* usually increases *pitta*, but because of its *shita virya*[9] and when given as *anupana* with *tiktaka ghrita* helps in subsiding the *Prakupita Pitta Dosha* and even does *Vatadosha Shamana* as it is *Sneha* (Ghee) based. It does *bhrajaka* and *pachaka pitta prasadana*. It is *rakta prasadaka* and *medohara*, does *malanulomana*. This formulation is explained in *Ashtanga Hridaya Kushta chikitsa* (19:2-7)[10], *Gada nigraham prayoga khanda*[11] and in *Sahasrayogam* under *ghrita yoga prakaranam*.[12] Due to its *atyanta tikta rasa, laghu, ruksha, snigdha guna, sita virya, katu vipaka and kapha-pittahara* properties. Many of the ingredients of *Tikta Ghurta* like *Pippali, Musta, Kutaja, Patola* are having its action on *annavaha srotas* thus enhances the *Vikruta agni* and helps in *Saara* and *Kitta vibhajana* (improves metabolism) and clearing *Aama* which in turn helps in reducing the above symptoms of hypothyroid. It also helps in maintaining the overall metabolic balance, which is often affected in hypothyroid conditions. All the ingredients of *tiktaka ghrita* exhibit anti-inflammatory, antihyperlipidemic, antiarthritic, carminative, anti-oxidant, analgesic and laxative properties.[13]

Kanchanara guggulu (Table 4)- The primary ingredients of *Kanchanara Guggulu* are *Guggulu* (50%) and *Kanchanar* (25%). Since ancient times, the medicinal plant *kanchanara* has been utilized to improve the glandular system and reduce bodily growths. It has

ruksha, laghu gunas, kasaya rasa, katu vipaka but its *prabhava* is *gandamalanashan* (effective in cervical lymphadenitis, thyroid and glandular enlargements etc.). Since *Kanchanara* has strong astringent properties, it can effectively dry out vitiated *Kapha* and *Meda*. Its *grahi* (enhancing absorption) property helps to remove excess fluid from swollen tissues. It helps correct the thyroid imbalance by removing *Kapha* in the body. It is considered as a best drug of choice for all kinds of *Granthi vikara* (glandular diseases) and *Galaganda* in Ayurveda.[14] ***Guggulu*** is said to be the best *vata* and *medohara* (hypolipidaemic) drug in *Ayurveda*. It has *rukṣha, laghu* and *sukṣhma* (minute) *guṇas, uṣhṇa virya, kaṭuvipaka* and has *lekhana* (scraping properties having thermogenic activity) property. It also supports the *jatharagni*,[15] so it is effective in the management of *kapha medas* predominant disorders like hypothyroidism. The research data suggests that *Guggulu* corrects structure and function of the thyroid significantly after melatonin induced hypothyroidism and directly stimulates thyroid function probably through some enzymatic mechanisms.[16] ***Trikatu***- *Trikaṭu* is predominantly having *Uṣhṇa, Tikṣṇa, Laghu, Ruksa guṇa, Kaṭu rasa, Kaṭu vipaka* and *Uṣhṇa virya*. Hence it is *Kapha-vatashamaka, Deepaka, Pachaka, Strotovishodhaka* and has *Shothahara* properties.[17] It is effective in correcting the dysfunction of *Agni* seen in hypothyroidism and acts as bioenhancer. ***Triphala*** – It is one of the most popular herbal remedies which 'cleanse' by promoting bowel movement. It is having *Deepana, Pachana, Vatanulomaka* and *Strotoshodhaka* properties. Hence *Triphala* may correct the state of *Agnimandya*. Various researches have demonstrated that *Triphala* stimulates bile secretion, helps digestion and significantly reduces serum lipid levels.[18] *Triphala* by its *rukshna guna*, does *kapha* and *medha nisarana* and helps to eliminate it out from the body as *vatanulomaka*. Once disease is cured, it acts as *rasayana* which stops further accumulation of *Kapha* or *Medas* in thyroid gland. Overall, all the medicines of *Kanchanara Guggulu* might be helpful to improve *Agni* through which the thyroid function is regularized. It helps to reduce or break down the deep seated *Kaphadosha* and *Medadhatu* and clears the obstruction of channels (*srotorodha*). By this way, it restores the functions of this gland, prevent weight gain, and corrects menstrual abnormalities and constipation caused due to hypothyroidism. It also helps to reduce joint pains, muscle weakness, stiffness and pain associated with this disease.

Tab. Thyrocalm (Table 5) **–** *Vaidyaratnam* Thyrocalm tablets is an *Ayurvedic* herbal supplement designed to support thyroid health and manage stress. The tablets contain a blend of natural ingredients, including *Ashwagandha (Withania somnifera), Guggulu (Commiphora mukul), Punarnava (Boerhaavia diffusa), pippali (Piper longum), Guduchi (Tinospora cordifolia), Vasa (Adhatoda vasica), yashtimadhu (Glycyrrhiza glabra), nimba (azadirachta indica) jala bramhi (Bacopa monnieri), parna yavani (Coleus forskohlii), tripadi (Desmodium triflorum).* These ingredients work together to help restore hormonal balance and manage symptoms of hypothyroidism such as fatigue and aid in weight management. It also promotes thyroid health and metabolism, manage stress and anxiety, enhance overall health and well-being.[19]

Dhanwantaram Gulika (Table 6) – this *gulika* is a combination of *Ela (Elettaria cardamomum), Vishwa (Zingiber officinalis), Abhaya (Terminalia chebula), Jati (Myristica fragrans), Bruhati (Solanum indicum), Jeeraka (Cuminum cyminum), Karpoora (Cinnamomum camphora), Suradaru (Cedrus deodara), Rudraksha (Elaeocarpus ganitrus), Kariguda* (Faeces of newborn baby elephant), *Mrigaretasa* (Civet cat semen), etc. It especially does *Vata Kapha shamana* and *vatanulomana*. It is suk*shma, srotogami, sula prashamana, vayukshobha hara, deepana,* and *pachana*. It has *laghu, ruksha, sukshma guna* and *ushna virya*. It is considered as a *rasayana*. As it is having *Laghu, Ruksha* and *Sukshma guna*, it does *Kapha hara* which is causing *avarana* to *Vaata*, thus correcting the *gati* of *vata (vatanulomana*). *Deepana* and *Pachana* action of *Dravya* does *Dhatuvagni vardhana* thus produces *prakruta Rasa dhatu*. As the name indicate, this medicine is really a gift from the *Lord Dhanwantari* and has multi-system action. It can be given in any condition /disease where *vatanulomana* is needed.[20] Most manufacturers skip the ingredients of *Mrigaretasa* and *Karigudha*, but the product still retains all therapeutic actions. Therefore, *Dhanwantaram Gulika*, does not directly alter thyroid hormone levels but it performs *amapachana, agnideepana*, and corrects *apana vayu vaigunya*. It helps in supporting metabolic processes, reducing fatigue, and promoting overall vitality, which are essential in managing the condition.

CONCLUSION

Ayurveda doesn't give importance to naming the disease, it emphasizes on understanding the root causes, mechanism involved in disease manifestation and adopt appropriate treatment. Hypothyroidism is such an *Anukta vyadhi* where there is evident *Kaphavruta vata* in *Rasa dhatu*. From the above study it can be concluded that *Tiktaka ghrita* with *saindhava lavana*, *Kanchanara guggulu*, Tab Thyrocalm and *Dhanwantaram gulika* is combinedly effective in the management of hypothyroidism. There was a significant reduction in the signs and symptoms of the disease, and also thyroid profile report (serum TSH). While medication is the cornerstone of hypothyroidism treatment, lifestyle modifications and *pathya* can also help manage symptoms. This medicine showed encouraging results in this case. The results need to be studied in more numbers in the early stage of the disease for the better assessment.

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