

ROLE OF *KRIYA-SHARIR* IN THE AYURVEDIC MANAGEMENT OF HYPOTHYROIDISM: A SINGLE CASE STUDY

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ABSTRACT

Hypothyroidism is the under activity of the thyroid gland that leads to inadequate production of thyroid hormones and a slowing of vital body functions. Hypothyroidism is the most common endocrine disorder observed in 5% population, mainly females in present time. Thyroxin is the only means for combating this problem in the patients of hypothyroidism. External thyroxin supplementation is not only a burden but it leaves the patients without actually treating the underlying cause. *Ayurveda* plays an important role to rule out the underlying cause and treat it. As Charakacharya said that, there is no need to give name to every disease; infact Dosha-Dushya samurchhana is important to treat any disease. As physiological aspect in *Ayurveda*, it can be correlated with *Kapha dosha dushti*, *Rasavaha Strotasa dushti*, *Meda dushti* and *Manovaha Strotasa Dushti*. Kapha has being vitiated by its Manda, Guru and sheeta guna. All vitiated dosha-dushya had shown their won symptoms. In this case study, the primary aim was to focus physiological aspect in the *Ayurvedic* management of Hypothyroidism. Patient was treated by oral medications and *Panchakarma* therapies like *Vamana*, *Shirodhara*, *Nasya*, etc. Mainly, the treatment had focused on Kapha dosha, Rasa and Meda dhatu as well as Manovaha strotasa.

Keywords: Hypothyroidism, *Kapha Dosha*, *Rasavaha Strotasa*, *Medovaha Strotasa*, *Manovaha Strotus*.

INTRODUCTION

Hypothyroidism is the major endocrine disorder seen in general population. It is a condition in which the thyroid gland fails to produce hormone adequately, it may be due to dysfunction of thyroid itself or it may be at the level of Pituitary gland or at the level of Hypothalamus. When it is at the level of thyroid gland, it is called as primary hypothyroidism. This condition leads to the reduction in basal metabolic rate, affect physical and mental growth during infancy or childhood. Females are more affected than males (6:1 ratio). 80% of all Thyroid diseases have to be diagnosed as Hypothyroidism.

It is the most common endocrine disorder after Diabetes. The prevalence of hypothyroidism in India is about 10% [1]. In today's hi-tech and competitive world, people are leading a stressful life and as the thyroid gland is very sensitive to stimuli like stress and anxiety, the global incidence of hypothyroidism is increasing. Recent statistical analysis reveals that deficiency of iodine in the diet is the most common cause of this condition.

As *Ayurvedic* point of view, *Kapha* is vitiated and predominant in hypothyroidism. With *Kapha*, *Rasavaha strotas dushti*, *Meda dushti* and *Manovaha Strotasa Dushti* also occur. Due to *Jatharagni mandya*, at first *Rasavaha strotasa dushti* and *kapha dosh dushti* occurs (subdosha affected is *Avalambaka kapha*). The thyroid gland is part of the *Rasavasa strotas* as it is mainly a hypervasculär epithelial tissue. *Rasa* and *Kapha Dushti* simulteniously leads to *Meda* and *Manovaha Strotasa Dushti*.

CASE REPORT

A female patient of 41 years old, housewife at OPD registration no. 11222 came in OPD no. 13 of Panchakarma department in Snkd Trust Nallasopara Ayurved Medical college, Nallasopara, Maharashtra.

Case History:

Patient name- ABC

Age- 41 yrs

Sex – Female

Occupation- Housewife

Weight-70.50kg

C/O-

- Anorexia, (all these symptoms since 6 months)
- Weight gain,
- Puffiness of body features,
- recurrent cough and cold,
- Insomnia, mental irritation
- lethargy,
- constipation
- hair loss

History of present illness-

Patient was known case of hypothyroidism since 6 months and was taking Tab Thyroxin 75 mcg once a day since 6 months

Past History:

No/h/o- HTN/DM/PTB/BA/Epilepsy/ or any other serious medical illness

No/h/o-Any surgical illness

Family History- NAD

O/E:

GC- pallor, Afebrile

Pulse-72/min

BP- 120/70 mg

S/E:

RS- Air entry bilaterally equal and clear

CNS- Conscious and well oriented

CVS- S1S2 normal, no added sound

All routine investigations of patient was within normal limits.

Diagnosis:

Thyroid Function Test - Before treatment hormonal level was T₃-0.82, T₄-6.2, TSH – **12.003**.

Ashtavidha Pariksha:

1. Nadi: guru, manda, saam.
2. Mala: asamyaka pravrutti, constipation
3. Mutra: samyaka pravrutti
4. Jivha: saam
5. Druka: vision normal, conjunctiva pallor
6. Sparsha: sheeta, snigdha
7. Shabda: gambhir swara
8. Aakruti: sthula

MATERIALS AND METHODS

The patient had complaints of Loss of appetite (Anorexia), weight gain, puffiness of body features, insomnia, recurrent cough and cold, lethargy, constipation since last 6 months.

Physiological analysis of Hypothyroidism in Ayurveda:**Table No.1-Involvement of dosha-dushyas**

Sr No.	Present Symptoms	Involvement of Dosha	Involvement of Dhatu	Involvement of Strotas	Involvement of Agni
1.	Loss of appetite (anorexia)	<i>Kapha vrudhi (manda guna)</i>	<i>Rasa dhatu kshay</i>	<i>Annavaaha and Rasavaaha strotasa dushti</i>	<i>Jatharagni mandya</i>
2.	Weight gain	<i>Kapha vrudhi (by Guru guna)</i>	<i>Meda dhatu vrudhi</i>	<i>Medovaha strotasa dushti</i>	<i>Meda dhatwagni mandya</i>
3.	puffiness of body features	<i>Kapha vrudhi (Kleda vrudhi)</i>	<i>rasa dhatu vrudhi</i>	<i>Rasa vaha strotasa dushti</i>	<i>Rasa dhatwagni mandya</i>
4.	Insomnia (irritation)	<i>Vata vrudhi</i>		<i>Manovaha strotasa dushti</i>	
5.	recurrent cough and cold	<i>Kapha vrudhi (by sheeta guna)</i>	<i>Rasa dhatu dushti</i>	<i>Pranavaha strotasa dushti</i>	<i>Rasa dhatwagni mandya</i>
6.	Lethargy	<i>Kapha vrudhi (by manda guna)</i>	<i>Meda dhatu vrudhi</i>	<i>Medovaha strotasa dushti</i>	<i>Meda dhatwagni mandya</i>
7.	Constipation	<i>Vata vrudhi</i>		<i>Purishavaha strotasa dushti</i>	<i>Jatharagni mandya</i>

By Table No.1, it has to be concluded that predominantly vitiated Agni is *Jatharagni*. Due to *Jatharagni mandya*, *Kapha dosha dushti* and *Rasavaha strotas dushti* occurred; which simultaneously leads to *Medovaha* and *Manovaha strotas dushti*. Therefore, all treatment has to be focused on *jatharagni*, *kapha dosha*, *rasa* and *meda dhatu* as well as *manovaha strotasa*.

Ayurvedic management for Hypothyroidism is given as:

Table No.2 – Oral Medication

Table No.3 – *Panchakarma* Procedures

Table No.4 – Allopathic Medication

Table No.5 – Hormonal Level

Table No. 2 – Oral Medication

Sr. no.	Formulations	Dose and Time	Anupana	Karma
1.	<i>Rasapachak vati</i> (500mg)	BD before meal	Luke Warm water	<i>Rasavaha Srotas</i> , Improves <i>Rasagni</i> helps to produce normal <i>ras dhatu</i> , reduces symptoms caused by <i>ras dhatu</i> <i>dushti</i> .
2.	<i>Kalkrakshak Yoga</i> (500mg)	BD after meal	Luke Warm water	<i>Agnivardhak</i> , <i>Kapha-</i> <i>Vata Shamak</i> & <i>Ama</i> <i>Pachak</i>
3.	<i>Hamsapadadi</i> <i>Kwatha</i> (20 ml)	BD after meal	Luke Warm water	<i>Kapha- Meda Nashak</i> , <i>Lekhana</i> & <i>Srotoshodhan</i>
4.	<i>Kanchanar guggul</i> (500mg)	BD after meal	Luke Warm water	Reduces <i>Kapha</i> and <i>Meda dushti</i>
5.	<i>Haritaki Churna</i> (3gm)	At night	Luke Warm water	<i>Vata anulomana</i> , reduces constipation

Table No. 3 – *Panchakarma* Therapies

Triphladi Lekhan Basti was given in *Kaal basti* manner for 16 days i.e. *Anuvasan Basti* at the beginning and 3 at the end with 6 *Anuvasan Basti* and 6 *Niruha Basti* on alternate day was administered for 16 consecutive days. *Triphladi Lekhan Basti* was administered empty stomach in the dosage of 960 ml through Rectal route. *Anuvasana Basti* was administered using *Triphladi Taila* in the dosage of 120 ml through Rectal route after having meal.

Sr. no.	Kaal Basti	Ingredients	Karma
1.	<i>Triphladi Lekhan Basti</i>	<ul style="list-style-type: none"> • <i>Madhu</i> – 80 ml • <i>Saindhav</i> – 6gm • <i>Triphaladi Taila</i> – 60 ml • <i>Shatahva Kalka</i> – 20gm • <i>Triphala Kwath</i> – 400ml • <i>Gomutra</i> – 120 ml • <i>Yava Kshar</i> – 5gm • <i>Ushakadi gana</i> (<i>Shilajit</i>, <i>Kasis bhasma</i> each 3 gm) 	<i>Deepan, Pachan, Lekhan, Srotoshudhikar, Kaphamedshamak, and balance Kapha vata dosha.</i>
2.	<i>Anuvasan Basti</i>	<i>Triphladi Taila</i> <ul style="list-style-type: none"> • <i>Sneha</i> – <i>Tila Tail</i> • <i>Kalka Dravya</i> – <i>Triphla, Ativisha, Murva, Nishoth, Chitraka, Vasa, Nimba, Araghvadh, Vacha, Saptaparna, Haridra, Daruharidra, GuduchiIndrayan, Pippali, Kushta, Sarshap Nagar.</i> • <i>Kwath Dravya</i> – <i>Tulsi, Kasmard, Vidanga, Kakmachi, Bakayan, Katphal.</i> 	<i>Vata Anulomana, Kapha – Meda Shamana, Agni Deepana & Rasayana Effect</i>

Table No.4 – Allopathic Medication

Sr. no.	Medicines	Before Treatment	After 1 week	After 15 days	After month one	After Three month
1.	Tab. Thyroxin	75 mcg	50 mcg	25 mcg	Stopped	Stopped

OBSERVATION AND RESULT

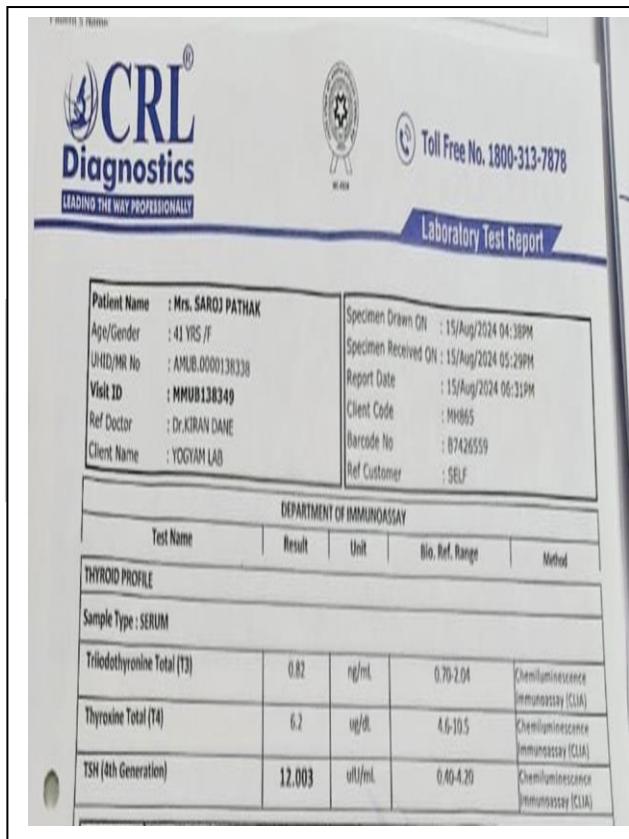
- First follow up (after 1 week) - The symptoms Palpitation, Anorexia, insomnia, Constipation was reduced. Hair loss and swelling was there. Treatment continued as same and dose of Tab Thyroxin was further reduced to 50 mcg / day.
- Second follow up (after 15 days) - Hair loss and swelling was also relieved in some percentage. *Triphladi Lekhan Basti* was given in *Kaal basti* manner for 16 days. Other Treatment continued as same and dose of Tab Thyroxin was further reduced to 25 mcg / day.

- Third follow up (after one month) - No any fresh complaints. Patient was feeling better. Weight was reduced by 3 kg. TFT was Normal. Other Treatment continued as same and Tab Thyroxin was stopped.
- Fourth follow up (after three month) - No any fresh complaints. Patient was feeling better. Weight was reduced by 5 kg. TFT was Normal. Tab Thyroxin was totally stopped.
- Fifth follow up (after five month)- Patient was totally normal. TSH level was 9.472.

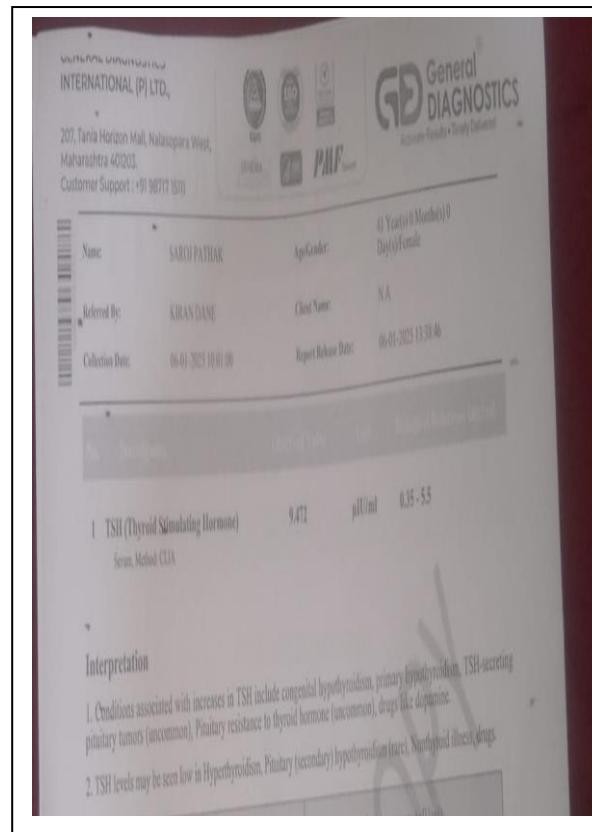
By above treatment patient got 70% relief. Patient has to be suggested for regular three monthly follow up for one year with TFT reports.

Table No. 5 – Hormonal Level

Sr. no.		Before Treatment (15/8/2024)	After Five month (6/1/2025)
1.	T ₃	0.82	-
2.	T ₄	6.2	-
3.	TSH	12.003	9.472



Pictue No. 1 : Before Treatment



Pictue No. 2 : After Treatment

DISCUSSION

Hypothyroidism is a common endocrine disorder characterized by decreased production of thyroid hormones, leading to a generalized slowing of metabolic activities. Although hypothyroidism is not described as a distinct disease entity in *Ayurvedic* classics, its clinical presentation can be well understood through the principles of *Kriya Sharir*, particularly involving *Kapha Dosha*, *Agnimandya*, and *Rasa-Meda Dhatu Dushti*. The present case study demonstrates the effective application of *Ayurvedic* principles based on *Kriya Sharir* in the management of hypothyroidism.

From a physiological perspective, thyroid hormones play a vital role in maintaining metabolic balance. In hypothyroidism, the reduced metabolic rate correlates with *Jatharagni* and *Dhatvagni Mandya*, resulting in improper digestion, assimilation, and tissue formation. This impaired *Agni* leads to the formation of *Ama*, which further obstructs the *Rasavaha* and *Medovaha Srotasa*, producing symptoms such as weight gain, lethargy, constipation, puffiness, and weakness. According to *Ayurveda*, this pathological cascade is predominantly driven by *Kapha Dosha* with involvement of *Vata* through *Avarana*. The treatment strategy in this case was designed to correct the underlying physiological disturbances rather than merely providing symptomatic relief.

Shodhana Chikitsa, in the form of *Lekhana Basti* administered in *Kaal Basti* sequence, was selected as the principal therapeutic intervention. *Basti* is considered the most effective therapy for regulating *Vata*, which governs all movements and endocrine functions in the body. *Lekhana Basti* specifically targets *Kapha* and *Meda Vriddhi*, thereby removing *Srotorodha* and restoring normal metabolic pathways. The use of *Triphala Taila Anuvasana Basti* ensured *Vatanulomana* and prevented *Vata* aggravation during *Shodhana*.^[2]

Shamana Aushadhis such as *Rasa Pachak Vati*, *Kanchanar Guggulu*, *Kalkrakshak Yoga*, and *Hamsapadadi Kwatha* played a complementary role in sustaining the therapeutic benefits of *Shodhana*.

Rasa Pachak Vati improved *Rasagni* and corrected *Rasa Dhatu* formation, thereby addressing anorexia and fatigue.^[3]

Kanchanar Guggulu (*kanchanar twak*, *Twak*, *shunthi*, *pippali*, *Ela*, *Tejapatra*, *guggul*) helps to balance the excess *Pitta* and *Kapha doshas* in body as indicated in *Granthi*, *Arbuda*. It subsides the *Kapha* and *Meda dushti* and helps to reduce the swelling in neck and in goiter. It helps to reduce or break down the deep seated *Kapha* and supports the digestive fire. It also supports proper circulation of blood & promotes elimination of toxins from body.^[9]

Kalkrakshak Yoga acted as an *Agnivardhaka* and *Ama Pachaka*, while *Hamsapadadi Kwatha* contributed to *Meda Lekhana* and improvement in metabolic efficiency.^[4]

The observed clinical improvement and normalization of thyroid parameters after three months of treatment indicate that an integrated *Ayurvedic* approach based on *Kriya Sharir* principles can effectively manage hypothyroidism. However, as this is a single case study, larger clinical trials with long-term follow-up are required to establish the efficacy and reproducibility of this treatment protocol.

CONCLUSION

Hypothyroidism is not described in *Ayurvedic* classics, but based on clinical presentation and physiological aspects; involved factors in hypothyroidism are *Kapha Dosha*, *Rasa*, *Agni* and *Medovaha Strotasa*. By knowing *dosha-dushya samurchhana*, treatment has to be planned. Management of hypothyroidism with modern drugs may bring the value of TFT to normal range but the symptoms and side effects are not totally cured. Case has been treated with above oral medication and *Panchakarma* therapies which have been given the satisfactory results as shown in Table No.5.

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