IAMJ

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL

Review Article ISSN: 2320-5091 Impact Factor: 6.719

THE AYURVEDIC PATH TO THYROID BALANCE: A HOLISTIC APPROACH TO HYPOTHYROIDISM

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https://doi.org/10.46607/iamj05p9032025

(Published Online: March 2025)

Open Access

Article Received: 11/02/2024 - **Peer Reviewed:** 28/02/2025 - **Accepted for Publication:** 13/03/2025.

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ABSTRACT

Hypothyroidism is a condition characterised by the inadequate production of thyroid hormones; a common endocrine disorder found worldwide. It affects approximately 2-5% of the global population and is more prevalent in females. *Ayurvedic* texts do not explicitly mention hypothyroidism. Upon reviewing the clinical presentations in classical texts, it is evident that hypothyroidism is associated with imbalances in *Jatharagni* and *Dhatwagni*, along with disturbances in *Kapha* and *Vata* Doshas. Additionally, there are abnormalities in the *Rasavaha*, *Raktavaha*, and *Medovaha srotas*. Common symptoms of hypothyroidism include fatigue, weight gain, disturbed sleep, cold intolerance, dry skin, constipation, hair thinning or hair loss, depression, muscle weakness, slow heart rate, memory problems, hoarseness, a puffy face, and elevated blood cholesterol levels. **Case report:** In this case, a 42-year-old female with a known case of hypothyroidism for 2 years was treated with Rasayana, shothahara, Balya and kapha-vata balancing drugs and specific yogas, pranayama and pathya-apathya followed by per ayurvedic texts. **Result:** After 3 months of treatment, there was a significant reduction in signs and symptoms and TSH level.

Keywords: Thyroid gland, Hypothyroidism, *Ayurveda*, *Pathya-apathya*, *Yogas*.

INTRODUCTION

Diseases of the thyroid gland are among the most abundant endocrine disorders worldwide, second only to diabetes. Hyperfunction hyperthyroidism, as well as hypofunction hypothyroidism - occur in about 2% and 1%, respectively. The prevalence in men is about one-tenth of that in women.

Hypothyroidism, often called underactive thyroid, occurs when the thyroid gland does not produce enough thyroid hormone. It is characterised by a broad clinical spectrum ranging from an asymptomatic or subclinical condition with normal levels of thyroxine (T4) and triiodothyronine (T3) and mildly elevated serum TSH to an overt state of myxedema and multi-system failure.

Worldwide, less amount of iodine in the diet is the most common cause of hypothyroidism. The ideal dietary allowance of iodine recommended by WHO is 150mg/day. In areas where the daily iodine intake is below 50mg, goitre is usually endemic, and when the daily intake falls below 25mg, congenital hypothyroidism is seen. So, iodine is the most common cause of primary hypothyroidism. People with hypothyroidism often have no or only mild symptoms. It includes fatigue, weakness, dryness, constipation, abnormal sensation, poor memory and concentration, slow pulse rate, hair loss, and myxedema. The diagnosis of hypothyroidism, when suspected, can be confirmed with a blood test that is Thyroid stimulating hormone (TSH) and thyroxine level.

In Ayurveda classics, there is no direct mention of how to understand the pathogenesis of hypothyroidism. On reviewing ayurvedic texts, the clinical presentation of hypothyroidism is found like abnormalities of *jatharagni* and *dhatwagni* along with abnormality of *kapha* and *vata* dosha as well as *rasavaha*, *raktavaha*, *medovaha srotas*. The root cause of hypothyroidism often begins with an improper diet (heavy, cold, sweet, and saturated fat-rich foods) and a sedentary lifestyle (lack of physical activity, sleeping after meals, and daytime sleep), which are increasingly common today. These factors lead to the aggravation of *Kapha* dosha. The increased *Kapha* impairs the *Jatharagni* (digestive fire), forming *Aamdosha* (toxic substances). Since *Dhatwagni* (the metabolic fire responsible for tissue transformation) depends on the strength of *Jatharagni*, its impairment occurs over time.

In *Ayurveda*, hypothyroidism is considered a vitiation of *Dhatwagni*, which disrupts the proper formation of the seven body tissues (*Sapta Dhatu*), from *Rasa* (plasma) to *Shukra* (semen). This disruption leads to improper nourishment of the body and gives rise to the symptoms of hypothyroidism. Many clinical manifestations of hypothyroidism, such as lethargy (*Alasya*) and drowsiness (*Tandra*), are attributed to the aggravation of *Kapha* and its associated disorders. The treatment approach, therefore, focuses on pacifying *Kapha* and *Vata*, restoring *Dhatwagni*, and addressing *Aamdosha*. Interventions include the use of *Kapha-Vata shamana* (pacifying treatments), *Rasayana* (rejuvenation therapies), and *Shothahara* (anti-inflammatory measures). Additionally, following dietary guidelines (*Pathya-Apathya*) and regular yoga practices are strongly advised.

Case presentation

A 42-year-old female visited the OPD of Patanjali Ayurvedic College, Haridwar. She came with complaints of fatigue, weakness, dyspnea, acidity from 2years associated with she added her bowel habit is not regular and sleep disturbances too. She came up with a previous report for her thyroid profile, and from this, it was clear that she is suffering from subclinical hypothyroidism. She was taking allopathic medicine for the same but didn't get any relief.

Past history: K/C/O hypothyroidism under medication (Thyronorm 12.5mg)

There is no history of diabetes, HTN, or cardiac problems, but she was taking medicine for joint pain.

There is no family history of thyroid disorders.

Clinical findings

On inspection: Localised swelling- Present

On Palpation: Shape-Normal

Tenderness- Absent

Temperature: Not raised

Laboratory findings: 08/02/2024

Thyroid profile: T3 (total)- 1.13ng/ml, T4 (total)- 7.29 µg/dl, TSH- 5.22µIU/ml

Treatment protocol

Based on clinical diagnosis and laboratory investigation, ayurvedic medicine was prescribed. It has the action of vata-kapha shaman, digestion improvement, rasayana properties, and shothahara. The patient was administered ayurvedic medicine for three months.

Sl.No.	Medicines name	Quantity	MOA
1.	*Bala churna* *Ashwagandha churna* *Satavari churna*	100gm 100gm 100gm	Take one tsf with milk before breakfast-lunch dinner for 30 days
2.	Divya Cystogrit *Kanchanara guggul*	60 tablets 60 tablets	Take 1 table. 30min. After breakfast, dinner with lukewarm water for 30 days
3.	Divya Immunogrit gold capsule	60 tablets	Take 1tab. 30min. before breakfast and dinner with lukewarm water for 30 days
4.	*Giloy amla* juice		2-2 Teaspoons before meal

Pathya-Apathya

The patient was advised to avoid junk food and non-vegetarian food and to take iodine-rich food. She was also advised to do regular exercises and yogas like Halasana, Sarwangasana, Shirshasana, etc. In these yogic exercises, enormous pressure is placed on the gland, which may improve circulation to the gland. The most effective Pranayama is Ujjai, which acts on the throat area to relax and stimulate.

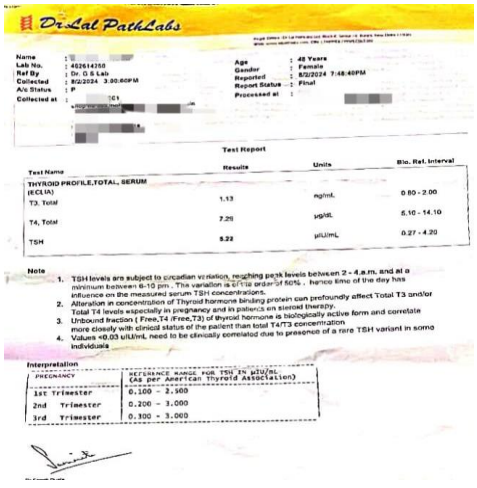
Follow up

The treatment was given for almost 3 months. The 1st follow-up was done after 2months of treatment, then after 1 month. After two months of treatment, mild improvement was observed, such as reduced Dyspnea, relief of constipation, and increased strength and immunity. So, she was advised to continue the same treatment for one month more. After treatment of 3months patient appeared normally clinically with no progression of signs and symptoms and TSH level was reduced to normal limits.

Observations and Results

The patient was diagnosed with subclinical hypothyroidism. The study revealed that patients significantly improved their symptoms following the treatment. Blood investigations showed a decrease in the level of TSH.

Before treatment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Test Report

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	1.13	ng/mL	0.80 - 2.00
T4, Total	7.29	µg/dL	5.10 - 14.10
TSH	5.22	µIU/mL	0.27 - 4.20

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 (Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Interpretation

PREGNANCY	REFERANCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

After treatment


Dr Lal PathLabs

Test Report

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	0.91	ng/mL	0.80 - 2.00
T4, Total	7.58	µg/dL	5.10 - 14.10
TSH	3.00	µIU/mL	0.27 - 4.20

Interpretation

PREGNANCY	REFERANCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
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Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
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DISCUSSION

Hypothyroidism can result from either inadequate thyroid function or insufficient stimulation by TSH.

It disrupts the metabolism of the body, even at the cellular level. Clinically, hypothyroidism presents symptoms that resemble the *Kaphaja Nanatmaja Vikaras*, along with imbalances in *Jatharagni* and *Dhatwagni*, as well as disturbances in the *Kapha* and *Vata* doshas. Habitual consumption of *guru*, *madhura*, *sheet*, and *drava* food items and lack of activity and exercise results in the vitiation of kapha, which leads to *Agnimandya*, accumulation of *ama*, and *dhatwagnimandyata*, as was seen in this case.

Patients typically experience fatigue, low energy (associated with both *Vata* and *Kapha*), joint pain (*Vata* dominant), constipation (*Vata* dominant), breathlessness (*Vata* dominant), and decreased appetite (*Kapha* dominant).

The treatment plan includes *Nidan Parivarjana* (elimination of causative factors), a balanced diet, and adherence to prescribed dos and don'ts. Based on the patient's presenting symptoms, a therapeutic regimen consisting of *Kapha-Vata* Shaman drugs, *Rasayana* drugs, and *Balya* drugs has been formulated.

The inflammatory mechanism is involved in the conventional system of medicine in thyroid disorders.

Drug	Ingredients	
Bala churna *Ashwagandha churna* *Satavari churna*	*Bala* *Ashwagandha* *Satavari*	*Balya improves hormonal imbalance and strength and is anti-inflammatory and antioxidant.* *Vata-kapha hara* helps to reduce stress and anxiety. *Rasayana.*
Divya Cystogrit	*Kanchanara, haldi ,shila sindoora, muktashukti pisti, tamra bhasma*	*Shothahara* enhances strength and energy.
Kanchanara guggul	*Kanchanara, Sonth, pippali, haritaki, amla Baheda, varuna, tejapatra, dalchini, Ela,guggulu, kali Mirach.*	*Granthihara, vatamedohara,* pacifies *kapha*
Divya Immunogrit gold	*Rajata bhasma, Mukta pishti, swarna bhasma, Vasanta kusumakara rasa, ashwagandha.*	Immunity booster improves physical and mental health.
Giloy amla juice	*Giloy, amla*	Immunity booster,

CONCLUSION

When viewed according to the Ayurveda perspective, the causative factors leading to hypothyroidism may be imbalances in *Jatharagni* and *Dhatwagni* resulting from *aahara-vihara vaishamya*.

From the above study, we can conclude that Ayurvedic medicine has a beneficial effect on hypothyroidism. Symptomatic relief was observed within two months of medicine and in serum TSH value. Thus, it may be concluded that the treatment protocol prescribed with an ayurvedic approach and yoga may lead to normalising thyroid function and alleviating associated symptoms.

REFERENCES

1. Kayachikitsa volume 2 by Dr Ajai Kumar Pandey, chaukhambha publication 4262/3, Ansari Road, Darya ganj, New Delhi.
2. WHO DIAGNOSIS AND MONITORING OF DISEASES OF THE TYHROID by C.C Heuck, A.S. Kanagasabapathy, W. Riesen.
3. Kaya chikitsa volume 3 by Prof. Ajay Kumar sharma chaukhambha orientalia, banglow road, delhi.
4. Susruta Samhita-Ayurveda-Tattva-Sandipika, Hindi Commentary part-1, by Kaviraj Ambikadutta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, 2006 Reprint, Chikitsa Sthana, 18.
5. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, Revised by Charak and Dridhabala, Part I, Chaukhamba Bharati Academy, Varanasi, Reprint., 2004; Sutra Sthana, 20/17.
6. Shastri Kashinath, Chaturvedi Gorakhnath edited Charak Samhita of Agnivesha, Revised by Charak and

Dridhabala, Part II, Chaukhamba Bharati Academy, Varanasi, Reprint., 2004; Chikitsa Sthana, 15/3.
7. Murthy K.R. Srikantha edited Vagbhata's Astanga Hridayam. I, Chowkhamba Krishnadas Academy, Varanasi, Reprint edition., 2012; Sutra sthana Ch., .11/34.

Source of Support: Nil
Conflict of Interest: None Declared

How to cite this URL: Sarita Sandhu et al: The ayurvedic path to thyroid balance: a holistic approach to hypothyroidism. International Ayurvedic Medical Journal {online} 2025 {cited March 2025}