

## A CASE STUDY ON EFFECT OF VAMAN KARMA IN HYPOTHYROIDISM

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## ABSTRACT

**Introduction-** Hypothyroidism can be understood and assessed on the basis of *Agni, Doshas, Dushyas, Sthanas* and *Srotasas*. *Vamana Karma* is regarded in *Ayurveda* as the best line of *Shodana* techniques for the elimination of toxic substances from the human body. Low metabolic rate, a susceptibility for weight gain, lethargy, menstrual disturbance, pains, muscle stiffness, hair loss, infertility, and occasionally myxedema are all signs and symptoms of hypothyroidism. The above-mentioned symptoms are quite similar to the *Vikruta Kapha Dosha* symptoms of *Gaurava, Shaithya, Slatangatwa, Tamah, and Klaibya*. Therefore, *Vamana karma* will be chosen as a clinical tool in the current clinical investigation to examine its impact on hypothyroidism (Galaganda). Adoption of *Vamana karma* is the best *shodhana* for *Kapha Dosha*. **Aim-** To evaluate the efficacy Of *Vamana Karma* in Hypothyroidism. **Methodology-** Single subject was treated with *Deepana-Pachana* followed by *Snehapana, Swedana* and was subjected to *Vamana*. The subject was given the advice *Samsarjana Krama* according to the *Shuddhi*. Assessment was done with thyroid profile before and after treatment. **Result-** Significant changes were noted in thyroid profile. **Discussion-** *Vamana Karma* which is ideal for *Kapha Dosha* has a positive effect over the disease Hypothyroidism in Managing and also maintaining health for longer period of time.

## INTRODUCTION

Hypothyroidism is defined as "a condition in which the thyroid gland's production of thyroid hormone is

reduced [1]. Low basal metabolic rate, lethargy, drowsiness, weight gain, menstruation disturbance,

discomfort with muscle stiffness, cold intolerance, coarse dry skin, puffiness of face, alopecia, hoarseness of voice, infertility are all signs and symptoms of hypothyroidism. Hypothyroidism is not mentioned in *Ayurveda*, however based on its clinical presentation, it can be connected with *Agnimandhya* because its symptoms resemble hypothyroidism. *Agnimandhya* are caused by excessive and provocative *Kapha*. *Vamana Karma* is stated to be the most significant *Shodhana* for *Kapha Dosha* [2].

Hypothyroidism is becoming more common in all countries as a result of changes in lifestyle and eating habits. The prevalence of hypothyroidism is 4%-5% in developed countries, whereas it is over 10.95% in India [3]. Females are more affected than males.

**AIMS AND OBJECTIVE:** To evaluate the efficacy of *Vamana Karma* in *Hypothyroidism*.

**METHODOLOGY:** A single case was taken for the study.

**CONSENT:** Written consent was taken from the subject for the treatment as well as for publication of the same.

**BRIEF HISTORY**

15/11/22	16/11/22	17/11/22	18/11/22	19/11/22	20/11/22	21/11/22
Day1	Day2	Day3	Day4	Day5	Day6	Day7
30ml	60ml	90ml	120ml	150ml	180ml	210ml

On 7th day the subject was seen with *Samyak Snigdha Lakshanas*, like *Vatanulomana*, *Agni Deepana*, *Anga Mardavata*, *Twak* and *Pureesha Snigdhatata*.

- On *Vishramakala* – *Sarvanga Abhyanga* with *Murchitha Tila Taila* and *Bashpa Sweda*, followed by *Kaphotkleshakara Ahara* was given.

*Vamana* was induced by giving below medicine.

<b>Aushada</b>	<b>Pramana</b>
<i>Madanapippali Churna</i>	8gm
<i>Vacha Chura</i>	5gm
<i>Saindhava Lavana</i>	3gm
<i>Madhu</i>	15gm

*Vamopaga* used *Yastimadhuphanta* 3000ml + *Lavanodak* 3000ml.

**Paschat Karma:** Subject was subjected to *peyadi samsarjana Krama* for 7 days.

**Samsarjana Krama:** *Samsarjana Krama* was performed based on the type of *Shuddhi* displayed by the

A 39-year-old male subject was taken for the study with following complaints. Increasing in weight for 6 months. *Litharginess*, stress, cold intolerance, hair fall, puffiness of face & eyes for 4 months. He was newly detected hypothyroid status and was not on hormonal replacement therapy. He was suffering from knee joint pain for 1 year.

**Personal history**

- Bowel - clear
- Bladder – normal
- Sleep – disturbed
- Appetite - reduced

**General Examination Vitals**

- Pulse Rate: 78bpm
- Blood Pressure: 124/82mmHg
- Body Temperature: Afebrile
- Respiratory Rate: 14/min
- Weight: 77 kg

**Poorva Karma**

- *Deepana Pachana* - *Trikatu Churna* 1gm with 50ml hot water twice a day before food for 7 days.
- *Arohana Snehapana* - *Panchatiktha Gritha*

- On *Vamana* day, Subject was subjected to *Sarvanga Abhyanga* *Bashpa Sweda* and *Snana*.

**Pradhana Karma**

**Vamana Karma**

- Ghrit siddh krishra* -200 ml
- Akanta Khseerapana* 3000ml

patients. From the evening of *Vamana* day, *Hina*, *Madhyama*, and *Pravara Shuddhi Peya*, *Vilepi*, *Mudga Yusha*, and rice with *Mudga Yusha* were provided for one mealtime, two mealtimes, and three

mealtimes, respectively. Patients were instructed to consume this diet according to their appetite. *Peya* and *Vilepi* were made from 50 gms of rice using normal procedures. *Mudga Yusha* was made by cooking 50 gms of *Mudga* in the appropriate amount of water. In the end, *odana* made from 50 gms of rice

was served with *Mudga Yusha* made from 50 gms of *Mudga*. *Samsarjana Krama* is administered based on the sort of *Shuddhi* displayed by the patients.

	Morning	Evening
DAY 1	-	<i>Peya</i>
DAY 2	<i>Peya</i>	<i>Peya</i>
DAY 3	<i>Vilepi</i>	<i>Vilepi</i>
DAY 4	<i>Vilepi</i>	<i>Akrita Yusha</i>
DAY 5	<i>krita Yusha</i>	<i>krita Yusha</i>
DAY 6	<i>Akrita Yusha</i>	<i>krita Yusha</i>
DAY 7	<i>krita Yusha</i>	Normal Diet

<i>Vaigiki</i>	<i>Anthiki</i>	<i>Maniki</i>
8 Vegas	<i>Pittanta</i>	7 liters

## RESULTS

	Before <i>Vamana</i>	After <i>Vamana</i>
TSH	9.38µIU/ml	5.078µIU/ml

According to the report, there is a considerable decrease in serum TSH levels following *Vamana Karma*. We *Deepana Pachana* was performed with *Trikatu Churna* in the current study. *Trikatu Churna* is a neutral *Deepana Pachana* medicine composed of *shunthi*, *pippali*, and *marich*. *Trikatu Churna* stimulates the appetite and decreases *Ama* by *Amapachana*. Once digestion is restored, proper nutritional absorption will be evident. *Shothanga Snehapana* was completed with *Panchatikta Gritha*. *Patol*, *Vasa*, *Nimba*, and *Triphala* are among the medications found in *Panchatikta Gritha*. It is rich in *Shothhara* and has anti-inflammatory properties. Weight loss, increased hunger, decreased joint discomfort, improved smell sense, adequate sleep, and stress relief are all symptoms that improve after *Vaman karma*.

## DISCUSSION

Hypothyroidism is defined as "a condition in which the thyroid gland's production of thyroid hormone is reduced." *Agni*, *Dosha*, *Dushya*, *Sthana*, and *Srotas* can be used to understand and assess hypothyroidism. Slowness of physiological functions, extreme reduc-

tion in digestion and metabolism, solid kind of edema, and other cardinal signs of hypothyroidism are caused by excessive and provocative *Kapha*, according to *Ayurveda*. *Rasadhatu Dushti* is also seen in hypothyroidism. *Vamana karma* is a type of *Langhan*, which is a type of *Rasaj Vikara* treatment. Because hypothyroidism is a *Srotoavrodh Pradhana vyadhi*, *Vamana* will help with *Srotovishodhan*. *Ayurveda* regards *Vamana* as the most effective cure for *Kapha* and associated problems. *Vamana karma* are traditional and deeply established *Panchkarma* techniques that promote well-being. *Vamana Karma* refers to the encouragement of emesis, which aids in the removal of toxins from the body, particularly through the colon.

This *Karma*, like all others, is carried out in three steps: *Poorvakarma*, *Pradhanakarma*, and *Paschatakarma*. To liquefy *Dosha* and toxins through *Sneha Pana*, fomentation, and oil massage are recommended before executing this, *Karma*. Given the majority of *Kapha* and *Pitta doshas*, *sroto shodhaka*, *Ag-nivardhaka*, and *dosha pratyanka chikitsa* are the most effective treatments for hypothyroidism. Weight loss, increased appetite, lethargy, stress, cold intoler-

ance, hair loss, puffiness of face and eyes, joint pain reduction, smell sense improvement, headache, proper sleep, stress-free, normal BP, normal pulse were all statistically significant improvements after *Vamana Karma*

## CONCLUSION

The case studies presented above indicate that *Vamana Karma* is extremely beneficial in the treatment of hypothyroidism. TSH levels in the blood are significantly lower. Shodhana improves *Agni*, *Ama Pachana*, and *Dosha Nirharana*. There was a significant reduction in hypothyroidism signs and symptoms, as well as weight loss. As a result, *Vamana Karma* is thought to be an excellent treatment for hypothyroidism.

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Conflict of Interest: None Declared

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Pat. No. ESTROE Name: Hitesh Kumar Jain Collected: 01/05/2022 3:01:51  
 Company: Requested: 01/05/2022 6:36:31  
 Ref. By: SELF Auth. On: Status: Authorized

**THYROID FUNCTION TEST**

TEST	RESULT	NORMAL RANGE
T3	1.67	0.7 - 3.1 nmol/L : 1 - 10 Yes 1.3 - 3.1 nmol/L : Adults
T4	4.20	5.13 - 14.0 ug/dl : Adults 7.8 - 16.5 : 1 - 12 Yrs 7.8 - 19.7 : Neonate
TSH	0.36	0.27 - 4.20 uIU/ml: Adults 0.80 - 8.2 : 1mon-6Yrs 0.70 - 7.0 : 4 - 10 Yrs 0.70 - 5.7 : 10 - 18 Yrs 1.70 - 9.1 : 1 - 30 Days

**Interpretation**  
 TEST METHOD SENSITIVITY  
 T3 Chemiluminescence (immunoassay) 0.07 ng/ml  
 T4 Chemiluminescence (immunoassay) 0.25 ug/ml  
 TSH Chemiluminescence immunoassay 0.002 micro IU/ml

Serum Tri-iodo-L-thyronine (T3), Thyroxine (T4) and Thyroid Stimulating hormone (TSH) form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland.

Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.

Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can stem from TSH secreting pituitary tumors (secondary hyperthyroidism).

METHOD: ELECTRO CHEMILUMINESCENCE ASSAY  
 INSTRUMENT: ROCHE COBAS e111

Technician: Dr. Priyansh Mathur

End Of Report

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**RIDDHI-SIDDHI**  
 DIGITAL X-RAY & DIAGNOSTIC CENTER

**LABORATORY REPORT**

Name: [Redacted] Sex/Age: Male / 39 Years Case ID: 21201500379  
 Ref. By: [Redacted] Dia. At: PL ID:  
 Bill Loc: PL Loc:  
 Reg Date and Time: 03-Dec-2022 13:12 Sample Type: Serum Mobile No.:  
 Sample Date and Time: 03-Dec-2022 13:12 Sample Col. By: non Ref Id1:  
 Report Date and Time: 03-Dec-2022 14:00 Acc. Remarks: Ref Id2:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
TSH	H 5.078	µIU/mL	0.4 - 4.2	

**INTERPRETATIONS**

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/ml) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

**CAUTIONS**  
 Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

**TSH ref range in Pregnancy** Reference range (microIU/ml)  
 First trimester 0.24 - 2.00  
 Second trimester 0.43-2.2  
 Third trimester 0.8-2.5

End Of Report

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

Dr. Khyati Shah  
 MD Pathology

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