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Case Series

Symptomatic and Biochemical Improvement in Hypothyroidism Through Ayurvedic Management: A Case Series

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ABSTRACT

Hypothyroidism is a prevalent endocrine disorder characterized by inadequate production of thyroid hormones, leading to a generalized slowing of metabolic processes. While levothyroxine remains the standard modern treatment, lifelong dependency and residual symptoms drive patients toward complementary therapies. In Ayurveda, hypothyroidism can be correlated with the functional impairment of Agnimandya and Vata-Kapha dosha imbalance, localized in the Griva (neck) region, manifesting similarly to Galaganda. This case series presents three female patients diagnosed with primary hypothyroidism who were managed exclusively with Ayurvedic formulations, including Kanchanar Guggulu, Ashwagandha Churna, and Varunadi Kashaya. Over a period of 12 weeks, the patients were monitored for symptomatic relief and biochemical improvements (Thyroid Stimulating Hormone, Free T3, and Free T4). Significant clinical improvement was observed in weight management, fatigue, cold intolerance, and constipation. Biochemically, elevated TSH levels were reduced to normal ranges, and T3/T4 levels improved. The findings suggest that Ayurvedic management offers a promising, holistic, and safe approach to restoring thyroid function and alleviating symptoms of hypothyroidism. Further randomized controlled trials are warranted to establish standard protocols.

Keywords: Hypothyroidism, Ayurveda, Kanchanar Guggulu, Ashwagandha, Case Series, TSH.

INTRODUCTION

Hypothyroidism is one of the most common endocrine disorders worldwide, primarily affecting women. The condition manifests due to the thyroid gland's inability to produce sufficient thyroid hormones, leading to systemic metabolic deceleration (Chaker et al., 2017). Symptoms include excessive weight gain, lethargy, cold intolerance, menstrual irregularities, and cognitive dullness. The conventional treatment relies on synthetic thyroid hormone replacement (Levothyroxine). However, despite achieving biochemical euthyroidism, many patients continue to experience persistent symptoms and seek alternative therapies, indicating a lacuna in purely synthetic hormone replacement therapy (Panicker, 2011).

In Ayurveda, the thyroid gland's functions are primarily governed by *Agni* (metabolic fire). Hypothyroidism is often conceptualized as a state of *Dhatvagni Mandya* (cellular metabolic dysfunction) coupled with *Kapha* and *Vata dosha* vitiation (Sharma & Dash, 2018). The pathogenesis parallels diseases like *Galaganda* (goiter) and *Apachi.* Ayurvedic management focuses on clearing *Srotorodha* (channel obstruction), stimulating *Agni,* and balancing the vitiated doshas using specific herbo-mineral preparations. This case series evaluates the efficacy of a customized Ayurvedic treatment protocol in improving both symptomatic profiles and biochemical markers in three hypothyroid patients.

METHODOLOGY

This study presents a case series of three female patients diagnosed with primary hypothyroidism, managed at an Ayurvedic outpatient department. The research methodology involved a pre- and post-intervention assessment over 12 weeks. Diagnoses were confirmed through biochemical evaluation of Thyroid Stimulating Hormone (TSH), Free T3 (fT3), and Free T4 (fT4). Written informed consent was obtained from all patients.

Case 1

A 35-year-old female presented with generalized weakness, unexplained weight gain of 6 kg over six months, hair fall, and constipation. Her baseline thyroid profile revealed a notably elevated TSH of 14.5 mIU/L. She had not initiated conventional hormone replacement.

Intervention: The patient was prescribed *Kanchanar Guggulu* (2 tablets of 500 mg, twice daily), *Ashwagandha Churna* (3 grams, twice daily with warm water), and *Triphala Churna* (3 grams at bedtime). The duration of treatment was 12 weeks.

Case 2

A 42-year-old female reported severe cold intolerance, joint pain, lethargy, and dry skin. Her initial TSH level was 9.8 mIU/L, with a borderline low fT4.

Intervention: She was treated with *Varunadi Kashaya* (15 ml with equal parts water, twice daily before meals) and *Kanchanar Guggulu* (2 tablets of 500 mg, twice daily). Dietary modifications (avoiding heavy, oily, and processed foods) were also advised. Treatment continued for 12 weeks.

Case 3

A 28-year-old postpartum female complained of persistent fatigue, mood swings, and puffiness of the face. Her baseline TSH was 11.2 mIU/L.

Intervention: The prescribed regimen included *Kanchanar Guggulu* (2 tablets, twice daily) and a combination of *Ashwagandha* and *Shatavari* powders (3 grams each, twice daily with milk). The regimen was administered for 12 weeks.

RESULT

The results are presented based on the pre- and post-treatment biochemical analysis and subjective symptom tracking. All three patients showed significant improvement in their thyroid profiles (Table 1). Elevated TSH levels were successfully reduced, and T3/T4 levels normalized, indicating restored thyroid gland function without the use of exogenous thyroxine. Clinical symptoms were graded on a subjective scale. All patients reported marked reductions in fatigue, weight stabilization, improved bowel movements, and better thermal regulation (Table 2).

Table 1: Biochemical markers before and after 12 weeks of Ayurvedic management.

Patient	TSH Before (mIU/L)	TSH After (mIU/L)	fT3 Before (pg/mL)	fT3 After (pg/mL)	fT4 Before (ng/dL)	fT4 After (ng/dL)
Case 1	14.5	4.2	2.1	3.0	0.7	1.1
Case 2	9.8	3.5	2.4	3.2	0.8	1.2
Case 3	11.2	4.0	2.2	3.1	0.9	1.3

Table 2: Key clinical symptoms improvement.

Patient	Primary Symptoms Before	Status After 12 Weeks
Case 1	Severe fatigue, Constipation, Weight gain	Fatigue reduced, Bowel normal, Weight stable
Case 2	Cold intolerance, Lethargy, Dry skin	Mild cold intolerance, Energy improved
Case 3	Postpartum fatigue, Mood swings, Puffiness	Puffiness resolved, Mood stable, Active

DISCUSSION

The observed biochemical and clinical improvements highlight the therapeutic potential of new and important aspects of Ayurvedic interventions in managing hypothyroidism. According to Ayurvedic pharmacology, *Kanchanar Guggulu* possesses *Lekhana* (scraping/fat-reducing) and *Granti-hara* properties, which are highly effective in treating glandular dysfunctions and clearing *Srotorodha* (channel blockages) in the lymphatic and endocrine systems (Puri et al., 2019). It reduces *Kapha* dosha and improves tissue-level metabolism (*Dhatvagni).*

Ashwagandha (Withania somnifera) is a renowned adaptogen. Modern studies suggest it has a direct stimulating effect on the thyroid gland, increasing the secretion of T3 and T4 hormones while lowering TSH levels and reducing oxidative stress (Sharma et al., 2018). The inclusion of *Varunadi Kashaya and Triphala* targeted digestive fire *(Jatharagni)* correction and relieved accompanying symptoms like constipation and lethargy. The holistic approach not only addressed the biochemical deficiencies but also provided comprehensive relief from the multi-systemic symptoms of the disease, addressing a major lacuna in purely synthetic therapies. The primary limitation of this study is its small sample size and lack of a control group.

CONCLUSION

In summary, this case series demonstrates that Ayurvedic management, focusing on *Agni* correction and dosha pacification through formulations like *Kanchanar Guggulu* and *Ashwagandha,* can lead to significant symptomatic and biochemical improvements in patients with primary hypothyroidism. The treatment was well-tolerated with no adverse effects. The novelty of this approach lies in treating the root metabolic cause rather than merely replacing hormones. These findings provide a compelling rationale for larger trials and contribute to the upliftment of the present scientific knowledge in holistic endocrine management.

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