website : www.ijacare.in e-ISSN No.: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

# Clinical Approach to Subclinical Hypothyroidism through Ayurveda: A Single Case Study

**Rohini HD, [1*] Prashanth AS, [2] Veena GD [3]**

[1] Professor, Department of Roga Nidana Evum Vikruti Vigyana, Adichunchanagiri Ayurvedic Medical College, Hospital and Research Centre. Nagarur Nelamangala , Bangalore, Karnataka, India

[2] Professor and Research Guide, Department of Kayachikitsa, Ayurveda Mahavidyalaya, Hospital, Hubli, Karnataka, India

[3] Professor and HOD, Department of Panchakarma, Adichunchanagiri Ayurvedic Medical College, Hospital and Research Centre. Nagarur Nelamangala , Bangalore, Karnataka, India

**ABSTRACT:**

Subclinical hypothyroidism is a condition characterized by elevated Thyroid-Stimulating Hormone (TSH) levels while serum thyroxine (T4) remains within the normal range. Most of the time subclinical hypothyroidism is asymptomatic; however, some may exhibit mild symptoms typically of hypothyroidism. According to research, approximately 2–5% of individuals with subclinical hypothyroidism progress to overt hypothyroidism each year. From an Ayurvedic perspective, this condition can be correlated with *Rasapradoshaja Vikara*, where there is vitiation of *Kapha dosha* and impairment of *Rasavaha srotas*, often manifesting as *Agnimandya(*~Weak digestion*)*, *tandra*(~Drowsiness*)*, and *gourava(~Heaviness)*. Based on this understanding, a treatment protocol addressing *Rasapradoshaja Vikara*—including *Langhana (*~Lightening theraphy), *Deepana* (~Appetizer*)-Pachana (*~Carminative*)*, and selective *Shodhana*—was adopted. The results were found to be positive, with improvements in subjective symptoms as well as in the thyroid function test. A 44-year-old married male patient with complaint of incomplete evacuation of stool about 3-4 times per day with no satisfaction since 6 months. Also patient had complaint of reduced appetite (*Ashradda*) and sometime *Ajeerna*. Patient had *Ajeerna Ahara Lakshanas* like *Gouravata* also had investigated for thyroid profile T3 (3.06pg/ml). freeT4 (1.24ng/dl), TSH (7.46uIU/ml) and found to be hypothyroidism and pre diabetic with FBS (105mg/dl), PPBS (174mg/dl), HbA1c (5.9%) since last year. But not on any medications. Patient wanted Ayurveda treatment so visited Adicunchanagiri Ayurveda hospital OPD.

**KEYWORDS**: Ayurveda Treatment, Hypothyroidism, Subclinical Hypothyroidism, *Vamana, Rasapradoshaja vikara.*

Received: 15.07.2025 Revised: 30.08.2025 Accepted: 08.09.2025 Published: 16.09.2025



QR Code

DOI 10.70805/iia-care.v9i3.759

***Corresponding Author:**

**Dr. Rohini HD**

Professor, Department of Roga Nidana Evum Vikruti Vigyana, Adichunchanagiri Ayurvedic Medical College, Hospital and Research Centre. Nagarur Nelamangala , Bangalore

Email: drrohinihd@gmail.com

Subclinical hypothyroidism is the grade of primary hypothyroidism where the TSH levels are elevated in the presence of normal free thyroxin (T4) and triiodothyronine (T3). According to studies 2-5% of subclinical hypothyroidism may progress to overt hypothyroidism annualy[1]. The prevalence of subclinical hypothyroidism varies from 3% to 15% based on the study population. Individuals with type 2 diabetes mellitus (T2DM) are also more likely to develop subclinical hypothyroidism. According to statistical studies the condition is more in women and older adults.[2]

Subclinical hypothyroidism is most of the time asymptomatic, however may be presented with hypothyroidism symptoms. In Ayurveda direct reference for Subclinical hypothyroidism is not available, the present clinical features exhibited in the patient most of them are directed towards the *Rasapradoshaja Vikara Lakshanas*. The *adhya ahara rasa* is not formed properly here the reason may be impaired *Agni* (digestive fire) and correction of the Agni (digestive fire) is done on the basis of *Chikitsa sutra* said by Acharya Charaka for *Rasapradoshaja Vikara* that is *Langhana*[3]. As there was *Prabhuta Sleshma* and Pitta associated *Vamana* was the selected line of treatment for the condition. Both external and internal *Kapha Medohara Chikitsa* was done for the patient.

## CASE REPORT:

A 44-year-old married male patient with complaint of incomplete evacuation of stool about 3-4 times per day with no satisfaction since 6 months. Also patient had complaint of reduced appetite (*Ashradda)* and sometime *Ajeerna*. Patient had *Ajeerna Ahara Lakshanas* like *Gouravata* also had investigated for thyroid profile T3 (3.06pg/ml). freeT4 (1.24ng/dl), TSH (7.46uIU/ml) and found to be hypothyroidism and pre diabetic with FBS (105mg/dl), PPBS (174mg/dl), HbA1c (5.9%) since last year. But not on any medications. Patient wanted Ayurveda treatment so visited Adicunchanagiri Ayurveda hospital OPD.

**Clinical findings:** General Examination of the patient revealed that the patient was well built, well nourished, no pallor/ icterus/ cyanosis/ clubbing/oedema/lymphadenopathy was observed. On examination *Naadi- kaphaja naadi*, *mutra*-regular, *mala*- incomplete evacuation passing stool 4-5 times per day but not having satisfaction after evacuation, *Jihwa-liptata, Shabdha-Kaphaja, Sparsha -Sheeta* and *Ardra Sparsha, Druk-Kaphaja, Akruti - Kaphaja*. The Height -155cms, weight - 71.3kg, BMI-29.7kg/$m^2$, abdomen circumference was 105cms.

**Personal history:** The patient is a purely vegetarian individual who predominantly consumes *Madhura Rasa Pradhana Ahara* in excess. He follows regular meal timings but practices *Samashana* (irregular eating habits in terms of quantity and quality). His physical activity is completely negligible. His Agni (digestive fire) is *Manda Agni*.

**Family history:** His family history was not significant his mother and father both are non diabetic and also non hypertensive.

## THERAPEUTIC INTERVENTION:

Initially started with *Sarvanga Udvartana*(~ full body powder massage) with *Kolakulattadi Choorna* and *Triphala Choorna* and *Sarvanga Bhaspa Swedana*(~ full body steam) for 5 days and meanwhile *Amapachana* was started with *Chitrakadi Vati* 2 Trice In a Day for 3 days before food.

*Shodhana chikitsa* was done to clear the *srotas* for the *bahudoshaavasta*. For *shodhana classical vamana karma* was done in May month 2025.

*Snehapana* (~therapeutic internal oleation) was done with *Triphala Ghritam*[4] in *Arohana Snehapana* method 40ml, 80ml, 120 ml on empty stomach with warm water for 3 days. *Samyak Snigdha Lakshanas* (~ symptoms of proper internal oleation) were appeared by third day of *Snehapana*. For next two days *Sarvanga Abhyanaga* (~ therapeutic massage) was done with *Ksheera Bala Taila*, followed by *Sarvanga Bhaspa Swedana*(~Sudation Theraphy). *Vamana* Was Done With Yastimadhu, Madanaphala, *Vacha, Pippali, Saindava* and *Madhu*. Total 8 *vamana vegas* observed inferring *madhyama shuddi*. *Samsarjana karma* was advised for 5days. During treatment the patient was advised to take only *pathya ahara* (~ wholesome food), vihara(~life style/ daily regimen).

Diet recommended during *vishrama kala* was the *kaphotkleshakara ahara* like as follows morning 250 ml of milk at 7 am and for breakfast 1 urad dal vada with 1 cup of curd at 9:30 am , for lunch ksheera payasam about 200ml, and curd rice about 2 katori at 2 pm , for dinner curd rice 2 katori and ksheera payasam 200ml at 7:30 pm.

**Treatment outcome:** During the shodhana procedure patient has lost 1.6 kg of weight and symptomatically patient felt better. After completion of treatment the deranged thyroid test report and fasting blood glucose level came into normal range. Time line of the events are mentioned in table number 1

**Table-1: Time line of the events**

| From date | To date | Therapeutic intervention | Prescribed Medicines |
|---|---|---|---|
| 8/5/2025 | 12/5/2025 | *Sarvanga udvartana* and *sarvanga bhaspa swedana.* | *Kolakulattadi choorna* and *triphala choorna* |
| 8/5/2025 | 12/5/2025 | *Amapachana* | *Chitrakadivati* 1-1-1 before food for 3 days |
| | | | *Chitrakadivati* 2-2-2 before food for 2 days |
| 13/5/2025 | 15/5/2025 | *Snehapana* | *Triphala ghritam* 3 days |
| 16/5/2025 | 17/5/2025 | *Sarvanga abhyanga* and *sarvanga bhaspa swedana* | *Abhyanga* with *ksheerabala taila* for 2 days |
| 16/5/2025 | | *Vishrama kala* | *Kaphotkleshakara ahara* and pana advised |
| 17/5/2023 | | *Vamana karma* | *Yastimadhu,Madanaphala,Vacha,Pippali,Saindava* and *Madhu* |

**Table-2: Showing Improvement in objective parameters**

| Objective Parameters | Before Treatment (04/05/2025) | After Treatment (22/05/2025) |
|---|---|---|
| **BLOOD GLUCOSE REPORT** | | |

| | | | |
|---|---|---|---|
| **FBS** | 105mg/dl | 99mg/dl | |
| **PPBS** | 174mg/dl | 159mg/dl | |
| **HbA1C** | 5.9% | 5.9% | |
| **THYROID PROFILE** | | | |
| **TSH** | 7.46uIU/ml | **TSH** | 3.14uIU/ml |
| **FREE T3** | 3.06pg/ml | **TOTAL T3** | 92ng/dl |
| **FREE T4** | 1.24ng/dl | **TOTAL T4** | 7.30ug/dl |

**Table-3: Improvement in Subjective parameters**

| Symptoms | Before Treatment | After treatment |
|---|---|---|
| Reduced appetite | +++ | + |
| Indigestion | ++ | + |
| Incomplete evacuation of stool 4-5 time/day | +++ | + |
| Tandra | ++ | - |

**DISCUSSION**:

*Amapachana* and *Agnideepana* was planned in this patient because of *Agni* was in *Mandyaavasta* and for this *Chitrakadi Vati*[5] has been selected which is well known *amapachaka* and *agni deepaka*. *amapachana* was done for 5 days with this medicine patient started to notice the changes in number of bowel movements which was 4-5 times initially and has reduced to 2 time per day after taking *chikrakadi vati*.

*Udvartana*, as described by Sridhar Kasture[6] is a form of massage performed with pressure in a direction opposite to the orientation of body hair, using *oushada choorna* (medicated powders). In this case, *Udvartana* was administered for 5 consecutive days using *Kolakulattadi Choorna* [7] and *triphala choorna*[8] Both of these formulations are known to possess *Kapha-Medohara* (*kapha-* and fat-reducing) properties.

The procedure of *Udvartana* is particularly beneficial for *Kapha* and *Medo* dominance and is attributed with properties such as *Kapha-shamaka* (pacifying kapha), *Medo-vilayana-kara* (dissolving excess fat), *Laghavakara* (inducing lightness of the body), and *Tandra-nashakara* (relieving drowsiness), as per Sridhar Kasture [9].

In the present case, the patient presented with a BMI of 29.7 kg/m², indicating overweight status, along with complaints of *Gaurava* (heaviness) in the *Sharira* (body). Following *Udvartana*, the patient reported a noticeable reduction in the sense of heaviness and improved subjective feeling of lightness, thereby supporting the efficacy of the procedure.

Further classical support can be drawn from *Ashtanga Hridaya Sutrasthana*[10], where *Udvartana* is indicated for *Sthoulya* (obesity), *Kapha vitiation*, and associated metabolic conditions.

**Mode of action of *vamana* in sub clinical hyperthyroidism:**

According to *Sharngadhara Samhita*, *Vamana* is described as the forceful expulsion of *apakva pitta* and *kapha* in an upward direction[11]. Many clinical features of subclinical hypothyroidism/ hypothyroidism—such as fatigue, weight gain, cold intolerance, dry skin, and constipation—closely resemble *Rasapradoshaja Vikaras* mentioned in Ayurvedic texts, which include symptoms

like *ashraddha* (lack of interest), *aruchi* (anorexia), *agnimandya* (digestive weakness), and *tandra* (drowsiness), as stated in *Charaka Samhita Sutrasthan*[12].

The line of treatment for *Rasapradoshaja Vikaras* is *Langhana*, as indicated in *Charaka Samhita Sutrasthana*[13]. Among the four types of *shamshodana* type of *Langhana, Vamana* is considered most appropriate in this context. Furthermore, in *Charaka Samhita Sutrasthana*[14] it is mentioned that individuals with excessive *shleshma*, *pitta*, *sraava*, and *ama*, as well as those who are strong and of robust constitution, are suitable candidates for *Shodhana* procedures like *Vamana* to achieve purification. Hence, considering the clinical presentation and Ayurvedic pathology, *Vamana* was appropriately planned as a therapeutic measure in this case.

## CONCLUSION:

The patient experienced significant symptomatic relief following the *Vamana* procedure. Notably, there was a marked improvement in clinical parameters, including normalization of elevated TSH levels and reduction of elevated fasting blood sugar to within normal limits. These improvements suggest a systemic balancing effect of *Vamana*, supporting its efficacy as a therapeutic intervention in the management of hypothyroidism. Thus, *Vamana* can be considered a beneficial treatment modality in selected cases of subclinical hypothyroidism, especially when metabolic derangements coexist. Further study can be taken in large samples size to validate its efficacy in subclinical hypothyroidism.

**Informed written consent of patients:**

The patient was fully informed about the treatment, and written informed consent was voluntarily obtained prior to the initiation of the study.

**Acknowledgements:**

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor*:*** The corresponding author is the guarantor of this article and its contents.

**Source of support:** None

**How to cite this article:**
Rohini HD, Prashanth AS, Veena GD. Clinical Approach to Subclinical Hypothyroidism through Ayurveda: A single Case Study. Int. J. AYUSH CaRe. 2025;9(3): 531-536. DOI 10.70805/ija-care.v9i3.759.

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