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Holistic Management of Primary Hypothyroidism with Ayurvedic Medication and specified *Yoga* practices for 60 days: A Case Report

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ABSTRACT:

In recent years, hypothyroidism has emerged as a major health concern, particularly in developing countries. Epidemiological studies indicate it affects approximately one in ten adults in India. Wide usage of goitrogenic foods like cabbage, broccoli, sweet potato etc serves as the main cause by blocking iodine uptake, which can be considered as *Vishama Ahara* causing Hypothyroidism. Being a metabolic disorder, it resembles Agni *Dushti, Rasavaha Srotodushti* and *Rasa Dhatvagnimandya.* In the present case, a 40 years old female reported to OPD of Swasthavritta, with clinical symptoms like unexplained weight gain, improper digestion, puffiness of face, generalized debility, hair fall. Blood investigation showed increased TSH with normal T_3 and T_4 values which is suggestive of Primary Hypothyroidism. She was treated with Ayurvedic medications like *Sutshekhara Rasa* (250mg)*, Hanspadyadi* Kwatha (15ml) and *Kanchanara Guggulu* (500mg) twice a day before food and selected Yoga practices like *Chalana Kriyas,* Standing *Asanas* like *Tadasana,* Supine *Asanas* like *Shavasana* Prone *Asanas* like *Makarasana*, *Pranayama, Jalandhara bandha* etc. The effectiveness of treatment was assessed by performing Thyroid Function Test and reduction in Zulewski's clinical score. TSH value decreased from 7.682 µIU/mL to 4.645 µIU/mL after 2 months of treatment. A remarkable decrease of 5 points in Zulewski's clinical score was found after treatment. The overall health of the patient was improved. Marked decrease in TSH level and Zulewski's clinical score suggests the effectiveness of prescribed Ayurvedic medications and selected Yoga practices. Hence, prescribed Ayurvedic medications along with Yoga Practices were found significantly effective in treating primary Hypothyroidism.

KEYWORDS: *Dhatvagnimandya, Hanspadyadi*, Hypothyroidism, *Rasavahasrotodushti,* Yoga practices.

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INTRODUCTION:

Hypothyroidism is a prevalent endocrine disorder resulting from deficient production of thyroid hormones, principally thyroxine (T4) and triiodothyronine (T3), leading to a generalized slowing of metabolic processes across organ systems. Clinically, it presents with fatigue, weight gain, cold intolerance, constipation, bradycardia, dry skin, cognitive slowing, mood changes, and menstrual irregularities, collectively imposing a substantial symptom burden and impairing quality of life. Beyond symptomatic morbidity, untreated or undertreated hypothyroidism contributes to hypertension, dyslipidemia, infertility, neuromuscular dysfunction, and cognitive impairment, increasing long-term cardiovascular and psychosocial risks.

In recent years, hypothyroidism has emerged as a major public health concern, particularly in developing countries. Epidemiological studies indicate that hypothyroidism affects approximately one in ten adults in India, with an overall prevalence of around 10–11%, which is considerably higher than that reported in Western populations (2–4%). [1]Furthermore, a substantial proportion of cases remain undiagnosed, and the prevalence is notably higher among females and elderly individuals. [2] This rising burden highlights the need for effective, safe, and holistic management approaches. Levothyroxine replacement remains the standard of care and is highly effective in normalizing serum thyroid-stimulating hormone (TSH) and restoring euthyroidism in most patients. Observational data associate chronic exogenous thyroxine excess with increased risk of reduced bone mineral density and atrial fibrillation in susceptible populations, [3] highlighting the importance of individualized, lowest-effective dosing and supportive non-pharmacological measures.

In Ayurveda, thyroid dysfunction is conceptualized through disturbances in *Agni* (metabolic fire), particularly *Dhatvagni* at the level of *Rasa Dhatu*. *Agnidushti* leading to *Rasa Dhatuvagnimandya* is described as causing *Rasavruddhi*, overproduction of *Mala* manifesting as *Kapha vṛuddhi*, and reduced formation of *Upadhatus*, frameworks that align with clinical features such as lethargy, weight gain, and menstrual irregularities.

Yoga, as an integral component of disease management, plays a significant role in regulating endocrine functions, reducing stress, and enhancing overall well-being.[4]It has demonstrated benefits for stress reduction, autonomic balance, sleep quality, and cardiometabolic parameters. Stress-responsive neuroendocrine pathways, including hypothalamic–pituitary–adrenal and autonomic axes, interact with thyroid physiology and symptom perception, suggesting plausible pathways by which Yoga could augment standard care.

There remains a clear need for systematically designed studies evaluating integrative, non-pharmacological interventions alongside standard therapy, particularly in high-burden settings. This study

investigates the feasibility and effectiveness of an Ayurveda and Yoga-based adjunctive protocol for patients with hypothyroidism. By situating traditional frameworks within contemporary clinical outcomes, this work seeks to generate practice-relevant evidence on holistic management of hypothyroidism and to inform scalable, culturally congruent strategies for endocrine care. Rare case of subclinical primary hypothyroidism managed purely via Ayurveda and Yoga without any concomitant med

CASE REPORT:

In the present case, a 40 years old female reported first time on 29-12-2025 at the OPD of Swasthavritta, ITRA, Jamnagar with clinical symptoms like unexplained weight gain, improper digestion, puffiness of face, generalized debility, hair fall and constipation. She was a housewife. Her report showed that she was a freshly diagnosed case of hypothyroidism. Her TSH level was 7.682 µIU/mL on 30.12.2025, T3, T4 were within normal limits. She was not on any medications. She didn't have a history of any major illness like Diabetes Mellitus, Hypertension, Cardiac problems or any other complicated disease. The patient doesn't have any drug history. She had no family history of Thyroid disorders.

Clinical Findings

General Examination

The general condition of the patient was anxious, with moderate appetite and tongue appeared coated. During physical examination pallor, cyanosis, clubbing were absent and puffiness of face and dry skin were found. Blood pressure was 130/80 mm of Hg and Pulse rate 68 per minute. On Local examination of Thyroid gland, patient was asked to swallow the salivary secretions on lifting the neck then on inspection swelling was seen and difficulty in swallowing was experienced by the patient. The maternal history of obesity was found in family history assessment. The patient was well-oriented to time, date, and place. The patient was not on any concomitant medications.

Blood Investigation

Thyroid Function Test (TFT)

Diagnostic Assessment

The case was diagnosed as hypothyroidism as per Zulewski's clinical score and increased TSH levels.

Evaluation criteria: -

THERAPEUTIC INTERVENTIONS:

Ayurvedic medications such as *Vijayasaradi Kwatha*, *Hamsapadyaadi Kwatha* and *Kanchanara Guggulu* were given for 2 months as per table 3 along with selected Yoga practices as per table 4 and diet restricting goitrogenic food stuffs.

Follow up and Outcomes:

After beginning the treatment protocol, the patient was assessed weekly for any adverse events or reactions, also Zulewski's score and TSH was done after 2 months of commencement of treatment, as given in table 5 and Figure -1 & Figure - 2 respectively.

Table-1: Timeline:

Date/Duration	Clinical events
29 Dec 2025	Noticed weight gain, improper digestion, debility and hairfall.
30 Dec 2025	Came to OPD for consultation and got diagnosed as a case of Primary Hypothyroidism with TSH 7.682 µIU/mL.
31st Dec 2025	Started with prescribed medications along with suggested Yoga practices
Dec-Jan 2026	Followed the treatment given along with Yoga practices Goitrogenic substances like Cauliflower, Cabbage, Soyabean etc were avoided.
02nd Mar 2026	Follow-up TSH reduced to 4.645 µIU/mL after completion of 2 months of intervention.

Table2: Zulewski's clinical score for diagnosis

Signs & Symptoms	Identified on basis of	Before treatment
Diminished sweating	Sweating in the warm room or a hot summer day	1
Hoarseness of voice	Speaking voice, Singing voice	1
Paraesthesia	Subjective sensation	0
Dry skin	Dryness of skin noticed spontaneously, requiring treatment	1
Impairment of hearing	Progressive impairment of hearing	1
Constipation	Bowel habit, use of laxation	1
Weight increase	Recorded weight increase, tightness of cloth	1
Slow movements	Observe patient removing his cloth	0
Delayed ankle reflex	Observe the relaxation of the reflex	0
Coarse skin	Examine hands, forearms, elbow for roughness and thickening of skin	1
Periorbital puffiness	This should obscure the curve of the malar bone	1
Cold skin	Compare temperature of hand with examiners	1
total = 9		

(A score of 6 and above is defined as Hypothyroidism; a score of 0-2 points is considered euthyroid. A score of 3-5 is defined as intermediate.)

Table 3: Drugs and Posology

Medicine	Dose, frequency, time	Anupana	Action
Sutshekhara Rasa (250 mg)	1tab Two times in a day before food	Lukewarm water	*Pittashamaka* and *Agnideepaka* properties, primarily acts on *Jatharagni* and *Dhatvagni*.
Hamsapadyaadi kwatha (Bhavaprakasha Samhita)	15 ml Two times in day before food	45 ml Lukewarm water	*Deepana* and *lekhana* property help alleviate vitiated *Kapha* and pacify obstructed *Vata*.
Kanchanara Guggulu (500mg)	2 tabs Two times i a day before food	Lukewarm water	Kanchanara is the drug of choice in *Galaganda* reduces *Medas* and *Kapha* and helps to reduce the swelling in neck region Thyroid stimulating action of *Kanchanara guggulu* is proved in various clinical studies. [5],[6]

Table 4: Selected Yoga practices and action

Practice	Rounds	Duration	Action
Griva Chalana	5 rounds	3 min	This Yogic *Kriya* makes the bones, muscles and nerves of the neck and shoulder healthy
Tadasana	1 round	1 min	Stimulates the hormones of Thyroid & Adrenal glands
Ardhachakrasana	1 round	1 min	
Vrikshasana	1 round	1 min	
Ushtrasana	1 round	1 min	Activates thyroid and parathyroid glands on the neck. Improves blood flow towards the neck and head region and provides relaxation.
Shavasana	1 round	2 mins	Exerts pressure on thyroid gland, helps in improving blood circulation and nourishes it. By squeezing thyroid, the stagnant secretion gets released and nourishes. It also activates the pituitary gland and relaxes the mind.
Sarvangasana	1 round	8 mins	
Setubandhasana	1 round		
Halasana	1 round		
Matsyasana	1 round		
Pavanmuktasana	1 round		
Makarasana	1 round	3 mins	Stretches thyroid gland and compels it to produce the required amount of thyroid hormone for regulating metabolism.
Bhujangasana	1 round		
Kapalbhati	3 strokes	5 mins	Eliminates *Kapha Dosha* from the body

Nadishodhana pranayama	3 rounds	5 mins	Calms the mind and benefits overall endocrine system
Bhramari pranayama	3 rounds	5 mins	Activates the *Nadi* system and helps combat stress.
Jalandhar bandha	3 rounds	5 mins	Catches nectar flow in throat and destroys all ailments
Dhyana	1 round	5 mins	Reduces stress and reduces hormonal disbalance

Table 5: Zulewski's Score Assessment (BT&AT)

Signs & Symptoms	**Identified on basis of**	**Before treatment**	**After 2 months of treatment**
Diminished sweating	Sweating in the warm room or a hot summer day	1	0
Hoarseness of voice	Speaking voice, Singing voice	1	0
Paraesthesia	Subjective sensation	0	0
Dry skin	Dryness of skin noticed spontaneously, requiring treatment	1	1
Impairment of hearing	Progressive impairment of hearing	1	0
Constipation	Bowel habit, use of laxation	1	0
Weight increase	Recorded weight increase, tightness of cloth	1	0
Slow movements	Observe patient removing his cloth	0	0
Delayed ankle reflex	Observe the relaxation of the reflex	0	0
Coarse skin	Examine hands, forearms, elbow for roughness and thickening of skin	1	1
Periorbital puffiness	This should obscure the curve of the malar bone	1	0
Cold skin	Compare temperature of hand with examiners	1	1
Total Score		9	4

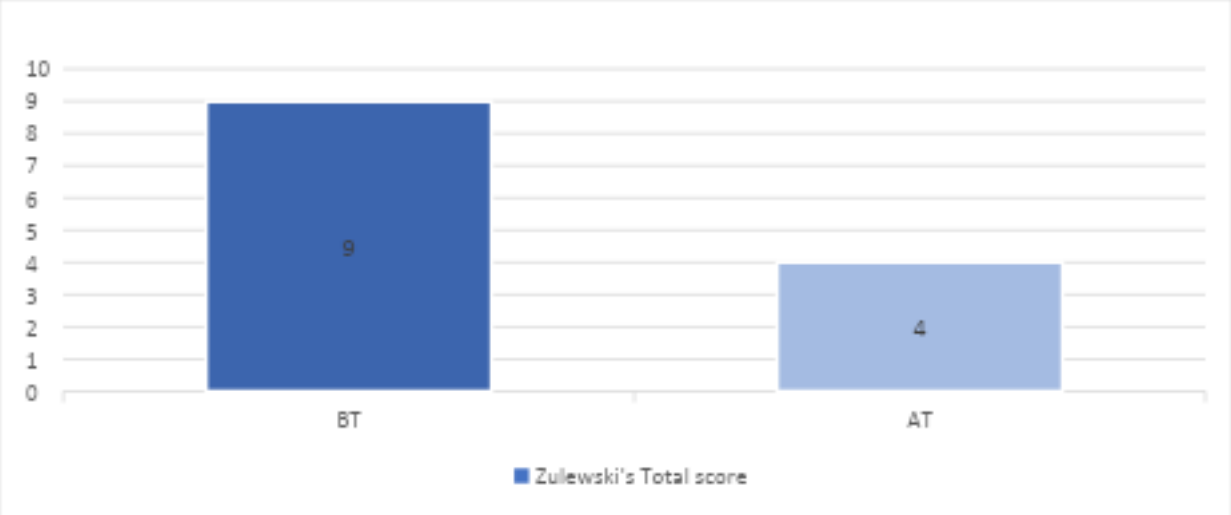


Figure- 1: Zulewski's total Score analysis (BT&AT)

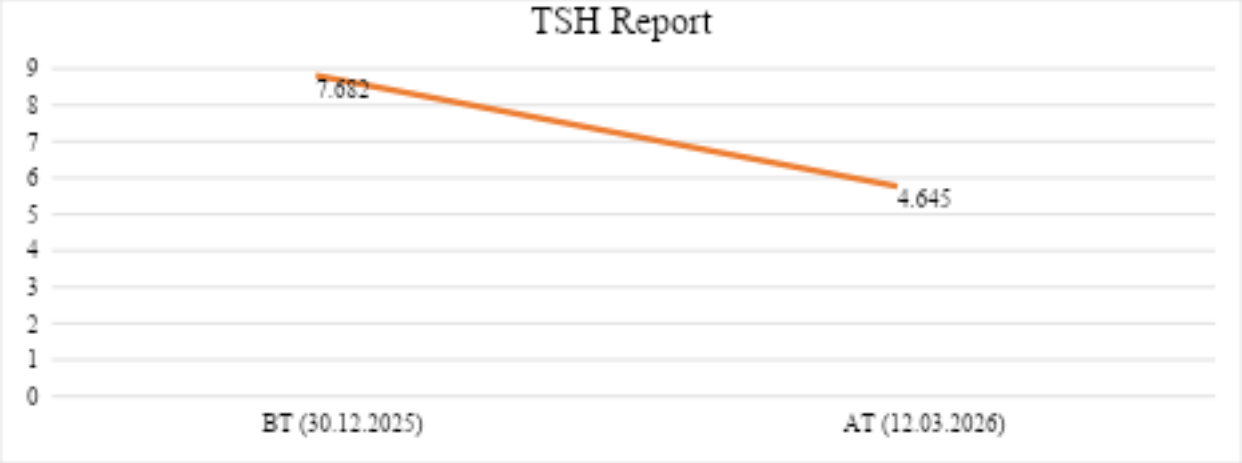


Figure- 2 TSH Value (BT&AT)

DISCUSSION:

Hypothyroidism has varied types of manifestations which as per Ayurvedic pathogenesis may be *Dhatvagnimandya* or *Rasavaha Srotodushti* as per symptoms found in patients. This case being clearly of *Rasavaha Srotodushti* and *Agnimandya,* the formulations chosen are of mostly *Deepana*, *Pachana* and *Srotorodhahara* property along with Yoga practices which help in reducing stress and clearance of *Srotasa.* After continuing the prescribed intervention for 2 months Zulewski's score was found to decrease from 9 to 4 and TSH value from 7.682 µIU/mL to 4.645 µIU/mL. Improvement in the overall health of the patient was seen effectively.

Probable mode of action of medications: *Sutshekhara Rasa, Hanspadyadi Kwatha* and *Kanchanara Guggulu* are said to have *Deepana*, *Pachana* and *Srotorodhahara* properties. *Sutshekhar Rasa*, owing to its *Pittashamaka* and *Agnideepaka* properties, primarily acts on *Jatharagni* and *Dhatvagni*. By correcting *Agnimandya* (metabolic impairment), it may help

regulate metabolic activities and improve digestive and tissue-level metabolism. This action is believed to support normalization of the hypothalamic–pituitary–thyroid (HPT) axis through better hormonal regulation, enzymatic activity, and gut–hormone interactions, thereby contributing to restoration of normal thyroid function. *Kanchanara Guggulu* possesses *Lekhana*(Scraping), *Medohara* (Pacifies excess *Meda*), *Deepana*(enhances digestive fire), and *Amapachana* (digests *Ama*) properties, which aid in reducing metabolic toxins and correcting impaired metabolism. *Guggulu* is reported to exhibit lipid-lowering, metabolism enhancing, and possible thyromimetic activities that may facilitate iodine utilization and peripheral conversion of thyroid hormones (T3 and T4). Collectively, these actions may help reduce glandular enlargement and restore metabolic equilibrium. *Hanspadyadi Kwatha* is described as *Tridoshahara*, with predominant action against *Kapha* and *Vata Dosha*. Its *Deepana*, *Pachana*, and *Srotoshodhana* properties may enhance metabolic activity, improve microcirculation, and facilitate efficient nutrient transport and tissue nourishment (*Dhatu Poshana*). Through these mechanisms, the formulation may aid in normalization of peripheral metabolism and support optimal thyroid gland functioning.

Probable mode of action of selected Yoga practices:

All the selected Yoga practices help in relieving the muscular tension in the body especially upper body parts. The pressure exerted by selected *Asanas* at particular points help in hormonal balance by triggering the baroreceptors. [7] R *Pranayama* in general helps in relieving stress and inculcating resilience. *Prana* being the ultimate functional unit in the body regulates all kinds of metabolisms hence, Yoga practices prescribed above mainly aim to regulate *Prana* thus maintaining homeostasis in the human body. *Jalandhar Bandha* is specific practice useful in hypothyroidism; it helps in clearing resistance of TSH and normalizes its value through obstructing the negative feedback impulses towards pituitary gland and hypothalamus. Hence, all together the normal metabolism of the body is restored through daily practice of selected *Asanas*, *Pranayamas* and *Bandhas.*

CONCLUSION:

This case report proves the efficient management of Primary Hypothyroidism through combined formulations of *Sutshekhara Rasa, Hanspadyadi Kwatha* and *Kanchanara Guggulu* and prescribed Yoga practices as an adjunct remedy, which was seen in the form of normalized TSH value and decreased Zulewski's score. No adverse events found during and after treatment. Furthermore, RCT with these interventions and sufficient sample size is required to establish this as a standard treatment protocol.

Declaration of patient consent

Authors declare that they have obtained patient consent, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity.

Limitation of study: as a single case serves to be weak evidence of efficacy hence, RCT is must in order to prove its effectiveness.

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.

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