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## Management Of Hyperthyroidism Through Ayurvedic Intervention: A Case Report

Dr. Suwarna Abgad<sup>1</sup>, Dr. Vipul Kanani<sup>2</sup>, Dr. Sapna Upadhyay<sup>3</sup>

<sup>1</sup> Third year PG scholar ,Rognidan Evum Vikriti Vigyan Department, RTAM, Akola

<sup>2</sup> Professor & HOD,Rognidan Evum Vikriti Vigyan Department, RTAM, Akola

<sup>3</sup> Associate Professor,Rognidan Evum Vikriti Vigyan Department, RTAM, Akola

**Corresponding Author:** Dr. Suwarna Abgad

**E-Mail :** [suwarnaabgad2@gmail.com](mailto:suwarnaabgad2@gmail.com)

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### Abstract

Hyperthyroidism, or thyrotoxicosis, is a clinical condition characterized by hyperfunctioning of the thyroid gland, resulting in excessive secretion of triiodothyronine (T3) and thyroxine (T4)<sup>[1]</sup>. Elevated circulating thyroid hormones exert negative feedback on the hypothalamic–pituitary axis, leading to suppression of thyroid-stimulating hormone (TSH). Clinically, the disorder manifests with hypermetabolic features such as weight loss despite increased appetite, heat intolerance, tachycardia, tremors, anxiety, excessive sweating, and menstrual irregularities. Ayurvedic classics do not describe hyperthyroidism as a distinct classified disease. Therefore, it may be understood under the broader category of *Anukta Vyadhi*<sup>(1)</sup> - diseases not explicitly mentioned in classical texts. The conceptual framework of *Anukta Vyadhi* allows physicians to interpret newly emerging disorders through the lens of fundamental *Ayurvedic* principles such as *Dosha*, *Agni*, *Dhatu*, and *Srotas* involvement. In this case, A 32-year-old female presented with symptoms such as palpitations, excessive appetite, weight loss, and fine tremors of the hands and legs. She was clinically diagnosed with hyperthyroidism, which was confirmed by laboratory investigations showing elevated T3 and T4 levels with suppressed TSH. The patient was treated with Ayurvedic formulations such as *Shatavari Kalpa*, *Ashwagandha Churna* and other herbo mineral compounds. After one month of treatment, significant symptomatic improvement was observed along with normalization of thyroid hormone levels. This case suggests the potential effectiveness of *Ayurvedic* management in hyperthyroidism.

**Keywords:** Hyperthyroidism, *Anukta vyadhi*, *Trividha dosh sangraha*, *Shaman chikitsa*.

## Introduction :

Hyperthyroidism, also known as thyrotoxicosis, is a hypermetabolic clinical and biochemical condition caused by excessive production of thyroid hormones. This disorder occurs more frequently in females and is characterized by elevated serum levels of triiodothyronine (T3) and thyroxine (T4), resulting in suppressed thyroid-stimulating hormone (TSH) levels. This condition speed up metabolism due to excessive production of hormones. [2] Clinical features of patients with hyperthyroidism have slow and insidious onset, varying in severity from case to case. The usual symptoms are emotional instability, nervousness, palpitation, fatigue, weightloss inspite of good appetite, heat intolerance, perspiration, menstrual disturbances and fine tremors of the outstretched hands. Skin of these patients is warm, moist and flushed. [3] Hyperthyroidism is relatively less common than hypothyroidism. If left untreated, it may lead to serious complications involving the heart, bones, muscles, menstrual cycle, and fertility. In India, there is a significant burden of thyroid disorders. Based on projections from various epidemiological studies, it is estimated that approximately 42 million people in India are affected by thyroid diseases. [4] Many *Ayurvedic* scholars have compared the signs and symptoms of hypothyroidism, hyperthyroidism with conditions such as *Atisthaulya*, *Galganda*, *Atyagni*, *Bhasmaka*, and *Ati-Karshya* respectively. *Ayurvedic* classics do not describe hyperthyroidism as a distinct classified disease. Therefore, it may be understood under the broader category of *Anukta Vyadhi* - diseases not explicitly mentioned in classical texts. *Acharya Charak* has also explained regarding *Anukta Vyadhi* as – it is impossible to assign fixed names to every disease, as diseases continuously evolve due to variations in *dosha* combinations, *agni* states, *dhatu* involvement, lifestyle, dietary patterns, geographical factors, and

time .

Hence , *Anukta Vyadhi* should be managed by *Dosha–Dushya–Agni–Srotas pariksha* ; hence hyperthyroidism can be understood and treated on this fundamental basis.

In hyperthyroidism, features suggestive of *Pitta vriddhi* and *Vata vrddhi*, along with *Kapha kshaya*, are predominantly observed. [5] Depletion of *Kapha dosha* subsequently leads to the *kshaya* (depletion) of other *dhatu*s and *upadhatu*s, thereby contributing to the *multisystemic* manifestations of the disease showing symptoms such as *Hritpeeda*, *Hriddrava*, *Kampa*, *Shosha*, *Sphikgrevodar Sushkata*, *Krushata*, *Shrama*, *Kesha-Nakha Prapatanam*, *Dourbalya*, *Asthi Saushirya*, *Alpa Artavata*.

## Aims And Objectives:

To study the *Ayurvedic* approach in the management of hyperthyroidism.

## Material :

The references are taken from *Samhitas*, other *Ayurvedic* textbooks, modern textbooks, research articles , websites related with research articles & previous research works with scientific validation supporting the facts.

## Methods :

Assembled *Ayurvedic* literature material on Hyperthyroidism, also gather all information related with hyperthyroidism. In this article, all the references from *Ayurvedic* classical text & respected commentaries regarding Hyperthyroidism are mentioned.

## Case History:

In this case, A 32-year-old female presented with symptoms such as palpitations, excessive appetite, weight loss, fatigue, sleep disturbance and fine

tremors of the hands and legs since 2 months. She was clinically diagnosed with hyperthyroidism, which was confirmed by laboratory investigations showing with suppressed TSH levels. 0.028  $\mu$ IU/ml.

As patient was recently diagnosed with hyperthyroidism she decided to take *ayurveda* treatment and undergone consultation. She has no history of past treatment and visited to OPD of R T Ayurved Hospital, Akola for first consultation. The patient was treated with *Ayurvedic* formulations such as *Shatavari Kalpa*, *Ashwagandha Churna* and other herbo mineral medicines. After one month of treatment, significant symptomatic improvement was observed along with normalization of thyroid hormone levels. This case suggests the potential effectiveness of *Ayurvedic* management in hyperthyroidism

#### History Of Past Illness :

No any H/O HTN, DM & any other major disease.

#### On Examination:

*Asthavidha pariksha*

1. *Nadi – Vata pittaj*
2. *Mala – Ati malpravritti*
3. *Mutra – Prakrita*
4. *Jivha – Alpa Sama*
5. *Shabda – Prakrita*
6. *Sparsha – Ushna*
7. *Drika – Prakrita*
8. *Aakriti – Krush*

#### Systemic Examination:

1. Respiratory and Cardiovascular system found normal.
2. CNS : conscious and oriented

#### General Examination:

1. Pulse = 102 /min
2. BP = 104/74 mmHg
3. SpO<sub>2</sub> = 95%
4. Weight = 47 kg

#### Samprapti Ghatak :

- *Dosha : Vata , Pitta , Kapha*
- *Dushya : Ras , Rakta , Mamsa , Meda*
- *Strotas : Rasvaha, Raktavaha, Medovaha, Manovaha*
- *Agni : Jatharagni , Dhatwagni.*

#### Diagnostic Assessment :

Based on clinical symptoms and laboratory investigation the patient was diagnosed to be suffered from hyperthyroidism. The assessment was done by comparing the baseline parameters with 30 days administration of *Shaman Chikitsa* .

#### Baseline Lab. Investigations –

Hb – 9.8 gm/dl

TSH -0.028  $\mu$ IU/L

#### Therapeutic Intervention:

The details of the internal and external medication prescribed have been mentioned in the table below.

Sr. No	Name of drug	Dose	Time	Route	Anupan	Duration
1	Shatavari kalpa	3gm	Twice a day	Oral	Milk	30 days
2	Ashwagandha churna Guduchi churna Brahmi churna	2 gm 2 gm 1 gm	Twice a day	Oral	Milk	30 days
3	Saptamrut loha	500mg	Twice a day	Oral	Lukewarm water	30 days

#### Assessment Criteria :-

The result of the therapy were accessed on the basis of clinical signs and symptoms described in *ayurvedic* texts, both before and after treatment.

Sr no.	Symptoms	Day 0	Day 15	Day 30
1	Palpitation (Hritspandan)	+++	++	+
2	Excessive appetite (Atyagni)	++	+	-
3	Weightloss (Karshya)	+++	++	-
4	Fatigue (Glani)	+++	++	-
5	Sleep disturbance (Alpa nidra)	+++	++	-
6	Tremors(Kamp)	++	+	-

**Results:**

**Follow up and Outcome:**

After 30 days patient was advised to undergo following investigations after taking regular medications.

Table : Effect of therapy before and after treatment.

Sr.no	Test done	Observed value		Reference Range
		Before T/t	After T/t	
1	Hb	9.8	11.2	Male - 13-18 gm/ dl Female -11.5-16.5 gm/ dl
2	TSH	0.028	2.24	0.27 - 4.20 mIU/L

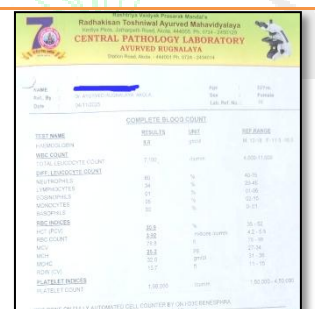
**Discussion:**

Ayurveda classics have no direct reference of hyperthyroidism. Hence it is understood under *Anukta Vyadhi* and analysed on the basis of *Trividh dosh sangraha* by examining *dosh dushya* involvement and *samprapti*. Hyperthyroidism, from an Ayurvedic perspective, represents an imbalance of *Trividh Dosh Sangraha*, chiefly *Vata-Pitta* predominance with *Kapha* depletion. Hence accordingly treatment was planned. The drugs prescribed are considered to be effective therapeutic agents for alleviating symptoms associated with hormonal imbalance as well as other non-constitutional manifestations of hyperthyroidism, including fatigue, weight loss, increased appetite, hyperacidity, *oligomenorrhea*, amenorrhea, palpitations, and generalized weakness. They also help to mitigate central nervous system-related symptoms such as tremors, insomnia, nervousness, and irritability. One of the most significant benefits of these drugs lies in their ability to counteract excessive weight loss, enhance internal strength and immunity, reduce stress, and assist in restoring hormonal balance. Furthermore, these drugs constitute important ingredients in several formulations prescribed for such clinical conditions and contribute to the improvement of overall health, vitality, and see longevity.

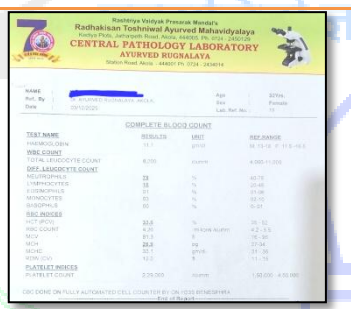
**Mode of Action Of Drug :**

**Shatavari Kalpa :**

*Shatavari Kalpa* of *Dhootpapeshwar pharma* was prescribed. It contains *Shatavari*, *Ela*, *Sharkara*. *Shatavari* is a well known Ayurvedic *Rasayana* having properties of *Madhur Ras*, *Guru Snigdha Guna*, *Sheet Virya* and *Madhur Vipak*. It acts as a



Effect of therapy before treatment.



Effect of therapy after treatment.

potent *Vata Pitta Shamak*. It possesses *Balya, Medhya,* and *Rasayana* properties, thereby helping to delay ageing, enhance longevity, strengthen immunity, and improve mental functions, *vigor*, and overall vitality. *Shatavari* is also beneficial in the management of nervous disorders, dyspepsia, neuropathy, and hepatic ailments. Owing to its nourishing and rejuvenating effects, it is especially popular as an *Ayurvedic* tonic for women and has demonstrated significant utility in the management of menstrual irregularities.

#### **Ashwagandha Churna :**

*Aswagandha* contains *Kashaya, Tikta Rasa; Laghu, Snigdha Guna; Ushna Veerya* but *Madhura Vipaka*. It possesses *Rasayana, Balya, Vrishya* properties. *Ashwagandha* has been used as an anti-inflammatory, anti-oxidative, anti-anxiety, aphrodisiac, immune-modulation, CNS depressant, *hepato-protective*, cardiovascular protection, *adaptogenic* and anti-stress. All these properties may ease the syndromes of hyperthyroidism. Various studies also show that *Ashwagandha* has a regulating effect on thyroid glands. *Ashwagandha* is used to treat various disorders of central nervous system, stress and neurodegenerative diseases, cerebral ischemia, general debility and hormonal disorders. The most useful usage of this drug is to reduce stress and modify the sleep.

#### **Guduchi Churna:**

*Guduchi* contains *Kashaya, Tikta Rasa; Laghu Guna; Ushna Veerya* and *Madhura Vipaka*. It possesses *Tridoshaghna, Balya, Medhya Dahahara* properties. In the context of hyperthyroidism, *Guduchi* plays a pivotal role by

pacifying aggravated *Pitta dosha*, which is often responsible for the excessive metabolic activity observed in this condition. By modulating metabolic processes rather than merely suppressing them, *Guduchi* helps restore physiological equilibrium. Its *Rasayana* nature contributes to the prevention of *Dhatukshaya* (tissue depletion), a common consequence of heightened metabolism.

#### **Brahmi Churna:**

*Brahmi Churna*, prepared from *Bacopa monnieri*, is a classical *Medhya Rasayana* widely used for enhancing cognitive functions and mental health. It possesses *Tikta* and *Kashaya Rasa, Sheeta Virya,* and *Madhura Vipaka*, along with *Laghu* and *Sara Guna*. These properties contribute to its *Vata-Pitta shamaka* action and its specific effect on the *Manovaha Srotas*. Clinically, it improves memory, concentration, and intellect, while also exhibiting *anxiolytic*, sedative, and *neuroprotective* effects. It is beneficial in conditions like anxiety, insomnia, and cognitive impairment seen in patients with hyperthyroidism. Owing to its *Madhur Vipaka*, it nourishes *Majja Dhatu* and promotes overall mental well-being and longevity.

#### **Saptamrut Loha :**

*Saptamrut loha* contains *Haritki, Bibhitki, Amalki, Yashtimadhu* and *Loha Bhasma*. It has *Madhur, Kashay, Amla ras, Laghu, Ruksha Gun, Sheet Virya* and *Madhur Vipak*. *Triphala* acts as a *Rasayana*. *Yashtimadhu* is *Pitta-shamak* and soothing to ocular tissues, *Loha Bhasma* corrects *Rakta dhatu kshaya* and improves tissue nutrition. *Saptamrut Loha* has been selected as the drug of choice due to its unique property of not producing *Karshana* (excessive depletion), thereby helping to

prevent *Dhatu Kshaya* (tissue depletion). Unlike many formulations that may cause *Karshana* (depletion) or excessive *Rukshata* (dryness), *Saptamrut Loha*, owing to its *Rasayana* properties, promotes *Dhatu-poshana* and maintains the equilibrium of *Doshas*, thereby ensuring a balanced and nourishing therapeutic effect.

### Conclusion:

From the present case study, it can be concluded that the above therapeutic protocol was effective in alleviating the clinical signs and symptoms of hyperthyroidism and resulted in a marked improvement in the patient's overall quality of life. These findings suggest that a similar integrative *Ayurvedic* approach may be considered as a supportive and beneficial management strategy in future cases of hyperthyroidism, with appropriate clinical assessment and monitoring.

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Dr. Suwarna Abgad Inter. J.Digno. and Research

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