

Ayurvedic management of subclinical hypothyroidism with Nityananda Rasa – A case study

Ajay Saharan¹ and Rekha Parmar²

^{1,2}Department of Dravyaguna, Parul Institute of Ayurved, Parul University, Vadodara,
Gujarat – 391760 (India)

¹Email: ajaysaharan64@gmail.com | Mobile: +91-9588006879

²Email: rekha.parmar@paruluniversity.ac.in | Mobile: +91-9724306523

Abstract

Subclinical hypothyroidism frequently presents with non-specific symptoms such as fatigue, weight gain, dry skin, and constipation, often leading to delayed recognition. In Ayurveda, this symptom complex overlaps with *Sthoulya*, *Kapha-Vata* vikaras, and *Agnimandya*.

A 42-year-old female with a 4-5month history of subclinical hypothyroidism presented with persistent fatigue, weight gain, constipation, cold intolerance, loss of appetite, irregular menstruation and hair loss. Baseline TSH was 17.70 uIU/mL with normal T4.

A planned course of *Deepana-Pachana*, *Rasayana*, *Shamanoushadhi* and specific *pathya* followed as per *Sthoulya Chikitsa* was given for 40 days.

After treatment, the patient reported improved energy, reduced constipation and cold intolerance, improved appetite, and 1.2 kg weight reduction. TSH decreased to 1.37 uIU/mL with stable T4.

A structured Ayurvedic *Shamana* protocol demonstrated symptomatic and biochemical improvement in subclinical hypothyroidism.

Key words : Subclinical hypothyroidism, Ayurveda, *Sthoulya*, *Deepana*, *Pachana*, *Rasayana* Case study.

Thyroid dysfunction spans structural and functional disorders, with hypothyroidism representing a common functional disturbance. Patients often present with non-specific complaints—fatigue, weight gain, constipation, dry skin, and cold intolerance—complicating timely detection. In Ayurveda, this cluster corresponds to *Kapha-Vata* vitiation with *Agnimandya* and features of *Sthoulya*. Classical management principles recommend

¹Final Year Postgraduate Scholar, ²Professor,

Shodhana for *Kapha–Medo* dominance followed by *Shamana* with *Rasayana* and *Lekhana* attributes, alongside *Pathya* emphasizing *Laghu*, *Ruksha*, and *Ushna* qualities. For the preparation of the manuscript relevant literature¹⁻⁵ has been consulted.

Case presentation :

A 42-year-old female presented with fatigue, diminished exercise tolerance, weight gain, constipation, irregular menstruation and cold intolerance.

- Past history: No diabetes, hypertension, or cardiovascular disease.
- Family history: Non-contributory for thyroid disease.
- Lifestyle: Sedentary office work, mixed diet, irregular meal timings.
- General exam: Pulse 64/min, BP 122/78

mmHg, BMI 28.7 kg/m², dry skin, no edema.

- Thyroid exam: No visible/palpable goiter, non-tender, no nodules, normal temperature.
- Baseline labs: TSH 17.70 uIU/mL; free T4 10.32 ug/dL; Hb 13.6 g/dL; fasting glucose 92 mg/dL; lipids mildly elevated (TG 192 mg/dL).
- Bowel/bladder: Constipation (stool every 2–3 days, hard), micturition 5–6/day.
- Sleep: Non-restorative.

Clinical assessment suggested *Kapha–Vata* predominance with *Agnimandya* and *Medo-uttaradhika Roga-bala*; patient's *Atura-bala* adequate for *Shamana therapy*.

Management was planned in two phases: *Deepana-Pachana* followed by *Shamana*, along with *Pathya-Ahara* and *Vyayama* tailored to *Meda–Kapha* vitiation.

Intervention:

S N	Name of drug/procedure	Dosage	Time of administration	Frequency and Anupana
1	<i>Ajmodadi Churna (Deepana–Pachana)</i>	5 g	Before food	Twice daily with lukewarm water for 10 days
2	<i>Yashtimadhu Churna</i>	5 g	After food	Thrice a day with lukewarm water for 40 days
3	<i>Dhatri Loha</i>	1 tablet	Before food	Thrice a day with lukewarm water for 40 days
4	<i>Nityananda Rasa</i>	2 tablets	After food	Thrice a day with lukewarm water for 40 days

Symptom-wise outcomes:

SN	Effect of treatment	Baseline (BT)	After treatment (AT)
1	Weight	83.5 kg	82.3 kg
2	Fatigue (0–100 VAS)	85%	25%
3	Constipation (stools/week)	3	6
4	Dry skin (0–100 VAS)	70%	30%
5	Cold intolerance (0–100 VAS)	75%	35%
Thyroid profile :			
SN Investigation Before treatment After treatment (8 weeks)			
1	TSH (uIU/mL) 17.70	1.37	

The clinical presentation of this hypothyroidism case closely resembled *Sthoulya* (obesity), so it was managed according to *Sthoulya Chikitsa* principles. Appropriate *Shamanaushadhi* (palliative medicines) were selected, including *ajmodadi churna* for *deepan-pachana*; *Yashtimadhu*, which supports relief in dry skin conditions; *Dhatri Loha*, effective for improving digestion, balancing all three doshas (*Tridosahara*), and acting as a rejuvenative (*Rasayana*); and *Nityananda Rasa*, noted for its benefit in *Mamsa-Medo gata Vikaras* (muscle and fat-related disorders).

Since *Sthoulya* is considered a *Meda Pradhana Vyadhi* (disease dominated by excess fat tissue), every ingredient in *Nityananda Rasa* carries *Vata-Kaphahara* properties, along with *Lekhana* (scraping/reducing) and *Rasayana* actions. In addition, *Yava* (barley)

— known for its *Rukshana* quality — has a strong lipid-reducing effect, helping to eliminate excess fat while still providing the essential energy needed for daily activities.

Based on the findings of this study, *Ajmodadi churna*, *Nityananda Rasa*, *Yashtimadhu churna*, and *Dhatri Loha* proved effective in managing hypothyroidism. The patient experienced a marked reduction in both the signs and symptoms of the condition, alongside improvement in thyroid function test results. These encouraging outcomes highlight the therapeutic potential of the treatment; however, evaluation in a larger patient population is needed for more robust assessment.

References :

1. Agnivesha, (2014). Charaka Samhitha, Vaidya Yadavji Trikamji, Acharya editor,

- Varanasi: Chaukambha publication; p. 282.
2. Chunekar K C, (2010). Edited by G S Pandey, Bhavaprakasha Nighantu of Bhavamishra, Chaukambha publication; p.65.
 3. Siddhi Nandan Mishra, (2009). Bhaishya Ratnavali of Kaviraj Govinda Das Sen, Chaukambha publication; p. 649 & p. 836.
 4. Stanley Davidson, (2002). Davidson's principles and practice of medicine 19th ed. Elsevier Science limited; p. 700.
 5. Vagbhata, Astanga Hridaya, Haridasashiva paradakara (2010). editor, 4th ed. Varanasi: Chaukambha publication; p. 923.