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A CASE STUDY

A Clinical Evaluation on the Efficacy of Ayurvedic Intervention in the Management of Hypothyroidism in Women – A Case Study

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ABSTRACT

In *Ayurveda*, hypothyroidism is managed by addressing underlying *Dosha* imbalance, enhancing metabolic fire (*Agni*), and promoting hormonal regulation through holistic therapeutic interventions. This case study highlights the successful *Ayurvedic* management of a 35-year-old female patient diagnosed with hypothyroidism, presenting with symptoms such as suppressed TSH levels, generalized body aches, joint pain, dysmenorrhea, irregular menstrual cycles, and leucorrhea. A comprehensive assessment guided an individualized treatment protocol that incorporated *Nidan Parivarjan* (elimination of causative factors), *Shamana Chikitsa* (palliative therapy), and lifestyle modifications. *Ayurvedic* formulations were administered to restore metabolic and hormonal balance. Following the intervention, the patient exhibited remarkable clinical improvement with complete relief of symptoms and normalization of menstrual patterns. The case underscores the efficacy of personalized *Ayurvedic* management in addressing hypothyroidism holistically, emphasizing its potential to improve endocrine function, metabolic regulation, and overall quality of life in affected women.

Introduction

Hypothyroidism is a common endocrine disorder resulting from inadequate production of thyroid hormones – thyroxine (T_4) and triiodothyronine (T_3) – by the thyroid gland. These hormones regulate metabolism, growth, and numerous physiological functions. Women are significantly more predisposed to hypothyroidism compared to men, primarily due to hormonal fluctuations associated with menstruation, pregnancy, and menopause. The condition may lead to profound effects on metabolic rate, reproductive health, and overall well-being. [1] Globally, hypothyroidism affects about 5–10% of the general population, with a higher prevalence in women aged 30–60 years. Autoimmune thyroiditis (Hashimoto's thyroiditis) is the leading cause of hypothyroidism in iodine-sufficient regions. According to the Indian Thyroid Society, approximately one in ten adults in India is hypothyroid, and women are nearly eight times more likely to develop the disorder than men. [2] The causes of hypothyroidism can be broadly grouped into three categories. Primary hypothyroidism arises from dysfunction within the thyroid gland itself, commonly due to autoimmune thyroiditis, iodine deficiency, or thyroid surgery. Secondary hypothyroidism results from impaired stimulation of the thyroid gland by the pituitary or hypothalamus, leading to reduced TSH secretion. Transient hypothyroidism is a temporary condition that may occur following pregnancy or during severe systemic illness. [3] Thyroid hormones play a crucial role in regulating basal metabolic rate, lipid and carbohydrate metabolism, thermogenesis, and cardiac output. In hypothyroidism, reduced T_3 and T_4 levels lead to elevated serum TSH through negative feedback. The diminished hormone levels slow down metabolic processes, resulting in fatigue, weight gain, bradycardia, and menstrual

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irregularities. In women, low thyroid hormone levels can disrupt gonadotropin-releasing hormone (GnRH) secretion, causing anovulation, infertility, and menstrual disturbances such as oligomenorrhea or menorrhagia. [4] Symptoms of hypothyroidism usually appear gradually and can resemble other health conditions, making diagnosis challenging. Common signs include fatigue, cold intolerance, weight gain, dry skin, and constipation. Women may experience menstrual irregularities, infertility, or reduced libido. Depression, memory issues, and hair loss are also frequent. In severe, untreated cases, a rare but serious condition called myxedema may develop, marked by extreme fatigue, low body temperature, and low blood pressure. [5] Diagnosis of hypothyroidism is mainly based on biochemical evaluation. Elevated serum TSH levels with reduced free T_4 and T_3 concentrations confirm primary hypothyroidism, while the presence of anti-thyroid peroxidase (anti-TPO) antibodies indicates autoimmune thyroiditis. In selected cases, thyroid ultrasound may be performed to assess gland morphology and detect structural abnormalities. [6] If left untreated, hypothyroidism can result in serious complications such as cardiovascular disorders due to elevated cholesterol levels, reproductive issues including infertility and pregnancy-related complications, and thyroid enlargement (goiter) from persistent TSH stimulation. In rare cases, it may progress to myxedema coma, a potentially fatal condition. With timely diagnosis and proper management, most women regain normal thyroid function and symptom control. Lifelong therapy, regular monitoring, and early intervention—especially during pregnancy—are vital for preventing complications and ensuring favourable outcomes. [7]

Recent research on hypothyroidism in women focuses on several key areas. Studies highlight the role of thyroid autoimmunity in reduced fertility and adverse pregnancy outcomes, emphasizing the need for early screening in infertile women. [8] Clinical trials on levothyroxine (LT4) have refined treatment guidelines for pregnancy and preconception care. [9] Ongoing investigations into combination therapy with LT4 and liothyronine (T3) aim to improve persistent symptoms despite normal TSH levels. [10] Genetic studies on DIO2 polymorphisms are advancing personalized treatment approaches, while long-term LT4 use is being assessed for its impact on bone and cardiovascular health. [11,12] Emerging fields such as the thyroid–gut axis, micronutrient balance, and precision endocrinology are also gaining attention for optimizing women's thyroid care. [13]

Management of hypothyroidism involves both modern and *Ayurvedic* approaches. In conventional medicine, levothyroxine remains the treatment of choice, with dosage tailored to TSH levels and clinical response. Periodic monitoring and ensuring adequate iodine and selenium intake are essential for optimal control. [14] From an *Ayurvedic* perspective, the condition is comparable to *Galaganda* or *Agnimandya*, primarily involving vitiation of *Kapha* and *Vata doshas*, leading to sluggish metabolism. This imbalance leads to sluggish metabolism, accumulation of *Ama* (toxins), and obstruction of *Srotas* (body channels), resulting in symptoms such as fatigue, weight gain, and menstrual disturbances. [15] Treatment focuses on restoring metabolic balance through *Shodhana* (detoxification), *Shamana* (*Ayurvedic* therapy such as *Kanchanar Guggulu* and *Ashwagandha*), and *Rasayana* (rejuvenation). Incorporating *Yoga*, *Pranayama*, and stress management further supports endocrine and overall health. [16]

Objective

The objective of this case study is to evaluate the efficacy of individualized *Ayurvedic* management, including *Nidan Parivarjan* and *Shamana Chikitsa*, in improving clinical outcomes in a female patient with hypothyroidism.

Case Report

A 35-year-old female with a known history of hypothyroidism presented to Jeena Sikho Lifecare Limited Hospital, Ambala, Haryana, India, on May 4, 2025, with complaints of suppressed TSH levels, generalized body aches (*Sharir Shoola*) – Score: 5/10 [17], small joint pain (*Sandhi Shoola*) – Score: 4/10 [17], dysmenorrhea (*Artava Shoola*) – Score: 8/10 [18], irregular menstrual cycles (*Artava dushti*) and leucorrhea (*Shweta Pradara*). Her obstetric history included a prior Lower Segment Cesarean Section (LSCS), and she reported menstrual cycles ranging from 35 to 40 days.

Comprehensive clinical assessments were conducted at each visit (summarized in Table 1), and further evaluation was performed using the *Ayurvedic* diagnostic framework of *Ashtasthana Pareeksha* (Table 2). Baseline laboratory investigations (Table 3). Based on these findings, an individualized *Ayurvedic* treatment plan—comprising *Ayurvedic* formulations, dietary modifications, and lifestyle interventions—was initiated. The patient demonstrated notable clinical improvement during follow-up evaluations.

Table 1: Initial Assessment at each consultations

Date	Blood Pressure	Weight
04-05-2025	150/100 mm Hg	59 Kg
06-05-2025	140/80 mm Hg	59 Kg
14-07-2025	100/70 mm Hg	57 Kg
08-10-2025	130/80 mm Hg	56 Kg

Treatment Plan

Shaman Chikitsa (*Ayurvedic* medications)

Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 4.

Table 2: *Ashtasthana Pareeksha findings*

Parametrs	Findings
Nadi (Pulse)	*Vataj Pittaj*
Mala (Stool)	*Avikrit* (Normal)
Mutra (Urine)	*Avikrit* (Normal)
Jiwha (Tongue)	*Saam* (Coated)
Shabda (Voice)	*Spasht* (Clear)
Sparsha (Touch)	*Anusheetoshna* (Normal)
Akriti (Face)	*Madhyam* (Normal)
Drikk (Eyes)	*Prakrit* (Normal)

Table 3: Baseline laboratory findings

Tests	Values
Uric Acid	4.75 mg/dl
Erythrocyte Sedimentation Rate (ESR)	22 mm/hr
Triglycerides	373 mg/dl
Thyroid Stimulating Hormone (TSH)	4.74 µIU/mL

Diet

The patient was prescribed an *Ayurvedic* D.I.P Diet (Disciplined and Intelligent Person's Diet). [19,20,21,22]

Pathya (allowed):

- Raw fruits and vegetables (especially morning to noon)

Table 4: *Ayurvedic* medicines prescribed

Date	Medicine	Dosage with *Anupana* (Medium)
04-05-2025	Dr. BP Care	1 Tab HS (*Nishikala* with *Koshna Jala*)
	Orthonil Tonic	Half Teaspoon BD (*Adhobhakta* with *Sama Matra Koshna Jala*)
	Go Flexi Capsule	1 Cap BD (*Adhobhakta* with *Koshna Jala*)
14-07-2025	Lipi Capsule	1 Cap BD (*Adhobhakta* with *Koshna Jala*)
	Maha Charam Rog Har Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Brahm Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Artav Shodhak Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Telome + Syrup	1 Teaspoon BD (*Adhobhakta* with *Sama Matra Koshna Jala*)
08-10-2025	Artav Shodhak Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Ladies tonic	1 Teaspoon BD (*Adhobhakta* with *Sama Matra Koshna Jala*)
	Liconil Powder	1 Teaspoon BD (*Adhobhakta* with *Koshna Jala*)
	Thyri Capsule	1 Cap OD (*Adhobhakta* with *Koshna Jala*)
***Nishikala* with *Koshna Jala* -** At Bedtime with Lukewarm Water		
***Adhobhakta* with *Sama Matra Koshna Jala* -** After Meal with Equal Amount of Lukewarm Water		
***Adhobhakta* with *Koshna Jala* -** After Meal with Lukewarm Water		

- Uncooked sprouts
- No salt, sugar, or oil (or very minimal)
- Plant-based whole foods only
- No animal products or processed foods

Apathya (Avoid):

- Wheat, Packed food, Refined food, Diary food/ Animal food, Coffee and Tea
- Never eat after 8 PM
- In solid take small bite and chew 32 times
- In liquid take sip and drink slowly

Hydration

- Alkaline water - 3-4 times a day (1 litre)
- Herbal Tea (32 herbs tea)
- Living water
- Coconut water, Coconut milk and Almond milk

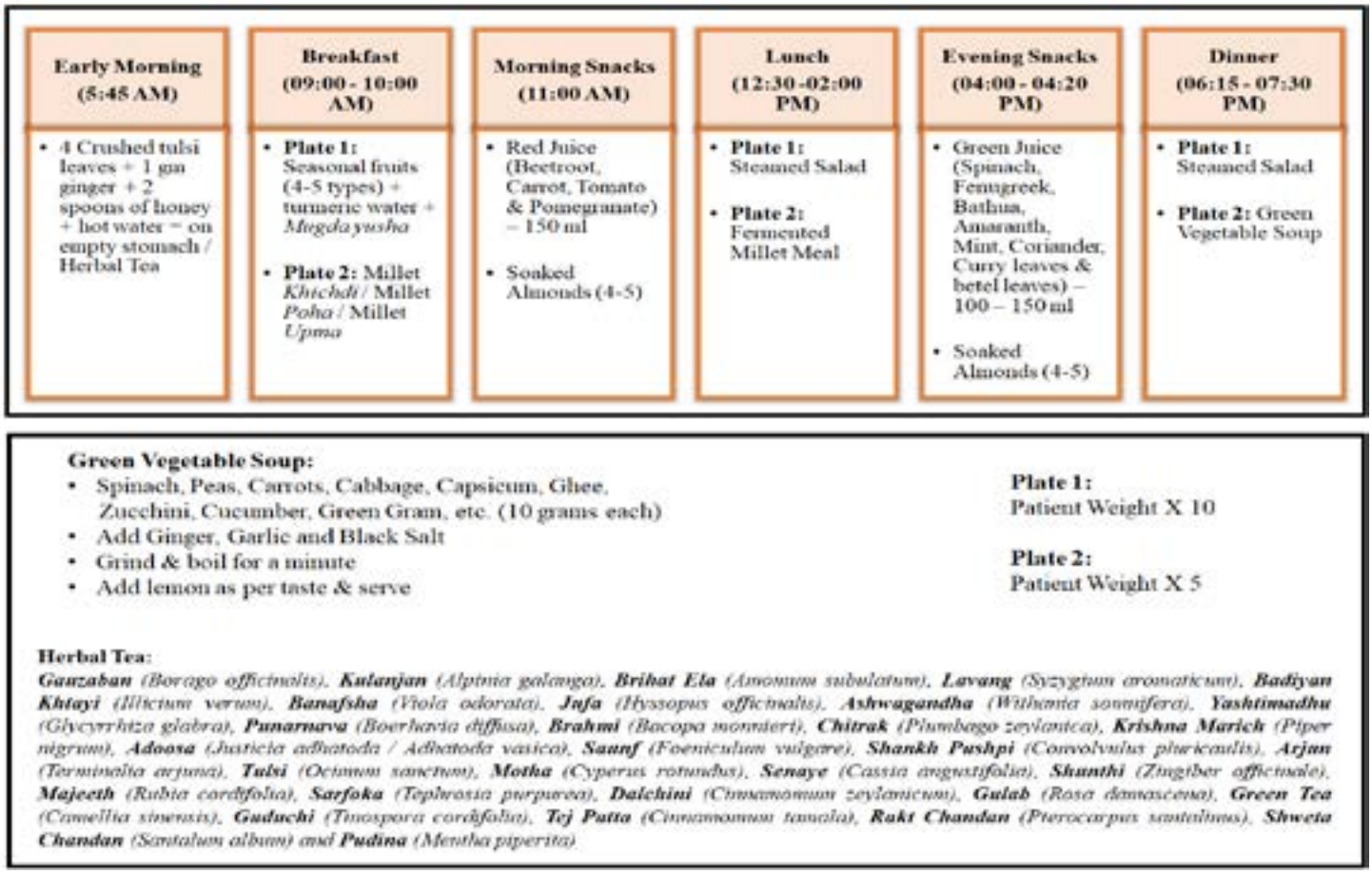
Millet meal

- Foxtail (*Setaria italica*)
- Barnyard (*Echinochloa esculenta*)
- Little (*Panicum sumatrense*)
- Kodo (*Paspalum scrobiculatum*)
- Browntop (*Urochloa ramose*)

Special Instructions

- Brisk walking 30 min with barefoot
- Sit in sunlight for 1 hour
- 10 min slow walk after every meal
- One-day fasting is recommended
- Get quality sleep (8 hours)
- Cook millets in a steel cookware using only mustard oil.
- Sit in *Vajrasana* after every meal

a) Meal Structure



Vihar [20]

- **Meditation:** The patient was advised to incorporate a one-hour daily meditation practice as part of the prescribed therapeutic protocol.
- ***Yoga*:** The patient was recommended to practice *Sukshm Pranayam* and *Sukhasan* for 40 minutes daily.
- **Sleep:** The patient was advised to maintain 6 to 8 hours of continuous and restorative sleep each night.
- **Walking:** The patient was instructed to perform a daily 30-minute brisk walk without footwear.
- **Daily Routine:** The patient was advised to follow a structured and disciplined daily regimen.

Observation & Result

During the course of treatment, the patient demonstrated steady clinical improvement, with quality of life assessments showing notable enhancement in both physical and psychological well-being. Gradual alleviation of symptoms was observed, with progressive resolution of the initial complaints. A comparative summary of symptoms before and after treatment is presented in Table 5. Furthermore, post-therapy laboratory findings indicated significant reductions in key biochemical markers, including Uric acid, ESR and TSH levels. Overall, the patient demonstrated substantial clinical improvement upon completion of the treatment regimen and showed remarkable progress at her one-month follow-up, confirming the sustained therapeutic benefits of the *Ayurvedic* intervention.

Discussion

This case study describes a 35-year-old female with a known history of hypothyroidism who sought care at Jeena Sikho Lifecare Limited Hospital for *Ayurvedic*

Table 5: Comparative Analysis of Symptoms Pre- and Post-Treatment

Symptoms before treatment	Symptoms after treatment
Generalized body aches (*Sharir Shoola*) – Score: 5/10	Relieved - Score: 0
Small joint pain (*Sandhi Shoola*) – Score: 4/10	Relieved - Score: 0
Dysmenorrhea (*Artava Shoola*) – Score: 8/10	Relieved - Score: 0
Irregular menstrual cycles (*Ritu Sandhigata Vikara*)	Normalized
Leucorrhea (*Shweta Pradara*)	Relieved

Table 6: Pre and Post – treatment laboratory evaluations

Tests	Values	
	11-07-2025	03-10-2025
Uric Acid	4.75 mg/dl	4.34 mg/dl
Erythrocyte Sedimentation Rate (ESR)	22 mm/hr	11 mm/hr
Thyroid Stimulating Hormone (TSH)	4.74 µIU/mL	2.93 µIU/mL

management. She reported notable symptoms, including suppressed TSH levels, generalized body aches (*Sharir Shoola*, Score: 5/10), small joint pain (*Sandhi Shoola*, Score: 4/10), dysmenorrhea (*Artava Shoola*, Score: 8/10), irregular menstrual cycles (*Ritu Sandhigata Vikara*), and leucorrhea (*Shweta Pradara*).

A comprehensive clinical assessment was performed, encompassing vital signs, evaluation through *Ashtasthana Pareeksha*, and relevant imaging studies, to develop an individualized treatment strategy. The *Ayurvedic* management plan included *Nidan Parivarjan* (elimination of causative factors), personalized dietary and lifestyle modifications, and *Shamana Chikitsa* (palliative therapeutic interventions), aiming for a holistic restoration of physiological balance and symptomatic relief.

Nidan Parivarjan

Nidan Parivarjan in hypothyroidism focuses on the identification and avoidance of causative factors that contribute to thyroid dysfunction. In women, this includes minimizing excessive *Kapha*-promoting foods (e.g., heavy, oily, and sweet foods), reducing sedentary lifestyle habits, managing stress, and avoiding environmental or dietary factors that may impair *Agni* (metabolism) or promote *Ama* (toxins). Adoption of daily routines and dietary discipline is emphasized to maintain metabolic balance and prevent further aggravation of *doshas*. By eliminating these causative factors, *Nidan Parivarjan* helps prevent aggravation of *doshas*, enhance metabolic function, and create a foundation for effective therapeutic interventions in hypothyroid women.

Samprapti (Pathogenesis)

In this case of hypothyroidism (correlated with *Galaganda* in *Ayurveda*), the vitiation of *Kapha* and *Vata doshas* plays a central role, with secondary involvement of *Pitta*. The primary *dushya* (affected tissues) are *Rasa, Mamsa*, and *Meda dhatus*, leading to sluggish metabolism and impaired hormone synthesis.

Mithya Ahara-Vihara (improper diet and lifestyle), such as consumption of heavy, oily, and sweet foods, sedentary habits, and mental stress, cause *Agnimandya* (metabolic sluggishness). This weakens *Jatharagni* and *Dhatvagni*, leading to *Ama* (metabolic toxins) formation. The accumulated *Ama* blocks the *Srotas* (microchannels), particularly *Rasavaha*, *Medovaha*, and *Manovaha Srotas*, causing hormonal imbalance and tissue dysfunction.

The obstruction of *Vata* within *Kapha*-dominant *Srotas* manifests as Hypothyroidism, characterized by lethargy, weight gain, menstrual irregularities (*Ritu Sandhigata Vikara*), and joint stiffness (*Sandhi Shoola*). The disturbed *Artava Vaha Srotas* leads to *Artava Shoola* and *Shweta Pradara*, reflecting impaired reproductive metabolism and endocrine regulation. The *Samprapti* (pathogenesis) of hypothyroidism is illustrated in Figure 1.

Ahar (Diet):

The patient was advised to follow a carefully planned *Ayurvedic* dietary regimen under the physician's supervision. The diet emphasized fresh, home-cooked meals with a focus on millets, while excluding wheat, refined and processed foods, dairy, animal products, and stimulants like tea and coffee. Additionally, the patient was instructed to avoid eating after 8:00 PM and to include nourishing liquids such as coconut water, coconut milk, and almond milk as part of the daily intake. [19,20,21,22]

Vihar (lifestyle recommendations)

The patient was encouraged to implement specific lifestyle modifications to promote holistic health. This included daily meditation to reduce stress and improve mental clarity, along with a structured *yoga* routine designed to enhance physical flexibility, relaxation, and emotional stability. Emphasis was also placed on maintaining a consistent daily schedule and ensuring 6–8 hours of uninterrupted, restorative sleep to support overall well-being and lifestyle balance. [20]

Chikitsa (treatment):

The physician advised a perfectly formulated *Shaman Chikitsa* were administered on the patient. A comprehensive overview of the *Ayurvedic* formulations used in this case is provided in Table 6.

Future Research Aspects

Future *Ayurvedic* research on hypothyroidism in women is poised to advance through integrative approaches that combine traditional wisdom with modern scientific methodologies. Emerging studies are exploring the

Figure 1: *Samprapti* of hypothyroidism

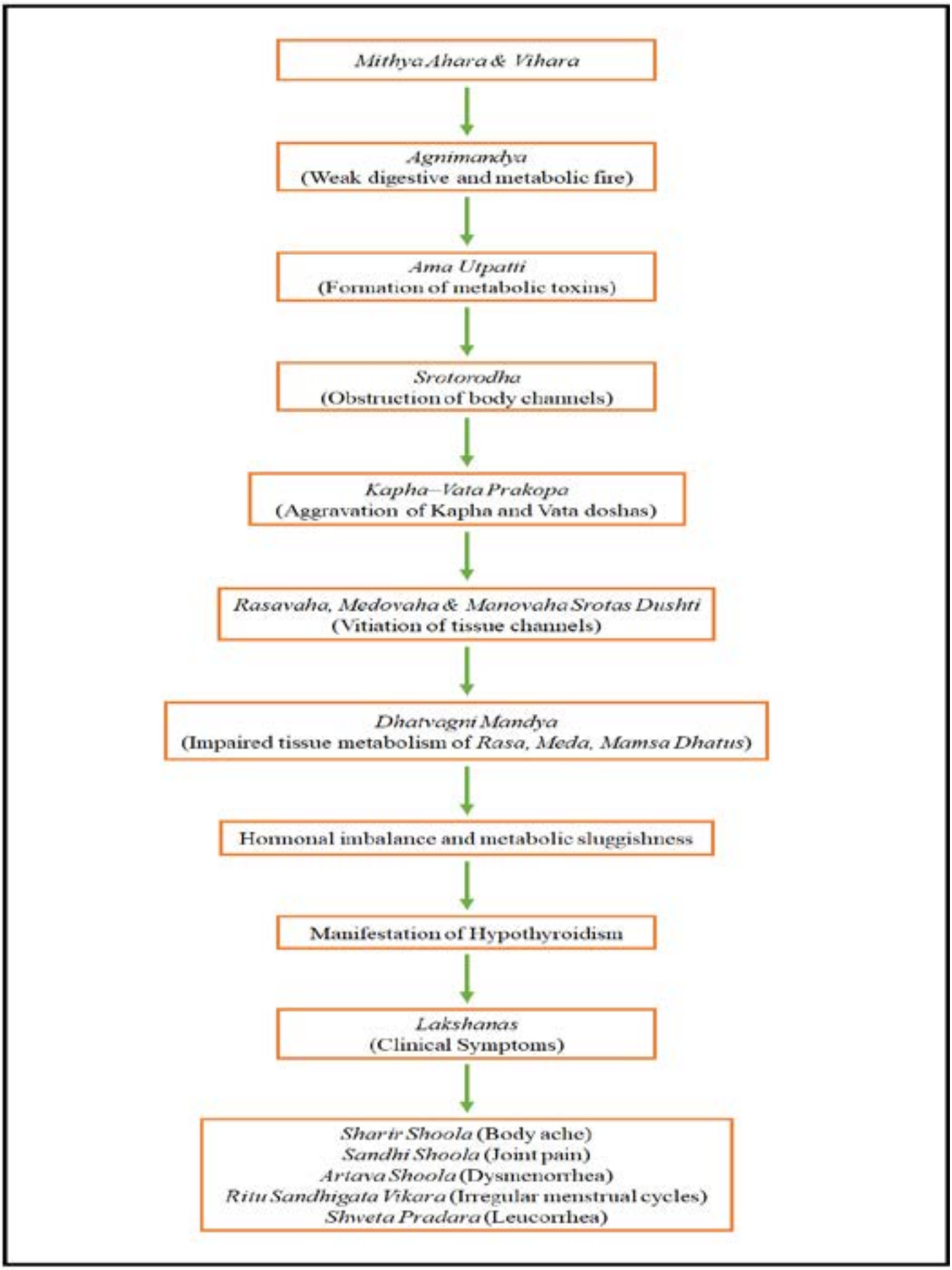


Table 6: Detailed description of medicines prescribed

Medicine	Ingredients	Therapeutic Effects
Dr. BP Care	***Shankh-Pushpi*** *(Convolvulus prostratus),* ***Shatavari*** *(Asparagus racemosus),* ***Ashwagandha*** *(Withania somnifera),* ***Brahmi*** *(Bacopa monnieri),* ***Vacha*** *(Acorus calamus Linn),* ***Sarpagandha*** *(Rauvolfia serpentina),* ***Jeeraka*** *(Cuminum cyminum),* ***Guduchi*** *(Tinospora cordifolia),* ***Malabar nut*** *(Justicia adhatoda),* ***Jatamansi*** *(Nardostachys jatamansi)* and ***Muktha Pishti*** (Pearl powder)	*Manas Shamana* (Mind-calming action), *Raktachaap Shaman* (blood pressure stabilizing effect) and *Nidrajanan* (sleep-inducing property).
Orthonil Tonic	***Maharasnadi kwath*** and ***Hadjod*** (*Cissus quadrangularis*)	Supports *Sandhishoolahar* (joint Comfort), *Sthirasaukumarya Kar* (enhances flexibility), *Balya* (boosts vitality), *Vata Anuloman* (improves mobility)
Go Flexi Capsule	***Ashwagandha*** **Powder** *(Withania somnifera),* ***Shunthi*** *(Zingiber officinale),* ***Kumari*** *(Aloe barbadensis Miller),* ***Suranjan mitha*** *(Colchicum luteum* Baker*),* ***Kuchla Shuddh*** *(Strychnos nux-vomica).*	Helps *Sandhi vedana haran* (relieve joint discomfort), *Asthi balya* (strengthen bones), *Chalana shakti vriddhi* (enhance mobility), *Vata shaman* (balance *Vata*), *Dinamcharya sahayak* (support daily activity)
Lipi Capsule	***Arjun*** *(Terminalia arjuna),* ***Guggulu*** *(Commiphora wightii),* ***Resine Ext.*** (Resin Extract – source-specific), ***Haridra*** *(Curcuma longa),* ***Bhumi Amalaki*** *(Phyllanthus niruri),* ***Guduchi*** *(Tinospora cordifolia),* ***Amalaki*** *(Phyllanthus emblica),* ***Haritaki*** *(Terminalia chebula),* ***Vibhitaki*** *(Terminalia bellirica),* ***Shunthi*** *(Zingiber officinale),* ***Krishna Marich*** *(Piper nigrum),* ***Pippali*** *(Piper longum),* ***Yashtimadhu*** *(Glycyrrhiza glabra),* ***Punarnava*** *(Boerhavia diffusa),* ***Jatamansi*** *(Nardostachys jatamansi),* ***Rasona*** *(Allium sativum),* ***Bulb Ext.*** (Bulb Extract – source-specific), ***Akika Pishti*** (Agate Calx), ***Mukta Pishti*** (Pearl Calx), ***Abhrak Bhasam*** (Mica Calx), ***Shankha Bhasam*** *(* Conch Shell Calx).	*Medohar* (reduces excess fat), *Lekhan* (scraping), *Hridaya Balya* (cardioprotective), *Raktashodhan* (blood purifier) and *Strotoshodhan* (opens body channels)
Maha Charam Rog Har Vati	***Gandhak*** *(Purified Sulphur),* ***Kshudra Ela*** *(Elettaria cardamomum),* ***Dalchini*** *(Cinnamomum verum),* ***Tej Patra*** *(Cinnamomum tamala),* ***Naagkesar*** *(Mesua ferrea),* ***Guduchi*** *(Tinospora cordifolia),* ***Haritaki*** *(Terminalia chebula),* ***Vibhitaki*** *(Terminalia bellirica),* ***Amalaki*** *(Phyllanthus emblica),* ***Bhangara*** *(Eclipta prostrata)* and ***Shunthi*** *(Zingiber officinale)*	Supports *Twachya* (skin health), *Rasayan* (boosts immunity), aids *Shodhan* (detoxification), helps Medhya (manage stress, enhances *Swasthya Rakshan* (well-being), and promotes *Kantikar* (natural radiance)
Brahm Vati	***Brahmi*** *(Bacopa monnieri),* ***Rasindur*** (Purified and processed mercury compound), ***Shilajeet*** *(Asphaltum punjabianum),* ***Krishna Marich*** *(Piper nigrum),* ***Vayavidang*** *(Embelia ribes),* ***Pippali*** *(Piper longum),* ***Abrak Bhasm*** (Calcined Mica, i.e., processed mica ash), ***Vang Bhasm*** (Calcined Tin, i.e., processed tin ash)	*Medhya* (brain tonic), *Manas Shamak* (mind calming), *Nidrajanana* (sleep inducing), *Satva Balya* (mental strength)
Artav Shodhak Vati	***Kumari*** *(Aloe barbadensis Miller)* , ***Vanslochan*** *(Bambusa vulgaris),* ***Gajara*** (*Daucus carota subsp. sativus),* ***Chandrasura*** (*Lepidium sativum),* ***Hira Bola*** *(Commiphora myrrha),* ***Hing*** (*Ferula asafoetida L.),* ***Krishna jeerak*** *(Nigella sativa),* ***Soya*** *(Glycine max (L.) Merr.)* , ***Tankan Bhasma*** (*Borax*), ***Ulat Kambal*** *(Abroma augusta),* **Vitriol Green** (*Ferrous sulfate*)	Helps *Stree Swasthya Vardhak* (support women's overall health), *Dosha Samak* (balance), and *Balya* (vitality) while *Artava Vyavasthapan* (regulating the menstrual cycle)

Telome + Syrup	***Kumari*** *(Aloe barbadensis Miller),* ***Guduchi*** *(Tinospora cordifolia),* ***Bhringraj*** *(Eclipta prostrata),* ***Amalaki*** *(Phyllanthus emblica),* ***Kutaki*** *(Picrorhiza kurroa),* ***Bhoomi Amalaki*** *(Phyllanthus niruri),* ***Daru Haridra*** *(Berberis aristata),* ***Vidanga*** *(Embelia ribes),* ***Chitraka*** *(Plumbago zeylanica),* ***Kalmegh*** *(Andrographis paniculata),* ***Nishoth*** *(Operculina turpethum),* ***Shahtara*** *(Fumaria indica),* ***Triphala*** (*Terminalia chebula, Phyllanthus emblica* and *Terminalia bellirica*), ***Noni*** *(Morinda citrifolia),* ***Pudina*** *(Mentha arvensis),* ***Tulsi*** *(Ocimum tenuiflorum),* ***Bilva*** *(Aegle marmelos),* ***Kshudra Ela*** *(Elettaria cardamomum),* ***Shunthi*** *(Zingiber officinale),* ***Jeerak*** *(Cuminum cyminum),* ***Peepal*** *(Ficus religiosa),* ***Makoy*** *(Solanum nigrum),* ***Kasni*** *(Cichorium intybus),* ***Punarnava*** *(Boerhavia diffusa) and* **Sorbitol**	*Yakrit Rog Chikitsa* (manages Liver disease, *Annavaha Srotas Vyadhi* (GIT Disease) and *Rasayana Karma* (cell rejunavation)
Ladies tonic	***Kumari*** *(Aloe barbadensis miller),* ***Shunthi*** *(Zingiber officinale),* ***Krishna Marich*** *(Piper nigrum),* ***Lavang*** *(Syzygium aromaticum),* ***Dalchini*** *(Cinnamomum verum),* ***Tej Patra*** *(Cinnamomum tamala),* ***Brihat Ela*** *(Amomum subulatum),* ***Naag Kesar*** *(Mesua ferrea),* ***Chitrak*** *(Plumbago zeylanica),* ***Pippali-mool*** *(Piper longum),* ***Balbrihn*** *(Papaver somniferum L.),* ***Gaj Pippali*** *(Scindapsus officinalis Roxb. Schott),* ***Chavya*** *(Piper retrofractum Vahl),* ***Hriber*** *(Pavonia odorata Willd.)* **,** ***Dhanyaka*** *(Coriandrum sativum),* ***Kutaki*** *(Picrorhiza kurrooa),* ***Supari*** *(Areca catechu),* ***Nagarmotha*** *(Cyperus rotundus),* ***Haritaki*** *(Terminalia chebula),* ***Vibhitaki*** *(Terminalia bellirica),* ***Amalaki*** *(Phyllanthus emblica),* ***Rasna*** *(Pluchea lanceolata),* ***Devdaru*** *(Cedrus deodara),* ***Haridra*** *(Curcuma longa),* ***Daru Haridra*** *(Berberis aristata),* ***Munakka*** *(Vitis vinifera),* ***Danti Mool*** *(Baliospermum montanum),* ***Bala*** *(Sida cordifolia),* ***Atibala*** *(Abutilon indicum),* ***Konchbeej*** *(Mucuna pruriens),* ***Gokshur*** *(Tribulus terrestris),* ***Shunthi*** *(Zingiber officinale),* ***Hina Patra*** *(Aegle marmelos (L.) Correa.),* ***Akarkara*** *(Anacyclus pyrethrum),* ***Punarnava*** *(Boerhavia diffusa),* ***Shalparni*** *(Desmodium gangeticum),* ***Gambhari*** *(Gmelina arborea),* ***Ashok Chaal*** *(Saraca asoca),* ***Ronuka*** *(Plumbago indica L.),* ***Karkatshringi*** *(Pistacia integerrima),* ***Mahameda*** *(Polygonatum cirrhifolium (Wall.) Royle)* **,** ***Patha*** *(Cissampelos pareira L.),* ***Patala*** *(Stereospermum suaveolens DC.),* ***Sariva*** *(Hemidesmus indicus),* ***Krishna jeerak*** *(Nigella sativa),* ***Nishoth*** *(Operculina turpethum (Linn.)),* ***Ridhi*** *(Habenaria intermedia D.Don)* **,** ***Sidhi*** *(Habenaria edgeworthii Hook.f. ex Collett)* **,** ***Jeevak*** *(Glycyrrhiza glabra),* ***Kakoli*** *(Roscoea procera Wall.),* ***Ksheer Kakol*** *(Lilium polyphyllum D. Don.),* ***Priyangu*** *(Callicarpa macrophylla Vahl)* **,** ***Khair Chaal*** *(Acacia catechu),* ***Soi*** *(Urtica dioica),* ***Yashtimadhu*** *(Glycyrrhiza glabra),* ***Ikshu*** *(Saccharum officianarum)* ***Mahua Flower*** *(Madhuca longifolia).*	*Yoni Vyapadahar* (alleviates gynecological disorders), *Raktashodhan* (purifies the blood), *Artava Shuddhi* (regulates and purifies menstruation), *Vata-Pitta Shaman* (Balances *Vata* and *Pitta doshas), Balya* (strengthening or tonic) and *Prakriti Samya* (restores natural balance)
Liconil Powder	***Lal Supari*** (*Areca catechu*), ***Musli Safed*** (*Chlorophytum borivilianum*), ***Roomi Mastghi*** (*Pistacia lentiscus*), ***Kuktandav*** (*Coccus indicus*), ***Chaskoo*** (*Cassia absus*) and ***Salaam Mishri*** (*Orchis mascula*)	Promotes *Nidrajanana* (better sleep), *Mamsa Shithilakaraka (* relaxes muscles), *Manas Shamak* (eases stress) and *Shoola Har* (body aches) and *Sandhi Shoolahara* (supports joint comfort)
Thyri Capsule	***Triphala*** *(Phyllanthus emblica, Terminalia bellirica* and *Terminalia chebula),* ***Punarnava*** *(Boerhavia diffusa),* ***Gokshur*** *(Tribulus terrestris),* ***Brahmi*** *(Bacopa monnieri),* ***Shunthi*** *(Zingiber officinale),* ***Ashwagandha*** *(Withania somnifera),* ***Yashtimadhu*** *(Glycyrrhiza glabra),* ***Shilajeet*** *(Asphaltum),* ***Kaishore Guggulu, Kanchnar Guggulu.***	*Rasayana* (rejuvenative), *Ojas Vardhaka* (enhances vitality), *Shwasahara* (relieves respiratory issues), *Krimighna* (anti-parasitic) and *Raktashodhan* (blood purifier)

efficacy of *Ayurvedic* protocols, such as the use of formulations like *Ashwagandha, Brahmi*, and *Kanchanar Guggulu*, in managing hypothyroidism, particularly in cases with suboptimal responses to conventional therapies. Additionally, research is delving into the molecular mechanisms of *Ayurvedic* compounds through in vitro and in vivo studies to elucidate their therapeutic potential. Furthermore, the integration of *Ayurvedic* principles with conventional medicine is being investigated to provide a holistic approach to treatment, addressing both physical and psychological aspects of hypothyroidism. These studies aim to establish evidence-based *Ayurvedic* interventions, ensuring their safety and efficacy in the management of hypothyroidism in women.

Conclusion

This case study highlights the effective role of *Ayurvedic* management in a 35-year-old female with hypothyroidism,

demonstrating significant clinical and biochemical improvement. A holistic approach, integrating *Nidan Parivarjan* (elimination of causative factors), tailored dietary and lifestyle modifications, and *Shamana Chikitsa* with specific *Ayurvedic* formulations, contributed to alleviation of symptoms including body aches, joint pain, dysmenorrhea, menstrual irregularities, and leucorrhea. The patient exhibited marked improvement in TSH and other laboratory parameters, alongside enhanced physical and psychological well-being. These findings underscore the potential of personalized *Ayurvedic* interventions in restoring metabolic balance, hormonal regulation, and overall quality of life in women with hypothyroidism.

Clinical

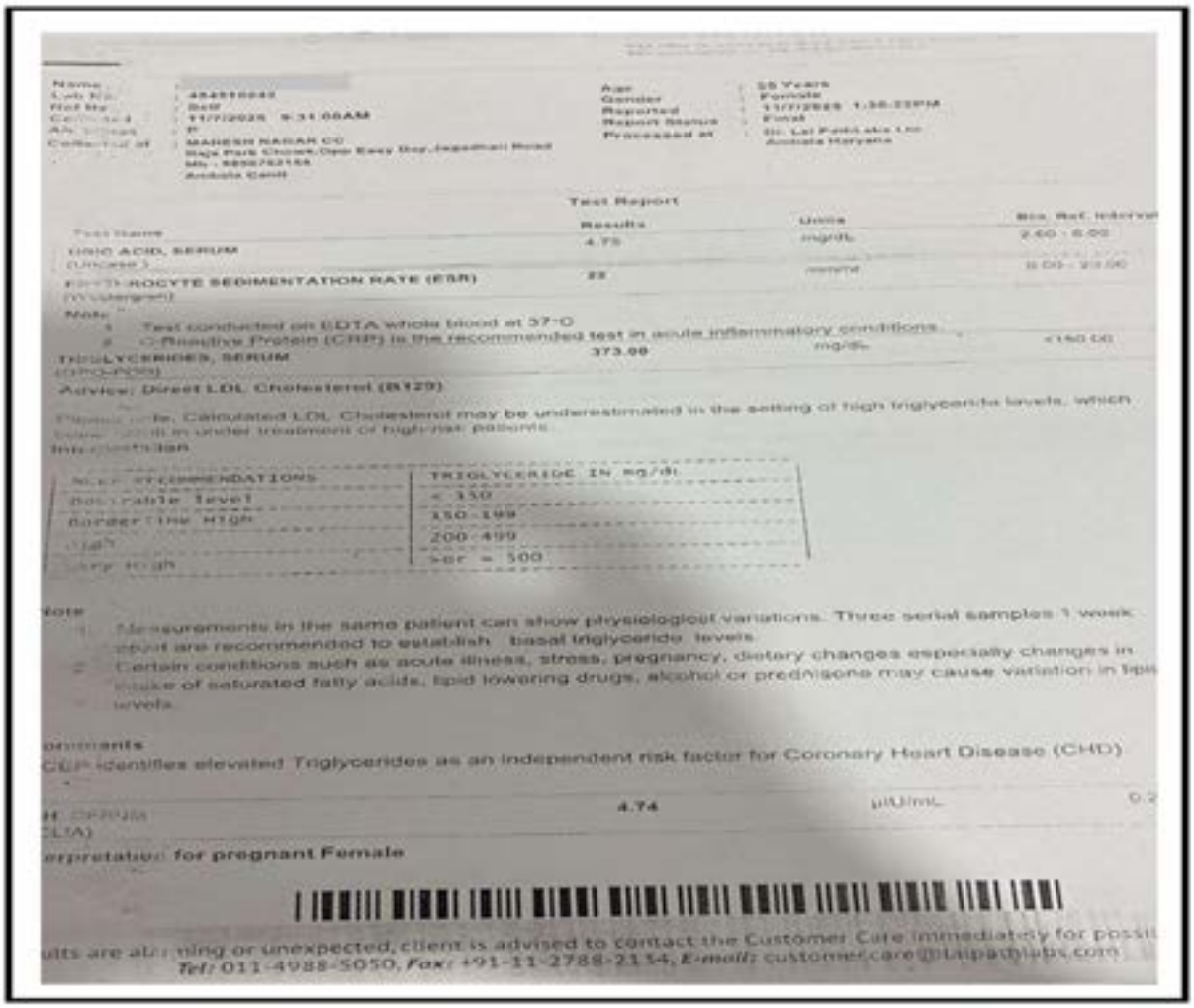
- The patient demonstrated significant symptomatic improvement throughout the treatment period.
- Generalized body aches (***Sharir Shoola***) initially rated **5/10 were fully resolved**, with a post-treatment score of 0.
- Small joint pain (***Sandhi Shoola***), **previously assessed at 4/10, was completely alleviated**, achieving a score of 0.
- Dysmenorrhea (***Artava Shoola***), which **initially scored 8/10, was entirely relieved** following the intervention.
- Irregular menstrual cycles (***Ritu Sandhigata Vikara***) were **restored to a normal, regular pattern.**
- Leucorrhea (***Shweta Pradara***) was **fully resolved** after completion of the treatment regimen.

Laboratory

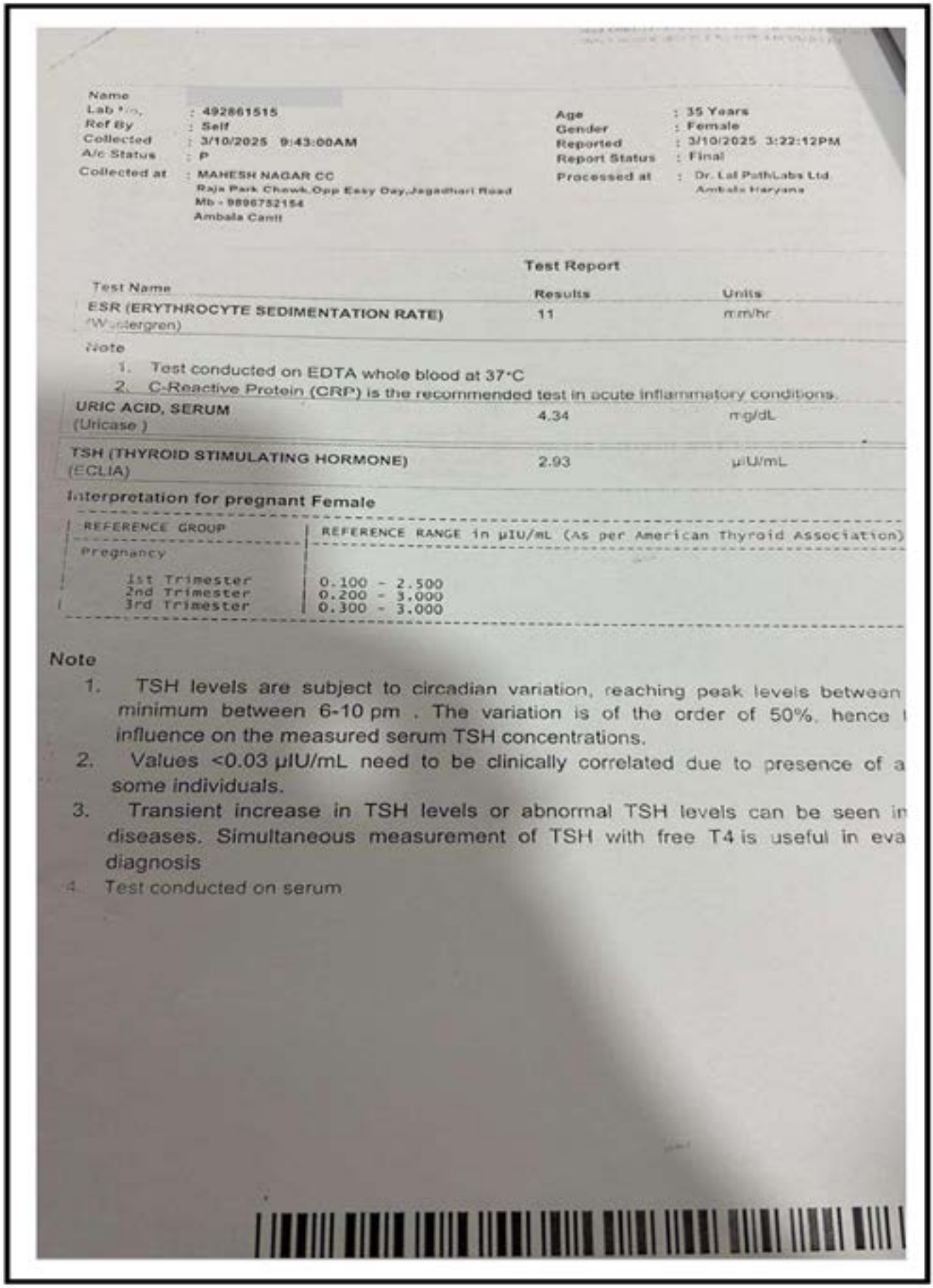
- Laboratory findings correlated well with the documented clinical improvements.
- Serum **Uric Acid levels decreased from 4.75 mg/dL to 4.34 mg/dL** following treatment, indicating improved metabolic balance.
- Erythrocyte Sedimentation Rate **(ESR) reduced from 22 mm/hr to 11 mm/hr**, reflecting a significant decline in inflammatory activity.
- Thyroid Stimulating Hormone (**TSH) levels improved from 4.74 µIU/mL to 2.93 µIU/mL**, suggesting restoration of **thyroid function toward normal physiological range**.

Lab Reports

Before



AFTER



Name
Lab No. : 492861515
Ref By : Self
Collected : 3/10/2025 9:43:00AM
A/c Status : P
Collected at : MAHESH NAGAR CC
Raja Park Chowk,Opp Easy Day,Jagadhari Road
Mb - 9896752154
Ambala Cantt

Age : 35 Years
Gender : Female
Reported : 3/10/2025 3:22:12PM
Report Status : Final
Processed at : Dr. Lal PathLabs Ltd
Ambala Haryana

Test Report

Test Name	Results	Units
ESR (ERYTHROCYTE SEDIMENTATION RATE) (Wintergren)	11	mm/hr

Note
1. Test conducted on EDTA whole blood at 37°C
2. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

URIC ACID, SERUM (Uricase)	4.34	mg/dL
TSH (THYROID STIMULATING HORMONE) (ECLIA)	2.93	µIU/mL

Interpretation for pregnant Female

REFERENCE GROUP	REFERENCE RANGE in µIU/mL (As per American Thyroid Association)
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

Note
1. TSH levels are subject to circadian variation, reaching peak levels between minimum between 6-10 pm . The variation is of the order of 50%, hence influence on the measured serum TSH concentrations.
2. Values <0.03 µIU/mL need to be clinically correlated due to presence of a some individuals.
3. Transient increase in TSH levels or abnormal TSH levels can be seen in diseases. Simultaneous measurement of TSH with free T4 is useful in eva diagnosis
4. Test conducted on serum

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Here is your list formatted in **Vancouver style** (uniform, numbered, journal-standard format):

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