



## Case Report

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### MANAGEMENT OF AUTOIMMUNE THYROIDITIS WITH AYURVEDIC INTERVENTION: A CASE REPORT

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#### ABSTRACT

Hypothyroidism is a common endocrine disorder characterized by reduced thyroid hormone production. While levothyroxine remains the standard allopathic treatment, it is often administered lifelong and may not address underlying symptoms and metabolic imbalances. Ayurveda offers a holistic approach that restores metabolic balance by correcting the root cause, particularly Agnimandya (digestive/metabolic weakness), Shotha (inflammation) and Dosha vitiation. A 21-year-old female patient presented with classic symptoms of hypothyroidism like weight gain, fatigue, digestive issues, hair fall and disturbed sleep. She was diagnosed with hypothyroidism based on elevated TSH levels (11.5  $\mu$ IU/mL). Over a one-year period, the patient experienced marked symptomatic relief, and laboratory investigations confirmed normalization of thyroid function (TSH reduced to 2.47  $\mu$ IU/mL). This case demonstrates the potential of Ayurvedic treatment to successfully manage hypothyroidism by correcting Agni, reducing Ama and Shotha, and addressing dosha imbalances.

**Keywords:** Autoimmune thyroiditis, Ayurveda, Galganda, Hypothyroidism, Agnimandya.

#### INTRODUCTION

Autoimmune thyroiditis (Hashimoto's thyroiditis) is a chronic inflammatory disorder of the thyroid gland characterized by lymphocytic infiltration, progressive destruction of thyroid follicles, and eventual development of hypothyroidism. It is one of the most common autoimmune endocrine disorders, with a higher prevalence in females.

Conventional management primarily involves lifelong levothyroxine supplementation aimed at maintaining euthyroid status<sup>1-4</sup>. While effective in correcting hormonal deficiency and alleviating symptoms, this approach does not address the underlying autoimmune pathology, and patients often require long-term dependency on medication without modulation of disease progression.

In Ayurveda, although Hashimoto's thyroiditis is not described as a distinct clinical entity, its symptomatology and pathogenesis can be understood through the concepts of Agnimandya (diminished metabolic fire), Ama formation, and Pitta-Kapha dosha imbalance<sup>5-7</sup>.

The accumulation of Ama due to impaired Agni leads to obstruction and dysfunction at various levels, including the thyroid gland. Kapha predominance contributes to glandular enlargement and metabolic sluggishness, while Pitta is involved in inflammatory and autoimmune processes. Furthermore, the disturbance of Ojas, which is considered the essence of all Dhatus and the basis of immunity, can be correlated with autoimmune dysfunction<sup>5</sup>.

The Ayurvedic approach to management focuses on Nidana Parivarjana (elimination of causative factors), restoration of Agni, Ama pachana, and doshic balance, along with strengthening of Ojas through Rasayana therapy. The use of Medhya and

immunomodulatory aushadhi, along with appropriate dietary and lifestyle interventions, aims to provide a holistic and sustainable therapeutic effect.

The present case report highlights the Ayurvedic management of autoimmune thyroiditis with an emphasis on correcting the underlying pathophysiological factors and improving clinical as well as biochemical parameters.

#### Patient Information

The patient is a 21-year-old female who presented with weight fluctuation, gas formation, frequent loose motions, dysmenorrhoea, hairfall, daily headaches, and significant stress and anxiety for four years. She has a strong family history of hypothyroidism, as both grandparents and her paternal aunt had the condition. At the time of consultation, she was living in a hostel with an unhealthy diet and irregular meal timings. She had been taking some over the counter Ayurvedic medicine for three months with no relief.

#### Clinical Findings

At the initial assessment, the patient weighed 55 kg with a height of 5 ft 2 inches and a BP of 118/76 mmHg. Her Ayurvedic parameters included a Pitta-Vata Prakriti and Pitta-Kapha dosha involvement. Her Agni was recorded as Teekshna. Diagnostic lab tests on March 2, 2024, showed a TSH level of 11.5  $\mu$ IU/mL. Further investigations revealed an Anti-TPO level of 164.3 IU/mL and an ultrasound indicating autoimmune thyroiditis with reactive cervical lymph nodes.

#### Therapeutic Intervention

The Ayurvedic management was initiated to address Agni-dushti, Srotodushti, and Manovaha srotas vitiation.

Initial Treatment (07.03.2024): Prescribed Cap. Chopchinyadi Yog for Ama pachana and Shotha (inflammation), Tab. Gandmalakandan Ras for Shothahara action, Tab.

Laghusutshekhhar Ras for Pittashamak action, Tab. Manasmitravatakam for anxiety, and Jatamansi Ark as a Medhya. Second Phase (29.01.2025): Treatment was modified to include Tab. Varanadi Kashayam, Cap. Trayantyadi Kashayam, Cap. Kanchnaar Ghan, and Cap. Amritadi Guggul to target the thyroid inflammation and balance Kapha. Lifestyle: The patient followed a light, easily digestible diet (laghu ahara) and incorporated regular yoga and pranayama.

**OBSERVATIONS AND RESULTS**

Over the course of 18 months, the patient's TSH levels showed a steady decline: 11.5 µIU/mL (March 2024), 8.7 µIU/mL (May 2024), 8.12 µIU/mL (January 2025), and finally 2.47 µIU/mL (September 2025).

By the final follow-up, the patient was completely symptom-free with stable physical and mental well-being. No adverse events were observed during the treatment period.

**Table 1**

Date	Clinical Observations and Treatment	Modern Diagnostic Findings	Ayurvedic Interpretation
07-Mar-2024	Initial presentation with fatigue, anxiety, weight fluctuation, headache and digestive issues.	T3: 0.9 ng/mL; T4: 7.0 µg/dL; TSH: 11.5 µIU/mL	Agnimandya, Pitta-Kapha vitiation, Rasavaha, Raktavaha. Medovaha and Manovaha Srotodushti.
13-May-2024	Anxiety reduced, digestion improved, weight stable.	T3: 1.1; T4: 8.52; TSH: 8.7 µIU/mL	Gradual improvement in Agnibala, Deha bala and Manas sthiti.
18-Jan-2025	Persistent mild hypothyroidism. Anti-TPO: 164.3 IU/mL; USG Neck: Autoimmune thyroiditis with reactive cervical lymph nodes.	T3: 1.23; T4: 7.14; TSH: 8.12 µIU/mL	Agnimandya correction; Ojakshaya under recovery.
April 2025	Headache resolved, no analgesic needed; sleep improved; dysmenorrhea reduced; digestion and weight normal; good energy levels.	T3: 0.7; T4: 7.52; TSH: 2.78 µIU/mL	Restored Agnibala and Ojabala, balanced Pitta-Kapha dosha. Swasthya sthiti achieved.
18-Sept-2025	Stable follow-up; symptom-free, good physical and mental well-being.	T3: 1.06; T4: 11.3; TSH: 2.47 µIU/mL	Maintenance of Dosha samyata and Agnibala sthiti.

**DISCUSSION**

This case illustrates that Ayurvedic formulations such as Chopchinyadi Yoga, Gandamalakandan Rasa, Varanadi Kashayam, and Amritadi Guggulu may play a significant role in addressing the pathology of autoimmune thyroiditis through a holistic and root-cause-oriented approach. Rather than merely supplementing deficient hormones, these interventions appear to act at multiple levels, including correction of Agnimandya (impaired metabolic activity), elimination of Ama (metabolic toxins), and restoration of Pitta-Kapha dosha balance<sup>5-7</sup>, which are central to the Ayurvedic understanding of the disease process.

Chopchinyadi Yoga and Varanadi Kashayam are traditionally indicated in conditions involving Kapha predominance, glandular enlargement, and metabolic sluggishness<sup>8</sup>, thereby aiding in Ama pachana and improving systemic metabolism. Gandamalakandan Rasa, with its classical indication in glandular disorders, may contribute to reducing pathological changes in the thyroid tissue. Amritadi Guggulu, known for its Rasayana and immunomodulatory properties, likely plays a role in enhancing Ojas and correcting immune dysregulation<sup>9-10</sup>, which can be correlated with autoimmune mechanisms described in contemporary medicine.

The observed reduction in serum TSH levels, along with marked improvement in associated symptoms such as anxiety and indigestion, suggests a positive therapeutic response. From a biomedical perspective, this may indicate a potential modulation of immune activity and improvement in hypothalamic-pituitary-thyroid (HPT) axis function.

Furthermore, the improvement in digestive function reinforces the Ayurvedic principle that restoration of Agni is fundamental to correcting systemic disorders. By addressing the primary pathology—namely impaired metabolism and immune dysregulation—these formulations may contribute not only to symptomatic relief but also to a more sustained and integrative therapeutic outcome.

However, as this is a single case observation, further systematic clinical studies with larger sample sizes and long-term follow-up are warranted to validate these findings and to better elucidate the mechanisms of action of these Ayurvedic interventions in autoimmune thyroid disorders.

**CONCLUSION**

Ayurvedic treatment successfully managed this case of autoimmune thyroiditis by focusing on the balancing of Agni, Pitta, and Kapha Doshas. The patient achieved a stable euthyroid state and complete symptomatic relief without conventional hormonal therapy. This outcome supports the need for further clinical research to validate Ayurveda's role in endocrine healthcare.

**Informed Consent**

Informed consent was obtained from the patient for publication of this case and accompanying reports.

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