

A Clinical Case Study of Hyperthyroidism and Its Management Through Panchkarma

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Abstract

Hyperthyroidism, also called overactive thyroid, is when the thyroid gland makes more thyroid hormones than your body needs. Thyroid hormones control the way the body uses energy, so they affect nearly every organ in your body ^[1]. Major symptoms like weight loss, diarrhea, hair & skin changes, fatigue and weakness, heart palpitations, menstrual cycle changes etc are seen in patients^[2]. In *Ayurved* texts we cannot find a particular disease that completely correlates with the above, if we correlate the pathogenesis of Hyperthyroidism it is caused by *Pitta avrit vata* leading to dysfunctioning of *Jatharagni* & hence *dhatavagani*. To break pathogenesis *Pitta* can be eliminated by *Panchkarma* procedure *Virechana* ^[3]. A 24 year old patient was registered with the above symptoms & confirmation from S.TSH, T3,T4 suffering from hyperthyroidism. Treatment plan of classic *Virechan*, *Samsarjan karma* was prescribed to the patient that has showed significant result in S.TSH, t3, t4 levels & relief in symptoms. From above study it has been concluded that the *Panchkarma* procedures like *Virechan* is effective in management of Hyperthyroidism.

Keywords: Hyperthyroidism, *Pittaavrutta Vata*, *Panchkarma*, *Virechan*

Introduction

The modern world's sedentary culture and high levels of stress have triggered changes that alter the neuro-endocrine system's functions,

resulting in new health issues like thyroid disorders.

Thyroid disorders are grossly divided into hypothyroidism, hyperthyroidism, thyroid nodules, neoplastic processes and goiter^[4].

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Hyperthyroidism :-

Hyperthyroidism is characterized by increased thyroid hormone synthesis and secretion from the thyroid gland, whereas thyrotoxicosis refers to the clinical syndrome of excess circulating thyroid hormones, irrespective of the source. The most common cause of hyperthyroidism is Graves' disease. About 2 percent of women and 0.2 percent of men experience hyperthyroidism, it affects cardiac and skeletal health also has adverse effects on virtually all organs which is characterized by agitation, insomnia, dyspnoea may occur due to increased oxygen consumption, anemia, weakness of respiratory muscles, hyperdefecation due to increased gut motility and myopathy. Hyperthyroidism can be overt or subclinical. Overt hyperthyroidism is characterized by low serum thyroid-stimulating hormone (TSH) concentrations and raised serum concentrations of thyroid hormones: thyroxine (T₄), tri-iodothyronine (T₃), or both. Sub-clinical hyperthyroidism is characterized by low serum TSH, but normal serum T₄ and T₃ concentrations^[5]. There are three principal treatments -- anti thyroid drugs, radioiodine, and surgery -- all of which are effective, but opinions differ about the indications for them because no single treatment regularly results in permanent euthyroidism. In Ayurveda, there is no exact mentioning of the thyroid disorders but it can be correlated with *Pittaavrit vata* as sign & symptoms mentioned in ancient texts are similar to that of hyperthyroidism. Hence, *Vata-pitta prakopak ahar vihar sevan* leads dysfunction of *Jatharagni* which in turn affects *Dhatavagni* and eventually the disease condition develops. Thus identifying *avarana of doshas* helps in designing the management protocol of a particular disease. Like in hypothyroidism, i.e. *kapha avrit vata* one can go for panchakarma treatment like *vaman* as it helps in treating the vitiated *kapha* and likewise in hyperthyroidism *virechana* as it subsides *pitta dosha*. Other treatments like *basti*, *nasya* and its mode of

action on particular disease make way for better treatment. Keeping this point in mind, the present study was planned to find the efficacy of *Virechan Panchkarma* procedures in Hyperthyroidism.

Case Report

A 24 year old female patient came to Rani Dullaiya Smriti Ayurveda PG college and Hospital, Bhopal with a Chief complaint of –

- *Daurbalya* (Weakness)
- *Klam* (Fatigue)
- *Kesh patana* (Hairfall)
- *Shwasakashthta* (Breathlessness)
- *Trishna* (Polydypsia)
- *Atisweda* (Sweating)
- *Varch ativartanam* (Diarrhoea)

She was suffering from above mentioned complaints from past 2 years and got allopathic treatment for the disease. No H/o HTN, Asthma.

History of Present Illness

The patient came with a history of Hyperthyroidism from past 2 years. She was under modern medicine but even after consumption of medicines, patient suffered from symptoms like *Daurbalya* (Weakness), *Klam* (Fatigue), *Kesh patana* (Hairfall), *Shwasakashthta* (Breathlessness), *Trishna* (Polydypsia), *Atisweda* (Sweating). Then she came to the Hospital for an Ayurvedic treatment.

Ashtavidha Parikshana**Table 1**

Nadi (Pulse)	86/min (pitta vata)
Mutra (Urine)	Samyak
Mala (Stool)	Atipravatti
Jivha (Tongue)	Saam
Shabda (Speech)	Samyak
Sparsh (Skin)	Twak snigdha evam ushna
Druk (Eyes)	Prakrut
Akriti (Built)	Madhyama
Agni	Kshudaadhikya

Materials & Methods -

Centre of study: Rani Dullaiya Smriti Ayurveda
PG college and Hospital Bhopal Type of study:
Simple random single case study.

Assessment Criteria -

The diagnosis and assessment of disease will be done on basis of following subjective parameters like sign & symptoms mentioned in texts and objective parameters i.e thyroid profile.

Treatment Given-
Table 2 **Panchkarma Management**

S.No	Name of Treatment	Drug Used	Dose	Duration of Treatment
1.	<i>Deepan Pachana</i>	<i>Aampachak Vati</i>	BD	3 Days
2.	<i>Snehpan</i>	<i>Triphala ghrit</i>	50ml (Inc.dose)	7 Days
3.	<i>Virechan followed by samsarjan krama</i>	<i>Trivit Avleha</i>	40g	1 Day(30 vega /uttam shuddhi)+ 7 Days

Table 3 **Palliative Management**

S.No.	Medicine	Dose	Duration
1.	<i>Kachnar Guggulu</i>	BD	30 Days
2.	<i>Laghusutsekhar Ras</i>	BD	30 Days
3.	<i>Hanspathyadi Kwath</i>	BD	30 Days
4.	<i>Chandraprabha Vati</i>	BD	30 Days

Observations :

Table 4

Sign & Symptoms	Before Treatment	After Treatment
<i>Daurbalya</i> (Weakness)	+++	+
<i>Kesh patana</i> (Hairfall)	++	+
<i>Shwasakashthta</i> (Breathlessness)	+	-
<i>Trishna</i> (Polydypsia)	+++	+
<i>Atisweda</i> (Sweating)	++	-
<i>Klam</i> (Fatigue)	++	-

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REPORT

NAME : PRATIKSHA PATIDAR (24Y/F)
REF. BY : SELF
TEST ASKED : T3-T4-TSH

HOME COLLECTION :
 AFFORDABLE MEDICINE DIAGNOSTICS AND HEALTHCARE
 CENTRE 8982837453 - 462042

PATIENTID : PP19318799

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	E.C.L.I.A	134	ng/dL	80-200
TOTAL THYROXINE (T4)	E.C.L.I.A	9.28	ug/dL	4.8-12.7
THYROID STIMULATING HORMONE (TSH)	E.C.L.I.A	0.00543	µIU/mL	0.34-6.30

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Method :

T3 - Fully Automated Electrochemiluminescence Competitive Immunoassay

T4 - Fully Automated Electrochemiluminescence Competitive Immunoassay

TSH - Fully Automated Electrochemiluminescence Sandwich Immunoassay

Pregnancy reference ranges for T3&T4&TSH :

Trimester | T3 (ng/dL) | T4 (ug/dL) | TSH(µIU/mL)

1st | 83.4-196.4 | 4.4-14.5 | 0.1-2.5

2nd | 105.1-317.4 | 4.9-22.2 | 0.2-3.0

3rd | 179.9-389 | 5.3-33.2 | 0.3-3.3

References :

1. Carl D, et al. C 2 Pathway. First trimester pregnancy ranges for human TSH and thyroid hormone receptors as Biogen. *Acta Endocrinol* 2016; 12(2) : 242 - 243.
2. Kulkarni R, Nagi R, Katre DK et al. Establishing trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy - New light through old window. *Indian Journal of Contemporary medical research*. 2019; 6(4)

Disclaimer :

Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference in reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same Laboratory.

-- End of report --

Sample Collected on (SCT) : 05 Apr 2023 07:40
Sample Received on (SRT) : 05 Apr 2023 13:43
Report Released on (RRT) : 05 Apr 2023 15:42
Sample Type : SERUM
Labcode : 0504076889/AY202
Barcode : 84821684

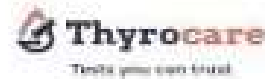
Dr. A. S. Thakur MD(Path)



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REPORT

NAME | PRATISHA PATIL (25/Y)
REF. BY | SELF
TEST ASKED | T3-T4-TSH
PATIENTID | P019318799

HOME COLLECTION |
 AFFORDABLE MEDICAL DIAGNOSTICS AND HEALTHCARE
 CLINRE 9902937453 - 462043

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3)	CHEMIA	107	ng/dL	60-200
TOTAL THYROIDINE (T4)	CHEMIA	9.6	ug/dL	4.5-12
THYROID STIMULATING HORMONE (TSH)	CHEMIA	0.33	µIU/ml	0.3-5.3

Comments : SUGGESTING THYRONORMALCY
 The Biological Reference Ranges is specific to the age group. Kindly correlate clinically.

Method :
 T3 - Competitive Chemi Luminescent Immuno Assay
 T4 - Competitive Chemi Luminescent Immuno Assay
 TSH - Sandwich Chemi Luminescent Immuno Assay
 Pregnancy reference ranges for TSH (µIU/ml) :
 1st | 0.1-2.5
 2nd | 0.3-3.0
 3rd | 0.3-3.5

- References :**
 1. Carol Devita, C I Parson. First Trimester Pregnancy ranges for Serum TSH and Thyroid Tumor reclassified as Benign. Acta Endocrin. 2016; 13(2) : 242 - 243
 2. Nishant R, Negi R, Kalia Dk et al. Establishing Trimester specific Reference ranges for thyroid hormones in Indian women with normal pregnancy : New light through old window. Indian Journal of Contemporary medical research. 2019; 6(4)

Disclaimer : Results should always be interpreted using the reference range provided by the laboratory that performed the test. Different laboratories do tests using different technologies, methods and using different reagents which may cause difference. In reference ranges and hence it is recommended to interpret result with assay specific reference ranges provided in the reports. To diagnose and monitor therapy doses, it is recommended to get tested every time at the same laboratory.

--- End of report ---

Sample Collected on (SCT) | 30 Jul 2023 14:23
Sample Received on (SRT) | 30 Jul 2023 15:23
Report Released on (RRT) | 30 Jul 2023 16:18
Sample Type | SERUM
Labcode | 3007002004/A9302
Barcode | A631884H
 Dr. A S Thakur MD(Path)
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Table 5

	Before Treatment	After Treatment
TSH	0.00543µIU/ml	0.33 µIU/ml
T3	134 µg/dL	107 µg/dL
T4	9.28µg/dL	9.6 µg/dL

During the study, the diagnosis & assessment

of patient was done on the basis of sign & symptoms and thyroid profile mentioned above. The results were recorded before & after treatment (Table 4 & 5) which shows that the TSH came to normal limits and marked improvement is seen in sign & symptoms of the patient like weakness, hairfall, breathlessness, polydypsia, sweating

etc.

As the sign & symptoms and pathology shows correlation with *Pitta avrit vata lakshan* as mentioned in Ayurvedic texts, the treatment is planned as mentioned in texts i.e *Pitta-nashak* but should not be *vata virodhi*.^[6] Hence, various *pathyas* like *jangal mansa*, *shali dhanya*, *Yapan basti*, *Ksheerbasti*, *Virechan* is considered the management of *Pitta avrit vata*.^[7]

Virechana is the most preferred *shodana* in hyperthyroidism. As it corrects pitta related pathologies which are seen in hyperthyroid-ism. It does *vatanulomana*. Periodically administered *virechana* delays the *dhatupaka* thereby preventing further tissue destruction^[8].

In Palliative management, drugs like *Kachnar guggulu* which is *granthi-har*, *Laghusutsekhara Ras* that is *vata-pitta samak*, *Chandraprabha vati* acts as *dhatu shodhak* & *vata-pitta samak* and *Hamsapathyadi Kwath* contains *hamsapadi*(*Adiantum lunulatum*) i.e used to treat swellings, tumor & acts as anti-inflammatory. It suggests that the drugs used are specially *vata-pitta samak* and *Granthi-har*, therefore helps in curing the above disease condition.

This shows that *Virechana* followed by *samsarjana krama* along with palliative management is found to be effective in reducing the sign & symptoms and bringing back the TSH values to normal range. This collectively improved the health as well as quality of life of the patient .

Conclusion :

After this study, it is concluded that in Hyperthyroidism i.e *Pitta avrit Vata*, *Shodhana*

Chikitsa such as *Virechana* and *Shaman Chikitsa* (Palliative management) have definite role in the treatment of hyperthyroidism & is effective, safe as no adverse effects were reported. At last we can conclude that the Ayurvedic management can be considered as a treatment guideline in curing the disease Hyperthyroidism.

References :

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4. N.Kavya,Chapara Aparna, Vasana Satish S, B.A.Lohith. Critical Analysis of the Management of Thyroid Disorders through Panchkarma. International Ayurvedic Medical Journal,(ISSN:2320 5091)(June,2017).
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6. Bramhanand Tripathi(editor), Charak Samhita, Chikitsa sthana28/245, Varanasi;Chaukhamba Surbharti Prakashan, 2015. pg 982
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