

Successful Management of Subclinical Hypothyroidism with PCOD and Class I Obesity: A Case Report

DIMPLE D DALAL¹, KAVITA SUTAGATTI², B GAYATHRI³, S NANDITHA⁴, BAGMIBIDBATTI GHADEI⁵



ABSTRACT

Subclinical Hypothyroidism (SCH) is a metabolic disorder characterised by normal T3 and T4 levels with elevated Thyroid Stimulating Hormone (TSH). Symptoms including weight gain, fatigue, hair fall, and impaired metabolism correspond to *Rasapradoshaja Vikara* (disorders of vitiated *Rasa Dhatu*) described in Ayurvedic texts. This case report evaluates the effectiveness of *Shodhana* (purification) and *Shamana* (pacification) therapies in managing SCH and Polycystic Ovarian Disease (PCOD) in a 30-year-old female with Class I obesity. She underwent the *Panchakarma* procedures including *Udwartana*, *Vamana*, and *Virechana*. Post-treatment, her TSH levels normalised, her weight reduced, and her Body Mass Index (BMI) dropped from 31.2 to 25.9 kg/m². Symptoms such as hair fall and fatigue resolved completely. Maintenance therapy included *Shamana* medications and dietary modifications. The interventions improved *Agni*, reduced *Ama*, and balanced *Kapha-Pitta doshas*, demonstrating the potential of *Panchakarma* in managing metabolic disorders and reducing reliance on conventional medications, warranting further research.

Keywords: *Kapha-meda roga*, Polycystic ovarian disease (PCOD), *Rasapradoshaja vikara*, *Vamana*, *Virechana*

CASE REPORT

A 30-year-old female presented to the Panchakarma outpatient department with progressive weight gain over three months, accompanied by generalised weakness and severe hair fall for two months. She reported irregular menstrual cycles for two years, disturbed sleep for three months, and worsening constipation over the past month. Although she had been diagnosed with PCOD two years prior, no medical records were available. Her diagnosis was based on symptoms including irregular menstruation, mood swings, bloating, acne, and acanthosis nigricans. She had been prescribed hormonal therapy but was inconsistent with medication and follow-up.

A thyroid profile conducted two weeks prior revealed T3: 122 ng/dL, T4: 5.46 µg/dL, and TSH: 20.71 µIU/mL, confirming SCH. As she was reluctant to take allopathic medication, she opted for Ayurvedic management. *Dashavidha pariksha* (ten-fold examination) and *Ashtastana pariksha* (eight-fold examination) of the patient are illustrated in [Table/Fig-1,2].

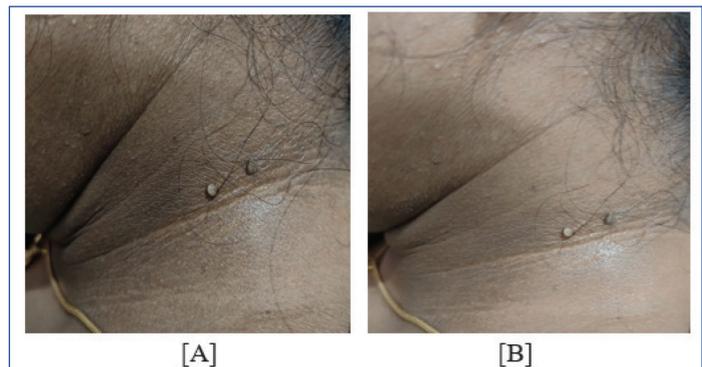
On general examination, her weight was 72 kg, BP was 130/90 mmHg, pulse was 72/min, and respiratory rate was 18 breaths per minute. On inspection, acanthosis nigricans (velvety, light-brown to black patch) was present over the nape of the neck, armpits, and beneath the breasts [Table/Fig-3a].

Dashavidha pariksha	Observation
<i>Prakruti</i> (Body constitution):	<i>Kaphapittaja</i>
<i>Vikruti</i> (Pathological variation):	<i>Tridoshaja</i>
<i>Sara</i> (Tissue quality):	<i>Madhyama</i> (Moderate)
<i>Samhanana</i> (Body built):	<i>Madhyama</i> (Moderate)
<i>Satva</i> (Mental strength):	<i>Madhyama</i> (Moderate)
<i>Satyma</i> (Adaptability):	<i>Madhyama</i> (Moderate)
<i>Ahara Shakti</i> (Food intake and digestion capacity):	<i>Madhyama</i> (Moderate)
<i>Vyama shakti</i> (Exercise capacity):	<i>Pravara</i> (Superior)
<i>Bala</i> (Strength):	<i>Madhyama</i> (Moderate)
<i>Vaya</i> (Age):	<i>Yuva</i> (Young)
<i>Pramana</i> (Weight):	<i>Pravara</i> (Superior)

[Table/Fig-1]: *Dashavidha pariksha* (ten-fold examination).

Asthastana pariksha	Observation
<i>Nadi</i> (pulse)	<i>Vata pittaja</i> ; 72 beats/minute
<i>Mala</i> (bowel)	Constipated and irregular
<i>Mutra</i> (urine)	5-6 times/day
<i>Jihwa</i> (tongue)	<i>Lipta</i> (coated)
<i>Shabda</i> (speech)	<i>Spasta</i> (clear voice)
<i>Sparsha</i> (touch)	<i>Anushnasheeta</i> (normal)
<i>Drik</i> (vision)	<i>Prakrut</i> (normal)
<i>Aakriti</i> (body built)	<i>Pravara</i> (Superior)

[Table/Fig-2]: *Ashtastana pariksha* (~eight-fold examination).



[Table/Fig-3]: a) Before treatment; and b) After treatment.

The diagnosis of SCH was reconfirmed based on relevant clinical symptoms and a recent external laboratory report that showed an elevated TSH level of 20.71 µIU/mL. PCOD was diagnosed based on clinical presentation and thyroid profile values.

Both SCH and PCOD are primarily associated with *kapha-meda dushti*; therefore, the treatment plan included *Shodhana* procedures, starting with *Vamana*, followed by *Virechana*, and concluded with *shamana* medications over one month [Table/Fig-4,5].

Along with *Shodhana* and *Shamana* interventions, lifestyle modifications and *Pathya Ahara* were emphasised. The patient was advised to walk briskly for 20 to 30 minutes daily and to avoid

Day	Name of the Procedure/ Intervention	Medicine used with dosage and time of administration.
Day 1- Day 3	Sarvanga Udwartana (powder massage) f/b Bashpa sweda (whole body sudation)	Triphala choorna (250 gms/day)
Day 4- Day 7	Snehapana (Internal oleation)	Varunadi Ghrita 40 mL, 90 mL, 130 mL, 180 mL -Administered in early morning on empty stomach.
Day 8	Vishrama kala - Sarvanga Abhyanga (Whole body oil massage) f/b Bashpa Sweda	Mahanarayana Taila (150 mL/day)
Day 9	Sarvanga Abhyanga and Bashpa sweda f/b Vamana Karma	Mahanarayana Taila (150 mL) used for whole body massage. Akantapana with Ksheera f/b administration of Madanphala choorna (4 gm) + Yasthimadhu (6 gm) choorna +Saindhava (4 gms) Observation- 7 vegas (Pravara Shuddhi)
Day 10- Day 14	Samsarjana krama (Post-therapeutic dietetic regimen) given for five days.	Customised diet (Rice Ganji, Moong dal khichdi, mudga yusha, moong dal sabji and chapati)
Day 15- Day 19	Snehapana (Internal oleation)	Varunadi Ghrita 40 mL, 70 mL, 110 mL, 130 mL Administered in morning on empty stomach
Day 20 - Day 22	Vishrama Kala- Sarvanga Abhyanga with f/b Bashpa sweda	Mahanarayana Taila (150 mL/day)
Day 23	Sarvanga Abhyanga with f/b Bashpa sweda f/b Virechana Karma	Mahanarayana Taila (150 mL) used for whole body massage. After abhyanga - Trivrit lehya - 60 grams, Triphala Kashaya - 100 mL anupana ; Observation - 24 vegas - Madhyama Shuddhi
Day 24- Day 28	Samsarjana krama given (Post-therapeutic dietetic regimen) given for 5 days.	Customised diet (Rice Ganji, Moong dal khichdi, mudga yusha, moong dal sabji and chapati)

[Table/Fig-4]: Presents a detailed therapeutic intervention at various time points.

S. No.	Medications	Dose and Frequency	Duration
1	Kanchanara Guggulu	1 tablet (250 mg) thrice a day after food with warm water	1 month
2.	Chandraprabha vati	2 tablets (500 mg) twice a day after food with warm water	1 month
3.	Varunadi Kashaya	15 mL thrice a day after food with warm water	1 month

[Table/Fig-5]: Showing details of discharge medications.

daytime sleep to maintain metabolism and prevent aggravation of *Kapha*. The diet included *Laghu* (light) and *Ushna* (hot) foods, avoiding junk and reheated meals.

After 30 days post-*Virechana*, the patient's Body Mass Index (BMI) and other parameters were assessed. Four months later, the thyroid profile was checked and showed normal values. A year later, the thyroid profile remained normal, and the patient's menstrual cycle became regular, with BMI returning to normal levels [Table/Fig-6].

Blood parameters	Before treatment	After 4 months of treatment	After a year
T3 (ng/dL)	122	108.10	1.3
T4 (ug/dL)	5.46	7.64	10.2
TSH (u lu/mL)	20.71	4.66	3.4
Subjective assessments			
Weight (kg)	72	60	54

BMI (kg/m ²)	31.2 (Obese Class I)	25.9 (Normal)	23.3 (Normal)
Hair fall	Present	Reduced	Resolved
PCOD symptoms like weight-gain, Acanthosis nigricans	Present	Reduced	Resolved

[Table/Fig-6]: The patient's follow-up chart.

DISCUSSION

The SCH, PCOD, and obesity are interrelated endocrine-metabolic disorders that are commonly found in women of reproductive age. SCH is characterised by normal levels of T3 and T4 hormones, along with elevated TSH levels. Symptoms may include generalised weakness, weight gain, menstrual disturbances, and hair loss. PCOD is identified by irregular menstrual cycles (oligomenorrhea), weight gain, insulin resistance, and skin changes such as acanthosis nigricans [1].

Obesity frequently coexists with both SCH and PCOD and is regarded as *Sthaulya*, a disorder related to the metabolism of *Medo dhatu* and impaired *Agni* (digestive fire), primarily involving the *Kapha dosha*. In *Ayurveda*, these three conditions share a common underlying pathology characterised by the vitiation of *Kapha dosha*, *Medas dhatu*, and *Agni dushti* (impaired digestive fire). The presence of *srotorodha* (channel obstruction) and *ama* (toxic residue) contributes to the progression of these disorders. This comprehensive understanding forms the basis for planning effective treatment modalities [2,3].

In managing the case of this obese patient, *Ruksha Udwartana* with *Triphala Churna* was utilised to reduce *Kapha* and adipose tissue effectively. The preparation is characterised by its dry, sharp, and hot qualities, which assist in channel purification and the balancing of *Agni* and *Vata*, ultimately enhancing metabolic processes [2].

Prior to the procedures of *Vamana* and *Virechana*, *Snehapana* was administered with *Varunadi ghrita*, which comprises primarily bitter and light substances. This formulation is integral for correcting *mandagni* (diminished digestive fire) and achieving a *Tridosha* balance. The lipid-based medium fosters deeper cellular absorption and facilitates hormonal equilibrium by nourishing the thyroid gland and supporting the Hypothalamic-Pituitary-Thyroid (HPT) axis [3,4].

The application of *Abhyanga* contributed to alleviating *srotorodha*, promoting the movement of vitiated *doshas* towards the *koshta* and preparing the body for further *shodhana* treatments. *Vamana* was selected as a primary therapy for *Kaphaja* and *Medaja* disorders. Given the presence of disorders involving *Kapha dosha*, such as PCOS and SCH, this therapy was instrumental in expelling vitiated *Kapha*, stimulating *Agni*, and promoting weight reduction. Furthermore, *Vamana* aids in clearing obstructions within the *srotas*, thus potentially restoring hormonal pathways, including those associated with gonadotropin-releasing hormone regulation [5,6].

Virechana was implemented to eliminate excess *Pitta* and to restore the normalcy of *Jatharagni* and *Dhatvagni*, thereby interrupting the pathological cycle of *Ama* formation and *srotorodha*. *Trivrit Avaleha* was chosen for this procedure owing to the patient's delicate constitution and *Pittaja Prakriti*. As a gentle evacuative agent, it enables the effective removal of metabolic waste without inducing fatigue, thereby enhancing metabolic function. This approach also rectifies the *sanga* (obstruction) and ensures the normal functioning of the *apana vayu*, addressing *artava dushti* (menstrual abnormalities). *Triphala Kashaya* was selected as *anupana* due to its *Vata-Kapha* balancing properties [7-9].

Kanchanara Guggulu, which contains herbal components such as *Kanchanara*, *Guggulu*, and *Shunti*, provides anti-inflammatory benefits and exhibits *anulomana* (cathartic) and *Kapha-Pitta* pacifying actions. This formulation is effective in balancing *Vata* and *Kapha dosha*, regulating *Agni*, and facilitating *Srotoshodhana*- key

elements in addressing the pathogenesis of both SCH and PCOD. The active constituents, including lupeol and β -sitosterol from *Kanchanara*, along with oleo-resins from *Guggulu*, and piperine from *Trikatu*, contribute to its anti-inflammatory properties [10].

Varunadi Kashaya contains ingredients such as *Varuna* and *Shatavari*, which possess sharp and hot characteristics, effectively addressing *Kapha* and *Vata* disturbances associated with SCH, as well as enhancing *Agni* in conditions such as PCOS. Moreover, *Varunadi Kashaya* is recognised for its anti-inflammatory actions [11].

Chandraprabha Vati, composed of key ingredients such as *Shilajit*, *Karpura*, and *Vacha*, primarily exhibits *Vatakaphahara* properties, which are highly beneficial in the context of SCH and PCOD. Additionally, *Chandraprabha Vati* supports healing processes by functioning as a *Rasayana* (rejuvenating agent) [12].

In a study by Patel KD et al., the effectiveness of *Pathadi Kwatha* and *Shatapushpa Taila Matra Basti* for managing PCOD was evaluated. Of the 34 enrolled patients, 32 completed the two-month treatment. They were randomly assigned to three groups: Group-A received *Pathadi Kwatha* (10 g twice daily) with *Shatapushpa Taila Matra Basti* (60 mL for seven days after menstruation across two cycles); Group-B received only *Shatapushpa Taila Matra Basti*; and Group-C received roasted wheat flour capsules. Group-A showed the best results in regulating menstrual cycles, enhancing follicular development, and reducing body weight [13].

Meghna et al., highlighted the holistic Ayurvedic approach to treating PCOD, which is often linked to imbalances in *Kapha* and *Vata* doshas. In a case study of a 22-year-old female with symptoms like weight gain, weakness, dry skin, and hair loss, a four-month regimen of Herbo-mineral preparations led to significant symptom relief and the discontinuation of allopathic medications [14].

This case illustrates the successful reversal of SCH and PCOD through *Panchakarma* and *Shamana* therapies, without allopathic intervention, showcasing a holistic Ayurvedic approach to managing metabolic disorders.

CONCLUSION(S)

The case study illustrated a significant turnaround in a patient's health condition, showcasing the reversal of SCH, PCOS, and class I obesity. This improvement was achieved through a well-structured treatment plan that combined traditional detoxification therapies, known as *shodhana karmas*, with carefully monitored oral

medications over a duration of 60 days. As a result of this integrated approach, the patient was able to eliminate their longstanding dependency on modern pharmaceutical treatments, leading to improved overall well-being. The effectiveness of this treatment strategy underscores the potential for similar methodologies to be explored more comprehensively in clinical trials. This would provide valuable insights into alternative therapeutic options for individuals facing these health challenges.

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PARTICULARS OF CONTRIBUTORS:

1. Postgraduate Scholar, Department of Panchakarma, Shri. B.M. Kankanwadi Ayurveda Mahavidyalaya, A Constituent Unit of KLE Academy of Higher Education and Research, Belagavi, Karnataka, India.
2. Assistant Professor, Department of Panchakarma, KAHERs Shri. B.M. Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India.
3. Postgraduate Scholar, Department of Panchakarma, KAHERs Shri. B.M. Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India.
4. Postgraduate Scholar, Department of Panchakarma, KAHERs Shri. B.M. Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India.
5. Postgraduate Scholar, Department of Panchakarma, KAHERs Shri. B.M. Kankanwadi Ayurveda, Mahavidyalaya, Shahapur, Belagavi, Karnataka, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Kavita B Sutagatti,
KAHER'S Shri B.M. Kankanwadi Ayurvedic Mahavidyalaya, Shahapur,
Belagavi-590003, Karnataka, India.
Email: sutagattikavita@gmail.com

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