

EFFECT OF VIRECHANA ON HYPOTHYROIDISM – A SINGLE CASE STUDY FROM ADYANT AYURVEDA

Abstract

Hypothyroidism is one of the common complaints nowadays, seen irrespective of the age and gender. It is prevalent commonly among the young adults, especially in the age group of 20 to 35. Often seen accompanied with PCOD/PCOS and infertility issues, hypothyroidism poses a serious health hazard if left untreated. There is also a misconception among common man that once we start the medicine for hypothyroidism, it has to be taken lifelong. Ayurveda treats this as an imbalance of dhatvagni – a classical indication of vitiation of pitta in the body. Virechana is one of the panchakarma therapies aimed at balancing the pitta dosha predominantly along with vata and kapha doshas. This case study shows how just one course of classical virechana helps in bringing back the increased TSH level to normal.

Introduction:

Case Presentation:

A 31-year-old female patient visited Adyant Ayurveda Bengaluru with complaints of irregular menstrual cycle, increased weight and feeling fatigued and lethargic. She also had reduced appetite and finding it difficult to conceive due to irregular periods.

Treatment Protocol:

The Ayurvedic physicians at Adyant Ayurveda planned a treatment protocol of first subjecting the patient to virechana as it is the basis for any further treatments. The patient was asked to get the TSH levels done at a local lab.

Virechana Procedure:

The first step of Deepana -Pachana was done with Agnitundi vati, Chitrakadi Vati and krimikutara rasa for 5 days followed by ghritapana with Guggulu Tiktaka Ghrita in incremental dosage for 4 days and then abhyanga and steam for 3 days ending with virechana (loose motions) on the final day. The patient had 14 vegas of loose motion which is considered to be a Madhyama Shuddhi.

PROCEDURE	FROM	TO	MEDICINE
Deepana-Pachana	18/7/24	22/7/24	Agnitundi Vati 2 TID(Before food) Chitrakadi vati 2 TID(After food) Krimikutara rasa 2TID(After food)
Snehapana	23/7/24	26/7/24	Guggulu tiktaka Ghritha
Abhyanga + Sweda (3 days)	27/7/24	29/7/24	Ksheerabala Taila (Body) Bramhi + Bhringamalaka Taila (Head) Dasamula Kwatha for Nadi Sweda

Virechana	29/7/24	Trivrit Leha(45gm)
-----------	---------	--------------------

Results:

The patient felt very much better after the virechana procedure with feeling extremely light, good appetite and had her periods also with proper flow. The patient was again asked to get the TSH levels done. The TSH from before virechana was 5.23 which reduced to 3.70 post treatment. The free T4 which was 1.44 pre treatment had also come down to 1.27 post therapy.

DISCUSSION AND CONCLUSION

As per the popular Ayurvedic theory, the root cause of all diseases is Agnimandya (reduction of agni) (sarve api rogaaha mande agnau) and if this agni is treated, results in combating the disorder effectively. Virechana is the widely accepted procedure in diseases related to pitta dosha and agni imbalance and hence proves to correct the hypothyroid disorder also.

BEFORE:

493 CMH Road, Indiranagar, Bangalore - 560 038
 Mobile : 9099390993, 8197108918
 E_mail: dr.anil@vsnl.com
 Web : www.lotusdiagnostic.com

DIAGNOSTIC CENTRE

Reg. No. L 575631 Name : [REDACTED] Age : 31 Year(s) Sex : Female Ref. by : [REDACTED]	Bill. No. Date : 03/03/2024 Sample Date 03/03/2024 08:41
--	---

Page 2 of 2

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL	SAMPLE
HIGHER CHEMISTRY REPORT			
Thyroid Stimulating Hormone (TSH)	5.23 uIU/mL	Adults: 0.27-4.2 uIU/mL Pregnancy: 1st Trimester: 0.33-4.59 uIU/mL 2nd Trimester: 0.35-4.10 uIU/mL 3rd Trimester: 0.21-3.15 uIU/mL	Serum
(ECLIA)			
Free T4 (FT4)	1.44 ng/dL	Adults: 0.93-1.7 ng/dL Pregnancy: Trimester: 0.94-1.52 ng/dL 2nd Trimester: 0.75-1.32 ng/dL 3rd Trimester: 0.65-1.21 ng/dL	Serum 1st
(ECLIA)			

FT4 is the physiologically active form of T4. It constitutes 0.03% of the total serum T4 concentration. 99.97% of the T4 in circulation is reversibly bound to carrier proteins. Hence estimation of FT4 has the advantage of being independent of alterations in concentration of binding proteins.

-----End Of Report-----

MARY
Verified By

Dr.Yogaraj, D.C.P (Path)
Pathologist
KMC NO:29870
Reported On : 03/03/2024 12:49

AFTER:

493 CMH Road, Indiranagar, Bangalore - 560 038
Mobile : 9099390993, 8197108918
E_mail: dr.anil@vsnl.com
Web : www.lotusdiagnostic.com

DIAGNOSTIC CENTRE

Inv. No. 09/08/2024
Date : 09/08/2024
Sample Date 09/08/2024 07:58

Page 2 of 2

Bill No. L 587751
Name : [REDACTED]
Age : 32 Year(s) Sex : Female
Ref. by : [REDACTED]

TEST NAME RESULT BIOLOGICAL REFERENCE INTERVAL SAMPLE

Thyroid Stimulating Hormone (TSH) 3.70 uIU/mL Adults: 0.27-4.2 uIU/mL Serum
Pregnancy:
1st Trimester: 0.33-4.59 uIU/mL
2nd Trimester: 0.35-4.10 uIU/mL
3rd Trimester: 0.21-3.15 uIU/mL

(ECLIA)

Free T4 (FT4) 1.27 ng/dL Adults: 0.93-1.7 ng/dL 1st Serum
Pregnancy:
Trimester: 0.94-1.52 ng/dL
2nd Trimester: 0.75-1.32 ng/dL
3rd Trimester: 0.65-1.21 ng/dL

(ECLIA)
FT4 is the physiologically active form of T4. It constitutes 0.03% of the total serum T4 concentration. 99.97% of the T4 in circulation is reversibly bound to carrier proteins. Hence estimation of FT4 has the advantage of being independent of alterations in concentration of binding proteins.

-----End Of Report-----

RINCY Verified By

Dr. LataUpreti, M.D (Path)
Pathologist
KMC NO:100198
Reported On : 09/08/2024 12:06