



**Case Study**

**AYURVEDIC MANAGEMENT OF HYPOMENORRHOEA ASSOCIATED WITH THYROID DYSFUNCTION**

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**Article info**

**Article History:**

Received: 29-01-2024

Accepted: 24-02-2024

Published: 05-03-2024

**KEYWORDS:**

*Panchakarma,*  
*Vamana,*  
Hypomenorrhoea,  
Hypothyroidism.

**ABSTRACT**

Women are more prone for developing thyroid dysfunction. And most common clinical presentations seen are irregular menstruation, weight gain, etc. So, there is a need for formulating a treatment protocol for the same. **Aims:** The present study is aimed to evaluate the effectiveness of *Panchakarma* along with internal medications in the management of hypomenorrhoea associated with thyroid dysfunction. **Materials and methods:** A female aged 38 years who was suffering from hypomenorrhoea in the last one year, associated with weight gain, and known case of hypothyroidism in the past 2 years, was enrolled for the study. She underwent *Panchakarma* therapy followed by internal medications for 3 months. And was followed up after the course of treatment. **Results:** There was significant relief in her symptoms and thyroid profile also came to normal. **Conclusion:** Ayurvedic management with *Panchakarma* therapy followed by internal medicine is having significant role in reversing the symptoms.

**INTRODUCTION**

Thyroid dysfunction prevalence is rising at an alarming rate in Indian population, more prevalent among the females and the most common is hypothyroidism. Recent reports are bringing out the fact that around 300 million people around the globe are being affected by thyroid disorders and among them about 42 million people are from India<sup>[1]</sup>. Hypothyroidism is the state where there is deficiency of thyroid hormone, including hypothalamic or pituitary disease and generalized tissue resistance to thyroid hormone and disorders that affect the thyroid gland directly.<sup>[2]</sup>

It is having multiple system involvement from generalised weakness to menstrual disorders like menorrhagia, oligomenorrhoea, hypomenorrhoea. It affects the quality of life of the individual. In Ayurveda

there is no direct reference for this condition and can be correlated with *Rasadhatu pradoshaja, Agni mandya janaka vikara*<sup>[3]</sup>.

In this present study an attempt is made to manage hypomenorrhoea associated with hypothyroidism with Ayurvedic intervention like *Panchakarma-Vamana*, followed by internal medicines like *Shatapushpa choorna, Varanadi kashaya, Kanchanara guggulu, Katuki choorna* (external application).

**MATERIALS AND METHODS**

Present study was carried out in the Outpatient and In-patient department of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka. Informed and written consent was taken from the subject.

**Case Report**

A 38-year-old woman consulted at Prasuti Tantra and Stree Roga OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, with complaints of scanty bleeding during menstruation associated with swelling in the neck region, weight gain and generalized body weakness in

Access this article online	
Quick Response Code	<a href="https://doi.org/10.47070/ijapr.v12i2.3128">https://doi.org/10.47070/ijapr.v12i2.3128</a>
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the last 2 years. She was known case of Hypothyroidism and was under medication since 2 years (Thyronorm 50mcg). As her symptoms were persisting, she approached for further management.

**Past Medical History**

No history of diabetes mellitus, hypertension or any other systemic illnesses.

**Family History**

All family members are said to be healthy and not having any thyroid dysfunction.

**Personal History**

The subject was following mixed diet, tea 3-4 times/day. Her appetite was poor, bowel was once in 2 days, micturition 3-4 times/day, sleep was disturbed. Even though her food intake was less she was having complaints of gaining in weight of almost 7 kilograms in past 2 months. And she was having generalised body weakness throughout the day.

**Menstrual History**

Menarche at the age of 14.

Lmp-07/06/2022

Duration of flow was 1-2 days which was only PV spotting, with an interval of 30-32 days. There were no associated complaints of pain, clots and foul smell.

**Obstetric History**

P<sub>1</sub>L<sub>1</sub>, L<sub>1</sub>- 15 Years, male, FTND

Tubectomised - 12 years back

**Examination of Patient**

Her general appearance was anxious. She was well oriented to person, place and time. Pallor was present (+), icterus, clubbing, oedema, lymph node enlargement was absent.

Blood Pressure	130/90mm of Hg
Pulse Rate	82BPM
Respiratory rate	18/min
Height	165cm
Weight	81.4kg
BMI	29.9

**Dashavidha Pariksha**

Prakruti	Kapha, Vata
Vikruti	Kapha, Pitta
Sara	Mamsa
Samhanana	Madhyama
Pramana	Obese
Satmya	Katu rasa pradhana
Satwa	Avara
Aharashakti	Avara
Vyayamashakti	Avara
Vaya	Madhyama

**Systemic Examination**

RS: Normal vesicular breathing sound heard

CVS: S1, S2 heard, no murmur

CNS: Well oriented to person, place and time

P/A: Soft, non-tender. Scar mark (laparotomy sterilization) was noticed.

**Selection of Medicine**

Taking into consideration the *Prakruti* and *Vikruti* of the patient, the patient was advised for admission for *Panchakarma* therapy. And after the procedure and *Samsarjana krama* she was advised internal medicines as given in the table.

**Table 1: IP Treatment Procedure**

Treatment	Medicine
Sarvanga Udwarthana	Kolakulathadi choorna* 5 days
Deepana, Pachana	Chithrakadi vati 2 tid b/f * 5 days, Hingwashtaka choorna 10gm with 50ml Takra tid b/f * 5 days
Snehapana	Kalyanaka ghritha- Starting dose 30ml and Samyak snigdha lakshana was seen at 110ml * 4 days
Sarvanga abhyanga followed by Bashpa sweda	Mahanarayana taila * 2 days
Kaphotkleshakara ahara	1 day
Vamana	Madanaphala yoga* 1 day No. of Vegas: 8, Pravara shudhi

*Samsarjana krama* was advised for 7 days. Followed by internal medications as described below.

**Table 2: Discharge Medicine**

Medicine	Dose and days
<i>Varanadi Kashaya</i>	15ml <i>Kashaya</i> with 45ml lukewarm water bid b/f for 120 days
<i>Kanchanara Guggulu</i>	1 tablet bid with <i>Amalaki choorna kashaya</i> for 120 days
<i>Shatapushpa Choorna</i>	5gm with <i>Tila kashaya</i> 50ml bid b/f for 120 days
<i>Katuki choorna</i>	QS – external application over the swelling in neck region for 120 days

**OBSERVATION AND RESULTS**

Patient was advised to review every month during the course of treatment (120 days). Her symptoms like generalized weakness, swelling over neck region, and weight (before – 81.4kg, after -70kg) got considerably reduced. Mild improvement was seen in complaints of hypo-menorrhoea. Serum TSH level also got reduced (before 12.29, after- 3.15). Test was repeated after 3 months course of treatment. Details are as given below.

	Before	After
Appetite	Poor	Good
Generalised weakness	++	Reduced
Weight	81.4kg	70kg
TSH	12.29miu.ml	3.15miu.ml
Menstrual history	1-2days, ½ pad/ day, 30-32 days interval	2-3 days, 1-2pads/day, 28-30 days interval

**DISCUSSION**

Hypothyroidism is the condition where the body metabolism is impaired because of the thyroid hormonal imbalance. It is usually manifested with high serum TSH levels with or without decreased T3 and T4 levels. *Dhatvagni mandya* is seen associated with this disease. Hypothyroidism mainly occurs due to vitiation of *Vata* and *Kapha doshas*. These vitiated *Doshas* leads to *Jataragni mandya*, resulting into the production of *Ama* which causes *Rodha* in the *Srothas*. Lastly, it interferes with the excessive and abnormal production of *Medo dhatu*, bring about weight gain, weakness and glandular enlargement.

Most of the ingredients in *Varanadi Kashaya*<sup>[4]</sup> are *Kapha*, *Vata hara* and *Teekshna*, and it will act directly on the enlarged thyroid gland and helps restoring it to normal size. Also, it will act on increased body weight. Both of which are caused due to *Kapha vridhi*.

The main ingredients of *Kanchanara Guggulu* are *Guggulu* and *Kanchanara*. The drug *Kanchanara* is having *Lekhana* property, which will be acting on the enlarged thyroid gland and also on the increased *Medo dhatu* in the body. The *Grahi* action of the drug helps in *Shoshana* of the swollen gland.

*Guggulu* is considered as *Agryaoushadha* in *Vata*, *Medas* related diseases as described in *Charaka Samhita*. It has *Ruksha*, *Laghu*, *Sukshma gunas*, *Ushna virya*, *Katu vipaka* and *Lekhana* property, so it is effective in the management of *Kapha*, *Medas* predominant disorders like hypothyroidism.

*Katuki choorna* is having anti-inflammatory, anti-tumour activity<sup>[5]</sup>, thus helps in reducing the size of the enlarged thyroid gland.

*Shatapushpa choorna* is having *Katu*, *Tikta rasa*, acts as *Deepana*, *Pachana* and removes the *Agni dourbalya*, and also helps in removing the *Avarana* in *Artava vaha srothas*.<sup>[6]</sup> Its *Ushna virya* property helps in clearing the *Sroto avarodha*, and improving the blood flow to the *Yoni* and *Garbhashaya*<sup>[7]</sup>. According to *Kashyapa samhita*, *Shatapushpa* is having *Ritu pravarthini*, *Yoni*, *Sukra vishodhana* property.<sup>[8]</sup> All these properties together help in regularising the menstrual cycles as well as in increasing the menstrual flow.

**CONCLUSION**

Hypomenorrhoea along with thyroid dysfunction can be well managed with *Shodhana* and *Shamana* procedures. It will help in restoring the equilibrium of the *Doshas* and helps in bringing back TSH levels to normal. During the treatment period, no untoward effects were noticed in the subject. Further studies need to be conducted to validate the action of these drugs and procedures in treating conditions of hypomenorrhoea and thyroid dysfunction.

**REFERENCES**

1. Nimmy N.J ET AL. A Survey on the Prevalence of Thyroid Disorder Induced by Demography and Food Habits in South Indian Population. Indian Journal of Pharmacy Practice. Apr-Jun 2012; 5(2): 49-52.

2. Ganpati Mudur 'Endocrine disorders remain undetected and untreated in India' BMJ 1999 Jan. 23; 318(7178): 216 New Delhi
3. Dr. Aswini S, Dr. Madhu M, Dr. Jyoti (2023). Pure Ayurvedic Management of Hypothyroidism- A case report. EPRA International Journal of Research and Development (IJRD). July 2023; 8(7): 113-116.
4. Srimadvagbhata vicharitha, Ashtanga Hrudaya, suthrasthana, 15/21-22, edited by Pandit hari sadashiva shastry paraadkar, annotated dr. Anna moreshwar kunte, pandit Krishna shastry naavare, Chaukhamba surabharathi prakashana Varanasi, edition 2007, page 236.
5. Diksha Raina, Sumit Raina, Brajeshwar Singh. Katuki (Picrorhiza Kurroa) -A promising Ayurvedic Herb. Biomed J Sci & Tech Res 36(1)-2021. BJSTR. MS.ID.005805
6. Hegde PL, Harini A. Text book of Dravya guna Vijnana. Vol-3, Reprint edition. Varanasi: Chaukhamba Publications. 2016. Chapter no.5, page no.233.
7. Hegde PL, Harini A. Text book of Dravya guna Vijnana. Vol-1, Reprint edition. Varanasi: Chaukhamba Publications. Chapter no.7, page no.309
8. Pandit Hemraj Sharma Kasyapa Samhita or Vriddajivakeeya Tantra by Vrddha Jivaka, revised by Vatsya with Sanskrit introduction with the Vidyotini Hindi commentary and Hindi translation of Sanskrit introduction by Sri Satyapala Bhisagacharya, Professor Ayurvedic College, Gurukul Kangari, Varanasi Chaukhamba Sanskrit Sansthan, Uttarpradesh, Reprint: 2019, Kalpasthan - Shatpushpa Shatavari Kalpaadhyaya 8, page no.280

**Cite this article as:**

Anagha S, Ramadevi G. Ayurvedic Management of Hypomenorrhoea Associated with Thyroid Dysfunction. International Journal of Ayurveda and Pharma Research. 2024;12(2):183-186.

<https://doi.org/10.47070/ijapr.v12i2.3128>

**Source of support: Nil, Conflict of interest: None Declared**

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