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THE EFFECT OF VAMANA KARMA IN THE MANAGEMENT HYPOTHYROIDISM A CASE STUDY

Dr. Archana G[1]. Dr. Vijayamahantesh Hugar [2]. Dr. Varsha Kulkarni[3]
[1]PG Scholar, Dept. of Panchakarma, Govt Ayurveda Medical College Mysore
[2]Associate Professor, Dept. of Panchakarma, Govt Ayurveda Medical College Mysore
[3]Prof & Head, Dept. of Panchakarma, Govt Ayurveda Medical College Mysore

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ABSTARCT
Thyroid disorders constitute one of the most prevalent endocrine abnormalities globally. Among the available diagnostic markers, Thyroid-stimulating hormone (TSH) remains the most sensitive and practical indicator of thyroid gland function, owing to its central regulatory role in the hypothalamic–pituitary–thyroid (HPT) axis. The rising burden of endocrine disorders, including thyroid dysfunction, has been strongly associated with sedentary lifestyles and improper dietary habits. From an Ayurvedic perspective, several Kaphaja Nanatmaja Vikaras exhibit clinical features that closely resemble hypothyroidism. As a multisystem disorder, hypothyroidism demands an integrative and multimodal therapeutic approach. In the present case, Sodhana Chikitsa was employed to address the underlying pathophysiology. Notably patient achieved symptomatic relief. Laboratory investigations confirmed sustained clinical improvement following the intervention.

INRODUCTION
The Thyroid gland is among the earliest endocrine organs to develop during embryogenesis and plays a vital role in regulating metabolic and physiological processes.[1] Hypothyroidism is characterized by diminished thyroid gland activity, resulting in reduced secretion of triiodothyronine (T_3) and thyroxine (T_4). The condition exhibits a marked gender predilection, occurring 6–8 times more frequently in women, particularly between 40 and 50 years of age[2]. Given that thyroid hormones are essential for the proper functioning of nearly all body tissues, their deficiency leads to multisystem involvement and a broad spectrum of clinical manifestations.

Thyroid-stimulating hormone (TSH) remains the most sensitive and practical indicator of thyroid function and plays a central regulatory role within the hypothalamic–pituitary–thyroid axis. The rising burden of thyroid disorders has been strongly associated with sedentary lifestyles, poor dietary habits, and overall metabolic imbalance. Furthermore, increasing psychological stress and anxiety significantly influence thyroid function, as the gland is highly responsive to neuroendocrine stimuli. Hypothyroidism is classified into primary or secondary forms based on the underlying site of dysfunction—either intrinsic pathology of the thyroid gland or impairment at the level of the pituitary or hypothalamus.

The clinical features of hypothyroidism closely correspond to several *Kaphaja Nanatmaja Vikaras*[3]described in *Ayurveda*, including *Gurugatrata* (heaviness), *Alasya* (lethargy), *Tandra* (drowsiness), *Atisthoulya* (obesity/weight gain), and *Atinidra* (excessive sleep). According to *Ayurvedic* physiology, *Medodhatvagni* is responsible for the nourishment and proper maintenance of *Medo Dhatu*[4]. When *Medodhatvagni* becomes impaired (*Medodhatvagni Mandya*), it leads to the formation of *Saama Meda Dhatu*—a pathological state characterized by the accumulation of improperly metabolized adipose tissue. This aggravated state of *Medo Dhatu* further intensifies the symptomatology of hypothyroidism, contributing to metabolic sluggishness and *Kapha*-dominant clinical manifestations.

CASE REPORT
Patient named xyz c/o weight gain, constipation, snoring, tiredness, lethargy, irritability, puffiness of face for 6 months, pain over the neck and radiating to bilateral upper limbs (R>L). underwent investigation after the doctor consultations and accidentally diagnosed with hypothyroidism. Hence patient approached to panchakarma OPD for further ayurvedic management.

Personal History: He was taking a vegetarian diet often eating spicy food, curd, fruit juices and milk shakes, heavy food, and Adhyashana, also has habit of sleeping in daytime after having food, patient used to do ratrijagarana as he used to work late night.

Medical History: There was no personal history of autoimmune disorders like psoriasis, asthma and no history of trauma, surgery, hypertension or diabetes. No history of any allergic disorders was noted.

Family History: His family history was negative in first-degree relations. he belongs to a middle-class background as far as his socio-economic status is concerned.

Clinical Findings
- General condition: fair,
- Built – Obese
- Pulse: 70 beats/min,
- RR: 18 cycles/min,
- BP: 110/80 mm Hg,

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- Temperature: 98°F

- Pallor: Absent,
- Icterus: Absent,
- Lymphadenopathy: Absent,
- Cyanosis: Absent,
- Clubbing: absent,
- oedema: absent
- Height: 165cm,
- Weight:75 kgs
- BMI: 27.54kg/m^2

Astha sthana pariksha

- Nadi: Vata-Kapha
- Mala: vikruta (2 days once, hard stools)
- Mutra: Prakruta (3-4 times/day)
- Jihva:**Liptata**
- Drik:Prakruta
- Shabda:Prakruta
- Sparsha:Ruksha
- Akruti:Sthoola

Dashavidha pariksha:

Dosha- vata,kapha	Vaya-madhyama
Dushya- Rasa,meda	Vikruti-kapha-vata
Satva- Madyama	Vyama Shakti-Avara
Satmya-Madyama	Ahara Shakti-uttama
Prakruti- vata-pitta	Sara-Madhyama

Higher Mental Function

- Appearance & behaviour: Intact
- Speech language: Intact
- Comprehension: Intact
- Mood and Affect: Intact
- Thoughts and Perceptions: Intact
- Cognitive functions: Intact
- Higher cognitive functions: Intact

Central Nervous System

- Consciousness: Conscious
- Orientation: Well oriented to time, place, date
- Cranial nerves: Intact.

Respiratory System

- No surgical scars, rashes, redness seen.
- Bilateral symmetric chest movements on breathing. No abnormal bronchovesicular sounds heard on auscultation

Gastrointestinal Tract

- Tongue – coated.
- No palpable mass and tenderness felt on palpation. Normal bowel sounds heard on auscultation

Cardiovascular System

- S1 S2 heard no added sounds or murmurs heard on auscultation.

LOCAL EXAMINATION OF THYROID GLAND

Inspection

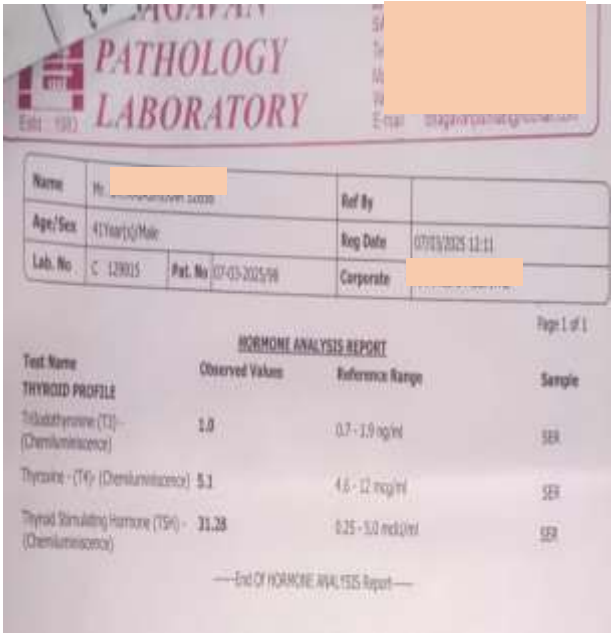
- Swelling – absent
- Scar – absent
- Nodules – absent
- Distended veins – absent

Palpation

- Temperature – normal
- Tenderness – absent.

Laboratory findings		
Thyroid Profile	**Observed value**	**Reference range**
TSH	**31.28**	0.25-5.0 mcIU/ml
T3	1.0	0.7-1.9 ng/ml
T4	5.1	4.6-12mcg/ml

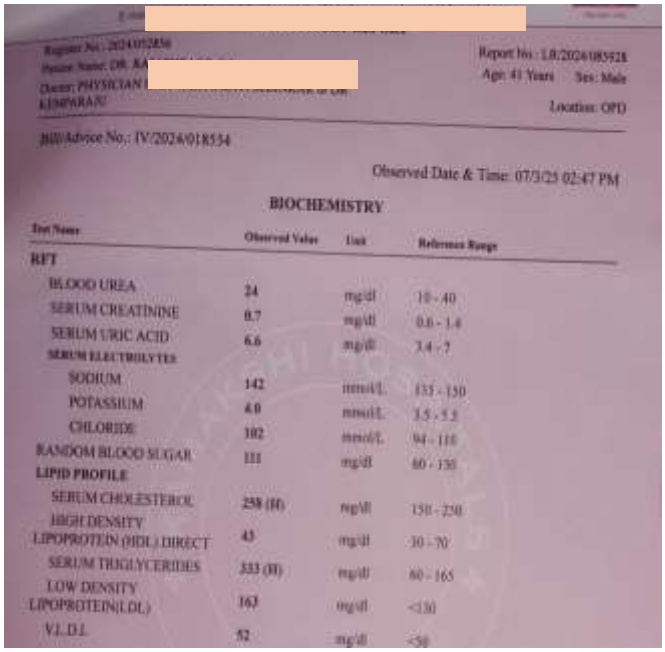
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PATHOLOGY LABORATORY

HORMONE ANALYSIS REPORT

Test Name	Observed Values	Reference Range	Sample
THYROID PROFILE			
Triiodothyronine (T3) - (Chemiluminescence)	1.0	0.7 - 1.9 ng/ml	SER
Thyroxine - (T4)- (Chemiluminescence)	5.1	4.6 - 12 mcg/ml	SER
Thyroid Stimulating Hormone (TSH) - (Chemiluminescence)	31.28	0.25 - 5.0 mcU/ml	SER

—End Of HORMONE ANALYSIS Report—


BIOCHEMISTRY

Observed Date & Time: 07/3/25 02:47 PM

Test Name	Observed Value	Unit	Reference Range
RFT			
BLOOD UREA	24	mg/dl	10 - 40
SERUM CREATININE	0.7	mg/dl	0.6 - 1.4
SERUM URIC ACID	6.6	mg/dl	3.4 - 7
SERUM ELECTROLYTES			
SODIUM	142	mmol/L	135 - 150
POTASSIUM	4.0	mmol/L	3.5 - 5.5
CHLORIDE	102	mmol/L	94 - 110
RANDOM BLOOD SUGAR	111	mg/dl	60 - 150
LIPID PROFILE			
SERUM CHOLESTEROL	258 (H)	mg/dl	150 - 250
HIGH DENSITY LIPOPROTEIN (HDL) DIRECT	43	mg/dl	30 - 70
SERUM TRIGLYCERIDES	333 (H)	mg/dl	60 - 165
LOW DENSITY LIPOPROTEIN(LDL)	163	mg/dl	<130
V.L.D.L	52	mg/dl	<50

THERAPEUTIC INTERVENTION

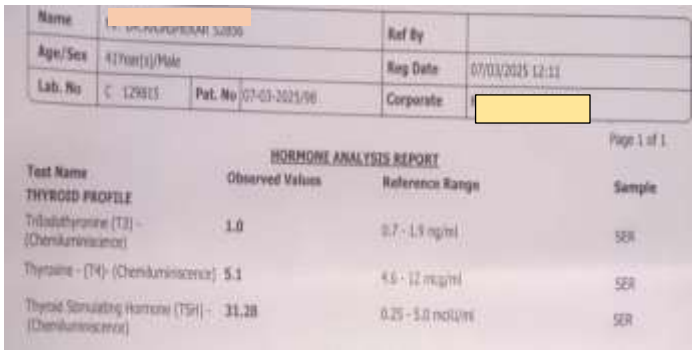
Chikitsa	**Drug**	**Dose**	**Duration**
Deepana Pachana	*vaishwanara choorna* Till attainment of nirama avasta	1tsp with warm water before food till attainment of *nirama avastha*	21/3/2025 to 24/3/2025
Snehapana	varunadi ghritam.	In *arohana krama* (30,50,80,110 ml)	25/3/2025 to 28/3/2025
Vishrama kala	karpasasyadi taila & bashpa swedana.	*Samyak swinna lakshana*	29/3/2025
Vamana karma	(*Madana phala,yastimadhu vacha, saindhava,madhu*)	*Antarnaka musti (madana phala*)4:3:2:1 ratio	30/3/2025



Number of *vegas* - 5 *vegas*
Type of *suddhi* - *Mandyama*
Antaki suddhi - *kaphanta*
Samsarjana krama - 8 *annakala*

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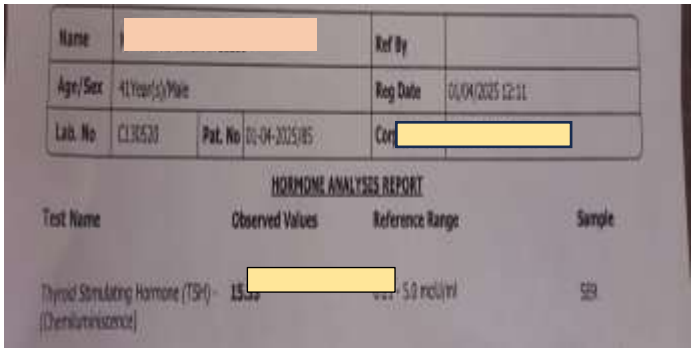
Investigation Before treatment



HORMONE ANALYSIS REPORT

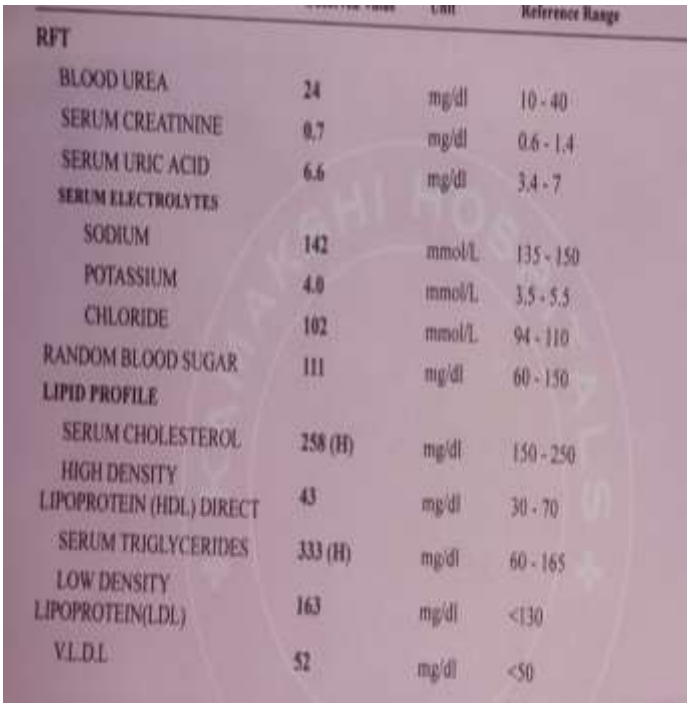
Test Name	Observed Values	Reference Range	Sample
THYROID PROFILE			
Triiodothyronine (T3) - (Chemiluminescence)	1.0	0.7 - 1.9 ng/ml	SER
Thyroxine - (T4)- (Chemiluminescence)	5.1	4.6 - 12 mcg/ml	SER
Thyroid Stimulating Hormone (TSH) - (Chemiluminescence)	31.28	0.25 - 5.0 mcIU/ml	SER

Investigation After treatment

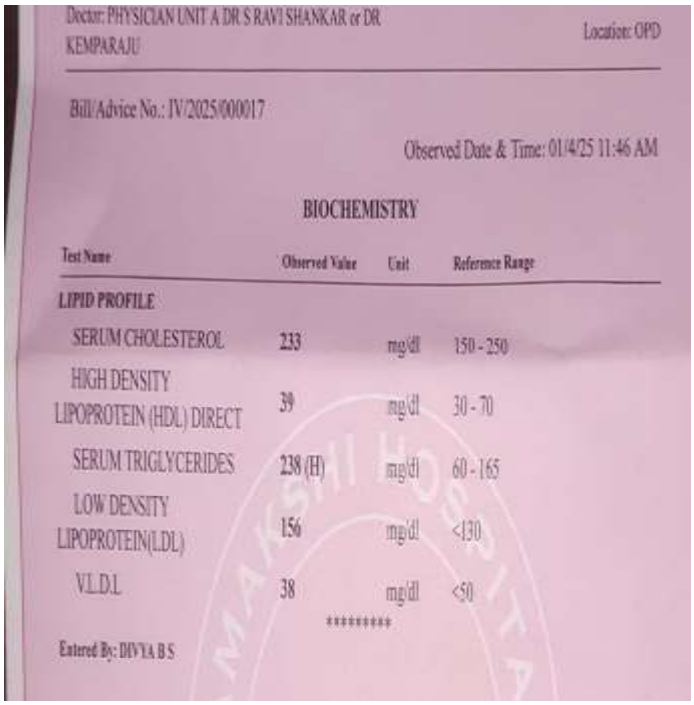


HORMONE ANALYSIS REPORT

Test Name	Observed Values	Reference Range	Sample
Thyroid Stimulating Hormone (TSH) - (Chemiluminescence)	[redacted]	5.0 mcIU/ml	SER



RFT			
BLOOD UREA	24	mg/dl	10 - 40
SERUM CREATININE	0.7	mg/dl	0.6 - 1.4
SERUM URIC ACID	6.6	mg/dl	3.4 - 7
SERUM ELECTROLYTES			
SODIUM	142	mmol/L	135 - 150
POTASSIUM	4.0	mmol/L	3.5 - 5.5
CHLORIDE	102	mmol/L	94 - 110
RANDOM BLOOD SUGAR	111	mg/dl	60 - 150
LIPID PROFILE			
SERUM CHOLESTEROL	258 (H)	mg/dl	150 - 250
HIGH DENSITY LIPOPROTEIN (HDL) DIRECT	43	mg/dl	30 - 70
SERUM TRIGLYCERIDES	333 (H)	mg/dl	60 - 165
LOW DENSITY LIPOPROTEIN(LDL)	163	mg/dl	<130
V.L.D.L	52	mg/dl	<50



Doctor: PHYSICIAN UNIT A DR S RAVI SHANKAR or DR KEMPARAJU
Location: OPD
Bill/Advice No.: IV/2025/000017
Observed Date & Time: 01/4/25 11:46 AM

BIOCHEMISTRY

Test Name	Observed Value	Unit	Reference Range
LIPID PROFILE			
SERUM CHOLESTEROL	233	mg/dl	150 - 250
HIGH DENSITY LIPOPROTEIN (HDL) DIRECT	39	mg/dl	30 - 70
SERUM TRIGLYCERIDES	238 (H)	mg/dl	60 - 165
LOW DENSITY LIPOPROTEIN(LDL)	156	mg/dl	<130
V.L.D.L	38	mg/dl	<50

****
Entered By: DIVYA B S

BEFORE TREATMENT	AFTER TREATMENT
Reduced appetite	Appetite improved
Drowsiness, lethargy and tiredness	Reduced
Increased mood swings and irritability	Reduced
Increased weight by 5 kgs in 2 months	Weight loss by 2 kgs
Increased sleep with snoring	Proper sleep and awakening
puffiness of face	Puffiness of face reduced
constipation	relieved
shoulder joint pain, neck pain	Pain reduced
TSH :31.28mIU/ml	15.33mIu/ml
Serum Cholestrol-258mg/dl	233mg/dl
Serum trigylcerides-333mg/dl	238mg/dl
VLDL-52 mg/dl	38mg/dl

DISCUSSION

Hypothyroidism is a condition characterized by inadequate production of thyroid hormones due to diverse structural or functional disturbances, leading to both clinical and biochemical features of hormone deficiency at the target tissues.

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From an *Ayurvedic* perspective, the pathogenesis primarily involves vitiation of *Kapha Dosha*, accompanied by disturbances in *Vata* and *Pitta,* indicating *tridosha* involvement.This *Tridoshic* imbalance results in impaired *Agni* at the level of the *Koshta* (agnimandya), which subsequently extends to the *Dhatus*, causing *Dhatvagni mandya*, predominantly in *Rasa* and *Medo dhatu.* The progressive weakening of *Uttarottara Dhatvagni* disrupts proper nourishment of successive dhatus (*Uttarottara Dhatu Poshana*), ultimately manifesting as the characteristic symptoms of hypothyroidism.

As per the principles of *Ayurveda*, Hypothyroidism can be considered as a disorder of *Dhatvagni* i.e, *Dhatwagnimandya* and *Vamana Karma*[5] is the preferred *Panchakarma* treatment, which was adopted in this study.The Signs and Symptoms of Hypothyroidism can be closely correlated with the *Lakshanas* of *Dhatwagnimandya, Kaphaprakopa* and *Rasadushti. Dhatvagnimandya* especially *Rasa dhatvanimandya* leads to *Sama Rasa Vridhi* and over production of *Mala* of *Rasadhatu* i.e., *Malarupa Kapha Vridhi*.

Many of *RasajaDusti*[6] *Lakshanas* which have been mentioned by *Acharya Charaka* is similar to the Clinical features of Hypothyroidism namely *Ashradha*(Loss of desire for food) *Gaurava* (Feeling of Heaviness) *Tandra* (Drowsiness) *Angamarda* (Malaise) *Srotorodha* (Obstruction of microcirculatory channels) and *Agnimandya* (Hypo metabolic state) etc.

Lakshans of Hypothyroidism are similar to *Kapha Pradhan Vyadhi*, *Vamana* is beneficial in *Vikruta Kapha Shodhana*, and *post sodhana* helps in *Sandhookshana* of *Agni* which further helps in maintaining the *Dhatwagni Samyata*. *Vaman* drugs due to its *Ushna, Tikshna*, *Sukshma Guna* reaches to heart by virtue of their *Rasa, Virya* and *Vipaka* and circulates all over the body. They liquefy the morbid *Dosha* and bring them up to the *Amashaya*. From here the morbid *Dosha* through oral route are expelled out called *Vamana*. It has direct effect on *Agnisthana* and thus also improves Agni. Thus, *Vamana* helps in *Samprapti vighatana* of the disease.

Discussion on action of procedure

Vamana Karma demonstrated a statistically significant reduction in TSH levels in patients with subclinical hypothyroidism (SCH), indicating correction of early hypothalamic–pituitary–thyroid (HPT) axis dysregulation. As SCH represents a functional and reversible stage of disease, it appears highly responsive to *Kapha-Shodhana* therapy, supporting the *Ayurvedic* principle that *Kapha-Pradhana* disorders respond optimally to *Vamana*.

Clinically, *Vamana* resulted in marked improvement in fatigue, lethargy, digestion, and mild weight reduction, reflecting alleviation of *Kapha–Medo dushti* and *Agnimandya*—key pathological factors in early hypothyroidism. These outcomes reinforce the concept that hormonal imbalance in SCH is preceded by metabolic derangement and *Srotorodha*.

From a biomedical perspective, the therapeutic effect of *Vamana* may be attributed to its anti-inflammatory action. *Vamana* is known to activate the vagal anti-inflammatory pathway, leading to a reduction in pro-inflammatory cytokines such as TNF-α and IL-6. Since SCH often has an inflammatory or autoimmune basis, this mechanism provides physiological plausibility for the observed hormonal normalization.

Additionally, modulation of the gut–thyroid axis plays a crucial role. By eliminating *Ama* from the upper gastrointestinal tract and restoring normal gut motility, *Vamana* improves absorption of essential micronutrients such as iodine, selenium, and zinc, which are vital for thyroid hormone synthesis and peripheral conversion of T4 to T3. Improved hepatic metabolism further supports efficient hormone conversion and detoxification.

Metabolic improvements observed after *Vamana* also suggest enhanced insulin and leptin sensitivity. As leptin influences TRH and TSH secretion, correction of metabolic resistance may directly contribute to normalization of thyroid function.

CONCLUSION

The present case demonstrates that *Vamana Karma*, when administered with Ayurvedic panchakarma protocol, can play a significant role in correcting the underlying pathophysiology of hypothyroidism. By targeting *Kapha–Medo dushti*, improving Agni, clearing *Srotorodha,* and enhancing *Dhatvagni, Vamana* effectively reduces the metabolic sluggishness that characterizes hypothyroid conditions. The patient exhibited marked clinical improvement reduction in lethargy, constipation, drowsiness, weight gain, facial puffiness, and musculoskeletal discomfort along with a notable reduction in TSH and improved lipid profile.

From a modern clinical perspective, the benefits may be attributed to reduced systemic inflammation, improved gut–thyroid axis functioning, enhanced liver-mediated T4–T3 conversion, better nutrient absorption, and improved insulin–leptin sensitivity following *Kapha-Shodhana*. These mechanistic pathways support the physiological plausibility of Vamana as a therapeutic modality for early or functional thyroid disorders such as subclinical hypothyroidism.

Overall, this case highlights the potential of an integrative *Ayurvedic* approach in managing hypothyroidism, especially in its reversible stages. Although the results are encouraging, larger controlled studies with long-term follow-up are required to substantiate the role of Vamana as a dependable therapeutic intervention in thyroid disorders.

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