



ROLE OF CLASSICAL VAMAN KARMA IN THE MANAGEMENT OF HYPOTHYROIDISM – A CASE REPORT

PARESH R. CHOUGULE¹

¹Associate Professor & HOD, Dept of Panchakarma, Vasantdada Patil Ayurvedic Medical College, Sangli, Maharashtra. 416416

Corresponding Author Email: drpareshchougule@gmail.com Access this article online: www.jahm.co.in

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ABSTRACT:

The most common functional disorder of the thyroid gland is Hypothyroidism and is commonly seen in clinical practice. The prevalence of hypothyroidism in India is 11%, compared with only 2%–4.6% in the Western population. In classics there is no direct reference for the disease Hypothyroidism, in such situation acharyas have suggested that treat the condition on the basis of dosha and dushya. The current practice of recognition of hypothyroidism with one or two conditions like *bahudoshavastha*, *santarpanjanya vyadhi* or *kaphaj shotha* would not clear the mix up situation because the clinical features related to hypothyroidism have the broad ranging signs and symptoms. Hence here an attempt was made to check the TSH value before and after the Vaman karma, which was significantly reduced from, more than 100 to 71.23 U/ml.

Keywords – *Hypothyroidism, Vaman Karma, Bahudoshavastha, Santarpanjanya Vyadhi*

INTRODUCTION

In adult women, thyroid disorders are common, among that hypothyroidism is more prevalent, approximately ten times more than in men. The prevalence of hypothyroidism in India is 11%, compared with only 2%–4.6% in the Western population.^[1] Hypothyroidism is a commonly prevailing disorder in adult Indian population, Older overweight females seem to be more prone.^[2] Thyroid hormones are important for the body's total energy metabolism and the neuroendocrine function. Hence, it seems apparent that a dysfunction of the thyroid hormone secretion should have a major influence on the total capacity of the body, both physically and mentally.^[3] The most common symptoms in adults are tiredness, dry skin, feeling cold, hair loss, constipation, dysnoea, weight gain with poor appetite, hoarse voice, still with sex and age clinical picture can differ, among other factors. The standard treatment protocol is to replace thyroid hormone with levothyroxine. However, a substantial proportion of patients who reach biochemical treatment targets have persistent complaints.^[4]

Hypothyroidism has no direct correlation with *ayurvedic* disease. As per *acharya* if definite nomenclature of disease is not identifiable, in such a situation, one has to treat the condition on the basis of *dosha* & *dushya*, the site of

manifestation & etiological factors.^[5] In classics many different clinical presentations resemble the condition of hypothyroidism for instance *bahudoshavasta*,^[6] *shotha*,^[7] *kaphavrutta vyan*,^[8] *santarpanjanya vyadhi*.^[9] Maximum symptoms can be correlated in *Bahudoshavastha* and *Santarpanjanya vyadhi*. If we consider from the point of treatment aspects, the first and foremost treatment would be *shodhan* that also *Vaman karma* ^{[10],[11]} because above mentioned symptoms are *kapha* dominant *dosha* and *avarodhjanya samprapti*.

CASE REPORT

A female patient aged about 29 years old, OPD Reg No 7792, residing in Ganapati peth Sangli was visited Panchakarma OPD of Vasantdada Patil Ayurvedic Medical College, Sangli presented with chief complaints of weight gain, *anga gauravata* & *dourbalya* since 2 years, associated symptom was *shwaskashtata* since 6 months. Patient didn't take any kind of treatment for above said complaints previously.

Past History – No DM / HTN / Covid 19 Family History – All family members were said to be healthy.

Personal History – Appetite – Irregular, Sleep – Normal, Bowel – Once per day, Micturation – 3-4 times day time.

Menstrual History – Menarche – at the age of 13 years, Menstruation - Regular 2-3 days / 28

days, Clots present, No pain. **Examinations** – Vitals – BP – 116/80 mm of Hg on supine position, Pulse – 68/min, regular, RR – 19/min, Temp – 98.6°F

Systemic – CNS – Intact, CVS – S1 S2 Normal, No added sound, RS – AEBE, P/A – Normal, No organomegaly, GUS – Normal

Dashvidh Parikshana - 1. *Prakruti* – *Kapha Pitta*,

2. *Vikruti* – *Dosha* – *Kapha, Pitta* and *Vata*, *Dhatu* - *Rasvaha, Raktavaha, Medovaha* *Updhatu* – *Raj, Agni* – *Dhatwagni* – *Ras, Rakta, Meda*

3. *Sara*- *Madhyam*,

4. *Samhanan*- *Madhyam*,

5. *Praman*- Height – 5.3 feet, Weight – 73 kg

6. *Satmya*- *Madhur & Amla Ras*

7. *Satwa*- *Madhyama*,

8. *Aahar*- *Abhyawaran shakti* – *Madhyam*,

Jaranshakti - *Madhyam*

Table No. 01 Interventions

POORVAKARMA		
<i>Dipan Pachan</i>	1. <i>Aampachak Vati</i> 2 BD, Before Food with luke warm water 2. <i>Agnitundi Vati</i> 2 BD, Before Food with luke warm water	For 2 Days
<i>Shodhan</i> <i>Snehapana</i>	<i>Moorchita Ghrita</i> – 1 st Day – 25 ml 2 nd Day – 45 ml 3 rd Day – 55 ml 4 th Day – 65 ml – <i>Adhastat Sneha Darshan</i>	
<i>Kaphotkleshkar</i> <i>Aahar</i>	On 4 th Day - 1 Lit of <i>Dadhi, Masha</i> (Udid) <i>Vade, Shali</i> accordingly.	
<i>Sarvang Snehana</i> & <i>Bashpasweda</i>	On 4 th & 5 th Day - <i>Sarvang Snehana</i> with <i>Abhyanga Oil</i> <i>Bashpasweda</i> with <i>Dashamoola kwatha</i>	

9. *Vyayam*- *Avar*

10. *Vaya*- *Bala*

Strotas Parikshan

Rasavaha – *Gauravata, Medovaha* – *Sthaulya, alasya*

Investigations:

Hematological - WNL except Hb% - 10.9 gms%, Lipid Profile – WNL, Fasting Blood Sugar – 98 mg/dl, ECG – WNL, Thyroid function test – T3 – 0.60 ng/ml, T4 – 1.40ug/dL, TSH – more than 100 µIU/ml.

Diagnosis – *Sthoulya* / Hypothyroidism

Treatment Protocol

As the *kaphaj* and *medoj lakshanas* were seen predominantly and TSH level also more than 100 µIU/ml hence classical *Vamana Karma* was planned.

PRADHAN KARMA	
<i>Aakanthpan</i>	<i>Ksheera</i> 600 ml
<i>Vamak Yoga</i>	2 gms of <i>Madanphala churna</i> , soaked in 300 ml of <i>Yashtimadhu Phant</i> previous night, next day filtered and added 2 teaspoon of <i>madhu</i> + 1 teaspoon of <i>saindhav</i> , this <i>Vamak Yoga</i> was used.
<i>Vamanopag Dravya</i>	<i>Yashtimadhu Phanta</i> 10 glasses = 3 liters
<i>Koshna Jal</i>	3.5 Glasses = 950 ml
<i>Total Vega</i>	4 <i>vega</i> & 3 <i>upvega</i>
<i>Maniki</i>	Input – 05 lit, Output – 5.2 lit
<i>Antiki</i>	<i>Pittant - Katuasyata</i>
<i>Laingiki</i>	<i>Kale pravrutti, yathakrama Kapha Pitta, Vata Doshharan, Laghuta, Srotoshuddhi, Indriyashuddhi</i>
PASCHAT KARMA	
<i>Dhoompana</i>	<i>Haridra Churna</i>
<i>Samsarjan Krama</i>	Total 05 Days advised
Asked to avoid <i>Ashtamahadoshkar bhava</i> .	

DISCUSSION

Ayurveda and Modern medicine are derived from different methodological and ontological assumes. Hence the approach to diagnosis of diseases as well as nomenclature differs. It is quite impossible to make one to one correlations or pick up equivalent terms. Ex. Anaemia in modern medicine is not exactly *Pandu*, which in a broader sense includes many other clinical conditions. Similarly as per *ayurvedic* perspective hypothyroidism can't be only considered as *Kaphaj vyadhi* or *Shotha*. It should be considered under the broad spectrum of *Rasa Dhatu dushti, Sthoulya, bahudoshavasta, kaphavrutta vyan,*

santarpanjanya vyadhi etc. Considering the present symptoms it resembles to *kapha & vata dosha* vitiation due to *margavarana* and mainly *rasavaha* and *medovaha srotas dusthi lakshanas* which are categorized under the *Bahudoshavastha*. In this case chief complaints were Weight gain and heaviness in the body which could be considered as *sthoulya* and as *gauravta* respectively. Similarly *Santarpanjanya vyadhi* like *atisthoulya, alasya & gurugatrata* can be considered for the hypothyroidism disease. Considering *Bahudoshavastha, santarpanjanya vyadhi* and *rasaj vikara* the treatment adopted here was *Vaman karma* as

the involvement of prime *dosha* was *Kapha* and *dhatus* were *rasa* and *meda*. *Langhan*^[12] is prime line of treatment for the *rasaj vikara* and *Vaman karma* is considered as *langhan* treatment.^[13] *Vamana* procedure as a whole

from, *dipan pachan* to *samsarjan krama*, helped to improve *jatharagni*, *dhtwagni* and removed *avarodhjanya samprapti* and vitiated *kapha dosha*. Mode of action is mentioned in the flow chart.

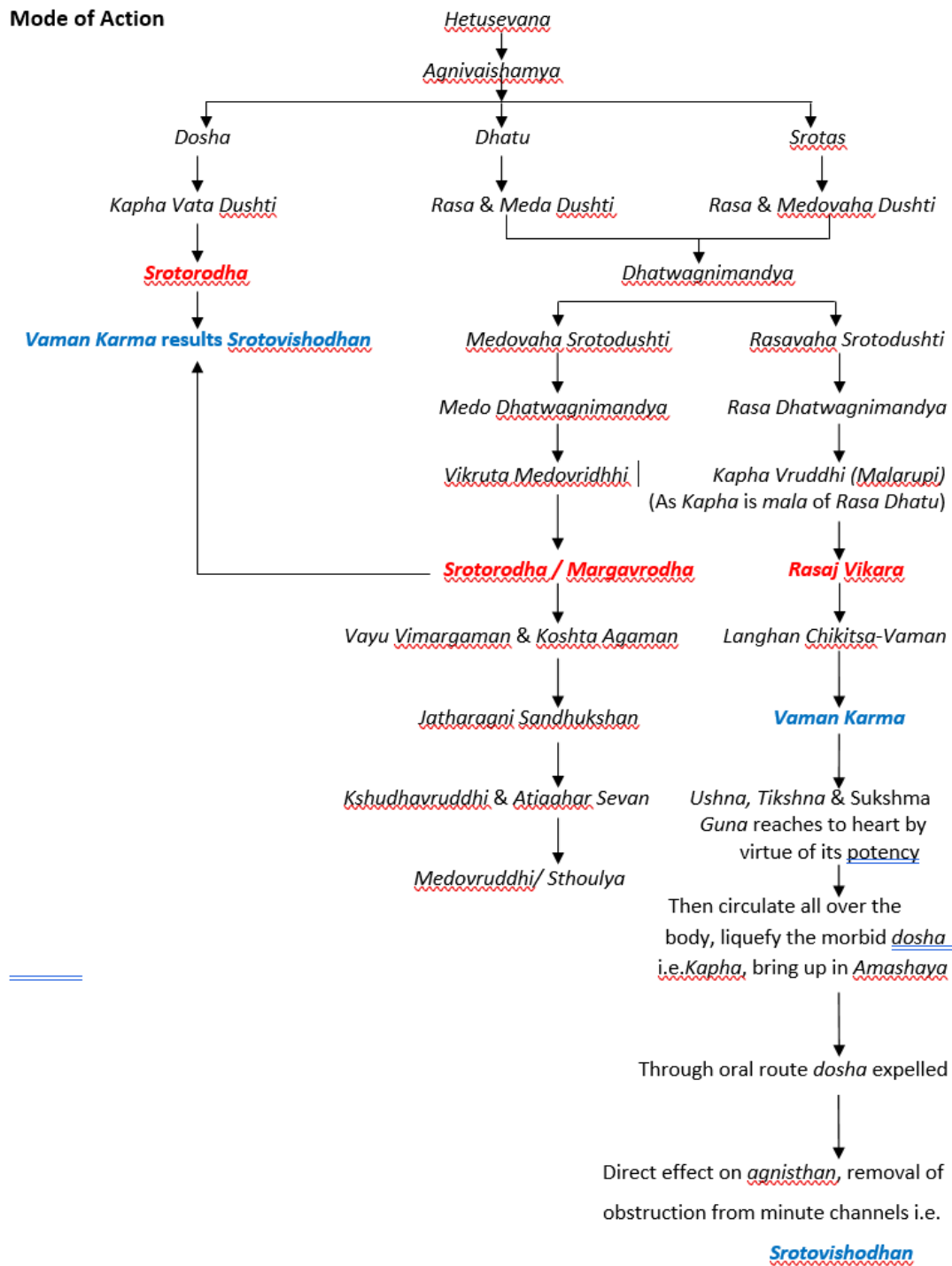


Fig. 1 – Mode of action

Patient never done the thyroid function test before, we checked TFT to rule out the hypothyroidism, and the value was very high i.e. more than 100 µIU/ml. Patient was first time diagnosed as hypothyroidism. Classical *vamana* procedure was conducted and after the *sansarjan krama*, again TFT was done. Surprisingly the value of TSH came down to 71.23 µIU/ml. No any kinds of shaman medications were prescribed. There was marked improvement in the weight and BMI after the *vamana* procedure. Difference between before *vamana karma* and after *vaman karma* of symptoms as well as different parameters are mentioned in below table No 02 & 03 respectively.

Table No 02 Symptoms Before and After Vaman Karma

Sr No	Symptoms	Before Vaman Karma	After Vaman Karma
01	<i>Angagauravta</i> (Heaviness)	+++	+
02	<i>Dourbalya</i> (Weakness)	+++	-
03	<i>Agnimandya</i>	+	-
04	<i>Shwaskashtata</i> (Dyspnea)	+	-

+ Mild, ++ Moderate, +++ Severe

Table No 03 Parameters Before and After Vaman Karma

Sr No	Parameter	Before Vaman Karma	After Vaman Karma
01	Weight	73 kg	71 kg
02	BMI	28	27.2
03	TSH Level	more than 100 µIU/ml	71.23 µIU/ml

CONCLUSION

In the absence of any kind of *shamana* medications, only *Vaman karma* showed marked improvement in the level of TSH and symptoms, proving very effective and encouraging procedure,. Hence it should be subjected to trial in larger samples.

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