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Case Report

Management of Adolescent Acquired Primary Hypothyroidism through Ayurveda: A Case Report

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ABSTRACT:

Background: Hypothyroidism a frequently found endocrine disorder in adolescents characterised by dysfunction in thyroid gland. Even though after high prevalence, hypothyroidism does not attract much attention, 0.3% of children with 2% of adolescents are going through this condition. Very few studies described childhood hypothyroidism from an *Ayurveda* view, as they mainly focus on allopathic treatment. This case outlined holistic Ayurveda management of adolescent acquired primary hypothyroidism, a rarely documented case in adolescents, purely based on holistic treatment without supplementation. **Clinical Findings**: A 17-year-old female came with generalised weakness, reduced activity, decreased appetite, neck swelling, dry skin, muscle cramps, facial puffiness and hard stools on alternate days for 1 year. Blood investigations revealed a raised serum TSH level, reduced quality of life when assessed on Pediatric Quality-of-Life Inventory scale (PedsQL) across multiple domains. Based upon clinical presentation and blood parameters acquired primary Hypothyroidism made as final diagnosis. **Intervention**: Structured holistic Ayurveda metabolic-centred treatment protocol was planned which included oral medication along with structured diet given over 266 days period with 4 follow ups. Oral medications were *Kanchanar Guggulu* along with *Haridra, Tripahala, Sunthi, Khadira, Guduci choorna* combination, *Triphala Kashaya, Hamsapadadi kashaya* along with dietary measures. **Outcomes**: After completion of treatment serum TSH level reduced to 1.71 µIU/mL from 7.26 µIU/mL at baseline. Apart from this patient showed gradual improvement in clinical features as well as improved quality of life mean of 44 at baseline and improved to 79 during last follow up assed on PedsQL. **Conclusion:** A 266 days with 4 follow-ups holistic treatment approach which includes oral medication and diet shown improvement in subjective as well as objective parameters, including serum TSH, quality of life and clinical features in a chronic acquired primary hypothyroidism without any adverse events. This highlight's role of holistic treatment in acquired primary hypothyroidism in adolescents..

KEYWORDS: Case Report, *Hamsapadadi Kashaya*, Hypothyroidism, *Kanchanara Guggulu, Triphala Kashaya.*

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1. INTRODUCTION

Hypothyroidism very commonly found endocrine disorder that arises because of inadequate thyroid hormone production as a result of dysfunction in the thyroid gland which doesn't produce sufficient thyroid hormones, which are needed in order to regulate metabolism. Based on its causative factors, it has been divided into 2 main-types, first is congenital and second is acquired. Acquired is also subdivided into as Primary, Secondary and Tertiary, which show high level of TSH with low T3 and T4 (total), which affects morphological, mental as well as reproductive development. [1] If the condition left untreated it can result in poor growth as well as developmental delay. So early diagnosis and treatment is needed in order to avoid complications. Especially since it affects around 0.3-2% school aged childrens and adolescents yet often remains under recognized. Autoimmune thyroiditis affects around 6% population between 12-19 years of age, more in females compared to males. [2] In India, congenital hypothyroidism rose from 1:2600 in 1994 to 1:1172 as of 2013. [3] Levothyroxine controls thyroid hormones but needs lifelong monitoring and dose adjustment; as well as adverse effects includes palpitations, tremors, anxiety, hypertension, hair loss and rashes. [4]

Hypothyroidism is considered as *Anukta Vyadhi* (unstated) as treated symptomatically based on *Prakriti* (body constitution)*, Hetu* (cause)*, Lakshana* (feature)*, Dosha-Dushya* (body humour) and considered a *Santarpanjanya Vyadhi* (disorder due to over-nourishment) with *Galganda* (throat swelling) described in *Samhita* (classics) [5] *Gandmala* (goitre) *vyadhi* (disease). In *Ayurveda* there was *dushti* of *kapha,* which also it hampered *agni* (digestive and metabolic fire) due to which it formed *ama* (toxin). Features of *ama* match with hypothyroidism, such as *Gauravata* (body heaviness), *Alasya/Klama* (tiredness), *Aruchi* (low oral intake), *Mala sanga* (hard stool), *Anga mardana* (myalgia), *Shaitya* (cannot tolerate cold), *Srotorodha* (facial oedema), *Snigdha gurutva* (increase in weight) and also *Balabhransha* (lack of strength). [6]

This case is unique due to management without giving levothyroxine supplementation as well long-term follow-up documentation in adolescent population.

2. CASE REPORT

A female patient aged 17 years visited the outpatient Department of KLE *Ayurveda* Hospital on 19th May, 2025. MR NO: KLE250013762, OPD NO: 250001737 with chief complaints of generalized weakness, reduced activity, neck swelling, decreased appetite, dry skin, muscle cramps, facial puffiness and passage of hard stools on alternate days for 1 year. Associated with poor school performance and weight gain of around 5 kg over last 5 months (from 49 kg to 54 kg at presentation/baseline). Previously patient had not received any thyroid related treatment including levothyroxine or iodine supplementation or *Ayurvedic* medications. A detailed timeline of past clinical events is outlined in Table 1.

Patient had no history of diabetes, hypertension or any past history of acute or chronic disease. She was of full term baby delivery with immediate cry after birth with birth weight of 2 kg. Antenatal history was normal with no maternal history of thyroid disorder, diabetes or hypertension or pregnancy related complications. Patient's appetite was reduced and bowel habits were constipated. Her daily caloric and protein intake was around 1700 kcal/day and 35 g/day, which was lower than the recommended level of 2450 kcal/day and 56 g/day respectively. [7]

Table No. 01: Timeline of the Past Clinical Event

Date	Event
10/01/2025	Rapid weight gain started to observed
05/05/2025	Initial symptoms noticed (neck swelling, fatigue, weight gain).
12/05/2025	First clinical consultation at OPD; detailed Ayurvedic and modern clinical examination performed.
15/05/2025	Baseline investigations conducted (TSH, T3, T4; clinical assessment; WHO goitre grading; neck circumference measurement).
19/05/2025	Diagnosis established; Ayurvedic intervention initiated.
15/06/2025	First follow-up evaluation; symptomatic improvement noted; biochemical assessment performed.
15/07/2025	Second follow-up; continued treatment; monitoring of thyroid profile.
15/08/2025	Third follow-up; transient rise in TSH observed; clinical status stable.
15/09/2025	Fourth follow-up; biochemical parameters improving; reduction in goitre size.
10/02/2026	Final evaluation; thyroid function stabilized; patient clinically asymptomatic; ongoing follow-up advised.

Clinical Findings: On examination her weight was 54 kg (expected 50.9 kg) with height of 142 cm (expected 157.9 cm). [8] Neck circumference measured 35.5 cm, Ultrasound also shown enlarged thyroid gland, while grade 3 goitre as per the WHO goitre grading. General examination revealed pallor, dry skin, sparse hair, dental caries and facial puffiness. Systemic examination was normal except for mild tenderness over the umbilical and hypogastric regions. Local examination of the thyroid gland showed a midline swelling that does not move. On palpation, gland was firm, smooth, non-tender with no retrosternal extension and no bruit on auscultation. *Ashtavidha Pareeksha* (eightfold examination) revealed *Kaphaja nadi* (pulse), *baddha mala* (constipated), *prakruta mutra* (normal urine), *alipta jihva* (normal tongue), *prakruta Shabda* (normal speech), *anushna-sheeta-sparsha* (neutral touch), *vikruta drik* (pallor) and *prakruta akriti* (normal body build. *Dashavidha Pareeksha* (tenfold examination) showed *Kapha-Pitta prakriti, Kapha-pradhana vikriti* (altered body state) with *Vata anubandha* (associated secondary involvement), involvement of *Rasa, Mamsa* and *Medadhatu, Anupa desha* (wet region), *Madhyama Sattva* (strength), *Samhanana* (endurance), *Pramana* (body measurement), *Satmya* (suitability) and *Bala* (energy), *Medosara* (essence) and *Mamsasara, Hina ahara shakthi* (reduced oral intake) , *Avara vyayama shakthi* (low physical activity) and *Madhyama vaya (normal age)*. Laboratory investigation done on 19th May 2025 showed an elevated serum TSH (Thyroid Stimulating Hormone) level.

Diagnostic Assessment: On the basis of clinical findings, laboratory outcomes and the patient's history, weight gain, low height, dry skin, neck swelling, muscle cramps, sparse hair, poor school performance, poor appetite, low activity with constipation are major clinical findings of hypothyroidism. At 1st visit (baseline), thyroid-stimulating hormone was 7.26 microIU/mL suggest hypothyroidism**.** Apart from the above quality of life assessed through the Pediatric Quality of Life Inventory (PedsQL) scale. [13]

Differential Diagnosis: Differential diagnoses considered during clinical evaluation are outlined in Table 2. Iodine deficiency hypothyroidism could not be definitively ruled out as urinary iodine concentration and USG neck revealed diffusely enlarged thyroid gland with heterogeneous echo texture and increased vascularity suggestive of thyroiditis. However there was no documented history of dietary iodine deficiency. This remains as a diagnostic limitation.

Table No. 02: Differential diagnosis considered.

Differential Diagnosis	**Reason to Exclude**	**Supporting Evidence**
Iodine Deficiency Hypothyroidism [9]	No documented low iodine intake; urinary iodine not assessed, Ultrasound shows enlarged thyroid gland	Clinical profile and biochemical pattern consistent with primary thyroid dysfunction
Central (Secondary) Hypothyroidism	Elevated TSH variable with pituitary origin (expects low/normal TSH).	TSH 7.26 µIU/mL showed primary gland issue.
Non-thyroid mimics (e.g., CFS)	Presence of goitre and myxoedematous features not typical of CFS	Elevated TSH and classical thyroid-related clinical signs support primary hypothyroidism
Final Diagnosis	**Acquired Primary Hypothyroidism**	**Hypothyroidism symptoms + short stature + Increased weight + TSH 7.26 µIU/mL;** stabilized **post-treatment.**

Final Diagnosis: Based on presenting complaints and biochemical investigation a acquired primary hypothyroidism is finalised as the final diagnosis.

Prognosis: As age is still in a growing and adaptive phase. Hence, early diagnosis and management with appropriate *Deepana* (digestive stimulant)*, Pacana* (digestion enhancer)*, Lekhana* (scraping) and *Srotoshodhana* (channel cleansing) therapies, along with proper dietary and lifestyle modification, would give a good prognosis of the disease.

Intervention: The treatment was planned according to the severity of signs and symptoms. The protocol is outlined in Table 3**.** Patient was not on any concurrent medication throughout the 266-day treatment period apart from the above protocol.

Table No. 03: Intervention timeline

Treatment / Period		**19/05/25 – 25/05/25**	**26/05/25 – 26/10/25**	**27/10/25 – 25/12/26**	**26/12/25 – 09/02/26**
Oral Medications	*Haridra + Guduci + Khadira + Triphala + Sunthi choorna* each 1 gm (total 5 gm once daily on empty stomach with lukewarm water) [KLE Pharmacy, I-KLE24-25]	✓	✓	✓	✓
	Kanchanar Guggulu [10] [KLE Pharmacy, IKE24-25]	✓	✓	✓	✓
	Hamsapadadi Kashaya [KAPL Pharamacy, kp678n] [11] + *Khadiradi Kashaya* [12] [I-KLE20-21]	×	×	×	✓
	Triphala Kashaya [I-KLE24-25]	✓	✓	✓	✓
Diet	• 8–9 am: Millet Upma (150 gm) + Ginger Herbal Tea (100 ml) • 9–10 am**:** *Haridra* Milk (100 ml) • 11 am–1 pm: 2 Ragi/Jowar Roti + Chutney (20 gm) + Cooked Vegetables (150 gm) • 1–2 pm: Takra with *Trikatu* (150 ml) [KLE Pharmacy, I-KLE24-25] • 5–6 pm: Ginger Herbal Tea (50 ml) • 8–9 pm: Dinner – 2 Roti with Curd/Vegetables/Sambar (150 gm) Alt Dinner: Turmeric Millet Rice (150 gm) or Moong Dal Khichadi (200 gm) • 9–10 pm: *Panchakola Peya* (100 ml) [KLE Pharmacy, IKLJ]	✓	✓	✓	✓

Follow-up and Outcome: Patient showed gradual improvement across multiple domains, which include subjective, laboratory, as well as objectives which assessed through a standardized scale. Detailed follow-ups and outcome outlines in Table 4-7 and Figure 1-3.

Intervention adherence and tolerability: Treatment adherence was evaluated during each follow-up visit by medicine count as well as information provided by caregiver. Patient followed prescribed Ayurvedic medications along with advised dietary and lifestyle measures. Compliance with treatment regimen was satisfactory throughout the 266 days intervention period and patient tolerated all prescribed medications well without any reported intolerance or adverse reactions.

Adverse and unanticipated events: Patient was monitored throughout whole treatment period for any adverse or unexpected events. No adverse drug reactions, complications or other unanticipated events were observed during the course of treatment.

Table No. 04: Showing changes in the clinical features at different time points

Symptom (Grading wise)	Baseline (19/05/25)	Follow-up 1 (26/05/24)	Follow-up 2 (27/10/25)	Follow-up 3 (26/12/26)	Follow-up 4 (09/02/16)
Generalised weakness	+++	++	+	++	Absent
Neck swelling	+++	+++	++	+++	+
Neck Circumference in cm	35.5	35	33.5	35	31.5
WHO Goitre Grading	Grade 3	Grade 3	Grade 3	Grade 3	Grade 2
Reduced activity	+++	++	+	+	Absent
Decreased appetite	++	++	+	+	Absent
Dry skin	++	++	+	+	Absent
Muscle cramps	++	+	Absent	+	Absent
Facial puffiness	++	+	+	+	Absent
Hard stools	+++	++	+	+	Absent
Weight in kg	54	53.7	52.1	52.7	51.9

Table No. 05: Showing changes in the Laboratory parameters at different time points

Date	TSH	T3 (Total)	T4 (Total)
Baseline 19/05/25	7.26 microIU/mL	-	-
Follow up 2: 27/10/25	2.05 microIU/mL	1.59 ng/ml	10.18 µg/dL
Follow up 3: 26/12/25	6.0 microIU/mL	-	-
Follow up 4: 09/02/26	1.71 microIU/mL	1.7 ng/ml	11.5 µg/dL

Table 6: Showing improvement in Pediatric Quality of Life Inventory (PedsQL)

Scale	Domain	Baseline (19/05/25)	Follow-up 1 (26/05/25)	Follow-up 2 (27/10/25)	Follow-up 3 (26/12/25)	Follow-up 4 (09/02/26)
PedsQL	Physical Functioning	40	55	65	65	75
	Emotional Functioning	45	55	65	60	75

	Social Functioning	50	60	70	65	80
	School Functioning	40	55	65	65	85
	Total Score (Mean)	**44**	**56**	**66**	**64**	**79**

Table 7: Comparative ultrasonographic findings of the thyroid gland before and after treatment

Parameters	**Before Treatment**	**After Treatment**
Right Thyroid Lobe	1.7 × 1.8 × 3.3 cm	1.0 × 1.3 × 2.4 cm
Left Thyroid Lobe	1.9 × 1.8 × 3.0 cm	1.1 × 1.0 × 2.7 cm
Isthmus Thickness	5.7 mm	2.0 mm
Thyroid Size	Diffusely bulky	Normal size
Echotexture	Heterogeneous	Homogeneous
Vascularity	Increased vascularity	Normal
Focal Lesion	Not seen	Not seen
Carotid & Jugular Vessels	Normal	Normal
Cervical Lymph Nodes	No significant lymphadenopathy	No significant lymphadenopathy
Salivary Glands	Parotid & submandibular glands normal	Parotid & submandibular glands normal
Impression	Features of subacute thyroiditis	No significant abnormality detected

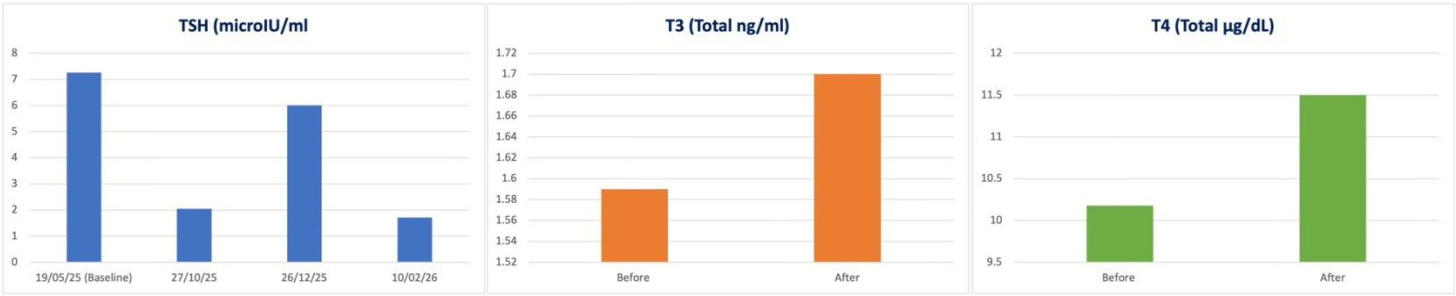

Figure 1: Showing changes in laboratory parameters before and after

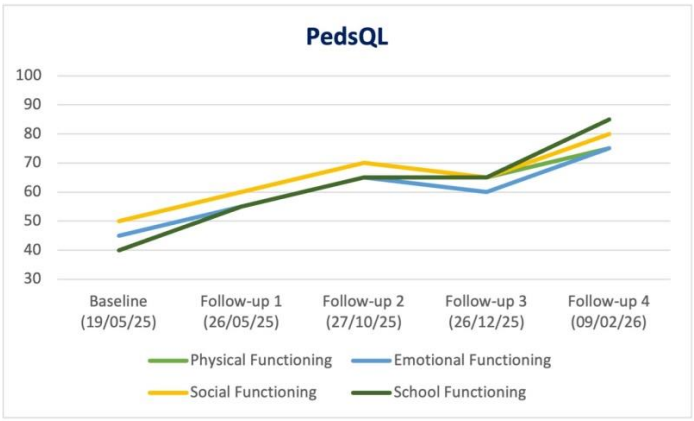

Figure 2: Showing the trend line of improvement across multiple domains of PedsQL

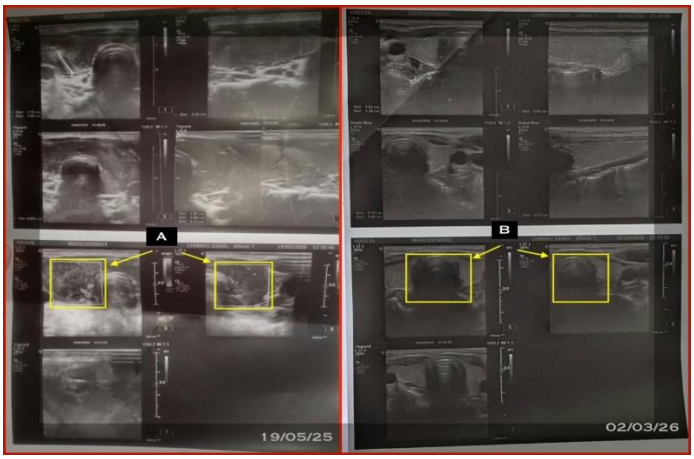

Figure 3: Comparative thyroid ultrasonography images showing baseline (A) and follow-up (B).

A: Baseline ultrasonography showing enlargement of the thyroid gland with heterogeneous echotexture. The square area indicates a hypoechoic region within the thyroid parenchyma.

B: Follow-up ultrasonography showing relatively improved echotexture with reduction in the previously noted hypoechoic area (arrow), suggesting interval improvement.

3. DISCUSSION

Hypothyroidism in Ayurveda resembles the clinical features of *ama*, *kapha meda dushti*. Result of vitiated of *agni* (digestive fire) and *Rasa, Mamsa, Medo Srotorodushti*., Features of the present case linked with *ama* in Ayurveda, which includes *Gauravata* (body heaviness), *Alasya/Klama* (tiredness), *Aruchi* (low oral intake), *Mala sanga* (hard stool), *Anga mardana* (myalgia), *Shaitya* (cannot tolerate cold), *Srotorodha*, *Snigdha gurutva* (increase in weight), *Balabhransha* (lack of strength). A high TSH level (7.26 microIU/mL) during baseline presentation confirmed the diagnosis as hypothyroidism. (Table 5) Previous studies have shown the role of *Ayurveda* or *Virechana* in managing Hypothyroidism. [6] Apart from this previous studies have shown the role of *Kanchanara guggulu* in adolescent hypothyroidism. [14]

The patient was treated with *Shamana Chikitsa* (palliative therapy) along with a structured diet protocol comprising the Ayurveda formulations, *Haridra* + *Guduci* + *Khadira* + *Triphala* + *Sunthi choorna*, *Kanchanar Guggulu, Hamsapadadi Kashaya, Khadiradi Kashaya, Triphala Kashaya,* along with other dietary measures. *Haridra* and *Sunthi* (ayurveda herbs), through their *Deepana, Pacana,* and *Ushna* (warming) properties, help in *ama pacana* and enhanced metabolic activity. *Guduci* serves as a *Rasayana* (rejuvenate) and *Tridosa-shamaka*, helping in tissue nourishment and immune balance. *Triphala* enhances *Anulomana* (laxative) and helps in digestion and detoxification, [15] while *Khadira* helps to decreased *Kapha* associated tissue heaviness and swelling through its *lekhana* (scrapping) property. Overall formulation enhanced correction of metabolic imbalance and explains the observed clinical and biochemical improvement.

Kanchanara Guggulu a proven formulation [14] having ingredients with *ruksha* (dry), *laghu* (light) and *ushna veerya* (hot potency) properties, which exhibit *lekhana* (scraping) action, which break down deep-seated *kapha*, reduce glandular swelling, clear *srotorodha* (blockage) and boost fat metabolism. Extract of *Commiphora mukul* increased iodine absorption and thyroid marker functions, which help to produce thyroid hormone and its metabolism. Anti-inflammatory as well as antioxidant properties reduced oxidative stress and swelling of the face. [16] (Figure 4)

Hamsapadadi Kashaya, which has ingredients *Hamsapadai* (*Aiantum lunulatum*), *Guduchi* (*Tinospora Cordifolia*), *Vasa* (*Adhatoda vasica*), *Nimba* (*Azadirachta Indica*) and *Pippali* (*Piper Longum*), is indicated in Goitre and as it contains *Trikatu* it acts as pachana as well. *Khadiradi Kashaya* content *Khadir,* which breaks the blocked pathways by reducing *kapaha* result in enhanced metabolic functions. Extract showed antioxidant-like flavonoids (catechins, epicatechins and anti-inflammatory [17] properties reduced oxidative stress and reduced facial puffiness. Antioxidant property normalizes damaged cells and metabolic functions. Also, it regulates the body's immune system by its anti-immunomodulatory property. *Triphala Kashaya* reduced pro-inflammatory cytokines and mediators via stopping NF-κB signalling and induced antioxidant enzyme activity, which may promote cellular metabolism and tissue repair. Also, effect on gut microbiota and enhances digestive function, nutrient absorption and complete metabolic balance. [18] *Hamsapadadi* and *Khadiradi Kashaya* were added on the 3rd follow-up (from 26/12/25) due to increased clinical features such as weight gain, neck swelling and muscle cramps. *Hamsapadadi Kashaya* is given in order to reduced *vata* related muscle weakness, improving metabolism while

Khadiradi Kashaya added in order to enhances detoxification and influences overall tissue strength and energy.

Dietary intervention was planned based on *Kapha* and metabolism-elevating foods divided throughout the day. (Table 3) Diet predominance of *Katu* and *Tikta rasa* with *Ushna*, *Teekshna*, *Sara* and *Rooksha* qualities to improve *agni* as well as metabolic control. For breakfast millets, Ginger tea as well as turmeric milk was advised. Jowar roti or ragi, chutney, cooked vegetables, followed by *trikatu* fortified buttermilk in order to enhanced bowel activity. Ginger tea at evening and dinner composed of whole wheat, ragi or jowar roti with curd or cooked vegetables, with option of turmeric millet rice or mung dal khichadi. Post dinner *Panchakola peya* (medicated drink) was advised in order to enhance digestive fire and metabolic balance, thereby aiding normal thyroid function. [19]

Biochemical improvement were observed post treatment including reduction in TSH (7.26 to 1.71 microIU/mL), improved (T3: 1.59 to 1.7 ng/mL; T4: 10.18 to 11.5 µg/dL) with improved appetite, (Table 5) reduction in complaints of muscle cramps, increased activity, regular soft stools, normalize skin texture, reduced neck swelling, reduction in weight apart from this noticeable improvement in school performance also noted, along with progressive improvement in quality of life across multiple domains. Though a transient rise in TSH (6.0 µIU/mL) was reported during 3rd follow up which coincided with clinical aggravation including increased neck swelling as well as weight fluctuation. This may represent disease fluctuation, pubertal hormonal variation or temporary metabolic instability. Following which additional formulations (*Hamsapadadi* and also *Khadiradi Kashaya*) were added (from 26/12/25), after which both clinical as well as biochemical parameters showed sustained improvement. Absence of side effects of the Ayurveda drug during the intervention period highlights the safety of the drug protocol.

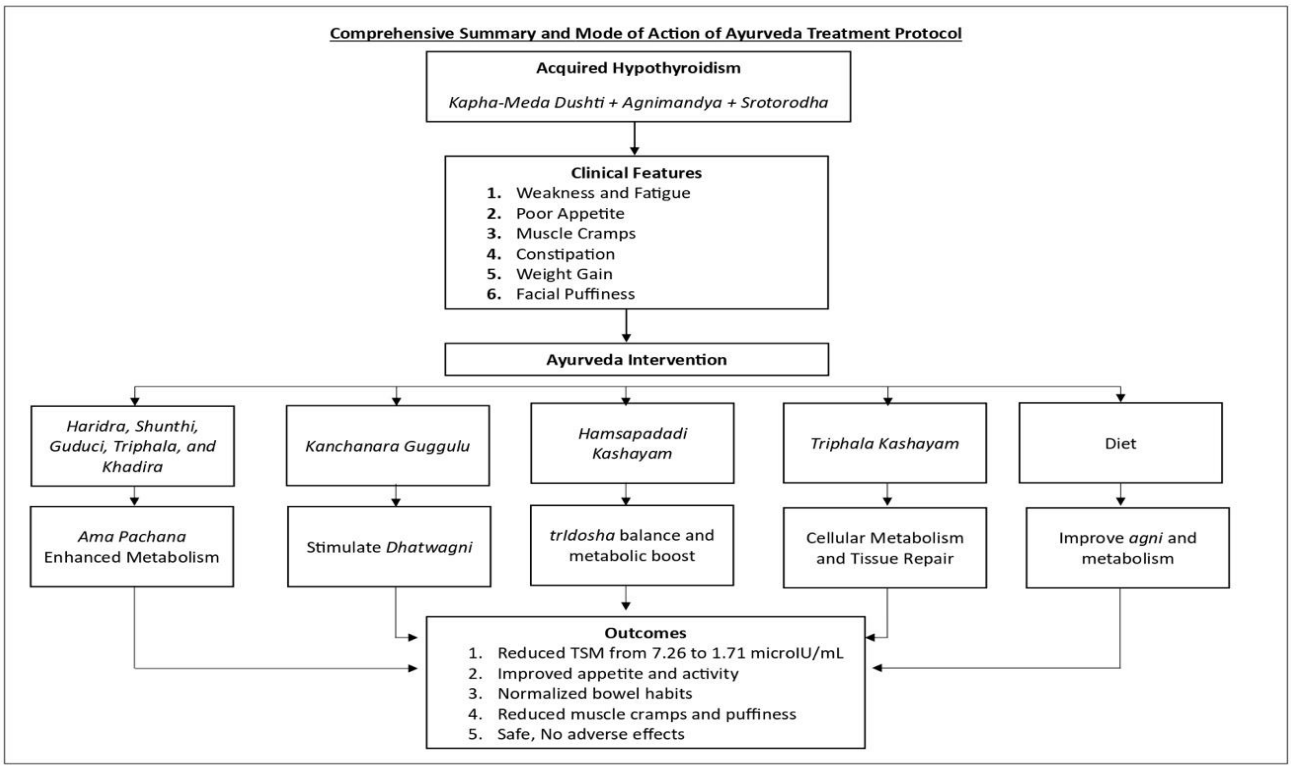

Figure 4: Summary of mode of action and outcomes

Strength: The strength of this case lies in the documentation of acquired primary hypothyroidism in the adolescent age group and its successful recovery without providing external direct supplementation like levothyroxine.

Limitations: The study was limited by patients inconsistent follow-up visits and financial constraints, which restricted us from conducting further investigations. Urinary iodine concentration as well as post treatment thyroid ultrasonography were not carried out due to financial constraints. Baseline T3 and T4 levels were not carried out during the initial/first presentation, which limits complete biochemical comparison.

4. CONCLUSION:

Acquired hypothyroidism in adolescents has a slow, gradual and chronic progression, features developing over months to years and commonly requires long-term intervention and follow-up. This case illustrates that Ayurveda treatment using medicines such as *Kanchanara Guggulu, Hamsapadadi Kashaya, Khadiradi Kashaya, Triphala Kashaya* and supportive herbal mixtures along with dietary modifications given for 266 days with 4 follow-ups, resulted in valuable clinical and biochemical improvement in acquired hypothyroidism. The patient showed a marked decrease in features along with restoration of TSH (7.26 to 1.71 microIU/mL), Total (T3- 1.59 to 1.71 ng/ ml and T4- 10.18 to 11.5 µg/dL) within normal levels. Quality of life also improved from 44 to 79. Whole interventions were well tolerated and no side effect was observed during whole course of treatment. Follow-up evaluation indicated sustained improvement across multiple parameters.

Key Message: This outcome highlights potential role of *Ayurveda* as a holistic and individualized approach in managing hypothyroidism especially in adolescents population. Further larger clinical controlled studies are required in order to validate these findings.

Abbreviations

TSH – Thyroid-Stimulating Hormone

T3 – Triiodothyronine

T4 – Thyroxine

PedsQL – Pediatric Quality of Life Inventory

CFS – Chronic Fatigue Syndrome

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - The patient and her parent reported improvement in energy levels, appetite, muscle cramps, normalized weight and bowel habits after treatment. They were fulfilled with Ayurveda therapy, as the features reduced without any noticeable adverse effects and expressed confidence in continuing the treatment and follow-up.

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Writing -Original Draft: AP, BP, AN

Reviewing & editing: AP, BP, AN

Approval of final manuscript: All authors

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

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