



MANAGEMENT OF *Sthoulya* (Obesity) AND HYPOTHYROIDISM THROUGH AYURVEDIC *Shodhana* : A CASE REPORT

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ABSTRACT

The rising prevalence of metabolic disorders necessitates integrative strategies that address the root cause of metabolic sluggishness. In Ayurveda, Hypothyroidism and Obesity are understood through the lens of *Sthoulya* (Obesity) and *Agni-mandya* (impaired metabolic fire). This case report describes a 22-year-old male who presented with a 10-month history of significant weight gain, generalized weakness, excessive sweating, and hair fall. Initial biochemical investigations revealed severe Primary Hypothyroidism (TSH: 51.89 μ IU/ml) and a pre-diabetic state (HbA1c: 6.3%). The patient was managed with a structured Ayurvedic protocol involving *Deepana-Pachana* (digestive stimulants), *Snehapana* (internal oleation) with *Panchatikta* *Guggulu* *Ghrta*, and *Vamana Karma* (therapeutic emesis), followed by *Sarvanga Udwartana* (dry powder massage). Following the *Shodhana* (purificatory) intervention, the patient's TSH levels decreased significantly to 7.45 μ IU/ml within three months without conventional thyroxine supplementation. A long-term follow-up at 15 months demonstrated sustained metabolic improvement, with HbA1c normalizing to 5.7% and a stabilization of thyroid function. The patient also reported a significant reduction in subjective symptoms of fatigue and heaviness. This case suggests that Ayurvedic purificatory procedures, particularly *Vamana Karma*, can effectively modulate endocrine dysfunction and improve insulin sensitivity by clearing *Srotorodha* (channel obstruction) and restoring *Dhatovagni* (tissue metabolism). This study highlights the potential of integrative Ayurvedic approaches in managing complex metabolic and endocrine conditions.

KEYWORDS: *Sthoulya*, *Vamana Karma*, Hypothyroidism, HbA1c, Metabolic Syndrome, Ayurveda, Case Report.

INTRODUCTION

Metabolic syndrome, encompassing obesity, dysglycemia, and thyroid dysfunction, is a significant global health challenge. In Ayurveda, these manifestations are often categorized under *Sthoulya* (Obesity), a *Santarpana-uttha Vikara* (disorder due to over-nutrition). The pathogenesis involves the morbid accumulation of *Meda Dhatu* (adipose tissue), which obstructs the *Srotas* (channels), leading to *Vata* vitiation in the digestive tract and a subsequent increase in appetite, while the other *Dhatus* (tissues) remain malnourished.

Hypothyroidism mirrors the Ayurvedic concept of *Dhatvagni-mandya* (lowered tissue-level metabolism). Conventional management typically relies on lifelong hormone replacement; however, Ayurveda offers a "reset" of the metabolic fire through *Panchakarma*. This report details the 15-month longitudinal follow-up of a patient managed exclusively through Ayurvedic interventions.

CASE DETAILS

Patient Information

A 22-year-old male (20 years old at initial presentation in March 2024) presented to the outpatient department with complaints of progressive weight gain over 10 months. He reported generalized weakness, excessive sweating even at rest, and significant hair fall. He had no prior history of chronic illness, surgery, or long-term medication use.

Clinical Findings

Upon physical examination, the patient was conscious and oriented. His vitals were stable. Ayurvedic clinical assessment (*Ashta Vidha Pariksha*) revealed a *Kapha-Vata* constitution (*Prakriti*). He exhibited signs of *Sthoulya*, including *Chala-Sphik-Udara-Stana* (flabbiness in the hips, abdomen, and breasts). His *Agni* (appetite) was erratic (*Vishama*), and *Koshtha* (bowel habit) was regular.

Diagnostic Assessment

The patient underwent a comprehensive biochemical workup across three distinct phases (Baseline, Post-treatment, and Long-term Follow-up)



Parameter	Baseline (Mar 2024)	Post-Intervention (Jun 2024)	Long-term Follow-up (Jul 2025)	Reference Range
TSH (μIU/ml)	51.89	7.45	14.7	0.38 – 5.33
HbA1c (%)	6.3	6.6	5.7	< 5.7 (Normal)
Total T3 (ng/ml)	1.57	–	1.17	0.87 – 1.78
Total T4 (μg/dl)	4.15	5.14	4.38	4.61 – 14.94
Testosterone (ng/ml)	2.61	–	–	2.59 – 8.16
Semen Analysis	Normal	–	–	–
Triglycerides (mg/dL)	–	148.1	–	< 150 mg/dL
SGOT / SGPT (U/L)	–	18.5 / 16.9	–	0 – 40 U/L

Diagnosis: *Sthoulya* (Obesity) with Primary Hypothyroidism and Pre-diabetes.

Therapeutic Interventions

The patient was admitted for a structured 10-day *Shodhana* protocol (IP Reg No: IP-075135) in May 2024.

- Deepana & Pachana (Metabolic Priming):**
 - Chitrakadi Vati*: 2 tablets, three times daily before food.
 - Panchakola Phanta*: 100ml thrice daily.
 - Rationale:** To digest *Ama* (undigested metabolic waste) and stimulate *Agni*.
- Snehapana (Internal Oleation):**
 - Panchatiktaka Guggulu Ghrita* was administered in increasing doses for 4 days.
 - Rationale:** *Guggulu* possesses *Lekhaniya* (scraping) properties, while the bitter herbs treat *Meda* and *Kleda*.
- Vamana Karma (Therapeutic Emesis):**
 - After attaining *Samyak Snigdha Lakshana* (signs of proper oleation), *Vamana* was performed.
 - Outcome:** (8 vegas, 4 upvegas). were recorded.
 - Rationale:** To expel vitiated *Kapha* and clear the *Medovaha Srotas*.
- Bahya Upakarma (External Therapies):**
 - Sarvanga Udwartana*: Dry powder massage with *Kulangana-Kusthadi Churna* followed by *Dhanyamla Dhara*.
 - Bashpa Sweda*: Herbal steam for fat mobilization.
- Post-treatment (Sansarjana Krama):**
 - A strict graduated diet (from thin gruel to solid rice) was followed for 5 days.

Outcomes and Follow-up

- Endocrine Response:** The most striking outcome was the reduction of TSH from **51.89 to 7.45 μIU/ml** within weeks of the *Vamana* procedure. In July 2025 (15 months later), TSH remained stabilized at 14.7, significantly lower than the baseline, despite no conventional medication.
- Glycemic Control:** The patient's HbA1c normalized from a pre-diabetic peak of 6.6% to **5.7%** in July 2025, indicating a complete reversal of pre-diabetes.

- Symptomatic Relief:** The patient reported "Improved" status at discharge, with marked reductions in lethargy and sweating.

DISCUSSION

This case highlights the efficacy of *Shodhana* in treating endocrine-driven obesity. The rapid decline in TSH suggests that *Vamana Karma* acts as a biological "reset" for the pituitary-thyroid axis. In Ayurveda, the stomach is the site of *Saumya Agni*; by cleansing this site, the peripheral *Dhatvagni* (tissue metabolism) is stimulated.

The choice of *Panchatiktaka Guggulu Ghrita* is crucial. *Guggulu* contains guggulsterones, which are known to increase iodine uptake by the thyroid gland and enhance T3/T4 conversion. The normalization of HbA1c to 5.7% further confirms the systemic metabolic benefits of *Udwartana* and *Vamana*, which reduce *Kleda* (moisture/adiposity) and improve insulin sensitivity.

The slight rise in TSH (14.7) at the 15-month mark suggests that while *Panchakarma* provides a powerful corrective measure, long-term adherence to *Dinacharya* (daily regimen) is essential to maintain optimal endocrine health.

CONCLUSION

The systematic application of Ayurvedic *Vamana Karma* and *Udwartana* successfully managed severe primary hypothyroidism and pre-diabetes in a patient with *Sthoulya*. The longitudinal data demonstrates that Ayurvedic purificatory therapies can produce significant and lasting improvements in biochemical markers of metabolism. Further clinical trials are warranted to explore *Vamana* as a standard intervention for metabolic syndrome.

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