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## Ayurvedic Insights on Thyroid Imbalances

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### KEYWORDS

Hypothyroidism,  
Hyperthyroidism,  
Agni, Dosh, Ama,  
TFT.

### ABSTRACT:

**Introduction-** Thyroid disorders have become a major Endocrine concern, with rising incidence and prevalence rate of thyroid disorders, which is linked to present-day lifestyle modifications. Particularly in the Indian population, due to drastic changes in diet and a sedentary lifestyle, thyroid disorders have a significant impact on quality of life & economic burden on the affected population. Because of the non-specific nature of symptoms of thyroid disorders may lead to clinical misdiagnosis. Thus, there is a need to understand the disease from the view of Ayurveda and systematically analyze the Etiology, pathophysiology, with the concept of Doshas & Agni establish appropriate treatment modalities.

**Objectives-** 1. To analyze the Nidana and Samprapti for thyroid disorders according to principles of Ayurveda.

2. Provide a framework for applying various management which are aimed at restoring Agni, Dosh.

**Materials & methods-** Ayurveda samhitas, contemporary medical textbooks, and various research articles & websites.

**Results-** this review establishes a clear pathophysiology of-

Hyperthyroidism, which is characterized in the context of Dhatu paka and Vata & pitta dosha vitiation. Ultimately, landing up in a hypermetabolic condition analogous to Atyagni and Bhasmaka roga.

Hypothyroidism, which is characterized primarily by kapha & vata dosha vitiation, Dhatwaagnimandya, and Ama. The clinical presentation mirrors that of Kapahja Sopha. Autoimmune conditions like Hashimoto's thyroiditis are linked to the concept of Ojo vikriti.

**Conclusion-** The Ayurvedic concept of fundamental principles, dosha, and Agni (jatharagni, dhawatagni, Bhutagni) are correlated to the function of thyroid hormone. The clinical manifestations are explained by doshic vitiation and impairment in Agni. This integrative approach provides a greater understanding of thyroid disorders and provides robust knowledge about the condition, and emphasizing emphasizing the restoration of metabolic equilibrium through diet, lifestyle, and targeted therapies.

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### INTRODUCTION

In the current world, Thyroid disorders are becoming a major global health concern. Usually, in developing and developed countries, thyroid disorders are the most common endocrine disorder. Current lifestyle modification has played a key role in developing endocrine disorders. In the current era, due to drastic changes in dietary habits and a sedentary lifestyle resulting from the adoption of Western culture and modernization. In the Indian population, thyroid dysfunction has risen at an alarming rate, raising a concern, among which functional impairment of the thyroid gland, i.e., hypothyroidism and hyperthyroidism,

forms a majority of thyroid disorders in India. Women are more prone to thyroid disorders when compared to men. According to the American Thyroid Association (ATA), women are five to eight times prone to suffer from thyroid disorders. One in eight women is inclined to develop a thyroid disorder during her lifetime. Thyroid dysfunction mainly involves an imbalance in thyroid hormone. The regulation of body metabolism is the primary function of thyroid hormones; any impairment of these hormones may result in impaired metabolic activities, leading to two major conditions: hypothyroidism or hyperthyroidism. Even though there is no mention of these in Ayurvedic classics, Acharya



Charaka has mentioned the concept of 'Anukta vyadhi' [1]

As Acharya Charaka has opined as not all diseases can be named, so the concept of 'Anukta Vyadhi' is developed. These thyroid disorders are included under *Anukta Vyadhis* in Ayurveda. By the concept of *Trividha Bodhya sangraha*, i.e., *vikara prakruti- Adhithana-Samuthana*. Yet it's important to understand the *Nidana* (etiology), *Rupa* (symptomatology), and the condition based on Ayurvedic principles provide appropriate treatment accordingly.

## MATERIALS AND METHODS

Even though there is no Direct reference to the functional/ hormonal activity of thyroid disorders in Ayurvedic classics. There is a lack of information on functional thyroid disorders, but *Galaganda* is narrated in the Charaka Samhita. *Galaganda* is mentioned under one of the *kaphaja nanatmaja vikara*. [2] Acharya Sushruta, while describing various layers of skin, has mentioned that the sixth layer, known as *Rohini*, serves as the *adhithana* (seat) of *Galagandaroga*. [3]

All the Anatomy, physiology, and pathogenesis of thyroid disorders were studied from various pathology textbooks of various authors, and also gathered information from numerous online research databases.

### Anatomy & Physiology of the Thyroid Gland

The thyroid is a ductless acinar gland with an Alveolar structure. Its butterfly-shaped organ, situated anterior neck, lies anterior to the trachea. It has mainly 2 lobes left & right lobes, interconnected by the Isthmus. Occasionally, an extra lobe called the pyramidal lobe. It extends superiorly from the oblique line of thyroid cartilage and inferiorly till the 5<sup>th</sup> or 6<sup>th</sup> tracheal ring. The thyroid gland weighs about 10-25g in total. The arterial supply is provided by the superior and inferior thyroid artery, a branch from the external carotid and thyrocervical trunk, respectively. Venous drainage is from the superior, middle & inferior thyroid veins, which drain into the internal jugular vein and brachiocephalic vein. [4]

Histologically, the gland is comprised of numerous indistinct lobules, each containing follicles surrounded by a vascular network and fine connective tissue. These follicles are comprised of a homogenous, acidophilic

substance known as colloid, also called thyroglobulin. The follicles are lined by simple cuboidal epithelium, which is the main production source for T3, T4 Thyroid hormones). Between follicle cells, called Para follicular cells or C cells, they secrete calcitonin. [5]

### Hormones of the thyroid gland

Thyroid gland secretes 3 hormones- Tetra-iodothyronine or T4 (thyroxine), Tri-Iodothyronine or T3, calcitonin

T3 is 4 times more potent than T4. The action of T4 is longer than of T3. T4 action is 4 times of T3 action. About 90% of secretion is formed by T4, the remaining is formed by T3; both T4 & T3 are iodine-containing derivatives of the amino acid tyrosine. T3 has poor affinity for plasma proteins and combines quickly. T4 has a strong affinity and strongly binds with plasma proteins, so it is released slowly. Therefore, Action on target cells T3 is immediate, whereas T4 acts gradually. [6]

Rate of secretion- T4 =80-90µg/day, T3=4-5 µg/day, reverse T3= 1-2 µg/day [7]

### Thyroid hormone synthesis-

The synthesis of thyroid hormone takes place in 5 stages [8]

1. Thyroglobulin synthesis- thyroglobulin is synthesized and secreted in follicular cells of the thyroid gland and is stored in the follicle.
2. Iodide trapping- Through the sodium Iodide symport pump, iodide is actively transported into follicular cells from the blood along with sodium.
3. Oxidation of iodide- iodine is the active form, so iodide must be oxidized to iodine, which is capable of combining with tyrosine.
4. Transport of iodine into the follicular cavity- iodine is transported into the follicular cavity by an Iodide-chloride pump.
5. Iodination of tyrosine- now iodine is transported from follicular cells into the follicular cavity, where it combines with thyroglobulin. This process is called organification of thyroglobulin. Tyrosine is first iodized into Monoiodotyrosine (MIT) and later into Di-Iodotyrosine (DIT); these are called Iodotyrosine residues.



6. Coupling reactions- Iodotyrosine residues, when coupled with other give rise to various thyroid hormones. Tyrosine+I=MIT, MIT+I= DIT, DIT+MIT=Tri-iodothyronine(T3), DIT+DIT= Tetraiodothyronine (T4). MIT+DIT= reverse T3.

### Storage and release of thyroid hormone

Thyroid hormones are stored in colloid within the thyroid follicles. When the body is in need of these hormones. Then the colloid is reabsorbed back into follicular cells, where proteolysis of thyroglobulin occurs, thereby releasing T3 & T4 into the bloodstream. [9]

### Regulation of the secretion of thyroid hormones

The thyroid gland participates with the hypothalamus and pituitary in a feedback control loop. The hypothalamus secretes thyrotropin-releasing hormone (TRH) due to reduced levels of thyroid hormone in the blood. The secreted TRH now stimulates the pituitary gland for the release of thyroid-stimulating hormone (TSH). TSH acts on the thyroid gland to regulate thyroid hormone synthesis and its release. As there is an upsurge of these hormones, there is negative feedback which acts on the hypothalamus and pituitary for cessation of TRH & TSH secretion. By these mechanisms, optimal levels are maintained.

### Functions of thyroid hormones

Primary functions of thyroid hormones are-

- 1) Controlling the basal metabolic rate of the body
- 2) For stimulation of growth in children.
- 3) Increasing the protein synthesis in cells
- 4) Thermogenesis
- 5) Brain growth & development in fetal life
- 6) Action on the cardiovascular system and its overall activity
- 7) Action on blood volume and erythropoiesis.[10]

Ayurvedic view on functions of thyroid hormones-

The two major hormones, T3 & T4, affect all systems either directly or indirectly. Controlling the BMR, which has an effect on Oxygen consumption and Thermogenesis, can be viewed from an Ayurvedic perspective as a normal function of *Pitta* and *Vata*. Thyroid hormones have specific effects on growth, especially in growth in children, from an Ayurvedic perspective, where *Rasa dhatu* and

*Rasadhatavagni* play in major role in *uttaroyttaro dhatu poshana* is affected, leading to major nourishment deficiencies. [11] As thyroxine has a direct effect on Heart rate, contractability. Since *Hrudaya* is the *moola sthana* for *Rasadhatu* and *rasavahasrotas* so if any impairment in thyroxine affects the *Hrudaya* and its functions. [12]

### Thyroid function test (TFT)

TFTs are the primary investigation for the diagnosis of thyroid imbalances. It's the principal laboratory investigation for measuring T3, T4, TSH Free T4, T3 levels. In addition to it, antithyroid antibodies are assessed to rule out autoimmune thyroid diseases.

TSH is secreted by the anterior pituitary gland. It's the most important single test to assess thyroid function and to observe and track thyroid hormone replacement therapy in a sensitive TSH Assay. Normal reference range in adults is 0.5-5.0 m U/I, and in newborns is < 20 m U/I. TSH normally exhibits diurnal variation with a peak shortly after midnight and a low in late afternoon. There is a deficiency of TSH in hyperthyroidism because of an overabundance of total and free T4, T3 in circulation, as a result pituitary gland reduces TSH production.[13]

TSH is high in hypothyroidism because of reduced levels of total and free T3, and T4 levels in circulation cause stimulation to the pituitary gland for TSH production.

Total serum thyroxine (T4) it's the standard initial screening test to assess thyroid function due to its availability. its measures the total T4 level in plasma. Normal range 6-12 ug/dl. As T4 is protein-bound bound it may vary. T4 is high in hyperthyroidism, where there is a higher concentration of thyroid binding proteins. T4 is low in hypothyroidism, where there is a low concentration of thyroid binding proteins, and in non-thyroid illness. Usually, free T4 is combined with TSH because it gives the best assessment of thyroid function.[14]

Total serum T3 is measured via radioimmunoassay. Like T4, it's also protein-bound total serum T3 is affected by TBG level changes in serum. Normal range is 0.8-2.0 ng/dl.

FT4 & FT3 form a small fraction of total T4 & T3, respectively; it's the unbound to proteins and



metabolically most active form of thyroxine hormone. Most accurate reflection of Thyrometabolic status, unaffected by changes in Thyroid binding globulin concentration. It forms 0.05% of total T4. Normal range is 0.7 – 1.9 ng/dl & 2.8-4.0 pg/ml respectively.[15]

Thyroid antibodies- it's necessary to rule out any of the thyroid autoimmune disorders. These tests include Thyroid peroxidase antibodies (TPOAb), Thyroglobulin antibodies (TgAb), and TSH receptor antibodies (TRAb), which are indicative of Hashimoto's thyroiditis, Graves' disease, or suspicion of thyroid cancer or any other autoimmune thyroid disorders. [16]

**CLASSIFICATION OF THYROID DISORDERS**

- 1] Hyperthyroidism
- 2] Hypothyroidism
- 3] Thyroiditis
- 4] Lump/overgrowth/malignancy
- 5] Non thyroidal

various sub-clinical conditions, for a greater insight into thyroid disorder –

Table no.1 – sub-clinical conditions of hypometabolic thyroid

<b>HYPOMETABOLIC THYROID [17]</b>
Primary hypothyroidism
Secondary hypothyroidism
Tertiary hypothyroidism
Subclinical hypothyroidism
Transient hypothyroidism
Overt hypothyroidism

Table no.2 – sub-clinical conditions of hypermetabolic thyroid

<b>HYPERMETABOLIC THYROID [18]</b>
Hyperthyroidism
Thyrotoxicosis
Thyroid crisis/ Storm
Grave's disease

**Table no. 3 -Summary of Common TFT Patterns and Interpretation**

Condition	TSH	Free T4	Free T3	Other Tests
<b>Primary Hypothyroidism</b>	High	Low	Low	Positive TPOAb in Hashimoto's
<b>Secondary Hypothyroidism</b>	Low or normal	Low	Low	Pituitary dysfunction
<b>Primary Hyperthyroidism</b>	Low	High	High	TRAb positive in Graves'
<b>Subclinical Hypothyroidism</b>	High (slightly)	Normal	Normal	-
<b>Subclinical Hyperthyroidism</b>	Low (slightly)	Normal	Normal	-
<b>Thyroiditis (Acute)</b>	Low	High initially	High initially	-
<b>Graves' Disease</b>	Low	High	High	TRAb positive
<b>Hashimoto's Thyroiditis</b>	High	Low	Low	Positive TPOAb, TgAb



## AYURVEDIC UNDERSTANDING OF HYPERTHYROIDISM

Hyperthyroidism is a set of disorders that involve excess synthesis and secretion of thyroid hormones by the thyroid gland, which leads to the hypermetabolic condition of thyrotoxicosis. The most common forms of hyperthyroidism are

1. Graves' disease- it's an autoimmune condition characterized by Hyperthyroidism due to circulating Autoantibodies (thyroid-stimulating immunoglobulins).
2. Toxic multinodular goiter – autonomously functioning thyroid nodules that result in hyperthyroidism.

Table no 4- common signs and symptoms of hyperthyroidism [19]

Symptoms	Signs
<ul style="list-style-type: none"> <li>• Nervousness</li> <li>• Anxiety</li> <li>• Heat intolerance</li> <li>• Palpitations</li> <li>• Hyper defecation</li> <li>• Weight loss</li> <li>• Reduction in menstrual flow</li> </ul>	<ul style="list-style-type: none"> <li>• Tachycardia</li> <li>• Systolic hypertension</li> <li>• Increased perspiration</li> <li>• Warm, moist, and smooth skin</li> <li>• Lid lag, stare</li> <li>• Tremor in the tongue and hand</li> <li>• Muscle weakness</li> </ul>

### Nidana-

According to Ayurveda, the Nidana include- *Dosha hetu*, *Vyadhi hetu* & *Viprakusta hetu*

*Dosha hetu*- here, both *vata* and *Pitta dosha dushti* are seen. *Vata-pitta dosha dushti nidana* are *Aharaja* and *Viharaja*, where *teekshana*, *ushna*, *katu*, *lavana*, *amla rasa pradhana ahahara*. *Ratrijagarana* etc.

*Vyadhi hetu*- consumption of *Dushi visha*, like excess administration of drugs like Amiodarone, Alemtuzumab, excess iodine intake, interferon-alpha, PD-1 inhibitors ex-Nivolumab. Etc.

*Viprakrusta hetu* – Imbalance of *Trayoupasthambha*, *Prajnaparadha*, *Asthamendriyarthasamyoga*, not following the appropriate *Dinacharya* & *Ritucharya*.

### Samprapti

Probable *samprapti* in hyperthyroidism in the context of *dosha* & *dhatu paaka*-

*Excess pitta* causes increased activity at the cellular level because of *ushna* and *teeksha guna*. The imbalance happens, leading to pathology due to hyperactivity in association and coordinated by the *yogavaahi guna* of *Vata*. When *vata pitta samsarga*, there will be an increase in *ushna* and *teekshna guna*, leading to *daha* and *atyagni*

at the *dhatu* level, leading to excessive *dhatu paaka*. As *Chakshu* is *pitta sthana*, here clinical features of thyroid orbitopathy are seen here. On evaluation, it's found that the symptoms of *pitta vriddhi*, *vata vriddhi*, and *kapha kshaya* are observed in hyperthyroidism.

Further *kapha kshaya* induces *kshaya of rasa*, *mamsa*, *meda*, *majja*, and *sukra datus*. *Artava* is *upadhatu* of *rasa dhatu* is also decreased due to *rasa kshaya* caused by *kapha kshaya*. In this disease, all the *Dhatus* become debilitated, and the person becomes cachectic and suffers from the syndrome of *Hritpeeda*, *Hridrava*, *Kampa*, *Shosha*, *Alpayapicheshtaya Sharma*, *Sphikgrevodar Sushkata*, *Krishata*, *Shrama*, *Kesha-Nakha Prapatanam*, *Dourbalya*, *Asthi Saushirya*, *Ashaktimaithune*, *Yathochitkala darshanam*, and *Alpa Artavata* [20]

### Hyperthyroidism correlation to Bhasmaka roga and Atyagni

*Bhasmaka Roga* is caused by *Atyagni* or *Tikshnagni*.

*Bhasmaka roga* can be correlated to Graves' disease. Here, the *Agni* will be so strong as to digest any amount of *Guru Ahara* very quickly. In the absence of *Ahara*, it starts digesting the *Dhatus*, leading to *Krishata* due to *Dhatu Paka*, which explains the presentation of increased BMR. Diminished *kapha*, vitiated *pitta* with



association of *vata*, increases *ushma guna of agni*, thereby increasing its capacity & power. In such a patient, if *ksheena, vata* further aggravates, which causes more *agni dushti* and empowers *teekshnata*. After *pachana*, it does *paaka of rakatadhi dhatus*. [21]

### AYURVEDIC UNDERSTANDING OF HYPOTHYROIDISM.

Hypothyroidism is a hypometabolic clinical state resulting from inadequate production of thyroid hormones for prolonged periods, or rarely, from

resistance of the peripheral tissues to the effects of thyroid hormones.

Depending on the location of functional defects, it's classified as

- A) Primary hypothyroidism- deficient production of T3 and T4 (thyroid failure)
- B) Secondary hypothyroidism- Low TSH production (pituitary failure)
- C) Peripheral hypothyroidism- Thyroid hormone receptor resistance at the periphery. (cellular resistance)

Table no.5-Common signs and symptoms of hypothyroidism- [22]

Symptoms	Signs
<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Cold intolerance</li> <li>• Weight gain with poor appetite</li> <li>• Constipation, Dyspepsia</li> <li>• Shortness of breath</li> <li>• Hoarseness of voice</li> <li>• Heavy menstrual bleeding</li> <li>• Depression, Poor memory, and concentration</li> </ul>	<ul style="list-style-type: none"> <li>• Dry coarse skin, thin brittle nails, Paleness,</li> <li>• Cold extremities,</li> <li>• Decreased sweating,</li> <li>• Myxoedema,</li> <li>• Hair loss,</li> <li>• Bradycardia</li> <li>• Prolongation of the relaxation phase of the tendon reflexes.</li> </ul>

### Nidana

According to Ayurveda, the Nidana include- *Dosha hetu, Vyadhi hetu & Viprakusta hetu*

*Dosha hetu*- here, both *vata* and *kapha dosha dushti* are seen. *Vata dosha dushti nidana* are *Aharaja, and Viharaja*, where *Vishamashana, Alpaahara & Vega dharana, atibhara, Ucchirbhasana*, etc, and *kapha dosha dushti nidana* are *guru sheeta, ahara sevana divaswapna*, etc.

*Vyadhi hetu*- excessive consumption of *Dushi visha*, like administration of drugs like lithium, anti-Thyroid drugs, Dopamine Agonists, and Rexinoids. etc.

*Viprakrusta hetu* – Imbalance of *Trayoupasthambha, Prajnaparadha, Asthamendriyarthasamyoga*, not following the appropriate *Dinacharya & Ritucharya*.

### Samprapti

Probable *samprapti* in hypothyroidism in the context of *Dosha - Agni* does the proper maintenance of the body. *Agni* is responsible for the complexion, strength, health, enthusiasm, lustre, digestion, and even the whole life. [23]

*Kapha* properties, such as *manda, sheeta, and guru*, when in excess, cause reduced activity at the cellular level. Therefore, any imbalance that occurs leads to hypoactivity pathology, which is associated with and coordinated by *yogavahi vata*. Hypo means *manda guna* means reduced activity, *sheeta guna*, which is *sthambana* in nature, and *guru*, which causes hypoactivity of *agni*, not only *jataraagni* but also *dhatwagni*. The thyroid, which is located in *kapha sthana*, has cuboidal follicular cells that secrete thyroid hormone when increase in



*manda, sheeta*, and *guru gunas* at the cuboidal cells, which is in *kanta*, leading to hypoactivity. Because of *guru, manda, sheeta gunas*, there will be *mala sanchaya*, hence weight gain and inhibition at *dhatwagni* level, and reduced activity of BMR leading to all clinical features of hypothyroidism.

Hypothyroidism is characterized by edema of subcutaneous tissue with an increased content of proteoglycans in the fluid. Here, *kaphaja shophya samprapti* can be seen, where pt presents with c/o weight gain, oedema, mainly pretibial oedema.

Probable *samprapti* in hypothyroidism in the context of *Rasapradoshaja vikara*- due to various *Nidana*, there is *jatragni* and *dhawatagnimandya*, especially *Rasadhwatagnimandya* & *rasavaha srotodusti* caused because of *sanga* in *rasavaha srotas* leading to formation of *malarupi kapha* & *samarasa* in excess, which later causes *uttaouttardhatu vaishamya* and resulting in symptoms of hypothyroidism such as *Asradha, aruchi, Tandra, Angamarda, Panduutvam, Klaibyam, Agnimandya*. [24]

Correlation of *Ama* with Hypothyroidism. *Ama* plays a major role in pathogenesis. Due to the various *Nidanas* leading to *Jatharagnimandhya* leads to *Dhatwagnimandhya* and the production of *Ama*. It is the major cause for *sroto avrodhata* leading to *Avarana*. Here, *Vata dosha* is responsible for stimulating thyroid gland secretions because of *gati guna*. but thyroid is located in *Kanta Pradesh*, which is *kapha dosha pradhana sthana*. *Kapha* having *guru, sheeta, sthambha gunas*, which does the *avarana* of *vata* leading to *kaphaavruta vata lakshnas Skhalitagatra, Shaitya, Atisheetata, Gaurava, Guru gatrata, Gurutaangeshu, Langhana, Aruchi, Ruksha, Balavarnapranasha* etc.

Hashimoto's thyroiditis correlated to *Dhatukshaya janya* – due to *apathya nidana sevana* causes to *jatharagni* and *dhatwagnimandya* leading to *uttarrotara dhatu vikriti*, ultimately causing *Ojo Vikruti*. This *vikrita ojas* affects *vyadhi kshamatva* in the body and develops into an autoimmune condition.

## DISCUSSION

*Agni* is given very high credentials, which goes with the quote of Acharya Vagbahta as '*roga sarvepi mandagno*', and also complete *Nasha* of *agni* leads to death, so proper maintenance of *agni* is of utmost importance.

Metabolism- the sum of the chemical reactions that take place within each cell of a living organism and that provide energy for vital processes and for synthesizing new organic material. *Agni*, in its various forms as *jatragni, Bhutagni, Dhatvagni*, governs all the metabolic activities of every cell and also the process of digestion and absorption.

When *agni* is normal, *utro utro dhatu poshana* happens, thus maintaining the *sharira upachaya (vridhhi)*. Similarly, thyroid hormones maintain the Basal metabolic rate of the body along with growth and other functions. As explained by Acharya Charaka, *Dhatu vridhhi* and *kshaya* are dependent on *agni*, whereas similar features of weight gain & weight loss are primarily found in hypothyroidism & hyperthyroidism, respectively, along with other features. *Agnidushti, rasadushti, rasapradoshja vikara*, along with *tridosha* involvement in various permutations and combinations, may be equated with various thyroid disorders. *Dosha*, even though it has antagonistic qualities, does not harm the body in its physiological state due to *Sahaja satmya*, whereas long-standing *nidana sevana* brings about pathologic changes in this *Sahaja satmyatva* & results in various diseases. This may be equated with the pathogenesis of autoimmunity where autoantibodies act against self-antigens and result in autoimmune disorders such as Hashimoto', Graves' disease, etc.

As our acharya has mentioned, not every disease can be named, so for a physician, it's important to identify the causes and understand disease progression and clinical signs and symptoms, and understand *dosha, dushya, srotas* involved in disease and devise a treatment. So rather than naming of disease, its clinical understanding has more significance.

## CONCLUSION

The thyroid hormone controls the metabolic activity of the body; however, in Ayurveda, *Jatharagni, Bhutagni*, and *Dhatvagni* govern the metabolic activity of the body. So, the source of sickness is a change in metabolic activity, which Ayurveda refers to as vitiation of *Dhatvagni*. Hyperthyroidism symptoms align with an increase in *Pitta* and *Vata dosha*, while hypothyroidism correlates with *Dhatvagnimandya*, exhibiting signs similar to *Kaphaja shophya*, such as myxoedema. Although most thyroid function tests are straightforward, some patients present results that do not align with their



clinical picture, necessitating a structured approach for further assessment. Agni and thyroid hormones are integral to sustaining life processes and ensuring the body operates efficiently. Maintaining a balanced Agni through proper diet, lifestyle, and stress management is essential for optimal health and well-being.

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