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A CASE REPORT ON THE EFFICACY OF AYURVEDIC MANAGEMENT IN SANTARPANOTTHA VIKARA (~HYPOTHYROIDISM)

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ABSTRACT

Background: Santarpanottha Vikara refers to a group of disorders caused by over-nourishment, excessive Kapha, Meda accumulation, and impaired Agni. Patients commonly present with symptoms such as heaviness, lethargy, excessive sleep, indigestion, and reduced physical and mental efficiency. Ayurveda advocates *Langhana*, *Amapachana*, and *Shamana Chikitsa* to restore Agni and correct Kapha-Meda imbalance. A 32-year-old female with a known case of hypothyroidism presented with complaints of morning laziness, excessive daytime sleepiness, indigestion, heaviness in the abdomen after meals, irregular bowel evacuation, facial puffiness in the morning, disturbed sleep at night, and reduced mental well-being. Her weight was 75 kg, height 5 feet (152.4 cm), and BMI was approximately 32.3 kg/m^2, indicating obesity.

Intervention: The patient was treated with Ayurvedic *Shamana Chikitsa* consisting of *Punarnavastaka Kwatha* 20 ml twice daily, *Amapachaka Vati* 2 tablets twice daily before meals, *Sudarshana Churna* 5 g twice daily on an empty stomach, and *Eranda Bhrishta Haritaki* 4 g at bedtime for one month.

Outcome: After one month of treatment, the patient reported marked improvement in all presenting symptoms. Daytime sleepiness, lethargy, indigestion, abdominal heaviness, bowel irregularity, facial puffiness, and disturbed sleep resolved. Mental stress reduced, and the patient reported improved well-being and satisfaction with treatment. No adverse events were observed.

Conclusion: This case suggests that Ayurvedic *Shamana Chikitsa* focusing on *Amapachana*, *Deepana*, *Anulomana*, and *Kapha-Meda* reduction may be beneficial in managing *Santarpanottha Vikara*.

Keywords: Santarpanottha Vikara, Punarnavastaka Kwatha, Amapachaka Vati, Sudarshana Churna, Eranda Bhrishta Haritaki, Case Report.

Introduction

Santarpanottha Vikara is described in Ayurveda as a group of disorders arising from excessive nourishment, *Kapha* aggravation, *Meda* accumulation, and impaired digestive and metabolic fire (*Mandagni*). Improper dietary habits, sedentary lifestyle, excessive sleep, and lack of physical activity contribute to the pathogenesis. Patients often present with heaviness, lethargy, excessive sleep, indigestion, obesity, and reduced physical and mental efficiency. [1]

Ayurvedic management emphasizes correction of Agni, digestion of Ama, reduction of *Kapha* and *Meda*, and restoration of normal metabolism through *Langhana*, *Deepana*, *Pachana*, and *Anulomana*. This case demonstrates the clinical outcome of such an approach. Hypothyroidism is one of the most common endocrine disorders, characterized by deficient production of thyroid hormones, resulting in a generalized slowing of metabolic processes. It affects approximately 3–5% of the general population, with a significantly higher prevalence among women than men. Clinically, hypothyroidism presents with symptoms such as fatigue, excessive sleepiness, weight gain, constipation, facial puffiness, cold intolerance, dry skin, and impaired physical and mental performance. If left untreated, it may lead to metabolic disturbances, cardiovascular complications, dyslipidemia, and a reduced quality of life. [2] According to Ayurvedic principles, *Agnimandya* is the primary factor responsible for the formation of *Ama*. The accumulated *Ama*, along with vitiated *Kapha* and increased *Meda*, obstructs the normal physiological channels (*Srotorodha*), leading to impaired metabolism and manifestation of symptoms such as heaviness, lethargy, excessive sleep, constipation, and weight gain. Therefore, the therapeutic approach focuses on *Deepana* (enhancement of digestive fire), *Pachana* (digestion of *Ama*), *Anulomana* (normalization of bowel movement), and *Kapha-Medohara Chikitsa* to restore metabolic balance.

The present case report aims to assess the efficacy of Ayurvedic *Shamana Chikitsa* in a patient with hypothyroidism exhibiting manifestations of *Santarpanottha Vikara*, emphasizing improvements in digestive function, sleep pattern, physical activity, and mental well-being.

Patient Profile

A 32-year-old female, weighing 75 kg with a height of 152.4 cm (5 feet) and a BMI of 32.3 kg/m^2, presented to the Ayurvedic Kayachikitsa Outpatient Department (OPD) in P. P. Savani Ayurvedic College and Hospital. She was a known case of hypothyroidism and had been experiencing symptoms for the past 2 years. The patient presented with complaints of morning laziness, excessive daytime sleepiness, whole-day drowsiness, indigestion, heaviness in the abdomen after meals, irregular bowel evacuation, facial puffiness in the morning, disturbed sleep at night, and progressive weight gain for the past 2 years. These symptoms gradually increased in severity and affected her daily routine and overall quality of life. Despite treatment for hypothyroidism, she continued to experience these complaints. Based on the clinical features and Ayurvedic assessment, the condition was diagnosed as *Santarpanottha Vikara*, and she was managed with *Shamana Chikitsa*.

History of present illness

The patient was apparently healthy two years ago, following which she gradually developed morning laziness, excessive daytime sleepiness, indigestion, heaviness in the abdomen after meals, irregular bowel evacuation, facial puffiness in the morning, disturbed sleep at night, and progressive weight gain. She was diagnosed with hypothyroidism and received conventional treatment; however, her symptoms persisted with only partial relief. The excessive sleepiness, lethargy, and digestive complaints progressively affected her daily activities and work efficiency. She visited the Ayurvedic Outpatient Department seeking further management. Based on the history, clinical examination, and Ayurvedic assessment, the condition was diagnosed as *Santarpanottha Vikara* associated with *Mandagni*, *Ama*, *Kapha* predominance, and *Meda Vriddhi*, and *Shamana Chikitsa* was initiated.

Clinical assessment

Table 1: Ayurvedic Symptom Severity Score (Primary Outcome)

Symptom	0	1	2	3
Alasya (Lethargy)	None	Mild	Moderate	Severe
Atinidra (Daytime sleepiness)	None	Mild	Moderate	Severe
Ajirna (Indigestion)	None	Mild	Moderate	Severe

Symptom	0	1	2	3
Gaurava (Heaviness after meals)	None	Mild	Moderate	Severe
Irregular bowel evacuation	Normal	Mild	Moderate	Severe
Facial puffiness (*Shotha*)	None	Mild	Moderate	Severe
Disturbed sleep	None	Mild	Moderate	Severe

Table 2: Therapeutic Intervention Administered During the Treatment Period

Intervention	Dose/Method	Frequency & Duration	Ayurvedic Principle (Karma)
Punarnavastaka Kwatha	20 ml orally with lukewarm water	Twice daily after meals for 1 month	*Deepana*, *Pachana*, *Shothahara*, *Kapha-Medohara*
Amapachaka Vati	2 tablets orally	Twice daily before meals for 1 month	*Amapachana*, *Deepana*, *Agnivardhana*
Sudarshana Churna	5 g orally with lukewarm water	Twice daily on an empty stomach for 1 month	*Deepana*, *Pachana*, *Amahara*
Eranda Bhrishta Haritaki	4 g orally with lukewarm water	Once daily at bedtime for 1 month	*Anulomana*, *Vatanulomana*, *Mala Shodhana*
Udvartana with *Triphala Churna* (100 g)	Externally	Once daily for 30–45 minutes for 1 month	*Rukshana*, *Lekhana*, *Kapha-Medohara*, *Srotoshodhana*

The patient was managed with *Shamana Chikitsa* for one month. The treatment included oral administration of *Punarnavastaka Kwatha* (20 ml twice daily after meals), *Amapachaka Vati* (2 tablets twice daily before meals), *Sudarshana Churna* (5 g twice daily on an empty stomach), and *Eranda Bhrishta Haritaki* (4 g at bedtime with lukewarm water). In addition, daily *Udvartana* was performed using 100 g of *Triphala Churna* as an external dry powder massage over the whole body, followed by oral medications. The treatment was planned according to the principles of *Deepana*, *Pachana*, *Amapachana*, *Rukshana*, *Lekhana*, *Anulomana*, and *Kapha-Medohara Chikitsa*, along with *Pathya Ahara* and appropriate lifestyle modifications.

Results

The patient completed one month of *Shamana Chikitsa* without any adverse events and demonstrated marked clinical improvement. As shown in Table 3, there was complete resolution of the major presenting complaints, including *Alasya* (morning laziness), *Atinidra* (excessive daytime sleepiness), *Ajirna* (indigestion), *Gaurava* (heaviness in the abdomen after meals),

irregular bowel evacuation, facial puffiness (*Shotha*), and disturbed sleep. The patient also reported improved bowel habits, better digestion, enhanced physical activity, and restoration of normal sleep. Mental well-being improved substantially, with the patient reporting no perceived mental stress at the end of the treatment period. Overall, the clinical findings indicate significant symptomatic improvement following one month of Ayurvedic management.

Table 3: Clinical Outcome Before and After Treatment

Clinical Parameter	Before Treatment	After Treatment
Morning laziness (*Alasya*)	Present (Severe)	Absent
Excessive daytime sleepiness (*Atinidra*)	Present (Severe)	Absent
Indigestion (*Ajirna*)	Present	Absent
Heaviness after meals (*Gaurava*)	Present	Absent
Irregular bowel evacuation	Present	Normal
Facial puffiness (*Shotha*)	Present	Absent
Disturbed sleep	Present	Normal
Mental well-being (WHO-5)	Reduced	Improved
Mental stress	Present	Nil

Discussion

In the present case, the patient exhibited classical features of *Santarpanottha Vikara* such as *Alasya* (lethargy), *Atinidra* (excessive sleep), *Gaurava* (heaviness), *Ajirna* (indigestion), *Mandagni*, *Meda Vriddhi*, facial puffiness (*Shotha*), and irregular bowel habits. According to Ayurveda, these manifestations are caused by *Kapha* predominance, *Meda* accumulation, *Agnimandya*, and *Ama* formation. Therefore, the treatment was planned according to the principles of *Rukshana*, *Deepana*, *Pachana*, *Kapha-Medohara*, and *Anulomana*. Initially, *Udvartana* with *Triphala Churna* was administered as an external *Rukshana* therapy. *Udvartana* is indicated in disorders caused by aggravated *Kapha* and excessive *Meda*. It possesses *Ruksha*, *Lekhana*, and *Kapha-Medohara* properties that help liquefy and mobilize accumulated *Kapha* and *Meda*, improve peripheral circulation, open obstructed *Srotas* (*Srotoshodhana*), and reduce *Gaurava* and *Alasya*. By reducing *Kapha* dominance and facilitating the elimination of *Ama*, *Udvartana* prepares the body for better response to internal medications. *Charaka* states that *Udvartana* alleviates *Kapha*, reduces *Meda*, imparts firmness to the body, and improves lightness (*Laghava*). Likewise, *Ashtanga Hridaya* recommends *Udvartana* in conditions of obesity and *Kapha*-dominant disorders. [3]

Following *Udvartana*, oral *Shamana Chikitsa* was initiated to address the underlying *Agnimandya*, *Ama*, and *Kapha-Meda* predominance. *Punarnavastaka Kwatha* possesses *Deepana*, *Pachana*, *Shothahara*, *Mutrala*, and *Kapha-Medohara* properties, which help improve *Agni*, reduce edema, and restore normal metabolism. [4]

Amapachaka Vati acts as a potent *Deepana-Pachana* formulation, facilitating the digestion of *Ama*, enhancing digestive fire (*Agnivardhana*), and preventing further formation of metabolic toxins. [5] *Sudarshana Churna*, being predominantly composed of bitter (*Tikta*) drugs, exhibits *Deepana*, *Pachana*, and *Amahara* properties that help correct *Mandagni* and improve digestive and metabolic functions. [6] *Eranda Bhrishta Haritaki* promotes *Anulomana*, regulates bowel evacuation, and facilitates the elimination of accumulated *Mala* and *Ama*, thereby relieving constipation and reducing *Vata-Kapha* aggravation. [7]

The combined effect of *Udvartana* and *Shamana Chikitsa* resulted in correction of *Agni*, digestion of *Ama*, reduction of *Kapha* and *Meda*, normalization of bowel habits, and improvement in both physical and mental well-being. After one month of treatment, the patient showed marked clinical improvement with complete relief from *Alasya*, *Atinidra*, *Ajirna*, *Gaurava*, facial puffiness (*Shotha*), and disturbed sleep, along with normalization of bowel habits and enhanced mental well-being. These findings suggest that an Ayurvedic treatment approach combining *Rukshana* therapy (*Udvartana*) with appropriate *Shamana Chikitsa* may be beneficial in patients presenting with features of *Santarpanottha Vikara*. However, as this is a single case report, larger well-designed clinical studies are warranted to establish the efficacy and reproducibility of these observations.

Conclusion

This case report demonstrates that Ayurvedic management comprising *Udvartana* with *Triphala Churna* followed by *Shamana Chikitsa* using *Punarnavastaka Kwatha*, *Amapachaka Vati*, *Sudarshana Churna*, and *Eranda Bhrishta Haritaki* was associated with marked clinical improvement in a patient with hypothyroidism presenting with features of *Santarpanottha Vikara*. The treatment resulted in relief from *Alasya*, *Atinidra*, *Ajirna*, *Gaurava*, facial puffiness, irregular bowel habits, and disturbed sleep, along with improvement in mental well-being after one month of therapy. The observed clinical outcome suggests that an Ayurvedic treatment approach focused on *Rukshana*, *Deepana*, *Pachana*, *Anulomana*, and *Kapha-Medohara* principles may be beneficial in managing patients with *Santarpanottha Vikara (~Hypothyroidism)*.

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