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CASE REPORT

"Ayurvedic Management of Graves Disease": A Case Report

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ABSTRACT

A 24-year-old male patient presented to Shri Jayachamarajendra Hospital on January 2024 with a 3-year history of symptoms, including palpitations, fatigue, tremors, exophthalmos, increased appetite, decreased sleep, anxiety, and weight loss. The patient had no family history of similar conditions and was previously diagnosed with Graves' disease. In ayurveda there is no direct response for Graves' disease, but the symptoms and causes correlate with *ojokshaya* and Ojo visramsa induced by vikruta pitta. Contributing factors for Ojokshaya includes Patient was born in the condition of *ojo asthira* (preterm baby born in 8th month), along with irregular and increased consumption of processed and deep-fried foods, excessive physical activity including cycling, prolonged exposure to sun and wind, and chronic stress due to family issues. These factors were found to be the cause of *Ojovisramsa* along with *Pitta Prakopa*, which in turn triggered autoimmune responses resulting in Graves' disease. The treatment strategy focused on increasing *Vyadhikshamatva* by normalizing the aggravated Pitta. Shamana therapies were employed, beginning with *Dipana and Pachana,* followed by Sukumara Ghrita Pana and Pancha Tikta Ghrita Pana, along with the administration of *Amritaprasha ghrita*. External therapies included *Mahanarayana Taila* Abhyanga and *Shiroabhyanga* with Brahmi Taila. By March 2024, the patient's thyroid function had improved, with T4 levels decreasing from 17.80 to 14.11 and TSH remaining stable at 0.008. The patient reported significant improvement in both physical and mental well-being. This case highlights the effectiveness of a comprehensive Ayurvedic approach in managing Graves' disease by addressing the underlying Pitta Prakopa and ojas

1. INTRODUCTION

Graves' disease is the most prevalent organ-specific autoimmune disease, which primarily affects the thyroid gland along with systemic manifestations that primarily affect the heart, skeletal muscle, eyes, skin, bone, and liver. It is the most common cause of hyperthyroidism.[1] Overactivity of helper T Cells or decreased suppressor cell activity causes abnormal immune responses that are seen in autoimmunity. Failure to diagnose Grave's disease in a timely manner can predispose thyroid storm, which carries high morbidity and mortality. Grave's disease can be understood as *Ojo visramsa* induced by *Prakupita pitta*.[2] *Ojovisramsa* – it is comprised of *Oja* and *Visramsa*. *Ojas* refers to bodily strength, Dalhana mentioned Visramsa as *visramsa ha sthanachyuthir-abhighatat-adhibhi points* to displacement from its normal place. *Ojovisramsa,* as a type of *Ojo kshaya* characterized by symptoms such as *Sandhi vislesha, gatranam sadanam, doshachyavanam, kriyasannirodha, Balahani*.[3] Due to *Ojovisramsa, vyadhikshamatva* of the body gets hampered, as a consequence body becomes unable to fight against the disease and produces antibodies against own cells. The majority of patients with thyrotoxicosis possess antibodies to Thyroglobulin. Lymphocytic infiltration is common in thyrotoxic glands. The immunological basis of thyrotoxicosis is supported by the identification of the long-acting thyroid stimulator (LAST), which is an IgG antibody to the thyroid membrane antigen. A combination of LAST with the surface membrane of thyroid cells seems to stimulate excessive hormone secretion.[4]

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2. CASE REPORT

A 24-year-old male presents with a multifaceted clinical profile characterized by fatigue, weakness, palpitations, increased sweating, tremors, hyperphagia, weight loss, exophthalmos, irritability, anxiety, and impaired concentration. Despite the absence of a familial history of thyroid disorders, the patient is a preterm baby born in the 8th month of gestation who did not cry for the first 3 h post-delivery. This condition indicates that the *Ojas* is in an unstable *(Asthira*) state, making the child susceptible to fear (*Bhaya*) and diseases associated with *Vata Vruddhi* (aggravation of the *Vata dosha*), along with the patient's medical

history, which is notable for a childhood accident resulting in epistaxis and knee bruising, as well as a clavicle fracture sustained in 2013. His lifestyle factors include a prolonged habit of consuming deep-fried food which is made of reheated oil, consuming food contained artificial coloring agent. coupled with extensive daily cycling (2–3 h) since 7 years, which led to significant exposure to environmental elements. And also he adopted irregular sleep patterns, with consistent late-night sleep and early morning awakenings. Preceding the onset of his symptoms, the patient experienced considerable stress due to financial difficulties within his family, which was followed by notable hair loss. For this, he went to the clinic where he was prescribed Albendazole and Ivermectin suspension, after taking this, he developed severe diarrhea, with episodes occurring 8–10 times daily over a 10-day period. Again, he went to the hospital. In February 2021, the patient was diagnosed with hyperthyroidism, as indicated by laboratory findings of TT3 at 3.65 ng/mL, T4 at 17.80 μg/dL, and TSH at 0.01 μIU/mL. Despite a 3-year regimen of Neo-Mercazole 10 mg, therapeutic outcomes have been suboptimal, prompting the patient to seek further intervention at our institution.

2.1. Past History

Nothing significant.

2.2. Family History

No any other family members have suffered from the same problem.

2.3. Clinical Findings Diagnostic Assessments

On physical examination, the positive finding includes-

1. Tachycardia
2. Tremor
3. Muscle weakness
4. Proximal myopathy
5. Difficult to swallow the saliva
6. Exophthalmos

2.4. Examination

2.4.1. General physical examination

- Blood pressure-120/80 mmHg
- Pulse rate-84 beats/min
- Respiratory Rate-18/min
- Temperature -Afebrile
- General condition -Poor
- Pallor -Absent
- Icterus - Absent
- Cyanosis -Absent

2.4.2. Trivida Pariksha

Table 1.

2.4.3. Astavida Pariksha

- *Nadi* - Jalouka gati, 74 b/m
- *Mala* - once in day, medium in consistency, Brownish slight yellow in color
- *Mutra* - 6–8 times in day/0–1 times in night, *prakurta varna*
- *Jiwha* - Alipta
- *Sparsha - ushna sparsha*
- *Drik* - Bulging out of both the eyes. Exophthalmos, Redness of eyes
- *Akruti – Madyama.*

2.4.4. Dashavidha Pariksha

Prakruti- pittapradhana vata
Vikruti- Dosha- Pitta vridda tama, vata vridda tara.
Pitta- pachaka. Guna- Teeksha, Ushna, Lagu
Vata- samana, prana, vyana. Guna- Laghu, Ruksha, chala, Sukshma.
Dushya - Rasa, Rakta, Mamsa, Meda, Asthi, Majja
Sara- Madyama
Pramana- Madyama
Satmya- Avara
Satva- Madyama
Ahara shakti- Abyvarana shakti – Madyama, Jarana shakti – Pravara
Vyayama shakti – Madyama
Vaya- Madyama

2.4.5. Nidana panchaka

- *Vata prakopakara aharaja nidana*
  1. *Ruksha bhojana* – biscuits, chips
  2. *Pramita ashana*
  3. *Vishamashana*
  4. *Anashana*- Skipping of meals in the morning.
- *Vata prakopakara viharaja nidana*
  1. *Ratrijagarana*
  2. *Ati vyayama*- excessive cycling
  3. *Atimaruta sevana.*
- *Pittaprakopakara aharaja nidana*
  1. *Vidahi Anna pana*- chips
  2. *Ati Amla lavana yukta Ahara sevana*
  3. Intake of 2–3 Eggs/day
  4. Intake of chicken weekly 5 times
  5. Intake of food which is made of reheated oil and food containing artificial coloring agent.
- *Pitta prakopakara viharaja nidana*
  1. *Ati Atapa sevana*
  2. *Alpa Nidra.*
- *Manasika nidana*
  1. *Ati chinta and Bhaya*
  2. Stress due to financial issues
  3. *Ati kroda.*

Ojokshyakaraka nidana[5,6]

Ojoanavastita due to birth in the 8th month. Which results – in constant fear, Garba may get affected by vata

- *Aharaja nidana*
  1. *Ruksha Anna pana*
  2. *Anashana*
  3. *Pramita Ashana*
- *Viharaja nidana*
  1. Excessive cycling
  2. Late-night sleep due to work
- *Manasika nidana*
  1. *Ati chinta*
  2. *Krodha*

2.4.6. Purva Rupa

1. *Balakshaya*

2.4.7. Rupa

1. *Vepana*
2. *Balakshaya*
3. *Shosha*

4. *Alpayapicheshtaya shrama*
5. *Sphikgreevodara shushkata*
6. *Krishata*
7. *Kesha prapatana*
8. *Dourbalya*
9. *Nidra nasha*- difficulty in getting sleep
10. Muscle weakness
11. *Daha,* especially in the eyes
12. Redness of eyes

2.4.8. Upashaya

1. *Sheetapochara*

2.4.9. Anupashaya

1. *Ushnopachara*
2. *Ratrijagarana*

2.4.10. Samprapti

Sankya-1
Pradhanya- pitta vriddatama, vata vriddatara, Kapha heena
Vidhi- Nija vyadhi
Vikalpa -Ushna, teekshana guna vruddi of pitta.
Laghu, chala guna vruddi of vata.
Sneha guna hani of kapha
Bala kala – symptoms does aggravates when ever the patients sleep gets disturbed

2.4.11. Samprapti

All the above-mentioned *vata and pitta kara nidana and Ojo kshyakara nidana* (Fig. 1).

2.5. Therapeutic Intervention

Table 2.

2.6. Assessment of the Treatment

Mentione din pics and reports below.

3. DISCUSSION

The main causes found in this patient were taking deep-fried food made of reheated oil, along with containing artificial food coloring agents. Using this type of food in the long term may change the genetic structure. Graves' disease is the most common cause of hyperthyroidism in iodine-sufficient areas. The main responsible mechanism is related to autoantibodies that bind and activate the thyrotropin receptor.[7]

Grave's is an organ-specific Autoimmune disease, where Autoimmunity is produced due to a combination of 3 factors such as endogenous abnormalities in the immune system, in a genetically susceptible host, with a trigger from exogenous agents.[8]

According to the Ayurveda, diseases are mainly classified as *Nija* and *Agantuja*. Endogenous abnormalities can be considered as *ojoasthira,* as patient was born in 8th month 7, along with *vikruta avasta* of *tridosha* due *prakrita sama samaveta* and *vikruta vishama samaveta* of *Dosha* and *Dushya*.

A genetically susceptible host can be considered as an person born with *Avara Beeja Sampath*, which is one among the *Bala vriddikara bhava*.[9]

Trigger from exogenous agents can be understood as an Agantuja vikara that causes impairment of sharira due to its invasion.

By the combination or interaction of all the 3 factors makes an alteration in the immune system, leading to a decrease in *vyadhikshamatva.*

Due to certain causative factors (Nidana Sevana), Kapha decreases, and Pitta becomes highly aggravated. The aggravated Pitta, aided by Vata, targets the Pachaka Sthana (digestive system) and increases the activity of Pachakagni (digestive fire), leading to hyperactivity. The hyperactive Pachakagni digests ingested food extremely rapidly, causing a depletion of nutrients even as food is consumed. When there is insufficient food available for digestion, this overactive Agni begins to break down the Dhatus (body tissues) like Rakta (blood), Mamsa leading to Kshaya (wasting or depletion) of the Dhatu. Hyperactivity of these tissue-specific Agnis consumes the ahara too rapidly, causing an imbalance.[10]

- Increased Agni → Depletion of Dhatus.
- Decreased Agni → Accumulation of Dhatus.

This state of Atyagni (excessive digestive fire) resembles the symptomatology of hyperthyroidism, where there is excessive metabolic activity leading to rapid consumption of body tissues and weight loss. Similar to how hyperthyroidism results in increased basal metabolic rate and tissue depletion, Atyagni leads to the rapid destruction of body tissues (Dhatu Kshaya), along with the dryness (Ruksha Guna) induced by aggravated Vata, further exacerbates tissue breakdown, leading to a more pronounced state of tissue depletion and overall imbalance in the body.

The Essence of all the Dhatu is Ojas, it is located in Hridaya and circulates all over the body via rasa dhatu, when presented at the tissue level termed a *Dhatutejorupi*.[11] Acharya Dalhana opines that the *Abhyantara bala* is derived from *ojas*, thus it enhances general health and is responsible for *Vyadhikshamatva*. When *ojas* becomes *kshaya,* it leads to several disease mainly categorized into *oja visramsa*, *ojo kshaya*, *ojo vyapad*. Moreover, increased pitta causes *visramasa* of *ojas*. Decreased *vyadhikshamatva* due to *Ojovisramsa* results in *Bala hani*, *Karmakshaya*, and Along with Pitta vruddi Lakshana.

Although Graves hyperthyroidism is relatively common, no causal treatment options are available. Established treatment modalities are antithyroid drugs, which reduce thyroid hormone synthesis, radioactive iodine, and surgery. However, emerging drugs that target the main autoantigen (monoclonal antibodies, small molecules, peptides) or block the immune pathway have been recently tested in clinical trials. Graves disease can involve the thyroid exclusively, or it can be associated with extrathyroidal manifestations, among which Graves orbitopathy is the most common.

Treatment includes *Atyayika* and *Lakshanika chikista* followed by *Ojovardana* with the help of *datusamyata*. Intially vata pitta hara shamanoushadi were given, which helps to reduce the teekshanata of the agni along with decreasing the symptoms. Chitrakadi vati, which helps to digest the undigested food and removes accumulated toxin due to malabsorption of food particles, which helps to digest Ama and helps in vatanulomana. Arogyavardhini vati which includes Dashamula, katuki, yavakshara, Musta, Shunti, Maricha, and Triphala, helps for reducing pitta. Avipattikara churna is shotahara, which helps in reducing the inflammation and also in reducing pitta and does Vata anulomana.[12] Sukumara gritha, which is mainly used for the person who were suffering from vata, atapa, and Advayana and act as a rasayana.[13] which helps in Brahmi taila, Bacopa is an active ingredient that has properties of reducing inflammation and oxidative stress.[14]

Maharanaya taila and ksherabala taila, which help in vata hara and gaining the bala Vatawidwamsa rasa contains Maricha, pippali,

Parada, Shunti, which act on the immune system to modulate immunity. Along with it also helps to reduce kampa by decreasing chala guna of vata.[15]

Guduchi satva, which has a property of anti-inflammatory, immunomodulatory, and antioxidant property, and reduces the pitta,[16] Kushmanda rasayana acts as a rasayana that helps in increasing the bala.[17] Drakshadi Gritha which has property of pitta hara, daha nashaka, and helps to overcome from shrama and Brama.[18]

Pratimarsha Naya with Anu taia and Yastimadhu taila has the tendency to induce samyavatsha of Nidra and reduces the chances of insomnia.

Amairtaprasha gritha which is mainly indicated in people who are suffering from the disease from a long period of time (in kshaya Avasta) and who are having less bala, it act as a Brimhana by nourishing the dhatu.[19]

Pranayama and meditation help patients to feel calm by overcoming from anxiety.

4. CONCLUSION

After careful observation and examination of the patient, the disease diagnosed can be understood as the lakshana produced due to *Ojo kshya* and *Ojo visramsa* as a result of *Atyagni* combined with *Avara beeja samapath* and *Ojo Anavastita* due to birth in 8th month.

Avara beeja Sampath, Ojo astirata, along with the long-term exposure to chemicals which is present in processed food, reheated oil, act as *utpadaka hetu*, long-standing *pitta* and *vata prakopakara nidana,* along with continuous use of ivermectin and Albendazole, and disrupted circadian rhythm, act as *vyanjaka hetu*. This led to the progression of the course of the disease.

The treatment planned initially was *lakshanika chikista,* which includes correction of Agni, followed by Brimhana. Then virechana was adopted, which helps in reducing the pitta, along with vatanulomana. Rasayana was advised, in that mainly Amritaprasha prasha grita helped the patient to achieve the strength of the body along with stability of the mind. *Aharaja* and *viharaja patya* were advised, which helps in balancing circadian rhythm and digestion. As a result of these carefully planned treatments, there were marked improvements in the symptoms, alongside a notable reduction in T4 and T3 hormone levels, indicating positive progress in the patient's condition. TSH remained stable, which indicates that the pathology that has taken place at the level of Genes is difficult to reverse back, but the effect of Epigenetics can be mitigated.

5. ACKNOWLEDGMENTS

Nil.

6. AUTHORS' CONTRIBUTIONS

All authors give equal contribution in making of this manuscript.

7. FUNDING

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8. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case report.

9. CONFLICTS OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

10. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

11. PUBLISHERS NOTE

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Table 1: Trivedh pariksha

Pareeksha	**Findings**
Darshana	*1. Vepatu* 2. Exophthalmos 3. Redness of eyes 4. *Mamsa kshya*
Sparshana	1. *Ushna, Mridu Sparsha*
Prashna	*1. Atisweda* 2. Burning sensation over both the eyes 3. Increased Appetite 4. Loss of sleep 5. Feeling of restlessness 6. Can't able to do the work due to weakness and poor concentration

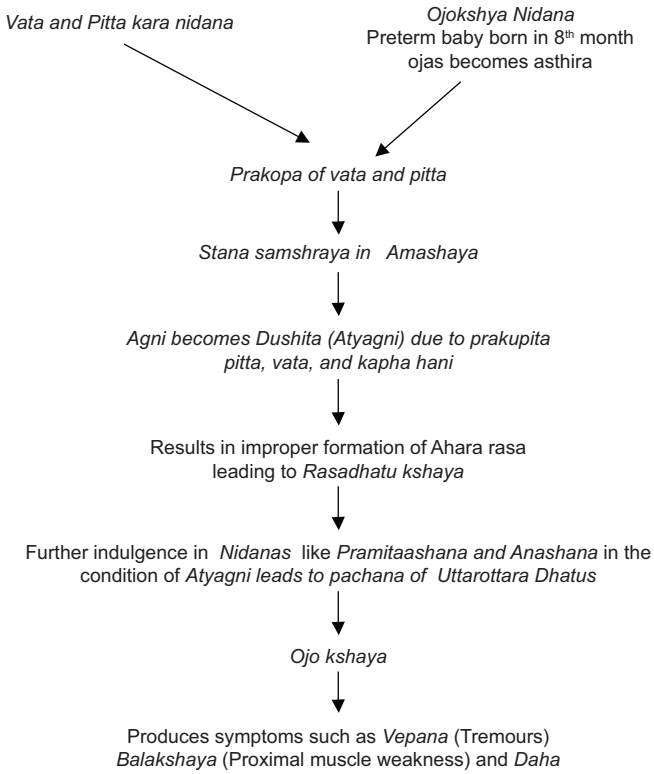
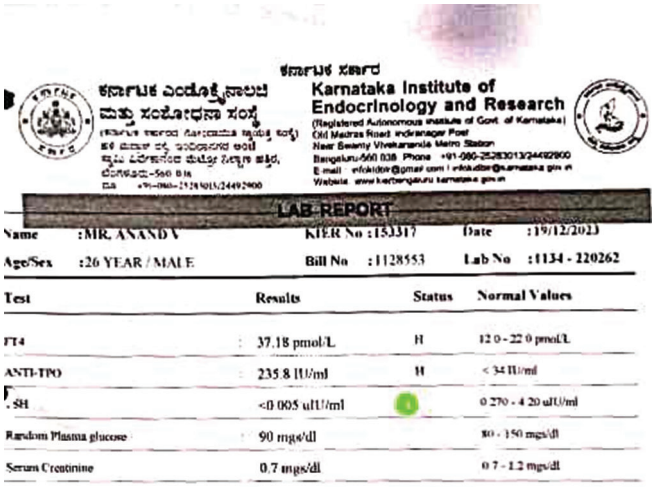


Fig 1: Samprapti of the disease

Table 2: Theraupatic intervention

Chikista	*Dravya used*	*Anupana*	Dosage	Duration	Result
1. *Pachana and Dipana*	1. *Chitrakadi vati* 2. *Arogyavardhini vati*	*Ushana jala*	1-0-1 before food	5 days	Lagutva of body vatanulomana
2. *Vata Anulomana*	*Avipattikara churna*	*Sukushna jala*	0-0-1/2 tsp before food	1 week	Complete evacuation of bowel.
3. *Shamanoshadi*	1. *Samshamana vati* 2. Vatavidwamsa rasa 3. *Guduchi satva*	*Sukoshna jala* *Sukoshna jala* *Sukoshna jala*	1-0-1 After food 1-0-1 After food 2 pinch After food		Reduction in the intensity of tremor and daha.
4. *Abhyanga*	*Mahanarayana taila* *Balashwagandadi taila*			1 month	Reduction in weakness
5. *Shiroabyanga*	*Brahmi taila*			2 month	Reduced anxiety Reduced burning sensation in the eyes
6. *Shamanarta Gritapana*	*Sukumara gritha pana*	*Sukoshna jala*	1-0-1 tsp on empty stomach	2 weeks	Decreased intake of food in between the meals.
7. *Shodhanarta gritha pana*	*Dadimadi Grita*	-		1 month	Snehana
8. *Virechana*	*Trivruth lehya along with Draksha Rasa*		Trivruth lehya- 50 g- Draksha-100 g previuos night soaked with water		17 vega occurred Pitta rechana Laghutva of the body and clearance of mind
9. *Shamanoushadi*	10. *Vatavidhwansa rasa* 1. *Datri loha*		2-0-2 after food	2 months	Reduction of kampa
11. *Nasya*	1. *Anu taila* 2. *Yastimadhu taila*		2 drops for each nostril Before food, 2 times in a day	15 days	Lagutva of shira
12. *Rasayana*	1. *Amritapasha gritha* 2. *Kushamanda rasayana*		1tsp -0 1tsp with milk after food	2 months	Increased strength of the body Reduction of shrama



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LAB REPORT

Name :MR. ANAND V | KIER No :153317 | Date :19/12/2023
Age/Sex :26 YEAR / MALE | Bill No :1128553 | Lab No :1134 - 220262

Test	Results	Status	Normal Values
FT4	37.18 pmol/L	H	12.0 - 22.0 pmol/L
ANTI-TPO	235.8 IU/ml	H	< 34 IU/ml
TSH	<0.005 uIU/ml	L	0.270 - 4.20 uIU/ml
Random Plasma glucose	90 mgs/dl		80 - 150 mgs/dl
Serum Creatinine	0.7 mgs/dl		0.7 - 1.2 mgs/dl

Lab-Technologist | Lab-In-Charge

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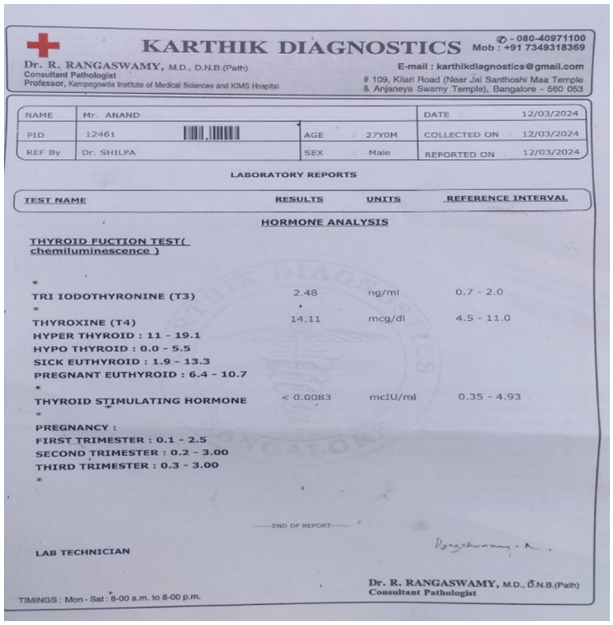

KARTHIK DIAGNOSTICS
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NAME	Mr. ANAND			DATE	12/03/2024
PID	12461		AGE 27Y0M	COLLECTED ON	12/03/2024
REF By	Dr. SHILPA		SEX Male	REPORTED ON	12/03/2024

LABORATORY REPORTS

TEST NAME	RESULTS	UNITS	REFERENCE INTERVAL
HORMONE ANALYSIS			
THYROID FUCTION TEST(chemiluminescence)			
TRI IODOTHYRONINE (T3)	2.48	ng/ml	0.7 - 2.0
THYROXINE (T4)	14.11	mcg/dl	4.5 - 11.0
HYPER THYROID : 11 - 19.1 HYPO THYROID : 0.0 - 5.5 SICK EUTHYROID : 1.9 - 13.3 PREGNANT EUTHYROID : 6.4 - 10.7			
THYROID STIMULATING HORMONE	< 0.0083	mcIU/ml	0.35 - 4.93
PREGNANCY : FIRST TRIMESTER : 0.1 - 2.5 SECOND TRIMESTER : 0.2 - 3.00 THIRD TRIMESTER : 0.3 - 3.00			

END OF REPORT

LAB TECHNICIAN

Dr. R. RANGASWAMY, M.D., D.N.B.(Path)
Consultant Pathologist

TIMINGS : Mon - Sat : 8-00 a.m. to 8-00 p.m.

Before the treatment | After the treatment