Hypothyroidism as an Anukta Vyadhi: A Critical Ayurvedic Analysis of Nidana, Dosha, Dushya and Samprapti

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***Abstract*—Hypothyroidism is a common endocrine disorder characterized by inadequate thyroid hormone activity, manifesting as fatigue, weight gain, cold intolerance, constipation, dry skin and cognitive impairment. Primary hypothyroidism is diagnosed by elevated TSH with reduced FT4 (1). The disease is not described by this nomenclature in classical Ayurvedic texts and may therefore be approached as an *Anukta Vyadhi*, wherein fundamental Ayurvedic principles are applied to understand the condition through *Nidana*, *Dosha*, *Dushya* and *Samprapti* (2).**

To critically analyze hypothyroidism as an *Anukta Vyadhi* through Ayurvedic principles of *Nidana*, *Dosha*, *Dushya*, *Agni*, *Ama*, *Srotas* and *Samprapti*.

A conceptual narrative review was undertaken using classical texts—*Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*—along with contemporary literature on hypothyroidism. Clinical manifestations were examined through *Nidana Panchaka* and *Samprapti Ghataka*.

The analysis suggests hypothyroidism may be interpreted through *Kapha*-associated *Agni Dushti* with variable *Vata*, *Rasa* and *Meda Dhatu* involvement. *Mandagni* and *Ama* provide important intermediate concepts in phenotypes where heaviness, lethargy and weight gain predominate. However, the interpretation must remain individualized.

Hypothyroidism may be approached as an *Anukta Vyadhi* within an Ayurvedic interpretative framework using *Nidana Panchaka* and *Samprapti Ghataka*. The proposed model—*Nidana → Dosha Prakopa → Agni Dushti → Ama → Srotodushti → Rasa-Meda* involvement → clinical manifestations—provides a coherent framework requiring clinical validation.

***Index Terms*—Hypothyroidism, *Anukta Vyadhi*, *Agni*, *Ama*, *Kapha*, *Samprapti*, Ayurveda**

I. INTRODUCTION

Ayurveda, as a comprehensive medical system, derives its diagnostic and therapeutic framework from fundamental principles rather than from an exhaustive enumeration of all possible diseases. The classical texts—*Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*—describe numerous disease entities, yet they acknowledge that not all clinical conditions can be listed by name (3,4). This epistemological humility is central to Ayurveda's approach to medicine, wherein the physician is expected to apply *Yukti* (reasoning) and *Tarka* (logic) to understand conditions that are not explicitly described (2,5).

The concept of *Anukta Vyadhi* embodies this principle. Literally meaning "an undescribed disease," it refers to clinical conditions that are not directly named or detailed in the classical Samhitas (2,5). Rather than rendering such diseases beyond Ayurvedic comprehension, the *Anukta Vyadhi* framework provides a methodological approach to understand them through *Nidana* (etiology), *Dosha* (humoral factors), *Dushya* (tissue elements), *Srotas* (channels), *Agni* (digestive-metabolic fire), *Ama* (improperly metabolized products) and *Samprapti* (pathogenesis) (3,4). This approach prevents the inappropriate practice of forcing every modern disease into an artificial one-to-one correspondence with a classical disease category.

Hypothyroidism presents an exemplary case for the application of the *Anukta Vyadhi* framework. This modern endocrine disorder—characterized by

deficient thyroid hormone activity, elevated TSH and reduced FT4—is not described by this nomenclature in the classical texts (1,6). The thyroid gland itself, as understood in modern endocrinology, does not have a direct anatomical equivalent in classical Ayurvedic literature (6,7). Consequently, attempts to equate hypothyroidism with a single classical disease such as *Galaganda* (neck swelling), *Sthaulya* (obesity), *Pandu* (anemia-like condition) or *Agnimandya* (digestive impairment) inevitably result in oversimplification, as none of these individually captures the complete clinical and biochemical phenotype (8).

Nevertheless, the manifestations of hypothyroidism—*Gaurava* (heaviness), *Alasya* (lethargy), *Nidradhikya* (excessive sleep), *Mala Sanga* (constipation), *Sheeta Asahishnuta* (cold intolerance), *Twak Rukshata* (dry skin) and *Meda Vriddhi* (weight gain)—can be meaningfully examined through established Ayurvedic principles (3,9). The systemic nature of the disorder, affecting metabolism, energy expenditure, thermogenesis and multiple organ systems, invites analysis through the lens of *Agni*, *Ama* and *Dosha-Dushya* interactions (10,11).

This raises an important methodological question: Should hypothyroidism be forced into a classical disease category, or should it be approached as an *Anukta Vyadhi* through the fundamental principles of *Nidana Panchaka* and *Samprapti Ghataka*? The latter approach, grounded in Ayurvedic epistemology, offers a more coherent and intellectually honest framework for understanding the condition without compromising the integrity of either system (2,5).

The present article therefore critically examines whether hypothyroidism may be approached as an *Anukta Vyadhi* within an Ayurvedic interpretative framework. It analyzes the condition through *Nidana* (etiological factors), *Dosha* (humoral involvement), *Dushya* (tissue elements), *Agni* (digestive-metabolic function), *Ama* (pathological products), *Srotas* (channels) and *Samprapti* (pathogenesis), while maintaining a clear distinction between Ayurvedic constructs and modern biomedical mechanisms. The analysis acknowledges the interpretative nature of this exercise and emphasizes the need for clinical validation through future research.

II. CONCEPT OF ANUKTA VYADHI

Anukta Vyadhi refers to diseases not explicitly described in classical texts (2,5). The physician applies fundamental principles to understand new clinical conditions through (3,4):

- *Hetu*/*Nidana* (etiology)
- *Dosha* (humoral factors)
- *Dushya* (tissue elements)
- *Srotas* (channels)
- *Adhishthana* (site)
- *Samprapti* (pathogenesis)
- *Rupa* (features)
- *Upashaya*/*Anupashaya* (therapeutic responses)

This prevents forcing every modern disease into a classical category (2,5).

III. WHY HYPOTHYROIDISM MAY BE CONSIDERED AN ANUKTA VYADHI

The classical texts do not describe hypothyroidism in terms of thyroid function, TSH or FT4 (3,6,7). No single classical disease equates to it.
Conditions with partial overlap include (3,6,7,8):

- *Galaganda* (neck swelling)
- *Sthaulya* (obesity)
- *Medoroga* (adiposity disorder)
- *Pandu* (anemia-like)
- *Shotha* (edema)
- *Agnimandya* (digestive impairment)
- *Kaphaja* disorders
- *Rasavaha*/*Medovaha Srotodushti*

However, none reproduces the complete hypothyroid phenotype (9). *Galaganda* concerns neck swelling with different etiologies (8); weight gain alone does not establish *Sthaulya* (7). Therefore, hypothyroidism may be better interpreted as an *Anukta Vyadhi* with multiple *Dosha-Dushya-Srotas* manifestations (2,5).

IV. NIDANA PANCHAKA OF HYPOTHYROIDISM AS AN ANUKTA VYADHI

The *Nidana Panchaka* framework provides a comprehensive approach to understanding disease. The table below presents the proposed interpretation of each component for hypothyroidism (3,4):

Table 1: *Nidana Panchaka* of Hypothyroidism as an *Anukta Vyadhi*

Component	Proposed Interpretation
Nidana	*Ahara* (excessive *Guru*, *Madhura*, *Snigdha* food; *Adhyashana*), *Vihara* (sedentary lifestyle, excessive sleep, lack of exercise), and modern etiological factors (autoimmune, iatrogenic, medications, iodine disorders) (1,3,6)
Purvarupa	Early manifestations such as fatigue, heaviness, reduced activity, constipation and mild cognitive slowing—cautiously interpreted as prodromal features (9,11)
Rupa	Weight gain, cold intolerance, lethargy, constipation, dry skin, hair changes, muscle weakness, cognitive impairment and reduced activity (1,9,10)
Upashaya	To be assessed clinically rather than assumed; may include interventions that improve *Agni*, reduce *Kapha* or alleviate *Ama*; requires individual validation (2,4)
Samprapti	Individualized *Dosha-Dushya-Agni-Srotas* interaction; proposed sequence: *Nidana* → *Kapha Prakopa* → *Agni Dushti* → *Ama* → *Srotodushti* → *Rasa-Meda* involvement → clinical manifestations (3,6,11)

V. CONTEMPORARY UNDERSTANDING OF HYPOTHYROIDISM

Thyroid hormones regulate metabolism, thermogenesis and energy expenditure (10). Primary hypothyroidism shows elevated TSH with reduced FT4; subclinical hypothyroidism shows elevated TSH with normal FT4 (1).

Common manifestations include (1,9,10):

- Fatigue, lethargy
- Weight gain
- Cold intolerance
- Constipation
- Dry skin, hair changes
- Muscle weakness
- Cognitive slowing
- Reduced activity

Symptoms are nonspecific; biochemical confirmation is essential (1).

VI. *NIDANA* ANALYSIS

6.1 Ayurvedic *Nidana*

Ahara factors (3,6):

- Excessive *Guru Ahara* (heavy food)
- Excessive *Madhura Rasa* (sweet taste)
- Excessive *Snigdha Ahara* (unctuous food)
- *Adhyashana* (eating before digestion)
- Irregular dietary habits

Vihara factors (3,6):

- Sedentary lifestyle
- Excessive daytime sleep
- Lack of exercise
- Irregular sleep

These contribute to *Kapha* aggravation and *Agni Dushti* (3,6).

6.2 Modern Etiology (1,10)

- Autoimmune thyroiditis
- Iatrogenic (surgery, radioiodine)
- Medications (lithium, amiodarone)
- Iodine deficiency/excess
- Congenital disorders
- Pituitary/hypothalamic disease

Modern etiology and Ayurvedic *Nidana* are different explanatory frameworks (2).

VII. AGNI AND MANDAGNI

Agni is fundamental to digestion and transformation (3). It operates at multiple levels:

Jatharagni: Primary digestion (3)
Bhutagni: Elemental transformation (6)
Dhatvagni: Tissue-level metabolism (3)
Among the four *Agni* states—*Samagni*, *Vishamagni*, *Tikshnagni*, *Mandagni*—*Mandagni* is most relevant (3).
Mandagni features include (3,6):

- Reduced appetite
- Delayed digestion
- Heaviness
- Indigestion
- Lethargy
- Reduced metabolic activity

These overlap with hypothyroid symptoms (9,10). However, *Mandagni* should not be equated with reduced thyroid hormone; it is a functional concept characterizing a clinical phenotype (2).

VIII. AMA

Ama results from impaired *Agni* and incomplete transformation (11). The *Charaka Samhita* defines it as improperly metabolized material produced when *Agni* is weak (11).
Ama features include (11,12):

- *Gaurava* (heaviness)
- *Aruchi* (anorexia)
- *Alasya* (lethargy)
- *Avipaka* (indigestion)
- *Jihva Lepa* (coated tongue)
- *Mala Sanga* (constipation)
- *Klama* (fatigue)

The sequence is:
Agni Dushti → improper transformation → *Ama*
Ama interacts with *Dosha* and *Dushya*, contributing to *Srotodushti* (11).
Clinical Correlation with Hypothyroidism

Hypothyroid manifestation	Ayurvedic concept
Heaviness	*Gaurava* (12)
Fatigue	*Klama*/*Alasya* (12)
Reduced appetite	*Aruchi* (12)
Constipation	*Mala Sanga* (12)
Weight gain	*Meda Vriddhi*
Sluggishness	*Kapha* predominance (3)
Reduced metabolism	*Mandagni* (3)

This overlap is conceptual; *Ama* should be assessed using reproducible criteria (2).

IX. DOSHA, DUSHYA AND SROTAS ANALYSIS

9.1 *Dosha*

Kapha: Most relevant due to (3):

- *Gaurava*, *Alasya*, *Nidradhikya*
- *Mandagni*, *Meda Vriddhi*
- Sluggishness, reduced activity

Vata: Considered in patients with (3):

- Constipation, dryness
- Variable appetite
- Neuromuscular symptoms

Pitta: Not dominant but may appear based on *Prakriti*, diet, or disease stage (3).
Hypothyroidism should not be uniformly categorized as *Kapha* disease (2).

9.2 *Dushya*

Relevant *Dushyas* (3):

- Rasa: Systemic manifestations
- Meda: Weight gain, adiposity
- Mamsa: Muscle weakness
- Majja: Neurological/cognitive symptoms

Dushya involvement varies individually (2).

9.3 *Srotas*

Involved *Srotas* (6,13):

- Annavaha: *Agnimandya*, *Aruchi*
- Rasavaha: Systemic manifestations
- Medovaha: Weight gain, *Meda Vriddhi*
- Purishavaha: Constipation, *Mala Sanga*

Thus, hypothyroidism may be viewed as a multisystemic condition (2).

X. SAMPRAPTI GHATAKA

Table 2: *Samprapti Ghataka* of Hypothyroidism

Component	Proposed interpretation
Dosha	*Kapha* predominant ± *Vata* (3)
Dushya	*Rasa*, *Meda*, *Mamsa*, *Majja* (3)
Agni	*Jatharagni*/*Dhatvagni Dushti* (3)
Ama	May be present (11)
Srotas	*Annavaha*, *Rasavaha*, *Medovaha*, *Purishavaha* (13)
Srotodushti	*Sanga*, possible *Vimargagamana* (13)
Adhishthana	Systemic; thyroid as modern site (1)
Vyadhi Marga	*Abhyantara*/*Madhyama* (6)
Svabhava	Chronic/progressive (1)

XI. PROPOSED *SAMPRAPTI*

Step 1 – *Nidana Sevana*: *Kapha*-provoking factors
↓
Step 2 – *Kapha Prakopa*: Accumulation with *Meda* involvement
↓
Step 3 – *Agni Dushti*: Particularly *Mandagni*
↓
Step 4 – *Ama* Formation: Impaired digestion
↓
Step 5 – *Dosha-Dushya Sammurchana*: Interaction with *Rasa* and *Meda*
↓
Step 6 – *Srotodushti*: Functional disturbance
↓
Step 7 – *Dhatvagni Dushti*: Tissue-level impairment
↓
Step 8 – Systemic Manifestations: Heaviness, lethargy, weight gain, etc.
↓
Hypothyroid Clinical Phenotype

Flowchart
text
Nidana
↓
Kapha Prakopa
↓
Agni Dushti / Mandagni
↓
Apakwa Avastha / Ama
↓
Dosha-Dushya Sammurchana
↓
Rasa–Meda Dushti
↓
Srotodushti / Sanga
↓
Dhatvagni Dushti
↓
Kapha ± Vata involvement
↓
Systemic metabolic dysfunction
↓
Clinical manifestations

XII. DIFFERENTIAL AYURVEDIC INTERPRETATION

Galaganda: Neck swelling may resemble *Galaganda* (8). However, hypothyroidism may occur without goiter. Therefore, hypothyroidism should not be equated with *Galaganda* in every case.

Sthaulya: Weight gain is common but not all patients satisfy *Sthaulya* criteria (7). Weight gain may represent *Meda* involvement without complete *Sthaulya* (2).

Pandu: Fatigue and weakness overlap but are insufficient for *Pandu* diagnosis (7).

Shotha: Edema may overlap but pathophysiology differs (6).

Agnimandya: Important *Samprapti* component but not the complete disease (2).

XIII. WHY A MULTI-DIMENSIONAL MODEL IS PREFERABLE

Hypothyroidism is clinically heterogeneous (9). One patient may present with weight gain, *Gaurava* and *Mandagni*, while another has constipation, dryness and *Vata* features.

A single classical label fails to capture this variability (2). Individualized assessment of *Prakriti*, *Nidana*, *Dosha*, *Dushya*, *Agni*, *Ama*, *Srotas* and *Samprapti* is more appropriate (3,4).

XIV. CONTEMPORARY CORRELATION OF *AGNI* AND METABOLISM

Thyroid hormones regulate (10):

- Basal metabolic rate
- Thermogenesis
- Energy utilization
- Cardiovascular/GI/neuromuscular function

Agni encompasses transformation and metabolism (3,10). Conceptual parallels exist:

Ayurveda	Contemporary
Agni (3)	Metabolic processes (10)
Mandagni (3)	Reduced metabolic activity (10)
Kapha excess (3)	Heaviness/sluggishness (9)
Meda Dushti (3)	Altered adiposity (10)
Ama (11)	No biochemical equivalent

These are conceptual parallels, not identities (2).

XV. CRITICAL ANALYSIS OF AMA AND KAPHA

Ama

Ama is often described as "toxins" in contemporary writing. This should be qualified: *Ama* has no established biochemical equivalent (11). It is a pathological construct identified through clinical syndrome (2).

Kapha

Kapha appears prominent, but hypothyroidism should not be uniformly labelled *Kapha Vyadhi* (2). *Kapha* involvement is stronger in obese, sluggish patients; lean patients with constipation and dryness may show *Vata* predominance. Individualized assessment is essential (3,5).

XVI. CLINICAL PHENOTYPES

Phenotype I – *Kapha-Meda* dominant

- Weight gain, *Gaurava*, *Nidradhikya*, *Alasya*, *Mandagni*

Phenotype II – *Kapha-Vata* dominant

- Weight gain, constipation, dryness, fatigue

Phenotype III – *Ama*-associated

- Jihva *Lepa*, *Gaurava*, *Aruchi*, *Avipaka*, *Alasya*

Phenotype IV – Metabolic without marked *Ama*

- Biochemical hypothyroidism without prominent *Ama* features (9)

XVII. AYURVEDIC DIAGNOSTIC APPROACH

1. Modern diagnosis: TSH, FT4 (1)
2. Nidana: *Ahara*, *Vihara*, lifestyle (3)
3. Prakriti: Constitution (3)
4. Vikriti: Aggravated *Dosha* (3)
5. Agni: *Samagni*, *Mandagni*, etc. (3)
6. Ama: Clinical features (11)
7. Dushya: *Rasa*, *Meda*, *Mamsa*, *Majja* (3)
8. Srotas: *Annavaha*, *Rasavaha*, *Medovaha*, *Purishavaha* (13)
9. Samprapti: Individualized pathogenesis (4)

XVIII. STRENGTHS AND LIMITATIONS

Strengths

- Recognizes hypothyroidism as potentially approachable through *Anukta Vyadhi* framework
- Avoids forced classical equivalence
- Uses *Nidana Panchaka* and *Samprapti Ghataka*
- Allows individualized assessment
- Generates testable hypotheses
- Maintains distinction from biomedical mechanisms

Limitations

- Samprapti is interpretative
- *Agni* ≠ thyroid hormones
- *Ama* has no biochemical equivalent

- Clinical correlations need validation (14)
- Heterogeneous etiologies produce different phenotypes

XIX. FUTURE RESEARCH SCOPE

Cross-sectional studies: Correlate *Agni*, *Ama*, *Dosha* with TSH, FT4, BMI, anti-TPO
Case-control studies: Compare hypothyroid vs euthyroid for *Mandagni*, *Ama*, *Kapha* phenotype
Prospective studies: Determine if *Agni*/*Ama* abnormalities precede thyroid dysfunction
Interventional studies: Evaluate *Agni Deepana*, *Ama Pachana*, *Kapha-Meda* management on symptoms and biochemistry
Such studies should complement evidence-based thyroid management (1).

XX. CONCLUSION

Hypothyroidism has no direct one-to-one equivalent in classical Ayurvedic taxonomy (1,2). It may be approached as an *Anukta Vyadhi* within an Ayurvedic interpretative framework requiring analysis of *Nidana*, *Dosha*, *Dushya*, *Agni*, *Ama*, *Srotas* and *Samprapti* (2,3,6,11).
The condition may be interpreted as a multifactorial *Dosha-Dushya* disorder with prominent *Kapha* involvement in many phenotypes, variable *Vata*, *Agni Dushti*, possible *Ama* formation, and *Rasa-Meda* involvement (2,3).
The proposed *Samprapti*:
Nidana → *Kapha Prakopa* → *Agni Dushti*/*Mandagni* → *Ama* → *Dosha-Dushya Sammurchana* → *Rasa-Meda Dushti* → *Srotodushti* → *Dhatvagni* disturbance → clinical manifestations
represents an Ayurvedic interpretative model requiring validation (2).
The value of viewing hypothyroidism through the *Anukta Vyadhi* framework lies in applying Ayurvedic principles to a contemporary disease while avoiding forced equivalence (2,5). This forms the basis for research investigating whether *Agni*, *Ama*, *Dosha* and *Srotas* assessments correlate with thyroid function and clinical phenotype (2).

XXI. KEY CONCEPTUAL STATEMENT

"Anukta Vyadhi does not imply absence of Ayurvedic understanding; rather, it demands application of fundamental principles to an undescribed clinical entity." (2,5)
The objective should not be "Which classical disease is hypothyroidism?" but rather:
"What *Nidana*, *Dosha*, *Dushya*, *Agni*, *Ama*, *Srotas* and *Samprapti* explain this patient's presentation?"
This approach aligns with Ayurveda's individualized methodology (3,4).

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