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Role of Panchmahabhautik Siddhanta in the Ayurvedic Approach to Hypothyroidism

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Abstract

Background: Hypothyroidism is a common endocrine disorder characterized by inadequate thyroid hormone production, resulting in hypometabolic manifestations such as weight gain, fatigue, constipation, and myxoedema. In modern medicine, its main causes include iodine deficiency, autoimmune thyroiditis, and surgical interventions, whereas in Ayurveda, similar symptomatology is associated with Galganda, Pāṇḍu, Sopha, and Atisthāulya, arising from Rasadhātu duṣṭi, Agnimandya, and vitiation of Kapha and Vāta doṣas. **Objectives:** This study aims to examine the role of Panchamāhabhāutik Siddhānta in hypothyroidism, linking the five Mahābhūtas—Ākāśa, Vāyu, Agni, Jala, and Pṛthvī—to clinical manifestations, pathophysiology, and potential Ayurvedic interventions. **Methods:** A descriptive analysis of classical Ayurvedic texts and contemporary medical literature was performed to correlate Mahābhūta imbalances with hypothyroid symptomatology; Vāta and Ākāśa imbalances were linked to dryness, stiffness, and constipation, Agni Mahābhūta kṣaya to decreased metabolic activity, and Kapha vṛddhi along with Prithvī and Jala predominance to myxoedema, cold intolerance, and weight gain. **Results:** Vāta and Ākāśa imbalance contributes to dryness, stiffness, and constipation; Agni Mahābhūta kṣaya results in reduced metabolic activity; and Kapha vṛddhi with Prithvī and Jala dominance correlates with classical hypothyroid features. This framework provides a mechanistic explanation of hypothyroidism from an Ayurvedic perspective. **Conclusion:** Panchamāhabhāutik Siddhānta offers an integrative understanding of hypothyroidism and supports targeted interventions, such as Virecana and therapies to reduce Prithvī and Jala dominance, to restore doshic and Mahābhūta equilibrium, providing a rational strategy for managing hypothyroidism in line with Ayurvedic principles.

Introduction

Since hypothyroidism is not listed in the traditional Ayurvedic scriptures as a separate illness entity, it is regarded as an Anukta Vyadhi. However, through Trividha Bodhya Saṅgraha, which contains

Samutthāna (etiological factors), Adhiṣṭhāna (site of manifestation), and Vikāra Prakṛti (Doṣa involvement), Ayurveda offers a methodical and scientific framework to comprehend and manage such disorders.

In today's era of globalisation, people are becoming more educated and are increasingly influenced by Western culture, leading to significant lifestyle changes. Irregular dietary habits, stress, and improper sleep, combined with sedentary routines, have resulted in a rise of metabolic disorders such as hypothyroidism, diabetes mellitus, hypertension, and coronary vascular diseases [1].

The thyroid gland, one of the largest endocrine glands in the human body, is composed of two lobes located on either side of the trachea, slightly below the larynx. It contributes to the synthesis of the hormones thyroxine (T4) and triiodothyronine (T3), which enhance metabolic activity in body cells. Additionally, the thyroid produces calcitonin, a hormone involved in regulating blood calcium levels.

Hypothyroidism, the most prevalent endocrine disorder, is defined as thyroid hormone insufficiency caused by abnormalities in the thyroid gland. Clinically, it manifests as a hypometabolic state due to persistent inadequate thyroid hormone production, rarely resulting from peripheral tissue resistance to thyroid hormones. Common symptoms include intolerance to cold, receding hairline, facial and eyelid edema, dull-blank expression, extreme fatigue, thick tongue, slow speech, anorexia, brittle nails and hair, hair loss, apathy, lethargy, dry skin, muscle weakness, constipation, weight gain, and bradycardia. The condition is linked to decreased T3 and T4 production along with elevated thyroid-stimulating hormone levels [2].

According to the World Health Assembly report, approximately 1.5 billion people across more than 110 countries suffer from thyroid disorders [3]. In India, 1 in 10 adults is at risk of hypothyroidism, with higher prevalence in individuals above 35 years. Primary hypothyroidism occurs in roughly 1 in 100 adults, with a female-to-male ratio of 6:1. Dietary iodine deficiency is the leading cause of primary hypothyroidism, followed by autoimmune thyroiditis, surgical resection of thyroid tissue, or congenital factors. Secondary hypothyroidism arises due to pituitary or hypothalamic dysfunction.

Although hypothyroidism is not explicitly described in classical Ayurveda, it can be correlated with Gālaganda based on clinical presentation. Symptom analysis suggests that thyroid disorders can also

reflect other conditions such as Pāṇḍu, Atisthāulya, and Sopha [4]. In Ayurveda, Gālaganda occurs due to duṣṭi of Kapha and Vāta doṣas, with Kapha being the primary doṣa. This vitiation affects Meda and Majjā dhātus, contributing to Gālaganda formation. Dushti of Rasadhātu plays a major role in the pathogenesis. Many Rasajavikāras described in Charaka Saṃhitā, such as Āsraddha, Aruchi, Srotorodha, Agnimandhya, Tandra, Gaurava, and others, closely resemble hypothyroid clinical features. Hormonal disturbances can be understood as dysfunction of Agni, while Rasadhātvagni mandhyatva leads to rasa vṛddhi and overproduction of mala of Rasadhātu (Kapha vṛddhi). Dhatvagni mandhya is also a major contributing factor in disease progression [5].

Aim

The study aims to explore and analyse the role of Panchamāhabhāutik Siddhānta in the Ayurvedic understanding of hypothyroidism.

Objectives

1. To descriptively study Panchamāhabhāutik Siddhānta.
2. To establish a theoretical correlation between the interactions of doṣa and Mahābhūtas with clinical manifestations of hypothyroidism.
3. To outline the samprāpti of hypothyroidism according to Panchamāhabhāutik Siddhānta.

Materials and Methods

This study was conducted through comprehensive literature searches and critical analysis of the information gathered. Multiple online medical research sources, including PubMed, Google Scholar, and other national research databases, were reviewed, along with contemporary pathology textbooks authored by various experts, to study the pathophysiology of hypothyroidism. Additionally, several classical Ayurvedic texts were rigorously examined to understand the pathophysiology of hypothyroidism in terms of Agni, Srotas, Duṣya, and Doṣa, facilitating the establishment of theoretical correlations with the Panchamāhabhāutik framework.

Descriptive Study of Panchamahabhuta

In Ayurveda, numerous foundational concepts guide the understanding, prevention, and treatment of diseases. Key principles such as Tridoṣa, Dhātu, Srotas, and Agni have been extensively studied. Among these, Panchamāhabhāutik Siddhānta is a fundamental principle, which posits that all matter in the universe, including the human body, is composed of five basic elements or Mahābhūtas: Akāśa, Vāyu, Agni, Jala, and

Prithvi (Charaka Saṃhitā, Sutra Sthāna, 1/27) [6].

An imbalance in the Panchamahabhutas within the body is believed to result in various diseases, including hypothyroidism. Each Mahābhūta is associated with specific sensory attributes: Akāśa with sound, Vāyu with touch, Agni with form, Jala with taste, and Prithvi with smell (Charaka Saṃhitā, Sutra Sthāna, 1/27) [6]. These elements also possess distinct characteristics: Akāśa is non-obstructive, Vāyu is mobile, Agni is hot, Jala is fluid, and Prithvi is solid (Charaka Saṃhitā, Sutra Sthāna, 1/29) [6]. Furthermore, each Mahābhūta is predominated by certain Triguna: Akāśa by Sattva, Vāyu by Rajas, Agni by Sattva-Rajas, Jala by Sattva-Tamas, and Prithvi by Tamas (Suśruta Saṃhitā, Sutra Sthāna, 1/20) [6].

In Ayurveda, the Doṣas are combinations of Mahābhūtas: Vāta comprises Vāyu and Akāśa, Pitta is primarily Agni, and Kapha is composed of Jala and Prithvi. Similarly, Rasas (tastes) are also composed of two dominant Mahābhutas, which explain their variations (Charaka Saṃhitā, Sutra Sthāna, 1/1) [6].

Therapeutic actions (Chikitsā Karma) also correlate with Mahābhutas: Shamana therapy aligns with Akāśa, Deepana with Agni, Brūmhana with Prithvi and Jala, Vamana with Agni and Vāyu, and Virechana with Prithvi and Jala [7].

Table 1: Comprehensive Overview of Panchamahābhūtas with Attributes, Characteristics, Dosha, Rasa, and Therapeutic Actions

Sr.	Mahābhūta	Primary Attribute (Guna)	Specific Characteristic (Lakṣaṇa)	Triguṇa	Dosha Correlation [10]	Rasa (Taste)	Therapeutic Action (Cikitsā Karma) [7]
1	Ākāśa	Śabda (Sound)	Apratighāta (Non-obstructive)	Sattva	Vāta (with Vāyu)	Kaṭu	Śamāna
2	Vāyu	Sparśa (Touch)	Calatva (Mobility)	Rajas	Vāta (with Ākāśa)	Kaṭu, Kaṣāya	Vāmana (with Agni)
3	Agni	Rūpa (Form/Heat)	Uṣṇatva (Heat)	Sattva + Rajas	Pitta	Kaṭu Amla Lavaṇa	Dīpana
4	Jala	Rasa (Taste/Fluidity)	Dravatva (Fluidity)	Sattva + Tamas	Kapha (with Prithvī)	Madhura Lavaṇa	Bṛṃhaṇa (with Prithvī)
5	Prithvī	Gandha (Smell/Solid)	Kharatva (Solidity)	Tamas	Kapha (with Jala)	Amla Kaṣāya Madhura	Virecana (with Jala)

Results

After literature review, the correlation between Doṣa, Mahābhūtas, and clinical features of hypothyroidism was established. Common clinical symptoms include weight gain, infertility, low basal metabolic rate, myxoedema, dry and coarse skin, anemia, constipation, hoarseness of voice, generalized aches, muscular cramps, stiffness, cold extremities, poor memory and concentration, slow pulse rate, shortness of breath, dyspepsia, and hair loss [6][7]. These manifestations are primarily linked to Kapha vṛddhi and associated imbalances in specific Mahābhutas, providing a Panchamāhabhāutik understanding of hypothyroid pathophysiology.

Table 2: Hetu (Causative Factors) of Hypothyroidism and Mahābhūta Correlation

Several causative factors for hypothyroidism can be explained through Panchamāhabhutik principles [8]:

Sr. No.	Hetu (Causative Factor)	Ayurvedic Explanation	Predominant Mahābhūta
1	Guru Ahāra Sevana	Agnimandya, Kapha vṛddhi	Prithvi + Jala
2	Snigdha Ahāra	Srotorodha, Medo Dhātu Dushti	Jala + Prithvi
3	Madhura Rasa Ati Sevana	Kapha & Meda vṛddhi	Prithvi + Jala
4	Avyayama	Kapha Sanchaya, Agni kshaya	Prithvi + Jala
5	Divaswapna	Kapha Prakopa, Dhātvagni manda	Jala + Prithvi
6	Sheeta Ahāra-Vihāra	Agnimandya	Jala + Vāyu
7	Chinta, Shoka	Vata–Kapha Dushti, Agni manda	Vāyu + Akāśa
8	Beeja Dosha / Anuvanshika	Sahaja Vyādhi	All Mahābhūtas

Adhiṣṭhāna (Site of Manifestation) and Mahābhūta Correlation

Hypothyroidism is a disorder resulting from prolonged insufficient thyroid hormone production. Rarely, it occurs due to peripheral tissue resistance to thyroid hormone action [9]. The thyroid gland, anatomically located in the neck region (Kantha Pradeśa), is a site dominated by Kapha doṣa. This aligns with the predominance of Jala and Prithvi Mahābhūtas within Kapha, explaining the pathophysiological manifestations observed in hypothyroidism.

Table 3: Correlation of Hypothyroidism Symptoms with Doṣa and Mahābhūta

Sr. No.	Symptoms of Hypothyroidism	Doṣa	Reference	Mahābhūta
1	Weight gain	Kapha vṛddhi, Pitta kṣaya	Ch. Su. 17/56; A.H. Su. 11/7; Ch. Su. 20/17	Jala Mahābhūta ↑, Prithvi Mahābhūta ↑
2	Menstrual disturbances	Vata vṛddhi	A.H. Su. 12/9	Vāyu Mahābhūta ↑, Akāśa Mahābhūta ↑

3	Myxoedema	Kapha vṛddhi	Ch. Su. 18; A.H. Su. 12	Jala Mahābhūta ↑, Prithvi Mahābhūta ↑
4	Dry & coarse skin	Vata vṛddhi	Ch. Su. 20/11; Ch. Su. 17/56	Vāyu Mahābhūta ↑, Akāśa Mahābhūta ↑
5	Anaemia	Kapha vṛddhi	Ch. Su. 17/55	Jala Mahābhūta ↑, Prithvi Mahābhūta ↑
6	Constipation	Vata vṛddhi	A.H. Su. 11/6; Su. Su. 15/18	Vāyu Mahābhūta ↑, Akāśa Mahābhūta ↑
7	Hoarseness of voice	Kapha vṛddhi, Vata vṛddhi	Sharangdhara Su. Su. 15/18	Jala Mahābhūta ↑, Prithvi Mahābhūta ↑, Vāyu Mahābhūta ↑, Akāśa Mahābhūta ↑
8	Generalised aches	Vata vṛddhi	Ch. Su. 17/44	Vāyu Mahābhūta ↑, Akāśa Mahābhūta ↑
9	Cold intolerance	Kapha & Vata vṛddhi	Ch. Su. 17; A.H. Su. 11; Su. Su. 15	Jala Mahābhūta ↑, Prithvi Mahābhūta ↑, Vāyu Mahābhūta ↑, Akāśa Mahābhūta ↑
10	Forgetfulness	Kapha vṛddhi	Ch. Su. 12/12	Jala Mahābhūta ↑, Prithvi Mahābhūta ↑
11	Minimal/absent sweating	Pitta kṣaya	A.H. Su. 12/52	Agni Mahābhūta ↓
12	Loss of appetite	Kapha vṛddhi, Pitta kṣaya	A.H. Su. 11/7; A.H. Su. 11/16	Jala Mahābhūta ↑, Prithvi Mahābhūta ↑, Agni Mahābhūta ↓
13	Muscular cramps, stiffness	Vata vṛddhi	Ch. Su. 17/47; Su. Su. 20/11	Vāyu Mahābhūta ↑, Akāśa Mahābhūta ↑

Note: "↑" indicates Vriddhi (increase) of a particular Mahābhūta; "↓" indicates Kṣaya (decrease) of a particular Mahābhūta.

UNDERSTANDING INVOLVEMENT OF MAHABHUTA IN PATHOPHYSIOLOGY OF HYPOTHYROIDISM

Pathogenesis of Hypothyroidism as per Ayurveda

Nidanasevana

↓

Increase Kapha Dosha(Sheeta, Guru, Snigdha)

Prithvi and Jala Mahabhuta increased due to the increase in Kapha

↓

Agnimandya(Bhutagni)

↓

Srotorodha- Rasadhatwagni Dushti(Jala Mahabhutaba vitiate)

Hypothyroidism

Discussion

Hypothyroidism is a chronic hypometabolic disorder characterized by diminished thyroid hormone activity, resulting in multisystem involvement. Although classical Ayurvedic texts do not directly describe hypothyroidism, its clinical presentation closely resembles conditions such as Galganda, Atisthaulya, Pandu, and Sopha, which are predominantly Kapha–Vata disorders. The present study interprets hypothyroidism through the lens of Panchamahabhautik Siddhanta, which asserts that an imbalance among the Pancha Mahabhutas is the fundamental cause of disease.

According to this research, Prithvi and Jala Mahabhuta Vriddhi play a crucial role in the pathophysiology of hypothyroidism. These Mahabhutas are the main components of Kapha Dosha, explaining why Kapha-related characteristics—such as weight gain, myxoedema, lethargy, cold intolerance, constipation, appetite reduction, and decreased sweating—are prevalent. These clinical signs, indicating Kapha aggravation and reduced metabolic activity, are suggestive of enhanced Guru, Snigdha, Manda, and Sheeta Guna.

The role of Agnimandya, specifically Bhutagni and Dhatvagni mandya, mirrors the decreased basal metabolic rate observed in hypothyroidism. In Ayurveda, Agni represents Agni Mahabhuta (Teja), and its Kshaya impairs tissue metabolism, assimilation, and digestion. Rasadhatu Dushti, arising from Agni reduction, leads to excessive Kapha production and Srotorodha, exacerbating the disease process.

Alongside Kapha dominance, features such as dry and coarse skin, constipation, irregular menstruation, muscular stiffness and cramps, hoarseness, and generalized body aches indicate Vata Dosha involvement. These symptoms reflect an increase in Vayu and Akasha Mahabhuta, which manifests as roughness, dryness, and impaired mobility. Therefore, hypothyroidism is a Kapha-pradhana Tridoshaja Vyadhi, with secondary Vata involvement and relative Pitta depletion, rather than a single-Dosha disorder.

The Panchamahabhautik interpretation is further supported by the anatomical location of the thyroid gland in Urdhwajatrugata Sthana, a Kapha-dominant region. Excess Prithvi and Jala Mahabhuta in this area impacts thyroid

function, correlating with tissue edema and myxoedematous changes observed clinically. Dietary and lifestyle factors, including Guru, Snigdha, and Madhura Ahara, Avyayama, Divaswapna, and Sheeta Vihara, significantly contribute to Kapha accumulation and metabolic suppression. Psychological factors such as Chinta and Shoka also exacerbate Vayu and Akasha Mahabhuta imbalances.

From a therapeutic standpoint, the Panchamahabhautik framework guides treatment. Agni Deepana, Kapha Shamana, and Srotoshodhana should be emphasized, as hypothyroidism manifests Prithvi–Jala Vriddhi and Agni Kshaya. Classical literature recommends Virechana as the primary Shodhana for conditions dominated by Prithvi and Jala Mahabhutas. Additionally, herbs and formulations with Katu, Tikta, and Ushna qualities, which enhance Teja and Vayu, can restore metabolic equilibrium.

Conclusion

The correlation of Dosha and Mahabhuta with hypothyroidism symptoms indicates that Prithvi and Jala Mahabhuta are predominantly elevated in this disorder. A decrease in Agni Mahabhuta, caused by Jatharagni hypofunction, further contributes to disease progression. Classical Ayurvedic interventions, such as Virechana, are recommended for Prithvi and Jala Mahabhuta-dominated disorders, while management with Teja and Vayu-dominant herbs may restore metabolic balance and alleviate symptoms.

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