



Case Study

AYURVEDIC MANAGEMENT OF A LARGE CYSTIC THYROID NODULE

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ABSTRACT

A thyroid nodule is a very common palpable swelling in the thyroid gland. About 95% of thyroid nodules are benign in nature. Thyroid nodules require assessment using suitable diagnostic tests and imaging techniques. Any nodule greater than 1cm should be biopsied to check for malignancy. Thyroid nodules occur more frequently in women than men. Here, presenting a case of a lady with a large cystic thyroid nodule in the left lobe, managed under the outpatient department. She presented with rapidly increasing swelling in her neck associated with pressure symptoms and spasming of hands and legs for 4 days. She was prescribed a combination of *Varanadi Kashaya*, *Punnarnavadi Kashaya*, *Kanchanara Guggulu*, *Chandraprabha Vati* and *Gokshura Choorna* internally and *Karutta Vattu* for external application. By the first follow-up itself (after 10 days), the patient felt symptomatic relief. Investigations repeated after 50 days showed considerable change in the size of the cystic nodule. Similarly, there is cosmetic resolution of the swelling at the 50<sup>th</sup> day follow up which is evident from the photographs provided.

INTRODUCTION

The metabolically active thyroid gland is located at the front of the neck. It consists of two lobes connected by a narrow band called the isthmus and typically weighs between 20 and 25 grams [1]. It plays an important role in regulating the body's metabolism, growth and development by producing hormones that influence almost every organ system. The thyroid lobules contain about 20-40 follicles. Each follicle is lined by cuboidal epithelial cells. This produces tri-iodothyronine (T3) and thyroxine (T4) in the presence of iodine. The daily dietary requirement of iodine is about 0.1 to 0.2 mg. Rich sources of iodine are seafood, milk and dairy products. Some of the routine thyroid function tests are serum T3, serum T4, serum TSH, serum thyroglobulin and thyroid autoantibodies like anti-TPO. Neck ultrasound is the front-line investigation of choice in thyroid diseases. It can distinguish solid from cystic lesions, it can measure the size of the nodule, it can reveal the multicentric nature of the goitre and it can detect lymphadenopathy and microcalcification.

The thyroid nodules are categorized into five distinct histological types such as hyperplastic, neoplastic, colloid, cystic and thyroiditic nodules [2]. Colloid nodules are marked by flattened epithelium and enlarged follicles filled with thick thyroglobulin-rich material. This may be due to defective reabsorption or abnormal compaction of thyroglobulin into insoluble globules, leading to large follicle size. Cystic nodules, which make up 15-40% of cases, are mostly pseudocysts caused by tissue breakdown due to poor blood supply and cell death [2].

In view of Ayurveda, thyroid lobe cystic nodules can be compared to *Kaphaja Galaganda*, mentioned in *Susruta Samhita* [3]. The vitiated *Vata*, *Kapha* and *Medas* dislodge in the neck region and give rise to *Nibaddha swayathu* (confined swelling) with *Lakshanas* such as *Savarna swayathu* (the colour of the swelling is similar to surrounding skin), *Mahat* (large in size), *Sheeta sparsha* (no rise in temperature), and *Mandha ruja* or *Aruja* (there is no pain associated). So, here internal medication with *Sothahara*, *Lekhana*, *Laghu*, *Ruksha*, *Theekshna* properties are being used. External therapy of *Karuttavatu* application serves as the treatment of *Swedana* and *Upanaha* mentioned in treatment of *Kaphaja galaganda*.

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**Case Report**

A 42-year-old female with prior history of hyperthyroidism and polymenorrhagia during last one year presented to the OPD on 03-02-2025, with sudden onset rapidly increasing in size swelling in the neck over past 7 days. She reported feeling of tightness in her throat, difficulty in breathing and tremors affecting both hands and legs, with greater intensity in hands, in the last 4 days. There was no history of fever and upper respiratory tract infection. She had visited an ENT specialist; blood test and ultrasound of neck were performed. Blood test showed rise in white blood cell count, especially neutrophils, her thyroid stimulating hormone was in lower normal range. Neck ultrasound revealed presence of a large cystic nodule in the left thyroid lobe causing compression to Common Carotid Artery and Internal Jugular Vein. There is a shift of trachea to right side. USG revealed TIRAD 2 stage. FNAC was performed, it reported the swelling to be of cystic lesion, with no thyroid follicular cells. She was given antibiotic and steroid medication for 2 days and was posted for immediate total

thyroidectomy surgery. She was unwilling to do surgery and so consulted an ayurvedic physician.

**History of past illness**

- H/o hyperthyroidism in the last 1 year
- H/o polymenorrhagia in the last 1 year

**Treatment History**

- Hyperthyroidism and polymenorrhagia - managed with ayurvedic medication.

**Family History**

- No relevant family history

**Personal history**

- Height- 153cm
- Weight - 55kg
- BMI - 22.6
- Diet - Vegetarian

**Vital Signs**

- Pulse rate - 120 bpm
- Temperature - 98.4°F
- Blood Pressure - 130/80mmHg
- SPO2 - 98%

**Table 1: Examination of the Neck Swelling**

S.No	Features	Inspection	Palpation
1.	Location	In front of neck, with tilting towards left side	In front of neck, with tilting towards left side
2.	Size	5cm×3cm	9cm×3cm
3.	Shape	Butterfly shape with prominent left lobe	No rise in temperature
4.	Surface	Smooth	Smooth
5.	Swelling moving with deglutination	Present	Present
6.	Consistency	Soft	Soft
7.	Lymph nodes	Enlarged	Enlarged, non-tender cervical lymph nodes

**Table 2: Blood Test**

S.No	Blood test	31/1/25	21/4/25
1.	Hb	12.4 Gm/dl	12.6 Gm/dl
2.	WBC	15.18 × 10 <sup>9</sup> /L	6.39 × 10 <sup>9</sup> /L
3.	Neutrophil	65.3%	46.2%
4.	Lymphocyte	30.3%	45.8%
5.	RBC Count	4.26 millions/uL	4.44 millions/uL
6.	Platelet Count	4.54 lakh/Cumm	3.23 lakh/Cumm
7.	Sodium	139mmol/L	138mmol/L
8.	TSH	0.56ulu/ml	3.141ulu/ml
9.	S. Calcium	10.2mg/dl	10 mg/dl
10.	ESR	45 mm/hr	08 mm/hr
11.	Anti TPO	---	0.8 IU/mL

On neck examination, a large, soft in consistency, non-tender swelling present in the midline of the neck with tilt towards left side, with no skin changes and palpable lymphadenopathy is found.

**Table 3: Investigation and Findings**

Date	Investigation	Findings
28-1-2025 (Before treatment)	USG Neck  Impression	Right lobe about 1.3×1.5×3.2cm Left lobe about 1.8×1.3×2.2cm (measurement taken excluding the cystic lesion) isthmus about 3.6 mms. Left lobe - large cystic lesion (TR2 nodule) about 5.2×3.6×5.8 cm and volume of 59cc. CCA and IJV pushed laterally. Trachea is pushed to right. There is bilateral level 1 B and level 2 lymph nodes, largest - 2.2×0.8cm in left level 2. 1.9×0.7cm in right level 2. Large cystic lesion with multiple echogenic septae in the periphery abutting the left lobe of thyroid gland with mass effect – likely exophytic TIRAD 2 nodule.
4-2-2025 (Before treatment)	FNAC	Shows smear to be paucicellular and show many hemosiderin laden histocytes, debris and RBCs in proteinaceous background. Blood mixed colloid is also noted, no thyroid follicular cells seen.
21-4-2025 (After Treatment)	USG Neck  Impression	Right lobe - 4.5×1.6×1.2cm with no focal lesions left lobe - 4.7×1.8×1.6cm. The cystic lesion - 2.2×1.4×1.3cm. no significant mass effects on trachea or carotid sheath at present. Largest cervical lymph node measuring 1.9×0.7cm TIRADS 2 nodule in the left lobe of thyroid gland – likely colloid nodule with no significant mass effects or extra capsular extension.

**Table 4: Ashtasthana Pareeksha and Samprapti Ghataka**

Ashtasthana Pareeksha		Samprapti Ghataka	
Nadi	Vata- pitta pradhana	Dosham	Vatam, Kapham
Mutra	Anavilam	Dushya	Rasa, Rakta, Meda
Malam	Alpa	Agni	Mandaagni
Jihwa	Upalipatam	Srotas	Rasavaha
Shabdha	Spashtam	Srotodushti	Sangam, Vimargagamanam
Sparsha	Ushnam	Adhishtanam	Gala
Drik	Prakrutam	Sadhyasadyatha	Sadhyam
Aakruti	Madyamam		



On 03/02/2025 Before Treatment



On 21/4/2025 After Treatment

**Fig 1: Photographs showing the difference in the neck swelling before and after the treatment**

**Intervention:** Therapeutic - OPD Level intervention was done for a period of 50 days.

**Table 5: List of Medicines Given**

S.no	Name of medicine	Dosage
1	<i>Varanadi Kashaya</i>	96ml-bid @ 6.00 am & 6.00pm
2	<i>Punnarnavadi Kashaya</i>	96ml-bid @ 10.00 am & 4.00pm
3	<i>Kanjanara Guggulu</i>	1-0-1 B/F
4	<i>Tab. Chandraprabha</i>	1-0-1 A/F
5	<i>Gokshura Choorna</i>	5gm with warm water a/f
6	<i>Tab Karuthavattu</i> – External application	Over the swelling in neck area

## DISCUSSION

According to Ayurveda, a cystic thyroid nodule can be compared to *Kaphaja galagandha*. The main pathogenesis includes *Vata dosha*, *Kapha dosha* and *Medodhatu*. It is mentioned as confined swelling which is big in size with no discolouration, no rise in temperature and with negligible pain. *Acharya* also mentions that, sometimes it may suppurate, leading to *Antarvidradhi/Granthi* formation, causing sudden increase in the size. The FNAC results revealed the presence of hemosiderin laden histocytes, cellular debris and RBCs in proteinaceous background along with blood mixed colloid. The main line of treatment of *Kaphaja galagandha* include internal medications and external applications. *Varanadi kashayam*<sup>[4]</sup> is the excellent choice for a disease pathology involving *Vata-Kapha doshas* and *Medodhatu*. It has *Agni deepana*, *Srotorodhahara*, *Vatanulomana*, *Kapha-medohara* action. It is potent diuretic and has anti-inflammatory action. It has *Chedhana*, *Lekhana* and *Antarvidradhi-Granthi hara* action by which the cystic swelling would have shrink in size. *Punnarnavadi Kashaya* is a combination of 8 drugs mentioned in *Sahasrayogam*. It has *Sothahara* and diuretic action. It improves *Dhatuparinama* and destroys swelling. *Kanchanara guggulu*<sup>[5]</sup>– exhibits cytotoxic effect by inhibiting cell division and cell proliferation. Thus, resulting in potential usage for treatment in benign and malignant

tumors. *Chandraprabha vati* has *Srotorodhahara* and *Rasayana* property. *Gokshura choorna* has *Mutrala* and *Sothahara* property so is helpful to excrete toxins from the body, it is *Krimihara*, hence has antimicrobial and antioxidant activities also. *Karuthavattu*<sup>[6]</sup>/*Shirasthodha Gulika* is applied as a *Lepa Kalpana*. It is one among the *Bahirparimarjana chikitsa* in Ayurveda. *Karuthavattu* is a traditional *Gulika yoga* described in *Sahasrayoga*, indicated for treatment of all type *Shirashoola*. The major ingredients are *Kunduruschka*<sup>[7]</sup>, *Kanyasar* etc. It is *Tridosahara* and has anti-inflammatory action with *Chedhana*, *Lekhana*, *Granthi hara* property. Its application has considerably shrunk the swelling giving much relief to the patient.

## CONCLUSION

This case report is an observation that certain emergency conditions can be managed effectively with ayurvedic OPD level treatment alone. In this case it is observed that, the patient began feeling better within the first week of starting medications with no increase in size of cystic nodule or recurrence of earlier pressure symptoms. It is also noteworthy that the management focused on preserving the thyroid gland - the metabolic regulator of the body, which had been previously recommended for total thyroidectomy elsewhere.



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