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Case Study

ROLE OF *KUNJAL KRIYA*, YOGA, AND DIETARY REGULATION IN THE MANAGEMENT OF HYPOTHYROIDISM

Sonal Sharma[1]*, Dheeraj Kumar Tyagi[2]

*[1]PG Scholar, [2]Associate Professor, Department of Swasthavritta and Yoga, Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand, India.

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ABSTRACT

Ayurveda explains health and illness through the concepts of *Dosha, Dhatu, Agni*, and *Srotas*. In recent times, lifestyle changes have led to a rise in endocrine disorders such as hypothyroidism. From an Ayurvedic viewpoint, hypothyroidism may be linked to weak digestion (*Agnimandya*), an overbalance of *Kapha* and *Vata Doshas*, poor digestion of fat (*Medodhatwagni*), and malfunction of the fat channels (*Medovaha Srotas*). Traditional practices like *Yoga* and *Shaṭkarmas*, particularly *Kunjal Kriya*, are used to support metabolic and digestive health. **Case Presentation:** A 42-year-old woman with a history of hypothyroidism lasting about 10 years, who was on regular thyroxine treatment, came in with symptoms that had been progressively getting worse over the past six months. These symptoms included weight gain, fatigue, hair loss, indigestion, and dry skin. Her weight had increased from 65kg to 77kg during this time. She had no history of diabetes, high blood pressure, or any other significant medical conditions. Her vital signs and general physical examination were within normal limits. **Intervention:** She was given an integrated Ayurvedic approach that included *Kunjal Kriya* once a week, *Yoga* and breathing exercises (*Praṇayama*), a regulated diet, and lifestyle changes, all while continuing her standard medication. **Outcomes:** After the intervention, there was a noticeable improvement in fatigue, hair loss, indigestion, and dry skin, along with a decrease in body weight. Thyroid function tests showed a significant change in serum TSH levels, while T3 and T4 levels remained consistent. **Conclusion:** This case indicates that combining *Kunjal Kriya* with *Yoga* and dietary adjustments may offer support in managing hypothyroidism. More well-planned clinical studies are needed to confirm these findings.

INTRODUCTION

Ayurveda has traditionally provided a comprehensive method for understanding health and disease by focusing on concepts such as *Dosha, Dhatu, Agni*, and *Srotas*. However, due to the fast pace of modern life, a less active lifestyle, unhealthy eating habits, and increasing mental stress, there has been a rise in metabolic and endocrine disorders. Among these, thyroid disorders- particularly hypothyroidism- have become a significant global health concern. The thyroid gland plays a vital role in regulating various bodily functions, including metabolism, the heart, lungs, digestion, nerves, and reproduction. This regulation is achieved through the release of two key hormones, Thyroxine (T4) and Triiodothyronine (T3), which are controlled by Thyroid Stimulating Hormone (TSH). A deficiency in these hormones or the body's inability to respond properly to them leads to hypothyroidism. In developed countries, the prevalence of hypothyroidism ranges from 2 to 5%, while subclinical hypothyroidism affects 4 to 15% of the population. In urban parts of India, it is estimated that approximately 10.95% of people are affected, with many cases remaining undetected.[1] This condition is more common in women and older adults.[2] Autoimmune reactions are a major cause of hypothyroidism. Hypothyroidism can result in long-term complications such as high cholesterol levels and

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an increased risk of heart disease, often requiring lifelong hormone replacement therapy.[3]

In Ayurveda, hypothyroidism is not viewed as a single distinct condition but is linked to *Agnimandya*, or a weak digestive fire, the dominance of *Kapha* and *Vata doshas*, weakness of *Medodhatwagni*, and dysfunction of *Medovaha Srotas*. The clinical signs of this condition are similar to *Kaphaja Nanatmaja Vikaras,* which include weight gain, fatigue, lethargy, obesity, and excessive sleep. These symptoms also align with those described by *Charaka Acharya*, such as fatigue and weight gain.[4] These signs are consistent with the symptoms of hypothyroidism. Hypothyroidism affects multiple body systems and has various explanations within Ayurveda. Practices such as *Yoga* and *Shatkarmas*, especially *Kunjal Kriya*, are believed to help cleanse the digestive system, strengthen *Agni*, balance the *Doshas*, and improve endocrine function. This case study examines the role of *Kunjal Kriya*, along with *Yoga* and dietary modifications, in the management of hypothyroidism.

Case Presentation

A 42-year-old woman came to the outpatient department of *Swasthya Rakshan* at Patanjali Ayurveda Hospital in Haridwar. She mentioned that over the last six months, she has been gaining weight, along with feeling more tired and losing hair. She has had hypothyroidism for ten years and is currently taking Thyroxine 100 mg every morning before meals. Her weight was previously 65 kg, but it has now risen to 77kg. She also complained of indigestion and dry, rough skin. There was no record of diabetes, high blood pressure, heart problems, or other major health issues. Additionally, there was no family history of thyroid problems. She had a decreased appetite, trouble sleeping, regular bowel movements, and she urinated four to five times a day. All her vital signs and overall physical examination results were normal.

Thyroid Local Examination

On Inspection

Localised swelling -Absent

On Palpation

Size - Normal

Shape - Normal

Localised temperature - Afebrile

Tenderness -Absent

Personal History

- Diet: Mixed diet, irregular meal timings
- Lifestyle: Sedentary, no physical activity
- Sleep: Excessive but unrefreshing

Clinical Findings:

- Weight: Increased BMI (28.3kg/m^2)
- Pulse: 72/min
- Blood Pressure: 126/82 mmHg

Investigations

- TSH: 29.228 µIU/ml (elevated)
- T4: 5.50
- T3: 0.91

Ayurvedic Assessment

- ***Dosha:*** *Kapha-Vata predominance*
- ***Agni:*** *Jatharagni Mandya, Medodhatwagni Mandya*
- ***Dhatu:*** *Meda Dushti*
- ***Srotas:*** *Medovaha Srotodushti*
- ***Samprapti*****:** Sedentary lifestyle and improper diet leading to *Agnimandya* → *Ama* formation → *Kapha* aggravation → *Meda Dhatu* accumulation → hypothyroid manifestations

Astavidha Pariksha

a) *Nadi - Vata-Kapha*
b) *Mutra - Pita Varna*
c) *Mala - Malavastambha*
d) *Jiva - Saama*
e) *Shabda - Prakrit*
f) *Sparsha - Prakrit*
g) *Drik - Prakrit*
h) *Aakriti - Sthula*

MATERIALS AND METHODS

The treatment plan was designed after evaluating the *Rogabala*, which refers to the strength and seriousness of the illness, and the *Aturabala*, which refers to the patient's physical and mental condition. Based on these evaluations, an integrative therapy was suggested that included *Kunjal Kriya, yogic* exercises, and dietary guidelines.

This therapy was carried out over two months with proper guidance.[13] For the *Kunjal Kriya* procedure, the water should be lukewarm and contain 0.5mg of salt.

The person should sit in the *Kagasana* posture before drinking the water[14]. When expelling the water, it is best to stand and bend forward, keeping the body and head level. This helps the water to flow smoothly from the stomach.

The best time to perform this practice is early in the morning, before sunrise.[15] After completing the practice, it is recommended to wait for half an hour before eating. This allows the stomach lining to recover before digestion begins and stomach acids start affecting it.

Technique[16]

Kunjala Kriya involves drinking lukewarm, salty water. It is advisable to drink at least six glasses, but more can be consumed, if possible, until the point where no more water can be taken. At this point, the body may automatically vomit; if not, one can use two fingers to press gently on the back of the tongue, which might trigger the urge to vomit, known as the gas reflex. Water will then come out in quick bursts. Continue pressing until the stomach is empty. The amount of water needed may vary from person to person. Six glasses are a general guideline, but a smaller person or someone with a decreased appetite

may need only four, while a larger, hungrier person may require eight to ten glasses.

The procedure was carried out every week in the early morning on an empty stomach using lukewarm saline water for two months, following traditional yogic instructions.

In addition, the patient was encouraged to perform selected *Yogasanas* and breathing exercises daily.

Dietary and Lifestyle Intervention Protocol

1. Dietary Regimen (*Ahara Krama*)

A structured dietary schedule was advised to the patient with emphasis on *Laghu*, *Ushna*, *Deepana–Pachana*, and *Kapha-Vatahara* properties, considering the strength of the disease (*Rogabala*) and the patient (*Aturabala*). The daily dietary regimen followed during the intervention period is detailed in Table 1.

Table 1: Daily Dietary Schedule Recommendation for Patients

1.	**Early morning (6 to 6:30 am)**	• 25 g *Madhu* + 100 ml lukewarm water[5], or • 4 teaspoons *Amla Swarasa* + 100 ml water, or • *Jeera + Ajwain* boiled in water, or • *Dhanyaka* (coriander) + *Ajwain* + *Sonth* boiled in water, or • 200 ml lukewarm water + ½ teaspoon *Trikatu*
2.	**Breakfast (8:30 TO 9:00 am)**	• *Daliya* – 1 bowl *(Moong [6] + Sava [7] + Masoor [7])* or • *Moong dal chilla[6]* + coriander and mint *chutney* or • *Kulthi dal chilla* [6] + coriander and mint *chutney* or • *Besan chilla* + coriander and mint *chutney* or • Barley *chapati* (2) [7] + *chana dal* or • 50 g *chana dal* [7] + 50 g *moong* sprouts [6] or • *Methi roti* + coriander *chutney*
3.	**Mid-morning (10-11am)**	• 200 gm seasonal fruit
4.	**Lunch (12:30 to 1:30pm)**	• *Dal* – 1 bowl • Vegetable (*sabzi*) – 1 bowl • *Takra* – 1 glass [6] • *Chapati* – 2 • Rice – 1 bowl • Salad
5.	**Evening (4 to 5pm)**	• *Yava sattu* or soup • *Laja dhan (Kheel* or puffed rice*)* or *Lubika* • *Saunf jal* or *Methi jal* (50 ml)
6.	**Night (7 to 8pm)**	• *Daal* 1 bowl • *Sabji (*vegetable *Palya)* 1 bowl • *Chapati (*multigrain *atta)* -2
7.	**After Dinner (9 pm)**	• 3 gm *Trifala* + lukewarm water or 1. Turmeric milk

2. *Pathya Ahara–Vihara* (Do's)

The patient was advised to strictly follow *Pathya Ahara* and *Vihara*, as outlined in Table 2, to enhance digestive fire (*Agni*), reduce *Ama*, and pacify vitiated *Kapha* and *Vata*

Table 2: *Pathya* (Recommended Practices)

Aspect	***Pathya***
Salt	*Saindhava namaka*
Cooking Medium	Mustard oil [7] or Sesame oil[7]
Cereals	*Bajra,[3] Ragi[3], Jowar[3], Kodo[3], Amaranth[3]*
Rice	*Samak* rice[3], old rice[3], red rice[3]
Pulses	*Kulath[7], Chana[7], Moong[7], Masoor[7], Arhar*
Vegetables	*Lauki,[7] Tinda[7], Parwal, Karela, Methi, Palak, Tori*, brinjal, muli, broccoli, carrot, cauliflower
Lifestyle	Timely meals, early dinner, adequate hydration

3. *Apathya Ahara–Vihara* (Don'ts)

Foods and lifestyle practices aggravating *Kapha*, impairing *Agni*, and contributing to *Ama* formation were restricted (Table 3).

Table 3: *Apathya* (Restricted Practices)

Category	*Apathya*
Cereals & pulses	Fresh rice, *Rajma*, *Chhole*, heavy pulses
Food items	Potato, *Maida*, bakery products
Dairy	Curd, paneer, cheese
Fried foods	*Pakoda, Puri, Kachori*
Sweets & cold foods	Sweets, ice creams, cold drinks
Others	Pickles, sauces,
Fermented foods	*Idli, Dosa*, fermented preparations in larger amount
Lifestyle	Daytime sleep, smoking, soda intake, alcohol, substance abuse, stress, anxiety.
Non-vegetarian diet	Not recommended

4. Lifestyle Modification with *Yoga* and *Praṇayama*

Lifestyle modification was incorporated as an integral part of therapy to improve metabolic activity, enhance endocrine balance, and reduce stress. The *yoga* protocol followed during the study period is described in Table 4.

Category	Practices
Yogasana	*Surya Namaskara* 21 times daily in morning
Praṇayama	*Bhramari, Naḍi Śodhana, Ujjayi* 16 times each three times daily
Ṣaṭkarma	*Kunjal Kriya* with saline water once weekly

RESULTS

The patient was assessed before and after completion of the treatment period based on clinical features and relevant laboratory investigations.

Symptom-Wise Results of Treatment

The effect of the prescribed dietary, lifestyle, *Yoga*, and Ayurvedic interventions was assessed based on subjective and objective parameters before treatment (BT) and after treatment (AT). Percentage-wise improvement in clinical symptoms was recorded and is presented in Table 5.

SN	Parameter	Before Treatment (BT)	After Treatment (AT)	Improvement (%)
1	Body weight	77 kg	73 kg	5.2% reduction
2	Fatigue	80%	20%	75% improvement
3	Hair loss	90%	30%	66.7% improvement
4	Dry skin	70%	40%	42.9% improvement
5	Indigestion	80%	2%	97.5% improvement

Effect of Treatment on Thyroid Profile

SN	Investigation	Before Treatment (BT)	After Treatment (AT)
1	Triiodothyronine (T3)	0.91 ng/dL	0.92 ng/dL
2	Thyroxine (T4)	5.50 µg/dL	8.00 µg/dL
3	Thyroid Stimulating Hormone (TSH)	29.228µIU/mL	4.779 µIU/mL

CONCLUSION

The present clinical case demonstrates the potential efficacy of an integrated Ayurvedic approach in the management of hypothyroidism. The intervention, comprising a structured dietary regimen, lifestyle modification, *Yoga, Praṇayama*, and *Shaṭkarma* along with *Deepana–Pachana*–based internal measures, resulted in marked improvement in both subjective and objective parameters.

Significant reduction in classical hypothyroid symptoms such as fatigue, hair loss, indigestion, and dry skin was observed following the treatment. A measurable decrease in body weight further indicated improvement in metabolic efficiency. Biochemical assessment revealed a substantial decline in serum Thyroid Stimulating Hormone (TSH) levels, suggesting improved regulation of thyroid function. The

stabilisation of T3 and T4 levels supports the safety and metabolic balancing effect of the intervention.

From an Ayurvedic perspective, hypothyroidism can be correlated with *Agnimandya*, *Ama* accumulation, and *Kapha-Vata Doṣha* predominance. The adopted therapeutic measures effectively corrected digestive and tissue metabolism (*Agni*), facilitated *Ama pachana*, and restored *Doṣha* equilibrium, thereby addressing the disease at its root level rather than providing symptomatic relief alone.

This case highlights the importance of individualised, holistic management in endocrine disorders and emphasizes the role of diet, lifestyle, and *Yoga* as essential therapeutic components alongside internal medications. Although the findings are encouraging, further large-scale clinical studies with longer follow-up and statistical validation are required to substantiate these observations and establish standardised treatment protocols.

In conclusion, the integrated Ayurvedic management approach appears to be a safe, effective, and sustainable option in improving clinical outcomes in hypothyroidism and may serve as a complementary strategy in its long-term management.

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***Address for correspondence**
Dr. Sonal Sharma
PG Scholar,
Department of Swasthavritta and Yoga
Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand, India.
Email: sonalsharma0799@gmail.com