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CASE REPORT

Role of Ayurveda Treatment to Manage Hypothyroidism: An Experience

Ajay[1], Jitendra Varsakiya[2]

[1]PG Scholar, Department of Kayachikitsa, Ch. Brahm Prakash Ayurved Charak Sansthan, Delhi, India.
[2]Consultant and Assistant Professor, Department of Kayachikitsam, Ch. Brahm Prakash Ayurved Charak Sansthan, Delhi, India.

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Virechan

ABSTRACT

Hypothyroidism constitutes a hypometabolic clinical condition characterized by the insufficient synthesis of thyroid hormones over an extended duration. Approximately one in ten adults in India is affected by hypothyroidism. The prevalence among women is sixfold greater than that in men**.** Clinical manifestations of hypothyroidism range from life-threatening to no signs or symptoms. The most common symptoms in adults are fatigue, lethargy, cold intolerance, weight gain, constipation, change in voice, and dry skin, but clinical presentation can differ with age and sex, among other factors. The foundational principles of *Ayurvedic* pathogenesis suggest that the primary contributing factor is the diminished functionality of *Agni,* commonly termed *Agnimandya*. Here is the case of a 32-year-old female patient having a 5-month history of hypothyroidism who sought treatment at our hospital. She was prescribed an A*yurvedic* regimen consisting of *Virechan karma* was done *with Erand tailam, Pathyadi kwath, and Avipattikar churna*. After *Virechan karma* follow-up with *Ashwagandha churna* 3 g twice a day, *Chitrakadi Vati* 1 tablet twice a day after a meal, and *Triphala Churna* 5 g at bedtime. The findings suggested the possibility of *Ayurvedic* treatments for endocrine problems and showed a good effect on the management of hypothyroidism.

1. INTRODUCTION

Hypothyroidism constitutes a hypometabolic clinical condition characterized by the insufficient synthesis of thyroid hormones over an extended duration. This disorder may arise from a dysfunction located anywhere within the Hypothalamic-Pituitary-Thyroid axis. In this pathological state, thyroid-stimulating hormone (TSH) levels will be elevated, as the pituitary gland compensates by increasing TSH secretion to prompt the thyroid gland to augment its production of thyroid hormones.[1] Approximately one in ten adults in India is affected by hypothyroidism. The prevalence among women is sixfold greater than that in men. Although *Ayurvedic* classical texts do not provide explicit references regarding the hyper- or hypoproduction of hormones by the thyroid gland (~ *Avatu Granthi*), the foundational principles of *Ayurvedic* pathogenesis suggest that the primary contributing factor is the diminished functionality of *Agni,* commonly termed *Agnimandya.*[2]

Corresponding Author:
Dr. Jitendra varsakiya, Consultant and Assistant Professor,
Department of Kayachikitsa, Ch. Brahm Prakash Ayurved Charak Sansthan, Delhi, India.
Email: jeet12989@gmail.com

According to *Ayurveda, Agni* deficiency is the primary cause of hypothyroidism. The hypofunction of the *Jatharagni* (digestive power) affects the *Dhatavagni* (digestive power of tissue) and *Medogni* (digestive power of adipose tissue), resulting in a pathogenic cascade[3] and these characteristics bear a notable resemblance to contemporary understandings of metabolism, specifically the reduction in basal metabolic rate. Consequently, the integration of *Panchakarma* (bio-purification) therapies, in conjunction with suitably prescribed oral pharmacological agents, is essential to the holistic management of hypothyroidism within the framework of *Ayurvedic* practice. This methodology seeks to rectify both the fundamental imbalances and the concomitant manifestations, thereby enhancing overall health and wellness.[4]

2. PATIENT INFORMATION

A 32-year-old female patient presented to the outpatient department (OPD) of *Kayachikitsa* at Chaudhary Brahm Prakash Ayurveda Charak Sansthan in Najafgarh, New Delhi, on February 13, 2025, with primary complaints of weight gain, decreased appetite, constipation, hoarseness of voice, xerosis, facial puffiness, edema, and wrist joint

pain. The patient has a documented 5-month history of hypothyroidism, which she has been managing through the administration of thyroxin at a dosage of 50 μg once daily on an empty stomach. She sought *Ayurvedic* consultation for comprehensive evaluation and management of her condition. There was no recorded history of diabetes mellitus, hypertension, tuberculosis, or asthma. Moreover, there was an absence of any family history concerning thyroid disorders. The patient had been on thyroxin therapy for a duration of 3 months.

3. CLINICAL FINDINGS

Upon physical examination, her blood pressure was measured at 122/78 mm Hg, with a pulse rate of 84 bpm. The patient reported experiencing constipation, characterized by the passage of hard stools alongside a normal appetite. Further examination revealed a coated appearance of her tongue. In addition, she indicated that her urinary frequency was 7–8 times/day. Clinically, she presented as obese but exhibited no indications of pallor.

4. TIMELINE

The patient received a diagnosis of hypothyroidism for the 1st time 3 months ago. She was prescribed one tablet of thyroxine 50 μg, which she took on an empty stomach. The patient first attended Chaudhary Brahm Prakash Ayurved Charak Sansthan (CBPACS) in the OPD of *Kayachikitsa* on February 13, 2025. After a thorough medical history and clinical examination, along with blood investigations, a plan for *Virechana Karma* (bio-cleansing) was developed, which involves therapeutic purgation. Initially, for the first 5 days, the patient was administered 3 g of *Trikatu churna* mixed with lukewarm water twice daily before meals to prepare for *Deepana Karma* (~appetizer), resulting in improvement in her bowel habits. Subsequently, for the next 5 days, the patient received increasing dosages of *Ashwagandha Ghrita* on an empty stomach each morning with warm water, at 30, 60, 90, 120, and 150 mL, as part of the *Snehana Karma* (~therapeutic internal oleation). During this treatment, signs of *Snehana Siddhi Lakshana* (~suitable internal oleation signs) were observed after 5 days, including noticeably soft and unctuous skin and the passage of soft stools. After proper internal oleation was achieved, the patient underwent *Sarvanaga Abhyanga* (~therapeutic massage) with *Ksheer Bala Oil* and *Sarvanga Swedana* (~sudation therapy) using *Dashmool Kwath*. Following this, *Virechana Karma* (~biocleansing) was performed using *Erand Sneha, Pathyadi Kwath, and Avipattikar churna,* which included ingredients, such as *Eranda Tail, Haritaki, Vibhitaki, Amala Bhu-nimba, Nish, Nimba,* and *Guduchi.* On the day of *Virechana,* the patient experienced 26 urges to purgate (*Vegas*). The following day, *Samsarjana Karma* (~therapeutic dietary regime) was recommended for the next 7 days, beginning with watery gruel made from rice in the evening, followed by the same on the 2nd day, thick gruel of rice on the 3rd day, *Akruta Yusha* (~green gram soup flavored) on the 4th day, and *Kruta Yusha* (~green gram soup with added salt, ghee, and spices) on the 5th, 6th, and 7th days. The patient was advised to maintain a healthy lifestyle and consume nutritious whole foods after completing *Samsarjana Karma* (post-therapy dietary regimen for recovery. Following this, oral medications were prescribed, including *Ashwagandha Churna* 3 g twice daily after meals, *Triphala Churna* 5 g at bedtime with lukewarm water, and *Chitrakadi vati* 1 tablet twice daily after meals for the next 50 days. The patient reported relief from all symptoms she had been experiencing previously, and her thyroid profile tests also indicated significant improvements [Table 1].

4.1. Assessment Criteria[5]

Assessment criteria are given in table 2

4.2. Therapeutic Intervention

Upon conducting a comprehensive assessment of the patient, while duly considering all pertinent *Ayurvedic* principles and evaluating the patient's chronological age, physical strength, body constitution, digestive capacity, and other relevant factors, it was recommended that the patient be admitted to the inpatient department (IPD) for the implementation of *Virechan Karma* (bio-cleansing), along with a regimen of oral medications, which encompassed *Ashwagandha Churn* at a dosage of 3 g twice daily post-prandially, *Triphala Churna* at 5 g at bedtime with lukewarm water, and *Chitrakadi Vati* at a dosage of 1 tablet twice daily, to be administered for a duration of 50 days following the completion of *Virechana Karma* (bio-cleansing) and *Samsarjana Karma* (dietetic regimen for post-therapy recuperation [Table 3]).

4.3. *Pathya Ahara* (Nutritious Food) and *Apathya Ahara* (Nutritionally Deficient Food)

The patient was recommended to incorporate *Yava*, *moong* soup, ginger, carrot, bottle gourd, and citrus fruits into the dietary regimen, in addition to *Aja Dugdha, Godugdha*, and *Saindhava Lavana*. The patient was instructed to eliminate curd, ghee, *Sarso ka Saag,* cabbage, broccoli, cauliflower, soybeans, alcoholic beverages, and deep-fried foods from the dietary intake.[4]

5. OUTCOME AND RESULT

The outcome was evaluated based on the enhancement in the overall state of the patient, which includes weight augmentation, decreased appetite, constipation, vocal hoarseness, dermal dryness, facial puffiness, edema, and discomfort in the wrist joint alongside alterations in the thyroid function test, specifically regarding TSH levels. Hormone normalized with a value of 4.04 μIU/mL from 8.70 μIU/mL [Table 4 and Figures 1 and 2].

6. DISCUSSION

In the domain of *Ayurveda*, the term *"Medovaha Agnimandya"* signifies a dysfunction in the metabolism of lipids, which can be associated with disorders of the thyroid gland, particularly hypothyroidism. The *Medovaha Srotas* represent the physiological conduits within the human body that are integral to the transport and metabolic processes of adipose tissues. When these conduits operate optimally, the metabolic conversion of fat is conducted with efficacy, thereby enabling the organism to sustain a harmonious equilibrium of *Medo Dhatu* (fat tissue). In instances of hypothyroidism, there is a notable decrease in the overall metabolic rate, culminating in a deceleration of the body's metabolic activities. This decline in metabolic function frequently manifests as an increase in body weight, a prevalent indicator of hypothyroidism, as the organism tends to retain surplus fat due to compromised metabolic mechanisms. Consequently, *Ayurvedic* methodologies that are capable of reinstating equilibrium and enhancing metabolic efficiency in individuals diagnosed with hypothyroidism warrant consideration.

6.1. Probable Mode of Action of *Virechan* (Therapeutic Purgation)

Two phases are involved in the movement of extracellular fluid throughout the body. Blood moves through the circulatory system in the first stage, while fluid moves between the blood capillaries and the cell in the second. When the body is at rest, all of the blood in the circulation goes through the entire circuit once on average each minute; when an individual is very active, this can happen up to

6 times/min. Continuous extracellular fluid exchange takes place when blood flows through the capillaries between the plasma component of the blood and the interstitial fluid, which fills the intercellular spaces between the cells**.** Because the capillaries are permeable, a lot of fluid and its dissolved components can move between the tissue voids and the blood. As a result, extracellular fluid – both plasma and interstitial fluid – is constantly mixed throughout the body to preserve near-perfect homogeneity. All throughout the body, this extracellular fluid is constantly moving. It travels quickly through the bloodstream before diffusing past the capillary walls to combine with the tissue fluids. As long as the right amounts of oxygen, glucose, various ions, amino acids, fatty substances, and other components are present in this interior environment, cells can survive, proliferate, and carry out their unique tasks. These chemicals include surpluses of ions and water from food that may have accumulated in the extracellular fluid, as well as various end products of cellular metabolism, such as urea and uric acid. These chemicals are either eliminated by the kidneys or through the blood circulation by inducing purgation.[6]

6.2. Probable Mode of Action of *Ashwagandha* (*Withania somnifera*)

Rejuvenating herb, tonic, *Rasayana* (rejuvenator) or restorative property Strengthens body's immune response and stimulate patient's non-specific stress response via the hypothalamic - pituitary – adrenal axis Reduce sensitivity to feedback regulation and disruption in cortisol secretion's circadian rhythm Withanolides serve as important hormone pre-cursor. When hormone level is high it occupies cell membrane receptor site so that the actual hormone can't attach and exert its effect When hormone level is felt low by the body, plant based hormone exerts a small effect Improves thyroid function, hence acts as an adaptogen.[7]

6.3. Probable Mode of Action of *Chitrakadi Vati*

The maximum contents of *Chitrakadi Vati* are enlisted in *Deepaniya Mahakashaya*, as indicated by *Acharaya Charaka. Chitrakadi Vati* is known for improving *Jathragni* by *Katu, Tikta, Lavana Rasa* tastes, *Ushna Virya, Sukshma, Snigdha Guna,* and *Katu Vipaka*. In addition, it is recommended for a number of illnesses that come from *Mandagni,* such as *Arsha, Atisara, and Grahani. Chitraka* (Plumbago zeylanica), *Pippali* (Piper longum), *Chavya* (Piper retrofractumVahl.), *Shunthi* (Zingiber officinale), *Maricha* (Piper nigrum), *Ajamoda* (Carum roxburghianum), and a variety of salts, such as *Yava Kshara*, *Sarji Kshara*, *Saurvachala Lavana, Saindhava Lavana, Vida Lavana, Samudra Lavan*, and *Audbhida Lavan*, all have strong digestive-boosting qualities. These components' chemical makeup reveals a wide range of bioactive substances, including alkaloids, plumbagin, gingerols, and piperine, which support their pharmacological effects. These functions include lipid-lowering, antioxidant, immunomodulatory, hepatoprotective, anti-inflammatory, and analgesic properties. *Chitrakadi Vati's* synergistic blend of herbs and salts highlights how effective it is in enhancing digestion and gastrointestinal health in general.[8]

6.4. Probable Mode of Action of *Triphala Churna*

The bioactivity of *Triphala* is elicited by gut microbiota. The phytochemicals in *Triphala* promote the growth of beneficial gut microbes, such as *Bifidobacteria* and *Lactobacillus* species, while inhibiting the growth of less desirable and potentially more inflammatory gut residents, such as *Escherichia coli*. The enzymatic activity of lactic acid bacteria degrades tannins in *Triphala,* such as gallic acid. *Triphala*-derived polyphenols, such as chebulinic acid are also transformed by the human gut microbiota into metabolites, such as urolithins, which have the potential to prevent oxidative damage and inflammation. Illustration by Victor Hewitt; used with permission.[9]

7. CONCLUSION

From this experience, it can be concluded that *Ayurveda* treatment is effective in managing hypothyroidism. The bio-cleansing mechanism can help in the expulsion of toxins, which aids in correcting *Sroto-Avarodha*, thereby improving digestive fire. This leads to correcting the metamorphosis of M*edo-Dhatu*, resulting in an improvement in a person's health.

8. ACKNOWLEDGMENTS

Nil.

9. AUTHORS' CONTRIBUTIONS

All authors have contributed equally to conception, design, data collection, analysis, drafting, and final approval of the manuscript.

10. FUNDING

Nil.

11. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case report.

12. CONFLICTS OF INTEREST

Nil.

13. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from the principal investigators.

14. PUBLISHERS NOTE

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Table 1: Timeline of events

Duration	Particulars and interventions
13 February, 2025	Patient visited *Kayachikista* outpatient department in CBPACS for the 1st time. Took detailed history along with clinical examinations and the patient was advised for *Panchkarma* (detoxifying therapy)
20 February–February 25, 2025	*Deepana* (~Appetizer) with *Trikatu Churna* 3g twice a day after meals
26 February–March 2, 2025	*Snehpan* (~internal oleation) with *Ashwagandha ghritam* done with starting dose of 30 mL, 60 mL, 90 mL, 120 mL, and 150 mL
3 March–5 March, 2025	*Sarvang Abhyang* (~ external oleation) and *Sarvang Swedan* (~ sudation therapy) with K*sheer Bala Tailam* and *Dashmool Kwath,* respectively.
6 March 2025	*Virechan karma* (~ bio cleansing) was done with E*rand Tailam,* P*athyadi Kwath,* and A*vipattikara Churna*
7 March–13 March, 2025	*Samsarjan Karma* (~post therapy diet regime for revival was done for 7 days according to *Kosth Sudhii* (~gut cleansing)
14 March 2025–20 May 2025	*Shaman* (Palliative procedures) done with *Ashwagandha Churna* 3 g twice a day after meal, *Chitrakadi Vati* 1 tablet twice a day before meal, and T*riphla Churna* 5 g at bed time.
22 May 2025	Advised for thyroid function test
19 July 2025	In thyroid function test Hormone normalized with a value of 4.04 µIU/mL from 8.70 µIU/mL.

Table 2: Assessment criteria

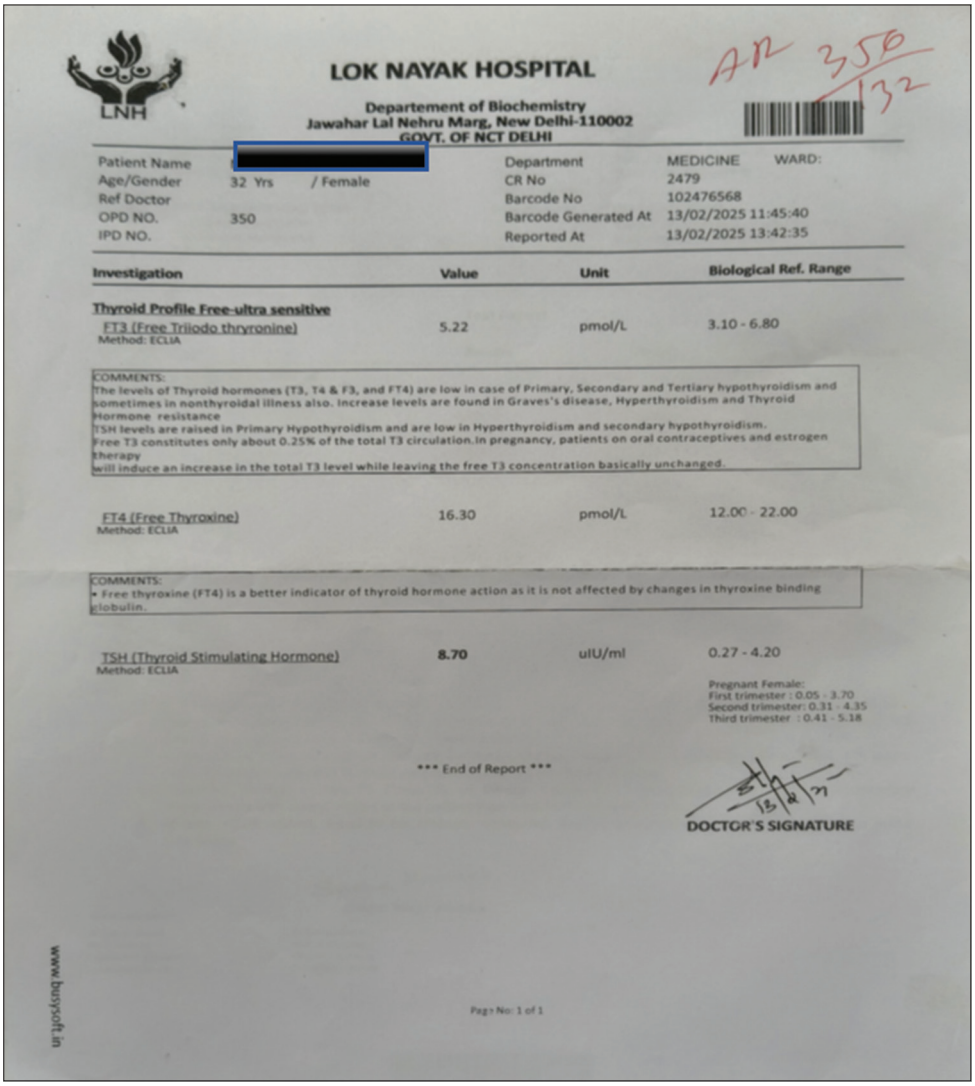
Condition	Thyroid-stimulating hormone reference	Free T4	Criteria
Euthyroid	Normal	Normal	No thyroid dysfunction
Over-hypothyroidism	Elevated (^10)	Low	Clinical symptoms present; benefit from treatment
Subclinical hypothyroidism	Mildly elevated	Normal	Often asymptomatic; risk of progression
Overt thyrotoxicosis	Suppressed	Elevated	Classical thyrotoxic symptoms present
Subclinical thyrotoxicosis	Low/suppressed	Normal	May have subtle or no symptoms

Table 3: Oral medication given

Drug	Dose	Duration (days)	*Anupana*
Ashwagandha Churna	3 g twice a day	50 days	Lukewarm water
Chitrakadi Vati	1 tablet twice a day	50 days	Lukewarm water
Triphla Churna	5 g at bed time	50 days	Lukewarm water

Table 4: Results and outcome

Date	T3	T4	Thyroid-stimulating hormone
February 13, 2025	5.22	16.30	8.70
July 19, 2025	0.86	10.94	4.04



LOK NAYAK HOSPITAL

Departement of Biochemistry
Jawahar Lal Nehru Marg, New Delhi-110002
GOVT. OF NCT DELHI

AR 350/132

Patient Name	[redacted]	Department	MEDICINE WARD:
Age/Gender	32 Yrs / Female	CR No	2479
Ref Doctor		Barcode No	102476568
OPD NO.	350	Barcode Generated At	13/02/2025 11:45:40
IPD NO.		Reported At	13/02/2025 13:42:35

Investigation	Value	Unit	Biological Ref. Range
Thyroid Profile Free-ultra sensitive			
FT3 (Free Triiodo thryronine) Method: ECLIA	5.22	pmol/L	3.10 - 6.80

COMMENTS:
The levels of Thyroid hormones (T3, T4 & F3, and FT4) are low in case of Primary, Secondary and Tertiary hypothyroidism and sometimes in nonthyroidal illness also. Increase levels are found in Graves's disease, Hyperthyroidism and Thyroid Hormone resistance
TSH levels are raised in Primary Hypothyroidism and are low in Hyperthyroidism and secondary hypothyroidism.
Free T3 constitutes only about 0.25% of the total T3 circulation.In pregnancy, patients on oral contraceptives and estrogen therapy
will induce an increase in the total T3 level while leaving the free T3 concentration basically unchanged.

FT4 (Free Thyroxine) Method: ECLIA	16.30	pmol/L	12.00 - 22.00

COMMENTS:
• Free thyroxine (FT4) is a better indicator of thyroid hormone action as it is not affected by changes in thyroxine binding globulin.

TSH (Thyroid Stimulating Hormone) Method: ECLIA	**8.70**	uIU/ml	0.27 - 4.20

Pregnant Female:
First trimester : 0.05 - 3.70
Second trimester: 0.31 - 4.35
Third trimester : 0.41 - 5.18

*** End of Report ***

DOCTOR'S SIGNATURE

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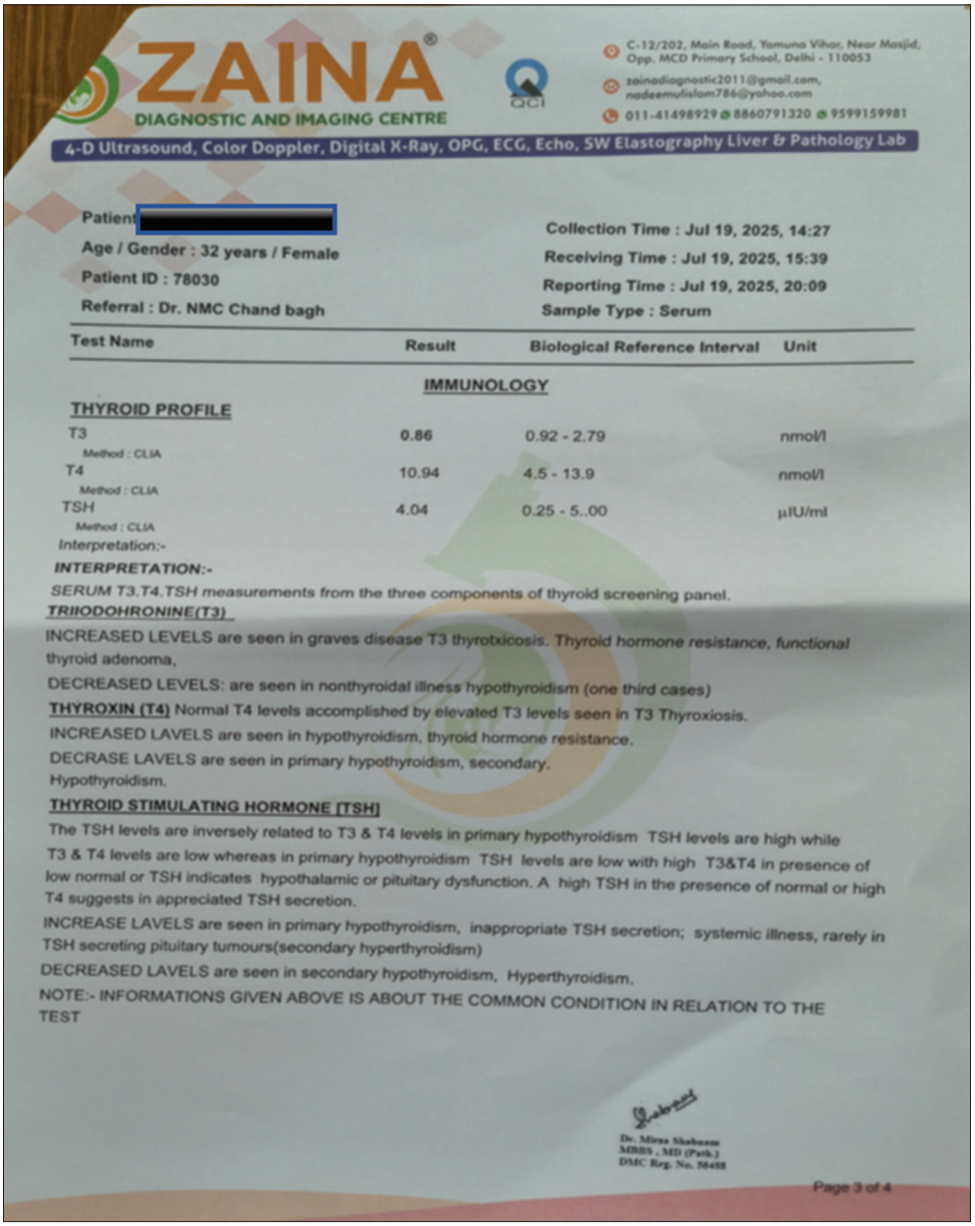
Figure 1: Before treatment



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zainadiagnostic2011@gmail.com, nadeemulislam786@yahoo.com
011-41498929 8860791320 9599159981
4-D Ultrasound, Color Doppler, Digital X-Ray, OPG, ECG, Echo, SW Elastography Liver & Pathology Lab

Patient [redacted]
Age / Gender : 32 years / Female
Patient ID : 78030
Referral : Dr. NMC Chand bagh
Collection Time : Jul 19, 2025, 14:27
Receiving Time : Jul 19, 2025, 15:39
Reporting Time : Jul 19, 2025, 20:09
Sample Type : Serum

Test Name	Result	Biological Reference Interval	Unit
IMMUNOLOGY			
THYROID PROFILE			
T3 (Method : CLIA)	0.86	0.92 - 2.79	nmol/l
T4 (Method : CLIA)	10.94	4.5 - 13.9	nmol/l
TSH (Method : CLIA)	4.04	0.25 - 5..00	µIU/ml

Interpretation:-

INTERPRETATION:-

SERUM T3.T4.TSH measurements from the three components of thyroid screening panel.

TRIIODOHRONINE(T3)

INCREASED LEVELS are seen in graves disease T3 thyrotxicosis. Thyroid hormone resistance, functional thyroid adenoma,

DECREASED LEVELS: are seen in nonthyroidal illness hypothyroidism (one third cases)

THYROXIN (T4) Normal T4 levels accomplished by elevated T3 levels seen in T3 Thyroxiosis.

INCREASED LAVELS are seen in hypothyroidism, thyroid hormone resistance.

DECRASE LAVELS are seen in primary hypothyroidism, secondary.
Hypothyroidism.

THYROID STIMULATING HORMONE [TSH]

The TSH levels are inversely related to T3 & T4 levels in primary hypothyroidism TSH levels are high while T3 & T4 levels are low whereas in primary hypothyroidism TSH levels are low with high T3&T4 in presence of low normal or TSH indicates hypothalamic or pituitary dysfunction. A high TSH in the presence of normal or high T4 suggests in appreciated TSH secretion.

INCREASE LAVELS are seen in primary hypothyroidism, inappropriate TSH secretion; systemic illness, rarely in TSH secreting pituitary tumours(secondary hyperthyroidism)

DECREASED LAVELS are seen in secondary hypothyroidism, Hyperthyroidism.

NOTE:- INFORMATIONS GIVEN ABOVE IS ABOUT THE COMMON CONDITION IN RELATION TO THE TEST

Dr. Mirza Shabnam
MBBS , MD (Path.)
DMC Reg. No. 58488

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Figure 2: After treatment