



AYURVEDIC APPROACH IN THE MANAGEMENT OF HYPERPROLACTINEMIA, ALONG WITH A CASE REPORT

Maduru Kalyani

Asst. Professor, Dept. of Prasuti tantra and Stree roga,
Bapuji Ayurvedic Medical College and Hospital, Challakere, Chitradurga (DT), Karnataka.

Corresponding Author: kalyaneyadav555@gmail.com

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ABSTRACT

Hyperprolactinemia is a condition where the prolactin levels are high, which inhibits ovarian steroidogenesis and is responsible for secondary amenorrhea or oligomenorrhea, followed by infertility in 30% of cases.

In this case report, A 28-year lady patient came to OPD of **BAPUJI AYURVEDIC HOSPITAL, CHALLAKERE**, with a complaint of anxiety to conceive since three years, with a history of hypothyroidism followed by scanty menstruation and weight gain and her reports show that it is a case of hyperprolactinemia for one year, with a medical history of allopathic treatment for the same.

This condition is due to the kapha and vata dushti.

Deepana, Pachana, Shodhana karma are explained in the ayurvedic classics to treat the stree rogas.

Acharya Dalhana mentioned that prefer Vamana than virechana.

In this condition, Vamana karma removes vikrutha kapha so that Soumya dhatu is expelled by clearing margavarodha, which increases agneya guna, which is essential for arthava pravutti.

The oral medication after Vamana karma helps to restore proper ovulation and regular menstruation.

Keywords: Hyperprolactinemia, Vamana Karma, Ovulation.

INTRODUCTION

The anterior pituitary produces prolactin, and the hypothalamus regulates its secretion. The hypothalamus produces prolactin, an inhibiting factor called dopamine. This regulation is based on short-loop feedback through the hypophyseal portal system.

Prolactin secretion is stimulated by peripheral estrogen. Hyperprolactinemia causes suppression of GnRH, which in turn inhibits ovulation¹.

In Ayurveda, this can be compared with the Vandhyatva because of stanya vaha sroto dusti, primarily due to the kapha and vata dosha dusti.

The average plasma level of prolactin is 1-20ng/mL. Prolactin level of more than 100 ng/mL is often associated with PROLACTINOMA; this condition is usually associated with galactorrhea (inappropriate lactation).

Causes: 40-50 % with Idiopathic hypersecretion.

Physiological: Stress and excess exercise, Pregnancy, stimulation of nipples.

Endocrinal illness: Usually associated with Primary Hypothyroidism and PCOD.

Drugs: Antacids, antidepressants, combined oral contraceptives, Anti gonadotropin drugs¹.

Treatment in Allopathy:

Medical management:

Tab. Bromocriptine and

Tab. Cabergoline 0.25mg or 0.5 mg once or twice weekly.

Both drugs are dopamine agonists.

Most prolactin levels usually decrease within 2-3 weeks of treatment.

Menses, ovulation, & fertility return when prolactin level returns to normal.

Surgical management:

In failure of medical therapy, adenectomy is done.

Adenectomy followed by radiation therapy is advised in the case of macroadenomas².

AYURVEDIC LINE OF TREATMENT

Acharya Susruta mentioned an indication of Samshodhana by using agneya guna Dravyas, which will help in amenorrhea or hypomenorrhea conditions.

While explaining that condition, acharya Dalhana commented that, Samshodhana refers for Vamana not Virechana, followed by shamanaoushadhi's with Agneya guna pradhana,

stanya shodhaka guna dravyas³.

सशोधनमिह वमनं च विरेकः!!

विरेचनेन हि पित्तक्षयादार्तवस्य क्षय एव स्यादिति वमनेन तु सोम्यधातौ वृद्धे आर्तवमायाप्यते!!

(Su.Su.15/12/Dalhana)

Virechana leads to pitta kshaya, which decreases agneya guna and again results in Arthava kshaya. But by doing Vamana karma, the nirharana of Soumya dhatu increases agneya dhatu, and that normal arthava Utpatti restoration takes place in the women, helping in ovulation and fertility³.

AIMS and OBJECTIVES:

1. Decrease the elevated prolactin levels using the ayurvedic treatment modalities and medications.
2. To restore regular ovulation and menstruation and help increase fertility.

MATERIALS AND METHODS:

CASE REPORT:

A 28-year-old patient came to OPD of BAPUJI AYURVEDIC HOSPITAL, CHALLEKERE, with a complaint of anxious to conceive for three years, on 30-06-2023. Associated complaint: occasional white discharge

Purva Vyadhi Vrutanta: with a history of hypothyroidism for three years using 25mcg thyronorm.

Menstrual history: LMP – 23/06/2023, oligomenorrhea,

Cycle interval – 40 – 45 days,

Duration: 2-3 days

Obstetric history: 2 spontaneous abortions,

Last abortion – 1-year back abortion followed by scanty menstruation, weight gain and hyperprolactinemia for one year, with a medical history of allopathic treatment for the same.

Past medical/surgical history:

Used hormonal pills for three months for conception.

Kula vruttanta/ Family history: Nothing significant.

Vaiyaktika vruttanta: Appetite – Poor, Bowel – Regular, Micturition- Normal flow, sleep – Disturbed sleep, Diet – pure vegetarian, No addictions.

General examination:

Pulse – 74 bums, B.P-110/70mmHg, weight – 60kgs, R.R – 16/min, Temp- 97.6F

Stanika pariksha:

Breast examination: Both breasts are symmetrical, with no galactorrhoea and no lymph node enlargement seen.

Per abdomen – Soft, Non-Tender, No organomegaly.

Per speculum – Vaginal wall and cervix – healthy, white discharge + from OS, No foul smell.

P/V- Uterus – Normal size, anteverted, mobile, free fornices.

Investigations:

Serum Prolactin - 72.80ng/ml.

This is diagnosed as Vandhya –due to stanya vaha sroto dusti followed by arthava kshaya.

TREATMENT FOLLOWED:

Shodhana –

Deepana Pachana with Hingwastaka churna 1tsp and chitrakadi vati 1 -1-1 TID B/F

Snehapana for 5 days with Phala sarpi (Arohana Dosage)

Sneha siddhi lakshanas was found on the 5th day.

Conducted Vamana with Madanaphala Yoga – Prava-
ra Sudhi with 10 Vegas followed by

Dhumapana and Kavala after vamana.

Samsarjana karma followed for 7 days.

2. Samana Aushadha's – after Vamana karma for one cycle.

Varunadi kashayam 15 ml BD B/F

Kanchanara guggulu 1 BD A/F

Arogyavardhini vati 1 BD A/F

Phala sarpi. 15 ml of lukewarm water on an empty stomach.

RESULTS:

Serum Prolactin levels reduced from 72.80 ng/ml to 38.87ng/ml within one week of vamana karma followed by decrease in all the symptoms, in the next menstrual cycle prolactin levels are with normal levels 13.28 ng/mL.

Clinical features	Before Treatment	After treatment
Cycle interval	40 to 45 days	30 – 35 days
Flow	Scanty (1 pads per day)	Normal Flow (2-3 pads per day for 2 days f/b 1-2 pads per day.
Prolactin levels	72.80ng/ml	13.28 ng/ml

Menstrual cycle - Regular with 30 to 35 days cycle with Normal flow.

Advised fertile days for conception.

Oral medication from after 2nd visit:

Cap. Phala kalyanka Gritha 1 tsp. with Ushna jala anupana BD,

Kuberakasha vati 1 TID. (Bapuji ayurvedic pharmacy)

Nastapushpantak rasa 1 BD.(Baidyanath).

DISCUSSION

Hyperprolactinemia is a condition where the vikruta Kapha dominates the agneya guna of Arthava leads to anovulation followed by amenorrhea or oligomenorrhea.

The Process of Vamana Karma here helps to expel vitiated Kapha from the mouth from its root and oral administration of ayurvedic medications which are having Deepana, Pachana, stanya Shodhana guna gives positive results in treating Hyperprolactinemia condition.

Primary hypothyroidism can cause both hyperprolactinemia and pituitary hyperplasia. The degree of hyperprolactinemia is generally modest, and rarely do prolactin concentrations exceed 100 ng/mL.

According to Ac.Su.Chi. 78, Vamana is the best treatment for vitiated kapha, i.e., Kaphaja Galaganda, which can be correlated with Hypothyroidism⁴.

Here the hyperprolactinemia condition is associated with hypothyroidism.

Hyperprolactinemia is the condition where kapha dusti is more.

Vamana Karma is the best therapy for the elimination of Kapha Dosha.

PROBABLE MODE OF ACTION OF VAMANA KARMA IN HYPERPROLACTINEMIA⁵:

Here Menstrual abnormality taken as Arthava Kshaya results due to vitiation of Rasa Dhatu (plasma and lymphatic tissues) and involvement of Kapha and Vata. Vamana is Vata (clearing micro-channels in the body) in nature.

Hingwastaka churna has Deepana (Stomachic), Pachana (Digestive), Agni Deepana (increases digestive procedures), and Arthava Janani (regulates menstruation) garbhashaya shodhana properties.

Vagbhata, while mentioning the sites and functions of Udana vata, plays a role in activating Dhi and Mana, which means continuous changes in fight-or-flight emotions.

This can be taken to mean that udana vata plays an important role in activating various nervous and endocrinal systems.

Thus, Udana Vayu helps the Vamana drugs remove the extracted matter through an exhaustive Vamana process, which indicates an involvement of the nervous and endocrine systems by triggering the Vomiting centre—CTZ centre in the **hypothalamus**.

Aakantapana of milk causes stretching of the stomach, initiating stretch receptor to send the neurological signal through the vagus nerve to vomit centres in the brain, after taking Madana Phala yoga chemoreceptor to detect the change in pH of the stomach content & send the signal to the brain, thus initiating the act of Vamana.

Hyperprolactinemia is a condition where the vikruta Kapha dominates the agneya guna of Arthava, leading to anovulation followed by amenorrhea or oligomenorrhea. The Process of Vamana Karma here helps to expel vitiated Kapha from the mouth from its root and oral administration of ayurvedic medications which are having Deepana, Pachana; stanya shodhana guna gives positive results in treating Hyperprolactinemia condition.

Ayurveda Hyperprolactinemia identifies the dominance of Kapha dosha.

Soumya dhatu as an important causative factor in arthava kshaya & removal of this is achieved by Vamana karma to maintain Agneya Tatva in the normal condition a possible approach correcting at this level.

The drugs are having Agneya quality, which is responsible for vatashamana, and pitta vardhana.

The pharmacological action of these drugs is responsible in two ways i.e., one is to improve the dhatus and the other is to stimulate menstruation.

The best choice of treatment in Arthava kshaya is Shodhana karma.

Acharya Dalhana says that the Vamana karma is to be preferred as Shodana karma but not the Virecana, because Virechana decreases pitta which in turn reduces agneya guna nature in body.

Vamana karma eliminates soumya dhatu thereby increasing agneya guna and thus increasing the artava.

CONCLUSION

Among all ayurvedic treatments Panchakarma is considered as one of the best treatment modalities for removing vitiated doshas and restoring health. In this condition Vamana karma does the removal of vikruta kapha so that Soumya dhatu expelled out by clearing margavarodha results in increase in agneya guna of arthava results in proper ovulation, menstruation, and fertilization.

The oral medication after vamana karma helps to restore the proper ovulation and regular menstruation.

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