

A CASE STUDY ON THE AYURVEDIC MANAGEMENT OF HYPERPROLACTINEMIA

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ABSTRACT

Hyperprolactinemia is defined as abnormally high levels of prolactin in the blood. This case study presents the Ayurvedic management of a 34-year-old female suffering from hyperprolactinemia with symptoms including breast pain before menstruation for two years, scanty or spotty menstrual bleeding, and loss of appetite. Based on Ayurvedic principles, the condition was diagnosed as Rasa Dhatwagni Dushti. The patient was treated with Shamana Chikitsa (internal medications), leading to a significant reduction in prolactin levels from 41.57 ng/mL to 22.5 ng/mL. This study suggests that Ayurvedic treatment can be a safe and effective alternative for managing hyperprolactinemia, especially in women with PCOS and infertility, without the adverse effects associated with modern hormonal therapies like Bromocriptine and Cabergoline.

KEYWORDS: Hyperprolactinemia, PCOS, Artava Dushti, Ayurvedic Management, Shamana Chikitsa, Rasa Dhatwagni Dushti.

INTRODUCTION

Hyperprolactinemia is a hormonal disorder characterized by elevated serum prolactin levels. It affects approximately 3–67% of women with polycystic ovarian syndrome (PCOS) and is

found in 20–25% of cases of secondary amenorrhea. In females, normal prolactin levels range from 1–25 ng/mL. High prolactin levels often lead to amenorrhea or oligomenorrhea, contributing to infertility.

Modern medical management primarily relies on dopamine agonists such as Bromocriptine and Cabergoline. However, these can cause side effects like gastrointestinal discomfort, dizziness, nausea, vomiting, breast pain, cramps, and constipation.

In Ayurveda, hyperprolactinemia can be understood as a result of Agni Dushti Janya Dhatu Pradoshaj Vyadhi, where Rasa Dhatwagni Dushti leads to Artava Dushti, resulting in menstrual irregularities.

AIMS AND OBJECTIVES

To evaluate the efficacy of Ayurvedic treatment in managing hyperprolactinemia associated with PCOS and infertility.

To monitor the therapeutic effects of an Ayurvedic formulation on clinical symptoms and hormonal levels.

CASE STUDY

A 34-year-old woman reported to the OPD with complaints of Breast pain before menstruation (for 2 years), Scanty or spotty menstrual bleeding and Loss of appetite.

According to Ayurvedic principles, Mandagni (weak digestive fire) is considered the root cause of many disorders. Artava (menstrual blood) and Stanaya (breast secretions) are upadhatus (sub-tissues) of Rasa Dhatu. Vitiation in Rasa Dhatu affects these sub-tissues, leading to Artava Dushti (menstrual disorders).

She was diagnosed with Rasa Dhatwagni Dushti and treated with internal medications (Shamana Chikitsa) for 1.5 months. Post-treatment, notable improvement was seen in her symptoms and menstrual cycle.

Medicinal Plants Used in Treatment

S. No.	Drug	Botanical Name	Quantity	Rasa	Veerya	Vipaka	Guna	Karma
1	Patha	Cissampelos pareira Linn.	50 gm	Tikta	Ushna	Katu	Laghu, Tikshna	Mainly kaphapitta shamak, Tridosha shamak
2	Shunthi	Zingiber officinale Roxb.	50gm	Katu	Ushna	Madhura	Laghu, Snigdha	kaphapitta shamak
3	Devdaru	Cedrus deodara Roxb.	50 gm	Tikta	Ushna	Katu	Laghu, Snigdha	kaphapitta shamak
4.	Kutaj/ indrayav	Holarrhena antidysenterica Wall.	50gm	Tikta, Kashaya	Sheeta	Katu	Laghu, Ruksha	kaphapitta shamak
5	Chiraita	Swertia chirata Roxb.	25gm	Tikta	Ushna	Katu	Laghu, Ruksha	Mainly kaphapitta shamak, Tridosha shamak
6	Kutki	Picrorhiza kurroa Royle ex Benth.	25gm	Tikta	Sheeta	Katu	Laghu, Ruksha	kaphapitta shamak

Preparation of Kwath

1. Take this drug in powder form, make Combination of These drugs. (Mention in table)
2. Take 1.5 teaspoons of the powder and mix it into 1 glass of water.
3. Place the mixture on heat and boil it until the liquid reduces to 1/4th of its original quantity
4. Once reduced, filter the liquid to remove any solid residues.
5. Allow it to cool slightly and drink it lukewarm.

Dosage: Take 2 times a day, after meal.

The drugs used predominantly had Tikta and Katu Rasa and Ushna Virya. These properties are known for:

Deepana (enhancing digestion)

Pachana (digesting toxins)

Stanyashodhana (purifying breast secretions)

Lekhan (scraping action)

Ushna Virya helps eliminate vitiated Vata and Kapha Doshas, normalize Agni, and restore the balance of Artava Dhatu.

RESULTS AND DISCUSSION

Comparative Analysis of Menstrual History, Hormone Profile

Table 1: Menstrual History.

Parameter	BT	AT
LMP	31/10/24 (spotting only)	27/11/24 and 23/12/24
Interval	28-30Days	28-30Days
Duration	2-3 Days	2-3Days
Amount of Bleeding	Scanty flow: 1st to 2nd Day – 2 pads /day 3rd day onward – no bleeding.	Normal flow: 1st to 3rd Day – 2-3 pads fully soaked.
Clots	No clots	No clots
Pain	Severe (++++)	Mild (+)

Table 2: Hormone Profile.

Hormone	BT	AT
Sr. Prolactin	41.57 ng/mL	22.5 ng/mL

Before Treatment

TEST	RESULT	NORMAL VALUES
LIVER FUNCTION TEST		
S.G. PT.	36 U/L	0-40 U/L
S.G.OT	35 U/L	0-37 U/L
Alkaline Phosphatase	781 U/L	59-126 U/L
Total Bilirubin	0.22 mg/dl	0.2-1.0 mg/dl
Direct Bilirubin	0.05 mg/dl	0.0-0.2 mg/dl
Indirect Bilirubin	0.17 mg/dl	- mg/dl
S. Total Protein	8.2 g/dL	6.4-7.8 g/dL
S. Albumin	4.1 g/dL	3.5-5.2 g/dL
S. Globulin	4.1 g/dL	3.5-5.5 g/dL
RENAL FUNCTION TEST		
Blood Urea	28 mg/dL	10-40 mg/dL
S. Creatinine	0.70 mg/dL	0.6-1.4 mg/dL
S. Uric Acid	2.8 mg/dL	2.0-7.1 mg/dL
HAEMATOLOGY		
ESR	12 mm	<20 mm
BIOCHEMISTRY		
TS-THYROID STIMULATING HORMONE	1.57 IU/L	0.25-5.0 IU/L
S. PROLACTIN	41.57 ng/mL	0-38 ng/mL

After Treatment

TEST	RESULT	NORMAL VALUES
BIOCHEMISTRY		
S. PROLACTIN	22.5 ng/mL	0-38 ng/mL

CONCLUSION

This case study demonstrates that Ayurvedic management can offer a holistic and safe alternative for treating hyperprolactinemia, particularly when associated with PCOS and infertility. The use of Ayurvedic herbs targeting Agni Dushti and Rasa Dhatu imbalances showed significant improvements in both hormonal profile and menstrual health. These findings suggest the need for further clinical trials on a larger scale to validate the effectiveness of Ayurvedic protocols in hormonal disorders.

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