



GREENTREE GROUP PUBLISHERS

IJAPC

Volume 10 Issue 3

10 May 2019

WWW.IJAPC.COM
E ISSN 2350 0204



Non Hormonal Treatment of Hyperprolactenamia - A Case Study

Madhu. M*

*Department of Prasuti Tantra & Stri Roga, SDM College of Ayurveda & Hospital, Hassan, KA, India

ABSTRACT

Ayurveda is considered as an ancient system of medicine which is equally relevant in this modern era. Artavakshyaya is one of the stree rogas explained in Ayurveda. It comprises both Oligo and Hypo menorrhoea. Many causes for Oligomenorrhoea or amenorrhoea are registered in day to day practices. Out of them, the hyperprolactinemia is one of the important anovulatory gynaecological pathology during human reproduction. Prolactin is secreted by anterior pituitary. It is important for initiation and maintenance of lactation. Hyperprolactinemia presents with a typical symptom 'Galactorrhea' which is seen majority of cases. Osteoporosis is one of the consequences in patients with hyperprolactinemic amenorrhea due to estrogen deficiency. It requires a good therapeutic management. Many cases of hyperprolactinemia i.e with increased levels of prolactin are also found in women with normal ovulating, which does not require any treatment. In modern science Dopamine agonist is the main stream of treatment. Ayurveda has its own importance in treating Artavakshaya due to Hyperprolactenamia successfully. Here is a successful case report of Ayurvedic treatment which cured the condition.

KEYWORDS

Ayurveda, Arthavakshaya, Hyperprolactinemia, Prolactin



Greentree Group Publishers

Received 06/04/19 Accepted 29/04/19 Published 10/05/19



INTRODUCTION

The condition with increased level of prolactin in blood stream is Hyperprolactinemia. It can be of physiological, pathological or idiopathic in origin⁵. Prolactin is a prime hormone to control many reproductive functions. The Prolactin hormone primly has an important role in lactation after the delivery of the baby, but the keen interest is also focused as it effects the reproduction. This elevated prolactin may raise different gynaecological condition whereas the patients may be asymptomatic too⁵.

The secretion of Prolactin hormone is maintained by the hypothalamus inhibition. There is no negative feedback by peripheral hormones directly or indirectly on the secretion of Prolactin⁵. It is self-inhibited by a counter flow in the hypothalamo pituitary system and thus initiates the secretion of hypothalamic dopamine⁵. It also inhibits the secretion of GnRH. This negatively maintains the secretion of pituitary hormones which are responsible for gonadal function⁸.

Normal levels of prolactin hormone in women are less than 500 mIU/L [20 ng/mL or µg/L] and in men it should be less than 450 mIU/L⁹.

Clinical presentation:

Clinical presentation of hyperprolactinemia varies from being asymptomatic to

composite symptoms with oligomenorrhea/ amenorrhea, infertility, lactorrhea (secretion from breast), decreased bone mass, and loss of libido⁵.

Prolactin which is secreted by the anterior pituitary plays primary role in lactation and also plays an important role in development of breast during pregnancy. Hyperprolactinaemia may cause abnormality of the regular menstrual period, galactorrhea in women and also causes infertility, hypogonadism, and erectile dysfunction in men. Common presentation includes⁵-

- Amenorrhoea or irregular periods
- Vaginal dryness and dyspareunia
- Discharge from breast in non-lactating women
- It may also cause menstrual disorders and discharge from breast in adolescent girls.
- Infertility

Diagnosis is made by presence of high prolactin level in the blood.

Treatment:

Treatment is mainly focused on returning prolactin levels to normal by medications like Cabergoline or Bromocriptine, Surgical removal of tumor if it's the cause, radiation, synthetic thyroid hormones etc..



CASE STUDY

A female patient of 28 year old consulted the Department of *Prasuti Tantra Evam Stree Roga* at N.K Jabshetty Ayurvedic Medical College Bidar, outpatient department of with chief complaints of increased duration of menstrual cycle since 3years, unable to conceive since 2years, milky discharge from breast since 1 and half years. On history, the menstruation was regular before 3 years. After 3 years, she noticed gradual increase in the intermenstrual period with the reduction in quantity of the bleeding. Patient is married since 4 years and was on OCP as temporary contraception for a year after marriage. She underwent all the investigations including the hormonal essay and diagnosed to have increased Prolactin level of 41.46ng/ml. She took all kind of medical assistance by allopathic physician for a year but no symptomatic relief was found, while prolactin level was reduced to 35ng/ml. Family history revealed healthy status of all the family members. There was no history of infertility, miscarriages in the family.

Personal History:

Appetite was moderate, Bowel constipated, normal Micturation with sound sleep. All the vitals were found normal within limits and no other systemic illness are noted.

Menstrual History:

LMP: 01/08/2012

Duration of bleeding: 2-3 days

Interval of bleeding: 2-3months

Quantity of bleeding: <1 pad/day

Menstruation was associated with mild pain, clots and foul smell was absent.

Examinations:

The general and systemic examinations were also found within the normal limit.

Diagnosis:

By all the physical, examination and investigations findings the patient was diagnosed as Artava kshaya according to Ayurvedic science due to Hyperprolactinaemia where one of the main symptom is “Yathochita kala adarshana”^{1,2,4} of Artava or menstrual blood which simulates the Oligomenorrhoea of the modern science.

Planning of the treatment:

Sushrutacharya says that the best line of treatment for Atava kshaya is shodhana karma followed by Agneya dravya upayoga. Dalhana says that the shodana is only Vamana karma (but not Virechana) in the contest of Artavakshaya^{1,2,4}. By considering the Aptopadesha of dalhanacharya, the Vamana karma³ is selected as the main treatment.

Intervention:

Deepana pachana: Chitrakadi vati is administered thrice a day with hot water till nirama lakshanas seen.



Snehapana: Shatavari Grita in Arohana snehapana karma started with minimum dose of 30ml. On the basis of time taken to digest the first day of sneha, a subsequent dose of gritha was planned.

Vamana karma: followed classical method with Madanaphala yoga.

Vamana karma removes vitiated & accumulated Kapha from upper route called as medicated emesis therapy. This intervention is done only when there is high Kapha imbalance or in kapha avarana condition.

Samsarjana karma: Followed as per the shuddi.

Agneya dravya prayoga: After samsarjana krama Lashuna, Hingu & Krishnatila vati was given for 3 cycles.

Results:

After shodhana, patient had her menstruation after 50days of her LMP. She noticed that there was increase in amount of bleeding after 3 cycles of oral medication. Blood sample evaluated for prolactin level after 3months of treatment was 21ng/ml.

DISCUSSION

Artava Utpatti

Considering Dhatu's parinama according to kedarakulya nyaya the rasadi sapta dhatus are formed from the transformed "Ahara rasa", successively by the transformation of

proceeding dhatus⁷. The Pitta acts on the sowmya rasa, in due course of time it gets converted into rakta dhatu and agneya Artava. The Rasa remains in every dhatu for a period of thousand and fifteen kala, and by this manner rasa becomes Sukra in male and Artava in females⁷. The collected blood of whole month in both Dhamanies (uterine vessels & their endometrial capillaries) assumes slight black colour and are brought downwards excreted through the vaginal orifice by the help of Apanavata².

Nidana:

In our classics, the probable causes of Artava kshaya are mentioned as either dhatu kshaya or the margavarodha⁷. Vata and kapha are involved\ in marga avarodha janya artava kshaya⁷. The vitiation of artava vaha srotas are developed by means of sanga according to Charaka^{3,7}. This sanga or avarodha (obstruction) is caused either by kapha or vata alone or vata- kapha together. According to Sushruta^{4,7}, vata – kapha are the factors causing avarana to artava vaha srotas⁷. When sleshmika prakruti stri (obese) consumes kapha vardhaka ahara then it vitiates the kapha dosha mainly which causes the meda vriddhi ultimately leading to abnormality in ritu chakra such as prolonged ritukala etc. Further, vitiation of tridosha precisely the vata causes avarana to artavaha srotas and



thus leads to artavavaha stroto dusti in terms of Artavakshaya along with this meda vriddhi leads to alpa beeja.

Treatment:

The best choice of treatment in Artavakshaya is Shodhana karma⁴. Dalhana^{4,7} says that the Vamana karma is to be preferred as Shodana karma but not the Virecana, because virechana decreases pitta which in turn reduces agneyatva nature in body. Vamana karma eliminates soumya dhatu thereby increasing agneya guna and thus increasing the artava^{4,7}.

The methodical daily treatment starting from deepana pachana to swedana does loosening and mobilizing of the accumulated dosha which helps to eliminate them. Vamana is the purificatory procedure to expel the vitiated kapha dosha through the upper GI track. By this vamana karma, the vikruta kapha dosha is totally expelled out from its root through the mouth. Ayurveda explains the pradhana causative factor for Artvakshaya is kapha dosha-soumya dhatu and the removal of this is achieved by Vamanakarma⁷.

CONCLUSION

Ayurveda is an ancient system of medicine which acts as a boon in the management of the stree rogas. Though many treatments are mentioned in the treatment of

Artavakshaya, Shodhana karma is one of the best treatments as it removes the root cause of the roga and cures them. In this case, the Vamana karma patient helped in removing the Margavarodha by expelling the soumya dhatu and increasing the pitta dhatu which in turn facilitates the proper formation of the Artava.



REFERENCES

1. Premavati Tiwari, Ayurvediya Prasutitantra Evam Stiroga, Dwiteeya bhaga -Stiroga. Chaukambha Orientalia, 2009.
2. V.N .K Usha, Text book of Streeroga, Chaukhamba Sanskrit Pratishtana Delhi, 2013.
3. Charakacharya, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, Chaumkhambha Surabharati prakashan, Varanasi, part 1 and 2, print 2004.
4. Susruta, Susruta Samhita Sutra Shtan with Dalhana's Nibandhasamgraha Commentary, Chaukhamba Surabharti Prakashana Varanasi, Reprint Edition-2008
5. <https://en.m.wikipedia.org>
6. Minakami H, Abe N, Oka N, Kimura K, Tamura T, Tamada T. Prolactin release in polycystic ovarian syndrome. Endocrinol Jpn. 1988;35:303–10.
7. Madhu.M: Vamana Karma: A Successful Treatment of Artava Kshaya (Oligomenorrhoea) A Case Report. ayurpub 2017; II(1):322-325.
8. <https://www.ncbi.nlm.nih.gov/pmc/article>
9. <https://fertilitypedia.org/edu/risk-factors/high-level-of-prolactin>