

CASE REPORT

Ayurvedic Management of Hyperprolactinemia Secondary to Pituitary Microadenoma: A Case Report

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ABSTRACT

Hyperprolactinemia is a relatively common diagnosis to be expected in an adolescent age group with chronic menstrual disturbances. The present case report documents the efficacy of Ayurvedic management in a 21-year-old female with secretory pituitary microadenoma, which was found to be responsible for menstrual disturbances. The patient, with high prolactin levels with pituitary microadenoma, was subjected to an Ayurvedic management protocol, including Śhamana nasya for 7 days followed by Śhamana

Cikitsa for 3 months. Patient follow-up was 6 months in duration. The clinical presentation of this case points towards the diagnosis of Asrgdara in Ayurveda. This is the first such case documented where Ayurveda was used as the intervention in a case of pituitary microadenoma with hyperprolactinemia, resulting in the complete absence of microadenoma and normalization of the prolactin level. (*Altern Ther Health Med.* 2021;27(5):78-80).

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INTRODUCTION

Hyperprolactinemia is a common endocrine disorder that can be associated with significant morbidity across multidimensional facets. The clinical presentation varies from headache to impaired steroidogenesis in cases with concomitant prolactinoma. Most prolactinomas are microadenomas in which the majority present with menstrual disturbances, including oligomenorrhea or amenorrhea.¹ Polycystic ovarian syndrome is commonly associated with elevated prolactin levels owing to the impairment in the

gonadal steroidogenesis.² Medications in the form of dopamine agonists are the line of management in modern science, with surgery and radiation for refractory and medication intolerant patients.³ The etiopathogenesis through its different phases bears a close resemblance to Asrgdara (polymenorrhea),⁴ as explained in Ayurvedic classics, where successful treatment and management of secretory pituitary microadenoma exists, thereby restoring the gonadal function by normalizing the prolactin level.

PRESENTING CONCERNS

This case is a report of a 21-year-old, unmarried, nonsmoking, nonalcoholic female with prolonged vaginal spotting starting from the first day of menstruation, and continuing for more than 15 days in each menstrual cycle for the past 2 years. Previous evaluations include hormonal assays such as follicle-stimulating hormone, luteinizing hormone, progesterone, dehydroepiandrosterone (DHEA), thyroid function tests and prolactin levels; ultrasonography (USG); and magnetic resonance imaging (MRI). Investigations revealed a pituitary microadenoma which is secretory, evidenced by a high prolactin level and polycystic ovarian appearance on USG.

CLINICAL FINDINGS

The patient noticed a change in her menstrual cycle with continuous vaginal spotting from the first day of menstruation, continuing for more than 15 days for the past 2 years. After 2