

Evidence Based Homoeopathic treatment to Lower Serum Prolactin in Polycystic ovarian syndrome (PCOS): A Case Report

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ABSTRACT:

In modern era, elevated serum prolactin level is commonly documented in the patient with polycystic ovaries due to sedentary lifestyle. Both pathologies are characterized by several common clinical features like amenorrhoea, galactorrhea, hirsutism, infertility etc. In conventional system, these cases are commonly treated by dopamine antagonistic, whereas homoeopathy offers a holistic approach to treat the cases based on individualization. Here we have presented a case of hyperprolactinaemia along with bilateral PCOS with the complaint of irregular delayed menses for the last 8 years is presented here. There was significant reduction of high serum prolactin level (baseline vs. 3month) as well as improvement in quality of life (QoL) by score of PCOSQOL scale; after prescribing Pulsatilla 0/1 dose according to the totality of symptoms. Thus this case report presented here possible benefit of the individualized homoeopathic medicine in the treatment of Hyperprolactinaemia along with PCOS within a very short period, without any adverse effect.

KEYWORDS: Homoeopathy, Hyperprolactinaemia, Individualization, Pcos, PCOSQOL Pulsatilla, Totality of symptom.

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INTRODUCTION:

Hyperprolactinaemia (ICD- 10CM-E221)^[1] is a clinical condition when the level of serum prolactin exceeds the upper limit of 15-20 ng/ml^[2]. It is reported that near about 9-17% adult females (21-30years) are suffering from hyperprolactinaemia [HPRL] along with polycystic ovary syndrome (PCOS)^[3,4].

There are various physiological, pathological and drug induced causes for hyperprolactinaemia. The physiological causes being pregnancy, lactation, nipple stimulation, sleep and extreme exercise. Pathological causes like Chronic renal failure, primary hypothyroidism, liver cirrhosis and PCOS may cause HPRL. Drugs like antipsychotics, dopamine receptor blockers etc are also found to be associated with hyperprolactinaemia^[5].

Reproductive dysfunction like infertility and galactorrhoea are the hallmarks of hyperprolactinaemia but patients also present with amenorrhoea, oligomenorrhoea, hirsutism etc^[6].

The diagnosis is essentially done on the basis of serum prolactin level. A detailed clinical examination past medical history, assessment of risk factors along with various investigation may help identify the cause of hyperprolactinaemia. If left untreated, serum prolactin of 20 to 50ng/ml may shorten luteal phase, 50-100ng/ml may cause amenorrhoea or oligomenorrhoea. Prolactin level more than 100ng/ml may have overt hypogonadism with presentation of amenorrhoea, hot flashes, vaginal dryness etc^[5].

The conventional medicinal management of hyperprolactinaemia is by dopamine agonists like Bromocriptine and Cabagoline which present with side effects like nasal stuffiness, nausea, vomiting, postural hypotension^[5] and

may also pose a risk of valvular regurgitation^[7].

Homoeopathic treatment considers the symptoms to be the expression of the ailing person. It aims to treat the entire man rather than considering any one part to be ill. A case report of a patient suffering from hyperprolactinaemia with polycystic ovarian syndrome successfully treated with individualised medicine is presented in this article.

CASE REPORT:

A 21-year-old obese girl attended the Out Patient department of Pratap Chandra Memorial Homoeopathic hospital and college, Kolkata on 20th February 2025 with chief complaints of irregular menses since puberty i.e. last 8 years. The patient has irregular menses appearing at the interval of 35-60 days, the longest period being of 60 days. On enquiry the patient revealed that the menses usually lasted for 2 days with flow of blackish blood along with medium sized clots.

The patient suffers from frequent urge to pass stool and urine during menstrual flow. She had consulted a gynaecologist for the same 2 years ago when the investigations revealed PCOD and she was then prescribed OCP. She took the medicine for 4 months but had little relief and recurrence after discontinuing the medicine.

The patient presented with a recent USG of lower abdomen done on 11th February 2025 (L.M.P being 6.2.25) i.e., 5th day of menstruation showing mildly bulky ovaries with multiple tiny cysts (volume of right ovary being 11.8cc and left ovary being 10cc) along with excess hair growth on face. Patient had heartburn bloating and indigestion since last 3 months which worsens after spicy meals.

Patients past medical history revealed chicken pox when she was 7years old and intake of OCP. Among the family members, father had pulmonary tuberculosis with type II DM whereas mother is hypertensive. Among generals she craves for sour, meat and fast food but cannot tolerate egg which causes heartburn. She has scanty thirst and sweat. She is a chilly patient and wants to be wrapped up. She feels nauseous when travelling by road. Nothing abnormal was detected in urine & stool; except increase of frequency during menses.

Patient is a nursing student who spends most of her time studying. She likes to stay in company of people but cannot express her feelings, is an introvert. She is scared of darkness and has dreams of ghosts sometimes.

General physical examination showed obesity (B.M.I 30.7) with mild anaemia and hirsutism on face. Pulse rate was 88/min and regular, B.P was 110/ 70 mm of Hg.

The clinical examination did not present anything very significant except obesity.

Totality of symptoms-

1. Fear darkness
2. Desire company

3. Introvert
4. Desire sour, meat, fast food
5. Intolerance of egg
6. Indigestion and bloating after spicy food
7. Thirst less
8. Frequent urination and stool during menses
9. Dreams of ghost
10. Chilly patient
11. Irregular menses with blackish flow with clots

Taking into considerations her complaints, after repertorization^[8] and consultation of materia medica^[9] Pulsatilla was chosen. Master Hahnemann, many stalwarts & some researches have found LM potency to be effective in chronic diseases also with less aggravation,^[10] so the patient was prescribed Pulsatilla 0/1 doses along with placebo for 4 Weeks. With this some non-medicinal management like dietary changes and moderate exercise was also advised. She was assessed on PCOSQOL^[11] score at the end of each month and serum prolactin level after 2 months to know the improvement status.

Table-1: Timeline including follow up of the case

Baseline and follow up dates	Symptoms	Weight	PCOSQOL Score	Medicine (potency, doses)
20.2.25 baseline	Mentioned above Serum prolactin level -37.16 ng/ml (dated on 11.2.25) UPT- Negative	71Kg	140	Pulsatilla 0/1, 16 doses AD Placebo 30, 30 doses OD
23.3.25	LMP- 10.3.25 Bright red, moderately clotted bleeding occurred. Urge for stool and urine slightly decreased Indigestion slightly better. Advice- serum prolactin level	70 Kg	160	Pulsatilla 0/2, 16 doses AD Placebo 30, 30 doses OD

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24.4.25	LMP- 14.4.25 Bright red bleeding with small clots occurred. Frequent urge for stool and urine absent Bloating of abdomen absent, indigestion frequency much decreased. Serum prolactin level -4.811ng/ml (dated on 24.4.25) Advice for USG lower abdomen	68 Kg	178	Pulsatilla 0/3, 16 doses AD Placebo 30, 30 doses OD
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Remedy	Puls	Calc	Nux-v	Sulph	Lyc	Apis	Ferr	Nat-m	Phos	Ca
Totality	18	16	14	14	15	13	13	13	13	13
Symptoms Covered	9	8	8	8	7	7	7	7	7	7
Kingdom	Plants	Minerals	Plants	Minerals	Plants	Animals	Minerals	Minerals	Minerals	Mine
[Kent] [Mind]FEAR (SEE ANXIETY):Dark: (22)	2	2			2				2	2
[Kent] [Mind]COMPANY:Desire for: (58)	2	2	2		3	2			3	1
[Kent] [Generalities]HEAT:Vital,lack of: (108)		3	3	2	2		3	2	3	3
[Kent] [Stomach]DESIRES:Sour,acids,etc.: (77)	2	2		2		2	2	2	2	
[Kent] [Stomach]DESIRES:Meat: (20)				1			1	1		
[Kent] [Stomach]DESIRES:Farinaceous food: (4)								2		
[Kent] [Stomach]THIRSTLESS: (87)	3		1	1	2	3	2	1	1	1
[Kent] [Stomach]INDIGESTION (INCLUDES COMPLAINTS AFTER SUBSTANCES NOT OTHERWISE DESCRIBED):Farinaceous food,from: (6)			2	2				3		2
[Kent] [Bladder]URGING TO URINATE (MORBID DESIRE):Menses:During: (14)	1	1	1			1			1	
[Kent] [Rectum]CONSTIPATION (SEE INACTIVITY):Ineffectual urging and straining:Menses,during: (2)	1	1								
[Kent] [Sleep]DREAMS:Ghosts,spectres:Pursued,by: (1)										
[Kent] [Genitalia female]MENSES:Irregular: (61)	1	2	2	2	2	2	1		1	1
[Kent] [Genitalia female]MENSES:Black: (40)	3		2	2	2	1	2			
[Kent] [Genitalia female]MENSES:Clotted: (75)	3	3	1	2	2	2	2	2		2

Figure-1: Repertorization



Figure-2: Ultrasonographic report before treatment

Test-Parameter	Result	Unit	Biological Reference Interval	Method
PROLACTIN	37.16	ng/ml	(Men - 1.8-17.0 Women - 1.8-19.5(Adult) 1.5-18.5(post menopausal))	ELISA

Figure-3: Serum prolactin level before treatment

Test-Parameter	Result	Unit	Biological Reference Interval	Method
PROLACTIN	4.811	ng/ml	(Men - 1.8-17.0 Woman - 1.8-19.5(Adult) 1.5-18.5(post menopausal))	ELISA

Figure-4: Serum prolactin level after treatment

RESULT:

In this case we have observed that after prescribing Pulsatilla, the patient showed increment in her PCOSQOL score from 140 to 178 within span of 3 months which indicates improvement. Patient had lost 3 Kg weight (B.M.I changed from 30.7 to 29.4

i.e., from obese to overweight category) during the treatment period. There was improvement in her symptoms too like frequent urge for stool and urine was reduced. She used to have menstruation with clots, the size of blood clots decreased after treatment. Before treatment she had

frequent episodes of indigestion with bloated abdomen, after treatment the episodes were less frequent and bloated sensation in abdomen was absent whereas excess hair growth on face remained same. In this case, the serum prolactin level was seen to reduce from 37.16 ng/ml to 4.811 ng/ml after treatment.

DISCUSSION:

Hyperprolactinemia & Polycystic ovaries are generally two separate entities having similar symptoms.^[12] But from different studies it has been found that near about 3–67% of women with PCOS suffer from hyperprolactinemia; as in Pcos enhanced level LH & estradiol stimulate prolactin production.^[13] Few studies have evaluated that central deficiency of hypothalamic dopamine secretion in PCOS also elevated serum prolactin level.^[14]

According to totality of symptoms Pulsatilla when applied had shown favourable results because

- Homoeopathic literature^[15] as well as some researches^[16] have shown Pulsatilla has effect on increasing milk supply of lactating women and thus has effect on prolactin levels
- Active principles of Pulsatilla like Saponin showed prolactin like stimulations in mouse mammary gland explants.^[17]
- Pulsatilla was also found to be effective in a double blind randomised controlled study on 36 women suffering from PCOS, where 30 women were found to be asymptomatic by the end of trial.^[18]

Apart from Pulsatilla other homoeopathic medicines are also found effective in PCOS and hyperprolactinaemia like a study by P.Rath showed Calcarea Carb was effective

in regularising menses giving symptomatic relief with improvement in USG findings of a PCOS patient and also showed no recurrence in a follow up period of 3 years.^[19] Drugs like Mag Carb have been found effective in reducing the prolactin levels by some researchers.^[20]

CONCLUSION:

This case report intended to highlight the positive usefulness of Individualized Homoeopathic medicine Pulsatilla in lowering elevated serum prolactin level among PCOS patient, according to the principle of “similia similibus curantur”, suggesting the need to further research on its active principle & their role on female reproductive organs.

Limitations of the study:

This is a single case report. In future, case series can be recorded by studying the effect of different drugs on Hyperprolactinaemia with individualised approach focussing on the active principles with their therapeutic roles.

Declaration of patient consent:

The authors certify that they have obtained appropriate patient consent form. In the form, the patient has given her consent to use her clinical information to be presented in a journal. The patient understands that her name or initials will not be published and due efforts will be made to conceal her identity.

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