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Harmonizing Prolactin Peaks: A Case Report on Hyperprolactinemia with Individualized Homeopathic Medicine.

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ABSTRACT-

Hyperprolactinemia is considered a rare endocrinopathy in childhood. In children and adolescent girls, it can be caused by physiological, pathological, or iatrogenic factors. Prolactin hyper secretion leads to a typical functional syndrome characterized by delayed puberty, primary or secondary amenorrhea, and/or galactorrhea. Management in conventional system depends upon the cause of the disease. Homoeopathy offers a holistic approach to treat the cases based on individualization. A 17 year old girl presented with symptoms of irregular menses, heaviness in breast since 6 months. Clinical findings suggested that there is high prolactin levels. Individualized homoeopathic medicine Magnesium Carbonicum was prescribed in centesimal potency which showed a positive result and change in prolactin level. The individual curative response of the case was assessed using modified naranjo criteria for homeopathic case reporting, casual attribution (MONARCH).

Key Words- Hyperprolactinemia, Magnesium Carbonicum, Homeopathy, Modified Naranjo Criteria.

Introduction-

Hyperprolactinemia is a common endocrine disorder of the hypothalamic-pituitary axis, especially in women.¹ Its prevalence ranges from 0.4% to 5% although it is rare in childhood.²Prolactin is essential for milk production during pregnancy and lactation. It works with estrogen, progesterone, and other hormones to promote breast cell growth. While high estrogen levels during pregnancy suppress lactation, lower estrogen and progesterone after delivery, along with increased prolactin, allow breastfeeding. Elevated prolactin can also cause amenorrhea and secondary infertility by inhibiting gonadotropins.³

In women, the clinical presentation tends to be more pronounced and occurs earlier compared to men.⁴ Symptoms may include oligomenorrhea, amenorrhea, galactorrhea, reduced libido, infertility, and decreased bone density.

Normal serum prolactin levels in females range from 5 to 25 ng/ml, though physiological and diurnal variations can occur.⁵ Typically, serum prolactin levels are higher in the afternoon than in the morning, so measurements are best taken in the morning. Hyperprolactinemia is generally defined as fasting levels above 20 ng/ml in men and above 25 ng/ml in women, measured at least 2 hours after waking.⁶

Scientific evidence supporting the role of homoeopathy in treating hyperprolactinemia is limited. The effectiveness of homoeopathy for hyperprolactinemia remains unexplored and the existing research does not provide support for its use as a primary treatment. Due to the lack of strong scientific evidence, more research is needed to evaluate the potential effectiveness of homoeopathy in managing hyperprolactinemia.

Patient information:

Presenting complaints:

A 17 year old unmarried girl, studying in 12 standard came to OPD in April 2013 with a complaint of irregular menses, heaviness in both breast since 6 months. She had also done USG, Thyroid profile no changes were noted down and prolactin blood test was done. Her prolactin level was 40.99ng/ml (Figure 1). She was diagnosed with hyperprolactinemia by a gynecologist.

Past history:

The patient has a history of right renal calculus 2 years prior and a history of chicken pox in childhood.

Family history:

Her father was suffering from type a personality disorder and mother from depression.

Menstrual History-

Age of Menarche – 14 years of age, LMP- 24/02/2013, Duration of bleeding- 4-5 days, Character of bleeding- dark red color, profuse (4-5 pads/day), small clots, Her Duration of cycle- 40-45 days.

Physical Generals-

Her appetite and thirst was adequate. She desires buttermilk, curd and aversion to warm food. Her bowel movement was irregular, character of stoolhard and offensive.

She is having profuse perspiration with sour odor, offensive more on head, axilla. She is susceptible to cold and her thermal reaction was chilly.

Mental State-

She has been under stress since 12th grade, and the environment at home is also stressful. Her father's behavior is a significant problem for her because he has been diagnosed with Type A personality disorder. Since then, she has struggled to cope with the situation. After her father comes home from work, he starts nagging her over trivial matters while she is studying, which consistently irritates her. Although she tries to ignore him as much as possible, she finds it difficult to handle the situation repeatedly.

Sometimes, her father is very aggressive and misbehaves with her, which worsens the atmosphere at home. She tends to stay quiet to avoid conflicts, but it is hard for her to relax when he is around. Whenever she tries to talk to her father, he forgets and does not understand her feelings. He oscillates between being over caring and overreacting, and his behavior has become so erratic that she finds it hard to explain. His actions change so quickly that she does not know how to react to them. These thoughts continuously play in her mind. Whatever her father does, he does it in extremes, and she has started to worry about the potential consequences for the future.

General physical examination

The patient had a moderate built and her height was 153 cm and weight was 60 kg.

No pallor, cyanosis, icterus, clubbing, oedema or lymphadenopathy were observed

She was afebrile.

Her pulse rate was 72 beats/min with respiratory rate of 16/min . Her BP was 130/70 mmHg.

Repertorial analysis

Repertorization was done using RADAR OPUS 3.3.24 software using synthesis repertory.(Figure3)

After reportorial analysis, homoeopathic materiamedica is also referred and medicine was prescribed on the basis of totality of symptoms.

Prescription

As per the repertorial result the first prescription was done on 15/04/2013. Magnesium carbonicum 30, three dose was prescribed every 8 hourly on the first day of visit with placebo for 15 days.

The patient was followed 5 months and no complication or relapse of symptoms was noted during this period.(Table1).

The modified Naranjo Criteria (MONARCH)⁷ was used for assessing causal attribution of improvement to the homoeopathic medicine and the total score was 10 (table 2)

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1. Clipboard 1 1. MIND - ALMENTS FROM - neglected; b 2. MIND - FORSAKEN FEELING	eing - father; by one's y his parents, wife, friends; feeling of not being unpleasant; something with Idren; in	pp6 pc pc	5 5 5 5 5 5 4 3 4 4 4 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 symptom(s) / 261 remedies	Sum of symptoms (sorted degrees)	¢	Activate Windows

Fig-2 Repertorization Chart

Follow Ups

Date	Symptoms	Prescription
29/04//13	Now, irritability is reduced told by her mother. Feeling relaxed than before. Heaviness in breast reduced. Stool- soft, satisfactory, one time in a day Perspiration- sour, offensive	Rx Phytum 30, 4pills, TDS, 15 days
14/05/13	She feels better as overthinking and persistent thoughts are decreased. Still behavior of her father is bothering her. LMP- 10/5/13 Menses- Scanty (2pads/day), dark red Duration of bleeding- 3 days Slight heaviness in breast during menses. Perspiration- sour, offensive	Rx Mag Carb 30, 3 doses, 8hourly Phytum 30, 4pills, TDS, 1month
12/06/13	Now, the behavior of her doesn't bother her, she cope up with the situation. During study when her father came she tell her everything very calmly. LMP- 8/6/13 Menses-Flow normal (3-4pads/day), dark red. Duration of bleeding 4 days No heaviness in breast during menses. Advised to check prolactin level. Perspiration- slight offensiveness	Rx Phytum 30, 4pills, TDS, 15 days

21/06/13	Prolactin level- 1.84ng/ml (figure2)	Rx Phytum 30, 4pills, TDS, 1month
	No heaviness in Breast	
	She feels better. Now, she is able to understand that	
	his father's behavior is due to a disorder and doesn't get irritated over trivial matters.	
25/7/13	LMP- 11/7/13	Rx Phytum 30, 4pills, TDS, 1month
	Menses- No complaint	

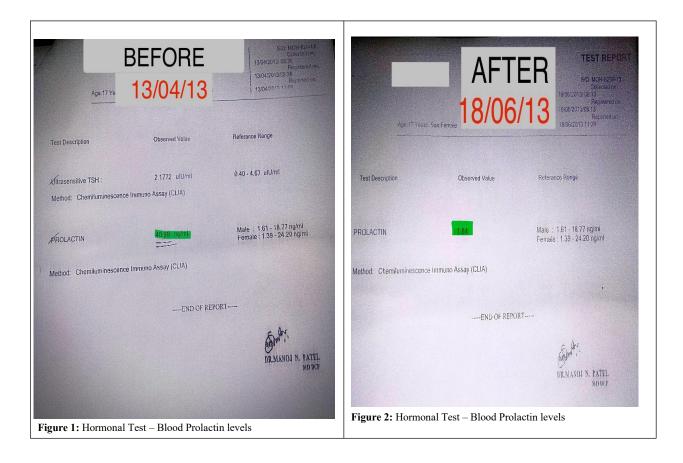


Table 1 Modified Naranjo Criteria

Scoring Parameters	YES	NO	Not Sure or N.A.
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?		0	
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve?	+2		
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	

		1
	0	
	+2	
+2		
	0	
	+2	+2

Discussion-

When the universe was young, the first stars were born as vast spheres of hydrogen, which over millions of years produced helium and then carbon, neon and oxygen, each chemical step releasing more and more magnesium. The first substantial, non-gaseous elements fabricated in the process of stellar synthesis were magnesium and carbon, which, if joined together by means of oxygen, form the carbonate of magnesium: the first molecule – MOTHER MOLECULE. First child of the universe.⁸ It is solitary, isolated and alone, exposed to an extremely hostile and unfamiliar environment. The child will not feel that it can count on being protected, understood, loved and made to feel valuable. Dr. Kent who first recognized the relationship between Mag carb and the deprived child. Sometimes the deprivation is as simple as failing to bond due to separation.⁹ Dr. George Vithoulkas said sensitive to quarrels.Peacemakers. Making peace is the projected attempt to pacify their own underlying violence.¹⁰



She is definitely affected by the emotional absence of her father. Father plays an important role in child development from birth to adulthood because they provide different type of nurturing. A healthy family environment makes a child feel worthwhile and valuable. Her father is impatient and aggressive. He is absent in her life, never there for her whenever she needed. She has been keeping quiet because she wants harmony. Her father is not taking any responsibility and she is very sad about this. There were the thing that affect the patient so magnesium carbonicum was prescribed and her prolactin levels came within normal range.

Result -

In this case, patient presents with high prolactin level 40.99ng/ml and after giving homeopathic medicine prolactin level 1.84ng/ml. The modified Naranjo Criteria (MONARCH)⁷ was used for assessing causal attribution of improvement to the homoeopathic medicine and the total score was 10.

Conclusion-

This case report sheds light on the potential role of homeopathic medicine, particularly Magnesium Carbonicum as an individualized remedy in the management of Hyperprolactinemia.

The positive outcomes witnessed in this case present a hopeful perspective in managing hormonal levels.

While the results are promising it is essential to acknowledge the need for the further studies to substantiate the role of homeopathic medicines in context of hyperprolactinemia and to delineate their potential as a effective treatment option.

Declaration of patient consent -

The patient has given her consent for reporting her clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Patients' perspective -

After taken homoeopathic treatment, I notice the significant change in prolactin level. I am now able to manage the situation at home, not get irritated easily and passed 12th examination with good grades. Now the relation with my father is good. My fear has also gone with the medicines.

Conflicts of interest

None declared.

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