



HOMEOPATHIC MANAGEMENT OF HYPERPROLACTINEMIA WITH DYSMENORRHOEA AND PREMENSTRUAL MASTALGIA: A CASE REPORT

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Abstract:

A 27-year-old postgraduate student with a part-time job presented with irregular and painful menses, dullness, and weight gain for two years. Laboratory findings confirmed elevated serum prolactin (54.82 ng/mL), indicative of **hyperprolactinemia**. Associated complaints included **acne, dandruff, premenstrual breast tenderness with nodular lumps, and food cravings at midnight**. A holistic homeopathic approach targeting hormonal and emotional balance was undertaken. Over three months, the patient showed marked improvement — regularized menstrual cycles, reduction in breast tenderness and nodularity, improved skin condition, and normalization of energy levels — indicating the efficacy of individualized homeopathic treatment.

Keywords:

Homeopathy, Hyperprolactinemia, Dysmenorrhoea, Premenstrual Syndrome, Mastalgia, PCOS, Miasmatic Approach

Introduction:

Hyperprolactinemia is a common endocrine disorder in women of reproductive age, characterized by elevated serum prolactin levels causing menstrual irregularities, infertility, and galactorrhea. Conventional management involves dopamine agonists or hormonal therapy, often with side effects. Homeopathy, with its individualized approach, aims to correct the underlying constitutional imbalance and restore hormonal harmony without adverse effects.

Case Presentation:

Patient: Female, 27 years old, postgraduate student (part-time employed)

Date of first consultation: December 2023

Duration of illness: 2 years

Chief Complaints:

- Irregular and painful menses for 2 years
- Dullness and drowsiness throughout the day
- Food cravings, particularly at midnight
- Weight gain over the past 1 year
- Premenstrual breast tenderness and heaviness
- Nodular breast lumps bilaterally
- Acne and dandruff

Past Medical History:

- No major systemic illness.
- History of allergic rhinitis and sinusitis, previously treated homeopathically with good response.

Family History:

- Mother: Hypothyroidism
- Father: Allergic rhinitis

Personal History:

- Appetite: Increased, frequent craving for junk food at night
- Thirst: Normal
- Sleep: Disturbed before menses
- Thermal: Chilly
- Menses: Irregular, painful, flow clotted at times, premenstrual breast tenderness
- LMP (before treatment): 9th December

Investigations:

| Parameter | Result | Reference Range |
|-----------------|---------------------------------|------------------|
| Serum Prolactin | 54.82 ng/mL | 2.8 – 29.2 ng/mL |
| TSH | 3.33 µIU/mL | Normal |
| Hb | 12 g/dL | Normal |
| USG Pelvis | Normal ovaries, no cysts | |
| USG Mammae | Nodular fibro-glandular changes | |

Mental and Emotional State:

- Sensitive and conscientious about academic performance
- Feels easily fatigued and overwhelmed by workload
- Anxiety about health and career, but suppresses emotions
- Mild irritability during premenstrual phase
- Tendency to procrastinate due to tiredness

Analysis of the Case:

The case presents as **functional hyperprolactinemia** associated with hormonal dysregulation manifesting as **irregular menses, PMS, breast nodularity, and acne**.

Characteristic symptoms:

- Night food cravings
- Drowsiness and dullness
- Premenstrual mastalgia
- Acne and dandruff
- Emotional stress aggravating hormonal imbalance

These point to a **sycotic miasmatic background** (hormonal, glandular involvement, nodularity, obesity tendency).

Totality of Symptoms:

1. Irregular, painful menses with premenstrual breast tenderness
2. Craving for food at midnight
3. Dullness and drowsiness
4. Acne and dandruff
5. Weight gain
6. Sensitive to stress, overwork aggravates
7. Prolactin raised (functional hormonal disorder)

Repertorial Rubrics:

From *Kent's Repertory*:

- **MIND – Anxiety – health, about**
- **GENERALS – Food – desire – night**
- **FEMALE GENITALIA – Menses – irregular**

- **FEMALE GENITALIA – Pain – menses, during – dysmenorrhoea**
- **FEMALE GENITALIA – Tumors – breast – nodular**
- **SKIN – Eruptions – acne**
- **GENERALS – Drowsiness – day, during**

Remedy Selected:

Lachesis mutus 200C, one dose, followed by placebo for 15 days, considering:

- Hormonal disturbances with left-sided affection (breast nodularity)
- Premenstrual aggravation
- Loquacity, suppressed emotions
- Intense cravings at night
- Sycotic-syphilitic miasm

Follow-up Summary:

| Date | Observations | Remarks |
|-----------------------|---|---------------------------|
| After 1 month | Menses on time (LMP – 9th Jan), pain reduced, mild PMS- Prolactin 54.82ng/mL | Improvement begins |
| After 2 months | Breast tenderness reduced by 70%, acne and dandruff less | Energy better |
| After 3 months | Menses regularized, breast nodules softened, no dysmenorrhoea, cravings reduced | Marked improvement |
| After 6 months | Serum prolactin – 28.9 ng/mL (normal) | Hormonal balance restored |

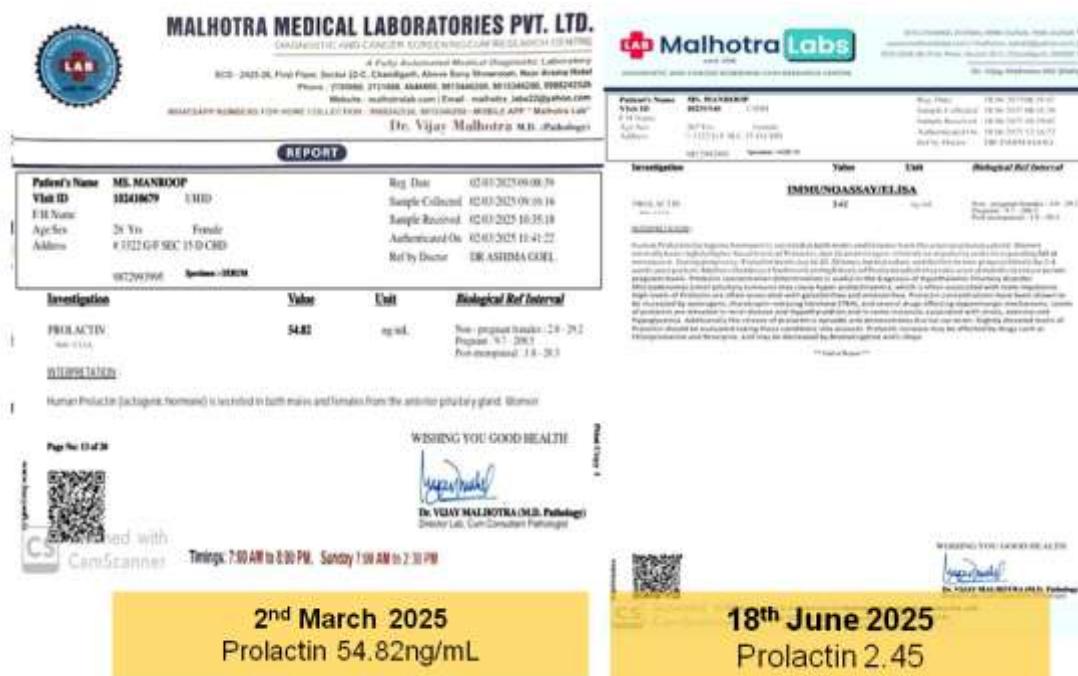
Miasmatic Interpretation:

- **Predominant Miasm:** Sycotic (glandular changes, hormonal imbalance, nodularity, obesity tendency)
- **Underlying Miasm:** Psoric (emotional sensitivity, fatigue)

Discussion:

This case demonstrates how individualized homeopathic prescribing based on totality and miasmatic evaluation can help restore hormonal equilibrium in hyperprolactinemia and related menstrual disorders. The selected constitutional remedy **Lachesis mutus** acted on

the deeper psychosomatic plane, regularizing endocrine function without conventional hormonal therapy.



Conclusion:

Homeopathy offers a safe, effective, and individualized approach to functional hyperprolactinemia with dysmenorrhea and premenstrual syndrome. The patient achieved complete symptomatic and biochemical recovery within three months, with sustained improvement in general health and emotional stability.

References:

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