



CASE REPORT

Ayurvedic Management of Hyperprolactinemia (*Stanyavridhi*) – A Case ReportDr. Prashant Dalvi¹, Dr. Arati Nadar², Dr. Manoj Gaikwad³^{1*} Associate Professor, R. A. Podar Medical College (Ayu.) Mumbai 400018² Post Graduate Scholar, R. A. Podar Medical College (Ayu.) Mumbai 400018³ Professor and Head of department, R. A. Podar Medical College (Ayu.) Mumbai 400018**Abstract**

Introduction: Hyperprolactinemia is an endocrine disorder characterized by elevated serum prolactin levels, commonly presenting with galactorrhea and menstrual irregularities. In Ayurveda, this condition can be correlated with Stanyavridhi and Artavavaha srotodushti caused by Kapha–Vata imbalance and Agnimandya. **Methods:** A 38-year-old female presented with bilateral breast secretion and irregular, scanty menstruation for three years. Ayurvedic management including Deepana, Pachana, Anulomana followed by administration of Aarogyavardhini Vati, Avipattikara Churna, Karpuradhi Gana Vati, Durva Swarasa and Sarsapa Taila was given for three consecutive menstrual cycles. **Results:** Complete reduction of breast secretion was observed. Menstrual cycle regularity was restored to 28–35 days with improvement in duration and quantity of flow. **Conclusion:** Ayurvedic management was found to be effective and safe in the treatment of hyperprolactinemia by correcting the underlying Dosha–Dhatu imbalance.

Keywords: Hyperprolactinemia; Stanyavridhi; Galactorrhea; Irregular menstruation; Ayurveda; Artavavaha srotas

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INTRODUCTION

Hyperprolactinemia¹ is a common endocrine disorder affecting women of reproductive age and is a frequent cause of galactorrhea, menstrual irregularities, and infertility. The prevalence among women presenting with menstrual disorders ranges from 9–17%.² Conventional management includes dopamine agonists; however, recurrence and adverse effects are frequently reported.

In Ayurveda, galactorrhea and menstrual disturbances can be correlated with *Stanyavridhi* and *Artava dushti*, caused by Kapha predominance, *Agnimandya*, and *Avarana* of Vata. Hence, Ayurvedic management focuses on correction of *Agni*, elimination of *Aama*, and regulation of *Apana Vata*.

CASE REPORT

A 38-year-old married female presented with bilateral milky white breast secretion and irregular, scanty menstruation for three years. She had previously received hormonal therapy and cabergoline, which provided temporary relief, followed by recurrence of symptoms.

Serum prolactin level was elevated (50.6 ng/mL). Ultrasonography of abdomen and pelvis revealed no abnormality. Ayurvedic examination revealed Kapha–Vata *prakriti*, *Agnimandya*, *Rasa dhatu dushti*, and involvement of *Artavavaha srotas*.

HISTORY OF PRESENT ILLNESS

The patient was apparently healthy three years prior. She subsequently developed irregular and scanty menstruation, followed by bilateral breast secretion one year later. Allopathic treatment was taken for six months, resulting in temporary cessation of secretion for three months, after which symptoms recurred.

Past History: Not significant

Family History: Not significant

Personal History:

- Appetite: Good
- Diet: Curd, bakery products; spicy and salty food; non-vegetarian twice weekly
- Bowel: Mild constipation (once in two days)
- Micturition: Normal
- Sleep: Sound

MENSTRUAL & OBSTETRIC HISTORY

- **Menarche:** 13 years

- **Cycle:** Irregular
- **Duration:** 2–3 days
- **Flow:** Scanty, painless

Obstetric History: G₂P₁L₁A₀

(Full-term normal delivery; male child aged 10 years)

EXAMINATION

General Examination

- Pulse: 78/min
- BP: 110/70 mmHg
- Weight: 58 kg
- BMI: 32 kg/m²

Systemic Examination

- CVS: S₁S₂ normal
- CNS: Conscious, oriented
- RS: Normal vesicular breathing
- P/A: Soft; mild hypogastric tenderness

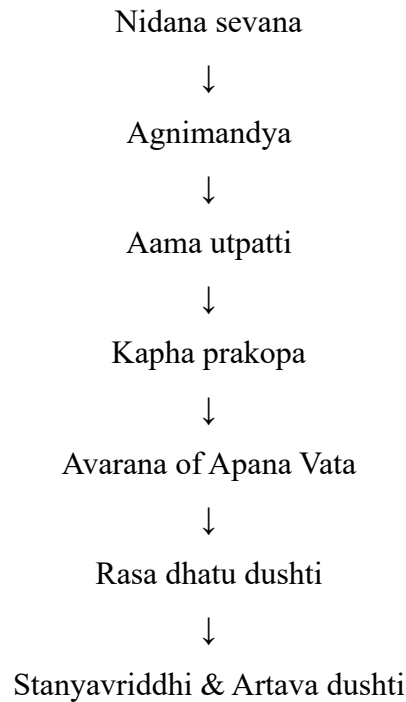
Local Examination

- Breast: Bilateral milky white discharge present; no lump or tenderness
- Per speculum: Cervix healthy; no discharge
- Per vaginal: Uterus anteverted, normal size

NIDANA PANCHAKA

- **Nidana:** Guru, Snigdha, Abhishyandi ahara; Diwaswapna
- **Dosha:** Kapha–Vata
- **Dushya:** Rasa, Rakta
- **Srotas:** Artavavaha
- **Srotodushti:** Avarodha, Vimargagamana
- **Vyadhi:** Stanyavridhhi with Artava dushti

SAMPRAPTI (PATHOGENESIS)



INTERVENTION

Treatment was administered in two phases:

Phase I (7 days)

Deepana, Pachana, Anulomana

Phase II (3 menstrual cycles)

Karpuradhi Gana Vati, Durva Swarasa, and Sarsapa Taila

Pathya-ahara and vihara, including yoga and pranayama, were advised. Junk food and day sleep were strictly avoided.

OBSERVATIONS AND RESULTS

Subjective Criteria

- Complete cessation of breast secretion
- Improved menstrual regularity

Objective Criteria

- Serum prolactin reduced from **50.6 ng/mL** to **23.19 ng/mL**

DISCUSSION

Stanya is an *Upadhatu* of Rasa. Kapha dominance with *Avarana* of Vata leads to excessive Stanya secretion. The selected Ayurvedic drugs corrected *Agnimandya*, eliminated *Aama*,

pacified Kapha–Vata, and restored *Artavavaha srotas* function, thereby breaking the *Samprapti* of *Stanyavridhi*.

CONCLUSION

Ayurvedic management based on *Samprapti vighatana* was found to be safe and effective in managing hyperprolactinemia. The treatment resulted in complete resolution of galactorrhea and normalization of menstrual cycle without adverse effects. Larger clinical studies are recommended to validate these findings.

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