



ORIGINAL RESEARCH PAPER

Homeopathy

GALACTORRHOEA AND ITS HOMOEOPATHIC APPROACH

KEY WORDS: Galactorrhea, hyperpituitarism, pituitary tumor.

Prof (Dr) Rolly Mishra

HOD in Pathology Dept at Bakson HMC & Hospital

Dr. Pallavi Singh

Asst. Prof. in Surgery Dept at Bakson HMC & Hospital, Greater Noida

ABSTRACT

Galactorrhea is milk production from the breast which is not related to pregnancy or lactation. Galactorrhea can be due to various causes including physiological ones such as pregnancy, lactation, stress, pathological or even drug induced. A well selected homoeopathic medicine can have remarkable effect in treating galactorrhea and high pituitrin level in body.

INTRODUCTION

Galactorrhea is a condition in which inappropriate discharge of milk-containing from breast. It is abnormal if it is persisting more than 6 months after childbirth or discontinuation of breast feeding. If it is associated with amenorrhea mostly it is caused by hyperprolactinemia.²

The secretion may be intermittent or persistent, scanty or abundant, free flowing or expressible and unilateral or bilateral.

It is often seen in women who are 25-35 years of age and previously parous women. It is rarely seen in children and nulligravid women. Galactorrhea also can occur in men.

It is common in infants and teenage girls.⁸ Post partum galactorrhea associated with amenorrhea is a self-limiting disorder mostly associated with prolactin levels. It is seen spontaneously and elicited by nipple pressure. The color and consistency of the discharge may vary in women as well as men, it may be transparent, milky or bloody. Galactorrhea¹ arise unilateral or bilateral. In bloody discharge particularly from single breast mammography⁹ or ultrasound of the breast is indicated to exclude malignancy.²

Aetiology:

It is caused by elevation of prolactin and is often associated with menstrual abnormalities. Abot in one third of the patients with galactorrhea associated with acromegaly. Prolactin is a peptide hormone released from the anterior pituitary which is predominantly regulated by inhibitory effect of dopamine and to a small extent by stimulatory effect of thyrotropin releasing hormone – oxytocin, vasopressin, vasoactive intestinal peptide and angiotensin 2⁸. Any condition that produces imbalance in these hormones can lead to elevation of prolactin and cause galactorrhea and menstrual abnormalities, varied conditions like stimulation of breast, chest wall disease, drugs or pathological conditions like pituitary tumors can cause galactorrhea¹

Pharmacological Agents:

Like oral contraceptive pills (estrogen) can cause galactorrhea by suppressing the hypothalamic secretion of prolactin inhibitory factor and by direct stimulation of the pituitary lactotrophs⁸. Galactorrhea also may occur due to withdrawal of estrogen due to the absence of the inhibitory effect on the prolactin action at the breast, some other medicines like- phenothiazines, thioxanthene's, anti depressant drugs, morphine, heroin, codeine etc^c.

Pituitary Tumor:

Prolactinoma is the most common type of pituitary tumor, it is arising from the lactotroph cells account for about half of all functioning pituitary tumors, with a population prevalence of

~10/100,000 in men and ~30/100,000 in women².

Lesion in hypothalamus & Pituitary Stalk:

Resection of hypothalamic lesion or cellar mass lesion can reverse hyperprolactinaemia⁸ cause by stalk compression reduced dopamine. This results in lifting of the inhibitory effect of dopamine on lactophores².

Drug Induced:

It is one of the commonest causes of galactorrhea⁸. Some pharmacologic agents like dopamine receptor blockers. Atypical antipsychotics (risperidone), phenothiazines: chlorpromazine, perphenazine etc⁸.

Chronic Renal Failure:

Prolactin level may increase in patients with chronic renal failure due to decrease the peripheral clearance of prolactin. It is rare⁵.

Thyroid disorders:

In case of thyroid disorders like hypothyroidism¹ there is increased production of thyrotropin releasing hormone, it may enhance prolactin secretion due compensatory TRH secretion.

Neurogenic causes:

Increased level of PRL due to chest surgery and in case of herpes zoster².

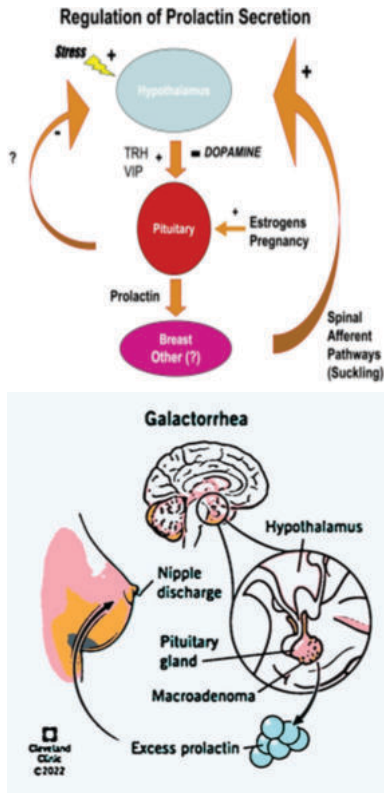
Lesions of the hypothalamic pituitary region:

It may disrupt hypothalamic dopamine synthesis, portal vessels delivery, or lactotroph responses are associated with hyperprolactinemia¹¹. Hypothalamic tumors, cysts, radiation induced damage hyperprolactinemia².

Pathophysiology

- Galactorrhea sometimes indicates an underlying health condition, but is most often caused by too much prolactin, that triggers milk production.
- The hypothalamic–pituitary–prolactin axis
- (HPP-axis), also known as the hypothalamic– pituitary–mammary axis or hypothalamic– pituitary– breast axis, includes the secretion of prolactin (PRL; luteotropin) from the lactotrophs of the pituitary gland into the circulation and the subsequent action of prolactin on tissue such as particularly, the mammary gland or breast.
- Anterior pituitary has lactotroph cell which are responsible for synthesis and secretion of milk.
- Hypothalamus secretes Dopamine which inhibits the secretion of prolactin. prolactin secretion can be stimulated by vasoactive intestinal polypeptide and thyrotropin releasing hormone. Also, nipple stimulation, renal failure, chest wall.

- lesions, and medications can cause hyperprolactinemia.
- Estrogens inhibits hypothalamic dopamine as well as stimulating lactotrophs hence causes hyperprolactinemia directly.
- In pregnancy, the high levels of estrogen cause lactotroph hyperplasia cause hyperprolactinemia



Clinical Presentation:

- The main symptom of galactorrhea is leaking a light white, milk-like discharge when there is no breastfeeding or pregnancy. It typically affects both breasts and may flow on squeezing nipple or can leak on its own.
- Amenorrhea
- Primary Amenorrhea – it is due to hyperprolactinemia that develops before menarche.
- Decreased libido, mild hirsutism
- Infertility
- Visual loss from optic nerve compression
- Reduced testosterone in men hyperprolactinemia-it may decrease libido, infertility, visual loss, if hyperprolactinemia sustained it may cause osteopenia, reduced muscle mass and decreased beard growth.

Diagnosis Evaluation:

- A physical examination of breasts and nipples.
- Analysis of nipple discharge.
- Review of your medical history including medications taken.
- Blood test to check serum prolactin levels in the body.

Laboratory Investigations:

- PRL level fasting (normal <20 microgram/L), serum prolactin level more than 200 ng/ mL assures the presence of prolactinoma.
- Follicular stimulating hormone
- Luteinizing hormone
- Thyroid stimulating hormone.
- MRI of pituitary fossa
- Patients with macroprolactinomas must be evaluated for hypopituitarism.

Repatorial Approach

Rubrics For Galactorrhea (increased Prolactin)

Synthesis Repertory

CHEST - MILK - increased: (41) *Acon. alf. anan. arund. asaf. BELL. Borx. BRY. CALC.* cham. chim. chin. con. erig. iod. kali-i. lac-c. lact. *Medus. nux-v. parth. phos. phyt. pip-m. pitu-p. plac. PULS. rheum Rhus-t. Ric. sabal Sabin. salv. sec. Sol-o. spira. spirae. stram. tritic-vg. urt-u. ust.*

CHEST - MILK - flowing spontaneously: (27) *acon. ant-t. arn. Bell. Borx. Bry. CALC.* cham. chin. *Coff. Con. Iod. Kali-i.* kreos. lac-c. *Lach. Lyc. nux-v. Phos. Puls. rhod. Rhus-t. Sil.* stann. staph. stram. ust.

CHEST - MILK - pregnancy; in women when not related to: (45) *apis arist-cl. ars. Asaf. atro. bamb-a. bell. borx. bry. calc. calc-i. carc. caul. cham. chin. con. croc. Cycl. helon. ign. kola lac-c. lac-d. lach. lyc. Merc. nux-m. nux-v. op. phos. phyt. PULS.* puls-vg. reser. rhus-t. sabad. sabin. sep. stram. sulph. thlas. thuj. *Tub. Urt-u. vip.*

FEMALE GENITALIA/SEX - MENSES - irregular: (121) *abrom-a. abrom-a-r. alco. alum-p. am-c. Ambr. ammc. Apis apoc. aran. ARG-N. Art-v. aur-m-n. aur-s. Bell. Benz-ac. beryl. beryl-m. Brucei. bry. buni-o. Calc. calc-i. calc-p. calc-s. calc-sil. Carb-ac. carb-n-s. caul. Caust. chel. Chlol. chr-m. Cimic. Cinnm. coc-c. Cocc. Con. cortico. cortiso. crot-h. cur. cycl. Dig. dys. ferr. ferr-p. flav. Foll. glycyr-g. Graph. guaj. ham. hyos. hypoth. Ign. inul. Iod. Ip. Iris joan. Kali-ar. kali-bi. kali-p. Kreos. Lac-d. Lach. lil-t. lith-c. lith-f. Lyc. mag-c. mag-m. mag-s. Manc. merc. mosch. Murx. Nat-c. nat-m. nicc. Nit-ac. nit-s-d. NUX-M. Nux-v. oena. Ol-j. op. ovi-p. phos. Phys. pip-n. pisc. pitu-a. plat. plb. puls. rad-br. ruta sabad. SABIN. sanic. SEC. Senec. Sep. Sil. sol-ecl. spect. Staph. Sul-i. Sulph. syph. tab. Ter. thuj. trios. Tub. ust. verat. vesp. xan.*

Kent Repertory

CHEST - MILK - flowing : (23) *acon. ant-t. Bell. Borx. Bry. CALC.* cham. chin. *Con. Iod. Kali-i.* kreos. lac-c. *Lach. Lyc. nux-v. Phos. Puls. Rhus-t. Sil.* stann. staph. ust.

CHEST - MILK - increased : (15) *Acon. anan. asaf. BELL. Borx. BRY. CALC.* chin. con. iod. nux-v. phos. **PULS.** *Rhus-t. stram.*

FEMALE GENITALIA - DRYNESS - Vagina : (12) *Acon. Ars. Bell. Berb. Ferr. Graph. Lyc. lycps-v. NAT-M.* puls. *Sep. spira.*

BBCR

CHEST - Mammae - milk - galactorrhea: (2) **ACON. CHIN.**

CHEST - Mammae - milk - increased: (19) **ACON. Asaf. BELL. Borx. BRY. CALC. Chin. Con. iod. Kali-i. Lac-c. nux-v. Phos. phyt. PULS. Rheum RHUS-T. Stram. Urt-u.**

SWEAT - Concomitants - chest - mammae - milk - increasing: (10) *Acon. BELL. BRY. Calc. chin. con. phos. PULS. Rhus-t. stram.*

GENITALIA - Female organs - dryness - vagina: (7) **BELL.** ferr-p. iod. **LYC.** mez. *Nat-m. sep.*

Homoeopathic Therapeutic

Asafoetida -

For Galactorrhea with Congested Breast

This is a very helpful medicine when there is milk secretion in a non-pregnant woman. Along with this the breasts are congested and distended.

Pulsatilla-

It is a top listed medicine for treating cases of galactorrhea. Its use is indicated when non pregnant females have milk in breast along with marked fullness of breast. The menses can occur too late or too early in them. The menstrual flow also varies from scanty to profuse. It is a top listed medicine to treat cases where milk like fluid starts to flow from the breasts of girls before puberty.

Merc Sol –

For milk fluid secretion during menses'

Merc Sol is a prominently indicated medicine for females who are full breast with milk during menses. Sometimes they have milk in the breast instead of menses. It is one of the leading medicines for galactorrhoea in females during puberty. Apart from the above it is also indicated for boys who complain of galactorrhoea.

Cyclamen –

When Milk Flow Occurs after Menses'

The indicating feature to use it is milk in non-pregnant females after menses. In some cases, the breast is swollen, painful, hard having a stitching sensation in it along with discharge of milky fluid. menstrual irregularities may be present with headache, blindness or fiery spots before the eyes.

Borax –

When milk is thick in Galactorrhoea. It is the well indicated medicine to treat cases of Galactorrhoea with profuse milky discharge. Females may also have low sex drive and infertility.

Belladonna –

For heaviness and hardness of breast

It is beneficial medicine when the milk fills in the breasts of females who are not pregnant. The milk starts flowing out of the breast in copious amounts.

Lycopodium -

It is an excellent medicine for cases of milk discharge from nipples in non-lactating females with tendency to have late periods. They may have low libido. They can have dryness of vagina that led to painful intercourse.

Phosphorus -

The main indicating feature to use Phosphorus is absent periods with milk in breast of non-pregnant women.

CONCLUSIONS

Drug induced galactorrhoea incidences are getting increased worldwide. Homoeopathy with its holistic approach can be of much useful in managing cases of galactorrhoea. Homoeopathy with its intricate method of case taking, case evaluation and reportorization can offer the best scope for cure.

REFERENCES:

1. Davidson's Principles & Practice of Medicine 22nd Edition, Edited by Brian R. walker Nicki R. College, Stuart H. Ralston, Ian D. Penman, Page No.- "790 – 791"
2. Harrison's Principles of Internal Medicine, Vol- 2, 18th Edition, Page No.- 2888
3. Howkins & Bourne Shaw's Textbook of Gynaecology, 13th Edition, Edited by VG Padubidri & Shirish N Daftary, Page No.- 452
4. C.S. Dawn, Textbook of Gynaecology Contraception & Demography, by Professor Dr C.S. Dawn & Dr Subrata Dawn, Newly Written, 14th Edition, 2003, Page No.- 232
5. Textbook of Gynaecology including Contraception, 14th Edition by D.C. Dutta, Page No.- 526
6. Kumar & Clark's, Clinical Medicine, 8th Edition, Edited by Parveen Kumar & Michal Clarke, Page No.- 955
7. Golwalla's Medicine, 25th Edition, by Aspi F. Golwalla & Sharukh A Golwalla & Edited by Milind Y Nadkar, Page No.- 413
8. Kent J.T. Repertory of Materia Medica, Rreprint Edition 2004, new Delhi, India: B Jain Publisher (P.) Ltd.
9. Boger C.M. Boenninghausen's Characteristics Materia medica and Repertory, Edition 2006, New Delhi, India : B Jain Publisher (P.) Ltd.
10. Synthesis Repertory, version 3 Radar software.