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# ROLE OF BHUMIKUSHMANDA CHURNA IN STANYA KSHAYA

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## ABSTRACT :



*Stanya kshaya* is the common problem noticed in about 40% patients in our clinical practice. Due to adaptation of Western culture, women get exposed to stress and strain. Lactation is the process associated with psychosomatic condition and life style. Breast milk is the per- fect food for a normal neonate. It is the best gift a mother can give her baby. Breast feeding is the ideal form of infant feeding and is crucial for lifelong health and well being.

**Objectives of study:** To assess the efficacy of *Bhumikushmanda* suggested by *Acharya Yoga Rathnakara* in reference to *Stanya kshaya..*

**Materials and Methods:** Patient were selected according to inclusion criteria and divided into two groups of 15 each and findings were recorded before treatment and after each follow up.

Group-A: - Will be given trial drug treatment,i.e.,*Churna of Bhumikushmanda*.

Duration: 3 months (Follow-up – on every 15 days).

Group-B: - Will be given Placebo treatment for 3 months,i.e., Standard Ayurvedic Treatment given.

Sample procedure: - Simple random sampling method.

A special case-sheet will be designed and entries are made in it from time to time.

**Results and Interpretation:**Owning to its *soumya guna, madhura rasa, sheeta veerya* and

*madhura vipaka* a hypothesis designed as it should increase *Stanya* due to *samana guna*. **Conclusion:**Trial drug is a better remedy for *Stanya vriddhi*. It has no side-effect, most-eco- nomical. So it can be accepted as a drug of choice for *Stanyajanana*.

**Key words:** *Stanyajanana, Bhumikushmanda*, Lactation.

**What is already known about the topic?:**There are many formulations available in the market as Galactogogues and we will get many classical references too for *Stanya Kshaya*. Modern treatment is limited and with not much encouraging results.

**What does this study add?:**Though lot of classical drugs like *Shatavari, Shatapushpa, Pippali, Shunthi, Nadika*, etc have shown encouraging results but there is less efficacy ob- served related to Prolactin deficiency. *Vidarikanda(Bhumikushmanda)* with phyto-chemical analysis and clinical trial results shown Prolactin agonist property and phyto-estrogenic prop- erty, so stands special among all other herbs indicated for *Sthanyajanana*.

**INTRODUCTION:**Breast milk is the nector to the child, which gives many ben- efits to both mother and child. The WHO recommends exclusive breastfeeding for the first six months of life, after which "in- fants should receive nutritionally adequate

and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Breast feeding promotes close physical and emotional bonding be- tween the mother and child leading to bet- ter parent-child adjustment. It is clean, un-

contaminated, contains several anti infec- tive factors that protect baby from infec- tion. It enhances development and intelli- gence. Breast feed infants have higher in- telligence, social & psychomotor capabili- ties1.Many formulations told to solve this problem; Ayurveda stands on the basis of *Trisutra (Hetu, Linga and Oushadha)*. Based on this *trisutra* if we apply treat- ment with major step i.e. *‘Nidana Parivarjana’, Stanya Kshaya* subsides completely.***Yoga Rathnakara*** proposed a single drug therapy i.e. use of ***Bhumikushmanda (Vidari)2*,** which is well known and easy available drug cate- gorized under *Stanyajanana* Drugs.It is an attempt to verify the claim that *Bhumikushmanda* is a Galactogogue.

## AIMS AND OBJECTIVES OF THE

**STUDY:** To assess the efficacy of *Bhumi Kushmanda* suggested by *Acharya Yoga Ratnakara* in reference to *Stanyakshaya*.

## MATERIAL AND METHODOLOGY:

**Source of Data:** The present clinical study was conducted at P.G. Department of Prasooti Tantra of N.K.J. Ayurvedic Medi- cal College and Post Graduate Center, Bidar. 30 patients who required increment of lactation where selected from inpatient and outpatient department of Shree. Siddharudha Charitable Hospital and other private hospitals of Bidar. All patients were screened according to selection crite- ria and registered for the study. These women were randomly divided into two groups of 15 each.

## Selection of Criteria:

1. **Inclusion criteria:**
2. Age group of patient is between 18-35 years.
3. Breast milk quantity less than 300ml/day.
4. Patient from 10th day of delivery.
5. Patients with a previous history of lactational deficiency.

## Exclusion criteria:

1. Patient with congenital abnormali- ties, breast atrophy, cancers, mastitis, shock, previous menstrual disorders are excluded from the study.
2. Patients having H/o alcoholism, infectious & systemic diseases.

**Grouping of cases:** 30 patients were se- lected for the study, divided into two equal groups.

**Group A:** Consisting 15 patients were given trial drug treatment, i.e., *Churna* of *Bhumikushmaanda 1Karsha* (10gms) in divided doses..

**Group B:** Consisting of 15 patients were treated with Standard Ayurvedic treatment i.e., *Shatavari churna 1Karsha* (10gms) in divided doses..

**Duration:** 3months for both group (Fol- low-up – On every 15 days).

**Criteria of Assessment:**Parameters of as- sessment are taken according to, **SUBJECTIVE PARAMETERS:**

1. *Stana mlanata: Shushkatwa.Stanya alpata. Stanya asambhava.*
2. *Stanya* Ejection:
3. Breast feeding Frequency:-Normal is 8- 12times/day.

Any reduced frequency of feeding is noted.

1. Pertaining to Baby:-Hunger,Cry, Stools.
2. Mother: - Residual milk in breast after feeding.

## OBJECTIVE PARAMETERS:

1. Weight of the baby (Weekly).Breastfed infants generally gain weight according to the following guidelines:

0–4 months: 6 oz. per week†

4–6 months: 4-5 oz. per week

6–12 months: 2-4 oz. per week(ounce = 0.0283kg)

† It is acceptable for some babies to gain 4–5 ounces per week. This average is taken from the lowest weight, not the birth weight.

1. Breast Engorgement.
2. Milk Ejection:

**Investigation:** Serum Prolactin level.

## If the lactation score is,

4& above- Treatment is considered as Successful

2-3 - Treatment is considered as Improved 0-1-Treatment is considered as unsuccess- ful

## OBSERVATION AND RESULTS: Sixth Follow Up,Trial Group

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parameter | Mean  BT | Mean  AT | %of Improvement | SD | SEM | t | P | Remarks |
| *Stana Mlanata* | 1.8 | 0.2 | 86.34 | 0.5 | 0.12 | 20.15 | <0.001 | HS |
| *Stanya* Ejection | 1.26 | 2.53 | 88.88 | 0.51 | 0.13 | 19.46 | <0.001 | HS |
| Breast Feeding | 1.26 | 2.06 | 94.24 | 0.59 | 0.15 | 14.77 | <0.001 | HS |
| Weight of the  Baby | 2.46 | 2.8 | 38.21 | 0.1 | 0.12 | 3.4 | <0.005 | S |
| Breast Engorge- ment | 1.26 | 2.53 | 82.3 | 0.51 | 0.13 | 13.98 | <0.001 | HS |

**Standard Group:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parameter | Mean  BT | Mean  AT | % of Improve-  ment | SD | SEM | t | P | Remarks |
| *Stana Mlanata* | 2.93 | 1.26 | 56.9 | 0.5 | 0.12 | 20.15 | <0.001 | HS |
| *Stanya*Ejection | 1.26 | 2.06 | 63.49 | 0.51 | 0.13 | 19.46 | <0.001 | HS |
| Breast Feeding | 2.93 | 1.26 | 56.9 | 0.59 | 0.15 | 14.77 | <0.001 | HS |
| Wt of the Baby | 2.33 | 2.73 | 17.16 | 0.1 | 0.12 | 3.4 | <0.005 | Significant |
| Breast Engorge-  ment | 2.93 | 1.78 | 60.9 | 0.61 | 0.15 | 12.98 | <0.001 | Highly Sig-  nificant |

## Comparison between the Groups:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Groups | Mean BT | Mean AT | % of Improvement | SD | SEM | t | P | Remarks |
| A | 2.67 | 0.32 | 87.81 | 0.53 | 0.23 | 9.83 | <0.001 | HS |
| B | 2.5 | 1.65 | 66.00 | 0.08 | 0.2 | 7.4 | <0.01 | Significant |

**DISCUSSION:**

**On Litarary Review:** *Utpatti* of *Stanya* according to Ayurvedic classics can be concluded in 3 points.

1. **From *Rasa dhatu* :** Here we have to remember that *Stanya* and *Artava* are *upadhatus* of *Rasa*. By definition, *Upadhatus* are those which get nourished by corresponding *dhatu* and they do not nourish other entities3. That means there is no further transformation of that entity and *Bhoja4* clearly indicate that *upadhatus* are free from *Gati*, they can’t move anywhere.

Hence any defect in *rasa dhatu* and fur- ther it vitiate its *upadhatus*.

1. **From *Rakta dhatu* :** According to Kashyapa, after fertilization, some quantity of blood nourishes breast milk in pregnant lady*5*. Hormonal response in Mammogenesis and Lactogenesis can be correlated with production of breast milk from *raktha dhatu*, blood is the only media for circulation of hormones and obviously the blood carry the breast milk producing hormones. In such a way blood play role in production of breast milk.
2. **From *Raja* :** The left over *Raja* after formation of *garbha* goes upward to *Stana* and there by the action of *pitta* col- our of *raja* changes from red to pale white and transformed into *Stanya6*. The ‘*Piyusha* (Colostrum)’ actually resembles this type of *Stanya*.

* By the end of 3rd & 4th follow-up only, in most of the patients *Stanya Vriddhi* was achieved. If the score is be- tween 4& above- Treatment is considered as Successful, 2-3 - Treatment is consid- ered as Improved & 0-1 - Treatment is considered as unsuccessful.
* *Bhumikushmanda Churna* failed to increase lactation in 2 patients and they are advised to continue the therapy. Standard drug(*Shatavari Churna*) failed to increase lactation in 5 patients.

## CONCLUSION:

* *Stanya kshaya* is the common problem noticed in about 40% patients in our clini- cal practice.
* Adequate lactation has been defined as secretion of 300ml (10 ounces) daily by the 5th day and 480ml (16 ounces) by the 10th day. If these amounts are not achieved a baby of normal weight will not be ade- quately fed and such a situation is termed clinically as lactational deficiency7.
* Goals set by the World Health Organi- zation; Healthy people 2010 included a 70% breast feeding initiation rate, a 50% contribution rate six months after birth and 25% contribution rate 12 months after birth8.
* *Bhumikushmanda* is drug of choice for *Stanya janana* and is cost effective, palat- able, no side-effects and absorption is very fast.

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Declared