**A CASE STUDY OF AYURVEDIC MANAGEMENT IN *STANYAKSHAYA***

(LACTATION INSUFFICIENCY).

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**ABSTRACT**

***Background*:** Due to hectic and stressful life many lactating mothers are facing problem of Stan- yakshaya (Lactation insufficiency). Due to it many mothers use alternative food/milk instead of breast milk which is harmful to health of babies. ***Case Study*:** A 23 years old female, housewife by occupation suffering from *Stanyakshaya* was treated with *Shatavari kalpa* 10 grams + *Vidarikanda churna* 2 grams + *Praval bhasma* 300 mg mixed with *Godugdha* and *Laghumalini vasant*. In mother Stanamlanata and Stanya pramana parameters were assessed, while in baby Malapravrutti, Sharira bhara vruddhi, Rodan and Nidra parameters were assessed. ***Results & Discussion*:** Parame- ters improved gradually and at the end of day 21 all parameters in mother and baby were found within normal limits. Drug used for treatment were having Madhura rasa-vipaka, Sheeta virya, Balya Brihan, Rasayan, Stanyajanana etc. properties which helped to nourish impaired Rasa dhatu and to increase stanya pramana (lactation). ***Conclusion*:** *Rasa dhatwagnimandya* and *Rasa dhatukshaya* are most common factors in *samprapti* of *Stanykshaya* and same should be corrected to increase *Stanya pramana* as *Stanya* is *upadhatu* of *Rasa dhatu*. Same treatment plan may not be helpful in each and every patient of *Stanyakshaya*.

**Keywords:** *Stanya, Stanyakshaya, Stanyajanan,* Ayurvedic Management.

1. **INTRODUCTION**

According to Ayurveda *Stree* (female) is a *mula* (foundation) of reproduction**1** as she is responsible for *Garbhadharana* (conception), *Garbha poshana* (growth of em- bryo), *Apatya janma* (giving birth to the baby) and *Sangopan* (nourishment & bringing up of baby). *Matrustanya* (breast milk) is a precious gift to a baby. *Stanya* (breast milk) is *upadhatu* (byproduct) of Rasa dhatu and it is termed as Jeevan (responsible for life) as it is the chief source of nutrition to the infant.**2** Breast milk is composed of IgA, IgG, IgM immunoglobulins, Proteins, Carbohydrates, fats, minerals and di- gestive enzymes.**3** Hence it is the best than any other type of feeding.

Today’s fast world has competitive, rusty, fast and stressful life. Lifestyle of human beings got modified improperly. Fast and Junk food took place of healthy, nutritious and bal- anced diet. Negligence towards personal health in the race of carrier is lost somewhere. All these factors resulted in lactation deficiency or lactation failure in mothers which is termed as *Stanyakshaya* in Ayurveda literature. *Stan- yakshaya* is one of the *vikruti* of *stanya*. In *Stanyakshaya* there is decreased quantity of *stanya* due to *Rasadhatu kshaya* and *dhatu dushti*. *Stanyakshaya* seems to be very simple condition but it is major problem considering child heath. Estimated incidence is 23 to 63% during first four months after delivery**4** and it is noted about 40% in common clinical prac-

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tice in India.**5**

Lactation insufficiency is a public con- cern and major problem worldwide. The use of breast milk substitutes is increasing the risk of morbidity and mortality among infants in de- veloping countries. These supplements are common cause of malnutrition also. To en- courage breast feeding and to increase milk production are the solutions. In this study a patient suffering from *Stanyakshaya* (Lactation insufficiency) was treated by cer- tain Ayurvedic drugs. *Prava* (Coral) *lyukta Shatavari* (*Asparagus racemosus*) *kalpa, Vidarikanda* (*Pueraria tuberosa*) *Churna* and *Laghumalini Vasant* were given internally along with *Godugdha* (cow milk). *Rasadhatu kshaya* and *Rasa dhatavagnimandya* was cen- tral concept while prescribing medicines. Mother and baby achieved expected improve- ment in defined parameters. We hope further extended research on this problem.

# CASE STUDY

* 1. **Case history**

A 23 years old female, housewife by occupa- tion of Lower-middle socioeconomic class suf- fering from *Stanyakshaya* arrived at OPD. *Sta- namlanata, Stanyakshaya* symptoms were not- ed in mother while *Alpa mala pravartan, Rodan, Alpa mutrapravrutti* and *Sharir bhar kshaya* were noted in baby. Baby was 15 days old, male with weight 2400 grams at first visit.

* 1. **Obstetrics History LMP:** 11 months ago

**Obstetrics History:** G1P1L1A0D0

**Mode of Delivery:** FTND with episiotomy.

# Other Histories

Patient was not having any history of past or present illness. No significant family history was observed. Less nutritious diet during ANC and post-delivery was observed.

# Physical & Laboratory Examinations

Mother was examined carefully. *Samanya Parikshana* by Ayurveda perspective revealed

*Agnimandya, Sama jivha, Asamyaka mala, Krura koshtha* and *Vata-pradhan kaphanubandhi sharir prakruti*. Temperature, Pulse, Blood pressure were within normal lim- its. Routine laboratory investigations viz. Com- plete Blood Count, Differential Count, ESR, Urine Routine were carried out and found with- in normal limits.

# Outcome measures

To the effect of treatment few outcome measures were defined in Mother and Baby. Gradations of outcome measures were as fol- lows.

* + 1. **Mother (*Sutika*)**

***Stanamlanata* (Laxity of breast)**

* + - * **Grade 0:** *Prakrut*
      * **Grade 1:** *Alpa*
      * **Grade 2:** *Madhyam*
      * **Grade 3:** *Adhik*

***Stanya praman* (Lactation)**

* + - * **Grade 0:** *Prakrut* (more than 7 feeds in 24 hours)
      * **Grade 1:** *Alpa* (less than 7 feeds in 24 hours)
      * **Grade 2:** *Apravartan*
    1. **Baby (*Balak*)**

***Mala pariksha* (Consistency of stool)**

* + - * **Grade 0:** *Prakruta* (Semisolid)
      * **Grade 1:** *Dravamala pravrutti*
      * **Grade 2:** *Malabaddhata*

***Sharir Bhar vruddhi* (increase in Baby** **weight)**

* + - * **Grade 0:** *Prakrut* (>200 grams per week)
      * **Grade 1:** *Hras* (100-200 grams per week)
      * **Grade 2:** *Adhik Hras* (<100 grams per week)

***Rodan* (Cry)**

* + - * **Grade 0:** Occasional crying and stops after breast feed
      * **Grade 1:** Frequent crying and stops after breast feed
      * **Grade 2:** Frequent crying and doesn’t stop after breast feed

***Nidra* (Sleep)**

* + - * **Grade 0:** *Prakrut*
      * **Grade 1:** *Asamyaka* (*Khandit*)
      * **Grade 2:** *Anidra*

# Treatment6-12

Plan of treatment is mentioned in Table No. 1.

# RESULTS AND DISCUSSION

For first week *Pravala bhasma yukta Shatavari Kalpa, Vidarikanda churna* and *Laghumalini Vasant* along with *anupan Godug- dha* (cow milk) were prescribed. Market prepa- ration of *Shatavari kalpa* granules was pre- scribed. *Shatavari kalpa* 10 grams + *Vidarikan- da churna* 2 grams + *Praval bhasma* 300 mg mixed with *Godugdha* and *Laghumalini vasant* was advised to consume 300 mg twice a day after meal. At the end of first week, *Stana mlanata* in mother was reduced slightly. Mild improvement in *Sharir bhara* (baby weight) and *Nidra* (sleep) in baby was observed. *Stanya pramana* in mother and *Mala pravrutti, Rodan* in baby was almost same as day 1. With same treatment patient was assessed further on day 14 and day 21. *Stana mlanata* and *Stanya pra- mana* was found *prakrut* (normal) and in baby increase in weight was found within normal limits on day 14. On day 21 all parameters in mother and baby were within normal limits as expected. Same treatment was continued till 60 days. Follow up wise effect of treatment is shown in Table No. 2 and Table No. 3.

Due to *krodha* (anger), *bhaya* (fear, anxiety), *chinta* (stress) and *apatarpan*; *Stanya kshaya* can occur in mother.**13** Basic factors in *Samprapti* are *Apatarpan, Rasa dhatvagniman- dya* and *Rasa dhatu Kashaya*. Sushruta has stressed to use *Kaphavardhaka* drugs in *Stan- yakshaya*.**14** *Mansarasa, Madhura-amla-lavana rasatmak* drugs and diet, drugs from *Kshirini gana*, *Dugdhapana*,**12** drugs like *Shatavari***7** and *Vidarikanda***8** etc. are useful to increase lacta- tion.**15,16** Using above mentioned treatment prin- ciples we prescribed the drugs *Pravala bhasma*

*yukta Shatavari Kalpa, Vidarikanda churna* and *Laghumalini Vasant* along with *anupan Godug- dha* (cow milk) to mother in order break *sam- prapti*, improve *Rasa dhatvagni* and to nourish *Rasa dhatu*.

*Shatavari* is having *Madhur rasa, Sheeta virya* and *Madhur vipaka*. It is *Guru, Snigdha gunatmaka* and acts as *Vata-pitta sha- mana, Brihan, Balya, Stanyajanana, Rasadhatu vardhaka, Kapha vardhaka, Jivaniya* and *Ra- sayana*.**7** *Vidarikanda* is having *Madhur rasa, Sheeta virya* and *Madhur vipaka*. It is *Guru, Snigdha gunatmaka* and acts as *Vata-pitta sha- mana, Brihan, Balya, Stanyajanana, Rasadhatu vardhaka, Kapha vardhaka, Swarya, Varnya, Mutrala*, *Jivaniya* and *Rasayana*. *Praval bhas- ma* is *Laghu, Dipana* and *Pachanna*. Hence it increases *agni* of *Rasa dhatu*. It is *Madhura- amla rasatmak, Kapha-pitta shamak, Vriya vardhaka* and *Kantikar*. It is also useful in *dhatukshaya*.**6** *Laghumalini vasant* is useful in *Jirna jwara, Dhatugta atisara, Rakatja vyadhi, Pitta Pradhan vyadhi, Pradara* etc. diseases. It is *Sarva roga* hara and best medicine for *Garbhini* (pregnancy) and *Sutika* (lactating mother).**9** *Godugdha* is having *Madhura rasa, Sheeta virya, Madhura vipaka* and *Snigdha, Guru guna*. It is *Jivaniya, Rasayana, Medhya, Baya, Stanyakara, Sara* and useful in *Kshatak- shina*. It is very useful to treat any *dhatukshaya janya avastha*.**11,12** All medicines were asked to consume in *Adhobhakta aushadh sevana kala*

i.e. after meal because as per past study *Balya, Brihan* and *Rasayan* medicine act effectively in this *kala*.**10** All above medicines in together helped to improve *Rasa dhatvagni*, to nourish *rasa dhatu* and to increase the proportion of breast milk.

In present study a typical case of *Stan- yakshaya* successfully treated with Ayurveda management is discussed. For stronger evidence clinical trials are expected on this topic as a sin- gle case study only opens dimensions for re- search and not provide evidence. Ayurveda is treasure of medicines and previous studies have shown that if patient is treated as per *samprapti* and *samprapti ghataka* involved in it, *Vaidya*

(Ayurveda physician) will definitely get suc- cess in treatment.**17,18**

# CONCLUSION

Treatment done with the help of *Shatavari kal- pa, Pravala bhasma, Vidarikanda churna* and *Laghumalini vasant* along with *Godugdha* as *anupana* is effective to increase *Stanyaprama- na*. *Rasa dhatwagnimandya* and *Rasa dhatukshaya* are most common factors in *sam- prapti* of *Stanykshaya* and same should be cor- rected to increase *Stanya pramana* as *Stanya* is *upadhatu* of *Rasa dhatu*. Same treatment plan may not be helpful in each and every patient of *Stanyakshaya*. In case of different *samprapti* (pathogenesis) different medicines will require to break process of *samprapti*. No adverse ef- fects were observed in mother and baby during treatment.

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# TABLES

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Drug** | **Dose** | ***Kala*** | ***Anupan*** |
| **1** | ***Praval bhasma*6** | 300 mg x BD | *Adhobhakta***10** | *Godugdha***11,12** |
| **2** | ***Shatavari Kalpa*7** | 10 gm x BD | *Adhobhakta* | *Godugdha* |
| **3** | ***Vidarikanda churna*8** | 2 gm x BD | *Adhobhakta* | *Godugdha* |
| **4** | ***Laghumalini vasant*9** | 300 mg x BD | *Adhobhakta* | *Godugdha* |

# Table No. 1. Plan of Treatment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Parameter** | **Follow-up** | | | | |
| **Day 1** | **Day 7** | **Day 14** | **Day 21** | **Day 60** |
| **1** | ***Stanamlanata*** | 2 | 1 | 0 | 0 | 0 |
| **2** | ***Stanyapramana*** | 1 | 1 | 0 | 0 | 0 |

**Table No. 2. Effect in Mother**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Parameter** | **Follow-up** | | | | |
| **Day 1** | **Day 7** | **Day 14** | **Day 21** | **Day 60** |
| **1** | ***Mala pariksha*** | 2 | 2 | 1 | 0 | 0 |
| **2** | ***Sharirbhar vruddhi*** | 2 | 1 | 0 | 0 | 0 |
| **3** | ***Rodan*** | 2 | 2 | 1 | 0 | 0 |
| **4** | ***Nidra*** | 2 | 1 | 1 | 0 | 0 |

# Table No. 3. Effect in Baby

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