



AYURVEDIC MANAGEMENT IN STANYAKSHAYA – A CASE STUDY

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ABSTRACT

Stanya (Breastmilk) is the need of a newborn so expression of milk is of utmost importance to baby and mother's health too. **Case study** - Results & Discussion: Parameters improved gradually and after 20 days there was significant improvement in the parameters in both mother and baby. Drugs used for treatment were having Madhura rasa-vipaka, Sheeta virya, Balya, Brihan, Rasayan, Stanyajanana etc. properties which helped to nourish Rasa dhatu and to increase stanya pramana (lactation). **Conclusion:** Rasa dhatwagnimandya and Rasa dhatukshaya are most common factors in samprapti of Stanyakshaya and same should be corrected to increase Stanya pramana as Stanya is upadhatu of Rasa dhatu. Treatment plan may vary in each and every patient of Stanyakshaya. 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]

Keyword: Stanyakshaya, stanya praman, nourishment, Ras dhatu, agni mandya,

Rasdhatwagni mandya

INTRODUCTION –

40% of women are facing the problem of stanyakshaya. Estimated incidence is 23 to 63% during first four months after delivery.

^[5] Incidences of Stanyakshaya is found more in working women due to stress

factor, now a days. Lactation is the process associated with psychosomatic condition and lifestyle. Breast milk is the perfect 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 wellbeing.^[4] Ayurveda Classics has praised the breast milk very much and proposed the exclusive breast feeding up to 6 months and continuation up to 1yr or more. The WHO recommends exclusive breastfeeding for the first six months of life, after which "infants should receive nutritionally adequate and safe complementary foods while breast feeding continues for up to two years of age or beyond.^[1] The AAP recommends exclusive breast feeding for the first six months of life.^[2] Furthermore breast feeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child. Due to the adaptation of western lifestyle and more expose towards stress and strain, the women face many problems. Amongst these, Stanyakshaya is a major problem, which seems to be very simple condition but pertaining to children's health it is a major problem. In Asian & Tropical countries like India prevalence of lactational deficiency may be 30- 40%.^[5]

Case study – A 21 years old female, housewife by occupation of Lower-middle socioeconomic status came with the complaints of low milk ejection from both the breasts visited at OPD. Stanamlanata, Stanyakshaya symptoms were noted in mother while Alpa mala pravartan, Rodan,

Alpa mutrapravrutti and Sharir bhar kshaya were noted in baby. Baby was 8 days old, male with weight 2800 grams at first visit.

Obstetrics History

LMP: 10 months ago

Obstetrics History: G1P1L1A0D0

Mode of Delivery: FTND without 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.

Laboratory investigations Mother was examined thoroughly. 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 limits. Routine laboratory investigations- Complete Blood Count, Differential Count, Urine Routine, ESR, were carried out and found within normal limits.

Outcome measures To find out the effect of treatment few outcome measures were defined in Mother and Baby. Gradations of outcome measures were as follows.

1. Mother (Sutika) Stanamlanata (Laxity of breast)

- ◆ Grade 0: Prakrut
- ◆ Grade 1: Alpa

◆ Grade 2: Madhyam

◆ Grade 3: Adhik

2. 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

3. Baby (Balak) Mala pariksha (Consistency of stool)

◆ Grade 0: Prakruta (Semisolid)

◆ Grade 1: Dravamala pravrutti

◆ Grade 2: Malabaddhata

4. Sharir Bhar vrudhhi (increase in Baby weight)

◆ Grade 0: Prakrut (>200 grams per week)

◆ Grade 1: Hras (100-200 grams per week)

◆ Grade 2: Adhik Hras (<100 gms per week)

5. 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

6. Nidra (Sleep)

◆ Grade 0: Prakrut

◆ Grade 1: Asamyaka (Khandit)

◆ Grade 2: Anidra ^[1]

Treatment

Aushad yoga	Matra	Kala	Anupana
Pippali churna	3 gms BD	Adhobhakta	Ghrita and Madhu (in vishama matra)
Shatavari Granules	5gms BD	Adhobhakta	Godugdha
Dashmoolarishtha	20 ml BD	Adhobhakta	40 ml luke warm water
Saubhagyashunthipak	10 gms	Pragbhakta (30 minutes before meal)	Godugdha

Pathya – Yava (barley), Sali, swastika, mamsa rasa, sura, kanji, wheat, pستهled tila, lasuna, fish, kaseruka, sringatak, bisa,

madhuka, shatawari, nalika, alabu, kalasaka, vidarikanda etc.

3. RESULTS AND DISCUSSION –

Assessment measures	Before treatment Gradations	After treatment Gradations
1. Mother (Sutika) Stanamlanata (Laxity of breast)	Grade 2	Grade 1
2. Stanya praman (Lactation)	Grade 1	Grade 0
3. Baby (Balak) Mala pariksha (Consistency of stool)	Grade 2	Grade 0
4. Sharir Bhar vrudhhi (increase in Baby weight)	Grade 1	Grade 0
5. Rodan (Cry)	Grade 2	Grade 0
6. Nidra (Sleep)	Grade 1	Grade 0

Stanamlanata (Laxity of breast) was improved from grade 2 to grade 1 because of engorgement of breast due to increased

milk formation and accumulation. Stanya praman was improved from grade 1 to grade 0. Due to disturbed agni of mother

the dushita milk was probably causing indigestion that was leading to diarrhoea and less weight gain in baby which got improved from grade 2 to grade 0 and grade 1 to grade 0 respectively, cry and disturbed sleep in baby was due to unsatisfactory fulfilment of hunger because of insufficient lactation in mother which got improved from grade 2 to grade 0 and grade 1 to grade 0 respectively.

Adequate lactation started after 20 days of treatment. Pippali possibly acted on Ras dhatwagnimandya, Dashmoolarishta acted upon vatanulomana, it is also in use since so many years for various diseases including management in puerperium with properties of improving afflictions of postpartum period because of its beneficial effects in Dhatukshaya (loss/weakness of body tissues) and it acts as Garbhasayshodhaka (uterine cleanser). It is found effective in the improvement of health and the quality of life.^[10] Along with Saubhagyashunthi Paka, Dashmoolarishta in the management of postpartum is commonly used in India effectively and safely.^[11]

Godugdha as anupana is effective in increasing Stanyapramana^[1] Due to krodha (anger), chinta (stress), bhaya (fear, anxiety); Stanya kshaya can occur in mother.^[10] Basic factors in Samprapti are Aparatpan, Rasa dhatvagnimandya and

Rasa dhatu Kashaya. Sushruta has stressed to use Kaphavardhaka drugs in Stanyakshaya.^[14] Mansarasa, Madhura-amlalavana rasatmak drugs and diet, drugs from Kshirini gana, Dugdhapana,^[9] drugs like Shatavari and Vidarikanda etc. are useful to increase lactation.^[1] Shatavari is having Madhur rasa, Sheeta virya and Madhur vipaka. It is Guru, Snigdha gunatmaka and acts as Vata-pitta shamana, Brihan, Balya, Stanyajanana, Rasadhatu vardhaka, Kapha vardhaka, Jivaniya and Rasayana.^[7] Godugdha is having Madhura rasa, Sheeta virya, Madhura vipaka and Snigdha, Guru guna. It is Jivaniya, Rasayana, Medhya, Balya, Stanyakara, Sara and useful in Kshatakshina. It is very useful to treat any dhatukshaya janya avastha. Most of the 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.^[1]

4. CONCLUSION –

Rasa dhatwagnimandya and Rasa dhatukshaya are most common factors in samprapti of Stanyakshaya 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. In case of different samprapti (pathogenesis) different medicines will require to break process of samprapti. No adverse effects were observed in mother and baby during treatment.^[1]

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