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 Stanyakshaya (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: Parameters 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 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.

Keywords: Stanya, Stanyakshaya, Stanyajanan, Ayurvedic Management.

1. INTRODUCTION

According to Ayurveda Stree (female) is a mula (foundation) of reproduction1 as she is responsible for Garbhadharana (conception), Garbha poshana (growth of embryo), 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 digestive 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 balanced 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. Stanyakshaya 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 delivery4 and it is noted about 40% in common clinical prac-
Lactation insufficiency is a public concern and major problem worldwide. The use of breast milk substitutes is increasing the risk of morbidity and mortality among infants in developing countries. These supplements are common cause of malnutrition also. To encourage breast feeding and to increase milk production are the solutions. In this study a patient suffering from Stanyakshaya (Lactation insufficiency) was treated by certain Ayurvedic drugs. Prava (Coral) lyukta Shatavari (Asparagus racemosus) kalpa, Vidarikanda (Pueraria tuberosa) Churna and Laghumalini Vasant were given internally along with Godugdha (cow milk). Rasadhaut kshaya and Rasa dhata vagnimandyā was central concept while prescribing medicines. Mother and baby achieved expected improvement in defined parameters. We hope further extended research on this problem.

2. CASE STUDY

2.1. Case history

A 23 years old female, housewife by occupation of Lower-middle socioeconomic class suffering from Stanyakshaya arrived 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 15 days old, male with weight 2400 grams at first visit.

2.2. Obstetrics History

LMP: 11 months ago

Obstetrics History: G1P1L1A0D0

Mode of Delivery: FTND with episiotomy.

2.3. 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.

2.4. 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 limits. Routine laboratory investigations viz. Complete Blood Count, Differential Count, ESR, Urine Routine were carried out and found within normal limits.

2.5. Outcome measures

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

2.5.1. 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

2.5.2. 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

2.6. Treatment

Plan of treatment is mentioned in Table No. 1.

3. RESULTS AND DISCUSSION

For first week Pravala bhasma yukta Shatavari Kalpa, Vidarikanda churna and Laghumalini Vasant along with anupan Godugdha (cow milk) were prescribed. Market preparation of Shatavari kalpa granules was prescribed. Shatavari kalpa 10 grams + Vidarikanda 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. Stanyapravasita and Mula 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 Stanyapravasita 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; Stanyapravasita and Rasa dhatvagnimandya can occur in mother. Basic factors in Samprapti are Apatarpan, Rasa dhatvagnimandya and Rasa dhatu Kashaya. Sushruta has stressed to use Kaphavardhaka drugs in Stanyakshaya. Mansarasa, Madhura-amla-lavana rasatmak drugs and diet, drugs from Kshirini gana, Dugdhaapana, drugs like Shatavari and Vidarikanda etc. are useful to increase lactation. Using above mentioned treatment principles we prescribed the drugs Pravala bhasma yukta Shatavari Kalpa, Vidarikanda churna and Laghumalini Vasant along with anupan Godugdha (cow milk) to mother in order break samprapti, improve Rasa dhatvagni and to nourish Rasa dhatu.

Shatavari is having Madhur rasa, Sheeta virya and Madhur vipaka. It is Guru, Snigdha gunatmak and acts as Vata-pitta shaman, Brihan, Balya, Stanyakshaya, Rasadhaya vardhaka, Kapha vardhaka, Jiviniya and Rasayan. Vidarikanda is having Madhur rasa, Sheeta virya and Madhur vipaka. It is Guru, Snigdha gunatmak and acts as Vata-pitta shaman, Brihan, Balya, Stanyakshaya, Rasadhaya vardhaka, Kapha vardhaka, Swarya, Varnya, Muttra, Jiviniya and Rasayan. Praval bhasma is Laghu, Dipana and Pachanna. Hence it increases agni of Rasa dhatu. It is Madhura-amla rasatmak, Kapha-pitta shaman, Vriya vardhaka and Kantikar. It is also useful in dhatukshaya. Laghumalini vasant is useful in Jirna jwara, Dhatugta atisara, Rakatja vyadh, Pitta Pradhan vyadh, Pradara etc. diseases. It is Sarva roga hara and best medicine for Garbhini (pregnancy) and Sutika (lactating mother). Godugdha is having Madhura rasa, Sheeta virya, Madhura vipaka and Snigdha, Guru guna. It is Jiviniya, Rasayan, Medhya, Baya, Stanyakara, Sara and useful in Kshatakshina. It is very useful to treat any dhatukshaya janya avastha. 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. 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 Stanyakshaya successfully treated with Ayurveda management is discussed. For stronger evidence clinical trials are expected on this topic as a single case study only opens dimensions for research and not provide evidence. Ayurveda is treasure of medicines and previous studies have shown that if patient is treated as per samprapti and samprapti ghata involved in it, Vaidya
(Ayurveda physician) will definitely get success in treatment.17,18

4. CONCLUSION

Treatment done with the help of Shatavari kalpa, Pravala bhasma, Vidarikanda churna and Laghumalini vasant along with Godugdha as anupana is effective to increase Stanyapramana. Rasa dhatwagnimandya and Rasa dhatukshaya are most common factors in samprepid of Stanyakshaya and same should be corrected to increase Stana 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.

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TABLES

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Drug</th>
<th>Dose</th>
<th>Kala</th>
<th>Anupan</th>
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<tr>
<td>1</td>
<td>Praval bhasma⁶</td>
<td>300 mg x BD</td>
<td>Adhobhakta⁷</td>
<td>Godugdha¹¹,¹²</td>
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<td>2</td>
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<td>3</td>
<td>Vidarikanda churna⁸</td>
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<tr>
<td>4</td>
<td>Laghumalini vasant⁹</td>
<td>300 mg x BD</td>
<td>Adhobhakta</td>
<td>Godugdha</td>
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Table No. 1. Plan of Treatment

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<th>Parameter</th>
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</tr>
<tr>
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<td>Stanamlanata</td>
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</tr>
<tr>
<td>2</td>
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Table No. 2. Effect in Mother

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</tr>
<tr>
<td>1</td>
<td>Mala pariksha</td>
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</tr>
<tr>
<td>2</td>
<td>Sharirbhar vruddhi</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Rodan</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Nidra</td>
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</tbody>
</table>

Table No. 3. Effect in Baby

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