



MANAGEMENT OF STANYAKSHAYA - A CASE STUDY

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ABSTRACT

Low milk supply (stanyakshaya) is common issue among sutikas now a days. It is alarming as its incidence has been reached to a range of 10% - 25%^[1]. In ayurveda Breast milk is term as PIYUSH , meaning amrit i.e. the drink which enhances the life , its lack can lead to low immunity, low growth of baby and dehydration like hazards. On the other hand use of formula feeds has adverse effects on baby. Here is a case study of 28 year female complaining of low milk supply since 1 month. She was treated with oral medication having galactagogue properties with dietary modification. She was also got acknowledged by proper breastfeeding techniques. Patient got extreme relief from treatment and had adequate breastmilk supply.

Keywords – stanyakshaya, sutika , Piyush, amrit, galactagogue.

INTRODUCTION

All the ayurvedic classical text has given extreme importance to breastfeeding by saying “matureva pibatstanyam” (recommending mother’s milk as a first choice). WABA, WHO, UNICEF recommend to start breastfeeding within first hour of birth and promote breastfeeding exclusively for 6 months and with appropriate complementary foods for 2 year. Exclusive breastfeeding means that no other food or drink other than vitamins, minerals or medicine. Breastfeeding has number of benefits of both mother and baby that infant formula lacks. Acharya Kashyap termed breastmilk as mahabhaishaj i.e. supreme medicine. It decreases the risk of respiratory track infections, ear infections, diarrhoea^[2]. Breastfeeding may also improve cognitive development and decreases the risk of obesity in adulthood for baby. Benefits for mother includes less blood loss following delivery, better contraction of uterus, and decreases risk of postpartum depression. It also delays the return of menstruation i.e. lactational amenorrhea. Long term benefits for mother includes decreased risk of breast cancer, diabetes, rheumatoid arthritis. These all points signifies importance of ample supply of breastmilk.

Need of the study –

Commonly used galactagogues in allopathic medicine are metoclopramide, domperidone, chlorpromazine etc. Later these drugs seem to show remarkable side effects in mother like gastrointestinal disorders, sedation, lethargy, cardiac arrhythmia^[3]. So there need to search galactagogue with no side effects. In ayurvedic classical texts there are many herbs which can do wonders in low milk supply with zero side effects.

Causes of low milk supply i.e. STANYAKSHAYA –

In ayurvedic text reasons for stanyakshaya are krodh (anger), shok (sadness), avatsalya (less affection towards baby)^[4]. Acharya sushruta has explained the ejection of the milk is triggered and induced by thought, sight, or sound of the baby. Uninterrupted affection for the child is one of the main factors which stimulate oxytocin reflex.

Stress, early resumption of work following delivery, sheehan's syndrome^[5], retained placenta^[5], improper breastfeeding techniques like poor latch, undrained milk from breast, unnecessary use of supplemental formula are also some causes. There are also some medical conditions in infant that result in weak sucking that causes low milk supply e.g. tongue tie^[6], prematurity^[6], down syndrome^[7] etc.

MATERIAL AND METHODS – MATERIAL

All available ayurvedic books and modern texts, articles, journals, internet research papers were referred for the study.

Selection of patient – from PTSR OPD GAC & HOSPITAL Osmanabad

Drug used –

1. *Shatavari* –

2. *Vidari* –

3. *Pimpali*-

4. *Nagar*-

5. *Gud*-

6. *Haritaki*-

7. *Doogdh*-

CASE STUDY

Case history – A 28-year-old female, teacher by profession of middle socioeconomic class suffering from a complaint of low milk supply since 15 days came to PTSR OPD GAC Osmanabad for further management. Baby was 15 days old, male with 3000 gms at first visit.

Hospital particulars -

OPD NO. 20604

1. *Atur Vivaran*

A) Name of patient: xxxx

B) Husband name: xxxx

C) Age: 28yrs

D) Sex: Female

E) Religion: Hindu

F) Occupation: Teacher

G) Socio economic status: middle socioeconomic class

H) Address: vairag, Maharashtra.

Vedana Vishesha -

2.Pradhana Vedana (chief complaints) - Patient complaints of less secretion of breast milk since 15 days

3.Anubandi vedana (associated complaints) - Stanamlanata, Stanyakshaya symptoms were noted in mother while Alpa mala pravartan, Rodan, Alpa mutrapravrutti and Sharir bhar kshaya were noted in baby.

4.Vedana vrittanta (H/o present illness) - Patient was healthy with no any significant illness but the infant is not receiving enough milk with weight loss since 15 days, so she came to PTSR DEPT GAC OBAD OPD for further management.

5.Poorva vyadhi vrittanta (H/o past illness) -

Nothing significant, Less nutritious diet during ANC and post-delivery was observed.

6.Rajo vrittanta(menstrual hystory) - Prathama rajo darshana(age of menarche): 14yrs age

Rituchakra : Regular

Raja Kalaavadhi : 3-4 days

Raja Kalantara kala: 30days
LMP – lactational amenorrhea

7. Obstetrics History

Obstetrics History: P1L1A0D0
Mode of Delivery: FTND with episiotomy.

8. Poorva Shastra Karma Vrittanta (Past Surgical history) -

Nothing significant

9. Kula Vrittanta (Family History) - No significant family history was observed.

10. Vaiyaktika Vrittanta (Personal History) –

Bowel – 1 times a day
Diet: vegetarian
Appetite: normal
Habits: nothing significant
Micturation: 4-5 times/day and 1 time/night
Sleep: sound sleep

11. Contraceptive History: No

12.Physical and Laboratory examination-

Examination of mother done properly. Samanya Parikshana by Ayurveda perspective revealed Agnimandya, ishatsama jivha, Krura koshta and Vata-pradhan pittanubandhi sharir prakruti. Vitals of patient were normal.

Routine laboratory investigations – CBC,BSL,ESR,Urine Routine were done & were found within normal limits.

Outcome Measures

To 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: Madhyama

Grade 3: Adhika

Stanya Pramana(Lactation)

Grade 0: Prakrut (more than 7 feeds in 24 hours)

Grade 1: hinpravartan (less than 7 feeds in 24 hours)

Grade 2: Apravartan

2. INFANT (Balak)

Mala pariksha (Consistency of stool)

Grade 0: Prakruta(Semi solid)

Grade1: Dravamla pravrutti

Grade 2: Malabadhata

Sharira bhara 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)

Rodana (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

TREATMENT-

1. Shatavari churn 3gm + vidarikand churn 3 gm bid with milk for 21 days
2. Magadhi(pimpli) 2gm + nagar(sounth)2gm + gud (jaggery)+ ghrut (butter) + doogdh (milk)^[10]

RESULT

On receiving above drugs , c/o stanyakshya was reduced and assessment was done,patient

got significant relief in 7 days .

Effect on mother –

Table no 1.

Sr. No	Parameter	Day 1	Day 7	Day 14	Day 21
1	Stanamlanta	2	1	0	0
2	Satnyapraman	1	1	0	0

Effect on baby –

Table no. 2

Sr. No	parameter	Day 1	Day 7	Day 14	Day 21
1	Mala pariksha	2	2	1	0
2	Sharirbhar vruddhi	2	1	0	0
3	Rodan	2	2	1	0
4	Nidra	2	1	1	0

DISCUSSION & CONCLUSION–

Stanya (breastmilk) is a updhātu of Ras dhātu^[7]. Medicine which are useful for aggravating ras dhātu are can be prescribed to patient of stanyakshaya. Medicine having Madhur ras, Madhur vipak, sheet virya can increasing ras dhātu.

1. shatavari – Acharya bhavprakash has quoted shatavari as shukra stanyakari balya^[9]. i.e. shatavari due to its nutritional properties can be used as galactagogue, aphrodisiac, gives strength to body.

The galactagogue property of shatavri is trusted and tested too. Its due to its Madhur ras, Madhur vipak, sheet virya properties.

2. Vidari - In bhavprakash vidari is mentioned as snigdha bruhani stanya shukrada.^[10]

Vidari having Madhur ras, Madhur vipak and sheet virya property makes it galactagogue.

3. Pimpali – rasdhātu agnimandya is one of the cause of stanyakshya. this drug having ushn virya , katu vipak & dipan property corrects the rasdhātu agnimandya & act as galactagogue.

4. Nagar – this drug has katu ras , ushn virya ,Madhur vipak and deepan properties.

Stanya is updhātu of ras , so for stanyajanan its important to have a pure and good quantity of ras dhātu. Acharya have also metioned it as vibandh bhedini and anah hanti i.e. it helps in formation on pure ras dhātu.

5. Gud - In rajnighantu , gud is described as shantiprad , santap shramhar , ruchya and hrudya. some causes of stanyakshay are santap, krodh etc so in sutika avastha , consumption of gud is helpful.

6. Doogdh – Doogdh as anupan is effective to increase stanyapraman.

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