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A CONCEPTUAL REVIEW ON STANYA

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Abstract

Breast milk is the nector to the child, which gives many benefits to both mother and child. Ayurveda Classics 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 breastfeeding continues for up to two years of age or beyond. The AAP recommends exclusive breastfeeding for the first six months of life. Furthermore, "breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child.

Keywords: Stanya, breastfeeding, breast milk

Introduction

स्तन्यम् रजो वसा स्वेदो दन्तः केशा स्थतैव च । भा प्र पू ३

Stanya is the *Updhatu* of *Rasa Dhatu*. *Rasa dhatu* is referred to as *aadi dhatu* (*pratham dhatu*). *Stanya* (Breast Milk) is important in Ayurveda because of its primary functions, *pushti* and *jeevan* (growth and life). If *Rasa dhatu* creation is disrupted, the *Updhatu stanya* will also be affected ^{1,2}.

Stanya is a *jeevana amsha* because it affords most of the people of the little one's nourishment and weight-reduction plan because of *satmyatva*. Breast milk is the child's nector, and it provides numerous blessings to each mother and child. Breast milk is the first-rate source of vitamins for a new child baby. Breast milk incorporates immunoglobulin. IgA, fats, proteins, carbohydrates, minerals, digestive enzymes, and antibodies, making it superior to different types of feeding³.

Ayurveda offers high importance to vitamins at each degree of life. keeping the fitness of an person. proper vitamins is vital for fast boom & development, which is obtained thru a toddler's first 12 months of existence. at some stage in this segment, The baby is definitely dependent on his mom for nutrition. Breast milk is a like nectar to the kid which offers many advantages to each mom and infant. Milk manufacturing is vital for the non-compulsory feeding of infants, as nutrition at this level has an instantaneous effect at the boom, improvement, and health of now not most effective the neonate however additionally for throughout wholesome existence⁴

Breast milk is divine gift to a neonate no other food can be a better option to a breast milk. It is primary source of nutrition to a neonate and crucial for baby's health and wellbeing.⁵

Breast milk incorporates fats, proteins, carbohydrates and variable minerals and vitamins. Breast milk additionally contains elements which are vital for implication protecting the little one towards irritation and infections it also contributes to wholesome improvement of immune machine and intestine fitness.⁶

WHO recommends exclusive breast feeding for the first six month of life after which infant should receive nutritionally complimentary food while breast feeding continues for upto two years of age or beyond⁷

MATERIAL AND METHODS

This topic is examined using a variety of Ayurvedic classic literatures. Materials on stanya, its importance, and other relevant topics were gathered, examined, and debated to get a comprehensive grasp of the concept of stanya in connection to breastfeeding.

Stanya

Breast milk or Stanya is the finest meal for newborns. According to Charaka, it is anabolic (Brahmana), wholesome (satmya), and unctuous, and it promotes energy (Snigdha). It can also be used as an instillation for rakta, pitta, and eye diseases. Sushruta has discussed the physical features of breast milk in addition to physiological qualities. Breast milk is sweet, yet it has an astringent anurasa (secondary taste) and is cool. energizing, laghu (light), and an appetizer In addition, he specifies that breast milk should never be cooked. According to Vagbhata and other academicians, breastfeeding allows children to grow healthily.

Stanya Pravartana:

तदेवापत्यसंस्पर्शाद्दर्शनात् स्मरणादपि ।

ग्रहणाच्च शरीरस्य शुक्रवत् सम्प्रवर्तते ॥२२॥

स्नेहो निरन्तरस्तत्र प्रस्रवे हेतुरुच्यते ।२३। सु नि १०

Milk is evacuated by the child's mind, sight, or touch, as well as by physical contact (suckling). For the correct flow of milk, continuous affection for the kid is mostly responsible.

Kashyapa says that the pure milk is that which provides unobstructed, easy and good growth of strength, different body parts, longevity as well as good health to the child and does not cause any pain or trouble to the child and wet nurse.

During Pregnancy Physiological changes of breast:

The breast alterations are most noticeable in primigravida. The modifications in a multigravida who has previously lactated are not precisely defined.

Size:

Breast size increases even in the early weeks. This is owing to substantial hypertrophy and proliferation of ducts (oestrogen) and alveoli (oestrogen and progesterone), which are prominent in the peripheral lobes. There is also hypertrophy in the connective tissue stroma. Myoepithelial cells become prominent. Vascularity is increased, resulting in the appearance of bluish veins beneath the skin. The "AXILLARY TAIL" (prolongation of breast tissue under the protection of the pectoralis major) frequently enlarges and causes pain. Striations may occur as a result of cutis stretching.

Nipples and areola:

The nipple gets larger, erectile and highly pigmented. A variable number of sebaceous glands (5-15) that are inconspicuous in the areola when not pregnant become hypertrophied and are known as "MONTGOMERY'S TUBERCLES"; these are located around the nipples. Their secretions keep the nipples and areolas wet and healthy. In the second trimester, an outer zone of less defined and uneven pigmented region forms, known as "SECONDARY AREOLA".

Secretion:

Secretion (colostrum) can be squeezed out of the breast and first turns sticky. Later, it thickens and turns yellow. The presence of secretion from a woman's breast who has never lactated is a reliable indicator of pregnancy.

Stanya:

It is created and released by *stana*, hence it is known as *stanyam*.

Synonyms:

Dugdham, Somajam, Gorasah, Ksheera, Punsavanam, Payah, Piyusha (early breast milk).

The *Stanya* created at the beginning is thick and sticky, and it is known as '*Piyusha*' (colostrum). It is very hefty for digestion.

Stanya Praman:

पृथक् स्वप्नसृतं प्रोक्तमोजोमस्तिष्करेतसाम्।
द्वावञ्जली तु स्तन्यस्य चत्वारो रजसः स्त्रियाः॥८१॥ अ ह शा ३/८१

The amount of stanya (breast milk) is two anjali.

Stanyasampat:

यत् क्षीरमुदके क्षिप्तमेकीभवति पाण्डुरम्।
मधुरं चाविवर्णं च प्रसन्नं तद्विनिर्दिशेत्॥२५॥ सु नि १०/२५
तत्रेयं स्तनसम्पत्- नात्यूर्ध्वं नातिलम्बावनतिकृशावनतिपीनौ युक्तपिप्पलकौ सुखप्रपानौ चेति (स्तनसम्पत्)॥च शा ८/५३

Prakrut Varna - *Shankhavbhas, Shubram*

Rasa - *Madhura, Kashayanurasa*

Gandha - *Prakrut Gandha*

Swarup - *Prasanna*

Vari - *Ekroop in Jal*

Stanya of *Stree* is *Madhur*, *Kashayanurasa*, and *Sheet* in *guna*, and it is utilized for *Nasya* and *Ashchyotana* (eye filling). It is *jeevaniya*, *laghu* (light), and *deepaniya*.

DISCUSSION

MODERN REVIEW

Physiology of Lactation:

Lactation begins after delivery; however, preparation for efficient lactation begins during pregnancy. The physiological basis for lactation is separated into four stages.

Preparation of breasts (Mammogenesis)

Synthesis and Secretion from breast alveoli (Lactogenesis)

Ejection of milk (Galactogenesis)

Maintenance of lactation (Galactopoiesis)

Mammogenesis:-

The breasts begin to develop during puberty and are stimulated by the oestrogen found in monthly menstrual cycles. They encourage mammary gland growth and fat deposition to give the breasts bulk. Throughout the pregnancy, the placenta secretes massive amounts of oestrogens, causing the breast ductal system to expand and branch. The tissues proliferate. They grow, branch, and produce terminal alveolar buds.

This will eventually form the secretory alveoli and lobules. Progesterone, another sex hormone, is required for the final maturation of breasts into milk-secreting organs. This results in reduced ductal-lobular development, connective tissue expansion, and fat deposition. Once the ductal system has established, Progesterone acts synergistically, particularly with oestrogen, to stimulate further lobule growth and alveolar budding.

Lactogenesis: - (initiation of milk secretion)

Oestrogen and progesterone have the unique function of inhibiting milk production. The hormone prolactin has the exact opposite effect, promoting milk secretion. The mother's anterior pituitary gland secretes this hormone, which climbs steadily in her blood from the 5th week of pregnancy until birth, reaching 10 to 20 times the usual non-pregnant levels. In addition, the placenta produces a substantial amount of human chorionic somatomotropin, which has modest lactogenic characteristics.

Colostrum is a fluid from the breasts that begins a few days or weeks before parturition. It becomes more plentiful after delivering for three.

Approximately four days. It is a deep yellow serous fluid that contains more protein, vitamin A, salt, and chloride but less carbs, fat, and potassium than breast milk. It contains antibodies IgA, IgM, and IgG, which aid in immunizing newborns against infection. It has laxative effects on babies.

Milk production begins during the fourth or fifth postpartum day. When oestrogen and progesterone are removed after delivery, prolactin commences milk secretory activity in mammary glands. The key hormone involved in the start of milk production is prolactin. Prolactin works by attaching to particular receptors on secretory alveolar cells in the mammary gland. Other hormones that are directly or indirectly relevant for lactogenesis include growth hormones, cortisol, parathyroid hormone, and insulin.

Galactokinesis: - (milk ejection reflex)

Milk is continuously released into the breast alveoli, but it does not move freely into the ductal system. Before the baby could get the milk, it had to be discharged from the alveoli and into the ducts. The procedure is known as milk 'let down.' This increases intramammary pressure, allowing milk to gush from the nipple. It is caused by a dual neurogenic and hormonal reaction that involves the posterior pituitary hormone 'oxytocin'. During suckling, ascending tactile impulses from the nipple and areola travel via a thoracic sensory [4, 5 and 6]

afferent neural arc to the hypothalamic paraventricular and supra ocular nuclei, where they synthesis oxytocin and deliver it to the posterior pituitary.

Oxytocin released from the posterior pituitary gland promotes contraction of myoepithelial cells around the aiveoli, resulting in milk ejection from the glands into the lactiferous sinuses and lactiferous ducts. The presence of an infant or the sound of an infant crying can cause oxytocin to be released. This process is known as the milk ejection reflex or milk letdown.

The sensation of increased pressure in the breasts caused by milk felt by the mother at the start of suckling is known as 'drought'. This is caused by oxytocin. Many psychogenic causes or generalized sympathetic activation across the body, including as discomfort and breast engorgement, might decrease oxytocin release and reduce milk ejection.

Conclusion

Ayurvedic depicted a detailed and scientific description of stanya and its importance which may be applied in the recent era for the reduction of infant mortality. In Ayurveda there is a description of a large number of the drugs, diet, and behavior regimens which are ascribed to be stanyajanana or breast milk promoter.

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