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Ayurvedic Management of Stanyakshaya with Daruharidradigana Kashaya w.s.r to Hypo galactorrhea - A case study.

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ABSTRACT

Stanyakshaya is a common threat, with primiparous women. Incidence has been estimated to range from 23% to 63% during the 1st 4 months after delivery. Emotional stress, anxiety and maternal illness are the various psychosomatic factors that influence lactation insufficiency. Due to which many lactating mothers use alternative food/milk instead of breastmilk which is harmful for baby's health. Case report: A 25 years old female, came with complaint of *less amount of breast milk*, is housewife by occupation was treated with *daruharidigana kashaya* according treatment regimen. Result & Discussion: It has promising result in the management of all the parameters which improved gradually and at the end of day forty all parameter in mother found within normal limits of *Stanyakshaya*. Drugs used in the treatment of *Mandagni* serving as *Nidana* of all diseases is corrected; which are having *Deepaniya Pachana Guna and Madhur rasa vipak*. The correction of *Atisantarpana* leads to normalization of *Vat dosh*. So, the *Preenan* from the diet is assimilated properly by which *Jeevan* was achieved with respect to *Jataragni*. Conclusion: *It works in Rasa dhatwagni Vardhan* which in turn helps in *Rasa dhatu & its upadhatu nirman* and same should be corrected as *Stanya* is *upadhatu of Rasa dhatu*. Same treatment plan may not be helpful in each and every patient of *Stanyakshaya*. The present study reporting a case of hypo-galactorrhea diagnosed and observed marked improvement. We hope further extended research on this problem.

Keywords: *Stanya, Stanyakshaya, Jataragni, Hypo galactorrhea, Ayurvedic Management.*

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INTRODUCTION

As per *Ayurveda*, Female is a foundation of reproduction; responsible for *Garbhadharan*, *Garbhaposhan*, *Apatya-janma* and *Sangopan* (nourishment and bringing up of baby). *Stanya* & *updhatu* (byproduct) of *Rasa dhatu*, termed as *Jeevan* (responsible for life) as it is chief source of nutrition to the infants. *Matrustanya* is a precious gift to a baby.^[1] Breast milk is the unique ideal species-specific composition for nourishment of infants up to 4-6 months of life.^[1] Adequate lactation has been defined as secretion of 10 ounces (300ml) by the 5th day & 16 ounces (480ml) by the 10th day. If the baby is satisfied and sleeping for 2-3 hrs. after breastfeeding, passing urine 6-8 times in 24 hrs. and gaining weight, the mother is producing enough milk. If these amounts are not achieved, a baby of normal weight won't be adequately fed, such situation is lactational deficiency.^[2-3]

Lifestyle of human beings got modified improperly. Negligence of personal health in the race of carrier seems lost somewhere; causes of *Stanyakshaya* are explained by various *acharyas* like *charaka*, *susrutha*, *Vaghbata*, *Kashyap* and *Bhavprakash*. According to them *stanyakshaya* occurs due to psychosomatic factors of mother like *krodha*, *shoka*, *bhaya* etc., diet regimen of mother & physiological condition.^[4-8] In *Stanyakshaya* there is decreased quantity of *stanya* due to *Rasadhatukshaya* & *dhatudushti* due to *dhatwagnimandyata*. It seems to be very simple but causes major problem in child health. Estimated Incidence is 23 to 63% during the 1st 4 month after delivery and noted to 40%. in common clinical practice in India.^[9]

Hypo galactorrhea is a major problem and public concern world -wide. In our classics a large number of drugs, diet and behavior regimens are described as *stanyavardhana* & are useful in the management of *stanyakshaya*. *Acharya Govinddassen* had indicated *Daruharidradigana Kashaya* in *stanyavriddi* in chapter *stanarogachikitsa adhyay* of *Bhaishajya Ratnavali* (70/3rd *shloka*), it is also advised for *stanyashodhana*. In this study a patient suffering from *stanyakshaya* was treated with *Daruharidradigana kashaya*,^[10] 50ml twice a day after food for 30 days was given orally; followed up every 10th day for 40 days after intervention. These aspects help in clearing the *srotosanga*, followed by *jataragni* and *Rasadatwagni vardhak* which in turn helps in *Rasa dhatu* & its *Upadhatu Nirmana* & *Poshana*; *Mandagni* serving as *nidana* must be corrected with *Deepana* and *Pachana karma* in the erstwhile stages.

Daruharidradiganakashaya works well in this scenario within defined parameters.

We hope for further extended research on this problem.

REVIEW OF LITERATURE

DISEASE REVIEW [11]

STANYAKSHAYA –

- *Stana mlanata* - Flaccidity of breast
- *Stanya sambhavalpata* - Quantity of Breast Milk
- *Slesmavardhana dravya upyogah* -To use *slesmavardhaka dravya* as treatment given by *susrutha Acharya*

DRUG REVIEW [8]

| | <i>DARUHARIDRA</i> | <i>HARIDRA</i> | <i>INDRAJAV</i> | <i>YASHTIMADHU</i> | <i>PRISNIPARNI</i> |
|--------------------|--------------------------|----------------------|-----------------------------------|---------------------------|-----------------------|
| <i>LATIN NAME</i> | <i>Berberis aristata</i> | <i>Curcuma longa</i> | <i>Holarrhena antidysenterica</i> | <i>Glycyrrhiza glabra</i> | <i>Uraria picta</i> |
| <i>RASA</i> | <i>Tikht, Kashay</i> | <i>Tikht, Katu</i> | <i>Tikht, Kashay</i> | <i>Madhur</i> | <i>Madhur, Tikht</i> |
| <i>GUNA</i> | <i>Laghu, Ruksha</i> | <i>Ruksha, Laghu</i> | <i>Laghu, Ruksha</i> | <i>Guru, Snigdha</i> | <i>Laghu, Snigdha</i> |
| <i>VIRYA</i> | <i>Ushna</i> | <i>Ushna</i> | <i>Sheeta</i> | <i>Sheeta</i> | <i>Ushna</i> |
| <i>VIPAK</i> | <i>Katu</i> | <i>Katu</i> | <i>Katu</i> | <i>Madhur</i> | <i>Madhur</i> |
| <i>DOSH-GHNATA</i> | <i>Kaphpittaj</i> | <i>Tridoshhar</i> | <i>Kaphapittasamak</i> | <i>Vaatpittaj</i> | <i>Tridoshsamak</i> |

CASE STUDY

Patient Information-

Age of patient- 25 years

Gender- Female

Occupation- Housewife

Socioeconomical status- Lower-middle class

Religion- Hindu

Chief complaints –

Stanya pravrutti abhav (Inadequate Breast Milk)

Stana mlanata, (Breast Flaccidity ++)

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.

Family History: *Pitrukulam* - N/H/O HTN/DM/Any major illness

Matrukulam - N/H/O HTN/DM/Any major illness

Swakulam - N/H/O HTN/DM/Any major illness

N/H/O Drug history/addiction

Obstetrics History

LMP: 11 months ago

Previous M/H: 3-4 days/25-30days- regular (no clots)

2-3pad/day-----dysmennorrhoea

Obstetrics History: G1 P1 L1 Ao Do

G1-MCH- 15 days- 2.4kg- FTND

Mode of Delivery: FTND with episiotomy.

Physical & Laboratory Examinations

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

Agnimandya, Sama jivha, Asamyaka mala, madhyam koshta and *Vata-pradhan kaphanubandhi sharir prakruti*. Temperature, Pulse, Respiration rate, Blood pressure were within normal limits. P/A- soft, P/V- lochia alba

Breast Examination- b/l breast laxity present +, alpa stanya pradhurbava, skin- dry and shrunken noted,

Measures

To the effect of treatment few outcome measures were defined in Mother.

Gradations of measures were as follows.

Mother (*Sutika*) [14]

Stana mlanata (Flaccidity of breast)

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

Stanya praman (Lactation)

- ❖ Grade 0: *Prakrut*

❖ Grade 1: *Alpa*

❖ Grade 2: *Apravartan*

Breast feeding frequency

❖ Grade 0: *Feeding >9 times/day*

❖ Grade 1: *Feeding 6 to 8 times/day*

❖ Grade 2: *Feeding 3 to 5 times/day*

❖ Grade 3: *Feeding 0 to 2 times/day*

Breast Engorgement

❖ Grade 0: *Normal*

❖ Grade 1: *Mild*

❖ Grade 2: *Moderate*

❖ Grade 3: *Severe*

❖ Grade 4: *Very Severe*

Breast Milk Ejection

❖ Grade 0: *Forceful*

❖ Grade 1: *Stream like*

❖ Grade 2: *Drop by Drop*

❖ Grade 3: *No milk*

TREATMENT: Plan of Treatment

Drug - *Daruharidradigana Kashaya*

Dose - 50ml x BD

Kala - *Bhojanantha (Adhobhakta)*

Duration - 40 day

Materials and Methods-

Place of the study is Prasutitantra and striroga OPD, Sangamner.

The total duration of treatment was 40 days.

ASSESSMENT CRITERIA

Objective Parameter

| Parameter/ Degree | 0 | 1 | 2 | 3 | 4 |
|--|-----------------------------|-------------|----------------|--------------|---|
| <i>Stanamlanatha/ Stanashuskatha</i> | <i>Prakrut (Absent)</i> | <i>Alpa</i> | <i>Madhyam</i> | <i>Adhik</i> | |

| | | | | | |
|---|----------------------|--------------------------|--------------------------|--------------------------|-------------|
| <i>Stanya pramana (Stanya Alpata/Stanya Sambhavata)</i> | <i>Prakrut</i> | <i>Alpa</i> | <i>Apravartana</i> | | |
| Breast feeding frequency | Feeding >9 times/day | Feeding 6 to 8 times/day | Feeding 3 to 5 times/day | Feeding 0 to 2 times/day | |
| Breast Engorgement | Normal | Mild | Moderate | Severe | Very severe |
| Breast milk Ejection | Forceful | Stream like | Drop by drop | No milk | -- |

| Parameter | Follow- Up | | | | |
|--|------------|--------|--------|--------|--------|
| | Day 1 | Day 10 | Day 20 | Day 30 | Day 40 |
| Breast appearance/ flaccidity (<i>StanaMlanatha/Stana Shushkatha</i>) | 2 | 1 | 1 | 0 | 0 |
| Breast Milk Quantity (<i>Stanya pramana stanya alpata/ Stanya sambhavata</i>) | 2 | 1 | 0 | 0 | 0 |
| Breastfeeding frequency | 3 | 2 | 1 | 0 | 0 |
| Breast Engorgement | 3 | 2 | 1 | 0 | 0 |
| Breast Milk Ejection | 2 | 1 | 0 | 0 | 0 |

RESULT AND DISCUSSION:

The treatment as planned started from the first visit with *daruharidradi kashayam* 50 ml twice a day post meal for a period of 1 month (30 days) was advised in *prasutitantra* and *striroga* OPD. At the end of first week, *Stanamlanata* in mother was reduced slightly. Improvement in *stanyapraman* noted in mother. With same

treatment patient was assessed further on subsequent visit on every 10th day for forty days. All parameters in mother showing improvement along with breast engorgement, milk ejection and feeding patterns shows significant improvement. Same treatment was continued till forty days. Follow up wise effect of treatment is shown in Table No. 01. (As Explained in Treatment Regimen)

For the present study *Daruharidradigana Kashaya* has been used. There are five ingredients namely *Daruharidra*, *Haridra*, *Indrayava*, *Prishniparni* and *Yashtimadhu*. *Kashaya* was prepared as per the instructions from *Kashaya Kalpana adhyay* of *sharangadhara samhita*. So, the potency of the medication was delivered in its purest form.^[12]

Stanya & *Artava* are *updhatus* of *Rasa*. By definition *Upadhatus* are those which get nourished by corresponding *dhatu* and they do not nourish other entities. *Aushada sevana kala* was also decided as per *Bhaishajya Vyakhyana Adyaya* of *sharangadhara Samhita* ^[13]. Hence *Bhojanantha_Aushada_sevan_* was decided as *Vyaankopa* has to be corrected. In *stanyakshaya* due to *praman alpatha* and *srotorodha* the disease manifests. Hence by correcting & strengthening *vyaanvata* proper separation of nutrients and waste products occurs, resulting in supply of nutrients to all body parts or *utharothara dhatu poshana* & *upadhatu nirman*.

Daruharidradiganakashaya is a perfect combination of drugs which can clear *Agnimandyata* and do *srotoshodan*. as the majority of the drugs are *laghu* in *paka* & *ushna virya*; the next step in *samprapti vighatana* is providing *preenan* & *poshan* as *Rasa dhatwagnimandya* and *Rasa dhatukshaya* are most common factors in *samprapti* of *Stanyakshaya* and same should be corrected to increase *Stanya praman* as *Stanya* is *upadhatu* of *Rasa dhatu*. *Yashtimadhu* and *Prishniparni* which are *madhur vipak* do the latter function. *Ushna Veerya* and *Katu Vipaka* drugs are known as *Ama pachana*, *Agni Vardhan*. *Srotoshodhana*, *Vatanulomana*. This helps in clearing *srotosanga* followed by *jataragni* & *Rasa dhatwagni Vardhan* which in turn helps in *Rasa dhatu* & its *upadhatu nirmana* & *poshan*. *Yashtimadhu* relieves deep rooted stress. It acts on *manasika bhava* and is a *medhya rasayan*. It is having *sheeta virya*, *madhura rasa* and *madhura vipaka*. *Ushna virya katu vipaka* may have hormone stimulating action. These attributes are similar to *stanya*. Hence it can help in *Rasa* and *Stanya vrudhi*.

Fat deposits act as an energy reservoir to be used during breastfeeding. Another main concern after delivery is to reduce overweight gained during pregnancy. As most

of the *Herbal* galactogogues available in market are *madhur rasa pradhan* and *Brihmana* in nature it is essential to find a better substitute. But lactational insufficiency or Hypo galactorrhea left as such. Therefore, the choice of drugs must be of *Deepana- Pachana karma* in the erstwhile stages. *Kashaya* was asked to consume in *Adhobhakt aushadh sevan kala* that is after meal as past study reveals *Brihmana*, *Rasayan* and *Balya aushadi* act effectively in this *kala*.

In the present study, the case of *stanyakshaya* was treated with *Daruharidradigana Kashaya* successfully. Effect of therapy on different parameters shows improvement in results. For stronger evidence clinical trials are expected on this topic as a single case study only opens dimensions for research and does not provide evidence. Previous studies have shown that if a patient is treated as per *samprapti & ghataka* involved in it as *ayurved* is a treasure of medicine; physicians will definitely get success in treatment. As per present study Breast appearance, Breast milk *praman*, Breast feeding frequency, Milk ejection and engorgement had shown positive changes within forty days

CONCLUSION:

Treatment done with help of *Daruharidradigana Kashaya* is effective to increase *stanyapraman* and other chief complaints are also improved such as *Stanya Mlanantha*, *Stanya pramana*, Breastfeeding frequency, milk ejection and engorgement. Overall study includes that *Stanyakshaya* can be managed effectively and safely by *stanya vardhak dravyas*. In addition to these *dravyas* can be used in healthy lactating mothers also to enhance breast milk production in a safer way and regain body strength especially in *sutika avastha*. Same treatment plan might not work for each and every patient as in case of different *samprapti* different *aushadhi* will require to break the *samprapti* process. No adverse effects were noted during the course of this study.

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