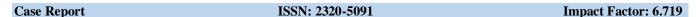


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AYURVEDIC MANAGEMENT OF STANYAKSHAYA WITH DARUHARIDRADIGANA KASHAYA W.S.R TO HYPO GALACTORRHEA - A CASE STUDY.

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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-year-old female, came with complaint of less amount of breast milk, is housewife by occupation was treated with *Daruhradigana kashaya* according to 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.

Key words: Stanya, Stanyakshaya, Jataragni, Hypo galactorrhea, Ayurvedic Management.

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.

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 *Stankshaya* there is decreased quantity of *Stanya* due to *Rasadhatukshaya* & *Dhatudushti* due to *Dhatwagnimandyata*. It seems to be very simple but causes major problems 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 worldwide. In our classics a large number of drugs, diet and behaviour 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 the erstwhile karma in 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
- Sleṣmavardhana dravya upyogah -To use slesmavardhaka dravya as treatment given by Susrutha Acharya.

DRUG REVIEW [8]

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

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-----dysmennorrhea

Obstetrics History: G1 P1 L1 A0 D0, 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 koshtha and Vata-pradhan kaphanubandhi sharir prakruti. Temperature, Pulse, Respiration rate, Blood pressure was 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*

Breastfeeding 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

ASSESSMENT CRITERIA

Drug - Daruharidradigana Kashaya

Dose - 50ml x BD

Kala - Bhojanantha (Adhobhakta)

Duration - 40 day

Materials and Methods-

Place of study is Prasutitantra and Striroga OPD,

Sangamner.

The total duration of treatment was 40 days.

Objective Parameter

Parameter/ Degree	0	1	2	3	4
Stanamlanatha /		Alpa	Madhyam	Adhik	
Stanashuskatha	Prakrut (Absent)				
Stanya pramana	Prakrut	Alpa	Apravartana		
(Stanya					
Alpata/Stanya					
Sambhavata)					
Breast feeding frequency	Feeding	Feeding	Feeding	Feeding	
	>9 times/day	6 to 8	3 to 5 times/day	0 to 2 times/day	
		times/day			
Breast Engorgement	Normal	Mild	Moderate	Severe	Very severe
Breast milk Ejection	Forceful	Stream like	Drop by drop	No milk	

TABLE NO. 01

Parameter			Follow- U	Гр	
	Day 1	Day 10	Day 20	Day 30	Day 40
Breast appearance/	2	1	1	0	0
Flaccidity (Stana Mlanatha/Stana					
Shushkatha)					
Breast Milk Quantity	2	1	0	0	0
(Stanya pramana stanya					
alpata/ Stanya sambhavata)					
Breastfeeding frequency	3	2	1	0	0
Breast Engorgement	3	2	1	0	0
Breast Milk Ejection	2	1	0	0	0

RESULT DISCUSSION

The treatment as planned started from the first visit with *Daruharidradi kashayam* 50ml twice a day postmeal for a period of 1 month (30 days) was advised in *Prasutitantra* and *Striroga* OPD. At the end of the first week, *Stanamlanata* in mother was reduced slightly.

Improvement in *Stanyapraman* noted in mother. With the same treatment, the patient was assessed further on subsequent visits on every 10th day for forty days. All parameters in the mother showing improvement along with breast engorgement, milk ejection and feeding patterns show 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 Sharangdhara 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 Stanykshaya 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 pachana, known as Ama 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 vruddhi. 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. The 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 treatment success. As per present study milk Breast appearance, Breast Praman. Milk Breastfeeding frequency, 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.

REFERENCES

- Gadre Krushna Ganesh, Editor (Reprint ed.). Sarth Vagbhat Marathi commentary on Ashtang Hriday of Vagbhata Uttaratantra: Chapter I Verse 15. Pune. Anmol Prakashan, 2007; Pg. no. 355.
- Ghai O.P. Ghai Essential Paediatrics, edited by Vinal k Paul and Aravind Bagga, CBS publishers and distributors, 8th Edition, Pg no 150 155.
- 3. Park K, Park's textbook of Preventive and social Medicine, m/s Banarsidas Bhanot Publishers, 22nd edition, 2013 Pg. no. 497-500.
- Susrutha, Susrutha Samhita. Nibandha Sangrah commentary of Shri Dalhanacharya edited by Vaidya Yodarji krikanji Acharya. Published by Chaukhamba krishnadas academy Varanasi, Reprint 2014. Sharirasthana, chapter to verses 30, Page 391, page 824.
- Vrddha Vagbhata, Ashtanga Sangraha Indu commentary, edited by Dr. Shivprasad sharma, Published by Chaukhamba Sanskrit series office, Varanasi, Reprint 2012, Uttarasthana chapter-1 verses 23, pg-630, pp-965.
- Vagbhata, Astanga the Hrdaya, Sarvanga sundara commentary of Arunadatta edited by Pt. Man Sadashiv Shastri Paradakara Bhisagacarya, Published by Chaukhamba subharati prakashan, Varanasi, Reprint 2014, Uttarasthana, chapter-1, verses - 17, pg. 778, pp-95
- 7. *Vrddha Jivaka Tantra*, Revised *Vatsya kashyapa samhita*, edited by prof. P.V. Tewari in English translation and commentary. Published by Chaukhamba visva bharati, Varanasi, Reprint 2008, *Sutrasthan*, chapter-19 Verse 13, pg. 12, pp. 792.
- 8. Acharya Bhavamishra Bhavaprakasha, Dr. Bulususitaram commentary with English translation, published by chaukhambha Orientalia, Varanasi, Volume 1, Reprint 2015, *Prathama purvakhanda*. chapter-4, verse 10, pg-52, pp. 742
- Sultana Arshiya, khaleequr Rahimana, Manjula SMS.
 Review article on maternal health, clinical update and

- treatment of lactational insufficiency. Medical journal of Islamic world academy of sciences 21:1, 19-28, 2013.
- 10. Acharya Govinda Das in Bhaishajya Ratnavali, edited by Bhishagratna Shri Brahmashankar Mishra, commented by Shri kaviraj Ambikadatta shastri Ayurveda acharyas, English translated by Dr. Kanjiv lochan, translation reviewed by Dr. Anand & Chowdary, Varanasi, chaukhamba Sanskrit sansthan, Reprint edition 2009 volume 3rd, Sthana Roga Adyay -70, shloka -3, pg. no 421.
- Susrutha Samhita sutrastan Sanskrit text with Ayurvedarahasyadipika hindi commentary by Dr. Bhaskar Govind Ghanekar published by Meharchand Lachmandas Publications, New Delhi, Reprint November 2008, Sutrasthan, chapter- 15 Verse 12, pg. 91
- 12. Acharya Sharangadhara, Prof K.R. Srikanta Murthy, in Sharangdhara samhita,
- 13. Varanasi: chaukhambha Orientalia, 3rd edition 1997. *Madhyam khanda, Kashaya (kwatha) Kalpana*, chapter 2, *shloka* 1-3, pg.no 56
- Gite YA, Banger Sk. A Conceptual Study to Review Clinical Approach of 'Adhobhakta' Aushadha Sevana kala. Ayurlog: National Journal of Research in Ayurved Science. 2014; 2(4): 11-20
- Prerana Bhim Gaikwad, Chetana J Kulkarni. To study the efficacy of Shrungataka Churna and its comparison with Vidarikanda Churna in Stanyakshaya. Ayurlog: National Journal of Research in Ayurved Science-2014; 3(1): 1-5.

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