

## A CASE STUDY ON MANAGEMENT OF STANYAKSHAYA BY MARICHA AND PIPPALI MOOLA CHURNA

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**ABSTRACT**

Stanya khaya is the most common threat. This incidence had been estimated to range from 23% to 36% during the first 4 months after delivery. Due to hectic and stressful life many lactating mothers are facing problem of Stan yakshaya (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 33yr old female, Housewife by occupation suffering from stanyakshaya and she was given 2gm of maricha churna and 2 gm of pippali mula churna treated with a glass of milk twice a day. In mother Stanamlanata and Stanya pramanparameters were assessed, while in baby Malapravrutti, Sharira bhara vrudhhi, 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 Katu rasa, katu vipaka, ushna virya, effects on tridosha, balances kapha and vata, 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, Stanya kshaya, pippali moola maricha, Ayurvedic management.**1. INTRODUCTION**

According to Ayurveda *Stree* (female) is a *mula* (foundation) of reproduction<sup>[1]</sup> as she is responsible for *Garbhadharana* (conception), *Garbha poshana* (growth of em- bryo), *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.<sup>[2]</sup>

The objects of this science is the maintenance of the equilibrium of tissue elements. The number of branches of ayurveda is to be limited Only to eight. The subject of the prasuti tantra stri roga and bala roga (obstetrics, gynecology and paediatrics) all should accepted in kaumarabhrutya as acharya harita says.

Sthanya kshaya is one of the vikruti of sthanya. In stanya kshaya there is kshaya due to dhatu kshaya and dushti. In present study, "The efficacy of maricha and pippali churna with godugdha in sthanya kshaya Has been designed by taking reference from harita samhita tritua sthana thripancha shattamodhyaya, Sutikaroga chikitsa.<sup>[3]</sup>

The purpose is to analyse and evaluate the complete concept and its etiopathogenesis of sthanya kshaya and treatment with pippali maricha churna in light of ayurvedic and modern concept. Exclusive breast milk is the ideal form of nourishment in neonates and infants till 6<sup>th</sup> months. Breast milk is unique ideal specific composition for nourishment of infants up to 4-8<sup>th</sup> months of life. It offers the balance of nutrients, such as proteins, carbohydrates fat, immunoglobulin IgA, digestive enzyme, mineral, lymphocytes, antibodies and water in right composition to heat the growth and developmental demands of babies in safe, clean, hygienic cheap and correct temperature.<sup>[4]</sup>

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. Adequate lactation has been defined as secretion of 300 ml(10 ounce) daily by 5th day and 480 ml(16 ounce) by 10th day, Also if

the baby is satisfied and sleepy for 2-3hrs after breast feeding, passing urine 6-8times in 24hrs and gaining, the mother is producing enough milk. if this amount are not achieved a baby of normal weight will not be adequately fed and such a situation is termed clinically as lactation deficiency. In Asian and Tropical countries like India, prevalence of lactational deficiency may be 30–40% and range from 23% to 63% globally. Breast feeding promotes close physical and emotional bonding between mother and child leading to better parent child adjustment. It is clean uncontaminated, contains several anti infective factors that protect baby from infection. Enhance development and intelligence, social and psychomotor capabilities.

The WHO recommends exclusive breastfeeding for the first 6 months of life. After which infant should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.<sup>[5]</sup>

In Ayurveda, the quality of *Sthanya*, quality of lactating mother, breastfeeding benefits for both mother and child etc are elaborately explained. Causes of *Sthanya Kshaya* are explained by various *Acharyas* like *Charaka*, *Sushruta*, *Vaghbata*, *Kashyapa*, and *Bhavaprakasha*. According to them *Sthanya Kshaya* occurs due to psycho-somatic factors of mother like *Krodha*, *Shoka*, *Bhaya*, etc, diet regimen of mother and physiological condition.<sup>[6-9]</sup>

In ayurvedic samhitas many galactagogue's drugs are described. It is necessary to orient the material pippali and maricha churna from old text in a systemic manner, Maricha and Pippali moola churna is a galactagogue drug, used with godugdha in a stanyakshya as its stanya shodhana and stanya vardhana effect.

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 is the solutions. In this study a patient suffering from *Stanyakshaya* (Lactation insufficiency) was treated by certain Ayurvedic drugs. Pippali and maricha churna are treated with godugdha and given internally.

*Rasadhatu kshaya* and *Rasa dhatavagnimandya* 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 33 years old female, housewife by occupation of Lower-middle socioeconomic class suffering from *Stanyakshaya* arrived at SSCH OPD for

further management. Baby was 15 days old, female with weight 2500 grams at first visit.

### Hospital particulars

DOA: 15-01-2021

DOD: 18-01-2021

Date of delivery: 15-01- 2021

### 1. Atur Vivaran

A) Name of patient: xxxx

B) Husband name: xxxx

C) Age: 33yrs

D) Sex: Female

E) Religion: Hindu

F) Occupation : House wife

G) Socio economic status: Lower-middle socioeconomic class

H) Address: Solhapur, 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 SSCH 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 history)

Prathama rajo darshana(age of menarche): 14yrs age

Rituchakra: Regular

Raja Kalaavadhi: 3-4 days

Raja Kalantara kala: 30days

#### 7. Obstetrics History

LMP: 11 months ago

Obstetrics History: G2P1L1A0D0

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: 1-2 times a day

Appetite: normal  
Diet: vegetarian  
Micturation: 3-4 times/day and 1time/night  
Sleep: sound sleep  
Habits: nothing significant

### 11. Contraceptive History: No

### 12 Physical and Laboratory examination

Mother was examined carefully. *Samanya Parikshana* by Ayurveda perspective revealed *Agnimandya, Sama jivha, Asamyaka mala, Krura koshta* 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.

### 2.2 Outcome Measures

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

### 2.3 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:** *Prakrut* (more than 7 feeds in 24 hours)
- **Grade 2:** *Apravartan*

### 2.4 Baby(Balak)

#### Mala pariksha(Consistency of stool)

- **Grade 0:** *Prakruta*(Semi solid)
- **Grade 1:** *Dravamla pravrutti*
- **Grade 2:** *Malabadhata*

#### Sharira bhara vrudhhi(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*

### 2.5 Treatment

Each 6gm churna of maricha and pippali treated with godugdha(cow milk) twice daily.

## 3. RESULTS AND DISCUSSION

At first week 2gm each maricha and pappli moola churna treated with a glass of godugdha is given twice a day. 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. *Stanya pramana* in mother and *Mala 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 *Stanya pramana* 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.

In present study a typical case of *Stan-yakshaya* 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 ghataka* involved in it, *Vaidya* (Ayurveda physician) will definitely get success in treatment.

Table No.1 Plan of Treatment.

Sr no.	Drug	Dose	Kala	Anupana
1	Maricha and pippali moola churna	6gm each	Adhobhakta	Godugdha

Table No. 2: Effect in Mother.

Sr. No.	Parameter	Follow-up				
		Day 1	Day 7	Day 14	Day 21	Day 60
1	<i>Stanamlanata</i>	2	1	0	0	0
2	<i>Stanyapramana</i>	1	1	0	0	0

Table No. 3: Effect in Baby.

Sr. No.	Parameter	Follow-up				
		Day 1	Day 7	Day 14	Day 21	Day 60
1	<i>Mala pariksha</i>	2	2	1	0	0
2	<i>Sharirbhar vriddhi</i>	2	1	0	0	0
3	<i>Rodan</i>	2	2	1	0	0
4	<i>Nidra</i>	2	1	1	0	0

#### 4. CONCLUSION

Godugdha as anupana is effective to increase Stanyapramana. Rasa dhatwagnimandya and Rasa dhatukshaya are most common factors in samprapti of Stanykshaya and same should be corrected to increase Stanya pramana as Stanya is upadhatu of Rasa dhatu.

Since in all the symptoms, after treatment given to respondents shows better results. We conclude that there is increase in *Stanya* after application of drug "*Maricha pippalimool churna*" given in *Stanyakshaya*. This treatment does not show any toxicity. This drug does not show any sideeffects during the follow up. This remedy is economical and easy to use, store and carry. This can easily be used by poor class women also. Results of this study are very encouraging. As per study, there is significant increase in, Feeding frequency of baby per day, Urine frequency of baby, Sleep of baby, *Stanya Pravantan* after the treatment of drug "*Maricha pippalimool churna*".

#### REFERANCE

1. Shree Kashinath Shastri Editor (22<sup>nd</sup> ed.). Vidyotini Hindi Commentary on Charak Samhita of Charaka, Chikitsasthan: Chapter 30, Verse 5. Varanasi ChaukhambhaBharati Academy, 1996; 2: 841.
2. Dr. Ganesh Krushna Gadre Editor (Reprint ed.). Sarth Vagbhat Marathi commentary on Ashtang Hriday of Vagbhat, Uttartantra: Chapter 1, Verse 15. Pune: Anmol Prakash- an, 2007; p. 355. O.P. Ghai, Ghai Essential pediatrics, edited by Vinod K Paul and Aravind Bagga, CBS Publishers and Distributers, 8<sup>th</sup> Edition, 150-155.
3. Vaidya Jayamani Pandey Harita Samhita, 1<sup>st</sup> edition, Choukamba Vishwa Bharati Varanasi-2010, Tritiya Stana, Chapter 53, 478.
4. K Park-Park's Textbook of Preventive and Social Medicine, m/s Banarsidas Bhanot Publishers, 22<sup>nd</sup> edition, 2013; 497-500. Exclusive breast feeding from 6 months best for babies everywhere; WHO, 15 Jan 2011 available
5. from [https://www.who.int/mediacentre/news/statements/2011/breastfeeding\\_20110115/en/](https://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/)
6. Susrutha, Susrutha Samhita, Nibandha sangraha commentary of Sri Dalhanacarya edited by Vaidya Yadavji Trikamji Acharya, Published by Chaukhamba krishanadas academy, Varanasi, Reprint 2014, Sarirasthana, chapter- 10, verses-30, pg-391, 824.
7. Vrddha Vagbhata, Astanga Sangraha, Inducommentary, edited by Dr. Shivprasad sharma,

Published by Chaukhamba Sanskrit series office, Varanasi, Reprint 2012, Uttarasthana, chapter – 1, verses - 23, pg- 630, pp– 965.

8. Vagbhata, Astanga Hridaya, Sarvanga sundara commentary of Arunadatta edited by Pt. Hari Sadasiva Sastri Paradakara Bhisagacarya, Published by Chaukhamba surbharati prakashan, Varanasi, Reprint 2014, Uttarasthana, chapter – 1, verses – 17, pg-778, pp-956.
9. Vrddha Jivaka Tantra, Revised Vatsya Kashyapasamhita, edited by Prof. P.V. Tewari with English translation and commentary, Published by Chaukhamba visva bharati, Varanasi, Reprint – 2008, Sutra Sthana, Chapter-19, Verse 18, pg- 12, pp-792.
10. Premavati Tiwari, Ayurvediya Prasuti Tantra Evum Stree Roga-I, 2<sup>nd</sup> Edition, Choukhambha Orientalia, Reprint 2016, Chapter no.11. Pg np 657.