



RANDOMISED COMPARATIVE CLINICAL TRIAL TO STUDY THE EFFICACY OF YASTIMADHU CHURNA AND SHATAVARI CHURNA IN STANYAKSHAYA (LACTATION FAILURE)

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<https://doi.org/10.46607/iamj06p8062024>

(Published Online: September 2024)

Open Access

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Article Received: 16/12/2023 - Peer Reviewed: 30/12/2023 - Accepted for Publication: 15/01/2024.



ABSTRACT

Introduction: Breast milk is the nectar to the child, which gives many benefits to both mother and child. Ayurveda Classics praised breast milk very much and proposed exclusive breastfeeding for up to 6 months and continuation for up to 1 year 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. **METHODS:** Patients were selected according to inclusion criteria and divided into two groups of 20 each, and findings were recorded before treatment and after three follow-ups. **Group-A:-**Will be given trial drug treatment, i.e., Churna of Yashtimadhu with warm milk. **Duration:** 1 months (Follow-up – on every 15 days). **Group-B:-**Will be given Shatavari churna with warm milk. **Duration:** 1 month, i.e., Standard Ayurvedic Treatment is given. **Results and Interpretation:** Owing to its Soumya Guna, Madhurarasa, sheeta

veerya and madhura Vipaka, signed as it should increase Stanya dhātu Samana guna. Conclusion: Standard drug is a better remedy for Stanya vriddhi. It has no side-effects, most economical. So, it can be accepted as a drug of choice for stanya janana.

Keywords: *Stanyajanana, Yashtimadhu, Shatavari, Lactation*

INTRODUCTION

Stanya is the Updhatu of Rasadhatu. Ayurveda explains the importance of Stanya through its main function, Pushti and Jeevan. Rasa Dhatu is said Adidhātu i.e., Pratham dhatu. If Rasa dhatu formation is disturbed, its Updhatu stanya is also disturbed. The abnormalities of Stanya are Sthanyakshaya, Sthanya vriddhi, and Sthanyadushti. Sthanyakshaya is one of the Vikruti of Sthanya. In Stanyakshaya there is Kshaya due to Dhatukshaya and Dushti.

Adequate lactation has been defined as the secretion of 300ml daily by the 5th day and 480ml by the 10th day. Also, 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 produces enough milk. If these amounts are not achieved, a baby of average weight will not be adequately fed, and such a situation is termed clinically as Lactational failure. It is also defined as the need to start top feeding for the baby within three months of delivery. Partial lactation failure is noted (94.7%), and complete lactation failure is noted (5.3%).¹ Over 2/3 of these deaths are often associated with inappropriate feeding practices and occur during the 1st year of life². According to Ayurveda, milk provides memorable and unique nutrition that cannot be derived from any other source. Stanya (breast milk) is also called Balajivana³. Ayurveda proposes a comprehensive management guide-

line for Stanyakshaya that includes drug and formulations. Madhur rasa, Madhur vipaki, sheeta veerya, guru, and snide gunatamaka treatment form the basic principles of Stanyakshaya Chikitsa. Yashtimadhu Shatavari is mentioned as a Ksheerjananartha. Yashtimadhu is Jeevaniya, Snehopaga, Angamardaprashamana and Shonita-sthapana⁴. It is deleted in Tritiya pada of rasayana⁵. Shatavari Churna with Godugda has been prescribed and has been taken as a standard drug for the study. Yashtimadhu Churna with Godugda is also advised for Stanyakshaya treatment. Here, an attempt is made to find an economical and effective treatment with readily available drugs for Stanyakshaya. The present study is taken to evaluate the role of Madhuka Churna and its comparison with Shatavari Churna, which is indicated in Stanyakshaya.

AIM AND OBJECTIVES

1. To carry out conceptual study on Stanyakshaya.
2. To evaluate the efficacy of Yashtimadhu Churna in Stanyakshaya.
3. To evaluate the efficacy of Shatavari Churna in Stanyakshaya.
4. To compare the effectiveness of Yashtimadhu Churna and Shatavari Churna.

Table 01: DRUG INTRODUCTION

Dravya	Yastimadhu	Shatavari
Familya	Legumes	Asparagaceae
Latin Name	Glycyrrhiza glabra	Asparagus racemosus
Rasa	Madhura	Madhura, Tikta
Virya	Shita	Shita
Vipak	Madhura	Madhura
Guna	Guru, Snighda	Guru, Snighda

Karma	<i>Stanyajananartha , Rasayana, Balya, Medya, Vata-Pittashamaka</i>	<i>Stanyajananartha, Rasayana, Balya, Medya, Vata-Pittashamaka</i>
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ANUPANA = *Godugdha*

MATERIAL AND METHODS

- **TYPE OF STUDY:** A Randomized Comparative Clinical study
- **METHOD OF SAMPLING:** 40 patients who fulfilled the inclusive criteria of Stanyakshaya were selected randomly and placed under two groups, A and B, with 20 patients in each group, respectively.

SELECTION CRITERIA OF PATIENTS

INCLUSIVE CRITERIA

- The age group of patients is between 18-40years.

- Patient 5th day of delivery onwards.
- Patient with a previous history of lactation deficiency.

EXCLUSIVE CRITERIA

- Patients with congenital anomalies, Breast surgery, Mastitis, Cancer, Shock, Mental disorders,
- The patient has a history of Alcoholism and Smoking.
- Systemic disorders of both.

INFORMED CONSENT

Informed written consent will be obtained from every patient before including the trial.

Table 03 : INTERVENTION

Sr. No	Particulars	Group A	Group B	observation	Total Study Duration
		<i>Shatavari</i>	<i>Yashtimadhu</i>	0 th , 15 th , 30 th , 45 th day	45 days
1	Dose	3gm B/F	3gm B/F		
2	Duration	30 days BD	30 days BD		

OBSERVATION-

CRITERIA FOR ASSESSMENT

SUBJECTIVE PARAMETERS

MOTHER

1. *Stana mlanta*

Shuskatva

Stana alpata

Stanya asambhava

2. Breast feeding frequency

BABY

1. Sleep of baby

2. Cry for demand feed

3. Urine frequency

OBJECTIVE PARAMETER:

MOTHER

1. Milk Ejection

BABY

1. Body weight

Laboratory Investigation: Sr. Prolactin

Table 04

NO.	Particular	Grading
A. MOTHER		
1.	<i>Stana Mlanta</i> A. <i>Shushkta</i> B. <i>Stanya alpata</i> C. <i>Stanya asambhava</i>	If 0 sign present - 0 If 1 sign present -1 If 2 sign present -2 If 3 sign present 3
2.	Milk Ejection	Forceful-0 Stream like-1 Drop by Drop-2 No ejection-3

3.	Breast Feeding	9-12 feed/day 0 6-8 feed/day 1 3-5 feed/day 2 0-2 feed/day 3
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Table 05:

B. BABY		
1.	Body Weight	No weight gain 2 100-175gm weight gain/wk-1 >175 gm weight gain/wk-0
2.	Sleep of Baby	1-2 hrs sleep -2 2-3 hrs sleep -1 3-4 hrs sleep -0
3.	Cry For Demand Feed	Demand feeds before every 2 hrs-2 Demand feed before every 2-3 hrs-1 Demand feeds before every 3-4 hrs-0
4.	Urine Frequency	1/<1 times/day -3 2-3 times/day - 2 4-5 times/day - 1 6-7 times/day -0

Table 06 : Showing percentage wise reduction of treatment in Group A and Group B

Parameters	% Reduction			
	Group A	N	Group B	N
Stana Mlanta	90%	18	100%	20
Milk Ejection	90%	18	100%	20
Breast Feeding	90%	18	95%	19
Bodyweight	90%	18	100%	20
Sleep of Baby	100%	20	100%	20
Cry for Demand Feed	85%	17	95%	19
Urine Frequency	100%	20	100%	20

Table 07 : OBSERVATION AND RESULT:

Effect of treatment	No of Patients(%)	
	Group A	Group B
Cured	18 (90%)patients got relief in Stana Mlanta, Milk Ejection Breast feeding, Body weight. 20 (100%) patients gots relief in Sleep of baby, urine frequency. 17(85%) patients got relief in Cry for demand feed.	20 (100%) patients gots relief in Stana Mlanta, Milk ejection, Body weight, Sleep of Baby,Urine frequency. 19(95%) patients gots relief in Breast Feeding and Cry for demand.
Improved	2 (10%)patients got relief in Stana Mlanta, Milk Ejection Breast feeding, Body weight. 3 (15%) patients got relief in Cry for demand feed.	1(5%) patients gots relief in Breast Feeding and Cry for demand.
No changes		

DISCUSSION

Stanya Vriddhi was achieved in the majority of patients by the end of the third and fourth follow-ups only. *Yashtimadhu* Churna did not increase lactation in two patients, who were advised to continue treatment. When the trial and standard drugs were compared to determine the efficacy of the trial drug, the standard drug outperformed the trial, as evidenced by significant 'P' value and thus outperformed the trial. Though the study was conducted on a smaller number of patients and due to time constraints, it is certain to benefit a larger number of patients. If the drug can be tested on a large scale, it will help patients who require *Stanya Vriddhi*.

CONCLUSION

Based on the study, the following conclusion can be drawn: Depending upon the history of lactation deficiency in previous pregnancy, they are more prone to develop lactation deficiency in upcoming pregnancy. Agni plays a vital role in the formation of lactation deficiency. Rural and economically weaker sections of patients are more vulnerable to developing *Stanyakshaya* due to improper diet and regime and lack of proper ANC and PNC. *Nidra* and occupation play a pivotal role in *Stanyakshaya*; improper in these things affects lactation. Mental health, affection and wellness matter more of all. *Yashtimadhu* and *Shatavari*

has showed good results clinically and statistically in *Stanyakshaya*, being more elaborative *Shatavari* works with bit little more intensity in time manner, giving results earlier. With this study carried out, I accept alternative hypothesis i.e *Shatavari* is more effective than *Yashtimadhu* in the management of *Stanyakshaya*.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Sanam Ayubkhan Mulla et al: Randomised comparative clinical trial to study the efficacy of yastimadhu churna and shatavari churna in stanyakshaya (lactation failure). International Ayurvedic Medical Journal {online} 2024 {cited September 2024} Available from: http://www.iamj.in/posts/images/upload/539_543.pdf