Effect of Shatavari Churna in Enhancing Breast Milk Production (Stanya Janana) A Clinical Study

Dr. Suneeta Kumari[1], Dr. Manish Kumar[2], Dr. Rinki Sharma[3], Dr. Sudesh Lamoria[4], Dr. Mamata Kumari Swain[5]

[1]*Assistant Professor, Dept. of Dravyaguna, Krishna Ayurvedic Medical College & Hospital, Uttar Pradesh, India*

[2]*Assistant Professor, Dept. of Agad Tantra & Vidhi Vaidyak, Mahaveer Ayurvedic Medical College, Meerut, India*

[3]*Assistant Professor, Dept. of Rog Nidan & Vikriti Vigyan, Mahaveer Ayurvedic Medical College, Meerut, India*

[4]*Associate Professor, Dept. of Prasuti Tantra & Stri Roga, Merchant Ayurved College, Gujurat, India*

[5]*Professor, Dept. of Prasuti Tantra & Stri Roga, Jeevan Jyoti Ayurvedic Medical College & Hospital, Aligarh, India*

Abstract: Background: Breastfeeding is essential for the nourishment and immunity of newborns. However, many lactating mothers face issues of insufficient milk production. Shatavari (Asparagus racemosus), a well-known Ayurvedic galactagogue, has been traditionally used to promote lactation. Objective: To evaluate the efficacy of Shatavari Churna in enhancing breast milk production (Stanya Janana) in postpartum women. Methods: A clinical study was conducted on 30 lactating mothers aged 20–35 years with symptoms of insufficient lactation. Participants were administered Shatavari Churna (5 grams twice daily with milk) for 30 days. Assessment was based on subjective parameters (milk output, infant satisfaction, breast fullness) and objective indicators (infant weight gain, frequency of breastfeeding). Results: 83.3% of participants reported a marked improvement in breast milk quantity. Infant weight gain improved significantly in 76.6% of cases. No adverse effects were noted. The results support the galactagogue action of Shatavari Churna. Conclusion: Shatavari Churna is effective and safe in enhancing breast milk production in lactating women and can be recommended as a supportive Ayurvedic intervention for Stanya Janana.

Keywords: Shatavari, Stanya Janana, Breast Milk, Galactagogue, Ayurveda, Lactation

INTRODUCTION

Breastfeeding is widely regarded as the gold standard for infant nutrition. It provides a perfect balance of essential nutrients, immunological protection, and emotional comfort. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life to promote optimal growth, development, and immunity. Despite this, a significant proportion of women experience challenges in lactation, particularly during the early postpartum period. Insufficient breast milk production—clinically known as hypogalactia—is one of the leading causes of early supplementation and cessation of breastfeeding, adversely impacting infant health outcomes.

Modern medical management of hypogalactia often includes synthetic galactagogues such as domperidone and metoclopramide. However, these medications may be associated with side effects like fatigue, irritability, and potential hormonal imbalances. This necessitates the search for safer, natural, and effective alternatives—particularly those rooted in traditional systems of medicine.

Ayurveda, the ancient Indian system of medicine, offers a holistic approach to maternal and neonatal care. The concept of Stanya Janana (promotion of breast milk) is well elaborated in classical Ayurvedic texts. Several herbal formulations are mentioned for their galactagogue properties, among which Shatavari (Asparagus racemosus) is considered the most potent. Shatavari is categorized under Stanyajanana Mahakashaya by Acharya Charaka and is extensively mentioned in Dravyaguna for its nourishing, cooling, and rejuvenating properties. It is described to be madhura rasa, snigdha guna, shita virya, and

madhura vipaka—qualities that help enhance kapha and ojas, which are vital in breast milk formation.

Pharmacologically, Shatavari contains steroidal saponins, phytoestrogens, flavonoids, and essential amino acids, all of which contribute to its galactagogue and adaptogenic activity. Modern studies have shown that phytoestrogens in Shatavari may stimulate prolactin release, thereby enhancing milk production.

Given this traditional and scientific background, the present clinical study was undertaken to evaluate the efficacy and safety of Shatavari Churna in improving breast milk production in postpartum women. This study aims to bridge classical Ayurvedic wisdom with contemporary clinical validation, offering a safe and natural solution to lactational insufficiency.

Aims and Objectives

- To assess the effectiveness of Shatavari Churna in improving lactation in postpartum women.
- To evaluate safety and tolerability of the formulation.
- To study the impact on infant weight gain and maternal satisfaction.

Materials and Methods

Study Design: Open-label, single-group, interventional clinical study

Sample Size: 30 postpartum women aged 20–35 years

Inclusion Criteria:

- Women within 2 months postpartum
- Complaints of insufficient lactation
- Willing to continue exclusive breastfeeding

Exclusion Criteria:

- Known endocrinological or systemic illnesses
- Use of other galactagogues
- Contraindications to milk or herbal preparations

Drug Intervention:

Shatavari Churna – 5 gm twice daily with warm milk for 30 days

Assessment Parameters:

Subjective:

- Frequency and ease of breastfeeding
- Breast fullness
- Maternal sense of milk adequacy

Objective:

- Infant weight gain
- Number of wet diapers per day
- Duration and frequency of feeds

Follow-up: Weekly follow-ups for 4 weeks

Treatment Protocol

Parameter	Details
Drug Name	*Shatavari Churna* (Asparagus racemosus root powder)
Dosage	5 grams
Anupana (Vehicle)	Warm milk
Frequency	Twice daily (morning and evening)
Mode of Administration	Orally, after food
Duration of Treatment	30 days
Time of Administration	After meals (to improve absorption and digestion)
Dietary Advice	Light, warm, and nourishing diet (e.g., rice gruel, milk, ghee-preparations)
Pathya-Apathya	Avoid spicy, dry, and heavy-to-digest foods; encourage hydration
Monitoring Parameters	- Subjective milk adequacy- Infant weight- Feeding frequency
Follow-up Schedule	Weekly follow-ups (Day 7, 14, 21, and 30)
Adverse Effect Monitoring	Observed for GI upset, allergy, or intolerance (none reported)

Observations and Results

Parameter	Pre-treatment (Day 0)	Post-treatment (Day 30)	Improvement (%)
Subjective milk adequacy	30% mothers	85% mothers	+55%

Infant weight gain (avg)	80 g/week	150 g/week	+87.5%
Breast fullness reported	20%	76.6%	+56.6%
Frequency of breastfeeding	4–5 times/day	6–8 times/day	Increased
Adverse effects	Nil	Nil	Safe

DISCUSSION

The present study aimed to evaluate the efficacy of Shatavari Churna as a natural galactagogue in postpartum women experiencing insufficient lactation. The results clearly demonstrate a significant improvement in subjective and objective indicators of breast milk production, thus affirming the traditional Ayurvedic claim that Shatavari possesses potent Stanya Janana properties.

The increase in perceived breast fullness, improved infant weight gain, and enhanced feeding frequency observed in the study can be correlated with the pharmacodynamic and Ayurvedic attributes of Shatavari. From a classical standpoint, Shatavari is categorized under Stanyajanana Mahakashaya (a group of drugs that promote breast milk) in Charaka Samhita, and its madhura rasa, snigdha guna, shita virya, and rasayana properties are believed to nourish and strengthen stanyavaha srotas—the physiological channels responsible for lactation.

Modern pharmacological studies support these observations. Shatavari contains steroidal saponins, including shatavarin I-IV, which mimic estrogenic activity and enhance prolactin secretion—one of the principal hormones regulating milk synthesis. Additionally, its adaptogenic and rejuvenative effects help in stress reduction and hormonal balance, which indirectly support lactation, especially in mothers under postpartum stress or fatigue.

The weekly assessments in this study showed a progressive and sustained improvement in milk secretion and infant satisfaction. Notably, the absence of adverse effects supports Shatavari's safety profile, making it a valuable alternative to synthetic galactagogues that often come with side effects.

It is also important to note that the intervention was complemented by dietary counseling and encouragement of proper breastfeeding techniques, which may have synergistically contributed to the outcomes. However, the study had limitations such as a small sample size, lack of a control group, and the absence of biochemical markers (e.g., serum prolactin levels) to objectively correlate hormonal changes.

Nonetheless, this clinical evidence adds substantial support to the traditional usage of Shatavari in lactation promotion, and further large-scale, randomized controlled trials are warranted to establish its efficacy in broader populations and clinical settings.

CONCLUSION

The clinical study concludes that Shatavari Churna, when administered in the dose of 5 grams twice daily with warm milk, is effective in enhancing breast milk production in postpartum women. The treatment was associated with significant improvements in both subjective experiences and measurable clinical outcomes, such as increased breast fullness and infant weight gain. Its natural origin, absence of adverse effects, and dual action as both a galactagogue and rasayana (rejuvenative) make Shatavari a safe and beneficial alternative for managing lactational insufficiency. The findings align with classical Ayurvedic teachings and are supported by modern pharmacological understanding, highlighting the integrative potential of Ayurveda in maternal health care. This study reinforces the value of incorporating traditional remedies like Shatavari into postpartum care, especially in community health programs and resource-limited settings where safe, affordable interventions are needed. Future studies with larger sample sizes, hormonal profiling, and placebo-controlled designs will help further validate and standardize this intervention for clinical practice.

REFERENCE

[1] Charaka. Charaka Samhita, edited by Yadavji Trikamji Acharya. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2017. Chikitsa Sthana, Chapter 15.

[2] Sushruta. Sushruta Samhita, with Nibandha Sangraha Commentary by Dalhana. Varanasi: Chaukhambha Orientalia; 2014. Sharira Sthana, Chapter 10.

[3] Vagbhata. Ashtanga Hridaya, with commentaries Sarvangasundara and Ayurveda

Rasayana. Varanasi: Chaukhambha Orientalia; 2017. Uttara Sthana, Chapter 1.
[4] Sharma PV. Dravyaguna Vijnana, Vol II. Reprint ed. Varanasi: Chaukhambha Bharati Academy; 2014. p. 55–57.
[5] Dash B, Kashyap L. Materia Medica of Ayurveda based on Madanapala's Nighantu. New Delhi: B. Jain Publishers; 2001. p. 81–83.
[6] Bhavamishra. Bhavaprakasha Nighantu, edited by Chunekar KC. Varanasi: Chaukhambha Bharati Academy; 2013. Haritakyadi Varga.
[7] Pandey GS. Dravyaguna Vigyana, Vol 2. Varanasi: Chaukhambha Krishnadas Academy; 2010. p. 349–351.
[8] Sharma RK, Dash B. Charaka Samhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika, Vol 4. Varanasi: Chowkhamba Sanskrit Series Office; 2005.
[9] Nadkarni KM. Indian Materia Medica, Vol 1. Mumbai: Popular Prakashan Pvt Ltd; 2009. p. 115–117.
[10] Murthy KRS. Ashtanga Sangraha of Vagbhata, Vol 3. Varanasi: Chaukhambha Orientalia; 2007. Uttara Tantra, Stanyotpatti Adhyaya.
[11] Mishra SS. Ayurveda Prasuti Tantra Evam Stri Roga, Vol 1. Varanasi: Chaukhambha Sanskrit Sansthan; 2013. p. 204–210.