

A Conceptual Study of Stanyakshaya W.S.R.to Lactation Insufficiency and Its Ayurvedic Management

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Abstract- Breast milk is the prime source of nourishment and immunity of the baby. Lactation insufficiency is 30–40% prevalent in Asian and tropical nations like India. Breast milk provides the primary source of nutrition for newborns and it is ideal form of feeding in neonate. Stanya kshaya is common problem noticed in mother. Due to adaptation of western culture women gets exposed to stress and strain. Stanyakshaya, characterized by reduced milk production is primarily due to Rasa Dhatu Kshaya. The term stanyakshaya is used to describe the decrease or loss of breast milk production in nourishing mothers, which can be caused by a number of physiological and psychological causes. This review summarizes the concept, *nidāna* (etiology), *samprāpti* (pathogenesis), *lakṣhaṇa* (clinical features), *sādhyaśādhya* (prognosis), and *chikitsā* (management)—including *ahara-vihara* (diet–lifestyle), *aushadhi* (formulations), and supportive counseling—while aligning with contemporary concerns such as hypogalactia. The probable mode of action of herbal drugs described there in, based upon their pharmacological properties. The conclusion is the stanyakshaya, is a result of rasadhatu kshaya and agnimandhya can be effectively managed by herbal galactogogues which mentioned by Ayurvedic Samhitas.

Keywords: Stanyakshaya, Agnimandhya, Dhatukshaya, lactation insufficiency.

INTRODUCTION

Women are the cornerstone of families and transitioning from womanhood to motherhood is one of the most joyous experiences. During pregnancy a woman's body undergoes various physiological and anatomical changes which partially revert after delivery as she becomes a "sutika." Breastfeeding is crucial for nourishing newborns and its importance is emphasized in ancient texts like the Rigveda etc. However, modern lifestyles and working women often lead to disorders such as Stanyakshaya or lactation insufficiency which poses significant challenges for new mothers and their infants.

Stanyakshaya, characterized by reduced milk production is primarily due to Rasa Dhatu Kshaya.

Global lactation insufficiency is a public health concern. According to the WHO breast milk is the ideal nourishment for infants up to six months old. One study found that 15% of healthy first-time new mothers had low milk supply 2-3 weeks after birth with secondary causes^[1]. The use of breast milk substitutes increases the risk of morbidity and mortality among infants, particularly in developing countries and is a common cause of malnutrition. Breastfed children perform better on intelligence tests are less likely to be overweight or obese and have a reduced risk of diabetes^[2].

AIMS AND OBJECTIVES

1. To review various texts for lactation insufficiency.
2. To review various ayurvedic literatures for stanyakshaya.
3. Action of herbal drugs for the treatment of stanyakshaya.

MATERIAL AND METHODS

Different classical texts of Ayurveda.
Different Modern books.

REVIEW OF LITERATURE AYURVEDIC REVIEW

Definition and Importance of Stanya:

रसप्रसादो मधुरः पक्वाहारनिमित्तजः । कृत्स्नदेहात् स्तनौ प्राप्तः स्तन्यमित्यभिधीयते॥ (सु०नि० 10/18)

After digestion of food first conversion is Rasa dhatu (madhura vipak). Property of rasa dhatu is Madhur. The essence of rasa dhatu from all over the body comes in the breasts and it is called stanya.

Properties of Pure Breast Milk

अव्याहतबलाङ्गायुररोगो वर्धते सुखम् शिशुधात्र्योरनापत्तिः शुद्ध क्षीरस्य लक्षणम् ॥ (का०सू० 19)

Milk which does not produce any interruption in her baby's energy, help in development of all organs, Aayu as well as disease free stage and child feel happy during and after feeding are the properties of shudhha stanya.

Benefits of Breast Milk:

जीवनं वृंहणं सात्म्यं स्नेहनं मानुषं पयः। नावनं रक्तपित्ते च तर्पणं चाक्षिशूलिनाम्॥ (च.सू. 27/224)

Breast milk promotes life, growth, strength, nourishment, health and agreeable to nature. It is beneficial in conditions like Raktapitta (bleeding disorders) and provides relief in eye disorders.

DISEASE REVIEW

Stanyakshaya Nidana

क्रोधशोकावात्सल्यादिभिश्च स्त्रियाः स्तन्यनाशो भवति । अथास्याः क्षीरजननार्थं सौमनस्यमुत्पाद्य यव- गोधूम-शालि-षष्टिक-मांसरस-सुरा-सौवीरक-पिण्याक लशुन मत्स्य कशेरुक-शृङ्गाटक-विस-विदारीकंद मधुक शतावरी नलिका-उलाबु कालशाकप्रभृतीनि विदध्यात्॥ (सु.शा. 10/34).

The loss or suppression of milk in the breasts in women is usually due to anger, grief and the absence of natural affection for her child etc. For the purpose of establishing a flow in her breast, her equanimity should be first restored and diets consisting of Salirice, barley, wheat, shashtika, meat-soup, sura, souviraka (kanji), sesamum paste, garlic, fish, kaseruka, sringataka, lotus-stalk, vidarikanda, madhuka flower, shatavari, nalika, alavu and kala-shaka etc. should be prescribed.

Dietary factors:

Excessive intake of ruksha annaapan (dry foods and drinks), langhan (fasting), atyatarpan (excessive fasting), karshan(emaciation).

Psychological and behavioral factors:

Postpartum depression, krodha(Anger), shoka(grief), bhaya(fear), Avatsalya (affection for the infant), punagarbhadharan (Re-pregnancy).

Stanyakshaya lakshana:

स्तन्यक्षयेस्तनयोम्लानतास्तन्यासम्भवोऽल्पता वा ॥ (सु.सू. 15/16)

The symptoms of loss of breast milk (lactation insufficiency) is characterized by a looseness or shrunken condition of the breast and the absence or reduced amount of milk in the breasts.

Sadhyasadyata (Prognosis)

- Generally, sādhyā with early correction of nidāna, adequate rest–nutrition, frequent

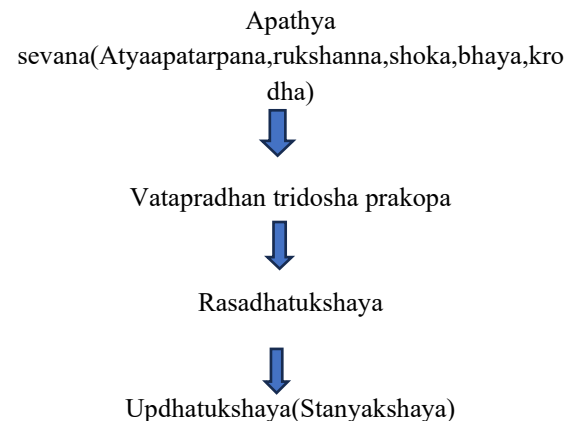
effective feeding, and timely galactagogue support.

- Guarded when severe maternal under-nutrition, ongoing endocrine disorders, or unresolved latch issues persist.

- Stanyakshaya samprapti(Pathogenesis):
- Doṣha: Predominantly *Vata-pradhana* with Pitta association; Kapha depletion may coexist.
- Dūṣhya: *Rasa* (first tissue essence forming milk), rakta, *stanya* itself.
- Srotas: *Stanyavaha srotas* (mapped with *pranavaha/rasavaha* linkage).

Kriyakala:

1. Doṣha prakopa by nidana
2. Rasa-kṣhaya/agnimandya
3. Stanyavaha srotoduṣṭi (khavaigunya)
4. Quantitative reduction and/or qualitative inferiority of milk
5. Secondary infant symptoms (poor weight, irritability) and maternal symptoms (fatigue, mood swing).



MODERN REVIEW

Milk secretion actually starts on 3rd or 4th postpartum day [3]. Modern medicine recognizes several factors contributing to lactation insufficiency. These include complications during delivery such as premature births and stress during childbirth which can delay milk production. Conditions like severe postpartum haemorrhage, retained placental fragments, thyroid disorders, polycystic ovarian syndrome, diabetes and obesity can have an ongoing effect on milk production. Lifestyle factors, including certain medications, smoking, drinking, illness, and stress, can also negatively impact on lactation [4]. Research indicates that breast milk is the

ideal nourishment for infants up to six months old, reducing risks of morbidity and mortality and promoting better cognitive and physical development. Hence, addressing lactation insufficiency through safe and effective treatments is crucial for infant health.

Treatment -Domperidone and metoclopramide^[5]

Management of Stanyakshaya:

The management of Stanyakshaya involves both dietary and lifestyle modifications as well as specific herbal formulations.

Chikitsa Sutra (Principles of Management)

1. Nidana parivarjana: remove aggravating diet/lifestyle, correct latch/technique.
2. Rasayana & brimhana: nourish *rasa* and *rakta* dhatu; improve agni.
3. Stanyajanana (galactagogue) dravyas and formulations.
4. Manas chikitsa: rest, stress reduction, family support.
5. Regular, on-demand breastfeeding or pumping to increase supply (mechanical stimulation aligns with Ayurvedic *pravṛtti* of srotas).

The various natural herbs/drugs used in Stanyakshaya are:

- Milk, oil, Ghrita, coconut, shashtika, Shali and ikshu etc. having Madhura rasa, Sheetaveerya and Madhuravipaka which enhance rasa dhatu and stanyavardhaka effect. Consumption of milk and milk exuding herbs like ksheerayukta plants may help in stanyakshaya.
- Drugs such as; Shunthi, Pippali and Haritaki help in formation of dhatu and upadhatu by stimulating jatharagni & rasa dhatvaagni. These drugs also clean rasavahi srotas and their ushna veerya and madhuravipaka stimulant deepana-paachana, srotosodhaka, vatanulomaka and dhatuvardhaka effects therefore help in stanyakshaya.
- Drugs such as; Dugdhika, Maricha, Hingu, Lashuna and Krishna Jeeraka having Ushnaveerya and katu vipaka therefore offers Srotoshodhaka, Agnivardhaka, Deepana, paachna, Balya and Stanyajanana effect. These drugs stimulate formation of rasa dhatu and upadhatu (stanya). These herbs possessing sroto-shodhaka property thus induce the process of galactokinesis and stimulate hormone action.

- Shatavari, pippali, yashtimadhu, palandu, lashuna and yava relieve deep rooted stress one of the major cause of stanyakshaya. Some herbs possessing uterine stimulant and oxytocic action such as; shwetajeeraka and hingu.
- Use of articles capable of increasing the sleshma cure stanyakshaya.
- Wine, shali cereals, meat, cow's milk, sugar asava, curd and use of desired things cure stanyakshaya.

Lifestyle:

- Sutika paricharya: warm oil *abhyanga* (sesame or medicated), adequate daytime rest, gentle stretches, avoidance of overexertion and exposure to cold/drafts.
- Breast care: warm compress before feeds; ensure deep latch; alternate sides; avoid tight garments.
- Mental well-being: supportive counseling; address anxiety/low mood early.

Procedures (Where Appropriate)

- Abhyanga (warm oil massage) & mrdu svedana over back/shoulders to reduce vata and facilitate let-down.
- *Śiro-abhyanga/śiro-dhara* in heightened anxiety/insomnia (physician-directed). (*Avoid aggressive pañcakarma during early lactation unless specifically indicated and supervised.*)

Counseling & Lactation Technique (Bridging Ayurveda and Modern Care)

- Feed early and often (on demand; 8–12 times/day initially).
- Optimize latch & positioning; seek lactation counseling if pain/clicking/poor transfer.
- Skin-to-skin contact, breast compression, switch nursing, and if needed, hand expression/pumping after feeds to increase supply.
- Avoid routine supplementation unless medically indicated—can undermine supply. If needed, use supplemental nursing system (SNS) to maintain breast stimulation.

DISCUSSION

After digestion of *Aahara* (food) by *Jatharagni* and *Dhatwagni*, *Rasa* is formed, sweat essence part

of *Rasa* is circulated by *VyanaVayu* through entire body and when it reaches to breast named as *Stanya*. states that ingested food by female travel through *Sira* of chest (oesophagus) getting mixed with *Pitta* reaches to *Jathara* (stomach). Here it gets metabolized by *Jatharagni* (digestive fire) after that again metabolized and processed by *Pitta*, reaches to *Siras* or breast and ultimately discharged. Milk is ejected by thought, sight, touch of child and also with physical contact of baby (suckling). For proper flow, uninterrupted affection for the child is essential. Ayurveda classics described a specific diet and mode of life for puerperal women, as all the *Dhatus* decrease and become languid due to development of fetes, body becomes empty due to labour pains and excretion of moisture and blood. Her digestive power, muscle mass and strength also decrease. In *Sutikaparicharya* all the *Acharyas* have advised *DeepnaPaachanaChikitsa* along with *Snehapaana*.

CONCLUSION

Main cause for insufficient milk production in this case and many more like this is *Agnimandya* at the level of *Jatharagni* as well as *Dhatwagni* also. Herbal drugs such as; shatavari, Shunthi, Pippali, pippalimool, both jeerakas, both haridras, Haritaki etc. help in formation of dhatu and upadhatu by stimulating jatharagni & rasa dhatvaagni. These drugs also clean rasavahi srotas and their ushna veerya and madhuravipaka stimulant deepana-paachana, srotosodhaka, vatanulomaka and dhatuvardhaka effects therefore help in stanyakshaya.

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