



ROLE OF BHUMIKUSHMANDA CHURNA IN STANYA KSHAYA

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ABSTRACT :

Stanya kshaya is the common problem noticed in about 40% patients in our clinical practice. Due to adaptation of Western culture, women get exposed to stress and strain. Lactation is the process associated with psychosomatic condition and life style. Breast milk is the perfect food for a normal neonate. It is the best gift a mother can give her baby. Breast feeding is the ideal form of infant feeding and is crucial for lifelong health and well being.

Objectives of study: To assess the efficacy of *Bhumikushmanda* suggested by *Acharya Yoga Rathnakara* in reference to *Stanya kshaya*.

Materials and Methods: Patient were selected according to inclusion criteria and divided into two groups of 15 each and findings were recorded before treatment and after each follow up.

Group-A: - Will be given trial drug treatment, i.e., *Churna of Bhumikushmanda*.

Duration: 3 months (Follow-up – on every 15 days).

Group-B: - Will be given Placebo treatment for 3 months, i.e.,

Standard Ayurvedic Treatment given.

Sample procedure: - Simple random sampling method.

A special case-sheet will be designed and entries are made in it from time to time.

Results and Interpretation: Owing to its *soumya guna*, *madhura rasa*, *sheeta veerya* and *madhura vipaka* a hypothesis designed as it should increase *Stanya* due to *samana guna*.

Conclusion: Trial drug is a better remedy for *Stanya vriddhi*. It has no side-effect, most-economical. So it can be accepted as a drug of choice for *Stanyajanana*.

Key words: *Stanyajanana*, *Bhumikushmanda*, Lactation.

What is already known about the topic?: There are many formulations available in the market as Galactogogues and we will get many classical references too for *Stanya Kshaya*. Modern treatment is limited and with not much encouraging results.

What does this study add?: Though lot of classical drugs like *Shatavari*, *Shatapushpa*, *Pippali*, *Shunthi*, *Nadika*, etc have shown encouraging results but there is less efficacy observed related to Prolactin deficiency. *Vidarikanda* (*Bhumikushmanda*) with phyto-chemical analysis and clinical trial results shown Prolactin agonist property and phyto-estrogenic property, so stands special among all other herbs indicated for *Stanyajanana*.

INTRODUCTION: Breast milk is the nector to the child, which gives many benefits to both mother and child. 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. Breast feeding promotes close physical and emotional bonding between the mother and child leading to better parent-child adjustment. It is clean, un-

contaminated, contains several anti infective factors that protect baby from infection. It enhances development and intelligence. Breast feed infants have higher intelligence, social & psychomotor capabilities¹. Many formulations told to solve this problem; Ayurveda stands on the basis of *Trisutra (Hetu, Linga and Oushadha)*. Based on this *trisutra* if we apply treatment with major step i.e. '*Nidana Parivarjana*', *Stanya Kshaya* subsides completely. *Yoga Rathnakara* proposed a single drug therapy i.e. use of *Bhumikushmanda (Vidari)*², which is well known and easy available drug categorized under *Stanyajanana* Drugs. It is an attempt to verify the claim that *Bhumikushmanda* is a Galactagogue.

AIMS AND OBJECTIVES OF THE STUDY: To assess the efficacy of *Bhumi Kushmanda* suggested by *Acharya Yoga Ratnakara* in reference to *Stanyakshaya*.

MATERIAL AND METHODOLOGY:

Source of Data: The present clinical study was conducted at P.G. Department of Prasooti Tantra of N.K.J. Ayurvedic Medical College and Post Graduate Center, Bidar. 30 patients who required increment of lactation were selected from inpatient and outpatient department of Shree. Siddharudha Charitable Hospital and other private hospitals of Bidar. All patients were screened according to selection criteria and registered for the study. These women were randomly divided into two groups of 15 each.

Selection of Criteria:

I. Inclusion criteria:

- 1) Age group of patient is between 18-35 years.
- 2) Breast milk quantity less than 300ml/day.
- 3) Patient from 10th day of delivery.

- 4) Patients with a previous history of lactational deficiency.

II. Exclusion criteria:

- 1) Patient with congenital abnormalities, breast atrophy, cancers, mastitis, shock, previous menstrual disorders are excluded from the study.
- 2) Patients having H/o alcoholism, infectious & systemic diseases.

Grouping of cases: 30 patients were selected for the study, divided into two equal groups.

Group A: Consisting 15 patients were given trial drug treatment, i.e., *Churna of Bhumikushmaanda 1Karsha* (10gms) in divided doses..

Group B: Consisting of 15 patients were treated with Standard Ayurvedic treatment i.e., *Shatavari churna 1Karsha* (10gms) in divided doses..

Duration: 3months for both group (Follow-up – On every 15 days).

Criteria of Assessment: Parameters of assessment are taken according to,

SUBJECTIVE PARAMETERS:

- 1) *Stana mlanata:* *Shushkatwa*. *Stanya alpata*. *Stanya asambhava*.
- 2) *Stanya* Ejection:
- 3) Breast feeding Frequency:-Normal is 8-12times/day.
Any reduced frequency of feeding is noted.
- 4) Pertaining to Baby:-Hunger, Cry, Stools.
- 5) Mother: - Residual milk in breast after feeding.

OBJECTIVE PARAMETERS:

- 1) Weight of the baby (Weekly). Breastfed infants generally gain weight according to the following guidelines:
0–4 months: 6 oz. per week[†]
4–6 months: 4-5 oz. per week
6–12 months: 2-4 oz. per week (ounce = 0.0283kg)

† It is acceptable for some babies to gain 4–5 ounces per week. This average is taken from the lowest weight, not the birth weight.

2) Breast Engorgement.

3) Milk Ejection:

Investigation: Serum Prolactin level.

OBSERVATION AND RESULTS: Sixth Follow Up, Trial Group

Parameter	Mean BT	Mean AT	% of Improvement	SD	SEM	t	P	Remarks
Stana Mlanata	1.8	0.2	86.34	0.5	0.12	20.15	<0.001	HS
Stanya Ejection	1.26	2.53	88.88	0.51	0.13	19.46	<0.001	HS
Breast Feeding	1.26	2.06	94.24	0.59	0.15	14.77	<0.001	HS
Weight of the Baby	2.46	2.8	38.21	0.1	0.12	3.4	<0.005	S
Breast Engorgement	1.26	2.53	82.3	0.51	0.13	13.98	<0.001	HS

Standard Group:

Parameter	Mean BT	Mean AT	% of Improvement	SD	SEM	t	P	Remarks
Stana Mlanata	2.93	1.26	56.9	0.5	0.12	20.15	<0.001	HS
Stanya Ejection	1.26	2.06	63.49	0.51	0.13	19.46	<0.001	HS
Breast Feeding	2.93	1.26	56.9	0.59	0.15	14.77	<0.001	HS
Wt of the Baby	2.33	2.73	17.16	0.1	0.12	3.4	<0.005	Significant
Breast Engorgement	2.93	1.78	60.9	0.61	0.15	12.98	<0.001	Highly Significant

Comparison between the Groups:

Groups	Mean BT	Mean AT	% of Improvement	SD	SEM	t	P	Remarks
A	2.67	0.32	87.81	0.53	0.23	9.83	<0.001	HS
B	2.5	1.65	66.00	0.08	0.2	7.4	<0.01	Significant

DISCUSSION:

On Literary Review: Utpatti of Stanya according to Ayurvedic classics can be concluded in 3 points.

1. **From Rasa dhatu :** Here we have to remember that Stanya and Artava are upadhatus of Rasa. By definition, Upadhatus are those which get nourished by corresponding dhatu and they do not nourish other entities³. That means there is no further transformation of that entity and Bhoja⁴ clearly indicate that upadhatus are free from Gati, they can't move anywhere.

If the lactation score is,

4 & above- Treatment is considered as Successful

2-3 - Treatment is considered as Improved

0-1-Treatment is considered as unsuccessful

Hence any defect in rasa dhatu and further it vitiate its upadhatus.

2. **From Rakta dhatu :** According to Kashyapa, after fertilization, some quantity of blood nourishes breast milk in pregnant lady⁵. Hormonal response in Mammogenesis and Lactogenesis can be correlated with production of breast milk from raktha dhatu, blood is the only media for circulation of hormones and obviously the blood carry the breast milk producing hormones. In such a way blood play role in production of breast milk.

3. From Raja : The left over *Raja* after formation of *garbha* goes upward to *Stana* and there by the action of *pitta* colour of *raja* changes from red to pale white and transformed into *Stanya*⁶. The 'Piyusha (Colostrum)' actually resembles this type of *Stanya*.

- By the end of 3rd & 4th follow-up only, in most of the patients *Stanya Vriddhi* was achieved. If the score is between 4 & above- Treatment is considered as Successful, 2-3 - Treatment is considered as Improved & 0-1 - Treatment is considered as unsuccessful.

- *Bhumikushmanda Churna* failed to increase lactation in 2 patients and they are advised to continue the therapy. Standard drug (*Shatavari Churna*) failed to increase lactation in 5 patients.

CONCLUSION:

- *Stanya kshaya* is the common problem noticed in about 40% patients in our clinical practice.

- Adequate lactation has been defined as secretion of 300ml (10 ounces) daily by the 5th day and 480ml (16 ounces) by the 10th day. If these amounts are not achieved a baby of normal weight will not be adequately fed and such a situation is termed clinically as lactational deficiency⁷.

- Goals set by the World Health Organization; Healthy people 2010 included a 70% breast feeding initiation rate, a 50% contribution rate six months after birth and 25% contribution rate 12 months after birth⁸.

- *Bhumikushmanda* is drug of choice for *Stanya janana* and is cost effective, palatable, no side-effects and absorption is very fast.

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Declared