

**COMPARATIVE STUDY OF SHRUNGATAK CHURNA AND
VIDARIKAND CHURNA IN THE MANAGEMENT OF
STANYAKSHAYA**

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INTRODUCTION

Woman is the main stem of the family. Stree has a divine role to play in utapatti, dharana and poshana. Exclusive breast milk is the ideal form of nourishment in neonates and infants till 6 months. Adequate lactation has been defined as secretion of 300 ml daily by 5th day and 480 ml by 10th day, 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 lactation deficiency may be 30–40%.

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. Breast milk provides the primary source of nutrition for new born and it is the ideal form of feeding in neonate.

Breast milk is composed of immunoglobulin. IgA, Fat, Proteins, Carbohydrate, Minerals, Digestive enzyme, Antibodies. So breast milk is the best than any other type of feeding. As

no other milk can be compare with the mother milk, mother milk for the proper growth and development of the baby, who has also recommended that breast milk is the best milk for the growth of the baby.

Due to adaptation of western life style and more exposed towards the stress and strain the women are facing many problems. Among these Stanyakshaya is major one, which seems to be very simple condition but pertaining to children's it is major problem. Stanyakshaya is a common problem noticed in about 40% patients in clinical practice. Evaluate this topic because only Vidarikand is popular ayurvedic drug for stanya kshaya and has satisfactory results. But in ayurvedic samhitas many drugs are described. It is necessary to orient the material Shrungatak Churna from old text in a systemic manner. Hence I have decided to work on this subject.

OBJECTIVES

1. To collect the detail information about Shrungatak Churn and Vidarikand Churn.
2. To Study Detailed Etiopathological of stanyakshaya from Ayurveda and modern literature.
3. To observe the role of Shrungatak Churn in stanyakshaya

MATERIALS AND METHODS

A) Study Design

For the present clinical study, 60 patients were selected randomly on the basis of inclusion criteria and are divided into two groups each of 30.

B) Study Centre

OPD of Swasthavritta and Yoga Department Dr.D.Y.Patil College of ayurved and research center, Pune.

C) Type of Study

Study type is Randomised Single Blind Method.

Standardization of Shrungatak Churna and Vidarikand churna was done in Research lab of our institute.

D) Group A - (Trial Group)

Was given Shrungatak Churna

Duration –One and half months (follow up -on every 15 days).

Matra - 5 gm.twice a day with Cow milk.

E) Group B-(Controlled Group)

Was given Vidarikand churna with milk (Vidarikand churn is proven drug).

Duration –One and half months (follow up-on every 15 days).

Matra - 5 gm.twice a day with Cow milk.

F) Drug Mode of Administration

Patients were given the drug orally

Period of Clinical Study

Total period of study was 45 days, both groups was examined time to time for expected result.

1st follow up 15 days

2nd follow up 30 days

3rd follow up 45 days.

Selection Criteria

A) Inclusion criteria

1. Age group -- lactating mother - between 18-35 years.
2. Lactating women had stanyakshaya lakshana.
3. Subjects with previous history of lactational deficiency.
4. Breast feeding frequency less than 4-5 times/day
5. Baby up to 6 month will be selected for study.
6. Patient irrespective of primigravida or multigravida were selected.

B) Exclusion criteria

1. Subjects with congenital abnormalities, breast atrophy, cancers, mastitis, and shock are excluded from the study.
2. Subjects were history of alcoholism, infectious and systemic diseases.
3. Subjects in pregnancy stage.
 - a. Mother with H/o hypothyroid and insulin dependent diabetes mellitus..
4. Subjects, those having excessive lactation naturally.
5. Patients have taken treatment for milk suppression.

6. E.g. Tab Bromocriptine. In exclusive criteria, I also keep in mind the Ayurveda text reference of stanapana varjit awastha.

c) Informed Consent

An informed written consent was obtained from every patient before including trial.

Criteria of Assessment

1. Stana mlanata - Shushkatwa Stanya alpata Stanya asambhava

- Three signs are present- it is grade 3
- Two signs are present- it is grade 2
- One sign is present - it is grade 1
- No any sign- it is grade 0

2. Stanya ejection- No ejection- it is grade 0

Objectives Parameters

1. Baby weight (record on every 15 days) (sharir bhar vruddhi)

The newborn loses weight in the first few days after birth due to loss of edema fluid and regains birth weight by about the 10 th day of life. Weight increases by 25-30 grams/day from day 10 of life to 3 months age. Later on formulas can be used to determine ideal weights.

The average breastfed baby doubles its birth weight in 5-6 months. By one year, a typical breastfed baby will weigh about 2 and half times its birth weight. At one year, breastfed babies tend to be leaner than bottle fed babies. By two years, differences in weight gain and growth between breastfed and formula fed babies are no longer evident.

- According to above
- Aruddhi (not weight gain)-grade 0
- Alpa (100 to 175 gms per week)-grade 1
- Adhika or Prakrut (above 175 gms per week)-grade 2

2. Cry for demand feeding (Rodan)

- Adhik - Demand feeds before every 2 hrs. - grade 2
- Alpa -Demand feeds after every 2-3 hrs.-grade 1
- Prakrut-Demand feeds after every 3-4 hrs.-grade 0

3. Bowel (Malapravrutti)

- Malabaddhata (hard stool): grade 2
- Dravamalapravrutti (watery in consistency): grade 1

4. Breast feeding frequency

- Normal is 8-12 times /day
- Any reduced frequency of feeding is noted.
- Feeding 0-2 times/ day-grade 0
- Feeding 3-5 times/day-grade 1
- Feeding 6-8 times/day-grade 2
- Feeding 9-12 times/day-grade 3 -

5. Breast engorgement

- Prakrut- No engorgement-grade 0
- Alpa- Slight engorgement –grade 1
- Madhyam- Moderate engorgement, no vednahara aushadhi required- grade 2
- Adhik- Severe pain vedanahar aushadhi required- grade 3

1) Stanamlanata

Stanamlanata	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	2.07	0.640	0.30	0.535	85.5	4.950	<0.001 HS
GroupB-Control	2.37	0.490	0.13	0.346	94.5	5.002	<0.001 HS

2) Malapravrutti

Malapravrutti	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	0.93	.740	0.17	.461	81.7	3.758	<0.001 HS
GroupB-Control	1.17	.379	0.10	.305	91.5	4.866	<0.001 HS

3) Rodan

Rodan	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	1.43	.504	0.13	.346	90.9	5.007	<0.001 HS
GroupB-Control	1.50	.509	0.10	.305	93.3	4.949	<0.001 HS

4) Breast Engorgement

Breast Engorgement	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	1.43	.504	0.20	.407	86.0	5.069	<0.001 HS
GroupB-Control	1.47	.507	0.13	.346	91.2	4.983	<0.001 HS

5) Overall Result

S.N.	Symptoms	% Relief	
		GroupA-Trial	GroupB-Control
1	Stanamlanata	85.5	94.5
2	Breast Engorgement	86.0	91.2
3	Malapravrutti	81.7	91.5
4	Rodan	90.9	93.3

DISCUSSION

The mode of action of Shrungatak Churna with Cow milk in Stanyakshaya carry the same properties Stanya which is updhatu of Rasa dhatu. In Stanyakshaya, there is kshaya as well as dushti of rasa dhatu.

Madhur rasa is guru, sheet, snigdha, madhur vipaki, sheet veerya. It acts as vatashamak with its guru, snigdha guna. It acts as pittashamak with guru, sheet, and snigdha guna. It is saptadhatuwardhak, balyakar, brihana; So ultimately it is Stanyavardhak. It is dhatuposhak and dhatushodhak, therefore useful in dhatukshinata. Hence it improves and increases the quantity of stanya.

Doshagnata It acts as vatshamak. Its rejuvenating property is helpful in post-partum period. Also management of lactation failure mainly aims to boost mother's confidence in her ability to breast feeding, eliminate causative factors and advice correct breast feeding practices. Continuous monitoring is necessary to prevent recurrence of problem.

CONCLUSION

The action of Shrungatak Churn with Cow milk in Stanyakshaya shows good result. Both the drugs are really beneficial in stanyakshay treatment. When treatment given to group B shows slightly better results as compare to A. Shrungatak Churn does not show any toxicity as well as no side effect during follow up. This remedy is cheaper than any other drug for stanykshay. It is easy to store and carry and can be used by poor class woman also. Results of this study is encouraging and further advance type of research is required.

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