



## Research Article

**TO ACCESS THE EFFECT OF PIPALLI CHOORNA AND SHATAVARI CHOORNA IN STANYAKSHAYA****Prasad Lomate<sup>1</sup>, Vinay Chavan<sup>2</sup>, Shende Krushnadev<sup>3\*</sup>, Deepak Shinde<sup>4</sup>, Hridaynath Lad<sup>5</sup>, Chaitanya shah<sup>6</sup>**<sup>1</sup>Professor & H.O.D. Dept. of Stree Rog & Prasutitantra, LRP Ayurved Medical College, Urun, Dist-Sangali. M.S. India.<sup>2</sup>Assistant Professor, Dept. of Panchakarma, LRP Ayurved Medical College, Urun, Islampur, Dist-Sangali. M.S. India.<sup>3\*</sup>Assistant Professor, Dept. of Kayachikitsa, Dr.D.Y.Patil Ayurved College, Pune, M.S. India.<sup>4</sup>Assistant Professor Dept. of Stree Rog & Prasutitantra, Yashwantrao Chavan Ayurved Medical College, Aurangabad, M.S. India.<sup>5</sup>Associate Professor, Dept. of Stree Rog & Prasutitantra, Dr.D.Y.Patil Ayurved College, Pune, M.S. India.<sup>6</sup>Associate Professor, Dept. of Shalyatantra, Dr.D.Y.Patil Ayurved College, Pune, M.S. India.**Article info****Article History:**

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**KEYWORDS:** *Pipalli Choorna, Shatavari Choorna, Stanyakshaya.***ABSTRACT****Aim:** To access the effect of *Pipalli and Shatavari choorna* with *Shukhoshna godugdha* in *Stanyakshaya*. **Objective:** Study of literature regarding *Stanyakshaya* and *Pippali choorna*. Observation on the effect of *Pippali choorna* with *Godugdha* on lactating mother and observe if any adverse effect.**Method: Study Group:** 60 patients were observed & treated, Study divided in two groups 30 patients in each group. In Group A (Trial Group) 30 patients are randomly selected in which *Stanyakshaya* will be treated with *Pippalichoorna*, 500 mg twice daily after meals with *Sukhoshana Godugdha*. In Group B (Control Group) 30 patients are Group of randomly selected in which *Stanya Jananan* drug *Shatavarimool choorna* 2 gm twice daily with *Godugdha* after meal. A follow up was done on each patient after every 7 days. Initially all the signs and symptoms were noted thoroughly. Change in signs and symptoms in each follow up were observed and noted in case paper. Follow up was done for 3 weeks during treatment and for 2 weeks after treatment. The total duration of treatment was 21 days.**Results:** Comparing all the symptoms before and after treatment had positive results of treatment given to group B (*Shatavari Choorna*) showed slightly better results over treatment given to group A (*Pippali choorna*). The Statistical Analysis reveals that *Shatavari Choorna* with *Shukhoshna godugdha* in the management of *Stanyakshaya* is more effective than *Pippalichoorna* with *Shukhoshna godugdha*. **Conclusion:** Treatment given to group B (*Shatavari Choorna*) showed better results over treatment given to group A (*Pippali choorna*), we can conclude that treatment *Shatavari Choorna* given to group B is better for this disease *Stanyakshaya*.**\*Address for correspondence****Dr.Shende Krushnadev Laxman**

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**INTRODUCTION**

Ayurveda is ancient and precious gift by god and nature to the whole world is the since of life and basic principles. Ayurveda stands for knowledge of life. Ayu means life and Vedas means to know or to attainment. Acharya Charaka has described the definition of Ayurveda in Charaka samhita.

The objects of this science are the maintenance of the equilibrium of tissue elements. The number of branches of Ayurveda is limited to eight. The subject of the Prasuti tantra striroga and *Balaroga* (obstetrics, gynecology and paediatrics) all accepted in

*Kaumarabhrutya* as Acharya Harita says. In this changing world, ancient tradition and outdated concepts crumbling fast under the impact of fast life style which attracts human being and leads to disturbed *Swastha*. That mean supports *Sharir* (body), *Mann* (mind) and *Prann* is *Dhatu*. *Sthanya* is the *Updhatu* of *Rasa dhatu*. Ayurveda explain the importance of *Sthanya* through its main function *Pushti* and *Jeevan*. *Rasa dhatu* is said to be *Addidhatu* i.e. *Prathamdhatu*. If *Rasa dhatu* formation is disturbed, its *Updhatusthanya* is also disturbed.

The abnormalities of *Sthanyas* are<sup>[11,14]</sup>

1. *Sthanyakshaya*
2. *Sthanyavridhi*
3. *Sthanyadushti*.

*Sthanyakshaya* is one of the *Vikruti* of *Sthanya*. In *Sthanyakshaya* there is *Kshaya* due to *Dhatukshaya* and *Dushti*.

In present study, "The efficacy of *Pippalichurna* with *Godugdha* in *Sthanya kshaya* has been designed by taking reference from " *Yoga ratnakara ksheera doshachikitsa*". The purpose is to analyse and evaluate the complete concept and its etiopathogenesis of *Sthanyakshaya* and treatment with *Pippalichurna*<sup>[9]</sup> as whole in light of Ayurvedic and modern concept. 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 5<sup>th</sup> day and 480 ml by 10<sup>th</sup> 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 lactational deficiency. In Asian and Tropical countries like India, prevalence of lactational deficiency may be 30–40%.<sup>[21]</sup>

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.<sup>[22]</sup>

*Shatavari* is popular Ayurvedic drug for *Sthanyakshaya* and has satisfactory results.<sup>[17]</sup> But in Ayurvedic samhitas many galactogouges drugs are described. It is necessary to orient the material *Pippali churna* from old text in a systemic manner. *Pipaali churna* is a galactogogue drug, used with *Godugdha* in a *Sthanyakshaya* as its *Stayashodhana* and *Stanyaavardhana* effect.<sup>[9]</sup>

As no other milk can be compared 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.<sup>[21]</sup>

In a poor socio economic, illiterate community of India, there is feeding can be make the difference between the life and death of baby. The infection rate is high in top feed (bottle feed) babes. Once the baby is malnourished, falls in more often and the infectious are more severe. Diarrhea and respiratory disease are more common causes of the largest number of the death<sup>[21]</sup>. In these circumstances, galactogogue drugs can play vary valuable role in medicine field. This dissertation will include complete review of Ayurvedic literature, modern literature; materials, methods adopted for the clinical study; observation and result follow by discussion as weels as summary and conclusion of present work. Thus it is hope that on the basis of clinical study, specific treatment for the

*Sthanyakshaya* will be established certainly and it will surely help for effective management.

**AIMS** –To access the effect of *Pipalli choorna* with *Shukhoshna godugdha* in *Sthanyakshaya*.

#### OBJECTIVES

- 1) Study of literature regarding about *Sthanyakshaya* and *Pippli choorna*.
- 2) Observe the effect of *Pippali choorna* with *Godugdha* on mother.
- 3) See adverse effect if any.

#### MATERIALS AND METHODS

##### Clinical Study

- a) **Study design** - Clinical study
- b) **Selection of Patients**

The study was carried out on outdoor patients (OPD) and wards (IPD) patients.

**Inclusion Criteria-** The selection of patient was random but it was based on following conditions.

- 1) Patients of *Sthanyakshaya* in *Sutikaavastha*.
- 2) Age group of patient is in between 18 – 35 years.
- 3) Patients from 10th day of delivery.
- 4) Baby up to 6 month will be selected for study.

##### Exclusion criteria

- 1) Patients having any pathological condition and congenital anomalies, malignancy, immunocompromised disorders.
- 2) Alcoholism, infection and systemic diseases.
- 3) Baby with congenital anomalies birth trauma premature of baby, having any pathological condition.
- 4) Patients have taken treatment for milk suppression. E.g.Tab.Bromocreptine

In exclusive criteria, also keep in mind the reference of *Stanapana varjitawastha*. The woman who is hungry, stricken with grief, tired, has vitiation of *Dhatus* is pregnant, suffering from fever, emaciated (*Shosha*), obese and has consumed diet likely to produce *Vidaha* (burning sensation or indigestion) or the edibles opposite in character should not give breast feed to the child.

**Place of work:** Loknete Rajarambappu Patil Ayurvedic Medical College, Hospital And Research Centre, Uran Tal: Walwa Dist: Sangali, Maharashtra.

This study was carried out in our Hospital's OPD of Stree Roga Prasuti Tantra.

**c) Informed Consent:** The subject undergoing this study was informed about the nature & purpose of study and written consent for each patient in both groups was taken. Essential pathological investigations were done & studied accordingly.

**d) Materials (Drugs)**

- 1) *Pippali choorna*<sup>[9]</sup>
- 2) *Shatavari Churna*<sup>[8]</sup>
- 3) *Anupana. (Sukhoshna Godugdha)*<sup>[6]</sup>

**METHODS**

**Study Group:** 60 patients were observed & treated [Study divided in two groups 30 patients takes in each group.]<sup>[18]</sup>

**Group A: [Trial Group]:** Group of randomly selected 30 patients in which *Stanyakshaya* will be treated with

Groups	<i>Pippali choorna (Group A)</i>	<i>Shatavari churna (Group B)</i>
Dose ( <i>matra</i> )	500mg Twice a day	2 grms. twice a day
Duration	21day	21day
Route Of Administration	Oral	Oral
Kala	<i>Pragbhakta Kala (Before meals)</i>	<i>Pragbhaktakala (Before meals)</i>
<i>Anupana</i>	<i>Godugdha</i>	<i>Godugdha</i>

**Follow up:** Follow up after 7 days initially all the signs and symptoms were noted thoroughly. Change in the signs and symptoms in each follow-up were observed and noted in the case paper.

**Subjective Parameters**<sup>[11,14]</sup>

- 1) *Stanya malanata*
- 2) *Stana pidinata*
- 3) *Stanya praman*

**Objective Parameters**<sup>[13]</sup>

1. *SharirBhar (Upchaya)*
2. *Mal Priksha*
3. *Rodan (Cry)*
4. Dehydration
5. *Nidra (sleep)*

**Subjective and Objective Parameters with Gradation:****Subjective Parameters**1) *Stanya malanata*<sup>[11,14]</sup>

<i>Adhik</i>	Grade – I
<i>Madham</i>	Grade – II
<i>Alpa</i>	Grade – III

2) *Stana pidina (Breast Engorgement)* <sup>[11,14]</sup>

Mild	Grade – I
Moderate	Grade – II
Severe	Grade – III

3) *Stanya praman* <sup>[11,14]</sup>

Milk Ejection	Scored
No	0
Drop by Drop	1
With stream	2
With force	3

**Objective Parameters****Objective Parameter of Baby**<sup>[13,21]</sup>1) *SharirBhar (Upchaya)*

<i>Kshay</i>	Grade – I
<i>Madhyam</i>	Grade – II
<i>Prakrut</i>	Grade – III

2) *Mal Priksha*

<i>Prakrut</i>	Grade – I
<i>Drav-malpravrutti</i>	Grade – II
<i>Malbaddhata</i>	Grade – III

*Pippli choorna*<sup>[9]</sup>, 500 mg twice daily after meals with *Sukhoshana Godugdha*.<sup>[19]</sup>

**Group B: [Control Group]:** Group of randomly selected 30 patients in which *Stanya, Jananan* drug *Shatavari choorna*<sup>[8]</sup> 2 gm twice daily with *Godugdha* after meal.

Follow up will be done weekly for 3 weeks during treatment and weekly for 2 weeks after treatment.

**Mode of Administration**

Patients were given the drug orally in the following way.



**3) Rodan (Cry)**

<i>Prakrut</i>	Grade - I
<i>Muhurmuhu</i>	Grade - II
<i>Nitya</i>	Grade - III

**4) Dehydration**

Mild	Grade - I
Moderate	Grade - II
Severe	Grade - III

**5) Nidra (sleep)**

<i>Prakrut</i>	Grade - I
<i>Alpa (khandit)</i>	Grade - II
<i>Adhikya</i>	Grade - III

**The mode of action of Pippali choorna with in Stanyakshaya**

*Pippalichurna*<sup>[9]</sup>, *Godugdha*<sup>[6]</sup> and *Rasadhatu* carry the same properties. *Stanya* is *Updhatu* of *Rasadhatu*. In *Stanyakshaya*, there is *Kshaya* as well as *Dushti* of *Rasadhatu*. Due to *Madhur*, *Tikta* and *Kashayrasa* of *Haridradi churna*, it works as a *Rasa dhatuvaradhak*, *Dhatuposhak*, *Agnideepak* and *Stanyashodhak*. It is also *Bruhana*, *Rasayana* and *Stanyajanan*.

**Madhurrasa:** *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 *Saptadhatuvaradhak*, *Brihana*; it has same *Guna* as in *Rasadhatu*. Therefore it is *Rasa Dhatuvaradhak*. So ultimately it is *Stanyavardhak*.<sup>[1,3,12]</sup>

**Balya:** *Sarvadhatuvaradhak* and improves quality of *Dhatu*s, Therefore *Balyakar*. It is *Dhatuposhak* and *Dhatu shodhak*, therefore useful in *Dhatukshinata* and *Dhatudushti*. Therefore it improves and increases the quality of *Stanya* with its above all properties.

**Doshaghnata**

It acts as *Vatshamak* as well as *Pittashamak*. *Pippali churna* helps in *Dhatukshinata* and improves the process of galactogenesis and poiesis.<sup>[9]</sup>

**OBSERVATIONS AND RESULTS**

**Table 1: Distribution of patients according to age group**

Age in yrs	No.of cases Group-A	No.of cases Group-B	Total
<20	2	1	03
20 -	19	20	39
25-30	9	9	18
Total	30	30	60

As per inclusion criteria of patients we selected patients having age between less than 20 years to 30 years and we distributed it in three-sub age groups. Out of 60 patients, number of patients found in age group less than 20 years were 3. In 20 years age group they were 39. In 25 to 30 years age group 18 in numbers.

**Table 2: Distribution according to Socio-economic class**

SEC	No. of cases Group-A	No. of cases Group-B	Total
UM	4	9	13
UL	10	4	14
LM	10	15	25
LC	6	2	08
Total	30	3 + 0	60

(Abbreviations: UM- Upper Middle, UL- Upper Lower, LM- Lower Middle, LC-Lower Class)

Out of 60 patients, maximum patients were found having lower-middle status followed by upper-lower, upper-middle & lower class. They were 13, 14, 25, 08 in numbers respectively.

**Table 3: Classification of patients according to Prakruti**

Prakruti	No. of cases Group-A	No. of cases Group-B	Total
KP	0	4	4
KV	1	3	4
PK	0	0	0
PV	1	1	2

VK	16	12	28
VP	12	10	22
Total	30	30	60

(Abbreviations: Kp- Kaph Pitta, Kv-Kaph Vaat, Pk- Pitta Kafh, Pv-Pitta Vaat, Vk- Vaata Kaph, Vp- Vaata Pitta)

Out of 60 patients in study maximum numbers of patients were found in *Vatapradhan Kaphaprakruti* followed by *Vatapradhanpitta*; *Kaphapradhanvata*; *Kaphapradhan pitta*; *Pitta pradhanvata*. They were 28, 22, 4, 4, 2 in numbers respectively.

**Table 4: Classification of patient according to parity**

Parity	No. of cases Group-A	No. of cases Group-B	Total
Primi	15	15	30
Multi	15	15	30

Out of 60 patients in study maximum patients were found Primi para 15, 2nd para & lastly multi para are 15 patients were found in number.

**Table 5: Distribution according to Stanamlanat<sup>[18]</sup>**

M-SM	BT		AT		%Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	1.40	.49	.23	.43	83.6	4.882	<0.001 HS
Group-B	1.53	.50	.13	.50	91.5	4.765	<0.001 HS

M-SM	Mean difference score	Sd	Mann-Whitney Z	P
Group-A	1.1667	.53067	1.664	0.096 NS
Group-B	1.4000	.62146		

In group-A before treatment the mean score was found 1.4 & it came down to 0.23 after treatment i.e. relief was 83.6% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). Similarly in group-B before treatment the mean score was found 1.53 & it came down to 0.13 after treatment i.e. relief was 91.5% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). This indicate treatment given to group-A & group-B is effective.

**Table 6: Distribution of patients according to Stanya Pidanata**

SP	BT		AT		%Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	1.23	.43	.13	.34	89.4	5.260	<0.001 HS
Group-B	1.50	.50	.10	.30	93.3	4.949	<0.001 HS

SP	Mean difference score	Sd	Mann-Whitney Z	P
Group-A	1.1000	.30513	2.661	0.008 Sig
Group-B	1.4000	.49827		

In group-A before treatment the mean score was found 1.23 & it decreased to 0.13 after treatment i.e. relief was 89.4% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). Similarly in group-B before treatment the mean score was found 1.50 & it decreased to 0.10 after treatment i.e. relief was 93.3% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). This indicate treatment given to group-A & group-B is effective.

**Table 7: Distribution of patients acc. to Stanyapravartana**

SPR	BT		AT		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	.17	.37	2.50	.77	-	4.879	<0.001 HS
Group-B	.10	.30	2.77	.56	-	5.028	<0.001 HS

SPR	Mean difference score	Sd	Mann-Whitney Z	P
Group-A	2.3333	.75810	1.884	0.06 NS
Group-B	2.6667	.60648		

In group-A before treatment the mean score was found 0.17 & it increases to 2.50 after treatment i.e. effect was



found statistically highly significant by Wilcoxon signed ranks test (Z). Similarly in group-B before treatment the mean score was found 0.10 & it increased to 2.77 after treatment i.e. effect was found statistically highly significant by Wilcoxon signed ranks test (Z). This indicate that treatment given to group-A & group-B is effective.

**Table 8: Distribution according to SHB**

B-SHB	BT		AT		%Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	.03	.18	1.87	.34	-	5.152	<0.001 HS
Group-B	.10	.30	1.93	.25	-	5.152	<0.001 HS

B-SHB	Mean difference score	Sd	Mann-Whitney Z	P
Group-A	1.8333	.37905	0.0	1.0 NS
Group-B	1.8333	.37905		

In group- A before treatment the mean score was found 0.3 & it increased to 1.87 after treatment i.e. effect was found statistically highly significant by Wilcoxon signed ranks test (Z). Similarly in group-B before treatment the mean score was found 0.10 & it increased to 1.93 after treatment i.e. effect was found statistically highly significant by Wilcoxon signed ranks test (Z). This indicate treatment given to group-A & group-B is effective.

**Table 9: Distribution according to Change in Nidra**

Nidra	BT		AT		%Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	.23	.43	1.77	.43	-	4.932	<0.001 HS
Group-B	.27	.45	1.97	.18	-	5.007	<0.001 HS

Nidra	Mean difference score	Sd	Mann-Whitney Z	P
Group-A	1.5333	.50742	1.317	0.188 NS
Group-B	1.7000	.46609		

In group-A before treatment the mean score was found 0.23 & it increased to 1.77 after treatment i.e. effect was found statistically highly significant by Wilcoxon signed ranks test (Z). Similarly in group-B before treatment the mean score was found 0.27 & it increased to 1.99 after treatment i.e. effect was found statistically highly significant by Wilcoxon signed ranks test (Z). This indicate treatment given to group-A & group-B is effective.

**Table 10: Distribution according to Rodan**

Rodan	BT		AT		%Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	1.43	.50	.10	.30	93.0	4.875	<0.001 HS
Group-B	1.53	.50	.07	.25	95.4	4.932	<0.001 HS

Rodan	Mean difference score	Sd	Mann-Whitney Z	P
Group-A	1.3333	.54667	0.907	0.364 NS
Group-B	1.4667	.50742	0.817	0.308 NS

In group-A before treatment mean score was found 1.43 & it come down to 0.10 after treatment i.e. relief was 93.00% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). Similarly in group-B before treatment the mean score was found 1.53 & it come down to 0.07 after treatment i.e. relief was 95.4% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). This indicate treatment given to group-A & group-B is effective.

**Table 11: Distribution according to Malapravrutti Change in ML- P**

MLP	BT		AT		%Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	.60	.49	.13	.34	78.3	3.742	<0.001 HS
Group-B	.53	.50	.03	.18	94.3	3.873	<0.001 HS

MLP	Mean difference score	Sd	Mann-Whitney Z	P
Group-A	.4667	.50742	0.256	0.798 NS
Group-B	.5000	.50855		

In group-A before treatment the mean score was 0.60 & it decreased to 0.13 after treatment i.e. relief was 78.3% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). Similarly in group-B before treatment the mean score was 0.53 & it increased to 0.3 after treatments i.e. relief was 94.3% and reduction was found statistically highly significant by Wilcoxon signed ranks test (Z). This indicate treatment given to group-A & group-B is effective.

## DISCUSSION

As mentioned earlier this study was executed as one time, cross sectional, randomized sample based, retrospective analytical study. The probable signs, symptoms & *Samprapti* of *Stanyakshaya* have been mentioned in earlier topics. Herein this topic the results observed in the study are discussed. The patients, coming to hospital were with varied socioeconomic back ground ranging from working women to housewives & illiterate women. Thus the sample population was easy to obtain with good variety to represent actual population. The patients were sorted out in a general health camp irrespective of occupation, religion & *Prakruti*. Study was conducted as mentioned in materials and methods statistical analysis was performed duly.

## GENERAL OBSERVATIONS

**A) Sex wise:** In this study all female patients were included.

**B) Age wise:** As per inclusion criteria of patients we selected patients having age between less than 20 years to 30 years and we distributed it in three-sub age groups. Out of 60 patients, number of patients found in age group less than 20 years was 3 In 20 years age group they were 39. In 25 to 30 years age group 18 in numbers.

**C) Socioeconomic status wise:** Out of 60 patients, maximum patients were found having lower-middle status followed by upper-lower, upper- middle & lower class. They were 13, 14, 25, 08 in numbers respectively.

**F) Prakruti wise:** Out of 60 patients in study maximum numbers of patients were found in *Vatapradhan kaphaprakruti* followed by *Vatapradhan pitta*; *Kapha pradhanvata*; *Kaphapradhan pitta*; *Pitta pradhanvata*. They were 28, 22, 4, 4, 2 in numbers respectively.

**G) Parity wise:** Out of 60 patients in study maximum patients were found Primi para 15, 2nd para & lastly multi para are 15 patients were found in number.

## Clinical Observations

**1) According to Stanamlanata:** Breast becomes tense and heavy due to filling of milk in lactiferous ducts. If mother has not enough milk and breasts are felt light,

this is called *Stanamlanata (Stanashaithilya)*. There is *Prakrutstanamlanata* after feeding the baby and *Stanamlanata* become tense before feeding the baby.

**Trial Group:** Out of 30 patients, before treatment 18 patients were in alp and 12 patients were *Adhik stanyamlanata* present. After treatment 23 patients were in *Prakrut* group and 7 patients were in alp group, *Adhik stanyamlanata* was not found. Out of 30 patients, 23 patients are cured i.e. *Stanyamlanata* is significantly improved.

**Control Group:** Out of 30 patients, Before treatment 14 patients were in alp and 16 patients in *Adhikstanyamlanata* group. After treatment 28 patients were in *Prakrut* and 2 patients were in alp group, *Adhikstanyamlanata* was not found. Out of 30 patients, 28 patients are cured i.e. *Stanyamlanata* is significantly improved.

**2) According to Stanyapidanata:** Breast engorgement or tenderness is due to lactation deficiency and improper feeding of mother. It may be many times severe pain in bilateral breast or single side

**Trail group:** Out of 30 patients, before treatment 23 patients were in alp and 7 patients were in *Adhikstanyapidanta* group. After treatment 26 patients were in *Prakrut* and 4 patients were in alp *Stanyapidanta* group. Out of 30 patients 26 patients are cured i.e. *Stanyapidanta* is highly significant improved.

**3) According to Stanyapravartana:** Breast milk increases on rest and after a meal. In Ayurvedic text, the *Pramana* of *Stanya* is given two *Anjali*.

**Trial Group:** Out of 30 patients, before treatment 25 patients were *Stanyaapraman*, and 5 patients were found *Stanyapraman* is drop by drop, and with stream and forceful *Stanyaapraman* were absent. After treatment 20 patients *Stanyaapraman* is forceful, 5 patients are with stream and 5 patients are with drop by drop. No any *Stanyaapraman* patients found. Out of 30 patients, 20 patients are cured i.e. *Stanyapravartana* is significantly improved.

**Control Group:** Out of 30 patients, 27 patients were *Stanyaapraman* and 3 patients were *Stanyaparaman* were found drop by drop, and with stream and forceful *Stanyaapraman* were absent. After treatment 25 patients *Stanyaapraman* is forceful, 3 patients with stream and 2 patients with drop by drop *Stanyaapraman* is present. No any *Stanyaapraman* patient found. Out of 30 patients 25 patients are cured i.e. *Stanyaparaman* is highly significant is proved.

**3) Shareerbharvruddhi (SHB):** (Normal weight gain pattern of baby) direct evidence of the amount of milk of lactating mother is difficult to measure but indirect evidence of its insufficiency is in the form of inadequate weight gain of the baby. Loss of weight in first few days

(upto10% loss) due to loss of extracellular fluids and poor intake. Birth weight attained at 7 to 10days. The measurement of weight is the most reliable criterion of assessment of health and nutritional status of baby. Weight is a measure of total body mass and is sensitive to changes in body fluids, fat, muscle, mass, skeleton and body organs. The weight may be recorded on Electronic weighing scale for infants. Depending upon the actual weight of the child, weight gain should be expresses by consulting the standard growth chart. The weight for age is are liable index of the nutritional status of a child. In our hospital there is not available an electronic weighing machine or beam type weighing machine. I checked the instrument frequently. Zero error was adjusted before weighing every time. It was checked (compare) with standard weighing machine. There was difference of +/- 25gm. So I was decided to take weight after every 7 days. I took four follow-ups and recorded the weight and it was compared with the reference standard. One reading is not enough for assessment. A series of readings over some time is more important than just one weight record.

**Trial Group:** Out of 30 babies, before treatment 29 babies were in absent group of *Sharirbharvrudhi* presents and 1 baby were in alp group. After treatment 26 babies are in *Adhik* group and 4 are in alp group of *Sharirbharvrudhi* found. zero babies had no *Shareerbharvrudhi*. Out of 30 babies, 26 babies are cured i.e. *Shareerbharvrudhi* is significantly improved.

**Control Group:** Out of 30 babies, before treatment 27 babies were in absent group of *Sharirbharvrudhi* presents and 3 babies were in alp group. After treatment 28 babies are in *Adhik* group and 2 are in alp group of *Sharirbharvrudhi* found. zero babies had no *Shareerbharvrudhi*. Out of 30 babies, 28 babies are cured i.e. *Shareerbharvrudhi* is significantly improved.

**4) Nidra:** If the infant is satisfied after each nursing period, sleeps 2-4 hours and gains weight adequately, the milk supply is sufficient. However if the infant nurses avidly and completely empties both breasts but appears unsatisfied afterward, does not go to sleep or sleeps fitfully and awakens after 1-2 hours and fails to gain weight satisfactory, the milk supply is probably inadequate.

**Trial Group:** Out of 30babies, before treatment 23 babies were in absent group, and 7 babies were in alp group. After treatment 5 babies are in alp group and 25 babies are in *Adhik* group. Out of 30 babies 25 babies cured i.e. *Nidra* significantly improved.

**Control Group:** Out of 30 babies, before treatment 27 babies were in absent group, and 3 babies were in alp group. After treatment 2 babies are in alp group and 28 babies are in *Adhik* group. Out of 30 babies 28 babies cured i.e. *Nidra* significantly improved.

**4) Rodan:** (According to cry for demand feeding) Crying of the baby is usually due to hunger. Baby cries when he is hungry or at discomforts oiling by urine and stool. Experienced mother or doctor can distinguish

baby's cry for food or cry for discomfort. Cry stops on remedy. If the milk is adequate the baby will gradually make a 3 to4 hourly schedule for himself. This is the self demands schedule and is nothing new. It is much simpler and more logical to feed the baby when baby wants it.

**Trial Group:** Out of 30 babies, before treatment 13 babies were in *Adhik* group and 17 babies were in alp group no babies in *Prakrutrodan* group. After treatment 27 babies are in *Prakrut* group and 3 babies are in alp group. No any babies are found in *Adhikrodan* group. Out of 30 babies 27 babies cured i.e. *Rodan* is significant improved.

**Control Group:** Out of 30 babies, Before treatment 14 babies were in *Adhik* group and 16 babies were in alp group no babies in *Prakrutrodan* group. After treatment 28 babies are in *Prakrut* group and 2 babies are in alp group. No any babies are found in *Adhikrodan* group. Out of 30 babies 28 babies cured i.e. *Rodan* is significant improved.

**6) According to Mala pravrutti:** Constipation (*Malbaddhata*) is practically unknown in breast feed infants receiving an adequate amount of milk. Constipation is the passage of hard stool or the passage of no stool at all. The nature of the stool, not its frequency, is the basis for diagnosing. Most infants have one or more stools daily, an infant will occasionally have of stool of normal consistency only at intervals of 36-48 hours. On breast milk the baby passes golden yellow soft, sticky, semisolid stool. They may be slightly curdy or greenish at times. The number varies a great deal but most babies pass 6 to7 stools a day, usually after feeds. They pass a little bit of stool every time they pass some air. This is often mistaken for diarrhea, but it is a perfectly normal pattern and needs no treatment.

**Trial Group:** Out of 30 babies, Before treatment 12 babies had *Dravmalpravrutti* group and 18 babies were in *Prakrut* group. After treatment 26 babies are in *Prakrutmalpravrutti* and 4 baby has *Dravmalpravrutti*. No any baby has *Malbhadhta*. Out of 30 babies, all 26 babies are cured i.e. *Malpravruttiis* significantly improved.

**Control Group:** Out of 30 babies, Before treatment 16 babies had *Dravmalpravrutti* group and 14 babies were in *Prakrut* group. After treatment 29 babies are in *Prakrutmalpravrutti* and 1 baby has *Dravmalpravrutti*. No any baby has *Malbhadhta*. Out of 30 babies, all 29 babies are cured i.e. *Malpravrutti* is significantly improved.

## CONCLUSION

1. All the treatment given to group B (*Shatavari Choorna*) shows better results over treatment given to group A (*Pippali choorna*), we can conclude that treatment *Shatavari Choorna* given to group B is better for this disease *Stanyakshaya*.
2. This treatment does not show any toxicity.
3. This drug does not show any side effects during



follow up.

4. This remedy is cheaper in cost and easy to use, store, carry and can be used by poor class women also.
5. Results of this study are encouraging.
6. Further research is required.

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