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To Evaluate the efficacy of *Aahara – Vihara* on *Stanya Kshaya* in Healthy Female Volunteers of different *Deha Prakriti*

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ABSTRACT

Ayurveda is a practical science that deals with physiological and pathological status of human beings. *Acharyas* of Ayurveda has classified the elements of the body under three fundamental components *Dosa*, *Dhatu* and *Mala*. Though the basic elements are categorised under these three groups but some elements are left which are not defined. These specialised group of elements termed as *Updhatu*. *Upa* is suggestive of 'Proximity' and close resemblance to the term *Dhatu*. So in nutshell, it could be said that *Updhatu* is derivative of *Dhatu* and has some resemblance in terms of structure, function, and nature. The present study evaluate the role of the efficacy of *Aahara–Vihara* on *Stanyaksaya* in healthy female volunteers of different *Deha Prakriti*. The study was undertaken on 30 Females having *Stanyaksaya* and baby in *Ksirapa Avastha* in a single group. The duration of therapy was 3 months. The patients were followed up every 2 weeks. This trial revealed that this disease is common in *Vata-Kapha Prakriti* patients. After treatment, statistically significant ($p < 0.01$) reduction was observed in selected parameters. We found that the *Aahara-Vihara* was found effective in *Stanyaksaya*. On the basis of above observation, it may be recommended that this diet (*Ahara-Vihara*) is a safe and effective in the management of *Stanyakshaya*.

Key words: *Aahara*, Breast Milk, *Prakriti*, *Stanya*, *Stanyakshaya*, *Vihara*.

INTRODUCTION

Milk is the main and primary diet of Infant. Breast feeding was considered very excellent food for infants even in the Vedic Period. Rigveda has advocated breast feeding after birth with recitation of Mantras.

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Skanda mentioned in *Dharama Granthas* became popular as '*Kartikeya*' only because of being breast fed by six '*Krttikas*'^[1] this reference reflects the importance of breast milk. The breast milk provides numerous health benefits to both mother and baby. Breastfeeding should begin soon after birth. Breastfeeding is the best way to care for the new child. Besides the overwhelming bonding it creates, Breast milk is also the perfect food for them. The WHO recommends exclusive breastfeeding for the first six month of life, after which, infants should receive nutritionally adequate and safe complementary food while breastfeeding continues for upto two year of age or beyond.^[2]

Stanyaksaya is a vital problem with increasing prevalence, ranging from 23-63% in western countries and 45-53% in some part of India. The overall scenario

of this problem can be assessed by previous reports above cited. It is a great irony that such an important problem that is directly associated with the health of the mother and child is largely neglected. According to Sushruta, *Stanyaksaya* occurs due to psychological condition of mother (*Krodha, Shoka, Bhaya*, and *Irsha & Avatsalyatwa*), Diet regime of mother and physiological condition.^[3]

No specific effective and safe treatment has been proposed so far in conventional system of medicine. In Ayurveda on other hand possess a large number of the drugs, diet, and behavior regimen which are ascribed to be *Stanyajanana* and useful in the management of *Stanyaksaya* but scientific studies are not available to validate this. In the view of the above, present study was designed to evaluate the *Stanyajanana* effect of the *Ahara* and *Vihara* prescribed in the Ayurveda classics.

MATERIALS AND METHODS

Study design and Patient selection

This was a single group clinical study conducted on 30 patients of *Stanya Kshaya* attending the IPD and OPD of P.G. Department of Kriya Sharira of Ayurveda & Unani Tibbia College, New Delhi, All patients were screened according to inclusion & exclusion criteria and registered for the study.

Inclusion and exclusion criteria

Primi and multipara of above 18 years having *Stanyaksaya* and baby in *Ksirapa Avastha* were included in the study. Subjects below 18 years of age and suffering from *Stanya Dushti*, Diabetes mellitus, Hypothyroidism, hypopituitarism, inadequate breast tissue, retracted or flat nipples and diseases of breast and using certain medication such as bromocriptine, cabergolin, diuretics or antihistaminics etc. were excluded from the study, we also excluded the womens whose babies have cleft lip, cleft palate and babies suffered from acute and chronic debilitating illnesses, Babies on bottle feed were also excluded.

Follow-up during study

Mothers were managed on OPD basis and follow up was done fortnightly for 90 days. Follow up was done to note weight gain of baby or any problem and the

clinical features of lactogenesis in mothers. Sustenance of the baby's growth was ensured.

Criterion for assessment

Subjective Parameters

1. Breast appearance: *Stana Mlanata* (laxity/ changing appearance), *Shushkatwa* (less in size/ wrinkled appearance)
2. *Stanya Ejection*: *Stanya Alpata*, *Stanya Asambhav*.
3. Breast feeding Frequency: Normal is 8-12 times. (Any reduced frequency of feeding was noted)
4. Pertaining to baby: hunger, cry, sleep, urine output and stool.
5. Residual milk in breast after each feeding.

Objective Parameters

Weight gain of the baby (every 15 days interval)

Assessment of Prakriti

Assessment of *Prakriti* of every patient was done according to different parameters mentioned in Ayurvedic classics.

Laboratory Investigations

1. Hb %
2. CBC
3. Urine routine / Micro
4. Serum Prolactin (if required only)

Aahara Vihara for Participants

The *Aahara Vihara* as mentioned in the classical literature was converted into a daily schedule chart, which was given to each of the participants selected for the management of *Stanyakshaya*.

Vihara

1. Avoidance of Hard work
2. Proper Rest
3. Happiness
4. Absence of Sorrow, Anger, fear
5. Avoidance of excessive walking

Table 1: Diet chart for the Patients.

Early morning (6:30 Am - 7:00 Am)	<ul style="list-style-type: none"> ▪ Lemon Tea / Black Tea
Breakfast (9:00 Am - 10:00 Am)	<ul style="list-style-type: none"> ▪ Milk 1 glass ▪ Sprouted grains (green gram) ▪ Pudding prepared by wheat flour / Kheer prepared using Jaggery / Laddoo prepared by flours.
Lunch (1:00 Pm - 2:00 Pm)	<ul style="list-style-type: none"> ▪ 2 Chapati (whole wheat) ▪ Rice ▪ Dal ▪ Green leafy vegetables / Meat ▪ Curd ▪ Onion and garlic Chutney.
Evening (4:00 Pm - 5:00 Pm)	<ul style="list-style-type: none"> ▪ Milk 1 glass / Soup (tomato or vegetable) / Meat soup / fruits
Dinner (7.00 Pm - 8.00 Pm)	<ul style="list-style-type: none"> ▪ 2 Chapati (whole wheat) ▪ Rice ▪ Dal ▪ Green leafy vegetables / Meat.
Bed time (10.00 Pm)	<ul style="list-style-type: none"> ▪ Milk 1 glass (processed with Shunti + Pippali)

OBSERVATION AND RESULTS

Among the registered patients, highest no. of patients (56.60%) belongs to the age group of 23-25 followed by (23.30%) in the age group of 26-28 , (20%) of patients were observed in the age group of 20-22 and no patient was observed below 20yrs and above 28 years. Maximum number of patients (53.34%) were Primipara followed by (46.66%) Multipara. Maximum number of patients found in Higher secondary school category (43.30%), in Graduation (26.60%), and (16.60%) were illiterate followed by (13.30%) Primary school category. Majority of the patients (83.33%) were House wife and (10%) were working, followed by (6.66%) who belongs to labour class category.

Maximum number (70%) were in Urban areas and (30%) were in Rural area. Maximum number (63.33%) of Patients were taking vegetarian diet followed by (36.67%) who were taking non vegetarian diet. Maximum no. of patients (46.7%) had marital life of 3~4 years followed by (33.33%) having marital life of 1~2 years and least no of patients (20%) were having marital life of 5~6 years. Maximum number (46.67%) had *Vata-Kapha Prakriti* and (30%) patients had *Vata-Pitta Prakriti* and (23.33%) and only (23.33%) patients had *Pitta –Kapha Prakriti*. Highest number (40%) patients had vishama Agni followed by (26.6 %) patients with Manda Agni and (20%) patients with Sama Agni and only (13%) patients had Teekshana Agni.

Table 2: Effect of therapy on breast milk ejection

Breast milk ejection	Mean±S.D (B.T.)	Mean±S.D (A.T.)	Change in Mean±S.D (B.T.-A.T.)	P value
<i>Stanya Alpata</i>	2.8±0.40	2.4±0.56	0.4	0.026
Breast feeding frequency/ 24hrs	5.63±0.8	11.33±0.7	-5.7	<0.0001
Residual milk in breast after each feeding	2.73±0.4	2.36±0.5	0.37	0.0068

The mean and standard deviation of *Stanya Alpata* before and after 3 months of therapy is 2.8±0.40 and 2.4±0.56 with p value is 0.026 which is considered statistically significant. The mean and standard deviation of Breast feeding frequency/24hrs before and after 3 months of therapy is 5.63±0.80 and 11.33±0.71 with p value is <0.0001 which is considered statistically extremely significant. The mean and standard deviation of residual milk in breast after each feeding before and after 3 months of therapy is 2.73±0.44 and 2.36±0.55 with p value is

0.0068 which is considered statistically very significant. (Table 2)

Table 3: Effect of therapy on breast appearance

Breast Appearance	Mean±S.D (B.T.)	Mean±S.D (A.T.)	Change in Mean±S.D (B.T.-A.T.)	P value
Stana Mlanata	2.7±0.466	2.46±0.46	0.24	0.006
Stana Shushkatwa	2.68±0.54	2.24±0.57	0.24	0.003

The mean and standard deviation of *Stana Mlanata* before and after 3 months of therapy is 2.7±0.466 and 2.46±0.466 with p value is 0.0059 which is considered statistically significant. The mean and standard deviation of *Stana Shushkatwa* before and after 3 months of therapy is 2.68±0.54 and 2.24±0.57 with p value is 0.0035 which is considered statistically very significant. (Table 3)

Table 4: Effect of therapy on clinical feature pertaining to baby

Clinical features	Mean±S.D (B.T.)	Mean±S.D (A.T.)	Change in Mean±S.D (B.T.-A.T.)	P value
Hunger, Cry, Sleep	0.86±0.34	0.5±0.508	0.3	0.0018
Frequency of urine	5.93±0.09	9.8±0.96	0.9	<0.0001
Frequency of stool	3.6±1.476	7.53±1.90	3.9	<0.0001

The mean and standard deviation of hunger, cry, sleep before and after 3 months of therapy is 0.866±0.345 and 0.5±0.508 with p value is 0.0018 which is considered statistically very significant. The mean and standard deviation of frequency of urine before and after 3 months of therapy is 5.933±0.090 and 9.8±0.96 with p value is <0.0001 which is considered statistically extremely significant. The mean and standard deviation of frequency of stool before and after 3 months of therapy is 3.6±1.476 and 7.53±1.907 with p value is <0.0001 which is considered statistically extremely significant.

DISCUSSION

In Ayurvedic classics description of *Stanya* and its importance is mentioned in many places. *Stanya* is called by the synonym 'Piyusha'.

The *Stanya* is *Jivana Amsha* as it is the chief source of nutrition and diet to the infant due to *Satmyatva*. Considering this fact the intake of *Stanya* is advised from the day of birth which is to be continued until the age of two years. Thereby the growing infant requires adequate amounts of milk as it the only factor for causing *Deha Pushti*, *Dhatu Vardhana* and *Bala Vardhana*. According to Ayurveda, Breast milk is the essence of *Rasadhatu* which is formed from the digested food circulating in whole body, when it gets collected in breast it is termed as *Stanya*. As it is formed from *Prasad Bhaga* of *Aahara Rasa* it contains best of all nutrients needed for the child.

In Ayurveda causes for the *Stanyanasha* and *Stanyaksaya* are explained in detail by Sushruta, Kashyapa, Vagbhata 1 & 2 and Bhavaprakasha. Main causes are *Langhana*, *Rukshannapana Sevana*, *Karshana*, *Atyanta Apatarpana*, *Shodhana Atiyoga*, *Krodha*, *Bhaya*, *Shoka*, *Kama* and *Avatsalyatwa*, etc. psychosomatic causes.^[20,21] Hence *Stanyaksaya* occurs due to psychological condition and faulty diet regime of mother. Keeping these aspects in mind, this study has been undertaken and an attempt is made to see the efficacy of diet and behavioral regimen in improving the *Stanyakshaya*. A great deal of attention has been paid to the diet of the breast feeding mother all over the world. It isn't really surprising that many cultures make a direct connection between a woman's diet and the milk she produces for her child, so it is easy to understand why there are so many recommendations and taboos regarding what a breastfeeding mother eats. Some of these ideas do indeed have a basis, while others are the result of cultural attitudes, notions, and superstitions.

A healthy diet offers many advantages that go beyond those that directly affect the breastfeeding baby and mother. The ideal diet for a breastfeeding woman is simply the healthiest one for all human being. In our

day to day lives, most of us have food habits that are not “ideal” but are still good enough to ensure that we have a sufficient quantity of the kinds of food. A woman who is not strict with her diet can still breastfeed successfully. A good nutrition help a mother maintain her health.

Ayurveda gives importance to breastfeeding from two view points-nutritional and psychological aspect. Nutritional value of breastfeeding has been recognized even by the modern medicine. There are certain dietary regulations prescribed by Ayurveda for breastfeeding.

CONCLUSION

This trial revealed that this disease is common in *Vata-Kapha Prakriti* patients. After treatment, statistically significant ($p<0.01$) reduction was observed in selected parameters. We found that the *Aahara-Vihara* was found effective in *Stanyaksaya*. This may be due to *Shlemsha Vardhaka*. There was an increase in weight gain of infant, frequency of urine and stool output of infant. Breast appearances, breast milk ejection were improved after treatment. There was reduction in residual milk in breast after each feeding. However, no adverse effects were observed in trial group, as safety parameters were within normal limit during the study and overall compliance to the treatment were good. On the basis of above observation, it may be recommended that this diet (*Aahara-Vihara*) is a safe and effective in the management of *Stanyaksaya*.

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