



A Case Study On Charakokta Stanya Janana Mahakashaya In Stanya Kshaya.

¹Dr. Vaishnavi Munishwar, ²Dr. Vinaykumar Hiremath, ³Dr. Prakash Gondkar, ⁴Dr. Rekha Korlahalli

¹PG Scholar, ²Professor, ³PG Scholar, ⁴PG Scholar

^{1,2,3,4}Ayurveda Samhita And Siddhanta,

^{1,2,3,4}Ayurveda Mahavidyalaya and Hospital, Hubli, Karnataka, India

Abstract: Physiology states that the nutritional need of a new born is taken care of by the breast milk secreted by the mother's body soon after the birth of the baby, but this is not the reality in many cases today. Nowadays, we find mothers who cannot produce breast milk either at all or in insufficient quantity. This is Stanya Kshaya. As Stanya is the Upadhatu of Rasa Dhatu, its absence or reduction in quantity is due to improper nourishment of Rasa Dhatu. This can also be considered as Rasa Kshaya or Stanya Shosha. The nourishment of Rasa Dhatu is dependent on both Sharirika and Manasika Bhavas. Data from an article shows that 37% of subjects have lactational insufficiency¹. Easy availability of supplemental foods like formula milk is causing significant changes in the percentage of mothers willing to breastfeed their babies. Hence, the study on Stanya Kshaya is necessary. In this study, the Charakokta Stanya Janana Mahakashaya will be administered, and results will be obtained by comparison between symptoms before and after treatment.

Index Terms - Stanya, Stanya Kshaya, Rasa Dhatu, Upadhatu, Sheeta, etc.

I. INTRODUCTION

The importance of women has been highlighted through generations for centuries. Breastfeeding is important for the mother as well as the baby. Early initiation of breastfeeding stimulates oxytocin release, promoting uterine involution and reducing the risk of postpartum haemorrhage.² It also reduces the risk of cancer in breasts and ovaries. Breastfeeding is convenient and time-saving and is an effective way of shedding extra weight that the mother has gained during pregnancy.

Acharya Sushruta states that *Shuddha Stanya* is *Shankhapramanashwetam, Madhura, Laghu, Deepana, Pathyakara, Jeevana, Snehana, Brumhaniya, Shareera Upachaya, Balavruddhikara, Pushtikara, and Arogyakara*.³ These properties of *Stanya* not only nourish the baby but also increase the quality of *Oja* and *Vyadhikshamatwa*. The importance of *Stanya* is highlighted in Ayurveda under the concept of *Dhatri*. Breast milk cannot be replaced by any substitute.

The lack of awareness in mothers about the appropriate method of breastfeeding is one of the important causes of insufficient lactation. Other reasons include the use of pacifiers and bottles, and giving supplements to the baby such as honey, gripe water, or formula milk, which discourage breastfeeding. In India, only 63% of infants receive adequate breast milk to meet their daily nutritional requirements. Studies show that 37% of subjects have lactational insufficiency⁴. Easy availability of supplemental foods like formula milk is changing breastfeeding practices.

Formula milk can never be considered complete food for a newborn because the composition of breast milk changes initially after 3–4 days and then after 2 weeks according to the needs of the baby, which cannot be compensated by formula milk. None of the antibodies found in breast milk are present in manufactured formula milk, so formula cannot provide the added protection against infection and illness that breast milk does. Unlike breast milk, which is always available, unlimited, and served at the right temperature, formula feeding requires planning, clean bottles and nipples, and organization. With 8–10 feedings in a 24-hour period, parents can quickly become overwhelmed if not prepared. Therefore, breast milk is a healthier and more convenient choice for parents.

II. REVIEW OF LITERATURE

DISEASE REVIEW

Breast milk contains all essential carbohydrates such as galactose, lactose, proteins like lactalbumin and lactoglobulin, amino acids like taurine and cysteine, fatty acids, immunoglobulins, macrophages, lymphocytes, lactoferrin, lysozyme, etc. All of these help the new born not only to thrive but also to fight infections. Physiology states that the nutritional need of a new born is taken care of by the breast milk which is secreted by mother's body soon after the birth of the baby, but this is not the reality in many cases today. Now a days we find mothers who cannot produce breast milk either at all or in insufficient quantity. This is considered as *Stanyakshaya* (lactational insufficiency). Some causes of *Stanyakshaya* are *Krodha* (anger), *Shoka* (grief), *Bhaya* (fear), *Avatsalya* (absence of affection for the child), *Ruksha Annapana* (consumption of dry edibles and drinks), etc⁵. As *Stanya* is the *Upadhatu* of *Rasa Dhatu*, its absence or reduction in quantity is due to the improper nourishment of *Rasa Dhatu*. This can also be considered as *Rasa Kshaya* or *Stanya Shosha*. The nourishment of *Rasa Dhatu* is dependent on both *Sharirika* and *Manasika* Bhavas.

According to modern science after the delivery of the baby, progesterone drops down significantly and prolactin and oxytocin rise serving several functions in the female body, one of the most important one being production and ejection of breast milk. While the primiparous mothers take a little longer, usually the milk production starts within 2 to 3 days of the birth of the baby. If the mother requires longer than that, or is not able to produce sufficient quantity of milk, then the condition is termed as lactational insufficiency. Acharya Kashyapa explained the formation of *Stanya* from *Rasa Dhatu*. The *Ahara Rasa* formed in mother's body is distributed for the nourishment of mother's own *Sapta Dhatus*, for the formation of *Stanya* and for the nourishment of the *Garbha*. In *Stanya Kshaya*, either the production of *Stanya* has reduced or the ejection is hampered. To correct this, drugs with *Madhura Rasa* and *Sheeta Virya* which will increase the quantity of *Stanya* by *Rasa Dhatu* Poshana and drugs that contain *Katu Rasa*, *Katu Vipak* and *Ushna Virya* which act by *Agnidipana* and *Ampachana* which lead to *Strotoshodhana* and formation of each *Dhatu* and *Upadhatu* respectively, can be used.

III.DRUG REVIEW⁶:

<i>Sr. no.</i>	<i>Name</i>	<i>Latin name</i>	<i>Rasa</i>	<i>Guna</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Karma</i>
	<i>Veera na</i>	<i>Vetiveria zizanoides</i>	<i>Tikta, Madhu ra</i>	<i>Laghu, snigdh a</i>	<i>Sheeta</i>	<i>Madhu ra</i>	<i>Vata - pitta shamaka, Pachana, Stanya janana, Dahashamaka</i>
	<i>Shali & Shashtika shali</i>	<i>Oryza sativa</i>	<i>Madhu ra, Kashay a</i>	<i>Guru, Snigdh a</i>	<i>Sheeta</i>	<i>Madhu ra</i>	<i>Tridoshaha, Shukrala, Brimhana, Balya, Mutrala, Varnakrit, Swarya, Ruchya, Chakshushya, Hridya, Stanya janana</i>
	<i>Ikshuv alika</i>	<i>Astercanth a longifolia</i>	<i>Madhu ra, Amla, Tikta</i>	<i>Picchil a, Snigdh a</i>	<i>Sheeta</i>	<i>Madhu ra</i>	<i>Vata – pitta hara, Balya, Stanya janana, Shukrashodha na</i>
	<i>Darbh a</i>	<i>Imperata cylindrica</i>	<i>Madhu ra, kashay a</i>	<i>Laghu, snigdh a</i>	<i>Sheeta</i>	<i>Madhu ra</i>	<i>Tridoshahara, Rasayana, Stanya janana, Mutravirechan iya, Pipasahara, Kusthaghna, Dahaprasham aka</i>
	<i>Kusha</i>	<i>Desmostac hya bipinnata</i>	<i>Madhu ra, kashay a</i>	<i>Laghu, Snigdh a</i>	<i>Sheeta</i>	<i>Madhu ra</i>	<i>Kapha – pitta hara, Mutrala, Stanya janana</i>

	<i>Kasha</i>	<i>Sacharum spontaneum</i>	<i>Madhura, Tikta</i>	<i>Sara</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata – Pitta hara, Balya, Stanya janana, Vrishya, Ruchya, Shramahara</i>
	<i>Gundr a</i>	<i>Typha angustata</i>	<i>Kashaya, Madhura</i>	<i>Guru</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata – Pitta hara, Stanyajanana, Stanyashodhak a</i>
	<i>Itkata</i>	<i>Typha elephantina</i>	<i>Madhura</i>	<i>Laghu Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Pitashamaka, Vrishya, Mutrala</i>
	<i>Katru na</i>	<i>Cymbopogon schoenanthus</i>	<i>Katu Tikta</i>	<i>Laghu Ruksha</i>	<i>Ushan</i>	<i>Katu</i>	<i>Kapha-pitahara Balagrahanas han</i>

Assessment Criteria

III.a. Subjective Parameters

- **Breastfeeding frequency⁷**
 - Grade 0: >9 times/day
 - Grade 1: 6–8 times/day
 - Grade 2: 3–5 times/day
 - Grade 3: 0–2 times/day
- **Stana Mlanata (flaccidity of breast)⁸**
 - Grade 0: Absent
 - Grade 1: Present
- **Stana Shushkata (dryness of breast)⁹**
 - Grade 0: Absent
 - Grade 1: Present
- **Stanya Alpata (reduced milk secretion)¹⁰**
 - Grade 0: Absent
 - Grade 1: Present
- **Stanya Asambhavata (absence of milk secretion)¹¹**
 - Grade 0: Absent
 - Grade 1: Present

III.b.Objective Parameters

- **Breast milk ejection¹²**
 - Grade 0: No milk
 - Grade 1: Drop by drop
 - Grade 2: Stream-like
 - Grade 3: Forceful
- **Breast engorgement¹³**
 - Grade 0: Normal
 - Grade 1: Mild
 - Grade 2: Moderate
 - Grade 3: Severe
 - Grade 4: Very severe

IV.Case Study

Subject Information

- Age: 37 years
- Gender: Female
- Occupation: Housewife
- Socioeconomic status: Middle class
- Religion: Hindu

Chief Complaint:

- *Stanya Asambhavata* (complete absence of breast milk)

Other Histories:

- No significant family history of *Stanya Kshaya* observed.
- Subject has hypertension under treatment for the past 5 years.

Obstetrics History:

- LMP: 9 months ago
- Previous M/H: 4–5 days/28–30 days, regular, no clots
- Obstetrics: G2 P1 L1 A0 D0
- G1: Female, 2.4 kg, LSCS
- Mode of delivery: LSCS

Physical Examination:

- Samanya Parikshana: *Agnimandya*, *Lipta Jivha*, *Madhyam Koshtha*, *Vata-pradhan Kaphanubandhi Sharir Prakruti*
- Vital signs within normal limits
- Breast Examination: Normal size, no redness, no tenderness, no milk secretion

Breast Examination-

Left – Size: normal

Redness: Absent

Tenderness: Absent

Secretion of milk: Absent

Right – Size: normal

Redness: Absent

Tenderness: Absent

Secretion of milk: Absent

Gradings:**1. Breast feeding frequency**

Grade 3: Feeding 0 to 2 times / day

2. Stana Mlanata (flaccidity of breast)

Grade 0: Absent

3. Stana Shushkata (dryness of breast)

Grade 0: Absent

4. Stanya Alpata (reduced milk secretion)

Grade 0: Absent

5. Stanya Asambhavata (absence of milk secretion)

Grade 1: Present

1. Breast milk ejection

Grade 0: no milk

2. Breast engorgement

Grade 0: normal

V.TREATMENT:

Drug – Stanya Janana Mahakashaya

Dose – 96 ml (2 pala) × OD

Kala - Abhakta

Duration - 30 days

Materials and Methods-

Place of the study is O.P.D, I.P.D and Medical camps conducted by Ayurveda Mahavidyalaya and hospital, Hubli..

The total duration of treatment was 30 days.

Results:

Table 01: Follow up wise effect of treatment

Grading name	Before Treatment	After 1 st Follow up	After 2 nd Follow up	After 3 rd Follow up	After 4 th follow up	After treatment
Breast feeding frequency	0	3	3	3	3	3
Stana Mlanata	0	0	0	0	0	0
Stanya Asambhavata	1	0	0	0	0	0
Stanya Alpata	0	0	0	0	0	0
Stana Shushkata	0	0	0	0	0	0
Breast milk ejection	0	3	3	3	3	3
Breast engorgement	0	0	0	0	0	0

VI. RESULTS AND DISCUSSION

The treatment protocol was initiated at the first visit in the OPD with Stanya Janana Mahakashaya, administered in a dose of 96 ml once daily on an empty stomach for a duration of 30 days. Within the first week of treatment, a reduction in Stanya Asambhavata was observed, along with an improvement in Stanya Pramana. The patient was subsequently monitored at intervals of every 15 days over a total period of 60 days. Continued assessment revealed progressive improvement in all parameters. Notable changes included reduction in Stanya Asambhavata, better milk ejection, and improved feeding patterns. The same treatment regimen was maintained for the initial 30 days, and the follow-up outcomes are documented in Table No. 01. In this study, Stanya Janana Mahakashaya was selected as the therapeutic formulation. It consists of ten ingredients, namely Veerana, Shali, Shashtika Shali, Ikshuvalika, Darbha, Kusha, Kasha, Gundra, Itkata, and Katruna. The Kashaya was prepared following the standard procedures described in the Kashaya Kalpana Adhyaya of the Sharangadhara Samhita, ensuring optimal preservation of its therapeutic potency. According to Ayurvedic concepts, Stanya and Artava are regarded as Upadhatus of Rasa Dhatu. Upadhatus are defined as secondary tissues that receive nourishment from their respective Dhatus but do not contribute to the nourishment of other tissues. The Aushadha Sevana Kala was determined in accordance with the principles mentioned in the Ashtanga Sangraha. The condition Stanyakshaya is understood to arise due to Pramana Alpata and Srotorodha. By correcting and enhancing the function of Vyana Vata, proper segregation and circulation of nutrients and waste products is achieved. This process supports adequate nourishment of successive tissues (Uttarottara Dhatu Poshana) and facilitates proper formation of Upadhatus, ultimately leading to improvement in lactation.

The ten drugs mentioned in Stanya Janana Mahakashaya are not exclusively mentioned in Charak Samhita only. Exactly the same ten drugs are mentioned under the heading of Stanya Janana in Ashtanga Sangraha and Ashtanga Hridaya. But looking at the chronological order of these three Samhitas, Charak Samhita is the oldest. Hence, the reference from Charak Samhita is used for this study. The therapeutic effect is also easy to understand. In case of Stanya Janana Mahakashaya, as most of the drugs have Madhura and Kashaya Rasa, Laghu Snigdha Guna, Sheeta Virya and Madhura Vipaka, it helps in Vata Pitta Shamaka, Kapha Vriddhi and Rasa Poshana. Whereas a few of them have Tikta Rasa and Katu Vipaka, which helps in Pachana of Ama cleansing the Strotovrodha. The balance created here between the Madhura and Katu Vipaka Dravya is accurate enough to do Pachana if required and bring about Kapha Vriddhi without causing Dhatu Kshaya. Therefore, Charakokta Stanya Janana Mahakashaya is a good choice. Coming to Sushruta Samhita, he described Kakolyadi Gana as Stanya Janana. But this Gana has 17 drugs, few of which are not cost-effective for the study. Hence, the Charakokta Stanya Janana Mahakashaya is taken up for the study.

Enhanced milk ejection directly facilitates better breastfeeding, which in turn improves infant health outcomes by ensuring adequate nutrition, promoting immunity, and reducing risk of infections. For mothers, improved lactation reduces risks of breast engorgement, mastitis, and psychological stress associated with breastfeeding difficulties. Also, the first four drugs of the Mahakashaya viz. Veerana, Shali, Shashtika Shali, and Ikshuvalika have Vayu and Agni Mahabhoota along with Prithvi and Jala. The Agni Mahabhoota here improves the Jatharagni and Vayu here improves the functions of Vyana and Apana Vayu, thus helping in better ejection of breast milk. *Figures and Tables*

CONCLUSION

Charakokta Stanya Janana Mahakashaya is effective in managing Stanya Kshaya by improving milk quantity and ejection, thereby enhancing breastfeeding frequency and quality. Its combination of Madhura, Kashaya, and Tikta Rasa, along with appropriate Virya and Vipaka, balances the doshas, nourishes Rasa Dhatu, and supports Upadhatu formation. Early intervention with this formulation can prevent complications associated with insufficient lactation and ensures proper nourishment for both mother and child.

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