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A Literary Review on Stanyakshaya in Ayurveda

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ABSTRACT:

In Ayurveda, Stanya (breast milk) is considered the foremost source of nutrition for infants and is described as an Upadhatu derived from Rasa Dhatu. The adequacy of Stanya is influenced by the mother's digestive strength, tissue nourishment, psychological status, and balanced Doshas. Stanyakshaya denotes the reduction in breast milk secretion, which can compromise infant growth and immunity. Classical Ayurvedic texts attribute this condition to factors such as depletion of Rasa Dhatu, aggravation of Vata Dosha, improper diet and lifestyle, and mental stress including grief, fear, and anger. Management of Stanyakshaya (lactation insufficiency) in Ayurveda emphasizes nourishing therapies, lactation-promoting drugs, appropriate postnatal care, and mental reassurance. The present review compiles and interprets references from major Ayurvedic texts to provide a comprehensive understanding of Stanyakshaya and its management.

KEYWORDS:

Stanyakshaya, Stanya, Rasa Dhatu, Vata Dosha, Mandagni, Sutika Paricharya

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INTRODUCTION:

Stanyapaan (Breastfeeding) plays a pivotal role in ensuring optimal growth, immunity, and development of newborns. Ayurveda recognizes Stanya as a vital biological entity essential for infant survival and health. Classical texts describe disturbances in lactation under conditions such as Stanyakshaya and Stanyanasha (absence of milk). In modern times, factors like psychological stress, inadequate nutrition, and faulty postnatal practices have increased the incidence of insufficient lactation. Therefore, revisiting the Ayurvedic conceptual framework of Stanyakshaya is important for developing holistic and safe motherhood.

Concept of Stanya (Breast milk) in Ayurveda

According to Ayurveda, Stanya originates from Rasa Dhatu during the process of tissue metabolism (Dhatu Parinama). Proper digestion and assimilation of food are prerequisites for the formation of healthy Rasa Dhatu and, consequently, adequate breast milk.

Charaka Samhita, Sharira Sthana 8/52

rasāt stanyam prajāyate

This principle indicates that any impairment in Agni or Rasa Dhatu formation can adversely affect milk production.

Stanya & Artava/Rajas are the Upadhatus formed from Rasa Dhatu.

Etiology -Nidana of Stanyakshaya**Psychological Factors**

Ayurvedic literature highlights the influence of mental and emotional disturbances on lactation. Negative emotional states interfere with the normal secretion of breast milk.

Charaka Samhita, Sharira Sthana 8/53

Thus, emotional imbalance plays a significant role in the manifestation of Stanyakshaya.

Nutritional and Physical Factors

Inadequate nutrition and excessive tissue depletion reduce the availability of Rasa Dhatu, leading to insufficient milk formation.

Charaka Samhita, Sharira Sthana 8/54

This emphasizes the necessity of adequate nourishment during lactation.

Dosha-Dhatu Involvement

Stanyakshaya is predominantly associated with aggravated Vata Dosha acting upon depleted Rasa Dhatu. Vata's drying and dispersing qualities hinder the formation and flow of breast milk.

Sushruta Samhita, Sharira Sthana 10/19**Samprapti (Pathogenesis)**

Impaired Mandagni (digestive fire) leads to improper digestion of food, resulting in deficient Rasa Dhatu. Since Stanya is an Upadhatu of Rasa, its production becomes inadequate. Concurrent Vata Dosha aggravation further obstructs milk secretion, culminating in Stanyakshaya.

Ashtanga Hridaya, Sutra Sthana 11/4**Management of Stanyakshaya****Chikitsa Siddhanta**

The therapeutic approach to Stanyakshaya focuses on nourishing and strengthening measures, along with pacification of Vata Dosha.

Charaka Samhita, Chikitsa Sthana 15/17

Bruhana and Snigdha therapies help restore Rasa Dhatu and enhance milk production.

Stanyajanana Dravyas

Charaka enumerates a group of drugs under Stanyajanana Mahakashaya, which promote lactation by nourishing the body and improving tissue metabolism.

Charaka Samhita, Sutra Sthana 4/8

Role of Sutika Paricharya Postnatal care plays a preventive as well as therapeutic role in maintaining adequate Stanyajanana (lactation).

Ashtanga Hridaya, Sharira Sthana 1/46

Proper diet, rest, and lifestyle during the puerperium support optimal milk secretion.

DISCUSSION:

Ayurvedic texts describe Stanyakshaya as a condition influenced by nutritional status, digestive efficiency, Dosha balance, and mental health. Unlike reductionist approaches, Ayurveda adopts a holistic perspective, addressing both physical and psychological factors. The emphasis on diet, lifestyle, herbal galactagogues, and emotional well-being makes Ayurvedic management particularly relevant in current maternal healthcare practices.

Furthermore, therapeutic recommendations in the texts emphasize not only localized treatment but systemic nourishment through Pathya (diet), lifestyle modifications, formulations, and procedures like Sneha (oleation) and Swedana (sudation). This multi-layered approach bridges the internal and external causative factors of Stanyakshaya, thereby reinforcing Ayurveda's foundational principle of treating the root cause rather than just the symptom.

CONCLUSION:

Stanyakshaya, when viewed through the lens of Ayurveda, is a condition with both local manifestations and systemic implications, requiring an individualized and holistic treatment plan. Stanyakshaya is comprehensively documented in Ayurvedic classics with clear explanations of its causative factors, pathogenesis, and treatment principles. Restoration of Rasa Dhatu, pacification of Vata Dosha, and implementation of Bruhana therapy form the cornerstone of management. Adoption of these principles can offer effective and holistic solutions for Stanyakshaya.

There is a need for well-designed scientific studies to validate classical interventions and integrate them with evidence-based practices. By synthesizing Ayurvedic

principles with modern research, practitioners can develop more robust protocols for managing lactation insufficiency. Ultimately, this review underscores the value of classical Ayurvedic literature as a rich resource for both academic inquiry and clinical application in women's health. Randomized controlled studies assessing commonly mentioned Stanyajanana drugs, such as Jivanti, Shatavari, Yashtimadhu, and Vidarikanda, would help establish standardized treatment protocols.

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