

COMPARATIVE STUDY OF SHRUNGATAK CHURNA AND VIDARIKAND CHURNA IN THE MANAGEMENT OF PRIMI GRAVIDA STANYAKSHAYA

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ABSTRACT

Breast milk provides the primary source of nutrition for newborns and it is ideal form of feeding in neonate. Stanya Kshaya is common problem noticed in mothers. Due to adaptation of western culture women gets exposed to stress and strain. **Aim-** The present study entitled “To Study the efficacy of Shrungataka Churna And It's Comparison With Vidarikanda Churna in Stanyakshaya.” **Material and Method-** The clinical study was conducted on 60 patients which selected randomly and divided in 2 groups 1st is trial group treated with Shrungataka Churna with godugdha. 2nd group is control treated with Vidarikanda churna with godugdha. The clinical assessment was done on the basis of grading criteria with specific symptomology of mata like stana mlanata stanya praman and mal pariksha, upachaya, nidra, rodana in balaka. According to observations and **Results-** Vidarikand Churna is slightly better than Shrungataka Churna for Stanyakshaya disease.

KEYWORDS: Shrungataka Churna, Vidarikanda Churna, Stanyakshaya.

INTRODUCTION

Woman is the main stem of every family. Stree has a divine role to play in utapatti, dharana and poshana of garbha after the nourishment of baby and bringing up is done by Stree.^[1] 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 is 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 percentage.^[2]

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.^[3] 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.

Stanyakshaya which occurs with different reasons prescribed in Ayurveda like Krodha, Shoka, Bhaya, Avatslyaya etc.^[4] and according to modern science stress, anaemia etc. 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 like Haridradi churna, Pippalyadi churna, Shataavari churna. 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.

AIM AND OBJECTIVES

- 1) To collect the detail information about Shrungatak Churna and Vidarikand Churna.
- 2) To Study Detailed Etiopathological of stanyakshaya from Ayurveda and modern

literature.

3) To observe the role of Shrugatak Churna in

stanyakshaya

MATERIALS AND METHODS

Material of drug Introduction

Text Reference^[8]

<i>Dravya</i>	Group -A (<i>Shrugataka</i> ^[6])	Group-B (<i>Vidarikand</i> ^[7])
Family	Onagraceae	Leguminosae
Latin Name	<i>Trapa bispinosa</i>	<i>Pueraria Tuberosa</i>
<i>Rase</i>	<i>Madhur kashaya</i>	<i>Madhura</i>
<i>Virya</i>	<i>Shita</i>	<i>Shita</i>
<i>Vipak</i>	<i>Madhura</i>	<i>Madhura</i>
<i>Guna</i>	<i>Guru vrishya</i>	<i>Guru, Snigdha</i>
<i>Doshaghata</i>	<i>Vatshamak, pittashamak</i>	<i>Vatshamak, pittashamak</i>

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 Streeroga and Prasutitantra Department Dhaneshwari Ayurved medical college and research institute, Chhatrapati Sambhajanagar.

C) Type of Study

Study type is Randomised Single Blind Method. Standardization of Shrugatak Churna and Vidarikand churna was done in Research lab.

Group A- (Trial Group)

Duration –One month (follow up -on every 10 days).
Matra - 5 gm. twice a day with Cow milk.

Group B- (Controlled Group)

Was given Vidarikand churna with milk (Vidarikand churna is proven drug).
Duration –One month (follow up-on every 10 days).
Matra - 5 gm twice a day with Cow milk.

D) Drug Mode of Administration

Patients were given the drug orally.

E) Period of Clinical Study

Total period of study was 30 days, both groups was examined time to time for expected result.
1st follow up 10 days.
2nd follow up 20 days.
3rd follow up 30 days.

METHOD OF PREPARATION OF CHURNA

A) Churna Kalpana^[8]

Powder of dried *dravya* with or without any addition of liquid is called as *Churna*. *Churna* is any dry substance is bruised and made into fine powder by *vastra-galan* i.e. poured by clothes. Powder can be made by disintegrator also.

Synonyms: - *Rajah, Kshods*

Matra:- 1 Karsh.

Equipment's: - Cleaned and dried drug, mortar and pestle.

SELECTION CRITERIA

A) Inclusion criteria

1. Age group -- lactating mother - between 20-30 years.
2. Lactating women had stanyakshaya lakshana.
3. Breast feeding frequency less than 4-5 times/day
4. Baby up to 6 months will be selected for study.
5. All primigravida are 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.

C) Informed Consent- An informed written consent was obtained from every patient before including trial.

Criteria of clinical Assessment

The clinical assessment was done on the basis of grading criteria with specific symptomology of mata⁽⁹⁾ like stana mlanata stanya *praman*, Breast Engorgement and breast feeding frequency, *malpariksha*, *upachaya*, *nidra*, *rodana* in balaka.

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 10 days) (sharir bhar vrudhhi)**

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 Baby wt (sharir bhar vrudhhi)
- Avruddhi (not weight gain)-grade 0
- Alpa (100 to 175 gms per week)-grade 1
- Adhika or Prakrut (above 175gms 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
- Drava-malapravrutti (watery in consistency): grade1

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 –grade1
- Madhyam- Moderate engorgement, no vednahara aushadhi required- grade 2
- Adhik- Severe pain vedanahara aushadhi required-grade3

STATISTICAL ANALYSIS^[10]**Stanamlanata**

Stanamlanata	Day-0		Day-30		% 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

1) Malapravrutti

Malapravrutti	Day-0		Day-30		% 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

2) Rodan

Rodan	Day-0		Day-30		% 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

3) Breast Engorgement

Breast Engorgement	Day-0		Day-30		% 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

OVERALL RESULT

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

DISCUSSION

The mode of action of Shrungatak Churna with Cow milk in Stanyakshaya carries the same properties. Stanya which is updhātu of Rasa dhātu. In Stanyakshaya, there is kshaya as well as dushti of rasa dhātu. Madhur rasa is guru, sheet, snigdha, madhur vipaki, sheet veerya. It acts as vatashmak with its guru, snigdha guna. It acts as pittashmak with guru, sheet, and snigdha guna. It is saptadhatuvardhak, 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.

Doshaghata It acts as vatshmak. 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 Churna with Cow milk in Stanyakshaya shows good result. Both the drugs are really beneficial in stanyakshaya treatment.

When treatment given to group B (Vidarikanda Churna) shows slightly better results as compare to group A (Shrungataka Churna). Shrungatak Churna does not show any toxicity as well as no side effect during follow up. This remedy is cheaper than any other drug for stanyakshaya. 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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