

# “Clinical study on management of stanyakshaya by Pippali Choorna with Sukhoshna Godugdha.”

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## Abstract:

In this changing world, old values ancient tradition and outdated concepts crumbling fast under the impact of fast life style which attracts human being and leads to disturbed swastha.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 kshaya is one of the vikruti of sthanya. In stanya kshaya there is kshaya due to dhatu kshaya and dushti. In present study, “The efficacy of pippali churna with godugdha in sthanya kshaya.

60 patients of Stanyakshaya were diagnosed as per symptoms mentioned in Samhita and were selected randomly. Inclusion criteria consist of patients of Stanyakshaya in sutikavastha and patients of Stanyakshaya in stanapana kalavadhi 77 irrespective of parity, caste and age. Exclusion criteria consist of patients having any pathology condition or diseases were excluded. In this study it can conclude that treatment Shatavari Choorna given to group B is slightly better for this disease Stanyakshaya.

**Keywords: Sthanya kshaya, Pippali, Shatavari.**

## Introduction:

The objects of this science is the maintenance of the equilibrium of tissue elements. The number of brancehes of ayurveda is to be limited Only to eight. The subject of the prasuti tantra stri roga and bala roga (obstetrics, gynecology and paediatrics) all should accepted in kaumarabhrutya as acharya harita says.

Sthanya kshaya is one of the vikruti of sthanya. In stanya kshaya there is kshaya due to dhatu kshaya and dushti. In present study, “The efficacy of pippali churna with godugdha in sthanya kshaya Has been designed by taking reference from yoga ratnakara ksheera dosha chikitsa. The purpose is to analyse and evaluate the complete concept and its etiopathogenesis of sthanya kshaya and treatment with pippali churna 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 5th day and 480 ml by 10th 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%. Breast feeding promotes close physical and emotional bonding between mother and child leading to better parent – child adjustment. It is clean, uncontaminated, contains several antiinfective factors that protect baby from infection. Inhance development and intelligence, social and psychomotor capabilities.

Evaluate this topic because only shatavari is popular ayurvedic drug for stanya kshaya and has satisfactory results. But in ayurvedic samhitas many galactogouges drugs are described. It is necessary to orient the material pippali churna frm

old text in a systemic manner. Pipaali churna is a galactogogue drug, used with godugdha in a stanyakshya as its staya shodhana and stanya avardhana effect.

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 recomonded that breast milk is the best milk for the growth of the baby. 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, is fall in more often and the infectious are more severe. Diarrhea and respiratory disease are more common causes of the largest number of the death. In these circumstances, galactogogue drugs can play vary valuable role in medicine fild. This desertation 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 stanyakshya will be eastablished certainly and it will surely help for effective management..

**AIMS** – To assess the effect of pipalli choorna with shukhoshna godugdha in stanyakshya. To improve the details study of stanyakshya. To promote low cost herbal medicine from ayurvedic samhitas.

**OBJECTIVES** – To study of literature regarding about stanyakshya and pippli choorna. Observe the effect of pippali choorna with godugdha on mother. To see adverse effect if any.

**Review of Literature:** The second part as review of literature is divided into 2 parts –Ayurvedic review and modern review having an exhaustive account regarding anatomy physiology which are significant in relation to anovulation.

## **MATERIALS AND METHODS:**

### **Selection of Patients:**

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

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

- 1) Patients of stanyakshya in sutika aavastha.
- 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 anamolies, malignancy, immunocompraessed disorders.

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

**Materials** (Drugs) 1) Pippali choorna. 2) Shatavari Churana. 3) Anupana. (Sukhoshna Godugdha)

**METHODOLOGY:** Study Group 60 patients were observed & treated [Study divided in two groups 30 patients takes in each group.]

**Group A:** - [Trial Group] Group of randomly selected 30 patients in which stanyakshaya will be treated with Pippli choorna, 500 mg twice daily after meals with sukhoshana Godugdha.

**Group B:** - [Control Group] Group of randomly selected 30 patients in which stanya, jananan droug shatavari mool choorna 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.

### OBSERVATIONS AND RESULTS:

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.

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

### Result:

S. N.	Symptom	Group	Diff.	Wilcoxon sign rank z	P Value	Remark	Comparison
1	Stanamlanat	Group A	1.17	4.88	<0.001	significant	Equally effective
		Group B	1.4	4.76	<0.001	significant	
2	Stanya Pidanata	Group A	1.1	5.26	<0.001	significant	Equally effective
		Group B	1.4	4.94	<0.001	significant	
3	Stanya pravartana	Group A	-2.33	4.87	<0.001	significant	Equally effective
		Group B	-2.67	5.02	<0.001	significant	
4	SHB	Group A	-1.57	5.15	<0.001	significant	Equally effective
		Group B	-1.83	5.15	<0.001	significant	
5	Nidra	Group A	-1.54	4.93	<0.001	significant	Equally effective
		Group B	-1.7	5.0	<0.001	significant	
6	Rodan	Group A	1.33	4.87	<0.001	significant	Equally effective
		Group B	0.83	4.93	<0.001	significant	
7	Malapravrutti	Group A	0.47	3.74	<0.001	significant	Equally effective
		Group B	0.5	3.87	<0.001	significant	

S.N.	Parameter	% mean improvement	
		Group A	Group B
1	Stahanmlanta	83.6 %	91.5 %
2	Stanya Pidanata	89.04 %	93.3 %
4	Rodan	93.0 %	95.4 %
5	Malapravrutti	78.3 %	94.3 %

### Conclusion:

Since in all the symptoms treatment given to group B (Shatavari Choorna) shows slightly better results over treatment given to group A (Pippali choorna), we can conclude that treatment Shatavari Choorna given to group B is slightly better for this disease Stanyakshaya.

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