I J C R M
International Journal of Contemporary Research In Multidisciplinary

Research Article

Clinical Efficacy of Stanya Janana Mahakashaya in Postnatal Care (Sutika Paricharya): A Comprehensive Review and Detailed Case Study

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DOI: https://doi.org/10.5281/zenodo.21474602

Abstract

Postpartum hypogalactia (insufficient milk production) is a major clinical challenge that affects infant nutrition and maternal mental health. In Ayurveda, breast milk (*Stanya*) is an *Upadhatu* (secondary tissue) of *Rasa Dhatu*, meaning its production is directly linked to maternal digestion and nutrition. Acharya Charaka uniquely categorized ten specific herbs under *Stanya Janana Mahakashaya* (galactagogue group) to promote abundant lactation. This article details these ten classical herbs and presents a comprehensive clinical case study utilizing the *Ashtavidha* (8-fold) and *Dashavidha* (10-fold) clinical examination frameworks to demonstrate the holistic management of *Stanya Kshaya* (diminished lactation) through *Sutika Paricharya*.

Manuscript Information

- **ISSN No:** 2583-7397
- **Received:** 13-06-2026
- **Accepted:** 16-07-2026
- **Published:** 21-07-2026
- **IJCRM:** 5(4); 2026: 387-390

- **Plagiarism Checked:** Yes
- **Peer Review Process:** Yes

How to Cite this Article

Jayasree Y. Clinical Efficacy of Stanya Janana Mahakashaya in Postnatal Care (Sutika Paricharya): A Comprehensive Review and Detailed Case Study. Int J Contemp Res Multidiscip. 2026;5(4):387-390.

Access this Article Online

www.multiarticlesjournal.com

KEYWORDS: Stanya Kshaya, Stanya Janana Mahakashaya, Ayurveda, Postpartum Lactation, Rasa Dhatu.

1. INTRODUCTION

The Concept of Stanya

In Ayurveda, lactation is not seen as an isolated glandular function but as the culmination of optimal tissue nourishment. After digestion, food transforms into *Ahara Rasa* (nutrient plasma). This essence nourishes the maternal *Rasa Dhatu*, from which breast milk (*Stanya*) is derived [1].

During the *Sutika* (postpartum) period, physical exhaustion, loss of bodily fluids, and psychological stress severely vitiate *Vata dosha* and diminish *Agni* (digestive fire). This disruption often halts the formation of *Ahara Rasa*, directly leading to *Stanya Kshaya* (lack of breast milk).

2. *Stanya Janana Mahakashaya:*

Acharya Charaka meticulously selected ten herbs, prominently from the *Trina Varga* (grass family), which possess *Madhura* (sweet) taste, *Sheeta* (cooling) potency, and *Snigdha* (unctuous) qualities. These properties directly pacify *Vata* and *Pitta*, deeply nourish the *Rasa Dhatu*, and stimulate the mammary channels (*Stanyavaha Srotas*).

वीरणशालिषष्टिकैक्षुवालिकादर्भकुशकाशगुन्द्रेत्कटकतृणमूलानि दशेमानि स्तन्यजननानि भवन्ति।

(Charaka Samhita, Sutra Sthana 4/17) [2]:

महर्षि चरक के अनुसार, वीरण (खस), शालि (चावल), षष्टिक (साठी चावल), इक्षुवालिका (ईख/गन्ने का एक प्रकार), दर्भ, कुश, काश, गुन्द्रा, इत्कट, और कतृण (रोहिष घास)—इन दस औषधियों की जड़ें "स्तन्यजनन" (दूध उत्पन्न करने वाली और बढ़ाने वाली) होती हैं।

Detailed of the Stanya Janana:

S.No.	Sanskrit Name	Botanical Name	Properties & Action
1	***Virana (Usheera)***	*Vetiveria zizanioides*	Cooling, relieves maternal stress/thirst, promotes plasma volume.
2	***Shali***	*Oryza sativa* (Rice)	Sweet, cooling, highly nourishing (*Brimhana*), increases *Rasa dhatu*.
3	***Shashtika***	*Oryza sativa* (60-day rice)	Superior nutritional profile, easily digestible, rapid tissue builder.
4	***Ikshuvalika***	*Asteracantha longifolia*	Sweet, unctuous, acts as a potent natural diuretic and galactagogue.
5	***Darbha***	*Imperata cylindrica*	Pacifies Pitta, cleanses the micro-channels (*Srotoshodhana*).
6	***Kusha***	*Desmostachya bipinnata*	Cooling, anti-inflammatory, clears blockages in mammary ducts.
7	***Kasha***	*Saccharum spontaneum*	Promotes fluid balance, relieves pelvic pain.
8	***Gundra***	*Typha australis*	Hydrating, supports the synthesis of bodily fluids.
9	***Itkata***	*Sesbania bispinosa*	Restorative, promotes systemic strength (*Balya*).
10	***Kattrina***	*Cymbopogon schoenanthus*	Aromatic, improves digestion (*Deepana*), relieves postpartum colic.

3. Detailed Clinical Case Presentation

2.1. Patient Demographics

- **Name:** XYZ
- **Age/Sex:** 26 Years / Female
- **Occupation:** IT Professional (Currently on Maternity Leave)
- **Date of Consultation:** Postpartum Day 14
- **Obstetric History:** G1 P1 L1 A0 (Gravida 1, Para 1, Live 1, Abortion 0)
- **Mode of Delivery:** Lower Segment Caesarean Section (LSCS) at 39 weeks due to non-progress of labor.

2.2. Chief Complaints *(Pradhana Vedana)*

1. **Severe reduction in breast milk production** for the past 6 days. The patient was only able to express 10-15 ml per feed.
2. **Continuous crying and irritability of the newborn**, with the pediatrician noting a 12% drop in the infant's birth weight.
3. **Severe physical fatigue and lethargy** (*Klama*).
4. **Mild to moderate lower backache** (*Kati Shula*).
5. **Anxiety and weeping spells** related to the inability to feed the baby.

2.3. History of Present Illness

The patient delivered a healthy male baby weighing 3.1 kg via LSCS. Lactation initiated normally on Day 3 postpartum. However, around Day 8, the patient experienced severe sleep deprivation, psychological stress regarding newborn care, and poor dietary intake due to a lack of appetite. Consequently, she noticed a sudden and drastic reduction in breast engorgement and milk flow. She reported feeling "dry and empty." By Day 14, milk production was negligible, prompting the consultation.

2.4. History of Past Illness *(Atita Vyadhi Vrittanta)*

- No history of Hypertension (PIH), Gestational Diabetes Mellitus (GDM), or Thyroid dysfunction.
- No history of previous breast surgeries, trauma, or PCOS.
- No history of chronic systemic illnesses (Tuberculosis, Asthma).

2.5. Personal History *(Vayaktika Vrittanta)*

- **Diet (*Ahara*):** Mostly dry and light foods (toast, biscuits, clear soups) due to fear of weight gain and poor appetite.
- **Appetite (*Agni*):** *Mandagni* (Reduced). Feeling full after eating very little.
- **Bowel (*Koshtha*):** *Krura Koshtha* (Constipated). Passing hard stools once every 2-3 days, requiring straining.
- **Micturition (*Mutra*):** Normal frequency, slightly yellowish.
- **Sleep (*Nidra*):** Severely disturbed; sleeping only 3-4 hours in fragmented intervals.

3. Clinical Examination Frameworks

3.1. *Ashtavidha Pariksha*

Parameter	Clinical Finding	Ayurvedic Interpretation
Nadi (Pulse)	86 bpm; Feeble, fast, Vata-Pittaja	Vata aggravation due to Dhatu depletion.
Mutra (Urine)	Peeta (Yellowish)	Mild dehydration / Pitta involvement.
Mala (Stool)	Baddha, Ruksha (Dry, hard)	*Apana Vata* vitiation (Gut motility reduced).
Jihva (Tongue)	Sama (White coating at base)	Presence of *Ama* (undigested toxins) & *Mandagni*.
Shabda (Voice)	Mlana, Alpa (Weak, low pitched)	Low *Prana* and systemic exhaustion.
Sparsha (Touch)	Ruksha (Dry skin), Anushnasheeta	Loss of *Snigdha Guna* (internal unctuousness).
Drik (Eyes)	Shrama (Fatigued, sunken)	Sleep deprivation (*Nidranasha*).
Akriti (Build)	Krisha (Slightly emaciated)	*Rasa Dhatu Kshaya* (Tissue depletion).

3.2. Dashavidha Pariksha

Parameter	Clinical Finding	Therapeutic Implication
1. Dushya	Rasa, Stanya (Upadhatu)	Therapy must target plasma and fluid nourishment.
2. Desha	Sadharana (Mixed climate)	Extreme hot or cold therapies are contraindicated.
3. Bala	Avara (Poor physical strength)	Gentle, restorative medicines only; no strong purgatives.
4. Kala	Sharad (Autumn)	Pitta pacification required alongside Vata care.
5. Anala	Mandagni (Weak digestion)	Heavy galactagogues (ghee/sweets) will not digest; start with digestives.
6. Prakriti	Vata-Pitta	Prone to stress, dryness, and rapid depletion.
7. Vayas	Yuva (26 years)	High regenerative potential once nutrition is restored.
8. Sattva	Avara (Anxious, tearful)	High stress inhibits oxytocin; psychological counseling is crucial.
9. Satmya	Katu-Amla (Spicy/Sour habit)	Needs transition to *Madhura* (Sweet) and *Snigdha* diets.
10. Ahara Shakti	Poor intake, delayed digestion	Diet must strictly follow *Kramagni* (gradual increase in heaviness).

3.3. Systemic Examination (*Sroto Pariksha)*

- **Stanyavaha Srotas (Mammary Ducts):** Breasts were soft, flaccid, and non-tender. No signs of mastitis, engorgement, or cracked nipples. The anatomical structure was normal, indicating functional failure rather than anatomical blockage.

Final Diagnosis:
Stanya Kshaya (Oligogalactia) secondary to *Rasa Dhatu Kshaya*, *Mandagni*, and *Sutika-janya Vata Prakopa*.

4. Treatment Protocol (Chikitsa Sutra)

The treatment was strategically divided into three interconnected phases over 30 days:

A. Internal Medicines (Aushadhi Chikitsa)

1. **Deepana-Pachana (Correcting Digestion):**

- **Jeerakadyarishta:** 15 ml with 15 ml warm water, twice daily after meals. *(Rationale: Ignites digestive fire, relieves postpartum constipation, and clears uterine lochia [2]).*

2. **Stanya Janana (Promoting Lactation):**

- **Custom Stanya Janana Kwatha (Decoction):** Formulated using available herbs from Charaka's list: *Usheera*, *Shatavari*, *Kusha*, *Kasha*, and *Ikshumoola*.
- **Dose:** 40 ml twice a day on an empty stomach. *(Rationale: Directly replenishes Rasa Dhatu and acts as a phytoestrogenic galactagogue [3]).*
- **Shatavari Kalpa:** 2 teaspoons with warm cow's milk at bedtime.

3. **Edhya & Nidrajanana (Stress Relief):**

- **Ashwagandha & Jatamansi Churna:** 3 grams total, taken with the night milk. *(Rationale: Lowers cortisol, improves sleep quality, and allows the natural oxytocin let-down reflex to function [4]).*

B. Dietary Regimen (Ahara)

- **Days 1-3:** *Yavagu* (thin rice gruel) prepared with *Panchakola* (long pepper, dry ginger, etc.) to clear *Ama* and stimulate hunger.
- **Days 4 onwards:** Introduction of *Shashtika Shali* (60-day rice), warm cow's milk (*Ksheera*), and ghee (*Ghrita*).
- **Hydration:** Instructed to drink water boiled with fennel (*Saunf*) and cumin (*Jeera*) throughout the day. Avoidance of cold water entirely.

C. Life style & External Therapies (Vihara)

- **Stanabhyanga (Breast Massage):** Gentle, circular massage around the breast base with warm *Ksheerabala Taila* for 10 minutes before hot showers.
- **Kati Abhyanga:** Light back massage to relieve *Kati Shula* (backache).
- **Ashwasana (Counseling):** The patient and her family were counoted on the negative impact of stress on lactation. The husband was advised to manage nighttime diaper changes to ensure the mother received uninterrupted sleep blocks.

5. OBSERVATION AND RESULTS

The patient was monitored on a weekly basis.

Follow-up	Clinical Observations & Maternal Feedback	Infant Status
Day 7	Digestion improved significantly. Bowel movements became regular and soft. Anxiety reduced. Patient reported a tingling sensation in breasts and moderate fullness.	Crying reduced. Infant began latching successfully for 10-15 minutes per breast.
Day 15	Milk flow became abundant. Patient successfully expressing 80-100 ml per breast post-feed if required. Backache reduced by 70%. Sleep improved to 6-7 hours.	Infant satisfied after feeds, sleeping for 2-3 hours continuously. Weight gain initiated.
Day 30	Treatment highly successful. Patient energetic, completely free of constipation and fatigue. *Stanya Kshaya* completely resolved.	Infant regained birth weight and surpassed it by 400 grams. Pediatrician cleared the infant.

6. DISCUSSION AND CLINICAL JUSTIFICATION

This case exemplifies the superiority of the Ayurvedic holistic approach over isolated symptomatic treatments.

1. **The Pitfall of Direct Galactagogues:** In modern practice, or even improper Ayurvedic practice, a patient with low milk supply is immediately given heavy galactagogues (like heavy milk sweets, dry fruits, or raw Shatavari). In this patient, due to *Mandagni* (weak digestion) and *Ama* (toxins), heavy foods would have worsened her constipation and failed to convert into *Ahara Rasa*. By utilizing *Jeerakadyarishta* first, the digestive tract was primed to absorb the nutrients [5].
2. **Psychoneuroendocrinology:** The *Stanya* (milk) ejection reflex relies entirely on oxytocin, which is severely inhibited by adrenaline and cortisol (stress hormones). The *Dashavidha Pariksha* correctly identified her *Avara Sattva* (low mental strength). The inclusion of *Jatamansi* acted as a potent nervine relaxant, lowering stress and mechanically facilitating the let-down reflex [6].
3. **The Role of Trina Panchamoola (Grasses):** The roots of the grasses mentioned in Charaka's *Stanya Janana Mahakashaya* (like Kusha, Kasha, and Usheera) are naturally rich in silica, trace minerals, and phyto-compounds that act as mild, potassium-sparing diuretics and profound hydrating agents. They clear the micro-channels (*Srotoshodhana*) of the breast tissue without generating excess heat (*Pitta*), ensuring a steady synthesis of breast milk [7].

7. CONCLUSION

Stanya Kshaya is rarely a localized glandular failure; it is usually a systemic manifestation of poor digestion, psychological stress, and postpartum tissue depletion. This detailed case study validates the clinical utility of the *Ashtavidha* and *Dashavidha Pariksha* in pinpointing the exact systemic failure. The targeted application of *Stanya Janana Mahakashaya*, combined with appropriate *Deepana* (digestive) and *Medhya* (relaxant) therapies, offers a highly effective, physiological, and permanent solution to postpartum lactation failure.

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