



Research Article

Management of Stanyakshaya: Ayurvedic Etiopathogenesis and a Clinical Evaluation of Vidarikanda and Shatavari

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Abstract

Stanyakshaya (insufficient breast milk) is a common postpartum problem that adversely affects infant nutrition and maternal well-being. In Ayurveda, stanya is described as an upadhatu of Rasa dhatu, and stanyakshaya is understood to arise mainly from Rasa dhatu kshaya and Vata prakopa affecting the stanyavaha srotas. Vidarikanda (*Pueraria tuberosa* DC) and Shatavari (*Asparagus racemosus* Willd) are classical Madhura rasa, Sheeta virya and Brimhana dravyas, indicated as stanyavardhaka. This study aimed to evaluate and compare the clinical efficacy of Vidarikanda churna with ksheera and Shatavari churna with ksheera in the management of stanyakshaya. A prospective, randomised, two-arm, open-label clinical study was conducted on 60 postpartum women aged 18 to 35 years with stanyakshaya, each with a breastfed infant up to 6 months of age. Participants were allocated into two equal groups. Group A received Vidarikanda churna 6 g twice daily with 50 ml cow's milk after meals for 21 days, and Group B received Shatavari churna 2 g twice daily with the same anupana and duration. Outcomes were assessed weekly using graded scores for stanayomlanata (breast fullness) and stanyapramana (milk ejection), and infant parameters including weekly weight gain category, rodan (crying), dehydration and nidra (sleep). Non-parametric statistical tests were applied. Both groups showed significant improvement from baseline in stanayomlanata and stanyapramana, as well as in infant weight gain and reduction in excessive crying. Shatavari, however, produced significantly greater improvement than Vidarikanda in stanayomlanata, stanyapramana and infant weight gain ($p < 0.001$ for between-group comparisons), while changes in dehydration and sleep were modest and comparable. No adverse effects were observed. The findings suggest that both Vidarikanda and Shatavari are effective stanyavardhaka in stanyakshaya, with Shatavari demonstrating superior clinical efficacy. Vidarikanda remains a safe and economical option, particularly where access or cost is a concern. Larger, blinded trials with objective lactation measures are warranted.

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KEYWORDS: Stanyakshaya; galactagogue; Vidarikanda; Shatavari; postpartum lactation; Ayurveda; Rasa dhatu.

1. INTRODUCTION

Adequate breast milk production in the early postpartum period is essential for infant growth, immune protection and mother–infant bonding and is a key concern in obstetric practice[15,17]. Perceived or actual insufficient milk supply is one of the most frequent reasons for early discontinuation of breastfeeding and for the introduction of top feeds in many settings[17]. In Ayurveda, this condition corresponds to stanyakshaya, which is described as a deficiency of breast milk leading to apatarpana and kuposhan in the infant, manifesting as failure to gain weight, disturbed sleep and excessive crying, along with emotional distress in the mother[1].

According to Ayurvedic principles, stanya is the upadhatu of Rasa dhatu, formed from the prasada bhaga of Rasa, which circulates throughout the body and nourishes the stanyashayas in the breasts[1]. Proper formation and flow of stanya require a healthy Rasa dhatu, balanced agni and unobstructed stanyavaha srotas, supported by Kapha and regulated by Vyana vayu[3]. Aetiological factors such as ruksha ahara, langhana, excessive vyayama, atishodhana, manasika causes including krodha, shoka, bhaya and chinta and inappropriate regimens during sutika avastha, lead to Rasa dhatu kshaya and Vata prakopa. This results in reduced quantity and quality of stanya and the clinical picture of stanyakshaya[2].

Management of stanyakshaya, therefore, focuses on Vata shamana, Rasa dhatu, and Kapha poshana and restoration of the patency and function of stanyavaha srotas, primarily through Madhura rasa, Sheeta virya, and Snigdha, Guru Brimhana dravyas[1]. Classical texts mention several such stanyavardhaka dravyas, including cereals, meat soups, milk preparations and specific herbs[5]. Vidarikanda (Pueraria tuberosa DC, family Fabaceae) is described as Madhura in rasa and vipaka, Sheeta in virya, Vatahara and Pittahara, with Balya, Brimhana, Rasayana and stanyada actions[6,8]. Shatavari (Asparagus racemosus Willd, family Asparagaceae) is also Madhura and Tikta in rasa, Madhura in vipaka, Sheeta in virya, with Vata–Pitta shamaka, Kapha karaka, Balya and stanyavardhaka properties[4,6,7].

According to modern pharmacological and clinical research, Shatavari could fulfil the galactagogue effect, and clinical trials have demonstrated an increase in milk production and better maternal satisfaction with breastfeeding in comparison to control measures[20]. The reviews of herbal galactagogues have continuously reported Shatavari as a promising agent, though weaknesses also include small sample sizes and non-homogeneous study designs[19]. Vidarikanda, as a galactagogue, has less clinical data available, even though its classical indication is more apparent and is used more frequently in practice[6,8,9].

Against this background, the present study was undertaken to summarise the Ayurvedic etiopathogenesis of stanyakshaya and to clinically evaluate and compare the therapeutic effects of Vidarikanda churna with ksheera and Shatavari churna with ksheera in postpartum women with stanyakshaya, using both maternal and infant outcome measures.

2. MATERIALS AND METHODS

Study design and setting

This was a prospective, randomised, two-arm, open-label clinical study conducted in the Outpatient Department of Streeroga and Prasuti Tantra of a tertiary care Ayurvedic hospital. The intervention period for each participant was 21 days, with assessments at baseline and at weekly intervals. The study followed ethical principles for research in human subjects. All participants provided written informed consent after being informed of the nature and purpose of the study. Institutional permission and ethical clearance were obtained before the commencement of the trial.

Participants

Inclusion criteria

Women were eligible if they fulfilled all of the following criteria:

- Age between 18 and 35 years.
- Full-term normal vaginal delivery.
- Sutika from the 8th day postpartum onwards.
- Clinical features of stanyakshaya such as breast laxity or poor fullness, low perceived milk output and infant signs like poor weight gain, disturbed sleep or increased crying.
- Exclusive or predominant breastfeeding of a single infant up to 6 months of age[17].

Exclusion criteria

Women were excluded if they had:

- Any serious systemic disease, malignancy, immunocompromised state or active infection.
- History of alcoholism or use of drugs known to suppress lactation[13].
- Delivery by lower segment caesarean section.
- Infants with congenital anomalies, significant birth trauma, prematurity or any major illness[13].
- Prior use of other galactagogue medicines for the current episode[19].

Randomisation and interventions

Sixty patients of stanyakshaya fulfilling the inclusion criteria were selected and randomly divided into two equal groups of 30 each.

Randomisation was performed using a simple random number table/computer-generated sequence.

The sample size was determined based on pilot data and standard practices for Ayurvedic clinical studies of this nature [1].

- Group A (Vidarikanda group)

Participants received Vidarikanda churna 6 g twice daily, orally, with 50 ml warm cow's milk (Godugdha) as anupana, after food, for 21 days[6,8].

- Group B (Shatavari group)

Participants received Shatavari churna 2 g twice daily, orally, with 50 ml warm cow's milk as anupana, after food, for 21 days[4,6].

The dose selection followed classical and contemporary Ayurvedic practice, considering Balya and Brimhana effects and tolerability[6,8]. Raw drugs were authenticated and processed according to the Ayurvedic Pharmacopoeia, and fine powders (churna) were prepared in the institutional pharmacy[12].

Follow-up and concomitant care.

Patients were evaluated at baseline (day 0) and then on days 7, 14 and 21. At each visit, outcome scores were recorded, drug compliance was checked, and any adverse events were noted. All participants were counselled to continue exclusive breastfeeding, maintain a nutritious diet and avoid fasting, excessive exercise and other medicines that might influence lactation[17].

Outcome measures

Outcome measures were selected to capture the status of lactation in the mother and nutritional sufficiency in the infant.

Maternal parameters

1. Stanayomlanata (breast fullness or engorgement)
 - Grade 0: No engorgement and no pain.
 - Grade 1: Mild engorgement and no pain.
 - Grade 2: Moderate engorgement with pain.
 - Grade 3: Engorgement with considerable breast pain and milk leakage.
2. Stanyapramana (observable milk ejection)
 - Grade 0: No milk ejection.
 - Grade 1: Milk ejected drop by drop.
 - Grade 2: Milk ejected in a stream.
 - Grade 3: Milk ejected with force.

Infant parameters

3. Sharirabhar (weekly weight gain of the infant) after the first week of life or in the late neonatal period, categorised as:
 - Grade 0: Kshaya (less than 100 g per week).
 - Grade 1: Madhyama (100–210 g per week).
 - Grade 2: Prakruta (210 g per week or more) [10,17].
4. Rodan (crying pattern)
 - Grade 0: Prakruta.

- Grade 1: Frequent crying (muhurmuhu).
- Grade 2: Continuous crying (nitya).

5. Dehydration (clinical evaluation)

- Grade 0: No clinical dehydration.
- Grade 1: Mild dehydration.
- Grade 2: Severe dehydration[10,13].

6. Nidra (sleep duration per day)

- Grade 0: Prakruta (16 to 20 hours per day).
- Grade 1: Alpa (less than 16 hours per day) [10].

Outcome scores were recorded at each visit. The primary endpoint was the change in stanayomlanata and stanyapramana from baseline to day 21. Secondary endpoints were changes in infant weight gain category, rodan, dehydration and nidra.

Statistical analysis

Data were compiled in tabular form and analysed using appropriate statistical software. As the outcome variables were ordinal, non-parametric tests were used[16]. Within-group changes from baseline to day 21 were analysed with the Wilcoxon signed rank test. Between-group comparisons of change scores were performed using the Mann–Whitney U test. A p-value below 0.05 was considered statistically significant, and a p-value below 0.001 was considered highly significant [16].

3. RESULTS

Baseline characteristics

All 60 enrolled participants completed the 21-day study. The majority were in the 20 to 30-year age range. Only one patient was below 20 years, and four patients were in the 30 to 35 year group. Most women belonged to the lower socioeconomic class, followed by the middle and upper classes. About prakruti, Vata pradhana Kapha and Vata pradhana Pitta prakruti were the most common. Primiparous women formed nearly four-fifths of the study population, with a smaller number of second and third para cases.

The distributions of age, socio economic status, prakruti and parity were similar between Group A and Group B, and there were no statistically significant differences in these baseline characteristics.

Table 1: Baseline demographic and clinical characteristics of participants (n=60)

Characteristic	Group A (Vidarikanda)	Group B (Shatavari)	Total (n=60)
Age (years)			
<20	0 (0%)	1 (3.3%)	1 (1.7%)
20–25	14 (46.7%)	13 (43.3%)	27 (45%)
25–30	12 (40%)	13 (43.3%)	25 (41.7%)
30–35	4 (13.3%)	3 (10%)	7 (11.7%)
Socio-economic status			
Upper class	2 (6.7%)	3 (10%)	5 (8.3%)
Middle class	10 (33.3%)	9 (30%)	19 (31.7%)
Lower class	18 (60%)	18 (60%)	36 (60%)
Prakruti			
Vata-pradhana Kapha	16 (53.3%)	15 (50%)	31 (51.7%)

Vata-pradhana Pitta	12 (40%)	13 (43.3%)	25 (41.7%)
Other	2 (6.7%)	2 (6.7%)	4 (6.7%)
Parity			
Primipara	24 (80%)	23 (76.7%)	47 (78.3%)
Para 2	5 (16.7%)	6 (20%)	11 (18.3%)
Para 3	1 (3.3%)	1 (3.3%)	2 (3.3%)

Stanayomlanata

In Group A (Vidarikanda), the mean stanayomlanata score increased from 0.20 ± 0.41 at baseline to 0.67 ± 0.48 after 21 days of treatment. The within-group change was highly significant (Wilcoxon $Z = 3.742$, $p < 0.001$). In Group B (Shatavari), the mean score increased from 0.20 ± 0.41 to 1.83 ± 0.38 , which was also highly significant ($Z = 4.964$, $p < 0.001$).

The mean change in stanayomlanata was 0.47 ± 0.51 in Group A and 1.63 ± 0.49 in Group B. The between-group comparison by the Mann-Whitney U test showed that this difference was highly significant ($Z = 5.888$, $p < 0.001$), indicating that Shatavari produced a greater improvement in breast fullness and engorgement than Vidarikanda.

Table 2: Changes in maternal lactation outcome scores after 21 days of treatment.

Parameter	Group	Baseline mean $\pm$ SD	Day 21 mean $\pm$ SD	Mean change $\pm$ SD	Z value	p value
Stanayomlanata	A	0.20 ± 0.41	0.67 ± 0.48	0.47 ± 0.51	3.742	<0.001
	B	0.20 ± 0.41	1.83 ± 0.38	1.63 ± 0.49	4.964	<0.001
Between-group comparison (change): $Z = 5.888$, $p < 0.001$						
Stanyapramana	A	0.47 ± 0.51	1.87 ± 0.57	1.40 ± 0.81	4.564	<0.001
	B	0.40 ± 0.50	2.83 ± 0.46	2.43 ± 0.63	4.904	<0.001
Between-group comparison (change): $Z = 4.555$, $p < 0.001$						

Stanyapramana

Group A recorded the highest increase in stanyapramana score with the mean score of 0.47 ± 0.51 before the treatment and 1.87 ± 0.57 after 21 days ($Z = 4.564$, $p < 0.001$). The mean score in Group B was rising by 0.40 ± 0.50 to 2.83 ± 0.46 ($Z = 4.904$, $p < 0.001$).

The groups A and B had mean scores of changes of 1.40 ± 0.81 and 2.43 ± 0.63 , respectively. The difference between the groups was very significant ($Z = 4.555$, $p < 0.001$), and once again, Shatavari was better than Vidarikanda in enhancing the observable milk ejection.

Infant weight gain (Sharirabhar)

In the Vidarikanda group, 21 days of treatment resulted in a mean Sharirabhar score of 0.67 ± 0.48 that was higher than the 0.33 ± 0.48 at baseline. This difference was found to be significant ($Z = 3.162$, $p = 0.002$). The mean score experienced an increase in the Shatavari group, 0.10 ± 0.31 to 1.93 ± 0.25 , which was of high significance ($Z = 5.152$, $p < 0.001$).

Group A had a mean change of 0.33 ± 0.48 in the Sharirabhar score, with Group B having a mean change of 1.83 ± 0.38 . The significance of the difference between the groups was very great ($Z = 6.716$, $p < 0.001$), indicating that Shatavari had a more pronounced effect on the weight gain of the infants per week.

Rodan (crying)

Group A indicated that the mean Rodan score was lower than 1.03 ± 0.18 before treatment, with 0.30 ± 0.47 after treatment. This was a high level of reduction ($Z = 4.491$, $p < 0.001$). In group B as well, there was a decline from 1.53 ± 0.51 to 0.07 ± 0.25 that was also very significant ($Z = 4.932$, $p < 0.001$).

Group A and Group B had a mean change score of 0.73 ± 0.52 and 1.47 ± 0.51 , respectively. The difference between the groups was found to be very significant ($Z = 4.513$, $p < 0.001$), meaning that Shatavari caused a greater reduction in excessive crying, compared to Vidarikanda.

Dehydration

The mean dehydration score of Group A changed to 0.23 ± 0.43 to 0.17 ± 0.38 , though, which was insignificant ($Z = 1.414$, $p = 0.157$). Group B had an overall reduction in dehydration score of 0.23 ± 0.43 to 0.03 ± 0.18 , but the difference was not statistically significant ($Z = 2.449$, $p = 0.014$), even though this absolute difference was minimal.

Group A and B had a mean change score of 0.07 ± 0.25 and 0.20 ± 0.41 , respectively. The difference between groups comparison was not significant ($Z = 1.506$, $p = 0.132$), and it is possible to indicate that the two interventions were rather similar in their impact on clinical dehydration.

Nidra (sleep)

Group A showed a reduction in the mean nidra score of 0.33 ± 0.48 before treatment and 0.23 ± 0.43 after treatment with no significant difference ($Z = 1.732$, $p = 0.083$). In Group B, the mean score decreased from 0.33 ± 0.48 to 0.07 ± 0.25 , which was statistically significant ($Z = 2.828$, $p = 0.005$).

The mean change scores were 0.10 ± 0.31 in Group A and 0.27 ± 0.45 in Group B. The between-group comparison did not reach statistical significance ($Z = 1.654$, $p = 0.098$), indicating that both groups showed some improvement in infant sleep, with a slight advantage for Shatavari.

Table 3: Changes in infant outcome scores after 21 days of treatment

Parameter	Group	Baseline mean $\pm$ SD	Day 21 mean $\pm$ SD	Mean change $\pm$ SD	Z value	p value
Sharirabhar (weight gain)	A	0.33 $\pm$ 0.48	0.67 $\pm$ 0.48	0.33 $\pm$ 0.48	3.162	0.002
	B	0.10 $\pm$ 0.31	1.93 $\pm$ 0.25	1.83 $\pm$ 0.38	5.152	<0.001
Between-group: $Z = 6.716, p < 0.001$						
Rodan (crying)	A	1.03 $\pm$ 0.18	0.30 $\pm$ 0.47	0.73 $\pm$ 0.52	4.491	<0.001
	B	1.53 $\pm$ 0.51	0.07 $\pm$ 0.25	1.47 $\pm$ 0.51	4.932	<0.001
Between-group: $Z = 4.513, p < 0.001$						
Dehydration	A	0.23 $\pm$ 0.43	0.17 $\pm$ 0.38	0.07 $\pm$ 0.25	1.414	0.157
	B	0.23 $\pm$ 0.43	0.03 $\pm$ 0.18	0.20 $\pm$ 0.41	2.449	0.014
Between-group: $Z = 1.506, p = 0.132$						
Nidra (sleep)	A	0.33 $\pm$ 0.48	0.23 $\pm$ 0.43	0.10 $\pm$ 0.31	1.732	0.083
	B	0.33 $\pm$ 0.48	0.07 $\pm$ 0.25	0.27 $\pm$ 0.45	2.828	0.005
Between-group: $Z = 1.654, p = 0.098$						

Safety

No significant adverse events were reported in either group during the 21-day treatment period or at follow-up. No mothers discontinued the study due to side effects. Both Vidarikanda churna and Shatavari churna with cow's milk were well tolerated by mothers and infants.

4. DISCUSSION

This clinical study shows that both Vidarikanda churna with ksheera and Shatavari churna with ksheera are effective in improving clinical markers of lactation and infant wellbeing in women with stanyakshaya, with Shatavari demonstrating superior efficacy on the primary outcomes. Both groups showed significant improvements in stanayomlanata, stanyapramana, infant weight gain and reduction in excessive crying, reflecting an overall improvement in the quantity and functional adequacy of breast milk.

From an Ayurvedic standpoint, these findings are consistent with the concept that stanya arises from the prasada bhaga of Rasa dhatu and that stanyakshaya results from Rasa dhatu kshaya and Vata prakopa in the stanyavaha srotas[1,3]. Vidarikanda and Shatavari share key gunas and karmas relevant to this pathology. Both are predominantly Madhura in rasa and vipaka, Sheeta in virya and possess Snigdha, Guru and Brimhana qualities, which support Rasa dhatu poshana, Vata shamana and physiological Kapha[4,6,8]. Their Balya and Rasayana actions further aid recovery from postpartum depletion[6,8]. Improvement in stanayomlanata and stanyapramana can thus be understood as a reflection of improved Rasa dhatu and stanyavaha srotas function[1,3].

Modern research supports a galactagogue role for Shatavari. Randomised clinical trials and contemporary formulations containing Shatavari root extract have shown increased breast milk output, better infant weight gain and higher maternal satisfaction compared with placebo or control[20]. Systematic and narrative reviews of herbal galactagogues also highlight Shatavari among the more evidence-supported agents, though they call for better-designed studies[19]. The greater improvement observed with Shatavari in the present study, compared with Vidarikanda, is in line with this emerging evidence.

Vidarikanda, although less extensively studied, has strong classical backing as a Brimhana, Balya and stanyavardhaka

drug [6,8,9]. In the present study, Vidarikanda produced significant within-group improvements in all key parameters, indicating that it has a genuine clinical effect on stanyakshaya when administered with cow's milk for 21 days. Its comparatively lower cost and ready availability make it a valuable option for low-resource settings, and it may be used alone or in combination with other galactagogues depending on clinical judgement [6,9].

The fact that the differences between groups in terms of dehydration and sleep are relatively smaller and statistically insignificant indicates that these two are affected by several factors other than lactation itself. Environmental temperature influences dehydration, intercurrent disease and feeding method and sleep pattern depend on infant temperament, routine and household environment[10,13]. However, the tendency towards improvement in both groups is promising.

The current research has a number of strengths. It utilised strict inclusion and exclusion criteria, targeted a clearly defined clinical entity of stanyakshaya in sutika avastha and utilised practical outcome measures that focus on maternal and infant outcomes. The resemblance of Vidarikanda and Shatavari in similar circumstances helps in placing these two familiar Ayurvedic galactagogues in their place relative to one another[6,9].

It also has its significant limitations. This is a small sample ($n=60$) and as such, has less statistical power to identify smaller effects or subgroup differences[16]. The open-label study design, which does not include a placebo or blinding, creates the risk of expectation bias in both patients and the investigators[18]. Indirect measures of milk production were done by a clinical scoring as opposed to absolute measures like the weight of milk volume or serum prolactin level[14,19]. Potential confounding factors such as maternal nutritional condition, psychological stress and breastfeeding method were not strictly controlled[11,13].

The findings should be used by future research to carry out bigger multicentric randomised controlled trials with sufficient blinding[18]. The objective outcome measures, such as expressed milk volume, infant growth charts, and hormonal assays, would increase the support of the galactagogue properties of Vidarikanda and Shatavari[14,19]. It would also be beneficial to carry out comparative studies on other

Ayurvedic galactagogues and as combination formulations[19]. A combination of conventional lactation counselling and support with Ayurvedic interventions would be more comprehensive and effective in the management of stanyakshaya[17,18].

5. CONCLUSION

Stanyakshaya, which is poor production of breast milk and hence the threat of undernourishment of the baby, is one of the critical postpartum issues. The Ayurvedic theory also lays its primary emphasis on Rasa dhatu kshaya and Vata prakopa that affect the stanyavaha srotas, thus prescribing Madhura rasa, Sheeta virya, Snigdha, and Brimhana dravyas like Vidarikanda and Shatavari as stanyavardhaka. In this clinical trial of 60 postpartum women with stanyakshaya, Vidarikanda churna and Shatavari churna, every 21 days of treatment using cow milk showed good results on breast fullness, milk ejection, infant weight gain and excessive crying. Shatavari demonstrated statistically significant superior effectiveness to Vidarikanda in increasing the stanayomlanata, stanyapramana and weight gain of infants with moderate and equal effects on dehydration and sleep. No negative effects were reported, which means that both interventions are safe, provided the conditions of the study. These results indicate that Shatavari has therapeutic potential as an Ayurvedic galactagogue, and Vidarikanda is a safe and inexpensive alternative to manage stanyakshaya. These observations must be confirmed and extended by larger and more rigorous trials using objective lactation measures and used to inform evidence-based incorporation of these Ayurvedic interventions into postpartum care.

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Conflict of Interest

The authors declare that there are no conflicts of interest related to this study.

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