

4.5. Stanya Dusti, Stanya Kshaya and Stanya Vruddi

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Purpose

This lesson equips you to define, identify and manage disorders of breast milk (stanya) that directly affect infant health in Kaumarabhritya practice. You will learn the Ayurvedic basis (doṣa-dhātu-srotas), classical features, and practical, exam-oriented management.

1) Core Concepts and Ayurvedic Basis

Stanya (breast milk) is considered an **upadhātu of Rasa** and the primary āhāra for the neonate and infant. Its quality and quantity depend upon the mother's āhāra-vihāra (diet-lifestyle), manasika bhāvas (mental state), agni, and integrity of **stanyavaha srotas**. When these determinants are disturbed, three broad problems arise:

- **Stanya Duṣṭi** — qualitative vitiation (impure/vitiated milk).
- **Stanya Kṣaya** — quantitative deficiency (insufficient milk).
- **Stanya Vṛddhi** — quantitative excess/engorgement or over-supply.

Authoritative classical statement

“दोषैरन्नविहारैश्च दूषिता या स्तन्यवहाः ।

स्तन्यं तस्योपशोभं यान्ति दूषयन्ति च बालकान् ॥”

— Aṣṭāṅga Hṛdayam, Uttaraśthāna 1/24

(Vitiation of doṣas through improper food and lifestyle of the mother pollutes the stanyavaha channels; such milk loses excellence and harms the child.)

This śloka justifies the clinical rule: **treat the mother to treat the milk, and thereby the child.**

2) Stanya Duṣṭi (Vitiated Milk)

2.1 Definition

Qualitative abnormality of breast milk due to vitiation by Vāta-Pitta-Kapha (alone or combined) and other factors affecting its **rasa-guṇa-varṇa-gandha-sparśa** and infant tolerance.

2.2 Etiological clusters (Nidāna)

- **Āhāra:** viruddhāhāra, guru/abhīṣyandī items, ati-amlā-lavaṇa-kaṭu pradhāna diet, ati-mātrā bhojana, ajeerna-āśana.
- **Vihāra:** vega-dharana, ratri-jāgarana, ati-vyāyāma, aśuci (poor hygiene).
- **Manasika:** krodha, śoka, bhaya, chinta.
- **Roga/surgical:** mastitis, abscess; systemic fevers; drug/alcohol/tobacco exposure.
- **Doṣa-srotas:** vitiation of **stanyavaha srotas** via aggravated doṣas.

2.3 Types (Bheda) and classical understanding

Aṣṭāṅga Hṛdayam, Uttaraśthāna 1/25-31 describes **eight patterns** of stanya duṣṭi. For exams, present as: **doṣaja** (vāta, pitta, kapha), **sannipātaja**, and **other qualitative vitiations** (rasaja, raktaja, puya-mixture/pūyastanya,

granthibhūta/clotted). Below is an integrated exam-ready table:

Type	Milk features (mother's milk)	Infant presentation (typical)	Rationale
Vātaja	Frothy, thin, astringent; less flow; rukṣa mouthfeel	Colic, distension, constipation, disturbed sleep, frequent unlatching	Rukṣa-laghu qualities irritate vāta in the gut
Pittaja	Yellowish/greenish tinge, warm to touch, bitter-sour taste	Loose yellow stools, feverishness, thirst, skin eruptions/diaper rash	Uṣṇa-tikṣṇa + amlā influences
Kaphaja	Thick, white, slimy/unctuous, sweet; heavy	Regurgitation, cough/coryza, lethargy, coating on tongue, low appetite	Guru-snigdha-mṛdu excess
Sannipātaja	Mixed abnormal signs; foul; intolerable	Multisystem upset; FTT* with recurrent symptoms	All doṣas deranged; worst prognosis if uncorrected
Rasaja	Appears watery/poorly nutritious	Poor weight gain despite adequate volume	Rasa dhātu qualitative defect
Raktaja	Reddish tinge; metallic taste	Vomiting/irritability; sometimes blood-streaked regurgitation	Rakta-doṣa admixture (nipple trauma/microbleeds)
Pūyastanya	Foul smell; pus admixture (mastitis/abscess)	Fever, infection risk; refusal to feed	Pus contamination from infected stana
Granthibhūta	Lumpy/clotted milk; blocked ducts	Infant frustration; mother pain/engorgement	Ductal obstruction, stasis leading to local doṣa

*FTT = Failure to Thrive.

Key viva line: “Stanya duṣṭi is primarily a **maternal** pathology of stanyavaha srotas; infant disease is secondary exposure.”

2.4 Clinical assessment

- **Mother:** breast exam (tenderness, redness, lumps, discharge), diet-lifestyle-stress review, drugs, systemic illness, hydration, sleep.
- **Milk:** organoleptic observation (colour/odour/consistency), expression ease, presence of visible blood/pus/clots.
- **Infant:** weight trend, stool/urine patterns, colic/regurgitation, rashes, fever, dehydration signs.

2.5 Management principles (Chikitsā Sūtra)

1. **Nidāna parivarjana:** Correct āhāra-vihāra; regulate sleep and stress.
2. **Treat mother's doṣa predominance** (śodhana/śamana as indicated; gentle and lactation-safe).
3. **Stanya śodhana (galacto-depurant) dravyas** to purify milk via mother.
4. **Symptomatic care for infant** (ORS for diarrhea, topical care for rashes, burping/positioning for reflux, medical referral when red flags).
5. **Lactation support:** latch, frequent on-demand feeds, avoid long gaps, manage engorgement.

Doṣa-wise practical regimen (mother):

- **Vātaja:** warm, light-unctuous pathya; snehana with medicated ghee (small), *Śatāvarī*, *Yashtimadhu*; avoid drying foods; nāśya with warm sesame oil if needed; gentle abhyanga.
- **Pittaja:** cooling diet (avoid amla/kaṭu/lavaṇa excess); *Gudūcī*, *Śatāvarī*, *Uśīra*, *Sarivā*; cold compresses for breast discomfort; hydrate well.
- **Kaphaja:** laghu, uṣṇa, deepana-pācana; avoid guru/abhīśyandī, excessive sweets/dairy; *Muṣṭā*, *Pippalī*, *Sunthī* in appropriate doses; warm compress and complete breast emptying.

Classical pharmaco-basis to cite in exams:

Caraka Saṃhitā, Sūtrasthāna 4 (Śadvirecanaśatāsriteya Adhyāya) enumerates **Mahākaśāyas**, including **Stanyaśodhana Mahākaśāya** (galacto-depurants) and **Stanyajanana Mahākaśāya** (galactagogues). Typical *Stanyaśodhana* drugs discussed in standard commentaries include **Pāṭhā**, **Devadāru**, **Muṣṭā**, **Mūrvā**, **Gudūcī**,



Vatsaka-phala, Kirātatikta, Kaṭukarohiṇī, Sārivā (use as kashayam/ghṛta as per doṣa and lactation safety).
(Memorise at least 6 names.)

When to temporarily avoid direct feeding from the affected breast

- Obvious **pus** discharge or frank **blood** not quickly resolving; **abscess** pending drainage; **unsafe maternal medication**. Express and discard from affected side, continue feeding from the other side; resume once safe. Coordinate with pediatrician/OBG.

Red flags (urgent referral)

- Infant fever, poor feeding with lethargy, bilious vomiting, signs of sepsis/dehydration; maternal high-grade fever with rigors, fluctuance suggestive of abscess.

3) Stanya Kṣaya (Insufficiency/ Hypogalactia)

3.1 Definition

Quantitative deficit of breast milk relative to the infant's physiological need, reflected by inadequate weight gain and feeding indicators.

3.2 Etiology

- **Āyurvedic:** Rasa-kṣaya, agnimāndya, āhāra alpata/āsaṃskṛta āhāra, śoka-chinta-krodha, ratri-jāgaraṇa, deha-śrama; vitiation/obstruction of stanyavaha srotas.
- **Lactation science:** delayed lactogenesis II (post-LSCS, PPH), poor latch/ineffective suck, infrequent feeds, maternal dehydration/calorie deficit, thyroid disorders, retained placental fragments, certain medicines.

3.3 Clinical indicators

- <6 wet diapers/day after day 5; scant stools; persistent post-feed irritability/sleepiness; <20–30 g/day weight gain in early weeks; breasts feel persistently soft with minimal let-down; short feeds with early sleep.

3.4 Management algorithm

1. **Correct the basics (first line):** skin-to-skin, early and frequent on-demand feeds (8–12/24 h), optimize **latch & positioning**, complete one breast before switching, night feeds, avoid unnecessary formula/pacifiers early on.
2. **Maternal pathya:** warm, freshly cooked, *madhura-rasa* dominant, adequate fluids; rest; stress reduction; treat constipation/ajeerna.
3. **Stanyajanana support (mother)**
 - **From Stanyajanana Mahākaśāya (CS Su 4):** classical galactagogues; many curricula highlight **Śatāvarī, Vidārī, Jīvanti** and **ghṛta-yuktā preparations**; also cereal-grass roots group (e.g., *Vīraṇa, Ikṣuvalīka, Kusha*, per textual lists).
 - Practical combos (as kashāya/ghṛta/avaleha), tailored to doṣa and safety:
 - **Śatāvarī kalpa / Śatāvarī ghṛta** (pittānulomana, galactagogue).
 - **Gudūci + Muṣṭā** when āma/kapha impedes flow (after correcting agni).
 - **Jīvanti + Vidārī** nutritive support in vāta-pitta kṣaya.
4. **Milk expression plan:** hand-expression/pumping after feeds to stimulate supply if transfer is poor; protect nipples; manage pain.
5. **Supplementation:** if needed for infant safety (excessive weight loss, dehydration risk), use **expressed breast milk** first; if formula is necessary, **supplemental nursing system** is preferable; reassess every 48–72 h.
6. **Investigate and treat correctables:** thyroid profile, anemia, retained products, medication review.

Exam tip: “Kṣaya = pramāṇa-doṣa (quantitative). Treat with *Stanyajanana* + nidāna-parivarjana + lactation technique correction.”

4) Stanya Vṛddhi (Over-supply/ Engorgement)

4.1 Definition

Excess production and/or stasis causing **engorged, painful breasts**; often with forceful let-down leading to infant feeding difficulty and reflux-like symptoms.

4.2 Causes

- Very frequent pumping/over-stimulation, abrupt long gaps then overfilling, high-kapha diet, fluids in excess beyond thirst, unresolved ductal block leading to compensatory engorgement.

4.3 Clinical picture

- Tense, shiny, warm breasts; discomfort/low-grade fever possible; infant choking/arching at let-down, green frothy stools from foremilk predominance, aerophagia/colic.

4.4 Management

- **Frequent, regulated emptying:** short-cycle feeds; if oversupply, consider **block feeding** (same breast for 2–3 h blocks) under supervision to down-regulate supply; manual expression just to comfort to avoid further stimulation.
- **Compresses:** cool packs between feeds for swelling; warm just before feed to assist flow.
- **Doṣa-aligned diet:** avoid guru-abhīṣyandī and excess sweets; prefer laghu-deepana meals if kapha features dominate.
- **Stanya śodhana/kapha-śamana support:** mild *Muṣṭā*, *Pippalī*, *Sunthī* (dose, duration, and safety individualized); gentle **udvartana** around breast base (avoid areola/nipple), lymph-drainage massage techniques.
- **Watch for mastitis/abscess;** early antibiotics/surgical drainage when indicated while maintaining lactation strategy.

Differentiation pearl: Vṛddhi with poor drainage predisposes to **granthibhūta stanya** and **pūyastanya** (progression continuum).

5) Pathya-Apathya

Pathya (mother): warm, fresh, light-unctuous meals; shadrasa-santulita, more *madhura* in kṣaya; adequate water by thirst; cumin-fennel-ajwain water (as tolerated); rest; positive support.

Apathya: viruddhāhāra; stale/packaged/junk; excess amla-lavaṇa-kaṭu (pittaja); excessive dairy/sweets (kaphaja); skipping meals/fasting; alcohol/tobacco; avoid strong purgatives/emetics in lactation.

6) Putting it together in exams (structured answers)

- **Definition + śloka (AH Uttara 1/24)**
- **Nidāna** grouped (āhāra/vihāra/manasika/roga).
- **Bheda** – concise table of 8 patterns with milk-infant features.
- **Parikṣā** – mother-milk-infant triad.
- **Chikitsā** – nidāna parivarjana + doṣa-wise plan + *Stanyaśodhana/Stanyajanana* rationale (cite CS Su 4).
- **Kṣaya vs Vṛddhi** – definitions, causes, key signs, stepwise management.
- **Red flags.**



7) Quick Self-Check

1. Which śloka links maternal doṣa/āhāra-vihāra to infant morbidity via stanya?
2. Name **four** drugs from **Stanyaśodhana Mahākaśāya** and **two** from **Stanyajanana** that you would write in an exam.
3. Give two clinical signs each of **stanya kṣaya** and **stanya vṛddhi**.
4. When would you **temporarily avoid direct feeding** from an affected breast?

(Try answering before you look back.)

8) Assessment

A. SAQs (3-4 marks each)

1. Define **stanya duṣṭi** and enumerate its types.
2. Explain **maternal factors** causing stanya kṣaya with management outline.
3. Write **pathya-apathya** for a lactating mother with **kaphaja stanya duṣṭi**.
4. Describe **block feeding** and its indication.
5. List **any six** drugs under **Stanyaśodhana Mahākaśāya**.

B. LAQ/Essay (10 marks)

- **Discuss stanya duṣṭi:** definition, nidāna, types with features, examination of mother-milk-infant, principles of management, doṣa-wise regimen, indications for temporary withholding, and counseling points.

C. MCQs (1 mark each)

1. "Vitiated maternal food-lifestyle vitiates stanyavaha srotas and harms the child" is stated in:
a) Caraka Su 1/41 b) Aṣṭāṅga Hṛdayam Uttara 1/24 c) Suśruta Sūtra 10/48 d) Kāśyapa Nīdan 2
Ans: b
2. Thick, slimy, sweet milk with infant regurgitation typifies:
a) Vātaja b) Pittaja c) Kaphaja d) Rasaja
Ans: c
3. Which group in Caraka Sūtrasthāna 4 purifies breast milk?
a) Jīvanīya b) Stanyajanana c) Stanyaśodhana d) Vayasthāpana
Ans: c
4. A primary corrective step in **stanya kṣaya** is:
a) Avoid night feeds b) Infrequent long feeds c) Optimize latch and on-demand frequency d) Routine purgation
Ans: c
5. **Pūyastanya** is most commonly due to:
a) Rasaja duṣṭi b) Mastitis/abscess c) Excess madhura rasa d) Amla-lavaṇa diet alone
Ans: b

9) References

Classical

- **Aṣṭāṅga Hṛdayam** of Vāgbhaṭa, **Uttarasthāna 1/24** (stanya duṣṭi causation and infant harm); Uttarasthāna 1/25-31 (types and features of vitiated milk).
- **Caraka Saṃhitā**, **Sūtrasthāna 4** (Śadvirecanaśatāśriteya Adhyāya): **Stanyaśodhana Mahākaśāya** and

Stanyajanana Mahākāśāya—classical rationale for purifying and promoting milk through maternal therapy.

- *Mādhava Nidāna*, **Chapter on Stanya Duṣṭi (Stanya Duṣṭi Nidānam)**—causation and morbidity perspective in infants.
- *Kāśyapa Saṃhitā* (Vṛddhajīvakiya Tantra), relevant adhyāyas on **Kṣīra/Stanya vijnāna**—emphasis on maternal regimen and infant consequences of dushta stanya.
- *Suśruta Saṃhitā*, Śārīrasthāna/Sūtrasthāna passages on **stanya** as rasa-derived upadhātu and appearance postpartum.

Modern standard texts & guidance

- IAP Textbook of Pediatrics (Lactation management, growth, and common breastfeeding problems).
- Ghai Essential Pediatrics (breastfeeding techniques; assessment of dehydration; neonatal nutrition).
- WHO/UNICEF Breastfeeding Counseling: A Training Course (latch, positioning, common difficulties).
- Recent peer-reviewed Ayurvedic reviews on **Stanyaśodhana/Stanyajanana** groups and clinical application.

10) Memorize-Friendly Lines

- **Duṣṭa stanya → duṣṭa bala**: “Treat the **mother’s doṣa** to cure the **baby’s symptoms**.”
- **Kṣaya** = **pramāṇa-doṣa** (quantity) → fix **frequency, latch, rest, Stanyajanana**.
- **Vṛddhi** = oversupply/stasis → **block-feed, cool compress, kapha-śamana**, complete but judicious emptying.
- **Write this śloka**: *AH Uttara 1/24* (must-quote in long answers).