

4.5. Stanya Dusti, Stanya Kshaya and Stanya Vruddi

4.5. Stanya Duṣṭi, Stanya Kṣaya and Stanya Vṛddhi

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*, Uttarasthāna 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-jāgaraṇa, 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, *Uttarasthāna* 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; nāsya with warm sesame oil if needed; gentle abhyanga.
- **Pittaja:** cooling diet (avoid amla/kaṭu/lavaṇa excess); *Gudūci*, *Śatāvarī*, *Uśīra*, *Sarivā*; cold compresses for breast discomfort; hydrate well.
- **Kaphaja:** laghu, uṣṇa, deepana-pācana; avoid guru/abhīsyandī, 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**, **Gudūci**,



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, Jīvantī** 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).
 - **Jīvantī + 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).