



**“TO ASCESS THE EFFECT OF PIPALLI CHOORNA WITH SHUKHOSHNA
GODUGDHA IN STANYAKSHYA.”**

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ABSTRACT

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 field. This desartation 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.

60 patients were observed & treated Trial Group of randomly selected 30 patients in which stanyakshaya will be treated with Pippli choorna, 500 mg twice daily after meals with sukhoshana Godugdha.

Control 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.

Shatavari Choorna given to group B is slightly better for this disease Stanyakshaya.

KEYWORDS : Pipalli choorna, Shatavari Choorna, Stanyakshaya.

INTRODUCTION

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.

AIMS AND OBJECTS

To ascess the effect of pipalli choorna with shukhoshna godugdha in stanyakshya.

MATERIALS AND METHODS

MATERIAL

Selection of drug

PIPPALI

Latin Name - Piper longum

Chemical Constituents

Piperidin, piperlongumine and piperlonguminine, an alkaloid present in stem and root. Piperine and sesamio, these two alkaloids are present in stem and fruit. The plant contain as essential oil consisting of long chain hydrocarbons, mono and sesauiterpens caryophyllene being the main product. It also contains n-heaxdecane, n-heptadecane, noctadecane, n-nonadecane, n-eicosane, n-heneicosane, terpinolene, zingiberene, traces of dihydrocarveol, phenylethyl alcohol and two sequiterpenes. It contain glutathione peroxidase and glucose 6 phosphate dehydrogenase along with Vit.A and E.

Shatavari: Latin Name :- Asparagus Racemosus.

Gana :- Balya, Madhurskandha. (Charak)

- Upayuktanga :- Mula.
- Rasa :- Madhur, Tikta.
- Virya :- Shita.
- Vipak :- Madhur.
- Guna :- Gura, Snigdha.
- Doshaghната :- Vata-pittashamak, Kaphakar

Anupan

1. Godugdha (COW MILK) Regional Name

Patients –

Clinical Study

a) Study design - Clinical study

b) 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 avastha.
- 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 anomalies, malignancy, immunocompressed disorders.
- 2) Alcoholism, infection and systemic diseases.
- 3) Baby with congenital anomalies birth trauma premature of baby, having any pathological condition.
- 4) Patients have taken treatment for milk suppression. e.g. Tab Bromocriptine.

In exclusive criteria, I also keep in mind the Ayurvedic text reference of stanapana varjit awastha

The woman who is hungry, stricken with grief, tired, has vitiation of dhatus is pregnant, suffering from fever, emaciated (shosha), obese and has consumed diet likely to produce vidaha (burning sensation or indigestion) or the edibles opposite in character should not give breast feed to the child.

METHODS

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 stanyakshya 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.

Mode of Administration

Patients were given the drug orally in the following way.

Data Collection

Follow up

Each patient was followed after every 7 days.

OBSERVATIONS AND RESULTS

Age wise As per inclusion criteria of patients we selected patients having age between less than 20 years to 30 years and we distributed it in three - sub age groups. 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.

Socioeconomic status wise Out of 60 patients, maximum patients were found having lower-middle status followed by upper-lower, upper- middle & lower class. They were 13, 14, 25, 08 in numbers respectively.

Prakrutwise Out of 60 patients in study maximum numbers of patients were found in vata pradhan kapha prakruti followed by vata pradhan pitta; kapha pradhan vata; kapha pradhan pitta; pitta pradhan vata. They were 28, 22, 4, 4, 2 in numbers respectively.

Parity wise Out of 60 patients in study maximum patients were found Primipara 15, 2 nd para & lastly multipazra are 15 patients were found in number

Statistical Analysis of all observations are done and result were described in tables below

Parameter	Group	Mean Reduction		% relief	Wilcoxon Z	P
		BT	AT			
Stanamlanata	GP A	1.40	0.23	83.6	4.88	<0.001
	GP B	1.53	0.13	91.5	4.76	HS
Satnya pidnata	GP A	1.23	0.13	89.4	5.26	<0.001
	GP B	1.50	0.10	93.3	4.94	HS
Stanya pravartan	GP A	0.17	2.50	-	4.87	INS
	GP B	.10	2.77	-	5.02	
SHB	GP A	0.03	1.87		5.15	INS
	GP B	0.10	1.93		5.15	
Nidra	GP A	0.23	1.77		4.93	INS
	GP B	0.27	1.97		5.0	
Rodan	GP A	1.43	0.10	93	8.87	<0.001
	GP B	1.53	0.7	95.4	4.93	HS
Mal pravrutti	GP A	0.60	0.13	78.3	3.74	<0.001
	GP B	0.53	0.03	94.3	3.87	HS

DISCUSSION:

1) According to stana mlanata:

Trial Group -Out of 30 patients, 23 patients are cured i.e. stanya mlanata is significantly improved.

Control Group: Out of 30 patients, 28 patients are cured i.e. stanya mlanata is significantly improved.

2) According to stanya pidanata

Brest encougement or tenderness is due to lactational deficiency and improper feeding of mother. It may be many times severe pain in bilateral brest or single side Trail group Out of 30 patients, Before treatment 23 patients were in alp and 7 patients were in adhik stanya pidanta group. After treatment 26 patients were in prakrut and 4 patients were in alp stanya pidanta group. Out of 30 patients 26 patients are cured i.e. stanya pidanta is highly significant improved.

3) According to stanya pravartana:

Trial Group- Out of 30 patients, 20 patients are cured i.e. stanya pravartana is significantly improved.

Control Group -Out of 30 patients 25 patients are cured i.e. stanya parman is highly significant is proved.

4) Shareerbhar vruddhi (SHB):

Trial Group - Out of 30 babies, 26 babies are cured i.e. Shareerbhar vruddhi is significantly improved.

Control Group - Out of 30 babies, 28 babies are cured i.e. Shareerbhar vruddhi is significantly improved.

5) Nidra:

Trial Group - Out of 30 babies 25 babies cured i.e. nidra significantly improved.

Control Group - Out of 30 babies 28 babies cured i.e. nidra significantly improved.

6) Rodan:

Trial Group- Out of 30 babies 27 babies cured i.e. rodan is significant improved.

Control Group - Out of 30 babies 28 babies cured i.e. rodan is significant improved.

7) According to malapravrutti:

Trial Group Out of 30 babies, Before treatment 12 babies had drav malpravrutti group and 18 babies were in prakrut group After treatment 26 babies are in prakrut malpravrutti and 4 baby has drav malpravrutti. No any baby has malbhadhta Out of 30 babies, all 26 babies are cured i.e. malapravrutti is significantly improved.

Control Group Out of 30 babies, Before treatment 16 babies had drav malpravruti group and 14 babies were in prakrut group After treatment 29 babies are in prakrut malpravruti and 1 baby has drav malpravruti. No any baby has malbhadhhta Out of 30 babies, all 29 babies are cured i.e. malpravruti is significantly improved.

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.

REFERENCES

1. Charaka samhita Acharya. Vidhyadharashukla. Pro. Ravidattatripathi. Chaukhambapublication2002. Chikitsa 30.
2. Sushruta Samhita (ayurveda tatwa sandipika)Kavi.Ambikadatta shastri. 13thedition.Chaukhambapublication 2010.
3. Astanga samgraha Dr. ravidatta tripathiChaukhambapublication.2001
4. Astanga hridaya Kavi. Atridevgupta. Chaukhambapublication2012
5. Madhav nidana. Dr.bramhanandatripathi. Chaukhambapublication.2005
6. Sharagdhara samhita Dr. shailaja shreewastaw. Chaukhambaoriental publication.2011
7. Yogaratnakara Dr. indradevtripathi , Dr. dayaShankar tripathi. Chaukhamba krishnadas academy.2007
8. Bhaishajya ratnawali Kavi.Ambikadatta shastri.Chaukhamba prakashana, 20th edition 2010 141
9. Bhavaprakash Bramhashankar shastri. Chaukhambapublication, 9th edition.1999.
10. Bhela samhita Pndit.Girijadayal Shukla Chaukhamba prakashana 2006
11. Harita samhita Vaidya. Jaymini pandey Chaukhamba vishvabharati, 1st edition.2010
12. Kashyapa samhita Pandit. Hemraja sarma. Chaukhamba Sanskrit sansthan 2010
13. Dravyaguna vinyan Acharya priyawat Sharma Chaukhamba bharati academy.2001
14. Indian medicinal plants Kiritkar k.r.basu B.D. 2nd edition 1998
15. Ayurveda prasuti tanta Vd. Premvati Tiwari Chaukhamba orientaliya 2011 142