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The Effect of Vidaarikanda Churnam with Dugdham as Sthanyavardhaka

KEYWORDS

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ABSTRACT *In India, during puerperium women fall short of adequate lactation due to malnutrition, stress and strain. Poor communities, with people living in an unhygienic environment, milk for other sources is liable to contamination resulting in infections. To combat this problem, in allopathic medicine there is no proven drug is available for improving lactation. At this juncture it is not an exaggeration for to state that, Ayurvedic can contribute a lot in an effective manner through specific and potential drugs for increasing lactation without any side effects. Keeping these points in view the present topic has been selected for the research work. The main aim of the study is to find out a best medicine, to improve lactation and to assess the efficacy of the drug VidaarikandaChurnam with milk.*

30 patients were selected from the outpatient department of govt. Ayurvedic hospital erragadda. The study was done with irrespective of the parity and excluding local lesions of the breast. 5grs of Vidaarikandachurnam along with milk, twice a day for a period of 3 months was given. While screening the result based on the weight of the mother & the baby, 86.66% good result seen in mothers and 90% in babies. The drug vidaarikandachurnam showed an effective Sthanyavardhaka (Galactogogue) without any side effects. The overall results obtained in the present study were 86.67% good result, 10% got satisfactory, and 3.33% were poor.

Introduction: -

Health of infant and child is based on health of mother. Breast milk is the god's gift; a mother can give her baby. The human milk is most suitable to serve the physiological, immunological, biochemical, emotional and psychological needs of the baby.The problem of inadequate lactation are persistent since a long time. The probable factors responsible for such a rising incidence are indentified as changes in dietary habits, stress and strain. Debilitating state of the mother such as severe anemia, toxemia, blood loss during (or) before delivery, organic heart lesion, pulmonary tuberculosis, Elderly primigravidae.Failure of the mother to suckle her child regularly, Depression (or) anxiety state of the mother, Reluctance (or) apprehension to nursing, Premature baby when it is too weak to suck, Maldevelopment of the breast, Pain full Breast lesion, Administration of dopamine during antenatal (or) postnatal period.[1, 2, 3]

Similar etiopathology is also available in our Ayurvedic classics the children who are blessed with their mother are said to be "dhanya". Without mother they are considered orphans. Whether the child is strong or weak, capable or not, whatever it may be no one else can give protection and nutrition like his/her own mother.Mother's milk plays supreme role in growth and development of the child said by acharya vaagbhata. [4] In absence of affection for the child, fear, fasting, excessive exercise, consumption of dry edibles & drinks, emaciation, excessive use of purifying measures & re-pregnancy are the causes of cessation of milk. Laxity of breasts along with decrease in quantity (or) absences of milk secretion is the clinical features of sthanya kshaya. Breast feeding encourages maternal-infant bonding. Mother's milk is unquestionably the best food for the baby. The milk contains most of the nutrients necessary for the growth and development of the baby. Health of infant and child is based on health of mother. Breast milk is the god's gift; a mother can give her baby. The human milk is most suitable to serve the physiological, immunological, biochemical, emotional and psychological needs of the baby.[5, 6&7] to achieve this goal Ayurveda advocate special Aahaara, vihaara and oushadha during breast feeding. Witch all are described by our acharyas.

Percentage composition of Colostrum & Breast milk

	Protein	Fat	Carbohydrate	Water
Colostrum	8.6	2.3	3.2	86
Breast Milk	1.2	3.2	7.5	89

Colostrum is deep yellow serous fluid, alkaline in reaction. It has got a higher specific gravity, a high protein, vitamin A, sodium & chloride content but has got lower carbohydrate, fat & potassium than the breast milk. It contains antibody (IgA) produced locally.

Advantages of Breast Feeding to the Child :-

1.Complete Nutrition,**2.**Brest milk provides complete nutrition for about six months of life and continues to be an important source of nutrition in the 2nd year of life.**3.**Carbohydrate contains principally lactose which stimulates the growth of micro-organisms, helps to produce organic acids necessary for synthesis of Vitamin – B.**4.**The mineral contents like potassium, calcium, sodium and chloride are such as to make it a low osmotic load so that less burden falls on the functionally immature kidneys.5.The special enzyme "lipase "in the Brest milk helps in proper digestion of fat.6. It contains vitamin-D which protects the baby against rickets.7.Lactoferrin, lysozyme, lactoperoxidase complements and leukocytes that hinder the growth of E.Coli and thereby prevent gastro enteritis.8.Its lysozyme content protects against infection and interferon is an antiviral substance.9.Fatty acids that is important for neurological development of the baby.10.It confers passive immunity to the baby as the milk contains protective antibodies. Secretory antibody IgA, exerts its protective action by preventing bacterial contact to epithelial cell surfaces, thus preventing gastro-intestinal infections.**11.**Breast milk is readily available, usually sterile and is given to the baby directly at body temperature.12.It is more convenient, requiring no preparation and costs nothing.13.Breast feeding acts as a natural contraception and is of major demographic importance in the developing countries.[9, 5, 6&7]

Materials & Methods:-

The present study is intended to improve sthanya by oral administration of Vidaarikanda Churnam (Pueraria tuberose).

Materials: - Vidaarikanda Churnam, Purely an herbal preparation.[10, 11and 9]

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Preperation of medicine:-Clean and healthy roots of vidaari collected, dried it and then made it into fine powder.[12]

Anupanam: - Milk

Patients: - 30 Patients were selected from outpatient department of Prasooti tantra and streeroga at Govt. Ayurvedic Hospital, Erragadda, Hyderabad.

Drug administration: - All the 30 patients were administered the "Vidaarikanda Churnam" in the dose of 5 grams twice daily with milk for 3 months.[13] The progress of the treatment is assessed accordingly on 30th, 60th and 90th day after the commencement of treatment.

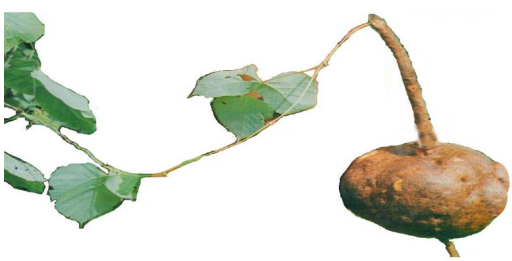
Follow up:-every 15th day.

Subjective Parameters: - 1. Number of feeds offered to the child per day.**2.**Quantity of Milk ejection per feed.**3.**Satisfaction of the child.[14]

Objective Parameters: - Baby weight, Mother weight.

Gradation of results:-categorized as 1.Good 2.Satisfactory and 3. Poor.

VIDAARI KANDA (Pueraria tuberose)



Observations
Table I

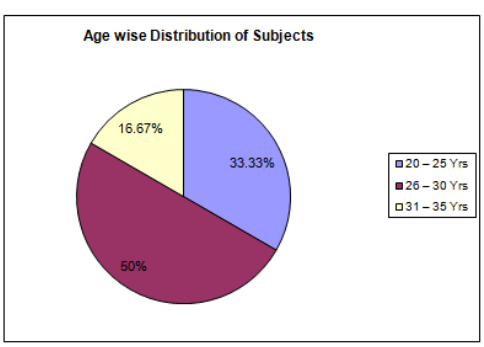
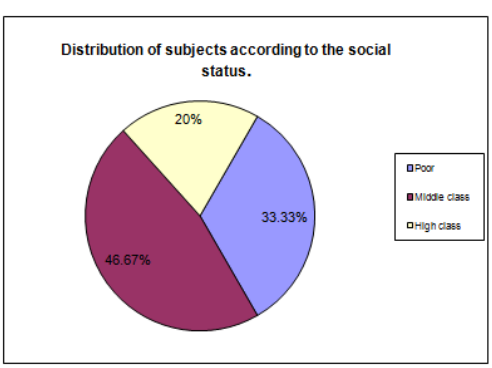


Table II



Observations and Results

30 cases were tried to assess "The effect of vidaarikanda churnam as "Sthanya Vardhaka and the observations from various angles are tabulated as follows.

Observations
Table-1: Age wise distribution of subjects.

S.No	Age group in years	No. of subjects	Percentage
1	20 – 25	10	33.33 %
2	26 – 30	15	50 %
3	31 – 35	5	16.67 %
	Total	30	100 %

Table- 2: Distribution according to the social status.

S.No	Social status	No. of Subjects	Percentage
1	Poor	10	33.33 %
2	Middle class	14	46.67 %
3	High class	6	20 %
	Total	30	100 %

Table-3: Distribution according to the Parity.

S.No	Para	No. of subjects	Percentage
1	Primi Para	16	60 %
2	Second Para	8	20 %
3	Multi Para	6	20 %
	Total	30	100 %

Table-4: Distribution according to nature of delivery.

S.No	Nature of delivery	No. of subjects	Percentage
1	Normal Delivery	14	46.67 %
2	LSCS	16	53.33 %
	Total	30	100 %

Table III

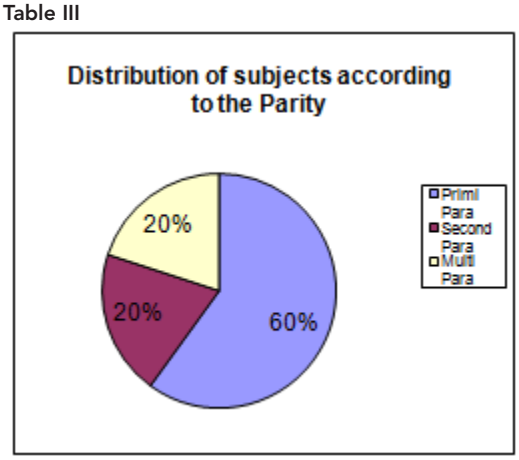


Table IV

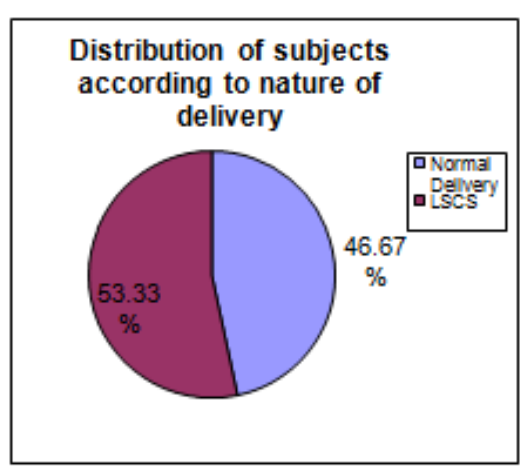


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Table V

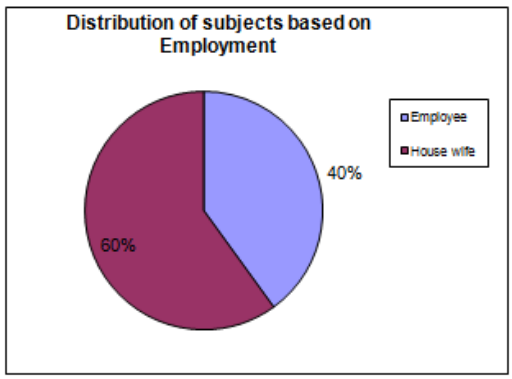


TABLE VI

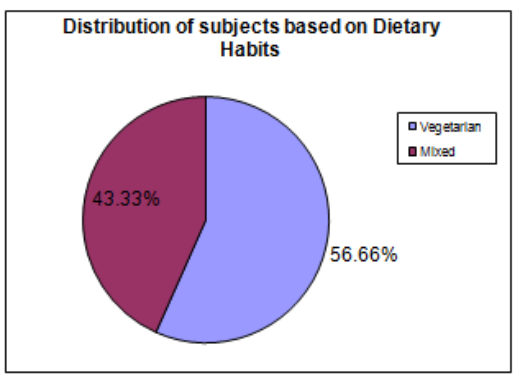


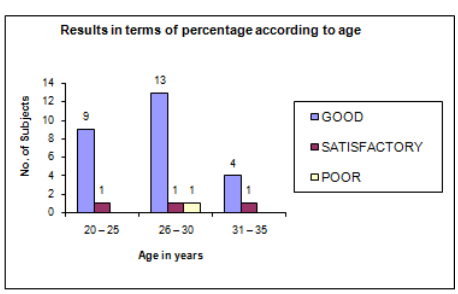
Table-5: Distribution of Subjects based on Employment.

S.No	Employement	No. of subjects	Percentage
1	Employee	12	40 %
2	House wife	18	60 %
	Total	30	100 %

Table-6: Distribution of Subjects based on Dietary Habits.

S.No	Diet	No. of subjects	Percentage
1	Vegetarian	17	56.67 %
2	Mixed	13	43.33 %
	total	30	100 %

TABLE I



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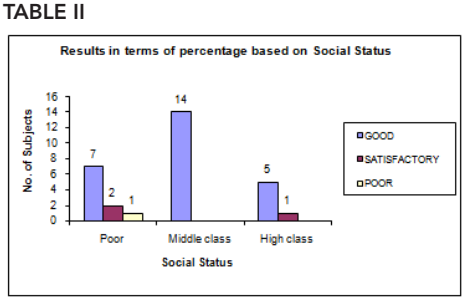


Results

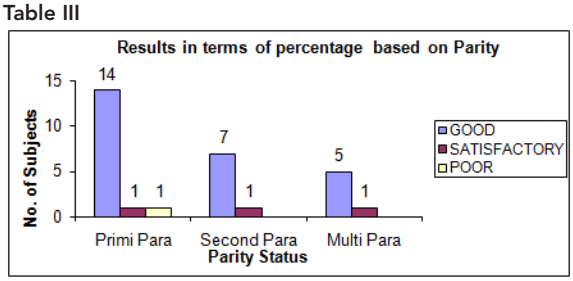
Table-7: Results in terms of Percentage according to age

S.No	Age in years	No. of-Subjects	Good	Satisfactory	Poor
1	20 – 25	10	90%(9)	10 %(1)	
2	26 – 30	15	86.33 % (13)	6.67 %(1)	6.66%(1)
3	31 – 35	5	80%(4)	20 %(1)	
	Total	30			

Table-8: Results in terms of Percentage based on social status

S.NO	Social status	No. of Sub-jects	Good	Satisfactory	Poor
1	Poor	10	70 %(7)	20 %(2)	10 %(1)
2	Middleclass	14	100%(14)		
3	High class	6	83.33%(5)	16.67 %(1)	
	Total	30			

Table III



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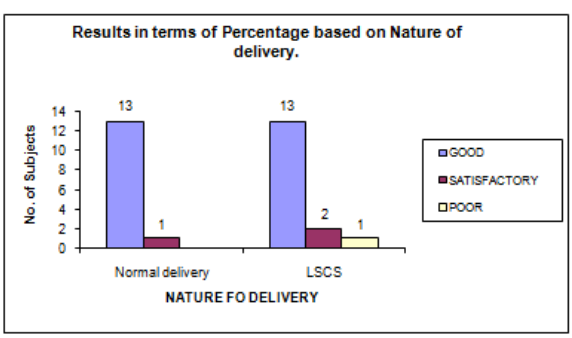

Table-9: Results in terms of Percentage based on Parity

S.NO	Para status	No. of Subjects	Good	Satisfactory	Poor
1	Primi Para	16	87.5 % (14)	6.25 % (1)	6.25%(1)
2	Second Para	8	87.5 % (7)	12.5 % (1)	
3	Multi Para	6	83.3 % (5)	16.67 %(1)	
	Total	30			

Table-10: Results in terms of Percentage based on Nature of delivery

S.NO	Nature of Delivery	No. of Sub-jects	Good	Satisfactory	Poor
1	Normal delivery	14	92.85% (13)	7.15 % (1)	
2	LSCS	16	81.25% (13)	12.50 %(2)	6.25%(1)
	Total	30			

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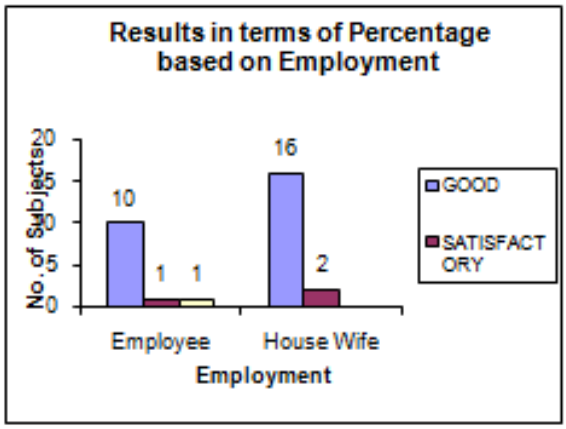
Table V



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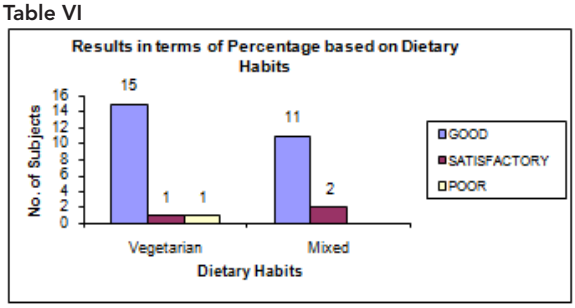

Table-11: Results in terms of Percentage based on Employment

S.NO	Employment	No. of Subjects	Good	Satisfactory	Poor
1	Employee	12	83.33% (10)	8.34 % (1)	8.33 % (1)
2	House Wife	18	88.89% (16)	11.11 % (2)	-
	Total	30			

Table-12: Results in terms of Percentage based on Dietary Habits.

S.No	Diet	No. of Subjects	Good	Satisfactory	Poor
1	Vegetarian	17	88.23 % (15)	5.89 % (1)	5.88 % (1)
2	Mixed	13	84.61 % (11)	15.39 % (2)	
	Total	30			

Table VII

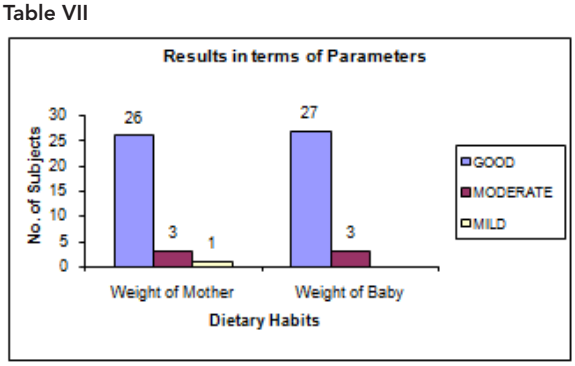

Table-13: Results in terms of Parameters.

S.No	Parameters	Good Improvement	Moderate Improvement	Mild Improvement
1	Weight of Mother	86.67 % (26)	10 % (3)	3.33 % (1)
2	Weight of Baby	90 % (27)	10 % (3)	

Table – 14: Overall Result

S.no	No. Of subjects	Good	Satisfactory	Poor
1	30	86.67 %(26)	10 %(3)	3.33 %(1)

Discussion:-

The patients who were recorded for the study was aged between 20-30 yrs. Most of the patients were in age group between 26-30 yrs i.e. 50%,while in 20-25 yrs i.e. 33.33% and the age group between 30-35 yrs i.e. 16.67%.In the age between 20-25 yrs got 90% good result ,10% were satisfactory, why because the drug along with proper counseling. In the age between 26-30 yrs got 83.33% good results obtained, 8.67% were satisfactory and 6.66 %were poor.[table1&7]While screening the socio-economic status, 46% of the patients were from middle class, while 33% were from the low socio-economic status, while 20% of the patients were found to be from affluent society. 100% got good result in the middle class women, because the combined effect of the drug and diet. 83.33% got good result in high class women, 16.67% were satisfactory. In low socio-economic status were got 70% good result, 20% satisfactory, 10% got poor result. [table2&8.]According to the parity, number of patients was 60% recorded as primipara, 20% were second para, 20% were multipara.87.5% got good result in primipara, 6.25% were satisfactory, and 6.25% were poor. While in second para87.5%got good result, 12.5% were satisfactory. In multipara 83.33% were good, 16.67% were satisfactory. In these, primipara women got good result because along with intake of drug and good counseling also might be yielded this [table3&9] .

The patients who had normal nature of delivery were 46.67%, LSCS were 53.33%. In normal nature of delivery patients 92.85% got good result, 7.15% satisfactory. In LSCS 81.25% good result, 12.50% satisfactory, 6.25% poor. In this instance the probable cause may be lack of proper suckling reflex because mother unable to feed the baby in a proper position in LSCS Patients and the odour of breast milk produced by the use of antibiotics [table4&10] .

Majority of the patients were house-wives i.e. 60%, while employees i.e. 40%. In house-wives 88.89% got good result, 11.11% were satisfactory, because they have more time to spend with their babies and less prone to stress & strain when compared to working women. In employees 83.33% got good result, 8.34% satisfactory, 6.33% were poor [table 5&11.]

Among the dietary habits vegetarians were 56.67%, mixed were 43.33%. In vegetarians 88.23% got good result, 5.89% satisfactory. 5.88% poor. In non-vegetarians, 84.61 % got good result, 15.39 % were satisfactory. Ayurvedic classics given more importance to vegetarian food for the Sthanyavardhaka, this may be the reason more vegetarian group of patients got good result when compared to Non-Vegetarians [table 6&12].

While screening the result based on the weight of the mother & the baby, 86.66% good result seen in mothers and 90% in babies.The overall results obtained in the present study were 86.67% good result, 10% results were satisfactory and 33.33% were poor. It has been observed that the patients with inadequate lactation responded very well to vidaarikanda churnam with milk. [table7&14.]

The drug vidaarikanda churnam is an effective as Sthanya-

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vardhaka (Galactogogue) without any side effects. Even though the drug has given good result, further studies are required to ascertain the site of action, mechanism of action, its influence on hormone levels [16&17].

Conclusion:-

Mother's milk plays supreme role in growth and development of thechild.Vidaarikanda is having madhura rasa, seeta veerya, balya, brimhana, rasaayana, jeevaneeya and sthanyavardhaka properties[17&18] .with the present study it is proved that the drug Vidaarikanda is a best nutritive galactogogue.. No side effects were noticed during study.

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