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Review Article

Title of Article: Review of The Concept of *Stanyakshaya* and its Management

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ABSTRACT

Breast milk is an elixir, a gift from the Almighty for little angels. Feeding a child is the most fulfilling and gratifying experience for a mother. The importance of breast milk is well explained in all branches of medical science. The child should be breastfed exclusively for the first six months after birth. Today, *stanyakshaya* (hypogalactia) or *stanyanasha* (agalactia) is a very common problem, especially with primiparous mothers. Consequently, it must be considered. In Asian and tropical countries like India, the prevalence of lactational deficiency could be 30 - 40%. Ayurveda acharyas consider *stanyakshaya* to be a serious issue, and they have thoroughly described the condition, including the causal factors and management. *Stanyakshaya* is occurring due to psychological and somatic causes. *Dhatukshaya* and *Agnimandya* are the two major factors that lead to this condition. In Ayurveda, acharyas described several *stanyandajanana*, *stanyavardhaka* drugs, as well as *stanyavardhakaaharas* and *viharas*, which have been proven effective, safe, and of great significance over the ages. This paper makes an effort to describe the concept of *stanyakshaya* and its Ayurvedic management.

Keywords: *Agnimandya*, *Dhatukshaya*, *Stanyakshaya*, and *Stanyanasha*.

INTRODUCTION

Breast milk is considered the healthiest form of neonatal nutrition. Breast milk is the source of numerous health benefits to both mother and baby. Breastfeeding is the best way to care for a new child. Besides the overwhelming bond it creates, breast milk is also the perfect food for them. Breast milk is abundant in the nutrients that babies need for healthy growth and development, including the proper amounts of proteins,

carbohydrates, fats, immunoglobulin IgA, digestive enzymes, minerals, lymphocytes, antibodies, and water. WHO advises breastfeeding exclusively during the first six months of a baby's life. After that, when breastfeeding is continued for up to two years of age or longer, infants should receive nutritionally adequate and safe complementary food. Ayurvedic literature also provides a beautiful explanation of the value of breast milk and the advantages of breastfeeding.

However, due to changing lifestyles and poor eating habits, it has become clear that most new mothers have insufficient creation of breast milk. In *Ayurveda*, this condition has been described as *stanyakshaya*.

The secretion of 300 mL (10 ounces) everyday by day five and 480 mL (16 ounces) by day ten is considered adequate lactation. Also, if the baby is satisfied and sleeps for 2–3 hours after breastfeeding, passing urine 6–8 times in 24 hours, and gaining weight, the mother is producing enough milk⁽¹⁾. A normal-weight infant will not receive enough nutrition if these levels are not met, which is referred to clinically as a lactational deficiency. Globally, the prevalence of lactational insufficiency ranges from 23% to 63%, but it may be as high as 30–40% in Asian and tropical nations like India⁽²⁾.

Stanya is a *Rasa Dhatu upadhatu* formed from the sweet essence part of *Rasa* after proper digestion by the mother's *jatharagni* of food articles⁽³⁾. The qualities of *sthanya*, a lactating mother's qualities, the advantages of breastfeeding for both mother and child, etc. are all thoroughly addressed in *Ayurveda*. Many Acharyas, including Charaka, Sushruta, Vaghbata, Kashyapa, and Bhavaprakasha, describe the causes of *SthanyaKshaya*. *Ayurvedic* experts claim that the mother's psycho-somatic issues and her diet are what lead to *SthanyaKshaya*.

Lactation failure is a serious problem that needs to be addressed. Many medications, diets, and behavioral regimens are classified in *Ayurveda* as *Sthanyajanana* and are helpful in the treatment of *SthanyaKshaya*.

Goal and Objective

To do a conceptual study on *stanyakshaya* and its *Ayurvedic* management.

MATERIALS AND METHODS

The available literature on *stanyakshaya* comes from both *Ayurvedic* and modern sources.

Methodology: The concept of *stanyakshaya* and its *Ayurvedic* management is a review-based descriptive study.

A Literary Review of *Stanyakshaya*

The present study has much importance in the current scenario. Compared to previous years, the prevalence rate of lifestyle diseases and infectious disease outbreaks is much higher in the present world. Breast milk not only satisfies the baby's hunger but also plays an important role in overall health and immunity. The insufficient supply of breast milk negatively affects the growth and development of children. Nowadays, due to various reasons, *stanyakshaya* is very common in our

society. However, most of them are unaware of the long-term consequences, so they continue to do so as they are. This topic and its effective *Ayurvedic* management strategies need to be explored.

Ayurvedic knowledge about breast milk is unique. A well-studied narration of the physiology of *stanya*, its quality, purity examinations, *dushti*, and *stanyakshaya* is seen in every classic of *Ayurveda*. *Dugdha*, *Kshira*, *Payas*, *Stanya*, and *Balajivana* are synonyms of *Stanya*⁽⁴⁾.

Properties of normal breast milk:

Kashyapa, the father of *Koumarabhritya*, explained the qualities of breast milk. According to him, breast milk provides unimpaired strength, longevity, and sufficient growth and development for the baby. It can also ensure the development of a disease-free state and the comfort of a child and its mother⁽⁵⁾. The child's growth and development indices are the most accurate indicators of the quality and quantity of *stanya* from the mother.

As per *pramanasharira* in *Ayurveda*, the quantity of *stanya* is two *anjali*. The colour is *pandura* or *shakhavabhasa*. It has *madhura rasa* and *kashaya anurasa*, which smell like *madhu* (*madhugndhi*), *laghu* in nature, which implies its ease for digestion, *seta veerya*, *madhura vipaka*, and *vata-pitta samana* in nature⁽⁶⁾. In *Ayurveda*, a plain water test is used to determine breast milk's quality. When a drop of milk is put in plain water, if it forms a homogenous mixture, the milk is said to be pure⁽⁷⁾. According to modern science, breast milk is said to be species-specific, but *Ayurveda* places a strong emphasis on its specificity.

Stana Parikshana:

Darshana, *sparshana*, and *prashna* are the three methods of *stana parikshana* in *Ayurveda*. *Darshana* can be used to determine the shape of the breast. The breast develops completely during puberty, and *stanapushhti* begins with *ahar rasa* during the antenatal period. In *garbhavasta stana*, *twacha* is *peeta* (yellow), but after labor, *peetata* is reduced and *twacha* returns to its normal color. *Neelavarniya siras* are more visible when there is more *stanya*. In normal *stanya ashaya*, the *stanapurnatva* can feel the *stana*. In *stanyakshaya*, the breasts seem to be loose and lax (*Stana mlanta*, *Kinchit shushkatvam*). Some information regarding milk production can be collected by asking questions of the mother⁽⁸⁾.

Physiology of *stanya* formation:

The successful development of lactation, according to the *Ayurveda* classics, happens three days following parturition. The *rasa* is formed as a result of food digestion. The sweet essence, a component of this *rasa*, reaches the breasts via the action of *vyana vata* and is

referred to as *stanya*. *Rasa* and *stanya* are both derived from the essence of *rasa dhatu*. This is the opinion of *Acharya Sushruta*. *Acharya Bhavamisra* and *Yogratnakara* have the same view. *Acharya Charaka* and *Acharya Bhela* explained the concept of *garbhaposhana* by stating that the *aahara* consumed by *garbini* has three purposes: *Matrupushti*, *Garbhaposhana*, and *Stanapushti*. *Sushruta Acharya* agrees with it as well.

According to *Charaka*, *Stanya* is nourished by *rasadhatu*. *Sarangadhara* regards *stanya* as a *updhatu* of *rasa dhatu*, with the latter passing through *kshiravahisira* and mixing with *pitta* before reaching *Jathara*. *Agni* digests it there, transports it to the breast's *siras*, and then it is expelled. Milk is the secretion that is associated with *agni* and *soma*. The blood, due to the action of *pitta*, gets suppurated and becomes white. When describing *garbhaposhanain Astangasangraha*, it is stated that *stanya* is formed from the *ahara rasa* itself. *Both Raja and Stanya derive from the essence of rasa, with Stanya being the upadhatu of rasadhatu*. As a result, the preceding description mentions the formation of *stanya* from *ahara-rasa* and *rasa-dhatu*. However, while describing the *raktagulma*, *Maharshi Kashyapa* states that some of the mother's blood nourishes the fetus's body parts, some are used to produce breast milk, and the remainder is used to nourish the mother's body. So he explains the formation of *stanya* from *rakta*. Furthermore, he explains that *raja* (blood) forms breast milk immediately after the birth of the fetus. The left-over part, in the form of blood, circulates in the body and *yoni*. The accumulated blood leaves the *yoni* at the appropriate time after replenishment of *dhatu* and body steadiness. So he explains how *stanya* is formed from *raja*. In *Astanga Sangraha*, *Acharya Vagbhata* describes that the channels of menstrual blood get blocked by the fetus. Therefore, no menstrual blood will flow. Thus blocked, it goes down the downward path that leads to the formation of the *apara*; some say it forms the *jarayu*. The blood that remains after the formation of the *jarayu* moves and is associated with *kapha*, which aids in the production of breastmilk. which is nourished by the food consumed by the women after delivery. So he describes how *Stanya* evolved from *Raja*. *Bhela* has included *stanya* among the ten *pranayatana*s. To conclude, according to different *Acharyas*, it is described as *stanya*, which is derived from *Ahararasa Rasa, Rakata*, and *Raja*.

Milk ejection mechanism:

Stanya bursts forth at the child's sight, thought, or touch (the sucking reflex). Even in the memories of children, cause *stanya pravrutti*. After delivery on the 3rd or 4th day, the *dhamanis* or *siras* situated in the *Hridaya* region get

dilated and initiate milk ejection (the ejection reflex). According to *Harita*, the delivering woman's bearing-down efforts cause her *srotases* to clear, resulting in unexpected milk ejection. However, because of the *kapha* dominance, this milk is thick and should be discarded⁽⁹⁾. *Bhavaprakasha*, *Madhavanidana*, and *Susruta* all agree on the *stanyappravrutti*.

According to modern physiology, the effectiveness of lactation is primarily determined by two hormones. The anterior pituitary gland secretes prolactin to stimulate milk production, while the posterior pituitary gland secretes oxytocin to stimulate milk ejection. Prolactin is a purely somatic component, whereas oxytocin is primarily functional in relation to the subject's emotional state. Many psychogenic factors or even generalized sympathetic nervous stimulation throughout the mother's body can inhibit oxytocin secretion and thus depress milk ejection, which is a particular problem when nursing the baby. *Colostrum (stanyapiyusha)* is the first breast milk produced after giving birth. It is a viscous, lemon-yellow secretion from the breast that appears between the late third and fourth trimesters and the fourth day after birth. There are ninety known components in the colostrums, including immune factors and growth factors⁽¹⁰⁾.

Stanyakshaya and Stanyanassa

One of the most alarming conditions so far as a neonate's nutrition is concerned is lactation failure. So this topic was well studied by *Ayurveda acharyas*.

Nidana:

Along with the common overall debilitating factors of parturition, such as blood and energy loss, our *Acharyas* have identified additional risk factors. Excessive consumption of *ruksha* (dry edibles and drinks), *langhan* (fasting), *karshana* (emaciation), *atyapatarpan* (excessive fasting), *annapana*, and *viharas*, which cause *vata*ridhi, have a negative impact on *stanya*. The psychological and behavioral elements *Krodha* (anger), *Shoka* (grief), *Bhaya* (fear), *Kaama* (excessive coitus), and *avaatsalya* (lack of affection for the infant). Further thought to be contributing reasons for *stanyakshaya* are *Punagarbhadhaaran* (re-pregnancy) and the practice of excessive *shodhana karma* (purifying methods used in excess). The next pregnancy will cause hormonal changes in a different pattern, resulting in lactation failure. which vitiate the milk qualitatively and quantitatively. Lack of sufficient stimuli (both psychic and somatic stimulation is required for effective lactation establishment) decreases the production and flow of milk at a considerable level. Some people will naturally have less milk or no milk, which includes *wabhavika stanyakshaya*, or *stanyanasha*.

Stanyakshaya Samprapti (pathogenesis):

In *sutika*, there is overall *dhatukshaya awastha* due to *pravahanvedana* (labor pains and bearing down efforts) and loss of *rakta* and *kleda* during *prasava*. As a result, she suffers from deficiencies in *maamnsa*, *bala* (strength), and *agni* (digestive power). *Apathy sevana* (*atyapatarpana*, *rukshaanna*, *shoka*, *bhaya*, *krodha*) further complicates things. As a result, *vatapradhanatridosha prakopa* occurs, resulting in *rasa dhatukshaya* and, as a result, *upadhatukshaya* (*stanyakshaya*)⁽¹¹⁾. Emotionally oriented oxytocin release (the let-down reflex) in association with prolactin contributes to the proper production and sustenance of lactation. These psychophysical phenomena are well plotted in the Samprapti of Stanyakhaya.

Stanyakshayalakshana:

The Acharyas also included *stanamlaanata* (breast laxity) as a sign of *stanyakshaya* in addition to the absence or reduction in *stanya*⁽¹²⁾.

Management of Stanyakshaya:

The etiological factors of *stanyakshaya* lead to *rasakshaya*; treatment should be directed toward normalizing *rasakshaya*. *Rasadhatu* and *Sleshma* are related through the *Asrayaasrayi* relationship. The *Brimhana*, *Snigda*, and *Madhura* treatments should be used as a result. Uses of *Sleshmavardhaka dravyas* (articles increasing *sleshma* or *kapha*), *Sura* (wine), *Shaalina*, *Maansa* (meat), cow's milk, *Sharkara* (sugar), *Asava*, and Curd. The Practice of Milk production promoting diet, which includes *Madhura* (sweet), *amla* (sour), *lavana* (salt) *rasa*, meat soup, *ksheerapaana* (milk intake), *ghrita* taila, all leafy vegetables except *siddharthaka*, *Naadishaka* is cooked with jaggery, *hing*, and *jatiphala*. Milk production is promoted by foods such as *narikela* (coconut), *lashuna* (garlic), *palandu* (onion), *Yava* (barley), wheat, *shaali* (rice), *Oryza sativa*, *shashtika* (a variety of rice harvested in 60 days), *kanji* (fermented sour drink), *pinyaka* (sesame seed paste), *matasya* (fish), *kasherukashringataka*, and all wines except *sidhumadya*⁽¹³⁾.

Factors that promote lactation include:

The influence of psychological factors and the state of mind on breast milk production is already proven. Once you live with *Saumnasya* (joy), which means avoiding exertion and hard work, getting enough sleep, avoiding grief and fear, and remaining calm, composed, and concerned about the baby, you will have sufficient breast milk production. By getting into a pleasant mood, one can induce the posterior pituitary through the limbic system to get the maximum letdown reflex⁽¹⁴⁾.

Stanyajanana and Stanyavardhaka drugs

The *Ayurvedic Samhithas* have mentioned several drugs and formulations that have the quality to enhance breast milk include These include,

- Making a decoction from the roots of *veeran*, *shaali*, *shashtika*, *ikshuvaalika*, *darbha*, *kusha*, and *kasha* as well as *gundra*, *itkata*, and *krina* (all are different types of grasses). These drugs are together called *stanyajananamahakashaya*, which is explained in the drugs containing *ksheera* (apparent latex), such as *gdugdika*.
- Milk is medicated with a decoction of *Stanya janana*.
- Milk infused with *pippalimoola*, *shunthi*, *pathya* (*haritaki*), *maricha* (black pepper), and *guda*.⁽¹⁵⁾
- Milk treated with *vaajikaran* medications also promotes lactation⁽¹⁶⁾.
- Milk is treated with a decoction made from the stem barks of latex-producing trees like *vata* and *dudumbar*, among others. This milk *sauwarchala* is then mixed with cooked *shaali* and served with salt, jaggery, and ghee. Even in fully dry breasts, lactation is supposed to start with this preparation⁽¹⁷⁾.
- Milk flavored with a mixture of *Vidaarikanda*, *Shringataka*, and *Vari* (*Shatavari*) juice or powder.
- According to digestive capacity, *pippali*, *pippalimoola*, *chavya*, *shunthi*, *yawanika*, *shweta*, and *krishanjirakas* are administered, along with *haridra*, *daruharidra*, and *sauwarchala* salts prepared with *kaanji*. In addition to its galactagogue activity, this mixture also⁽¹⁸⁾.

Sheetaveerya-madhuravipaka, *ushnaveerya-madhuravipaka*, and *ushanveerya-katuvipaka* are some of the drugs with galactagogue action⁽¹⁹⁾. Most of the drugs are *dhatunpushtikara*, *balya*, and *deepanapaachana* in nature. Because of these properties, it can repair *Rasa dhatukshaya*, *Agni mandhyata* (*Jatharagni* and *Rasdhavagnimandhyata*), and *Stanavahasrotoavrodha*, which are the somatic causes of *stanyakshaya*⁽²⁰⁾.

DISCUSSION

Compared to the past, women today produce significantly less breast milk than they did. Most mothers are concerned about fulfilling their infant's growth with their breast milk. Most women typically secrete one-third more breast milk than their babies require. Yet, a variety of conditions could result in inadequate milk production while breastfeeding. Delayed breastfeeding and an extended period between feedings are the foremost causes of insufficient flow. Mothers rely on formula milk rather than breast milk because of their hectic lives. A poor latch (where the baby's lip is attached to the nipple) impairs the

infant's capacity of sucking and directly impacts the supply of breast milk. Modern lifestyles and food habits lead to nutritional inadequacy for mothers, which also causes breast milk insufficiency. Other contributing variables include lactational mastitis, the use of hormonal medications, smoking, drinking, consuming nicotine, and using oral contraceptives that include estrogen⁽²¹⁾. Like all other diseases *stanyakshaya* also have stress or anxiety-induced pathology.

Stanya and *Artava* are *upadhatu*s of *Rasa*. *Upadhatu*s are, by definition, those that are nourished by the corresponding *dhatu*s but do not themselves nourish other entities. When counseling a *stanya kshaya* patient, we frequently forget to ask certain questions or our minds wander, which doesn't lead to the best possible outcome for their treatment. To begin, it's important to understand the basics of *rasa dhatu*: only a properly constructed *rasa dhatu* can generate *stanya* that is both qualitatively and quantitatively healthy.

According to Kasyapa, *stanya* is created from *rakta*; following fertilization, a small amount of blood feeds a pregnant woman's breast milk. *Rakthadhatu*'s ability to produce breast milk may be influenced by hormonal changes that occur during lactogenesis and mammatogenesis. Blood is the only medium for the circulation of hormones, and obviously, the blood carries the breast milk-producing hormone even though that *upadhatu* cannot nourish other components of the body, the *Raja* does nourish *Stanya*. *Raja*, following the development of *garbha*, rises up to *Stana*, where, due to the activity of *Pitta*, *Raja* becomes *Stanya* after changing from red to a delicate white color. The "*Piyusha* (colostrum)" actually has this kind of *stanya*. Anatomically, males have 4 *adhogamidhamani* and 2 *urdhwagamidhamani* for the *shukravahana*. In that two *urdhwagamidhamani*s are comparable to the female *stanyavahadhamani*, whilst four *adhogamidhamani*s are equivalent to the female *artavavahidhamani*. As *Stana* is the *mulasthana* of *Shukra*, there must be a pathway for both *streeshukra* and *artava* to pass through in females; hence, obstructing *artava* results in *Vimargagamana* of that which eventually reaches *Stana*. Hence, the *pitta* transforms it into *Stanya* physically. This is related to how reproductive hormones like estrogen, progesterone, prolactin, oxytocin, etc. contribute to the production of *Stanya*.

While going through the opinions of scholars, it is obvious that the mother's *ahara* and *vihar* play a major role in determining the quality and amount of *stanya*. Hence, *stanyakshaya* can be controlled by the using

of *aharas* and herbal medications, that have the ability to induce, sustain, or enhance milk production. As we discussed earlier, the cause of *stanyakshaya* can be classified into four categories. The *ahara* and *oushada dravyas*, which act on *rasadhatu kshaya*, *Agni mandya*, *stananyakshaya sroto avarodha*, and *Manasikabhava*, can effectively correct *stananyakshaya*.

CONCLUSION

The best gift a mother can offer her child is breast milk. For the mother, baby, and society as a whole, nursing has significant and long-term health advantages. Breastfeeding is the ideal feeding source for infants. The most frequent issue identified in our clinical practice is *Stanya Kshaya*. *Stanyakshaya*, *Agni Mandhya* (*Jatharagni* and *Rasdhata vagnimandhya*), *Stana vahasroto avrodha*, and *Maansikabhava* (*shokabhava* - *avaatsalya*) are the four main causes of this condition. *Stanyakshaya* may result in a lack of nourishment and have an impact on the infant's general development as well as growth. By considering the psychic and somatic wings of lactating mothers, Ayurveda can manage this condition effectively and safely. Healthy lactating mothers can utilize *Stanyavardhaka* and *stanyajanak* drugs, especially in *sutikaavastha*, to increase breast milk production and regain bodily strength in addition to treating lactational insufficiency.

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