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NURTURING TWO LIVES: A COMPREHENSIVE AYURVEDIC PERSPECTIVE ON STANYAJANANA MAHĀKAŚĀYA AND ITS ROLE IN MATERNAL AND NEONATAL HEALTH

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ABSTRACT

Breastfeeding is one of the most important physiological processes supporting the survival, growth and development of the newborn. Ayurveda gives considerable importance to Stanya, or breast milk, considering it an essential source of nourishment and strength for the infant. Classical Ayurvedic texts describe Stanya in relation to Rasa Dhātu, maternal nutrition, Agni, Doṣa equilibrium, psychological state and postnatal care. Adequate production and proper flow of breast milk are therefore understood as expressions of healthy maternal physiology.

Among the classical therapeutic measures for inadequate lactation, Stanyajanana Mahākaśāya, described by Ācārya Caraka, occupies a significant position. It comprises ten drugs traditionally indicated for promoting Stanya. These include Vīraṇa, Śāli, Ṣaṣṭika, Ikṣuvālikā, Darbha, Kuśa, Kāśa, Guṇḍra, Itkaṭa and Katṛṇa. The majority of these drugs possess Madhura Rasa, Śīta Vīrya and Madhura Vipāka, along with Bṛṃhaṇa, Balya, Tarpana and Rasāyana properties, thereby supporting the Ayurvedic principle of nourishment and restoration of depleted Rasa. Katṛṇa, in contrast, is described as having Katu Rasa, Uṣṇa Vīrya and Katu Vipāka, with Dīpana and Rucya actions, suggesting a supportive role where impaired digestion and metabolic obstruction contribute to Stanyakṣaya. Contemporary pharmacological observations have also suggested the presence of flavonoids, phenolics, alkaloids and nutritional constituents in several members of the group, although clinical evidence specifically for the complete Mahākaśāya remains limited.

The present review aims to compile the classical understanding of Stanya and Stanyotpatti and critically discuss the probable role of Stanyajanana Mahākaśāya in supporting lactation and maternal–neonatal health. The review indicates that the therapeutic significance of this group may be understood through a multidimensional Ayurvedic framework involving Agni, Rasa Dhātu, Doṣa balance, nutrition, mental well-being and Stanya production.

KEYWORDS: *Stanya, Stanyotpatti, Stanyakṣaya, Stanyajanana Mahākaśāya, breastfeeding, Rasa Dhātu, Ayurveda, lactation.*

INTRODUCTION

Breast milk is the natural and physiologically appropriate nourishment for the newborn. It provides nutrition, hydration and several protective factors required during early life. Ayurveda, particularly the discipline of Kaumāra-bhṛtya, gives special importance to Stanya and considers breastfeeding an essential component of infant care. Classical literature describes not only the characteristics of healthy and vitiated Stanya but also its origin, factors influencing its production and measures for maintaining adequate lactation. The Ayurvedic literature on Stanya is distributed across different Saṃhitās, including Caraka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya and Kāśyapa Saṃhitā.

The term Stanya is derived in relation to Stana, meaning breast. Dalhaṇa explains the term through the expression "Stanodbhavaṃ Stanyam," indicating that which originates from the breast. Thus, Stanya refers to the milk secreted from the breast and intended for nourishment of the infant.

This classical description establishes a conceptual relationship between maternal Āhāra, Agni, Rasa Dhātu and Stanyotpatti. Consequently, inadequate nutrition, impaired digestion, excessive exertion, fasting and psychological disturbances may adversely influence lactation. Classical descriptions also identify Śoka, Krodha and Bhaya among factors associated with reduction in breast milk.

Ayurvedic understanding of Stanyotpatti

Stanyotpatti may be understood as a sequential process beginning with appropriate intake and digestion of food. Proper functioning of Jatharāgni facilitates the formation of adequately nourished Rasa Dhātu. The nutritive essence of Rasa subsequently contributes to the formation of its Upadhātu, including Stanya. Thus, Stanya production is dependent not only upon the mammary organ but also upon the overall nutritional and metabolic status of the mother.

Suśruta describes Stanya as arising from Rasaprasāda, whereas other classical descriptions relate Stanya to the nourishing portion of Rasa Dhātu. Kāśyapa also discusses the relationship of Stanya with maternal nourishment and physiology. These descriptions collectively indicate that healthy lactation is

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considered a manifestation of adequate nourishment and physiological equilibrium.

The psychological state of the mother is another important component. Classical descriptions associate emotional disturbances with Stanyakṣaya. The concept is particularly relevant because breastfeeding involves both production and ejection of milk, processes that are influenced by maternal comfort, emotional state and interaction with the infant.

Stanya and the health of the newborn

According to Ayurveda, Śuddha Stanya contributes to proper growth, strength and development of the child. Suśruta describes characteristics of healthy Stanya and emphasizes its role in maintaining Ārogya, Śarīropacaya and Bala in the infant.

Conversely, Duṣṭa Stanya may become a contributing factor in infantile disorders. Ayurvedic texts therefore discuss both Stanyajanana and Stanyaśodhana as important therapeutic concepts.

Stanyakṣaya

Insufficient breast milk may be described under the broader concept of Stanyakṣaya. Ayurveda attributes reduced lactation to several dietary, behavioural and psychological factors. Excessive intake of Rūkṣa food, fasting, excessive exertion, emaciation and psychological disturbances such as grief, anger and fear have been described among causative factors.

From an Ayurvedic perspective, Stanyakṣaya can therefore be approached through correction of Rasakṣaya, Agnimāndya, Srotorodha and Manasika factors, together with appropriate nourishment and postnatal care.

In this context, Stanyajanana Mahākaśāya, one of the Mahākaśāya groups described by Ācārya Caraka, becomes particularly relevant.

MATERIALS AND METHODS

The present work is a narrative literary review based on classical Ayurvedic literature and relevant contemporary publications.

Sources of literature

- Caraka Saṃhitā
- Suśruta Saṃhitā
- Aṣṭāṅga Hṛdaya
- Kāśyapa Saṃhitā
- Relevant Ayurvedic commentaries and Dravyaguṇa literature
- Contemporary research articles and review publications related to Stanya, Stanyakṣaya and Stanyajanana Mahākaśāya.

Relevant information was reviewed under the following headings: Nirukti and definition of Stanya; Stanyotpatti; Stanya as an Upadhātu/product of Rasa; Śuddha and Duṣṭa Stanya; causes and Ayurvedic understanding of Stanyakṣaya; Stanyajanana therapeutic principles; Stanyajanana Mahākaśāya; Rasa, Guṇa, Vīrya, Vipāka and Karma of its ten drugs; probable mechanism of Stanyajanana action; and maternal and neonatal significance.

The contemporary literature was used primarily to understand the possible pharmacological and nutritional relevance of the drugs and to explore possible correlations with the classical Ayurvedic concepts. The available literature suggests that evidence concerning the complete Stanyajanana Mahākaśāya remains predominantly conceptual and pharmacological rather than based on large, well-controlled clinical trials.

RESULTS

1. Stanyajanana Mahākaśāya

Ācārya Caraka has described Stanyajanana Mahākaśāya among the Mahākaśāya groups in Sūtra Sthāna. It consists of ten drugs traditionally indicated for promoting Stanya. Contemporary Ayurvedic literature identifies the ten members as:

- Vīraṇa
- Śāli
- Ṣaṣṭika
- Ikṣuvālikā
- Darbha
- Kuśa
- Kāśa
- Guṇḍra
- Itkaṭa
- Katṛṇa

These drugs can be viewed collectively rather than as ten unrelated herbs. Their properties indicate several complementary therapeutic pathways—Bṛṃhaṇa, Tarpana, Balya, Rasāyana, Dīpana and Srotas-supportive actions.

2. Ayurvedic pharmacodynamic profile of the ten drugs

Drug	Rasa	Vīrya	Vipāka	Principal Ayurvedic relevance
Vīraṇa	Madhura, Tikta	Śīta	Madhura	Balya, Pācana; supportive in stress-associated lactation reduction
Śāli	Madhura	Śīta	Madhura	Bṛṃhaṇa, Balya, nourishing
Ṣaṣṭika	Madhura	Śīta	Madhura	Bṛṃhaṇa, Balya, nourishing and Tarpana
Ikṣuvālikā	Madhura, Amla, Tikta	Śīta	Madhura	Balya, Vṛṣya, Tarpana
Darbha	Madhura, Kaṣāya	Śīta	Madhura	Rasāyana, nourishing/supportive
Kuśa	Madhura, Kaṣāya	Śīta	Madhura	Rasāyana, Mūtrala, Doṣa-supportive
Kāśa	Madhura, Tikta	Śīta	Madhura	Tarpana, Vṛṣya
Guṇḍra	Madhura, Kaṣāya	Śīta	Madhura	Balya, Vṛṣya; supportive Stanya-related action
Itkaṭa	Madhura	Śīta	Madhura	Snigdha, Vṛṣya, nourishing
Katṛṇa	Katu, Tikta	Uṣṇa	Katu	Dīpana, Rucya; addresses Agnimāndya/Srotorodha

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3. Probable role of individual drugs in Stanyajanana

Vīraṇa

Vīraṇa possesses Madhura and Tikta Rasa with Śīta Vīrya and Madhura Vipāka. Its overall profile is comparatively nourishing and balancing. Contemporary review literature has also reported antioxidant, anti-inflammatory and anxiolytic potential of constituents associated with Vīraṇa. Therefore, its role in Stanyajanana may be interpreted not merely through direct milk production but through supporting maternal physiological and psychological equilibrium.

Śāli

Śāli, being Madhura and nourishing, provides a classical example of Bṛṃhaṇa and Balya action. As Stanya is closely related to adequate nourishment and Rasa Dhātu, a nourishing food/drug with Madhura predominance can theoretically support the substrate required for Stanyotpatti.

Ṣaṣṭika

Ṣaṣṭika is also predominantly Madhura, Guru and Snigdha with Śīta Vīrya and Madhura Vipāka. Its Bṛṃhaṇa and Balya effects make it suitable within the broader Ayurvedic concept of restoring tissue nourishment. Thus, Ṣaṣṭika may support Stanyajanana particularly where inadequate lactation is associated with nutritional depletion.

Ikṣuvālikā

Ikṣuvālikā is described as Madhura with Snigdha and Picchila characteristics and Śīta Vīrya. Its Balya and Tarpana effects may support nourishment. Contemporary literature reports the presence of minerals, amino acids, polyphenols and other constituents, providing a possible nutritional basis for its traditional use.

Darbha

Darbha possesses Madhura–Kaṣāya predominance, Śīta Vīrya and Madhura Vipāka. Its Rasāyana and supportive nourishing properties may contribute to maintaining maternal physiological stability.

Kuśa

Kuśa is predominantly Madhura with Kaṣāya association and Śīta Vīrya. Its Rasāyana and Mūtrala properties indicate a broader role in maintaining physiological equilibrium. Within the combination, it may contribute to the overall nourishing and balancing action of the group.

Kāśa

Kāśa has Madhura and Tikta properties with Śīta Vīrya and Madhura Vipāka. Its Tarpana and Vṛṣya actions contribute to the nourishing orientation of the Mahākaśāya.

Guṇḍra

Guṇḍra is described with Madhura–Kaṣāya properties, Guru Guna, Śīta Vīrya and Madhura Vipāka. Its Balya and Vṛṣya properties may support maternal strength and reproductive tissue nourishment. Some literature also attributes Stanya-related supportive action to it.

Itkaṭa

Itkaṭa is predominantly Madhura, Guru and Snigdha, with Śīta Vīrya and Madhura Vipāka. Its nourishing and Vṛṣya qualities may contribute to restoration of maternal tissue nourishment and consequently support Stanyotpatti.

Katṛṇa

Katṛṇa is pharmacodynamically distinct from the other members. It possesses Katu–Tikta Rasa, Uṣṇa Vīrya and Katu Vipāka and is described as Dīpana and Rucya. This difference is therapeutically important. Lactation may not improve merely by increasing nourishment if the mother has impaired digestion. Katṛṇa can therefore be interpreted as supporting Agni and metabolic processing, complementing the Bṛṃhaṇa action of the remaining drugs.

4. Stanyajanana through the principle of Samānya

One of the important conceptual explanations for the action of Stanyajanana Mahākaśāya is the Samānya–Viśeṣa Siddhānta.

The principle states that similarity produces increase, whereas dissimilarity produces decrease. Stanya is associated with the nourishing aspect of Rasa Dhātu and predominantly Madhura characteristics. Therefore, drugs possessing Madhura Rasa, Guru/Snigdha qualities, Śīta Vīrya and Madhura Vipāka, particularly when associated with Bṛṃhaṇa and Tarpana actions, may contribute to the nourishment of Rasa and thereby support Stanya.

The majority of the drugs of Stanyajanana Mahākaśāya exhibit this nourishing profile. Thus, their collective action may be interpreted as:

Āhāra → Agni → Rasa Dhātu → Rasa Prasāda → Stanya → Stanyapāna → Bala and growth of the infant.

At the same time, Katṛṇa provides a contrasting Dīpana component, suggesting that the formulation is not based exclusively on nourishment but also recognizes the importance of proper digestion and metabolism.

DISCUSSION

The Ayurvedic concept of lactation differs from a purely glandular explanation. Stanyotpatti represents the culmination of multiple physiolo gical processes involving Āhāra, Agni, Rasa Dhātu, Doṣa equilibrium, maternal strength and psychological well-being.

From this perspective, Stanyakṣaya can arise through several pathways.

1. Rasakṣaya

Since Stanya is closely related to Rasa Dhātu, inadequate maternal nourishment may result in reduced availability of the nutritive substrate required for Stanyotpatti. Bṛṃhaṇa and Tarpana drugs such as Śāli and Ṣaṣṭika may therefore support restoration of the nutritional foundation.

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2. Agnimāndya

Even adequate food intake may not produce proper nourishment when Agni is impaired. Poor digestion can interfere with the formation of properly nourished Rasa. The inclusion of Katṛṇa, with Dīpana and Rucya properties, provides an interesting therapeutic dimension to the group.

3. Srotorodha

Ayurveda emphasizes unobstructed movement through the Srotas. When Srotas are functionally disturbed, the production or flow of Stanya may be compromised. Thus, the combination of nourishing drugs with a Dīpana component may theoretically address both production and proper physiological processing.

4. Psychological factors

Classical literature gives considerable importance to the mother's mental state. Śoka, Krodha and Bhaya have been associated with reduced lactation. Classical descriptions also relate Stanya flow to maternal emotional response and contact with the infant.

The reviewed literature suggests that Vīraṇa and Ikṣuvālikā may have anxiolytic or adaptogenic potential, providing a possible contemporary interpretation of their relevance in psychologically associated Stanyakṣaya. However, this should be regarded as a probable pharmacological correlation rather than established clinical proof.

Possible correlation with modern lactation physiology

Modern lactation involves both milk synthesis and milk ejection. Suckling stimulates neuroendocrine pathways involving prolactin and oxytocin. The reviewed pharmacological literature proposes that certain constituents such as flavonoids, alkaloids and polyphenols may potentially influence pathways associated with lactation; however, evidence for the complete Stanyajanana Mahākaśāya remains limited.

Therefore, it would be inappropriate to equate the Ayurvedic concept of Stanyajanana directly with a single modern hormonal mechanism. Instead, a multifactorial interpretation may be more appropriate:

Maternal nutrition + adequate digestion + tissue nourishment + emotional well-being + proper breastfeeding practices → physiological support of lactation.

Relevance to maternal health

Stanyajanana Mahākaśāya should not be viewed solely as a group intended to increase milk quantity. Its members collectively demonstrate properties related to Bala, Bṛṃhaṇa, Tarpana, Rasāyana, Dīpana and general nourishment.

The postpartum period is characterized by substantial physiological demands. The mother must recover from childbirth while simultaneously supporting lactation. Therefore, maintenance of adequate nutrition, digestion, rest, emotional stability and appropriate breastfeeding technique is fundamental.

Stanyajanana Mahākaśāya can consequently be understood as part of an integrated maternal-care approach, rather than as an isolated galactagogue.

Relevance to neonatal health

The ultimate beneficiary of adequate lactation is the newborn. Classical Ayurvedic literature emphasizes that wholesome Stanya supports Ārogya, Śarīropacaya and Bala.

Contemporary literature similarly recognizes breast milk as a major source of nourishment and protective factors during infancy. An observational study has also explored the relationship between breast milk characteristics and infantile disorders from an Ayurvedic perspective.

Thus, the significance of Stanyajanana extends beyond the mother. Its therapeutic objective can be conceptualized as:

Maternal nourishment → adequate Stanyotpatti → successful breastfeeding → infant nourishment → growth, strength and development.

This explains the title “Nurturing Two Lives”: supporting lactation potentially supports both maternal recovery and neonatal nourishment.

Integrative therapeutic interpretation

The action of Stanyajanana Mahākaśāya may therefore be summarized through four major Ayurvedic pathways:

1. Bṛṃhaṇa–Tarpana pathway: Madhura, Guru and Snigdha properties support nourishment and Rasa Dhātu.
2. Agni-supportive pathway: Katṛṇa provides Dīpana and Rucya action, potentially supporting digestion and metabolic processing.
3. Manas-supportive pathway: Vīraṇa and Ikṣuvālikā have been discussed in contemporary literature for anxiolytic/adaptogenic potential, offering a possible correlation with the classical emphasis on psychological factors.
4. Maternal–neonatal pathway: Improved maternal nourishment and successful lactation ultimately contribute to adequate nourishment of the breastfed infant.

CONCLUSION

Stanya occupies a central position in Ayurvedic understanding of maternal and neonatal health. Classical descriptions establish its close relationship with Rasa Dhātu, maternal nutrition, Agni, Doṣa equilibrium and psychological well-being. Stanyotpatti is therefore understood as a systemic physiological process rather than merely a local secretion from the mammary gland.

Stanyajanana Mahākaśāya, described by Ācārya Caraka, represents a distinctive Ayurvedic therapeutic group comprising ten drugs traditionally employed for promoting Stanya. The predominance of Madhura Rasa, Śīta Vīrya and Madhura Vipāka among most of its members supports a Bṛṃhaṇa–Tarpana–Rasa nourishing approach, while Katṛṇa provides Dīpana action, demonstrating that proper digestion is also considered essential for lactation.

The probable action of this Mahākaśāya can therefore be understood through a comprehensive model involving Rasa nourishment, Agni support, physiological balance, maternal strength and psychological well-being. Contemporary pharmacological observations provide preliminary support for nutritional, antioxidant, anti-inflammatory, adaptogenic and

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potentially lactation-supportive properties of individual members; however, these findings should not be interpreted as definitive evidence of clinical efficacy of the complete Mahākaśāya.

Thus, Stanyajanana Mahākaśāya may be considered a valuable classical concept within an integrated Ayurvedic approach to lactation, with potential relevance to both maternal well-being and neonatal nourishment. Its clinical application should be individualized according to the mother's Agni, Prakṛti, Doṣa status, nutritional condition, cause of Stanyakṣaya and overall postpartum health, together with appropriate breastfeeding support.

Further well-designed clinical studies are required to scientifically evaluate the efficacy, safety, dosage, standardization and mechanism of the complete Stanyajanana Mahākaśāya.

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