

Benefitsof Breastfeeding: An Ayurvedic and Modern Perceptive

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ABSTRACT

Ayurveda gives more importance on nutrition at all stage of life, in order to preserve health of an individual. Breast milk is most important food for almost all infants in the first year of life. In ancient period description of breast feed available from Vedas, represent the primary sacred texts (1800 BC), in Vedas breast milk are symbols of longevity and sweetness of nectarines. The ancient Ayurveda texts like CharakSamhita (400-200BC), the SushrutaSamhita (400BC), and KashyapSamhita, described the importance of breastfeeding, and value of breast milk. Milk is main and primary diet in children. According to ancient texts duration of breastfeeding should last until the eruption of teeth, for at least six months. In SushrutaSamhita clearly indicated about solid foods at the age of six months, when teething starts. Early weaning and late weaning both are dangerous in infants. According to modern sciences breast milk contains many antibodies that improve immunity in infants and provide power to fight off viruses and bacteria. Breastfeeding lowers your baby's risk of having asthma, allergies disorders, ear infections, respiratory illnesses, and bouts of diarrhea. Breastfeeding supports optimal development and protects against many acute and chronic illness. In case of mothers, breastfeeding helps with recovery from pregnancy, maintain pregnancy gap and lifelong health advantages. By breastfeeding society also benefit by many economic and environmental ways. Electricity or fuels are also used in the preparation of formula feed or cow milk so by use of breast feeding electricity and fuel are also saved.

Keywords: Breast milk, colostrum, Infancy, Stanya.

INTRODUCTION: -

Breast milk is best gift from mother to baby. In Ayurveda *stanya* (Breast milk) is mention as *Updhatu* of *Rasadhatu*. According to *Acharya Kashyapa* formation of *stanya* is due to *Rakta* during pregnancy period. Normal *Stanyapramana* is 2 *Anjali*. According to *Charaka* when pregnant lady take *Ahara* then *Ahara rasa* is equally divided in three parts-

- 1st part for nourishment of pregnant lady self
- 2nd part for breast milk
- 3rd part for development of fetus.

Stanya is produced by *Madhura Aahara Rasa*, which is formed by well digested food & accumulated from all over the body, enters in breast, which are essence of *Rasa Dhatu*¹. The breast milk which has *Varna, Gandha, Rasa, Rupa*, and *Sparsha* in *Prakrit* condition and which mix in water completely, such milk is beneficial for baby². Human milk is the most appropriate of all available other milk for infants. The *SushrutaSamhita* also recommended that breastfeeding continued until the mother became pregnant again. *Acharya Charaka, Sushruta* and *Vagbhata* have described the *Stanya* as *Madhur Rasa* (sweet), *Kashaya Anurasa, Sheet, Laghu, Pathyaka, Jeevaniya, Bruhaniya* (anabolic), *Deepaniya* (digestive), and *Satmya* (favourable/wholesome)³. According to *Acharya Sushruta* and *Vagbhata*, 3rd or 4th day after delivery milk secret through it. According to *Acharya Kashyapa*, the love and affection about a child is one of the causes responsible for *Stanyapravartan*. According to *Acharya Sushruta*, the touch and affection causes ejection of milk.

Stanya is *Vatahar, Pittahar* and *Raktadoshar*, *Abhighatjanya* and gives instant relief in eye disorders. It is used for *Nasya* in *Raktapitta* and *Aaschotan* in *Netraroga*. According to *Brihatrayi* and *Laghutrayi* *Stanya* is said to be a complete food for babies and is *Satmya* for all. Breast feeding creates a strong emotional bond between a mother and her newborn. The amino acid tryptophan present in milk helps the baby to acquire a sound sleep during night time.

Substitute of Stanya (Breast milk):-

In *Ayurvedic* texts, there are clear cut descriptions about the substitute milk in case of non availability of milk of mother. *Acharya Sushruta*⁴ advised that when mother is unable to feed due to any reasons, Goat or Cow's milk should be given in appropriate amount. *Vagbhata*⁵ advised that goat or cow's milk should be given to the child after medicating it with decoction of *Laghu-panchmoolam* mixed with sugar.

ShuddhaStanyaand AshuddhaStanya:- *Shuddhastanya* or ideal breast milk provide following features as *Aroga* (health), *Avyahatabala* (strength), *Avyahataanga* (Appropriate physical growth), *Vardhatesukham* (development), *Anapatti* (immunity against diseases) and *Ayu* (long life span)⁶. On the other hand, *Ashuddhastanya* (vitiated breast milk) is identified as that milk which causes morbidities in the baby⁷. Certain *Samskarais* used as an assessment tool for developmental and social outcomes. Eg: *Suryadarshana* is exposure of sun-light during in first month is indicates eye development and *NishkramanaSamskarais* exposure of *baby* with the outside world in fourth month indicates development of head control⁸. Production of ideal breast milk has been identified with immunological outcomes in both the breastfeeding infant and the mother⁹. *AcharyaSushruta* described that sheet (cold), clean, free from impurities, *Sankhabh*, sweet in taste, mixes evenly in water, not producing any froth or streaks when mix in water. This type of milk provides good health, growth and development of body, strength to the body¹⁰.

Breastfeeding: - Breast milk is a dynamic fluid that changes in composition throughout the day and throughout the course of lactation. It provides for the baby the specific nutrients that are needed at each age and in each situation. The varying composition of breast milk keeps pace with the infant's individual growth and changing nutritional needs. Infant growth and development is dependent on breast milk¹¹. Anthropometry and physical examination of infant is indicator of nutritional outcomes.

Milk formation: - Various hormonal influences stimulate glandular tissue for lactation during pregnancy and lactation. If infants sucking the nipple of breast that signal reach to hypothalamus which release prolactin and oxytocin from the pituitary gland. These hormones are carried out to breast by blood, where it promotes secretion of milk and contraction of myoepithelial cells of the mammary glands leading to ejection of the milk from the glands.

Initiation of breast feeding: - Recommendation of WHO and UNICEF is initiation of breast feeding is done within 1 hours and exclusive breast feeding till 6 month of age¹². Breastfeeding on demand is Breastfeeding whenever the baby or mother wants, with no restrictions on the length or frequency of feeds. Breast feed provide all the micronutrients required for an infants during first 6 month of life but it does not provide iron and Vitamin D in sufficient quantity.

Ten steps to successful breastfeeding¹³-

Step 1.	Have a written breastfeeding policy that is routinely communicated to all health care staff
Step 2.	Train all health-care staff in skills necessary to implement this policy.
Step 3.	Inform all pregnant women about the benefits of breastfeeding.
Step 4.	Help mothers initiate breastfeeding within a half-hour of birth.
Step 5.	Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
Step 6.	Give newborn infants no food or drink other than breast milk unless medically indicated
Step 7.	Practice rooming-in — allow mothers and infants to remain together — 24 hours a day.
Step 8	Encourage breastfeeding on demand.
Step 9	Give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.
Step 10	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Maternal conditions when breast feeding is contraindicated: - Few condition in Mothers when breast feeding is contraindicated:-

- HIV infection -
- Herpes simplex virus type 1. If lesions on breasts, avoid Breast feed until active lesions have healed.
- Maternal medications - When mother take Sedating psychotherapeutic drugs; radioactive iodine - 131, excessive use of topical iodine; cytotoxic chemotherapy then stop Breast feeding permanently.

Mothers who can continue breastfeeding:-

- Breast abscess
- Hepatitis B - Infants should get vaccine.
- Hepatitis C
- Mastitis - If painful, remove milk by expression
- TB in mother -

- f) Maternal use of nicotine, alcohol, amphetamines and cocaine can cause sedation in mother and baby.

Benefits of Breast Feeding: -Ayurvedic and modern text have full detail about benefit of breast feeding. According to *Acharya Kashyapa* good growth, strength, longevity and good health of child depend on breast feeding¹⁴. *Acharya Charaka*¹⁵ and *Vagbhata*¹⁶ give similar description. Breast feeding should begin, as soon after birth as possible. Some advantages of breast feeding to the child are described here-

1. Breast feeding is gold standard for infants nutrition and it have some long term and short term benefits-

Short term benefits	Long term benefits
Best nutrition, immune protection and help in growth and development.	Prevent against atopic diseases in children with a family history.
Reduce morbidity, mortality and hospital admission related to diarrhea and respiratory tract infection.	May protect against type 2 DM when children reach adolescence.
Prevent atopic diseases	Increases in performance in intelligence tests.
Reduce risk if SIDS (Sudden infants death syndrome)	

2. Colostrum contains antibodies called immunoglobulin such as IgA, IgG and IgM in mammals. Colostrum also contains carbohydrates, lipids, proteins, vitamin A etc. and sodium chloride, potassium, growth factors and antimicrobial factors. The antibodies in colostrum provide passive immunity.
3. Exclusive breast-feeding for six months protects the infants from recurrent episodes of otitis media.
4. Breastfeeding reduced the risk of recurrent urinary tract infections in infant¹⁷.
5. Breastfeeding reduces the risk of sudden infant death syndrome in infant¹⁸.
6. Breast feeding for six month delays the occurrence of atopic dermatitis, cow milk allergy, and wheezing in early childhood¹⁹
7. Exclusive breastfeeding for six month or more diminish the risk of recurrent respiratory tract infection²⁰.
8. Breastfeeding is associated with a reduction in childhood obesity risk²¹.
9. Breastfeeding also helpful in slight prevention of childhood acute leukemia or lymphoma²².
10. Exclusive breastfeeding for the first 6 months of life is associated with a significantly lower rate of NIDDM²³.
11. Breastfeeding soon after birth provides protection against pregnancy due to lactational amenorrhea²⁴.
12. Mothers who breast feed their babies have a reduced risk of breast cancer, ovarian cancer, and endometrial cancer²⁵.
13. Breast milk contains about 3.5 g of fat per 100 ml of milk. Breast-milk fat contains long chain polyunsaturated fatty acids (docosahexaenoic acid or DHA, and arachidonic acid). These fatty acids are important for the neurological development of a child.
14. The concentration of protein in breast milk (0.9 g per 100 ml) is lower than in animal milks. The much higher protein in animal milks can overload the infant's immature renal system and gastrointestinal system.
15. Colostrum is thick milk that is clear and colorless or yellowish and high in protein, which is exactly what your baby needs in the first few days. Colostrum contains antibodies that protect baby from infections. Helps baby pass the dark, tarry stools he has in the first day or two.

Conclusion: -For infants breast milk is best source of nutrition and immunological support. In Ayurveda detail description breast milk benefit, disorders of breast milk, effect on the child, importance and formation of breast milk, substitute milk, general treatment of *Stanyakshaya* are described. Breast feeding is gold standard for infants nutrition and it have some long term and short term benefits. Colostrum is thick milk that contains antibodies called immunoglobulin such as IgA, IgG and IgM. The antibodies in colostrum provide passive immunity.

References: -

1. Sushruta. Sushrutasaṃhita, English translation by Sharma P.V, Vol II, Nidansthan (10:18), pg 163, Chaukhambha Vishvabharati, Varanasi. (2005)
2. Agnivesha. Charakasamhita, English translation by Sharma RK, Dash B. Vol-II, ShariraSthan (8:54), Chaukhambha Sanskrit series office, Varanasi. (2010)
3. Sushruta. Sushrutasaṃhita, English translation by Sharma P.V, Vol I, Sutra sthan (45:57), pg 163, Chaukhambha Vishvabharati, Varanasi. (2005)
4. Shastri KA (2006) SushrutaSamhita edited with 'Ayurveda TattvaSandipika' Hindi commentary, Part-I, II, Chaukhambha Sanskrit Sansthan, Varanasi.
5. Tripathi B (2009) AstangHridayam of Srimadvagbhata, Edited with 'Nirmala' Hindi Commentary. Chaukhamba Sanskrit Pratishthan, Delhi.
6. KashyapaSamhita, Vriddhajivaka, Hemraj Sharma Hindi Commentry, PV Tewari, Sutra Sthana, Snehadhyayam (19), pp.09, ChaukhambhaSurbharatiPrakashana, Varanasi (2008)
7. KashyapaSamhita, Vriddhajivaka, Hemraj Sharma Hindi Commentry, PV Tewari, Sutra Sthana, Snehadhyayam (19), pp.07, ChaukhambhaSurbharatiPrakashana, Varanasi (2008)
8. Shastri C H S. Chavali's Principles and practice of Paediatrics in Ayurveda. 1st ed. Hassan: SDM College of Ayurveda & Hospital; 2006. pp.162.
9. KashyapaSamhita, Vriddhajivaka, Hemraj Sharma Hindi Commentry, PV Tewari, Sutra Sthana, Snehadhyayam (19), pp.09, ChaukhambhaSurbharatiPrakashana, Varanasi (2008)
10. Shastri KA (2006) SusrutaSamhita edited with 'Ayurveda TattvaSandipika' Hindi commentary, Part-I, II, Chaukhambha Sanskrit Sansthan, Varanasi.
11. KashyapaSamhita, Vriddhajivaka, Hemraj Sharma Hindi Commentry, PV Tewari, KhilaSthana, KshiragunaVisheshiyadhyayam (22:355), pp.355, ChaukhambhaSurbharatiPrakashana, Varanasi (2008)
12. WHO: infant and young child feeding fact 2016.
13. Singh M. Care of the New Born. Edition 6th. New Delhi: SagarPublications; 2004.
14. Sharma H (2006) KasyapaSamhita or VriddhajivakayaTantra with The Vidyotini Hindi commentary and Hindi translation of Sanskrit introduction by Sri Satyapala, Chaukhambha Sanskrit Sansthan, Varanasi, India.
15. Shastri PK, Chaturvedi GN (2006) CharakaSamhita of AGNIVESA elaborated 'Vidyotini' Hindi commentary, Part-I and II, ChaukhambhaBharati Academy, Varanasi, India.
16. Tripathi B (2009) AstangHridayam of Srimadvagbhata, Edited with 'Nirmala' Hindi Commentary. Chaukhamba Sanskrit Pratishthan, Delhi.
17. Hanson LA (2004) Protective effects of breastfeeding against urinary tract infection. ActaPaediatr 93: 154-156.
18. Vennemann MM, Bajanowski T, Brinkmann B, Jorch G, Yucesan K, et al. (2009) Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? Pediatrics 123: e406-e410.
19. Greer FR, Sicherer SH, Wesley BA, Committee on Nutrition and Section on Allergy and Immunology (2008) Effects of early nutritional interventions on the development of atopic disease in infants and children: The role of maternal dietary restriction, breastfeeding, timing of introduction of complementary foods, and hydrolyzed formulas. Pediatrics 121: 183-191.
20. Bachrach VR, Schwarz E, Bachrach LR (2003) Breastfeeding and the risk of hospitalization for respiratory disease in infancy: a meta-analysis. Arch Pediatr Adolesc Med 157: 237-243.
21. Armstrong J, Reilly JJ, Child Health Information Team (2002) Breastfeeding and lowering the risk of childhood obesity. Lancet 359: 2003-2004.
22. Infante-Rivard C, Fortier I, Olson E (2000) Markers of infection, breast-feeding and childhood acute lymphoblastic leukaemia. Br J Cancer 83: 1559-1564.
23. Pettitt DJ, Forman MR, Hanson RL, Knowler WC, Bennett PH (1997) Breastfeeding and incidence of non-insulin-dependent diabetes mellitus in Pima Indians. Lancet 350: 166-168.
24. Elias MF, Teas J, Johnston J, Bora C (1986) Nursing Practices and Lactation Amenorrhoea. J BiosocSci 18: 1-10.
25. Rosenblatt KA, Thomas DB (1995) Prolonged lactation and endometrial cancer. WHO Collaborative Study of Neoplasia and Steroid Contraceptives. Int J Epidemiol 24: 499-503.