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“AYURVEDIC APPROACH IN THE MANAGEMENT OF BREAST MILK JAUNDICE”

**Dr.MasaudaalamMujawar¹, Dr.Tejaswini Vitthalrao Patil²,Dr.Jyotsna Ahir³ Dr. Sandip Patil⁴
Dr. Nikhil Urunkar⁵**

1. Professor Kaumarbhritya Department, Loknete Rajarambapu Patil Ayurvedic Medical College and Hospital ,Post graduate institute and research centre Islampur
2. PG Scholar ,Kaumarbhritya Dept , Loknete Rajarambapu Patil Ayurvedic Medical College and Hospital ,Post graduate institute and research centre Islampur
3. HOD Kaumarbhritya Department, , Loknete Rajarambapu Patil Ayurvedic Medical College and Hospital ,Post graduate institute and research centre Islampur
4. Associate Professor, Kaumarbhritya Department, , Loknete Rajarambapu Patil Ayurvedic Medical College and Hospital ,Post graduate institute and research centre Islampur
5. Professor, Kaumarbhritya Department, , Loknete Rajarambapu Patil Ayurvedic Medical College and Hospital ,Post graduate institute and research centre Islampur

Abstract:

Breast milk jaundice is a benign neonatal condition linked to increased enterohepatic circulation of bilirubin. Modern management emphasizes continued breastfeeding and phototherapy, while Ayurveda attributes the condition to Pitta Dushti and Stanya Dushti. An integrative approach combining modern neonatal care with Ayurvedic maternal interventions can help normalize bilirubin levels without interrupting breastfeeding.

Keywords: Ayurveda, Breast Milk Jaundice, Kamala, Pitta Dushti,
Stanya Dushti, Neonatal Care, Haritaki Avaleha

INTRODUCTION

Breast milk jaundice generally appears after the first week of life in healthy, exclusively breastfed infants. Elevated β -glucuronidase in breast milk increases bilirubin reabsorption in the intestine, prolonging jaundice. Ayurveda correlates neonatal jaundice with *Kamala*, arising from *Pitta* and *Rakta Dushti*. The related concept of *Stanya Dushti* emphasizes the influence of maternal diet and digestion on breast milk quality and neonatal health.

METHODS

Modern Neonatal Care:

Phototherapy (single or double surface as indicated)

Exclusive breastfeeding every 2–3 hours

Regular monitoring of bilirubin levels and hydration status

AYURVEDIC MATERNAL CARE:

Pitta-pacifying diet: avoiding spicy, oily, and fermented foods; including rice, coconut water, and leafy greens *Haritaki* *Avaleha Churna* mixture containing *Karkatshrungi*, *Meshashringi*, *Guduchi*, *Yashtimadhu*, *Shatavari*, and *Manjishta*
Gentle early morning sunlight exposure

for the infant

RESULTS:

An integrative approach supports steady bilirubin reduction within a week, improves neonatal feeding and activity,

and maintains exclusive breastfeeding. *Ayurvedic* measures enhance maternal digestion and optimize breast milk quality, complementing the bilirubin-lowering effects of modern phototherapy.

DISCUSSION:

Breast milk jaundice is usually self-limiting but requires proper management to prevent complications. Modern care focuses on bilirubin clearance, while *Ayurvedic* principles address maternal factors influencing milk quality. Combining these strategies provides a more comprehensive plan targeting both the symptom and its underlying contributors.

CONCLUSION:

Integrating modern neonatal care with *Ayurvedic* maternal interventions offers a safe, effective, and holistic approach to managing breast milk jaundice. This strategy supports bilirubin normalization while preserving exclusive breastfeeding, benefiting both infant and mother.

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