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Ayurvedic Approach in the Management of Breast Milk Jaundice: A Case Study

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ABSTRACT

Breast milk jaundice occurs in some healthy neonates due to substances present in breast milk that elevate indirect bilirubin levels. While modern medicine emphasizes monitoring and continued breastfeeding, Ayurveda views this condition as a manifestation of Pitta Dushti and Stanya Dushti. This case study describes a 12-day-old neonate managed with an integrated modern and Ayurvedic approach, including maternal dietary modifications, herbal interventions, and neonatal therapies. The combined approach led to reduced bilirubin levels and improved neonatal health without interruption of breastfeeding.

Keywords: *Ayurveda, Breast Milk Jaundice, Kamala, Pitta Dushti, Stanya Dushti, Neonatal Care, Haritaki Avaleha, Herbal Remedies.*

1. INTRODUCTION

Breast milk jaundice is a type of unconjugated hyperbilirubinemia seen in otherwise healthy, exclusively breastfed infants. It usually begins after the first week of life, peaks during the second or third week, and may persist for several weeks (1,8,9). Unlike breastfeeding jaundice, it is not due to inadequate milk intake but rather to substances in breast milk that increase bilirubin reabsorption or inhibit its conjugation (1,8,9).

Breast milk contains elevated levels of β-glucuronidase, which deconjugates bilirubin in the intestine, increasing enterohepatic circulation and leading to raised serum bilirubin levels (1,8,9). Despite elevated bilirubin, affected infants are typically healthy, well-feeding, and growing, and breastfeeding should usually continue without interruption (8,9).

In Ayurveda, neonatal jaundice is correlated with Kamala, a condition resulting from Pitta Dushti and Rakta Dushti. An important related concept is Stanya Dushti, i.e. vitiation of breast milk, which classical texts state can adversely impact neonatal health (2–4).

2. PATHOPHYSIOLOGY

Modern Perspective

Breast milk jaundice occurs due to increased enterohepatic circulation of bilirubin, facilitated by β-glucuronidase present in breast milk, which converts conjugated bilirubin back into unconjugated bilirubin, allowing it to be reabsorbed rather than excreted (1,8,9). Additionally, some substances in breast milk transiently inhibit the hepatic enzyme UDP-

glucuronosyltransferase (UGT1A1), reducing bilirubin conjugation and clearance (9). Generally, serum bilirubin levels in breast milk jaundice remain below levels necessitating exchange transfusion, and infants remain otherwise healthy (8,9).

Ayurvedic Perspective

Ayurveda describes Stanya Dushti as the vitiation of breast milk by the three doshas—Vata, Pitta, and Kapha. This can lead to various neonatal disorders. Kashyapa Samhita and Ashtanga Hridaya state:

दोषैस्तु दूष्यते स्तन्यं तैरेव विविधानि च।

स्तन्यदोषान् प्रवक्ष्यामि तत्लं च फलानि च ॥

Translation: "Breast milk is vitiated by the three doshas, causing various disorders. Now I shall describe the types of Stanya Dushti, their characteristics, and consequences."

Charaka Samhita further explains:

अजीर्णात्स्तन्यदोषस्तु विपरीताद्यथाहितात्।

लवणाम्लकटुत्यागात्स्वाद्वत्यक्षप्रसेवनात् ॥

Translation: "Vitiation of breast milk occurs due to indigestion, consumption of unwholesome food, avoiding salty, sour, pungent tastes, or excessive intake of sweet-tasting substances." In the context of breast milk jaundice, Ayurveda considers Pitta Dushti particularly significant, as Pitta governs metabolism, heat, and blood, aligning with modern understandings of bilirubin metabolism and liver function (2–4).

3. METHODS

Case Record

Patient Profile Age: 12 days

Gender: Male

Presenting Complaints:

Yellow discoloration of skin and eyes

Mild lethargy during feeds

Birth History:

Full-term, normal vaginal delivery

No significant perinatal complications,

Exclusively breastfed

Detailed General and Systemic Examination

General Appearance:

Conscious, mildly lethargic

No seizures or abnormal movements observed

Icterus (+++)

No pallor, no cyanosis, edema, or dehydration

Anthropometric Parameters:

Weight: 2.9 kg

Length: 51 cm

Head Circumference: 34 cm

Vital Signs:

Temperature: 98.4°F

Heart Rate: 142/min

Respiratory Rate: 42/min

Capillary Refill Time (CRT): <2 sec

Skin:

Yellow discoloration more visible on sclera, face, trunk up to sole present

No petechiae, rashes, or signs of infection

Head and Neck:

Anterior fontanelle open, flat

No cephalohematoma or caput succedaneum

Eyes:

Sclera- icterus present

Pupils equal and reactive to light

Oral Cavity:

Pink, moist mucosa

sluggish suckling reflex

Chest Examination:

Clear breath sounds bilaterally

No retractions, no crepitations or wheeze

Cardiovascular System:

Normal heart sounds (S1, S2)

Normal

Abdominal Examination:

Liver palpable 1.5 cm below right costal margin, soft, non-tender

Spleen not palpable ,Bowel sounds normal

Neurological Examination:

Activity - dull , Neonatal reflexes- present but sluggish

Mild hypotonia noted

Responsive to stimuli

Stool and Urine:

Passed urine -normally

Stool yellow in color

Modern Diagnosis:

Breast Milk Jaundice

Serum bilirubin: 16 mg/dL

Modern Neonatal Treatment

Syrup Gardinal (Phenobarbitone) – 2.2 ml twice daily for 3 days

Double Surface Phototherapy (DSPT) initiated

Feeding every 2 hours

Ayurvedic Management

Neonatal Care:

Gentle exposure to early morning sunlight as natural phototherapy

Maternal Care:

Dietary modifications:

Avoid spicy, oily, fermented foods,

Include cooling, Pitta-pacifying foods such as rice, coconut water, and leafy greens

Herbal interventions for the mother:

Haritaki Avaleha – 1 gm at bedtime for 8 days

Churna mixture (equal parts): Karkatshrungi, Meshashringi, Guduchi, Yashtimadhu, Shatavari, Manjishta – 1gm with Madhu administered thrice daily for 8 days

These interventions are based on Ayurvedic texts emphasizing maternal digestion and diet in determining the quality of breast milk (2–4).

4. RESULTS

Over the treatment period:

The neonate's bilirubin levels declined steadily, reaching normal limits within 5–6 days.

The neonate became more active, alert, and fed well.

Breastfeeding continued without interruption.

Parents noted overall improvement in the baby's feeding and vigor.

5. DISCUSSION

Breast milk jaundice, although generally benign, requires differentiation from pathological jaundice. Modern protocols emphasize phototherapy and the continuation of breastfeeding, as the condition is self-limiting and infants remain healthy (1,8,9).

Ayurvedic literature explains the role of maternal health and diet in breast milk quality. Pitta Dushti correlates with modern concepts of hyperbilirubinemia, suggesting a logical Ayurvedic rationale for managing breast milk jaundice through maternal dietary regulation and herbal therapies (2–4).

In this case, the combined approach—including modern interventions like phototherapy and Ayurvedic measures such as maternal dietary adjustments and herbal support—was associated with a steady reduction in bilirubin levels and improved neonatal health. No adverse effects were observed, supporting the safety of integrative care.

While encouraging, these observations require validation through controlled studies to establish standardized Ayurvedic protocols for neonatal jaundice management.

6. CONCLUSION

Integrating Ayurveda with modern neonatal care may provide safe, holistic options for breast milk jaundice. Ayurvedic maternal care, dietary interventions, and gentle neonatal therapies can support bilirubin reduction while maintaining breastfeeding, contributing to neonatal health and well-being.

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