

Treatment of inadequate lactation with "Satavarex"*

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Maternal prolactin is of paramount importance in the puerperal lactogenesis. It is presumed that there is deficiency of prolactin in women who suffer from inadequate lactation. Several compounds like metoclopramide, sulphiride and oxytocin have been tried in such cases. (Kaupilla 1981, Ylikorkala et al 1982, Aono et al 1982, Ylikorkala et al 1984). In the Ayurvedic system of medicine, the drug "Satavarex" has been claimed to be an efficient galactagogue.

This study was taken up to find out the efficacy of Satavarex as a galactagogue as evidenced clinically and also endocrinologically. No similar study in indigenous product supported by endocrinological profile has been reported in literature.

Materials and Methods:

Fifty mothers who delivered at the JIPMER hospital and who complained of

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*An Ayurvedic drug manufactured and marketed as galactagogue by Zandu Pharmaceutical Works Ltd.

inadequate lactation were considered for the study. Relevant clinical information was recorded in predesigned proforma. Blood was collected and analysed for the estimation of prolactin and F.S.H. (Prolactin RIA kits manufactured by BIODATA SPA Guidonia Montecelio, Rome, ITALY) before and after therapy. The mothers were put on Satavarex granules in the dosage of 2 tsp. full, thrice a day. Clinical response was judged as satisfaction expressed by the mothers and also in terms of the requirements and non-requirements of the top-feeds.

After four weeks, the patients were seen, the clinical response recorded and the maternal serum collected for prolactin and F.S.H. estimation. Ten patients were dropped from the study because they did not turn up for the follow up. In three cases prolactin level could not be estimated because of the technical problems. Hence, the study was completed in 37 cases.

Results:

All the thirty seven patients were in the range of 18 to 32 years. Twenty four patients

had spontaneous vaginal delivery (Group I) and Thirteen had undergone lower segment caesarian section (Group II) for various indications.

Clinically the response was very good in twenty seven cases.
(Sixteen in Group I and Eleven in Group II)
In nine patients, the response was good.
(Six in Group I and Three in Group II)
The clinical response was poor in one patient, (belongs to Group I.)

The prolactin levels fell broadly into three groups:

- (1) 300 - 600 ng/ml.
- (2) 200 - 300 ng/ml.
- (3) 150 - 200 ng/ml.

In post treatment period, there was no case who had a level below 150 ng/ml. An attempt was made to correlate clinical response and prolactin levels.

In the first group, of seventeen patients who had very good clinical response, sixteen cases had prolactin level of 300 - 600 ng/ml. and of seven cases with 200 - 300 ng/ml., six

patients showed good clinical response as compared to the pre-treatment levels of 62.3 ng/ml. - 75.6 ng/ml.

Similarly of the thirteen patients who had undergone caesarian section, eleven cases showed prolactin level of 300 - 600 ng/ml of which ten patients had very good clinical response and in remaining two patients with prolactin level of 200 - 300 ng/ml., the clinical response was good.

The serum F.S.H. levels were estimated but incidentally did not show any change with improvement in lactation and thus could not be correlated.

Discussion:

It has been established that breast feeding is superior to artificial feeding. In developing countries, infant deaths due to diarrhoea are significantly less in infants who are breast fed (C Gopalan - 1984). However, about 20% of mothers willing to breast feed failed to do so because of inadequate lactation. It is necessary to utilise a galactagogue with minimal side effects for better lactation. The drug, Satavarex appears to fulfill this requisite.

Table - I

Type of delivery	No. of cases studied	Age group		Mean PRL level	
		from	to	before	after
SVD	24	20	37	62.3	345
LSCS	13	18	35	75.6	410

Table - II

Type of delivery	No. of cases studied	Prolactin level	Endocrinological response		clinical response	
			No.	%	No.	%
SVD	24	300-600	16	66.6	17	70.8
		200-300	7	29.2	6	25.0
		150-200	1	4.2	1	4.2
LSCS	13	300-600	11	84.6	10	76.9
		200-300	2	15.4	3	23.1
		150-200	-	-	-	-

Ylikorkala et al from Finland, studying the effect of sulpirides and buccal oxytocin in inadequate lactation found that very high prolactin level correlated with increased milk yields, as also noted in this study.

In the present study, it was noted that whenever the clinical response was good, the level of prolactin was more than 300 ng/ml. The drug Satavarex appears to influence the level of prolactin which is crucial in puerperal lactogenesis. However, the mechanism by which Satavarex brings about this endocrinol change is not clear. Though the present study is a small one it reveals the necessity for trying out other alternatives in indigenous system of medicine, specially the Ayurveda, in identifying the usage of galactogogues like Satavarex. This may also indicate the need for more clinical trials and studies.

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RECURRENT ABDOMINAL PAIN DUE TO APPENDICULAR OBSTRUCTION.

Recurrent abdominal pain in children of elementary school age may present a difficult differential diagnostic problem. Chronic abnormality of the appendix as a possible cause has generally been discounted. There is however a body of literature suggesting that appendiceal colic may result from inspissated faeces or that narrowing of the appendiceal base does indeed occur.

Data from thirty-two such young patients who were treated by elective appendectomy are reported by the author. The chronically-obstructed appendix can give rise to recurring abdominal pain. This is most often localized to the right abdomen, but may occur about the umbilicus. Anorexia, nausea and weight-loss may accompany the recurring bouts of pain. Many such children tend to miss a great deal of school and may be considered psychological cripples, so the possibility of organic cause for their problems is discounted. The five children described here, and the 26 others who were relieved by simple appendectomy indicate that there is a wide variety of symptomatology, and that prompt improvement may be obtained by a judicious appendectomy in carefully selected cases.

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