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Critical Analysis on Prescribed Guidelines of Sutika Paricharya in Ayurveda

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ABSTRACT

Background: In *Ayurveda*, a woman after delivery and expulsion of the placenta is termed *Sutika*. The care regimen advised during this period is known as *Sutika paricharya*. The postnatal period, starting immediately after placental separation and lasting up to six weeks, is referred to as the puerperium. *Ayurveda* emphasizes maternal care during both antenatal and postnatal phases to ensure physical and psychological well-being. The objective of this review is to highlight the concept and importance of *Sutika paricharya* as described in *Ayurvedic* classics, and its role in restoring maternal health after childbirth.

Materials and Methods: Classical *Ayurvedic* texts were reviewed to analyze *Ahara* (dietary regimens), *Vihara* (lifestyle practices), and therapeutic interventions included under *Sutika paricharya*. Their relevance in maintaining maternal health during the puerperal period was interpreted in the context of modern postnatal care.

Results and Discussion: *Ayurveda* prescribes specific regimens such as *swasthavritta palana* (healthy daily regimen), *Ahara* and *Vihara* modifications, *Garbhashaya shuddhi* (uterine cleansing), *Dhatu purnata* (restoration of body tissues), and *Stanya vriddhi* (promotion of lactation). Following *Sutikopacharya* helps the mother regain physical strength, restore psychological balance, and return to her pre-pregnancy state, while neglect or *Mithyachara* (improper regimen) may predispose to chronic or difficult-to-treat disorders.

Conclusion: *Sutika paricharya* provides a holistic framework for maternal care in the puerperal period. Its principles remain relevant for improving maternal recovery and preventing complications after childbirth.

Keywords: *Sutika paricharya*, puerperium, postnatal care, *Ayurveda*, maternal health

INTRODUCTION

The term *Sutika paricharya* consist of two words where *Sutika* denotes a woman in the immediate puerperium, after expulsion of the fetus and placenta¹ while *Paricharya* encompasses a structured regimen of *Ahara* (diet), *Vihara* (lifestyle), and *Aushadha* (medicaments) aimed at restoring dosha balance, replenishing Dhatus, rekindling *Agni* (digestive fire), supporting lactation, and maintaining psychological steadiness.^{2,3,4,5} Classical authorities emphasize individualized care, considering *Prakriti* (constitution), *Bala* (strength), *Ritu* (season), *Desha* (geography), and the mode of delivery.⁷

Sutika paricharya thus refers to the regimen prescribed for women during the *Sutika kala* (postnatal period). *Ayurveda* regards this period as highly delicate, requiring specialized attention to both the physical and psychological health of the mother. Proper adherence ensures uterine involution, restoration of *Agni*, promotion of lactation, and prevention of long-term complications.⁸

Traditionally, the postnatal period is considered six weeks (approximately 45 days).⁹ However, different *Acharyas* provide varying opinions. *Acharya Kashyapa* and *Sushruta* extend it until menstruation resumes.^{10,11} Some texts describe the duration as ranging from

12 days to six months, while others consider the re-establishment of the menstrual cycle as the endpoint of *Sutika kala*.⁹ *Charaka* does not specify any duration.¹² *Sushruta* mentions 1½ months and notes that a woman should be considered *Sutika* until her menstrual cycle restarts following delivery.¹⁰ *Acharya Vagbhata*,¹³ *Bhavaprakasha*,¹⁴ and *Yogaratanakara*¹⁵ also mention 1½ months (approximately 45 days) or until the next menstrual cycle. In contrast, *Kashyapa* describes *Sutika kala* as lasting up to six months, the time required to restore *Raktadi Dhatus* to their original state after delivery.¹¹

Pathophysiology and Rationale (*Dosha–Dhatu–Agni–Ojas*)¹⁶

Vata aggravation: Labor involves *Ruksha* (dry), *Shita* (cold), and *Khara* (rough) processes, along with blood loss, leading to *Vata* vitiation.

Agni depression: Fatigue, sleep deprivation, and fluid shifts reduce *Jatharagni*, necessitating a *Laghu* (light), *Ushna* (warm), and *Snigdha* (unctuous) diet.

Dhatu kshaya: Depletion of *Rasa* and *Rakta Dhatus* occurs immediately, while later *Mamsa* and *Asthi dhatus* require support through *Brimhana* (nourishing) foods and *Ghrita* (ghee).

Ojas protection: Adequate rest, proper nourishment, emotional safety, and a *Sattvika* environment help preserve *Ojas*, promote *Stanya* (lactation), and enhance immunity.

MATERIAL AND METHODS

Literary references were collected from authoritative *Ayurvedic* texts including *Charaka Samhita*, *Sushruta Samhita*, *Kashyapa Samhita*, *Ashtanga Hridaya*, *Bhavaprakasha*, *Yogaratanakara*, and *Sharangadhara Samhita*. Relevant information was also gathered from modern obstetrics textbooks to provide a comparative perspective.

RESULT AND DISCUSSION

Objectives of *Sutika Paricharya*

The primary objectives of *Sutika paricharya* are as follows:

1. To restore maternal health following childbirth.
2. To balance *Vata dosha*, which becomes aggravated during labor and delivery.
3. To ensure proper involution of the uterus and abdominal muscles.
4. To promote adequate breast milk secretion.
5. To prevent puerperal complications such as infections, digestive disturbances, and musculoskeletal pain (e.g., backache).

Sutika Paricharya in Classical Texts¹⁷

According to *Charaka Samhita*, during the initial 5–7 days after delivery, the mother should be given *Snehapana* (intake of unctuous substances) and *Yavagupana* (porridge or barley gruel).

Externally, therapies such as *Abhyanga* (oil massage), *Parisheka* (sprinkling of warm decoctions), and *Udaravestana* (abdominal binding) are advised to restore strength and promote uterine involution.

In *Sushruta Samhita*, the regimen is more staged. During the first 2–3 days, light, *Vata*-pacifying measures are recommended. Between the 3rd and 6th or 7th day, the diet gradually progresses. From the 8th day onward, specific formulations are introduced, such as *Vata-hara Kasaya pana* (decoctions pacifying *Vata*), *Ushna gudodaka* (warm jaggery water) prepared with *Pippalyadi dravyas*, and *Sneha yavagu* or *Ksheera yavagu* prepared with *Vidarigana dravyas*. The diet is further enriched with *Jangala Mamsa rasa* (meat soup from wild animals), *Yava* (barley), *Kulattha* (horse gram), *Kola yusha* (soup of jujube), and *Shali odana bhojana* (rice preparations). Externally, *Sarvanga abhyanga* (full-body oil massage with *Bala taila*) and *Parisheka* with *Vata-hara* decoctions are prescribed.

Ashtanga Hridaya gives the most detailed description, prescribing regimens in phases. For the first 2–3 days, *Snehana* with *Panchakola churna* and intake of *Ushna gudodaka* with *Panchakola churna* or *Vata-hara aushadhi pana* is recommended. During days 4–7, light *Peya* (thin gruel) is administered. From days 8–12, *Sneha yavagu* or *Ksheera yavagu* is advised. After 12 days, more nourishing foods are introduced, including preparations with *Jivaniya gana*, *Brimhaniya gana*, and *Madhura varga siddha hridya annapana*, along with *Mamsa rasa* (meat soup) to restore strength and replenish depleted *Dhatu*s. Externally, a wide range of therapies are prescribed: *Yoni abhyanga* (oil massage of the genital area), *Sarvanga abhyanga* (whole-body massage), *Sthanika udara abhyanga* (local abdominal massage with *ghrita* or *taila*), *Udaravestana* (abdominal binding), *Udvartana* (powder massage), *Parisheka* (sprinkling with decoctions), and *Avagaha* (immersive bathing).

Time-Line Based *Paricharya*¹⁸

During the first three days (Day 0–3), the regimen focuses on *Langhana* (lightening) and *Vata-samana* (pacification of *Vata*). Warm sips of *Ushna jala* are advised, along with easily digestible gruels such as *Peya*, *Manda*, or *Yavagu* prepared with *Panchakola* (*Pippali*, *Pippalimula*, *Chavya*, *Chitraka*, *Nagakesara* or their local variants). To kindle digestion, mild *Dipana-pachana* agents such as *Sunthi*, *Jeeraka*, and *Pippali* are used, while *Hingvastaka churna* (0.5–1 g with ghee) may be administered in case of gaseous distension. Gentle *abhyanga* (oil massage) with *Bala taila* or *Dhanvantaram taila* applied to the soles, calves, and lower back helps relax the body, while vigorous massage is avoided. Rest and warmth are emphasized, with protection from cold air and short, supported ambulation to prevent stasis and deep vein thrombosis.

From Day 4–7, the regimen gradually shifts towards *Brimhana* (nourishment). The diet is advanced to include *Yusa* (mung soup), soft *khichadi* with ghee, and milk if tolerated. For non-vegetarians,

light *Mamsa rasa* (goat or chicken meat soup) may be introduced. *Dasamula kvatha* or *Jeerakadi kvatha* (40–60 ml warm decoction after meals) is beneficial for digestion and recovery. Bowel care is supported by fiber from stewed fruits, while *Triphala* (1–2 g at night) may be used for constipation, but is avoided in cases of heavy lochia. Bathing with warm water infused with *Dashamula* or herbal bags, along with perineal hygiene using sterile saline or *Triphala* decoction, is recommended for comfort and cleanliness.

In the subsequent weeks (Week 2–6), emphasis is on strengthening and restoration. *Brimhana* foods such as whole grains, ghee, sesame seeds, dates, soaked almonds, soups, and seasonal vegetables are encouraged. *Shatavari ghrita* (5–10 ml at bedtime under supervision) is advised to enhance lactation and promote tissue repair. Gentle exercises, especially graded mobility and pelvic floor contractions (three sets of ten, thrice daily), are introduced, though straining is avoided until bleeding ceases. Attention to psychological well-being is equally emphasized, with guided relaxation, *Mantra japa*, supportive family conversations, and daily exposure to sunlight for 10–15 minutes aiding mental balance.

Ahara (Diet): Preferences and Restrictions

The guiding principles of diet include foods that are *Ushna* (warm), *Snigdha* (unctuous), *Laghu* (light), and *Pathya* (wholesome). Preferred foods are *Yavagu*, *Peya*, *Manda*, *Mung yusa*, and soft rice or *Khichadi* prepared with *Ghee*. Supportive drinks such as cumin-ajwain-saunf infusions, turmeric-ginger milk, and small portions of date or gond laddoos are beneficial. Non-vegetarians may consume *Mamsa rasa* or bone broth soups in moderation. Galactagogues such as *Shatavari*, *Methi*, dill, fennel, and cumin-jaggery water are recommended to promote lactation. Foods to avoid in the initial 2–3 weeks include cold, dry, refrigerated items, raw salads, cruciferous vegetables, heavy fried foods, excessive chilies, and sour pickles if they provoke acidity. Caffeine, alcohol, smoking, and *ViruddhAhara* (incompatible food combinations) are strictly contraindicated.

Vihara (Lifestyle) and Samskaras

Vihara (lifestyle) during this period emphasizes rest, warmth, and holistic recovery. The room environment should be warm, draft-free, and well-ventilated, with soft lighting in the evenings to support circadian rhythms. Sleep is prioritized through multiple short naps, while unnecessary visitors should be minimized, ensuring adequate maternal rest. *Dhupana* (fumigation) with *Guggulu*, *Vacha*, and *Nimba* leaves may be practiced for ambience and purification, though not as a substitute for hygiene. Daily *Snana* (warm bathing) after light *Abhyanga* is recommended, while cold exposure is avoided immediately afterward. Resumption of sexual intercourse should be deferred until lochia has ceased and perineal tissues have healed, with clearance from a physician.

Day-Wise Sutika Paricharya Schedule

Day 1:

The first day emphasizes light nourishment and gentle care.

The mother is given *Peya* or *Yavagu* prepared with *Panchakola*, along with frequent sips of warm water. A gentle *Abhyanga* (oil application) to the feet helps relaxation. In the afternoon, *Jeerakapippali kashaya* is administered, followed by ample rest, skin-to-skin bonding with the newborn, and five minutes of *Anulom-vilom* pranayama. The evening routine includes *Manda* with ghee, 5 ml of *Shatavari ghrita*, a warm bath, and early bedtime with dim lighting to support rest.

Day 2:

The diet progresses to *Yusha* (mung dal soup) with ghee, supported by 20 ml of *Jeerakadyarishta* after meals. Gentle indoor walking is encouraged, followed by 50 ml of *Dashamoola kwatha* and simple pelvic floor contractions. In the evening, rice gruel with milk is taken along with 150 ml of ajwain-ghee water, aiding digestion and lactation.

Day 3:

For those accustomed to non-vegetarian foods, light *Mamsa rasa* (meat soup) may be introduced; otherwise, a richer *Yusha* is advised. *Hingvashtaka churna* (1 g with ghee) supports digestion. The afternoon includes *abhyanga* with *Bala* or *Dhanvantaram taila*, a warm bath, and a restorative nap. Dinner consists of soft *khichadi* followed by turmeric-ginger milk, enhancing both nourishment and immunity.

Day 4:

Whole grains are gradually introduced along with a small methi-gond laddoo for strength. Afternoon activities include light household chores and 10 minutes of guided relaxation. The evening regimen includes 5 ml of *Shatavari ghrita* with cumin-fennel tea to improve lactation and digestion.

Day 5:

Breakfast may include idli or soft roti with ghee, along with stewed fruits for fiber. *Jeerakadyarishta* continues post-meal, combined with pranayama and gentle stretches in the afternoon. In the evening, a light vegetable stew is recommended, along with oil application to the scalp and soles to induce calm sleep.

Day 6:

Oats or *Yavagu* with dates are introduced, while breastfeeding is encouraged on demand. Exposure to outdoor sunlight for 10–15 minutes provides vitamin D and emotional upliftment. If required, a mild stool softener can be considered. The evening diet consists of rice with dal, followed by golden milk and early sleep.

Day 7:

By the seventh day, the mother may transition towards a normal home diet, while avoiding heavy, fried, or excessively spicy foods. Hydration of 2.5–3 liters per day is emphasized. Pelvic floor exercises (three sets daily) are continued, alongside journaling practices of gratitude for psychological support. The evening is reserved for family bonding, a warm foot bath, and relaxation under dim lights before bedtime.

Practical Recipes (Home-style)

a) *Panchakola Yavagu* (*Vata*-pacifying rice gruel):

This light, nourishing gruel helps pacify aggravated *Vata* in the early puerperal period.

Ingredients: 2 tbsp rice, 8–10 times water, a pinch of dry ginger, ½ tsp cumin, ¼ tsp ajwain, 1 tsp ghee, and salt to taste.

Method: Wash the rice and boil with water until soft and soupy. Add the crushed spices and simmer for 5–7 minutes. Finish with ghee and serve warm in small portions.)

b) *Jeera-Ajwain* Water for Digestion:

A simple digestive infusion to relieve bloating and support Agni.

Ingredients: 1 tsp cumin, ½ tsp ajwain, 500 ml water.

Method: Boil the seeds in water for 5–7 minutes. Keep the decoction warm and sip throughout the day.

c) *Shatavari Latte* (Bedtime Tonic):

A soothing, lactation-supportive bedtime drink.

Ingredients: 1 tsp *Shatavari* powder, 200 ml milk, ½ tsp ghee, *jaggery* (optional).

Method: Simmer the milk and whisk in *Shatavari* powder. Add ghee, sweeten lightly with *Jaggery* if desired, and drink warm before bedtime.

Gentle Movement (Weeks 1–6)

Alongside diet, gentle movements aid circulation, healing, and emotional well-being.

- Breathing: Diaphragmatic breathing for 5 minutes, twice daily, calms the nervous system and improves oxygenation.
- Pelvic Floor (Kegels): Ten slow and ten quick contractions, three sets per day, strengthen pelvic support and prevent prolapse.
- Spinal Mobility: Simple postures such as cat-cow stretches and supported child's pose enhance spinal flexibility and relieve back stiffness (avoided in case of surgical incision pain).
- Restrictions: Heavy lifting, high-impact activity, and intense twisting movements are strictly avoided until medical clearance is obtained.

Discussion

Snehana (Abhyanga) to the whole body of *Sutika* either *Sthanika* (*Udara* or *Yoni*) or *Sarvadaihika* with the help of *Ghrta* and *Taila* should be performed. Especially *Bala taila*, mustard oil, *Tila taila* which are *Vatashamaka*, *Rasayana* to *MamsaDhatu*.^{5,9} Abhyanga also acts as *Shramhara*. It also helps to tone up the pelvic floor, abdominal, back muscles, tissue and relieve the muscle spasm.³ To prevent laxity, prolapse *Yoni abhyanga* should be done. *Parisheka* and *Abagaha* should be done as it helps to subside the *Vata*. It

is also *Vedanahara*, *Srotonirmalata*, so that abnormal blood clots accumulated in uterine cavity after the delivery of the *Garbha*. *Udaravestana* with cotton cloth should be done. It helps the uterus to shrink back to its normal size. To keep *Yoni* free from microorganisms and to maintain the hygiene *Yoni dhupana* should be done.¹⁰

Importance of *Ahara*

In *Ayurveda*, food is considered the primary medicine. After childbirth, the *Agni* (digestive fire) becomes weakened, and *Vata dosha* is aggravated due to delivery. Proper diet is essential for:

- Restoring digestive strength.
- Pacifying aggravated *Vata*.
- *Stanya Janana* (supporting lactation).
- *Dhatu Pushti* (Strengthening mother's tissues).

Krama Ahara (Sequential Diet)

The classics advise a step-by-step dietary progression from light, liquid to more solid foods:

Peya (thin gruel) – first few days.

- Light, warm, easily digestible.
- Helps rekindle digestion and hydrate the body.

Yavagu (rice gruel with more solid part) – after digestion improves.

- Strength-giving, *Vata*-pacifying.

Yusha (pulse soup) – *Moong dal* soup with ghee.

- Nourishes tissues, provides protein, increases breast milk.

Mamsa rasa (meat soup) – Prescribed especially for weak women needing strength.

Normal diet – Gradually reintroduced with unctuous, warm, freshly prepared food.

The *Sneha* (*Ghrta* / *Taila* / *Vasa* / *Majja*) given to *Sutika* is mixed with *Dravyas* like *Pippali*, *Pippalimoola*, *Chavya*, *Chitraka*, *Shrungavera*, *Yavani*, *Upakunchika*. *Ghrta* is *Vata Pitta shamaka*, *Balya*, *Rasayana*, *Agnideepak*, *Raktavikaranashak*, and *Yogavahi*. The Foods to be avoided are cold, dry, stale food, fermented and excessively heavy meals, Excessive spicy, sour, or fried food, raw salads and refrigerated food. These aggravate *Vata*, disturb digestion, and hinder recovery.

Importance in Nepalese Context¹⁹

In Nepal, many traditional postpartum rituals (like jaand, ghee-rich foods, herbal baths) resemble *Ayurvedic Sutika Paricharya*. Integrating them with modern perinatal guidelines can enhance maternal health outcomes, especially in rural areas where maternal morbidity is higher.

Modern obstetrics also emphasizes:²⁰

- Nutrition: high-protein, iron, calcium-rich diet.
- Rest and psychological support.
- Breastfeeding promotion.
- Prevention of postpartum depression and infections.

Thus, *Sutika Paricharya* aligns with holistic postnatal care, adding *Ayurvedic* emphasis on *Vata* balance, digestion, and gradual restoration.

Modern Correlation

Modern postnatal dietary guidelines resonate strongly with *Ayurvedic Sutika Ahara*:

a. Nutritional Needs After Delivery²¹

- Calories: Extra 500 kcal/day for lactating mothers.
- Protein: Essential for tissue repair and milk production (dal, pulses, eggs, meat, milk).
- Calcium & Iron: Prevent anemia, bone weakness (green leafy vegetables, milk, sesame, ragi, dates).
- Healthy fats: For hormonal balance and energy (ghee, nuts, seeds).
- Hydration: Adequate warm fluids, soups, milk.

b. Foods for Lactation (Galactagogues)

- Fenugreek, fennel, cumin, garlic → increase breast milk (similar to *Ayurvedic Stanyajanana dravyas*).
- *Shatavari* supplements are even studied in modern herbal pharmacology as lactation promoters.

c. Foods to Limit/Avoid

- Processed/junk food, excess caffeine, alcohol.
- Gas-forming foods (cauliflower, beans) in early days.
- Cold beverages (matches *Ayurveda*'s contraindication).

CONCLUSION

Sutika paricharya is a holistic *Ayurvedic* protocol ensuring smooth recovery after childbirth. By balancing doshas, supporting digestion, strengthening the body, and preventing complications, it provides a comprehensive framework. When combined with modern obstetric care, it can greatly improve maternal and neonatal well-being. To get better health attainment of the females after delivery every post-natal woman should be encouraged to follow *Sutika paricharya* as per *Ayurveda* classics. By following *Sutika paricharya* regimen, the female will prepare the body for next pregnancy as well. Not only *Sutika paricharya* takes care of the puerpera but also gives importance to the health of the *Sishu*. It is high time to embrace the *Sutika paricharya* and spread the awareness everywhere as it is easier, affordable.

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CONFLICT OF INTEREST

None declared.

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