

SUTIKA PARICHARYA – IN AYURVEDIC PERSPECTIVESonawane Rahul Vasantrao¹, Khairnar Narendra Vishwanath²¹Third year M.S., ²M.D. (Streeroga and PrasutiTantra), Assistant Professor B.V.D.U. College of Ayurveda, Pune, Maharashtra, India**ABSTRACT**

Woman goes through many stages in her life like *Rajaswala*, *Garbhavastha*, *Prasavavastha*, *Sutikavastha*. Among these, *Sutikavastha* is such a delicate situation that she becomes tired physically and mentally. For *Sutikavastha*, *Sutika Paricharya* is told by *Aacharyas*. Detail compilation of *Sutika* and *SutikaParicharya* from *Bruhatrayi*, *Kashyapsamhita*, *Yogaratanakar* and *Bhavprakash* are done. Compilation of Puerperium according to modern science is also done. In *Ayurvedic Sutika Paricharya*, immediate *Paricharya* and delayed *Paricharya* are mentioned. Also there is detailed description of *Tumbipatra* with *Lodhratwak lepa* in *Yonikshat*. This reference is from *Yogaratanakar* and it is advised in *Sutika Paricharya* for *Rakshoghna* karma (antiseptic). According to this *Yogaratanakar* reference, *Tumbipatra* with *Lodhratwak* cream in Episiotomy wound was prepared and tried on 30 patients. Antiseptic, analgesic and anti-inflammatory action was observed in most of the patients.

Keywords: *Sutika Paricharya*, *Kashyap samhita*, *Sutika Kalavadhi*, Puerperium.

INTRODUCTION

The psychological and physical health of women is important for the happiness of the home and ultimately that of the society. That is why it becomes necessary to pay specific attention to prevent and cure diseases in women.

Reproduction is the basic key for living organisms. It involves a series of complex events which eventually results in new organism.

In *Ayurveda*, these events are described from 'Garbhadhana' till 'Prasava'. After *Prasava* it is called as 'Sutikavastha'. A woman undergoes a number of complex changes during pregnancy. During 'Sutikavastha', all organs start reverting back to pre-pregnant state. *Sutika Avastha* is a physiological state but poses potential risks to the health of the mother. Her body is vulnerable to many diseases due to altered anatomy and physiology. *Ayurveda*

primarily being a preventive health science has advised a specific dietary and life style regimen called as "Sutika Paricharya" to prevent any potential risks to the mother's health as well as to regain health. For healthy progeny mother should be healthy.

REVIEW OF LITERATURE-:

SUTIKA DEFINITION: *Sutika* term can be used only after expulsion of placenta at the end of labour. There is certain period mentioned for *Sutikavastha*.⁽¹⁾

SutikaKalavadhi

- 1) *Charaksamhita* – 5 to 7 days⁽²⁾
- 2) *Sushrutsamhita* – 1 month⁽³⁾
- 3) *Ashtanghriday* – 45 days⁽⁴⁾
- 4) *Ashtangsangrah* – 45 days
- 5) *Kashyapsamhita* – 6 months⁽⁶⁾

During this period there are some rules and regimens are mentioned. To regain the health status the-

se rules and regimens are expected to follow properly.

Sutika Paricharya: It is the care of the woman during puerperium. These are mentioned under the heading of *Sutika Paricharya*. As the old house cannot tolerate any trauma from heat, rain, heavy storm, earthquake like *Sutika* also becomes tired due to labour pains, exhaustion and blood loss. She is vulnerable to many diseases because of imbalance of *Doshas* which is very difficult condition to treat.⁽⁷⁾

For the management of these conditions and prevention of diseases certain protocol is mentioned.

PRINCIPLES OF SUTIKA PARICHARYA

1. *Vataprashman:-* a) *Dhatukshayjanya*
b) *Pravahanjanya* c) *Sutikav-rani/Kashti*
2. *Agnideepan*
3. *Yonisanrakshan* a) *Vrani* b) *Grahbadha*
4. *Stanyapushti, Stanyapravartan*
5. *Garbhashayshodhan, Koshthshodhan*
6. *Dhatupushti*

Although *Sutika Paricharya* is described it in great details. *Sutikaparicharya* divided into two parts.

- 1) Immediate *Paricharya*
- 2) Delayed *Paricharya*

I) IMMEDIATE PARICHARYA

- 1) **ASHWASAN** : After expulsion of placenta she should be encouraged i.e. reassure her sweetly and gently to increase her confidence. As the mother, she is under great psychological stress during pregnancy and labour. Mental disturbances can lead to psychosomatic disorders. Mental reassurance also help to achieve proper lactation.⁽⁸⁾
- 2) **SNEHAN OR MARDAN** : The *Sutika* after encouragement is made to lie down in knee-chest position with flexed thighs. The lower portion of

Kati and *Kukshi* should be massaged or compressed in order to expel the *Dosha* left over after delivery. This help to decrease elevated *Vata-dosha*.⁽⁹⁾

- 3) **SNEHPAN:** *Charak, Vagbhat, Kashyap* recommend that *Sutika* should be given *Snehpan*. This should be given after considering her strength and digestive power. *Ghrita, Taila, Vasa, Majja* are various forms of *Sneha* used for *Snehapan*. These are mixed with some drugs like *Pippali* (*Piper longum*), *Pippalimula* (*Piper longum*), *Chavya* (*Piper retrofractum*), *Chitrak* (*Plumbagozeylanica*) and *Shunthi* (*Zingiber officinale*) *Snehapan* should be advice considering *Prakruti, Agni, Sthan (Desh)* of *Sutika*.⁽¹⁰⁾
- 4) **PATTABANDHAN:** *Kukshi* and flanks should be wrapped with clean big cloth. This wrapping helps *Kukshi* to reach its proper shape and *Vayu* to return to its normal state.⁽¹¹⁾

II) DELAYED PARICHARYA

- 1) **SWEDAN:** The *Sutika* should always sit over a small chair covered with leather bag filled with hot *Balataila*. This helps her *Yoni* to remain healthy *Swedan* also helps to reduce pain. *Swedan* is done with oil prepared with *Priyangu* (*Calli-carpamacrophylla*) etc. drugs.⁽¹²⁾
- 2) **DHOOPAN:** After giving *Swedan*, hot water bath followed by rest is given. Giving medicinal fumes with *Kushtha* (*Saussurea lappa*), *Guggulu* (*Commifaramukul*), *Agaru* (*Aquilaria agallocha*) mixed with *Ghrita* should be given. This is known as *Dhoopan Chikitsa*.⁽¹³⁾

Importance of Dhoopan

- 1) To prevent *Yonidushti*
- 2) It helps in healing of perineal wound.
- 3) It helps to reduce the laxity of *Yoni*.

- 3) **SNAN:** It is recommended in *Ayurvedic Granthas* that puerperal woman should be given bath after 10 days as in first few days she is very tired and *Vrani* (having lacerated wounds). First 10 days and she is allowed to move out the *Sutikagar*. Also she has per-vaginal bleeding. She has not allowed to move out of the *Sutikagar*.⁽¹⁴⁾
- 4) **GARBHASHAY SHODHAN:** Involution of uterus is very important in *Sutika*. For proper involution of uterus *Panchkolachoorna* with *Guda* and leukwarm water is mandatory. If the *Garbhashay* does not involutes then buttermilk mixed with powder of *Pippalimula* (Piper longum) Should be given for 21 days.⁽¹⁵⁾
- 5) **RAKSHOGHNA:** *Yoniprakshalan* with *Ushnodaka* is given to *Sutika* on second day to tenth day after delivery after *Yoniprakshalan*. Fumigation with fumes of *Kushtha* (*Saussurea lappa*), *Guggulu* (*Comiphora mukul*), *Aguru* (*Aquilaria agallocha*) can be done. Coarse powder of these *Dravyas* is mixed with *Ghrta* and deposited on live fire of cow dung. The fumes which are generated are directed towards genital area of the mother. This is called as *Yonidhupan*. This is necessary to avoid *Yonidushti* and *Grahahadha*.⁽¹⁶⁾

In *Yogaratanakar*, there is reference of *Tumbipatra* and *Lodhratwak Lepa* in *Yonikshat* ⁽¹⁷⁾ i.e. vulvo-vaginal wounds or tears which occur during labour. According to this reference, a clinical study has been done on *Tumbipatra* with *Lodhratwak* cream application on episiotomy wound. Total 30 patients of episiotomy and vaginal and perineal tear were recruited for the study. The cream was applied twice a day for 7 days. Wound healing, pain, inflammation, sutures etc. were

monitored during the study duration. Antibiotics and analgesics were not prescribed to the patients. At the end of study it was concluded that *Tumbi-Lodhra* cream is quite useful on episiotomy wound with respect to wound healing and pain relief. This preparation was very cheap too. Thus a major aspect of *Sutika Paricharya* according to *Ayurved* which is *Rakshoghna* can be managed properly with this preparation and *yoni Dhupan*. There was no need of any antibiotics and analgesics at all. The incidence of wound infection was also very low.

5) **AAHAR:** *Sutika* is advised to take light diet in first 10 days. Amount of diet is increased gradually considering her digestive and body strength. She should be given scum of boiled rice for first 3-5 days. Next she should consume rice with ghee. or any suitable form of *Sneha*. After digestion of this oil salt free rice gruel mixed with little quantity of Oleagenous substances and *Pippali* or *Shunthi* powder should be given. The rice gruels with sufficient quantity of salt and oily substances Meat soup of wild animals and soup of *Kulattha* mixed with oily substances. Thus *Sutika* should be given *Laghu, Deepan, Bruhan Aahar* gradually.⁽¹⁸⁾

IMPORATNC OF SUTIKA PARICHARYA: Generally complete involution of the genital organs takes place after 1 ½ months. As there is disturbed state of *Doshas* and *Dhatu*s. Any variaty in *Aahar* and *Vihar* can lead to diseases. These diseases are very difficult to treat as immunity is less. Menarche- Parturition-Puerperium-Menstruation is cyclical chain in a healthy woman. These four conditions are dependent on each other. Slight variation in any of these becomes a factor for *Yonivyapat*. Pregnancy is dependent on regular menstruation and ovulation.

ACCORDING TO MODERN PUERPERIUM PHASE - The puerperium is the period of time encompassing the first few weeks following birth. The duration of this period is considered by most to be between 4 and 6 weeks. Although a relatively incomplete time compared with pregnancy. Puerperium is characterized by many physiological changes. Some of these changes may be simply bothersome for the new mother, Although serious complication can also arise.

Some mother has aimed focus upon the infant. Thus the puerperium may be a time of intense anxiety for many women.

DEFINITION: Puerperium is the period following childbirth during which the body tissues specially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. The retrogressive changes are mostly confined to the reproductive organ with the exception of the mammary glands which still shows features of activity. Involution is the process whereby the genital organs revert back approximately to the state as they were before pregnancy the woman is termed as puerpera.

DURATION: Puerperium begins as soon as the placenta is expelled and lasts for approximately 6 weeks. When the uterus becomes regressed, is almost to the non-pregnant size. The period is arbitrarily divided into

- a) Immediate-within 24 hours;
- b) Early-up to 7 days and
- c) Remote-up to 6 weeks.

MANAGEMENT OF NORMAL PUERPERIUM: The principles in management are

- 1) To restore the health of the mother
- 2) To prevent infection
- 3) To take care of the breast, including promotion of breastfeeding.

- 4) To motivate the mother for contraception.

Immediate attention: Immediately following delivery, the patient should be closely observed as outlined in the management of fourth stage of labour.

Emotional support is essential.

REST AND AMBULANCE: Early ambulation after delivery is beneficial. After a good resting period, the patient becomes fresh and can breastfeed the baby or moves out of bed to go the toilet. Early Ambulation is encouraged.

Hospital stay: Early discharge from the hospital is an almost universal procedure.

CARE OF THE BLADDER: The patient is encouraged to pass urine following delivery as soon as convenient.

If the patient still fails to pass urine, catheterization should be done. Continuous drainage is kept until the bladder tone is regained.

CARE OF BOWEL: A diet containing sufficient roughage and fluids is enough to move the bowel. If necessary, mild laxative may be given.

SLEEP: The patient is in need of rest, both physical and mental.

CARE OF THE VULVA AND EPISIOTOMY WOUND: Shortly after delivery, the vulva and buttocks are washed with soap water down over the Anus and sterile pad is applied. The perineal wound should be dressed with spirit and antiseptic powder after each act of micturition and defecation or at least twice a day.

CARE OF THE BREASTS: The nipple should be washed with sterile water before each feedings. It should be cleaned and kept dry after the feeding is over.

DIET : The patient should be normal diet of her choice. If the patient is lactating, high calories, adequate protein, fat, plenty of fluids, minerals and vitamins are to be given.

In lactational period, requirement of energy is 400 go 500 kcal more than non-pregnant-protien requirement is 15 gms more than non-pregnant. Iron requirement is 10-12 gms more than non-pregnant. Calcium requirement is 1000 mg more than non-pregnant. Because, breast milk contains more quantity of calcium for better nourishment of baby.

Requirement of Zinc, Iodine, vit A, Vit. D, Vit B12 is also increased during lactation than non-pregnant.⁽¹⁹⁾ The combination of some aspects of Ayurvedic sutika paricharya (e.g. Dhupan, yonirakshan with special formulations like Tumbi-Lodhra cream, use of garbhashay shodhan and koshtha shodhan dravyas) and Modern puerperal care can achieve better recovery of the woman from the ordeal of childbirth and its after effects. The women will certainly benefit from the wise use of ancient and modern medicine and principles.

DISCUSSION

The speciality of giving birth a child made a woman unusual for her creative point of view in the life. Comparison of pregnant woman is done with the pot filled with oil, as slightest oscillation of such pot causes spilling of oil, similarly slightest carelessness of the pregnant woman can initiate abortion etc. In *Sutika Kala*, proper *Sutika Paricharya* causes complete involution of uterus and other pelvic organs, so that they reach to their pre-pregnant state. Aim of purperium is to maintain maternal & infant health preventing any complication and to establish infant feeding. *Tumbi* has property of *Vranashodhan*, *kledashoshan* and *shophahar* and *Lodhra* has property of *Sandhankarma*, *shothahara* and *vranaropan* So, it helps in episiotomy wound healing in *Sutika*.

CONCLUSION

As *Sutika Kala* is a critical period for woman, it needs a proper management and

care with specific diet, mode of life and *Aushadhi*. It is concluded that *Tumbilodhra* cream application is useful in episiotomy wound. In *Sutika Paricharya*, most of drugs have been prescribed by various authors in single and compound form both. During *Sutika Kala* woman needs a special management and care for proper and healthy growth of newborn baby as well as for maintenance of her own health.

REFERENCES

1. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (576)
2. Acharya Yadavaji Trikamaji, Charaksamhita Chakrapani Tikka, Chaukhamba Prakashan Varanasi, (349)
3. Kaviraj Dr. Ambikadattashastri, (2012), *Sushrut Samhita Sharirasthan*, Chaukhamba Prakashan, Varanasi, (103)
4. Bramhananda Tripathi (2012), *Ash-tanghriday*, Chaukhamba Prakashan, Varanasi, (356)
5. Prof. K. R. Murthy (2012), *Ash-tangsamgraha (Vol-1)*, text, English translation, notes and index, Chaukhamba Prakashan, Varanasi, (43)
6. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
7. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (581)
8. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chau-

- khamba Bharati Academy, Varanasi, (578)
9. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
10. Prof. (km) Tiwari P. V. (2002),
11. Prof. (*Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
12. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
13. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
14. km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
15. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
16. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (575)
17. Bramhananda Tripathi, (2012), *Ash-tanghriday*, Chaukhamba Prakashan, Varanasi, (354)
18. Dr. Indradev Tripathi,(1998), *Yogaratnakar*, Chaukhamba Prakashan, Varanasi, (827)
19. Prof. (km) Tiwari P. V. (2002), *Kashyapa Samhita* text with English translation and commentary, Chaukhamba Bharati Academy, Varanasi, (578)
20. D. C. Dutta's (2013), *Textbook of Obstetrics*, New Central Book Agency, Kolkata, 7th edition,(144-151)

CORRESPONDING AUTHOR

Dr. Sonawane Rahul Vasantrao

Third year M.S. Dept. of Streeroga & PrautiTantra, B.V.D.U.College of Ayurveda, Pune, Maharashtra, India

Email: dr.rahul07sonawane@gmail.com

Source of support: Nil

Conflict of interest: None Declared