



Unit 1: Introduction to Sūtikā Paricharya

Unit 1 — Introduction to Sūtikā Paricharyā (Postnatal Care)

Overview

In Ayurveda, a woman who has just given birth is called **Sūtikā**. The period from the completion of delivery until the mother regains physiological balance is **Sūtikā kāla** (puerperium). This time is neither a disease nor merely “recovery”; it is a **distinct physiological state** governed by a surge of **Apāna Vāta** (downward-regulating force), a temporarily weakened **Agni** (digestive-metabolic fire), a rapid conversion of **Rasa dhātu** (nutritive fluid) into **Stanya** (breast milk), and the gradual restoration of **Rakta** (blood), **Māṃsa** (muscle), and **Śukra/Ārtava** axes. **Sūtikā Paricharyā** is the classical regimen—dietary, behavioural, and therapeutic—designed to protect **Ojas** (vital essence), re-establish **Srotas** (body-channel) integrity, and prevent complications such as excessive bleeding, infections, constipation, back-pelvic pain, urinary issues, and disorders of lactation.

Teaching intent: In this introductory unit you will define Sūtikā, locate the topic within the classical canon, understand the immediate maternal changes after delivery, list the objectives of care, and learn the customary **duration and staging** of the Sūtikā period. Detailed prescriptions (formulations, external therapies, routines) follow in later units.

1) Definition and Significance of Sūtikā

Definition (working clinical):

A **Sūtikā** is a woman **after childbirth** who is in the process of returning to physiological equilibrium with respect to **Vāta**, **Agni**, **Dhātus**, **Srotas**, and **Ojas**, and who requires a **purposeful regimen** to support uterine involution, haemostasis, lactation, bowel and bladder function, sleep, and mental steadiness.

Why Ayurveda treats Sūtikā as a distinct entity

- Vāta surge:** During and after delivery, **Apāna Vāta** peaks to expel the fetus and placenta. Immediately afterward, its **uncontained** quality (dry, cold, mobile) can dominate—manifesting as emptiness, cramps, flatulence, back-hip instability, disturbed sleep, and anxiety if not pacified.
- Agni fragility:** Exertion, blood/fluid shifts, and sleep loss make **Agni** labile. Poorly chosen foods or long fasting worsen **Āma** (metabolic clogging), leading to oedema, infections, or sluggish involution.
- Dhātu dynamics:** Rapid conversion of **Rasa** into **Stanya** increases fluid demand; **Rakta** needs rebuilding after blood loss; **Māṃsa** and **Medas** must recover tone and warmth.
- Srotas need “sealing”:** The pelvic channels (**Yoni-Garbhaśaya-Ārtavavaha srotas**) have been stretched and opened; they require gentle **Samgraha** (re-cohesion) without obstructing lochia.
- Ojas protection:** The mother’s **Ojas** is shared with the neonate through **Stanya**. Tactful routines preserve Ojas, thereby supporting maternal mood and neonatal immunity.

Clinical consequence: For Ayurveda, postnatal care is **not optional convalescence**; it is **preventive medicine** that shortens recovery time, reduces complications, and lays the foundation for lactation and future reproductive health.

2) Classical References and Importance of Postnatal Care

Canonical location: Guidance on Sūtikā is interspersed across **Aṣṭāṅga Hṛdaya**, **Suśruta Saṃhitā**, and **Kāśyapa Saṃhitā** under topics of **prasava** (birth), **strīroga-prasūti tantra**, **rasa-stanya** (milk), **dinacaryā** (daily regimen), and **pathya-apathya** (wholesome-unwholesome). The themes are consistent:

- **Immediately after delivery**, protect the mother from **cold exposure, over-stimulation, hunger, and thirst**; keep the body warm but not overheated, and start **small, warm, light** food-forms as soon as the mother is alert.
- **Vāta-pacifying touch** and **mild heat** are used **externally** for comfort, while **internal strong purgation or emmenagogues are avoided**.
- **Diet** is **ushṇa-snigdha-laghu** (warm, mildly unctuous, light) and adjusted day by day as **Agni** strengthens.
- **Lactation** is facilitated by calm surroundings, frequent attachment, and **Rasa-supportive** foods; medicines are adjuncts, not substitutes for technique and rest.
- **Sūtikā Paricharyā** continues **until** the mother regains steady digestion, normal sleep, lightness of body, pain-free movement, and a settled mind, with the uterus returned to pelvic protection and lochia ceased.

3) Physiological Changes in the Mother After Delivery (Ayurvedic Lens)

Think in four interacting layers—**Doṣa, Agni, Dhātu-Srotas, and Ojas-Manas**.

3.1 Doṣa layer

- **Vāta (Apāna, with Vyāna & Samāna):**
 - **Apāna** has just executed expulsion; afterward, it tends to **overshoot**—causing colicky pains, flatulence, constipation, urinary hesitancy, and a sense of “hollowness.”
 - **Vyāna** is temporarily taxed by blood volume shifts and fatigue, which can show as palpitations or chilliness.
 - **Samāna** is disturbed by labour exertion and erratic food/fluid intake, so **digestive rhythm** is easily lost.
- **Pitta:**
 - “Heat” was used to drive labour; if excessive, it shows as irritability, thirst, scant sleep, burning or early oozing.
 - Properly balanced, **Pitta** helps uterine tone and tissue repair.
- **Kapha:**
 - Supplies **cohesion and lubrication**; if excessive (heavy, cold diet; day-sleep), it clouds **Srotas**, slowing uterine involution and predisposing to infections or oedema.

3.2 Agni layer

- **Agni is labile** from exertion, blood/fluid loss, and sleeplessness.
- Overfeeding or very heavy/oily meals create **Āma**: a coated tongue, heaviness, bloating, and sluggish bowels—this obstructs involution and lactation.
- **Rekindling** is done **gently**, beginning with warm thin gruels and advancing to simple, freshly cooked meals as appetite returns.

3.3 Dhātu-Srotas layer

- **Rasa → Stanya:** Soon after birth, **Rasa** is preferentially channelled to **Stanya** (milk). The mother must be hydrated with **warm, simple fluids**; otherwise, both **Rasa** and **Stanya** suffer.
- **Rakta:** Blood lost at delivery requires **repletion** through iron-rich foods that are also **Agni-friendly** (e.g., cooked greens with mild spices); mineral preparations are used judiciously once digestion is steady.
- **Māmsa-Asthī-Sandhi:** Ligaments and pelvic floor have been stretched; recovery needs **warmth, external oiling**, and **graded movement** rather than prolonged bed-rest or abrupt heavy activity.
- **Yoni-Garbhaśaya Srotas:** These channels remain open; Ayurveda aims for **Samgraha**—re-cohesion—without blocking the normal lochial flow.

3.4 Ojas-Manas layer

- **Ojas** is the substrate of vitality and calm. It is **shared with the neonate** through breastfeeding.
- Sleep protection, pleasant company, simple speech, and a low-stimulus environment are **therapeutic**; quarrels, loud crowds, and night-watching **deplete** Ojas and disorganise Vāta.

4) Objectives of Sūtikā Paricharyā (Recovery & Lactation)

Use this as your **clinical checklist** when making or auditing a postnatal plan.

- 1. Pacify and contain Vāta**
 - Keep the mother **warmly covered**; avoid cold drafts.
 - Use **external oiling** to back/hips and gentle warmth for comfort.
 - Prevent Vāta aggravators: long gaps without food or water, constipation, fear/anxiety, and excessive stimulation.
- 2. Rekindle Agni without creating Āma**
 - Start with **warm, thin, simple** food-forms as soon as the mother is alert.
 - Advance meal complexity only when the tongue is clean, appetite truly returns, and bloating is absent.
- 3. Rebuild Rasa-Rakta and protect Ojas**
 - Provide **adequate warm fluids** and cooked greens; avoid icy or very sour foods.
 - Encourage **early sleep consolidation** and daytime rests away from large meals.
 - Choose medicines that **nourish** without clogging—beginning with **ajāsrika** (everyday) supports before stronger formulations.
- 4. Restore Srotas integrity and pelvic tone**
 - Guide **graded movement** and **posture awareness** rather than strict bed-rest.
 - Keep the **bladder comfortably empty** and the **bowels soft** to avoid pelvic congestion and pain.
- 5. Establish effective lactation**
 - Support **early skin-to-skin** and frequent **deep-latch** feeds.
 - If lactation seems low, first correct **technique, fluids, and rest**; medicines are **adjuncts**, not primary drivers.
- 6. Prevent and detect complications early**
 - Teach the family **warning signs**: heavy fresh bleeding, fever with pelvic pain or foul discharge, severe headache/visual change, chest pain/shortness of breath, calf pain/swelling, inability to pass urine, non-resolving wound pain, or marked sadness/anhedonia.

5) Duration and Stages of the Sūtikā Period

Ayurvedic authors present **slightly different spans**, all centring on the idea that the Sūtikā state persists **until** uterine involution is complete, lochia has ceased, and **Agni, Vāta, sleep, and strength** are steady.

- **Common teaching window**: approximately **six weeks** from delivery (often expressed as about **one-and-a-half months** or **forty-five days**).
- **Functional staging for practice**:
 - 1. Immediate Sūtikā (birth to end of day 1)**
 - Priorities: warmth, privacy, skin-to-skin, observation for placental separation signs, control of bleeding, initiation of feeding, comfortable positioning, and the first void.
 - Food/fluids: **sips of warm water**; once alert and not nauseated, **thin gruel** in small amounts.
 - 2. Early Sūtikā (days 2-7)**
 - Priorities: protect sleep, **soft daily stool**, gentle external oiling, light walking within the room, and stable feeding cycles.
 - Diet: simple **warm** meals; avoid cold/iced or heavy/oily feasts; use mild spices cooked into food.
 - 3. Established Sūtikā (weeks 2-6)**
 - Priorities: restore stamina with **regular, warm meals**, consistent hydration, graded ambulation, and attention to mood; begin gentle core–pelvic awareness if comfort allows.
 - Medicines: **ajāsrika** supports first; add **classical formulations** judiciously based on digestion, bleeding status, and lactation needs.
 - 4. Extended convalescence (as needed)**



- For mothers with operative birth, anaemia, infections, difficult labour, or neonates requiring intensive care, Sūtikā features may persist longer. Continue the regimen **until** clinical targets are truly met.

How to communicate duration to families

Explain that although many mothers feel “normal” within a couple of weeks, internal recovery—especially of the pelvis, back, blood stores, and sleep rhythm—**takes the full six weeks** for most, and longer for some. Reassure that **Sūtikā Paricharyā** is about **feeling well now and staying well later**, including for future pregnancies.

6) Putting the Framework Together (Practical Orientation)

When you meet a new mother:

1. **Observe** warmth, colour, coherence, fundal tone, bleeding pattern, bladder comfort, and whether the baby has latched.
2. **Set the space:** keep the room **quiet and comfortably warm**, reduce crowding, and ensure she is **covered** and properly supported by pillows.
3. **Begin fluids and food-form** thoughtfully: offer **warm water** first; if she feels hungry and not nauseated, give **a small portion of thin gruel** and watch her comfort afterward.
4. **Arrange gentle touch:** if she wishes, a **short, gentle oiling** of the lower back and hips can be done by a trained attendant; always avoid pressure on the abdomen.
5. **Plan the first night:** help the family organise **uninterrupted sleep blocks**; a trusted companion can hold and settle the baby after feeds while the mother rests.
6. **Teach two self-checks:**
 - “How is my **belly and back** feeling when I stand and walk—light and steady, or dragging and shaky?”
 - “Is my **tongue clean and appetite true**, or coated with aversion to food?”These two cues tell you whether **Vāta** and **Agni** are aligning; they guide when to advance food or step up Vāta-calming measures.

Summary (Rapid Revision)

- **Sūtikā** is a **distinct physiological state** after delivery requiring a **regimen** to pacify **Vāta**, rekindle **Agni**, rebuild **Rasa-Rakta**, restore **Srotas** integrity, protect **Ojas**, and establish **lactation**.
- Classical texts agree on early **warmth, privacy, simple warm foods, external oiling, and graded movement**, while avoiding cold, crowding, heavy meals, and strong internal procedures.
- Use a **staged approach**—Immediate (day 0-1), Early (days 2-7), Established (weeks 2-6), and Extended (as needed)—with **clear targets** for each stage.
- Teach families **warning signs** and ensure follow-up. Subsequent units translate this framework into **month-wise routines, prescriptions, and troubleshooting**.

Assessment

A. Multiple-Choice Questions (MCQs)

1. The **primary** doṣa disturbance in the Sūtikā state is:
 - A. Kapha alone
 - B. **Apāna Vāta surge with secondary Pitta/Kapha shifts**
 - C. Udāna Vāta only
 - D. Sādhaka Kapha depletion**Answer: B**
2. Which statement best captures **Agni** in early puerperium?



- A. Robust and ready for heavy meals
- B. **Labile and easily clogged by heavy/oily foods**
- C. Unaffected by labour
- D. Always suppressed for six weeks

Answer: B

3. The first dietary form recommended when the mother is alert and not nauseated is:
- A. Raw salad
 - B. **Warm, thin gruel (peya) in small portions**
 - C. Fried snacks
 - D. Iced fruit juice

Answer: B

4. **Rasa → Stanya** conversion implies that early puerperium needs:
- A. Cold fluids to reduce heat
 - B. **Adequate warm fluids and simple meals to support milk**
 - C. Fasting for uterine involution
 - D. Only medicines, not diet

Answer: B

5. Which element is **central** to protecting **Ojas** after delivery?
- A. Loud celebrations and late nights
 - B. **Sleep protection, gentle routine, and pleasant company**
 - C. Frequent visitors and discussions
 - D. Strong purgatives

Answer: B

6. A practical **Sūtikā** staging that works at the bedside divides the period into:
- A. Two exact equal halves
 - B. **Immediate (day 0-1), Early (days 2-7), Established (weeks 2-6), and Extended (as needed)**
 - C. Only the first day
 - D. Only the first year

Answer: B

7. When the tongue is coated and there is aversion to food, you should:
- A. Advance to heavy meals for energy
 - B. **Hold diet at simple warm forms and focus on rekindling Agni**
 - C. Give sour pickles to stimulate appetite
 - D. Ignore, as it is normal

Answer: B

8. Which pair best reflects **Vāta pacification** for Sūtikā?
- A. Ice baths and fasting
 - B. **Warm covering and gentle external oiling of back/hips**
 - C. Loud music and bright lights
 - D. Deep abdominal massage

Answer: B

9. An early **warning sign** that must be taught to the family is:
- A. Feeling sleepy after feeding
 - B. **Heavy fresh bleeding with dizziness or faintness**
 - C. Desire for warm water
 - D. Occasional after-pains

Answer: B

10. The **first night plan** should prioritise:
- A. Entertaining visitors
 - B. **Consolidated sleep with a trusted helper settling the baby between feeds**
 - C. Social media updates
 - D. Large meals late at night

Answer: B



B. Case Vignette (Applied)

Case — “Setting the First Twelve Hours”

A 26-year-old primipara delivers a healthy baby vaginally. The placenta is out, fundus is firm and midline, and bleeding is modest. She is alert but tired, complains of back soreness and thirst, and has not eaten since early labour. Her family is enthusiastic and several visitors want to enter the room.

Tasks for the student:

1. **Define** Sūtikā in one or two clear sentences for the family, emphasising why the next **six weeks** matter.
2. **Write an initial plan** for the first twelve hours that covers: room environment; warmth and covering; the first fluids and food-form; gentle external touch; bladder and bowel comfort; and a sleep arrangement that gives the mother a protected block of rest. Use complete sentences that a junior nurse or attendant can follow without prior experience.
3. **List four warning signs** (in plain language) you would teach the family before discharge planning begins.

End of Unit 1 — Introduction to Sūtikā Paricharyā