

## Unit 3: Lifestyle and Therapeutic Regimen

### Unit 3 — Lifestyle and Therapeutic Regimen in Sūtikā Paricharyā (Postnatal Care)

#### Overview

Lifestyle (*vihāra*) and gentle therapies are the **second medicine** of the puerperium, after diet. In the weeks following birth, **Apāna Vāta** tends to overflow, **Agni** is easily disturbed, the pelvic **srotas** (channels) are open and tender, and the mother's **Ojas** must be shared with the infant through **stanya** (breast milk). This unit teaches you how to construct a **calm daily rhythm (dinacharyā)**, how to use **abhyanga** (external oiling) and related external measures wisely, what **Pañcakarma** is *not* appropriate now and what limited procedures may help later, how to design **graded movement, restorative yoga, and relaxation**, and why **rest and psychological support** are non-negotiable pillars of recovery.

अभ्यङ्गं नित्यं आचरेत् स जरा-श्रमा-वातहरः । दृष्टिप्रसाद-पुष्ट्यायुः स्वप्न-सुवर्णत्वक्-दृढत्वकृत् ॥

*Aṣṭāṅga Hṛdayam, Sūtrasthāna 2/8*

(Daily abhyanga removes ageing, fatigue, and Vāta; it promotes clarity of vision, nourishment, longevity, sound sleep, healthy complexion, and firmness.)

आहारः स्वप्नो ब्रह्मचर्यं च त्रयोऽपस्थम्भाः

*Caraka Saṃhitā, Sūtrasthāna 11/35*

(Food, sleep, and regulated conduct are the three supportive pillars of the body.)

#### 1) Dinacharyā and Vihāra Guidelines for Sūtikā

A postnatal day should feel **warm, slow, rhythmic, and quiet**, with clear anchors for waking, drinking, eating, feeding the baby, short walks, and sleep. Your goal is to **contain Vāta, stabilise Agni, and protect Ojas**.

##### 1.1 Morning orientation (on days without medical procedures)

1. The room should be **kept comfortably warm and softly lit** before the mother awakens fully. This avoids a sudden cold surge that aggravates Vāta.
2. On waking, the mother may **sip a little warm water**. She should pause, notice her breath, and rise slowly with support. Sudden standing often provokes giddiness because Vyāna Vāta and circulation are still settling.
3. After toileting at leisure, she may take **a gentle lukewarm wipe-bath** or short shower if stable. A full, long bath is not required this early; the aim is **freshness without fatigue**. Hair washing can wait for a day when she feels steady and the room is warm enough to dry it promptly.
4. **Breakfast** should be **warm and light** (e.g., *vilepī* or soft phulka with thin moong). A small portion is better than a heavy plate. The family should **not press for feasts** "to build milk"; digestion rules the pace.

##### 1.2 Daytime structure

- **Visitors** should be **few and brief**, and their role is practical help, not conversation. The mother's nervous system repairs itself best in a **low-stimulus environment**.
- The mother should **alternate short periods of being up** (sitting with back supported, or a few minutes of slow walking in the room) **with lying on the side**. Prolonged standing or sitting cross-legged on the floor strains the pelvic floor and sacroiliac ligaments.
- **Hydration** is offered as **warm sips** at many points through the day rather than large mugs at once. This sustains *rasa* for milk without chilling *agni*.
- **Toileting** is unhurried. If there is fear of pain (perineal sutures), the mother can be taught to **exhale softly during straining** and support the perineum with a clean folded cloth. She should never rush or suppress urges.



- **Sunlight** in the room for a short while each day steadies the circadian rhythm and mood. Direct, harsh heat is not needed; a gentle daylight period is sufficient.

### 1.3 Evening and night protection

- The family should **begin quieting the room after sunset**—dim lights, switch off television and phones, and lightly tidy the space. This predictable downshift signals to Vāta that **the day is ending**.
- Night feeds are inevitable; the helper can **bring the baby to the mother in bed**, help with positioning, and then take the infant for burping and settling so the mother **returns to rest immediately**.
- If racing thoughts or worry keep her awake, coach a **simple breath-based relaxation**: inhale gently through the nose, feel the belly soften; exhale longer than the inhale, humming **mmm** softly. Ten cycles are often enough to change the state.

## 2) Abhyanga and External Therapies

External oiling is the **signature therapy** of the puerperium. It calms Vāta, soothes muscular strain, and re-anchors the body in a state of warmth and containment. In early days, it is a **short, local practice**; later, it may be extended.

### 2.1 Abhyanga for Sūtikā: timing, materials, method

- **When to begin:** As soon as the mother **feels steady** and there is **no fever or heavy bleeding**, she may receive a **short abhyanga** focused on the **back, hips, flanks, thighs, calves, and feet**. The abdomen is **not** pressed or vigorously rubbed; only a **light, outward-to-downward stroke** over the belly is acceptable if comfortable.
- **Which oil:**
  - **Kṣīrabala Taila** (milk-processed sesame oil) is Vāta-pacifying and widely used.
  - **Nārāyaṇa Taila**/ Mahanarayana taila/ Sahacharadi taila is a balanced option for musculo-skeletal ache.
  - If the climate is very hot and the mother is Pitta-prone, a **light sesame oil** with **coriander-fennel** water taken orally will keep heat in check.
- **How to conduct:** Warm a small quantity of oil **to skin-temperature**. Seat the mother stably or have her lie on the side with knee support. Apply oil with **slow, affectionate strokes** from the sacrum outwards to the hips, then down the thighs and legs, ending at the feet with a few circular strokes around the ankles and gentle pressure on the soles. Each region may receive **a few minutes** of attention; the entire session should feel **soothing, not stimulating**.
- **After-care:** Offer a **brief lukewarm wipe-bath** or sponge with warm water. Ensure the room is warm and free of draughts while oil remains on the skin. The mother should **rest quietly** afterward.

### 2.2 Local heat and compresses

- A **warm compress** (not hot) placed over the **lumbosacral area** during back ache eases Vāta. The cloth should be wrung so it **does not drip**, and it should be removed if it induces irritability or dizziness.
- For **perineal comfort** after a vaginal birth, a **warm sitz** with decoction of **triphala** or simply warm clean water can be used **once daily** when bleeding is modest and there is no wound concern. The duration should be just **long enough to comfort** and should not leave the mother chilled.

### 2.3 What to avoid

- **Deep abdominal kneading**, strong percussion, and aggressive stretches are **contraindicated**.
- Aromatic oils that are **very stimulating** or **very cooling** also destabilise Vāta and Pitta; stick to **gentle medicated sesame-based oils** unless a physician specifies otherwise.

## 3) Role of Pañcakarma in Postnatal Recovery

Pañcakarma is the **science of purification**; in the puerperium, the mandate is **repair and nourishment**. Therefore:



### 3.1 In the first fortnight

- **No strong śodhana** (no Vamana, no Virecana, no Nirūha Basti). The body needs **containment**, not vigorous elimination.
- The acceptable sphere is **snehana (external oiling)** and **mṛdu-svedana** (mild warming) applied locally for comfort.

### 3.2 After the lochia has lightened and the mother is afebrile and steady

- Consider **Mātrā Basti** (small, unctuous enema) **only under physician supervision**, typically **after about two weeks**, for stubborn Vāta-dominant symptoms such as lower-back colic or painful constipation that have not yielded to diet and routine. A classical medicated oil like **Kṣīrabala** may be used in a **small volume**, with careful after-care (warmth, rest).
- More structured **Basti sequences** or **Virecana** belong to **inter-conception care** months later, when strength has returned and breastfeeding goals allow.

### 3.3 Rationale

Strong evacuative procedures **open channels** abruptly; the **Sūtikā channels are already open** from birth. The therapeutic logic is to **seal and tone** gently, then purify at a later time if needed.

## 4) Exercises, Yoga, and Relaxation for Sūtikā

Movement is **medicine** when it is **gentle, rhythmic, and progressive**. The pelvis and abdominal wall have been lengthened; ligaments are lax; the diaphragm and ribs have worked hard for months. We rebuild by **breath first, then awareness, then light action**.

### 4.1 The first week: breath and awareness

- Teach **belly-soft breathing**: in a supported half-recline or side-lying position, invite a **soft inhale through the nose**, letting the belly rise slightly under the hands; then a **longer, unforced exhale**, optionally with a **low hum**. Ten to twelve cycles can precede each rest period. This pattern calms Vāta and lowers the tone of anxious thoughts.
- Encourage **pelvic-floor sensing** rather than strong contractions. A simple cue is “**imagine drawing a tissue upward inside the pelvis as you exhale**,” then **fully relax**. Two or three gentle attempts are sufficient; there should be **no straining**.
- Introduce **ankle pumps, toe spreads, and gentle wrist circles** twice a day to support circulation and reduce limb heaviness.

### 4.2 Weeks two to four: gentle mobility

- **Cat-cow (Marjārī-Bitilāsana)** on all fours with a **neutral range** and **slow breath** reconnects spine, ribs, and pelvis. The movement should be **small and pleasurable**, never forced.
- **Supported bridge**: lying on the back with knees bent and a folded blanket under the pelvis, the mother **rolls the tailbone slightly** as she exhales and lowers back down; this is a **minimal lift**, not an exercise in strength.
- **Side-lying leg glides**: with a pillow between the knees, slide the top knee forward and back a few centimetres to re-educate hip and sacroiliac joints.
- **Shoulder opening at the wall** with the breath, to ease nursing-related tightness.
- **Slow, short walks** are added twice daily inside the home, with shoes or non-slip socks, and pauses as needed.

### 4.3 Weeks four to six: stability and endurance

- Gradually extend **walking time** and add **gentle functional tasks**, like standing at a counter for a few minutes preparing a simple dish, then resting.
- Introduce **supported squats** to the height of a chair, focusing on **exhaling during the effort** and not holding



the breath.

- Add **supine pelvic-floor re-education** with the exhale cue and **abdominal wall tone** through **hands-to-belly** awareness rather than sit-ups.
- If there was a surgical birth or pelvic floor repair, progression is **slower** and guided by the obstetric team.

#### 4.4 Restorative yoga and relaxation

- **Legs-up on a pillow** against the wall for a few minutes supports venous return without stressing the abdomen.
- **Supported child's pose** with pillows under the chest allows the back to **widen and soften**.
- A **guided body scan** ending with attention at the heart (the site of Ojas) prepares the mind for sleep. These practices are best done **mid-afternoon** and **before bed**, not immediately after a large meal.

## 5) Importance of Rest and Psychological Support

Sound **sleep**, **quiet companionship**, and **kind, clear communication** are medicine in this season.

- **Sleep as therapy:** Sleep consolidates **Ojas** and balances **Pitta**. The mother should be helped to obtain **one longer block of night sleep** by arranging the family's roles around the baby's feed-burp-settle cycle. Daytime naps are useful if they do not follow a large meal.
- **Mood and mind:** A tender emotional state is normal in the first week. Tears, surprise at the new role, and a need for extra reassurance may appear. Gentle wording, practical help, **reduction of noise and obligations**, and **simple rituals** (light prayer, gratitude, reading a few lines from a favourite text) provide **Sāttvika tone**.
- **When to seek help:** Persistent sadness, lack of pleasure, intrusive thoughts, inability to sleep even when the baby sleeps, or anxiety that prevents feeding and self-care require **immediate professional support**.
- **Family education:** The household should learn **what to say** ("You are doing enough; rest while I hold the baby.") and **what to avoid** (unsolicited advice, comparisons, body or milk-supply shaming). The family can keep a **quiet diary** of the mother's meals, fluids, mood, and bowel-bladder comfort to notice patterns and call for help early.

## Summary (Rapid Revision)

- A **calm, warm, rhythmic day** is therapeutic in itself; it restrains Vāta, steadies Agni, and protects Ojas.
- **Abhyanga** is the signature external therapy; begin with **short, local sessions** to the back-hips-legs and avoid deep abdominal work. Follow with warmth and rest.
- **Pañcakarma** in the early puerperium is **not eliminative**; strong procedures are deferred. **Mātrā Basti** is a **later, selective** option under supervision for stubborn Vāta conditions.
- **Movement** returns in **layers**: breath and awareness; gentle mobility; then stability and endurance—always without strain, breath-holding, or fatigue.
- **Sleep and psychological support** are primary medicines. The family's role is to **lower stimuli**, provide **practical help**, and watch for **warning signs** that need medical attention.

## Assessment

### A. Multiple-Choice Questions (MCQs)

1. The **primary** therapeutic aim of postnatal abhyanga is to:  
A. Increase perspiration to reduce weight  
B. **Pacify Vāta and reduce fatigue while nourishing tissues**  
C. Stimulate milk by pressing the abdomen  
D. Replace the need for rest and sleep

**Answer: B**



2. In the first fortnight of the puerperium, Pañcakarma should generally be limited to:
- A. Full Virecana
  - B. Nirūha Basti on alternate days
  - C. **External snehana and mild local warm compresses**
  - D. Daily vamana to clear Kapha
- Answer: C**
3. The **safest** early movement emphasis is:
- A. Sit-ups to strengthen the abdomen
  - B. **Breath awareness with gentle cat-cow and short, slow walks**
  - C. Jumping jacks and squats to regain fitness
  - D. Prolonged cross-legged sitting on the floor
- Answer: B**
4. A mother asks for a two-hour hot-bath “detox” on day 3. Your advice is to:
- A. Encourage it to sweat out toxins
  - B. Offer an ice bath instead
  - C. **Decline; suggest a brief lukewarm wipe-bath and rest**
  - D. Approve only if followed by a cold shower
- Answer: C**
5. Which statement on **sleep** is most consistent with Ayurveda?
- A. Sleep is optional if diet is perfect
  - B. **Sleep with suitable diet and regulated conduct is a pillar of recovery**
  - C. Daytime sleep for hours after heavy meals is ideal
  - D. Avoid sleep in the first week to maintain vigilance
- Answer: B**
6. Early perineal care that aligns with Sūtikā Paricharyā is:
- A. Aggressive rubbing with strong liniments
  - B. **A short warm sitz once daily when bleeding is modest and there is no infection**
  - C. Continuous heat packs all day
  - D. Ice baths to accelerate involution
- Answer: B**
7. The earliest appropriate use of **Mātrā Basti** is:
- A. Day 1 routinely
  - B. In any fever with pain
  - C. **After lochia has lightened, mother is afebrile and steady, and Vāta-dominant constipation or colic persists—under supervision**
  - D. As a substitute for diet and fluids
- Answer: C**
8. A family wants to bring many visitors each evening. Your guidance is to:
- A. Welcome all visitors to cheer the mother
  - B. **Limit visitors; keep conversations brief and the room quiet to protect Ojas**
  - C. Postpone sleep to entertain
  - D. Increase lighting and background music
- Answer: B**
9. During abhyanga, pressure on the abdomen should be:
- A. Deep and kneading to “tone the uterus”
  - B. **Avoided; only light, outward-downward strokes if comfortable**
  - C. Applied strongly to reduce gas
  - D. Alternated with percussive tapping
- Answer: B**
10. A practical cue for pelvic-floor care in week one is to:
- A. Hold breath while clenching forcefully
  - B. **Imagine lifting a tissue gently on the exhale, then fully relax**
  - C. Do 100 rapid squeezes
  - D. Avoid any awareness until six weeks
- Answer: B**



## B. Case Vignette (Applied)

### Case — “A Quiet Day That Heals”

On day 5 after a normal vaginal birth, a 28-year-old mother reports back ache, broken sleep, and a sense of being “wired.” She eats warm simple meals but feels overwhelmed by evening visitors. The family requests strong abdominal massage to “set the belly.” There is no fever; lochia is moderate and decreasing; the baby latches but night feeds are frequent.

#### Tasks for the student:

1. Write a **one-day plan** that re-structures the room environment, hydration, meals, and visitors so the day feels quiet and rhythmic.
2. Prescribe a **short abhyanga routine** (areas, oil choice, precautions) and a **perineal comfort measure** appropriate for her status.
3. Outline a **movement and relaxation set** for this day (breath practice, two gentle postures, and a short walk pattern) and explain **why** each element helps Vāta.
4. Provide **clear phrases** the family can use that support the mother emotionally, and state **two warning signs** that would prompt medical review this week.

#### End of Unit 3 — Lifestyle and Therapeutic Regimen in Sūtikā Paricharyā