

Unit 4: Management of Postnatal Complications

Unit 4 — Management of Postnatal Complications (*Sūtikā Vyāpāda*)

Overview

This unit equips you to recognise and manage **postnatal disorders** described under *Sūtikā Vyāpāda* (complications of the puerperium) with a clear, clinic-ready approach. You will study: (1) the concept and major types of *Sūtikā Vyāpāda*; (2) integrated care for **postpartum haemorrhage (PPH)**, **infections** (uterine, urinary, breast), and **delayed uterine involution**; (3) targeted support in **lactation failure** and **mastitis** while keeping breastfeeding safe; (4) **Rasāyana** and classical formulations that rebuild tissues; and (5) **preventive measures** that reduce risk in routine practice. Where emergencies exist, modern obstetric protocols are **primary**; Ayurvedic measures are **adjuncts** added when the mother is stable.

1) Concept of *Sūtikā Vyāpāda* and its Types

Definition. *Sūtikā Vyāpāda* are **deviations from physiological puerperium** arising because **Apāna Vāta** remains uncontained after birth, **Agni** is fragile, **Rasa-Rakta** are depleted, and pelvic **srotas** (channels) are open and vulnerable. If diet, rest, hygiene, and mind-care are inadequate—or if labour was prolonged or operative—these vulnerabilities express as complications.

Practical typology for the labour room and postnatal ward

1. **Bleeding disorders:** persistent or renewed bleeding, delayed placental bed closure, atony after initial stability, or heavy lochia beyond expected course.
2. **Infective states:** puerperal endometritis, urinary tract infection, infected perineal/operative wounds, and breast infections.
3. **Involution disorders:** uterine subinvolution with boggy fundus, prolonged lochia, pelvic heaviness, and backache.
4. **Lactation disorders:** *Stanya-kṣaya* (insufficient milk) and *stanya-pāka* (inflammatory changes leading to mastitis/abscess).
5. **Systemic depletion:** anaemia, profound fatigue, constipation, sleep–mood disturbances—often overlapping the above.

Doṣa logic.

- **Vāta (Apāna) excess** underlies pain, constipation, subinvolution, and anxiety.
- **Pitta aggravation** drives hot, irritable states—bleeding, fever, and mastitis.
- **Kapha stagnation** explains heaviness, oedema, thick secretions, and sluggish healing.

2) Postpartum Haemorrhage, Subacute Oozing, and Delayed Involution

2.1 Immediate or brisk bleeding (PPH)

First principle: Stabilise by modern protocol without delay (uterine massage by trained staff, uterotonics, IV fluids/blood products, surgical measures when needed). Ayurvedic medicines begin **only after** haemodynamic stability is achieved.

Once stable, supportive Ayurvedic measures (short courses):

- **Aśokāriṣṭa** (bark of *Saraca asoca*)
 - **Dose & schedule:** give **twenty millilitres** diluted with equal warm water **twice daily after meals**.
 - **Duration:** continue for **two to four weeks**, then reassess.

- **Actions:** tone of uterine tissues, aids haemostasis, supports involution.
- **Cautions:** if the tongue is heavily coated with loss of appetite, first correct digestion for two to three days with very simple diet and warm water before initiating.
- **Puṣyānuga Cūrṇa** (polyherbal astringent blend; typically contains lodhra, bilva, mustā, etc.)
 - **Dose & schedule:** administer **three grams** (approximately half a teaspoon, levelled) **twice daily before meals**, mixed in **rice-wash water (tandulodaka)** or plain warm water.
 - **Duration:** **ten to fourteen days.**
 - **Actions:** astringent; reduces subacute oozing.
 - **Cautions:** if the mother reports crampy pain or excessive dryness, reduce to once daily or pause and intensify Vāta-calming diet and external oiling before resuming.
- **Uśīrāsava** (vetiver-based) for heat-dominant bleeding patterns
 - **Dose & schedule:** **fifteen millilitres** with equal water **twice daily after meals.**
 - **Duration:** **seven to ten days.**
 - **Actions:** cooling, haemostatic complement when Pitta signs are obvious (burning, irritability, thirst).
 - **Cautions:** if heaviness or indigestion appears, stop and return to cumin water and light soups for a day.

Care instructions that matter: Keep the mother **warm and quietly resting**; encourage small, warm sips of water frequently rather than large volumes at once. Ask her to **empty the bladder regularly**—a full bladder interferes with uterine tone. Make sure bowels move **gently every day**; straining worsens pelvic congestion.

2.2 Delayed involution (boggy fundus, dragging pelvic feel, prolonged lochia)

Assessment pointers: rule out retained fragments (modern imaging/exam); check anaemia and infection markers. Once serious causes are excluded or treated, add these:

- **Aśokāriṣṭa** as above for tone.
- **Daśamūlāriṣṭa** (only after the bleeding has become light and digestion is steady)
 - **Dose & schedule:** **fifteen millilitres** with equal warm water **twice daily after meals.**
 - **Duration:** **two to four weeks.**
 - **Actions:** calms Vāta in the pelvis and supports tissue tightening and pain relief.
 - **Cautions:** do not start while bleeding is heavy or if the tongue is coated; begin with small meals and warm sips for two days, then introduce.

External measures: gentle **abhyanga** limited to back, hips, and thighs on alternate days, followed by a **short lukewarm sponge**; avoid deep abdominal massage. Encourage **slow walking** inside the home twice daily rather than long bed-rest, because comfortable movement improves circulation and tone.

3) Infections: Uterine, Urinary, Wound, and Breast

3.1 Uterine infection (puerperal endometritis)

Red flags: fever with pelvic pain, foul-smelling lochia, uterine tenderness, rising pulse.

First steps: this is a **medical emergency**—initiate **modern antibiotics**, fluids, and monitoring. After the initial response and when the mother is stable:

- **Gudūcyādi Kaṣāya** (if prescribed by your formulary) or **Amṛtā (Gudūcī) ghana** as an immuno-modulator
 - **Typical use:** decoction form as per institutional standard, or **extract tablet** according to label strength.
 - **Rationale:** supports fever regulation and digestion while the primary therapy is antibiotics.
- **Pathya:** return to **thin gruels and clear moong broth** for a day or two; use **coriander-fennel infusion** at room temperature if heat is prominent; maintain **adequate rest** and **light clothing** in a comfortably warm room.

Do not use internal astringents aggressively while infection is active; treat the infection first, then address any residual oozing.

3.2 Urinary tract infection (common after catheterisation or dehydration)

Symptoms: burning, frequency, lower abdominal heaviness, foul urine odour; sometimes low-grade fever.

Approach: send urine for testing and **begin antibiotics** when indicated. As supportive measures:

- **Chandānāsava**
 - **Dose & schedule:** fifteen millilitres with equal water **twice daily after meals**.
 - **Duration:** seven to ten days.
 - **Actions:** soothing to urinary tract (Pitta-pacifying).
- Continue **warm water** as the main liquid; if there is heat, use **coriander-fennel** infusion at room temperature. Avoid very sour, spicy foods during recovery.

3.3 Wound infection (perineal repair or operative incision)

Warning signs: increased pain, redness, swelling, discharge, or separation of sutures; fever.

Management: sterile wound assessment, **antibiotics** when indicated, dressing by protocol. Ayurvedic support is systemic—**restore Agni** with simple warm meals; ensure **daily soft stool** (Sukumāra Ghṛta at bedtime for a few nights if constipated and afebrile). Avoid local applications of strong, aromatic oils on wounds unless the treating surgeon approves.

3.4 Breast infections: engorgement → mastitis → abscess risk

Differentiation:

- **Engorgement:** breasts full, tense, tender; **no fever**.
- **Mastitis:** focal hot, red, painful area; **fever and malaise** often present.
- **Abscess:** fluctuance, severe pain, systemic upset.

Universal rule: do not stop breastfeeding unless a surgeon advises temporarily suspending from the affected side after an incision; continued drainage is key.

For engorgement (no fever):

- Before each feed, apply a **warm compress** for a few minutes to the breast, then help the baby to **latch deeply**; after the feed, apply a **cool cloth** for a few minutes.
- Encourage the mother to **rest the shoulders and jaw**; tight muscles reflexly reduce flow.
- Keep fluids **warm** and adequate, especially **cumin water**.

For mastitis (fever and focal redness):

- **Start antibiotics immediately** as per local protocol.
- Continue the warm-feed-cool cycle; give **paracetamol** as prescribed for fever and pain (this is compatible with breastfeeding).
- Ayurvedic support after the first antibiotic doses and when vomiting is absent:
 - **Amṛtā (Gudūcī) extract** as per label or **decoction** as prescribed.
 - **Pathya:** simple warm meals; avoid very oily or very sour foods during the febrile phase.
- If an **abscess** is suspected, arrange **surgical drainage** without delay; continue to empty the breast by feeding from the other side and, if advised, by pumping.

4) Lactation Failure (*Stanya-kṣaya*) — Evaluation and Support

First correct technique and routine. Ensure **frequent attachment**, effective **deep latch**, and **night feeds**; check the mother's **rest pattern** and **fluid intake**. Address pain, crowding, and anxiety—these **directly reduce let-down**.

When digestion is steady and heat signs are absent, consider these supports:



- **Śatāvārī Kalpa** (*Asparagus racemosus*)
 - **Dose & schedule:** **one to two teaspoons twice daily after meals**, mixed in warm milk or warm water according to the mother's digestion.
 - **Duration:** **four weeks**, then taper according to response.
 - **Cautions:** avoid if the mother feels heavy, phlegmy, or has a coated tongue; in such cases, first lighten the diet. Observe the infant for colic or rash; if either appears, pause and review.
- **Jeerakāriṣṭa**
 - **Dose & schedule:** **twenty millilitres** with equal warm water **twice daily after meals**.
 - **Duration:** **four to six weeks**.
 - **Actions:** rekindles Agni gently and supports milk flow.
- **Ajāśrika measures:** a **predictable daily rhythm, warm liquids** in small sips through the day, and **midday main meal**. Mothers who keep a calm routine often experience better supply than those urged to overeat.

5) Rasāyana and Rebuilding Maternal Health

When bleeding is controlled, infection has resolved, and digestion is steady, introduce **replenishing measures** to correct anaemia, improve mood-sleep, and rebuild strength.

- **Dhātrī Lauha** (amla-based iron preparation)
 - **Dose & schedule:** **two hundred and fifty milligrams twice daily after meals**.
 - **Duration:** **eight to twelve weeks**, with haemoglobin checks as per policy.
 - **Cautions:** watch for constipation or gastritis; if they occur, add **cooked fibre** in meals and a short bedtime course of **Sukumāra Ghṛta** unless stools are loose.
- **Punarnavā Maṇḍūra** (if oedema and anaemia coexist and digestion tolerates)
 - **Dose & schedule:** **two hundred and fifty to five hundred milligrams twice daily after meals**.
 - **Duration:** **six to eight weeks**, review oedema trend.
- **Mental steadiness:** when appetite is stable, a **teaspoon of ghee** mixed into lunch can quietly support **Ojas**. If mood is persistently low, seek professional evaluation; medicines are adjuncts.

6) Preventive Strategies to Avoid Postnatal Disorders

1. **Warm, quiet environment and gentle routine.** Reduce sensory load; make nights predictable.
2. **Diet that matches Agni.** Start with **thin gruels and soups**, advance to **simple warm meals** only when the tongue is clean and appetite is true. Avoid heavy feasts and very sour or very spicy dishes in the early weeks.
3. **Hydration pattern.** Encourage **frequent small sips** of warm water or mild infusions rather than large mugs at once; this supports **Rasa** for milk without distending the abdomen.
4. **Bladder and bowel care.** Support an **unhurried first void** and **daily soft stool** (cooked gourds, moong broth; **Sukumāra Ghṛta** briefly if needed and afebrile). Avoid straining.
5. **External oiling.** Short **abhyanga** to back, hips, and legs on alternate days settles **Vāta** and reduces pain; follow with a **brief lukewarm sponge** to avoid chill.
6. **Breast care.** Teach **deep latch**, frequent feeds, and the **warm-feed-cool** cycle for fullness. Address shoulder-neck tension with gentle stretches so let-down is not inhibited.
7. **Early warning education.** Families should know the plain-language signs that require medical review: fresh heavy bleeding, fever with uterine tenderness or foul discharge, severe headache or visual change, chest pain or breathlessness, painful red breast with fever, burning urination with fever, or persistent inability to sleep even when the baby sleeps.



Summary (Rapid Revision)

- *Sūtikā Vyāpāda* arises from **Vāta overflow, fragile Agni, and open pelvic channels**. The main clinical clusters are **bleeding, infection, involution delay, and lactation disorders**.
- **Emergencies** like PPH and puerperal sepsis are managed **first** by modern protocols; Ayurvedic medicines are **added after stabilisation** to aid tone, digestion, and recovery.
- For **subacute bleeding** and **subinvolution**, use **Aśokāriṣṭa, Puṣyānuga Cūrṇa**, and, once safe, **Daśamūlāriṣṭa**; ease constipation with **Sukumāra Ghṛta**.
- **UTI and mastitis** need **antibiotics** when indicated; Ayurveda provides **soothing urinary supports, Agni care**, and the **warm-feed-cool** breast routine while **continuing breastfeeding**.
- For **lactation failure**, correct **technique and routine** first, then use **Śatāvārī Kalpa** and **Jeerakāriṣṭa** when digestion is steady.
- **Rasāyana** (e.g., **Dhātrī Lauha, Punarnavā Maṇḍūra**) rebuilds the mother once acute issues settle. Prevention relies on a **calm environment, warm simple food, gentle movement, and family education**.

Assessment

A. Multiple-Choice Questions (MCQs)

1. In postpartum haemorrhage, the correct sequence is to:
A. Start Aśokāriṣṭa immediately and wait to see
B. **Stabilise with modern uterotonic and fluid protocol, then add Aśokāriṣṭa once stable**
C. Give Puṣyānuga Cūrṇa only
D. Apply deep abdominal massage first
Answer: B
2. A mother with boggy fundus, dragging pelvic sensation, and light but persistent lochia benefits most from adding (after ruling out retained fragments):
A. Raw salads and vigorous exercise
B. **Aśokāriṣṭa with gentle abhyanga; consider Daśamūlāriṣṭa only after bleeding is light**
C. Cold compresses to the abdomen all day
D. Fasting to tighten tissues
Answer: B
3. In mastitis with fever, the **most important** action is to:
A. Stop breastfeeding on both sides
B. **Begin antibiotics promptly and continue draining the breast, using warm-feed-cool care**
C. Bind the breast tightly
D. Take only cold drinks
Answer: B
4. The safest early galactagogue pair **after** technique and routine are optimised is:
A. Trikaṭu high dose and sour buttermilk at night
B. **Śatāvārī Kalpa after meals plus Jeerakāriṣṭa, if digestion is steady**
C. Castor oil with milk
D. Very heavy fried meals
Answer: B
5. For urinary burning with low-grade fever in a stable mother, a good supportive choice is:
A. **Chandānāsava after meals with equal water**
B. Rājapravartinī Vaṭī
C. Strong vinegar drinks
D. Ice water alone
Answer: A
6. A sign that **Daśamūlāriṣṭa** should be delayed is:
A. Mild back ache with normal appetite
B. **Heavy ongoing bleeding or a coated tongue with poor appetite**



- C. Desire for warm sips
- D. Clean tongue and good sleep

Answer: B

7. The prime doṣa behind delayed involution and constipation is:

- A. Pitta alone
- B. Vāta predominance in the pelvis**
- C. Kapha alone
- D. Udāna predominance

Answer: B

8. Family education that best prevents complications is to:

- A. Host many visitors to improve mood
- B. Offer large cold drinks to “cool heat”
- C. Maintain a warm, quiet room; give small, warm meals; encourage gentle walks and daily soft stool**
- D. Avoid sleep in the day at any cost

Answer: C

9. For subacute oozing with heat signs, a short course added **after** stabilisation is:

- A. Triphalā high dose nightly
- B. Uśīrāsava twice daily after meals**
- C. Copious sour pickles
- D. Strong coffee

Answer: B

10. The default beverage for recovery and lactation support is:

- A. Sugary soda
- B. Warm cumin water in frequent small sips**
- C. Ice-cold milkshakes
- D. Very hot chilli tea

Answer: B

B. Case Vignette (Applied)

Case — “Slow Recovery with Oozing”

On day 6 postpartum after a prolonged labour, a 24-year-old mother reports tiredness, a sense of pelvic heaviness, and light but persistent lochia. She has no fever. The fundus feels slightly boggy but non-tender; the bladder is comfortable. Her tongue is clean and she eats small, warm meals well. The baby latches, but feeds are short because she tires easily.

Tasks for the student:

1. Outline your **assessment priorities** to exclude worrisome causes before starting supportive measures.
2. Draft a **seven-day plan** combining tone support and Vāta care. Include exact **formulations with dose, vehicle, and timing**, a **dietary pattern, external therapy**, and **daily activity** that a junior nurse can implement.
3. Add **two clear stop-points** that will trigger medical review during the week, and explain **why** these stop-points are chosen.

End of Unit 4 — Management of Postnatal Complications