



## Unit 4: Postnatal Care (Sutika Paricharya)

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#### Overview

**Sūtikā Paricharyā** is the structured Ayurvedic care of the mother from the birth of the child until her physiology regains pre-pregnancy balance. Classical practice broadly spans **six weeks (≈ 42-45 days)**, with adjustments based on strength, season, delivery type, and any complications. The aims are to: (1) **restore Apāna Vāta** to a calm, downward rhythm; (2) rekindle **Agni** and clear **Āma** so nutrients reach all **Srotas**; (3) rebuild **Rasa-Rakta** and protect **Ojas**; (4) support **Stanya** (breast milk) and maternal-infant bonding; and (5) prevent or address common postpartum issues, while respecting modern safety.

#### 1) Definition and Importance of Sūtikā Paricharyā

**Definition:** Sūtikā Paricharyā is the **diet-regimen-therapy** program for the mother after childbirth, designed to stabilise **Doṣa**, restore **Agni**, and rebuild tissues in a sequence that suits the depleted and Vāta-provoked postnatal state.

##### Why it matters:

- **Vāta surge:** Birth opens body spaces, dries tissues, and destabilises **Apāna Vāta**, predisposing to cramps, constipation, back pain, insomnia, anxiety, and pelvic floor laxity.
- **Agni fragility:** Labour, blood loss, and irregular intake weaken digestion; **Āma** easily forms unless food is **warm, light, and timely**.
- **Rasa-Rakta rebuilding:** Milk production depends on clear **Rasa** and steady **Ambu** (hydration/nutritive flow); anaemia risk is high without attention to digestible nourishment.
- **Ojas and mind:** Calm evenings, sleep protection, and kind social surround preserve **Ojas** and support emotional steadiness.

**Scope:** Begins **immediately after delivery**, continues **day-wise** through the first week, then **week-wise** to six weeks; extends longer after operative births or complications, with medical supervision.

#### 2) Dietary Regimen & Lifestyle After Delivery

##### 2.1 First-week diet (Day 0-7): kindle Agni, settle Vāta

**Principles:** warm, light, freshly cooked; small frequent meals; simple combinations; steady **warm-water sips**.

- **Day 0-1:** thin rice gruels/clear vegetable broths; a touch of ghee if tongue is clean; very mild spices (e.g., dry ginger/cumin in cooking) to awaken **Agni** without heat.
- **Day 2-3:** soft rice or millet, **moong** dal soups, well-cooked vegetables; continue warm sips; avoid raw/cold/fermented and heavy fried foods.
- **Day 4-7:** increase to balanced plates (soft grain + moong/soft pulses + 1-2 cooked vegetables + a little ghee). Introduce **cooked greens** daily; keep dinners **early and light**.

**Hydration:** warm water or light carminative infusions as advised; **no iced drinks**. If thirst is high, check for excess heat or blood loss; escalate appropriately.

##### 2.2 Weeks 2-6: rebuild Rasa-Rakta, protect Ojas

- **Meals:** continue **three regular warm meals**; lunch remains main; dinner early and light.
- **Proteins:** moong, soft paneer/curd **in day** if suited (avoid at night); gently cooked lentils that digest well.



- **Unctuousness:** modest **ghee** in meals if stools are regular and tongue clear.
- **Micronutrients:** cooked leafy greens, stewed raisins/dates (small portions if sugars are acceptable), sesame or nut-seed pastes **in small amounts** for evening nourishment.
- **Avoid:** leftovers, complex multi-course feasts, vinegar-heavy pickles, very spicy/sour foods, alcohol/smoking.

### 2.3 Lifestyle pillars (daily)

- **Rest-activity rhythm:** short frequent rests; avoid long standing/sitting; gentle **10-20-minute walks** indoors or shaded outdoors.
- **Warmth & shielding:** keep trunk and feet warm; avoid drafts.
- **Bowel care: soft daily stools**—warm water on rising; cooked fibre; food-based unctuousness; no suppression of urges.
- **Urination:** void regularly; watch for burning, urgency, or retention.
- **Sleep:** lights-out early; **digital sunset** (devices off  $\geq 60$  minutes before bed); daytime naps permissible but **not immediately after heavy meals**.
- **Sexual activity:** generally deferred until bleeding (lochia) ceases, perineum heals, and the mother feels ready; align with medical guidance.

### 2.4 External supports

- **Abhyanga (oil application):** gentle, warm oiling to lower back/hips/abdomen and limbs on alternate days **once bleeding decreases and strength allows**; followed by warm bath; avoid slippery floors and over-heating.
- **Mild svedana (warm fomentation):** warm compress to back/shoulders if comforting; **avoid hot baths/saunas** that drain strength.
- **Kati-prabandha (lumbopelvic wrap):** soft, breathable cloth/belt for **gentle support**—not tight binding; remove during sleep; avoid if cesarean wound is tender or on medical advice.

## 3) Role of Pañcakarma & Herbal Formulations in Postnatal Recovery

### 3.1 Pañcakarma — gentle, selective, and never routine in early puerperium

- **What helps:**
  - **Snehana** (external oiling) and **mild svedana** for Vāta settling and ache relief.
  - **Mātrā Basti** (small unctuous enema) may be considered **later** (typically after the first 10–14 days, case-by-case) for stubborn Vāta-related constipation or back pain—**only under physician supervision** and with strict hygiene.
- **What to avoid:** strong purgation/emesis or aggressive procedures in early weeks; any intervention during fever, heavy bleeding, or weakness.

### 3.2 Herbal formulations — principles first

- **Sequence: Nidāna Parivarjana** (remove diet/lifestyle errors) → **simple food-based measures** → **consider formulations only if Agni is steady, tongue is clear, and bowels are regular.**
- **Illustrative options (individualise, supervise):**
  - **Jeeraka-centric supports** (cumin-based digestives in food) for Agni and gas relief.
  - **Śatāvarī** contexts (Rasa-Stanya support) when digestion tolerates and heat is not high.
  - **Jīvaniya tendencies** (gentle tissue nourishers) in food form rather than pills early on.
  - **Dashamūla-based** warm decoction **post-first week** if aches/edema persist and digestion is stable.
- **Cautions:** avoid new or potent herbs while **lochia is heavy** or digestion is unsettled; watch **stool form, sleep latency, post-meal feel**, and infant comfort if breastfeeding; discontinue and review with any adverse cues.



## 4) Management of Common Postnatal Complications (Ayurvedic Lens with Safety)

Always integrate modern obstetric/paediatric thresholds; urgent signs demand referral. The measures below are for **stable mothers** as adjuncts.

### 4.1 Excess bleeding (beyond expected lochia)

- **Red flags:** soaking pads hourly, dizziness, pallor, racing pulse → **emergency escalation**.
- **Supportive stance once stable:** cool the environment, rest, warm yet light foods (no hot spices), steady hydration; avoid heavy exertion and hot baths.

### 4.2 Constipation, gas, abdominal spasm (Vāta-dominated)

- **Ayurvedic read:** **Apāna Vāta** aggravated; **Agni** fragile.
- **Care:** warm water on rising; soft, unctuous meals (khichri/soups); gentle abdominal oiling clockwise; short walks. Consider physician-guided **Mātrā Basti** if persistent.

### 4.3 Back/neck/shoulder pain from strain (Vāta + posture)

- **Care:** external oiling; warm compress; ergonomic feeding positions (pillows; back support); frequent position changes; avoid lifting heavy loads.

### 4.4 Perineal discomfort/tears

- **Care:** keep area clean/dry; warm sitz as advised; avoid constipation; side-lying rest; **no internal measures** without medical direction.

### 4.5 Breast issues

- **Engorgement:** frequent feeding with good latch; warm compress **before** feeds, cool compress **after** if comfort improves; gentle breast massage toward the areola; avoid tight bras.
- **Blocked duct/mastitis (early signs: tender lump, warmth, flu-like feeling):** continue feeding/draining; warm compress; rest, fluids; **seek medical care** if fever or worsening pain.
- **Perceived low milk:** see §5 for latch/feeding cues; fix sleep/meal timing; increase warm fluids; consider gentle **Śatāvārī** contexts **only** after Agni is steady and under supervision.

### 4.6 Mood changes

- **Baby blues:** tearfulness, lability in first week → support with sleep protection, warm meals, kind company, short daily sunlight, breath-mind routine.
- **Red flags for depression/anxiety:** persistent sadness, anhedonia, intrusive thoughts, inability to sleep even when baby sleeps → **prompt referral**; Ayurvedic routine remains supportive, not sole therapy.

### 4.7 Urinary issues

- **Burning/urgency/retention:** hydrate with warm water; avoid irritants (very spicy/sour); monitor temperature; **refer** if fever, flank pain, or persistent symptoms.

## 5) Breastfeeding, Lactation Care & Infant Nourishment

### 5.1 Early steps that set up success

- **Initiate feeding early** when possible; skin-to-skin contact improves uterine tone and stimulates **Stanya**.



- **On-demand feeding** with attention to **deep latch** (wide gape, more areola in mouth, chin touching breast).
- **Comfortable positions:** cradle, cross-cradle, football, or side-lying; back and arm support reduce strain.

## 5.2 Signs that feeding is going well

- Audible swallowing after let-down; baby releases contentedly; breasts feel softer after feeds.
- Urination appropriate for age (multiple wet nappies daily), steady weight gain per paediatric norms, baby alert between sleeps.

## 5.3 Maternal routines that protect Stanya

- **Meals & fluids:** three warm meals; warm sips through the day; avoid extreme spices and cold/fizzy drinks.
- **Sleep:** protect an early nighttime block with partner/family help; brief naps in day.
- **Mind:** gentle **Nāḍī-śodhana (no retentions)** + **Bhrāmari** 8-10 minutes total daily; soft music/reading.
- **Avoid:** smoking, alcohol, and new herbal tonics without supervision (watch infant for colic or rash with any maternal dietary change).

## 5.4 Infant nourishment (Ayurvedic + modern harmony)

- **Exclusive breastfeeding** through the early months is the default when feasible; introduce complementary foods later as per paediatric advice.
- Gentle oiling (external) for the infant as culturally practiced, using **edible-grade oils**, followed by a warm wipe; **avoid chilling**.

## 6) Pathya-Apathya (Quick Reference Table)

Domain	Pathya (wholesome)	Apathya (to avoid/limit)
Meals	Warm, freshly cooked, simple; early light dinner; cooked greens daily	Raw/cold/reheated; very spicy/sour; vinegar-heavy pickles; late feasts
Fluids	Warm sips; light broths/gruels	Iced drinks; carbonated/caffeinated excess; alcohol
Rest/Activity	Short rests; gentle walks; pelvic floor awareness when advised	Heavy lifting; prolonged standing; exhausting workouts
Therapies	Gentle oiling; warm compress; soft lumbopelvic wrap	Hot sauna/baths; tight binding; unsupervised enemas
Mind	Digital sunset; breath-mind routine; kind company	Night-time screen marathons; conflict; isolation
Breastfeeding	Early initiation; demand feeding; deep latch	Long gaps; tight bras; rigid timing that ignores baby's cues

## 7) Integrating Modern Care (Non-negotiables)

- Keep routine **postnatal visits**; monitor **bleeding, temperature, blood pressure**, perineal/wound healing, mood, and infant weight/jaundice.
- Continue **iron/folate** and other supplements as advised; use warm meals to improve tolerance.
- **Escalate urgently** with heavy bleeding, fever, foul lochia, severe headache/visual changes, breathlessness, chest pain, calf pain/swelling, or markedly reduced infant feeding/urine.

## Summary (Rapid Revision)

- Postnatal physiology is **Vāta-provoked and Agni-fragile**; begin with **warm, simple foods, steady warm sips, bowel care, rest-activity rhythm**, and **calm evenings**.



- Use **gentle external therapies** (abhyanga, warm compress) and **soft lumbopelvic support**; reserve **Pañcakarma** for selective indications, never aggressively or early.
- Address common issues with simple, conservative measures while respecting **red-flag thresholds**.
- Breastfeeding success rides on **early initiation, deep latch, demand feeding, maternal sleep, and warm nutrition**—not on tonics alone.
- The mother’s **Ojas** and **Sattva** are central—protect them daily through warmth, rhythm, kindness, and uncomplicated food.

## Assessment

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

1. The **first dietary priority** in the immediate postnatal period is to:  
A. Start heavy, oily meals to “restore strength”  
B. Rekindle Agni with warm, light, simply cooked foods and small frequent portions  
C. Take iced drinks for thirst  
D. Begin strong purgation  
**Answer: B**
2. The **dominant doṣa** disturbance after delivery is typically:  
A. Kapha  
B. Pitta  
C. Vāta  
D. Sannipāta by default  
**Answer: C**
3. A safe, early **external therapy** for back ache is:  
A. Hot sauna sessions  
B. Gentle warm oiling and warm compress to the lumbar region  
C. Cold packs to the abdomen  
D. Tight abdominal binding immediately  
**Answer: B**
4. **Mātrā Basti** in the puerperium is best considered:  
A. Routinely on day 1  
B. Never  
C. Later, selectively for Vāta-related constipation/back pain under supervision  
D. Only if bleeding is heavy  
**Answer: C**
5. For **breast engorgement**, the most appropriate sequence is:  
A. Cold compress before, hot after feeding  
B. Warm before feeding to assist let-down; feed/drain frequently; cool after if soothing  
C. Skip feeds to “rest” the breast  
D. Tight bra to compress  
**Answer: B**
6. A **red flag** demanding urgent escalation is:  
A. Mild night sweats  
B. Soaking pads hourly with dizziness  
C. Tearfulness on day 3–4 with normal vitals  
D. Sleepiness after feeds  
**Answer: B**
7. The **best single marker** that Rasa–Rakta rebuilding is on track is:  
A. Craving for iced drinks  
B. Post-meal lightness with steady energy and daily soft stools  
C. Desire to skip breakfast  
D. Persistent coated tongue



**Answer: B**

8. A **Stanya-supportive** maternal routine emphasizes:
- Late dinners, cold smoothies, long gaps between feeds
  - Warm meals, steady warm sips, deep latch, demand feeding, protected sleep
  - Alcohol at night to “relax”
  - Dry fasting in the day

**Answer: B**

9. **Apathya** for the first two weeks includes:
- Warm broths
  - Gentle walks
  - Leftover/refrigerated foods and very spicy/sour meals
  - Digital sunset

**Answer: C**

10. The **primary purpose** of a soft lumbopelvic wrap is to:
- Restore figure quickly
  - Provide gentle support to the trunk and reduce Vāta without tight binding
  - Replace core exercises entirely
  - Compress the abdomen tightly to stop lochia

**Answer: B**

## B. Case Vignettes (Applied)

### Case 1 — Persistent Constipation and Back Ache (Day 5)

A 27-year-old primipara has hard stools every other day, gas, and lumbar ache. She eats late dinners and drinks cold water. Lochia is moderate; vitals are stable.

#### Tasks:

- Map the doṣa-Agni pattern.
- Write a **3-day plan** (meals, warm sips, abdominal oiling, short walks, stool-softening through food).
- Specify when you would consider **Mātrā Basti** and what prerequisite you need to confirm.

### Case 2 — Engorgement with Sleep Deprivation (Day 3)

A mother reports swollen, painful breasts and a crying baby who latches shallowly. She slept 3 hours in the last 24 hours; meals were irregular.

#### Tasks:

- Identify two immediate latch/position corrections.
- Outline a **24-hour routine** (warm before feeds, feed on demand, cool after if soothing, back support, partner help for sleep blocks, warm meals).
- Mention one **red flag** for mastitis that needs medical review.

### Case 3 — Heaviness After Meals and Oedema (Week 2)

A postpartum mother has ankle swelling by evening and heaviness after spicy late dinners; thirst is low. Baby feeds well.

#### Tasks:

- Map the disturbance to Ambu/Kapha.
- Prescribe a **7-day correction** (early light dinners, reduce pungent-sour, warm sips, cooked greens, short post-meal strolls, leg elevation).
- State one sign that would prompt referral despite the plan.



**End of Unit 4 — Postnatal Care (Sūtikā Paricharyā)**

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