



Unit 5: Postnatal Complications and Their Management

Unit 5 — Postnatal Complications and Their Management (Sūtikā Vyāpada)

Overview

The postnatal period (puerperium) is classically managed under **Sūtikā Paricharyā**. In this window, **Apāna Vāta** surges (dryness, emptiness, instability), **Agni** is fragile, **Rasa-Rakta** need rebuilding, **Srotas** must remain patent, and **Ojas** must be protected. When these axes falter, **Sūtikā Vyāpada**—postnatal complications—arise: hemorrhage, infections, delayed uterine involution, lactation disorders, constipation/haemorrhoids, back-pelvic pain, urinary issues, mood disturbances, and fatigue. This chapter gives you a **clinic-ready, prescribing-level** framework: triage and red flags, specific **classical Ayurvedic prescriptions** (dose, anupāna, timing, duration, cautions), dietary-lifestyle regimens, **Rasāyana** and **Pañcakarma** timing, and **integration with modern care** for high-risk cases.

1) Sūtikā Vyāpada — Concept, Scope, and Triage

Definition. *Sūtikā Vyāpada* are adverse states occurring **after delivery** until the mother regains physiological balance: day-1 to ≈6 weeks (longer if operative birth/complications). Dominant drivers are **Vāta aggravation** (emptiness, spasm, insomnia), **Manda-Agni** with **Āma** (heaviness, oedema), and **Rasavaha/Raktavaha Srotas** dysfunction (ooze, infection, delayed involution).

Common categories

- **Bleeding & uterine issues:** excessive lochia/hemorrhage, subinvolution (delayed uterine involution), after-pains.
- **Infections:** puerperal fever, endometritis, wound/episiotomy infection, UTI; lactational mastitis/abscess.
- **Lactation disorders:** delayed let-down, engorgement, blocked ducts, perceived low milk.
- **Bowels/urine/pelvis:** constipation, haemorrhoids, urinary retention or dysuria, back/hip/pelvic-floor pain.
- **Neuro-mind:** anxiety, “baby blues,” postpartum depression red flags.
- **General:** fatigue, oedema, poor sleep, appetite loss.

Immediate triage (red flags → emergency referral)

- Heavy fresh bleeding (soaking pads hourly), syncope, pallor, racing pulse.
 - Fever $\geq 38^{\circ}\text{C}$ with pelvic pain/foul lochia.
 - Severe headache/visual changes, breathlessness, chest pain, unilateral leg swelling/pain.
 - Breast redness with high fever/rigors, rapidly worsening pain.
 - Inability to pass urine, severe abdominal pain, non-resolving wound pain or discharge.
- Ayurvedic measures **support** convalescence but **never replace** urgent obstetric/medical care.

2) Hemorrhage and Delayed Uterine Involution

2.1 Postnatal hemorrhage spectrum (after immediate stabilization)

- **Acute PPH** is a **medical emergency**—uterotonics, fluids, surgery per protocol. Ayurveda’s role starts **after control** to support tone and recovery.

2.2 Subacute persistent oozing / heavy lochia (no instability)

Ayurvedic reading: **Pitta-Rakta irritability** with **Rasavaha** laxity; **Apāna Vāta** unanchored.

Prescription (supervised; begin only when vitals are stable)



- Sutikabharan Rasa – 250mg bd
- **Aśokāriṣṭa** 20 mL **bd**, with equal water **after meals** × **2-4 weeks**.
- **Puṣyānuga Cūrṇa** 3 g **bd**, **before meals** with **tandulodaka** (rice-water) × **10-14 days** (short, reassess; avoid if marked dryness/cramp—first settle Vāta).
- **External: abhyanga** to lower back/hips on alternate days with **Nārāyaṇa Taila**; **no deep abdominal massage**.

Pathya: early light dinners; warm sips; avoid chilli/sour/vinegar; bowels soft daily.

Monitor: bleed volume/colour/odour, pulse, energy, stool pattern. **Escalate** with any fresh heavy flow, fever, or pain.

2.3 Delayed uterine involution (subinvolution)

Ayurvedic reading: Āma-Kapha stagnation with Vāta laxity of tissues.

Prescription (when bleeding is light-moderate, digestion steady)

- **Daśamūlāriṣṭa** 15-20 mL **bd**, **after meals** × **2-4 weeks** for tone and ache relief.
- **Jeerakāriṣṭa** 20 mL **bd**, **after meals** × **4-6 weeks** to kindle Agni and support lactation.
- **Lodhra Cūrṇa** 2 g **od-bd** ac with rice-water for **7-10 days** if boggy feel persists (watch dryness; balance with unctuous food).

Cautions: do **not** start Daśamūlāriṣṭa until heavy bleeding has settled and tongue is reasonably clean; stop if dizziness/dryness increase.

3) Infections and Fever States (Puerperal, Wound, UTI)

Fever with pelvic pain or foul lochia = urgent evaluation + antibiotics as indicated. Ayurvedic measures are supportive and restorative.

Supportive regimen (once antibiotics begun / sepsis excluded)

- Pratap Lankeshwar Rasa – 250 mg bd
- Mahasudarshan Ghan Vati – 500mg 2-3 times a day
- **Gudūcī (Amṛtā) Svarasa/Kvātha** 40-60 mL **bd**, **before meals** × **5-7 days** (fever modulation; start small).
- **Drākṣā Avaleha** 1 tsp **bd**, **after meals** if appetite low and Pitta not high.
- **Hydration:** warm sips; thin rice-gruels; avoid iced/sugary drinks.
- **Rest-mind:** lights-out early; digital sunset; quiet surroundings.

UTI (afebrile dysuria)

- Chandraprabha Vati – 500mg bd 15 days
- Gokshuradi Gugul – 500mg bd
- Dashmoolarishta 20ml bd
- Avoid very spicy/sour foods.
- **Escalate** for fever/flank pain/haematuria.

Wound care (episiotomy/cesarean)

- Keep clean/dry; **no oil application** directly on wound; external oiling to back/limbs only; address constipation to avoid strain.



4) Lactation Disorders: Engorgement, Blocked Ducts, Latch, Perceived Low Milk

Physiology lens: Rasa→Stanya conversion depends on **Srotas clarity**, good **Agni**, and calm **Sattva**. Overeating heavy/oily foods and day-sleep cloud channels; sleep loss and anxiety disturb **Sādhaka Pitta** and **Vāta**.

First-line (all cases)

- **Early, frequent, deep-latch feeds**; correct position (cradle/cross-cradle/football/side-lying); back support; switch sides on demand.
- **Warm compress** before feeds to assist let-down; **cool compress** after feeds if edema/pain.
- **Sleep protection**: plan a protected night block with family help; short day naps away from big meals.
- **Meals & fluids**: three warm meals; warm sips through the day; early light dinner; no iced drinks.

Perceived low milk (no heat, digestion steady)

- **Śatāvārī Kalpa** 1-2 tsp **bd, after meals** × **4 weeks** (monitor infant for colic/rash; avoid in Kapha-Āma).
- **Jeerakāriṣṭa** 20 mL **bd, after meals** × **4-6 weeks**.
- Dashmoolarishta 20 ml bd
- **Pathya**: cooked greens; small bedtime nut-seed paste **only if** digestion permits.

Engorgement/blocked duct (no systemic illness)

- Continue feeding/draining; warm compress pre-feed; gentle massage **toward areola**; cool compress post-feed; avoid tight bras.
- If fever/redness/rigors → **suspect mastitis, refer**; supportive warm sips, rest.

5) Bowels, Pelvic Floor, Urinary Issues, and Pain

Constipation/Vāta colic (very common)

- Pratapalankeshwar Ras 250mg bd
- Chandraprabha Vati 500mg bd
- **Abhayāriṣṭa** 15 mL **hs** × **5-7 days** (short) if needed.
- Castor oil 20ml with warm milk at bedtime if constipation
- **Food**: warm, unctuous, cooked fibre; morning warm water; no urge suppression.

Haemorrhoids

- Arshakuthar Ras 250mg bd
- Arshoghni Vati 500mg bd
- **Triphalā Kvātha** 40 mL **od, before dinner** × **7-10 days** (gentle); avoid straining; sitz as per obstetric advice.

Back/hip/pelvic-floor pain

- Mahayogaraj Gugul 500mg bd
- Pratpalankeshwar Ras 250mg bd
- **External abhyanga** to back/hips with **Dhanvantaram/Nārāyaṇa Taila od/alternate days**, followed by warm bath; soft lumbopelvic wrap (not tight; remove at sleep).
- **Daśamūlāriṣṭa** 15 mL **bd after meals** × **2-4 weeks** if digestion steady and bleeding minimal.

Urinary retention/dysuria

- Chandraprabha Vati 500mg bd
- Dashmoolarishta 20ml + Punarnavasava 20ml bd



- Encourage regular voiding; warm sips; **Gokṣura Kṣīrapāka** as above for dysuria; **refer** if retention persists or fever appears.

6) Mood and Sleep

Baby blues (first week): tearfulness, lability → warm meals, protected sleep, sunlight exposure, brief **Nāḍī-śodhana** (no retentions) + **Bhrāmārī**.

Red flags for PPD/anxiety: persistent sadness/anhedonia, intrusive thoughts, inability to sleep even when baby sleeps, feelings of harm → **urgent mental-health referral**. Ayurvedic routine continues as **adjunct**.

7) Dietary & Lifestyle Regimens for Faster Recovery

First week (Day 0-7)

- **Diet:** thin rice/ millet gruels; light moong soups; very mild spices (dry ginger/cumin) in cooking; tiny ghee in food if tongue clean.
- **Fluids:** warm sips; avoid iced/cold/fermented drinks.
- **Rest-activity:** short frequent rests; avoid long standing; gentle 10-15-min indoor walks.
- **Bowels:** morning warm water; cooked fibre; no urge suppression.

Weeks 2-6

- **Meals:** three regular warm meals; lunch main; dinner early and light; cooked greens daily.
- **Proteins:** moong/soft lentils, soft paneer/curd **in day** if suited.
- **Unctuousness:** moderate ghee in meals if stools are soft and tongue clear.
- **Hydration:** steady warm sips; coriander-fennel infusion by day if heat.
- **Sleep:** digital sunset, lights-out ≈ 10 pm; short day nap.
- **Therapies:** abhyanga (external) alternate days; warm bath; soft wrap; pelvic-floor awareness only when advised.

Pathya-Apathya (quick table)

Domain	Pathya (favour)	Apathya (avoid/limit)
Meals	Fresh, warm, simply combined; early light dinner	Late spicy/sour feasts; leftovers; iced drinks
Fluids	Warm water sips; light broths	Cold/fizzy; alcohol
Activity	Gentle walks; position changes; left-lateral rest	Heavy lifting; exhausting workouts; day-sleep excess
Mind	Digital sunset; breath-mind; kind company	Night screen marathons; conflict
Therapies	External oiling; warm compress; soft wrap	Hot sauna/baths; tight binding; internal procedures unsupervised

8) Rasāyana & Pañcakarma in Postnatal Rehabilitation

Ajāsrika Rasāyana (daily rejuvenation) is primary: wholesome diet, sleep, speech, and conduct.

Formulation-based Rasāyana (start after first 1-2 weeks if Agni steady, bleeding controlled):

- **Jeerakāriṣṭa** + Dashmoolarishta 20 mL each **bd after meals** × 45 days.
- Pratapalankeshwar Ras 250mg bd x 45 days
- Shoubhagyashunthi Pak 5gm bd x 45 days

The above medicines are very beneficial for all mothers from the day of delivery up to 45 days. This helps in rejuvenation, restoration and regaining of uterine strength.



- **Śatāvārī Kalpa** 1-2 tsp **bd after meals** × **4 weeks** (monitor infant).

Pañcakarma — timing & indications

- **First 10-14 days: No strong Śodhana.** Only **external** snehana/svedana as comfort measures.
- **After day 10-14 (case-by-case):** **Mātrā Basti** 30-60 mL **Kṣīrabala/Nārāyaṇa Taila od** × **3-5 days** for stubborn Vāta constipation/back pain—**only under physician supervision**; avoid in fever/bleeding/infection.
- **Later (after 6-8 weeks, stable):** consider mild **Virecana** or structured **Basti** in inter-conception care for chronic Vāta/Pitta/Kapha terrain—**never** during active breastfeeding issues or weakness.

9) Integration with Modern Care (High-Risk Obstetrics)

- Maintain scheduled **postnatal checks** (BP, temperature, bleeding, lochia character, wound status, mood screen, infant weight/feeding).
- **Anaemia:** integrate iron/folate; use **Dhātṛī Lauha** 250 mg **bd after meals** × **8-12 weeks** and/or **Punarnava Maṇḍūra** 250-500 mg **bd after meals** × **8 weeks only** if digestion tolerates; monitor for gastritis/constipation; pause in fever.
- **Thromboembolism risk:** mobilise gently early; escalate for calf pain/swelling/shortness of breath.
- **Breastfeeding support:** early IBCLC/feeding expert referral when latch difficulties persist.
- Use Ayurvedic prescriptions to **stabilise Agni, bowels, sleep, and Sattva**; escalate whenever red flags appear.

Summary (Rapid Revision)

- **Sūtikā Vyāpada** arise from **Vāta surge, fragile Agni,** and **Rasa-Rakta** depletion with Srotas dysfunction.
- **Hemorrhage/subinvolution:** stabilise first medically; then **Aśokāriṣṭa**, short **Puṣyānuga**, **Uśīrāsava**; for tone/ache use **Jeerakāriṣṭa** and, if appropriate, **Daśamūlāriṣṭa** (postnatal only).
- **Infections:** antibiotics/obstetric care first; support with **Gudūcī**, diet, rest; **Gokṣura Kṣīrapāka** for afebrile dysuria.
- **Lactation:** technique + routine > tonics; **Śatāvārī Kalpa/Jeerakāriṣṭa** when digestion allows; treat engorgement with heat-before/feed/cool-after.
- **Bowels/pain:** **Sukumāra Ghṛta**, **Abhayāriṣṭa** (short), external oiling, warm bath, soft wrap.
- **Rasāyana & Pañcakarma:** start food-form **Rasāyana** early; consider **Mātrā Basti** after day 10-14 for Vāta issues—supervised.
- Integration with modern care is **mandatory**; escalate at red flags.

Assessment

A. Multiple-Choice Questions (MCQs)

1. The **dominant doṣa** driver of **Sūtikā Vyāpada** is:
A. Kapha alone
B. Pitta alone
C. **Vāta** with fragile Agni and depleted Rasa-Rakta
D. Udāna Vāta
Answer: C
2. For **persistent oozing** after delivery (stable vitals), the **most appropriate** set is:
A. Castor-oil purge + Triphalā 10 g
B. **Aśokāriṣṭa + short Puṣyānuga + short Uśīrāsava**, pathya, monitoring
C. Rājapravartinī Vaṭī
D. Deep abdominal massage
Answer: B

3. **Daśamūlāriṣṭa** may be considered:
A. In pregnancy
B. **Postnatally** for tone/ache when bleeding light and Agni steady
C. For acute PPH
D. In febrile mastitis
Answer: B
4. In **afebrile dysuria** postnatally, a pregnancy/lactation-compatible classical choice is:
A. Chandraprabhā Vaṭī first line
B. **Gokṣura Kṣīrapāka**
C. Rājapravartinī Vaṭī
D. Strong diuretics without evaluation
Answer: B
5. A **red flag** needing urgent referral is:
A. Mild evening fatigue
B. **Soaking pads hourly with dizziness**
C. Brief tearfulness day-3
D. Occasional back ache
Answer: B
6. For **engorgement**, the correct sequence is:
A. Cold before feeds, hot after; skip feeds
B. Tight bra and fasting
C. **Warm before feeds → feed/drain → cool after if soothing**
D. Alcohol at night to relax
Answer: C
7. In **subinvolution with ache** and light bleeding, a supportive pair is:
A. Jeerakāriṣṭa + **Daśamūlāriṣṭa** (with cautions)
B. Triphalā 10 g nightly
C. Castor oil 60 mL hs
D. Rājapravartinī Vaṭī
Answer: A
8. **Mātrā Basti** in the puerperium is best timed:
A. Day 1-2
B. **After day 10-14**, only if no fever/bleeding and under supervision
C. During active fever
D. In pregnancy for constipation
Answer: B
9. Which **dietary counsel** most accelerates recovery?
A. Late heavy dinners for energy
B. **Warm, simply combined meals; early light dinner; warm sips; cooked greens daily**
C. Iced smoothies
D. Skipping lunch
Answer: B
10. For **postnatal anaemia** (Pāṇḍu), a supervised classical support is:
A. Rājapravartinī Vaṭī
B. **Dhātrī Lauha 250 mg bd after meals (with modern iron/folate as advised)**
C. High-dose Triphalā in lactation
D. Vinegar-rich pickles
Answer: B

B. Case Vignettes (Applied)

Case 1 — “Oozing and Heaviness” (Day 6)

A primipara has persistent moderate lochia with heaviness after late spicy dinners. Vitals stable; no fever; tongue mildly coated; stools hard.



Tasks:

1. Map the doṣa-srotas pattern.
2. Write a **10-day plan** using **Aśokāriṣṭa**, **short Puṣyānuga**, and diet-bowel correction (exact doses/timing).
3. State **two** escalation signs that force immediate referral.

Case 2 — “Engorged and Exhausted” (Day 3)

Breasts are swollen and painful; baby latches shallowly; mother slept 3 hours in 24 h; meals irregular. Afebrile.

Tasks:

1. List **two** immediate latch/position corrections.
2. Give a **24-hour routine** (warm-before/feed/cool-after, Jeerakāriṣṭa or Śatāvarī Kalpa dosing if digestion allows, sleep block plan).
3. Name **one** red flag of mastitis.

Case 3 — “Back Ache with Constipation” (Week 2)

Post-caesarean mother reports lumbar ache and hard stools q2-3 days; bleeding light; afebrile.

Tasks:

1. Draft a **7-day regimen** with **Sukumāra Ghṛta** and **Abhayāriṣṭa** (dose/timing), plus external abhyanga guidance.
2. List **three** daily pathya points to prevent relapse.
3. Mention **one** sign that would change your plan and prompt medical review.

End of Unit 5 — Postnatal Complications and Their Management (Sūtikā Vyāpada)