

# A critical review of an ethnomedicinal combination used in *Sutika paricharya* (Puerperal care)

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## Abstract

Ayurveda is a comprehensive health-care system which addresses various physiological and pathological episodes in human life. The puerperal period is a physiological episode occurring in women after childbirth and expulsion of the placenta. During pregnancy and labor, the female body undergoes tremendous exertion and gets debilitated physically and mentally. Hence, proper remedial measures are needed to revert the females to the pre-pregnant stage. Apart from the guidelines in classical scriptures, various folklore practices prevail in various geographical regions across the country. This facilitates the usage of locally available flora and reduces the cost of treatment to a huge extent. Here, data were collected from the elderly women population and AYUSH practitioners in the southern most districts of Kerala, and the available information is critically evaluated. It is found that a combination of eight herbal drugs is in the form of a special delicacy called “*kurukku*”. Upon critical evaluation, it reveals that the combination is *Tridoshahara*, *Amhara*, *Srushta mutra*, *Rakta vardhana*, and *doshahara*, and *Jwara-Krimi-Sopha-Vrana-Visha naashana*. Exploration and analysis of these folklore practices will validate and assure the scientific background. This will prevent the extinction of traditional knowledge and provide a new arena for research.

**Key words:** Combination, herbal drug, puerperal care, South Kerala, traditional medicine

## INTRODUCTION

Ayurveda, the science of life gives utmost importance to women during the different phases of development. Important sects in the reproductive life of a female can be divided into three phases, i.e., *Rajaswala*, *Garbhini*, and *Sutika*. Pregnancy is an important milestone in a women's life. It is the physiological condition occurring in a woman through which the maintenance of species occurs. As per *Acharya Charaka*, the pregnant women must be treated like a pot filled with oil because of the presence of *prachalita dosha* and *dhatu's*.<sup>[1]</sup> As per *Ayurveda*, the women who has just delivered a baby followed by the expulsion of the placenta is called *Sutika*.<sup>[2]</sup> Although there is a difference in opinion regarding the duration of *sutikakala*, generally it can be considered for 45 days or up to reappearance of menstrual bleeding (*punararthavadarshana*). It is termed as Puerperal period.<sup>[3]</sup>

During the time of labor, the female body undergoes tremendous physical exertion along with blood loss and gets debilitated. This leads to derangement of *dosha's*, especially *Vata dosha*

along with *rakta dhatu kshaya*. If this stage of motherhood is not properly addressed, it will eventually deteriorate health and may lead to maternal morbidity and even up to mortality. In the existing medical system, puerperal care is limited to rest and providing supplementation and prevention of infections. The World Health Organization guidelines on post-natal care recommend essential routine care for mother and newborn, extra care for low birth weight and pre-term babies, early identification, and referral management of emergency conditions.<sup>[4]</sup>

*Ayurveda* scriptures describe *Sutika paricharya* in a multidimensional perspective. As per *Acharya Charaka*, just

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like an old house cannot bear any trauma from heat, rains, heavy storms, or earthquakes, likewise the women become extremely depilated physically and mentally after delivery. If *sutika* is afflicted with any disease, it is difficult to cure or remains incurable because of “*shidhila dhatutwa avastha*” in her *sareera*. It must be managed with *bhoutika*, *jeevaniya*, *brumhaniya*, *madhura*, *vatahara ahara vihara*’s.<sup>[5]</sup> The main principles of *sutika paricharya* can be considered under the following headings as *vata prashamana*, *dhatupushti*, *agni deepana*, *ama pachana*, *stanya pushti*, *garbhashaya shodhana*, and *yoni smarakshana*.

The main aim of the *chikitsa* in *sutika* must be *ama pachana*, *agni vardhana*, and *dosha prashamana*. In all classical scriptures initially, *snehana* is advocated along with *deepana oushadha*’s such as *panchakola choorna* and *saindhava* followed by *vatahara kwatha yoga*’s and *mamsarasa*. *Acharya Vagbhata* advises to administer *peya yoga*’s after the digestion of *sneha kalpana*.

Apart from the classical literature, a lot of folklore practices prevails in different parts of India. These ethnomedicinal practices are based on a unique view regarding the *desa* and *kala* of *sutika*. Here, an attempt has been made to review one such combination commonly used for *sutika paricharya* in the Southernmost districts of Kerala.

## MATERIALS AND METHODS

Information regarding traditional practices was acquired by the interaction with local midwives, AYUSH practitioners, and elderly women (>60 years) population randomly selected from the southernmost districts of Kerala (Thiruvananthapuram and Kollam). From the available information, the most used drug preparation is selected and analyzed using the classical literature and contemporary research updates.

## RESULTS

On interviewing the target population, the data obtained revealed a wide unexplored data regarding the *Sutika Paricharya* (puerperal care). The widely practiced combination was selected and analyzed. The analysis includes a review of botanical sources, pentavalent principles mentioned in Ayurvedic pharmacology (*Rasa panchaka*), therapeutic indications, and relevant research updates on the female reproductive system were documented and tabulated.

### Preparation of the Combination

The combination contains eight herbal drugs [Tables 1 and 2]. Each one of them is given for 3 days continuously by making a special preparation called “*kurukku*”. This is prepared using

rice flour, a paste of the drug, and a jaggery solution. Initially, the rice flour will be cooked in plain water, when it is properly cooked; an equal amount of drug paste will be added followed by adding sufficient quantity of jaggery solution. This will be administered to *sutika* on an empty stomach.

## DISCUSSION

*Garbhini paricharya* and *Sutika paricharya* are unique concepts in Ayurvedic classics. In a *sutika*, there is a loss of *rakta dhatu* during *prasava* resulting in *dhatukshaya* leading to *agni mandya*, *bala kshaya*, and *vata vruddhi*. This needs to be managed as per *desa*, *kala*, *ritu*, and *prakriti* of *sutika*. Usually, *ushna-snigdha* predominant *ahara-vihara-oushadha* is generally used for the management of *suika*.

In *jangala desa*, *vata vruddhi* occurs in *sutika* as *samsarga* with *kapha* or *pitta dosha*. If there is *vata vruddhi* associated with *kapha dosha*, again it can be in *sama* condition or *avruta avastha*. In *vata vruddhi* associated with *sama kapha*, initially *ushna-ruksha dravya*’s are administered to obtain *nirama avastha*. Later, *kapha vata shaman* protocol needs to be followed. In *pitta samsrushta vata vriddhi*, usually it will be *nirama*. If *ama* persists, initially it needs to be managed with *ruksha dravya*, then followed with *madhura*, *amla*, and *snigdha dravya*’s. In *anupa desa*, along with this, there will be excess *kledatwa* in *sutika* due to *dushta rakta dhatu*. This must be managed using *ushna*, *teekshna*, *ruksha*, and *grahi dravya*’s.

This combination contains eight herbal drugs and is widely practiced in the southern most districts of Kerala. Among them, seven drugs are explained in the classical literature of *Ayurveda*. While analyzing the pharmacological properties, it shows that they are predominantly *Madhura*, *Katu*, *Tikta* and *Kashaya rasa*, *Laghu*, *Ruksha guna*, and *Ushna veerya* (except *Kaalashaka* has *sheeta veerya*). The coalescence of *rasa-guna-veerya* is in such a way that it acts as *Tridosha shamaka*. This combination exhibits a synergic action in *sareerika dosha*’s. *Karpasa patra* and *Methika* are *Vatahara*; *Alambusha* and *Methika* are *Kapha hara*; *Patha* is *Vata-kapha hara*; and *Haridra* is *Kapha-pittahara*. *Alambusha* is the first drug and it possesses *amhara* property. This will digest the *ama* and kindle the *agni* because of its *ushna veerya*. *Alambusha*, *Gangeruki*, and *Karpasa patra* are *Srushta mutra* by nature. As per *Samhita*’s, *Mutra* performs the *Kledavahana karma*. Hence, these drugs will remove the excess *kledatwa* and prevents recurrent UTI in post-partum women. The puerperal women have *sunya shareera* due to *Rakta kshaya*, among the *dravya*’s *Karpasa patra* is *Rakta vardhaka* and *Haridra* is *Rakta dosha hara*. *Vrana dosha*, *Visha afflictions*, *Gara visha*, *Jwara*, and *Sopha* can be considered as various signs of inflammations in *shareera dhatu*’s. Among the *dravya*’s *Patha*, *Karpasa* and *Haridra* are *Vrana hara*; *Patha* and *Kalashaka* are *Visha hara*; *Kalashaka* is *Gara visha hara*; *Karpasa patra* is *sopha hara*; *Patha*, *Gangeruki*, *Methika*,

**Table 1:** Details of the list of drugs in the combination

Day	Common name	Sanskrit name	English name	Botanical identity	Useful part
1.	<i>Mukkutti</i> <sup>[6]</sup>	<i>Alambusha</i>	Little tree plant	<i>Biophytum sensitivum</i> (Linn.) DC	Whole plant
2.	<i>Malathangi</i> <sup>[7,8]</sup>	<i>Patha</i>	Velvety leaf	<i>Cissampelos pareira</i> var <i>hirsuta</i> .	Whole plant
3.	<i>Yashanku</i> <sup>[9]</sup>	<i>Kundali</i>		<i>Azima tetracantha</i> Linn.	Leaves
4.	<i>Kaara</i> <sup>[10]</sup>	<i>Gangeruki</i>	Carray cheddie	<i>Canthium parviflorum</i> Lam.	Leaves
5.	<i>Paruthi</i> <sup>[11]</sup>	<i>Karpasa</i>	Indian cotton	<i>Gossypium arboreum</i> L.	Leaves
6.	<i>Uluva</i> <sup>[12]</sup>	<i>Methika</i>	Fenugreek	<i>Trigonella foenum-graecum</i> Linn.	Seeds
7.	<i>Kariveppu</i> <sup>[13]</sup>	<i>Kaalashaka</i>	Indian curry leaf	<i>Murraya koeingi</i> (Linn.) Spreng.	Leaves
	<i>Manja</i> <sup>[14]</sup>	<i>Haridra</i>	Turmeric	<i>Curcuma longa</i> Linn.	Rhizome

**Table 2:** Classical references of drugs in the traditional combination

S. No.	Drug	Ayurvedic pharmacology	Therapeutic indications
1.	<i>Alambusha</i> <sup>[6]</sup>	<i>Rasa-Swadu</i> <i>Guna-Laghu</i> <i>Vipaka-Katu</i> <i>Veerya-Ushna</i>	<i>Krimi, pitta, kapha haram, Amharam</i> <i>Srushta mutra, Mutrakrichra haram para</i> <i>Sulahara,</i>
2.	<i>Patha</i> <sup>[7,8]</sup>	<i>Rasa-Tikta</i> <i>Guna-Teekshna, laghu</i> <i>Vipaka-Katu</i> <i>Veerya-Ushna, katu</i>	<i>Vata sleshma hara, sula, jwara, chardi, kushta, atisara,</i> <i>hrudruja, daha, kandu, visha, Swasa, krimi, gulma, gara, vrana</i>
3.	<i>Yashanku</i> <sup>[14]</sup>		
4.	<i>Gangeruki</i> <sup>[10]</sup>	<i>Rasa-Kashaya, madhura</i> <i>Guna-Laghu</i> <i>Vipaka-Katu</i> <i>Veerya-Ushna</i>	<i>Grahi, mutrala, kaphatisara shamana, krimi, mutrakruchra,</i> <i>jwara</i>
5.	<i>Karpasa</i> <sup>[11]</sup>	<i>Rasa-Kashaya, tikta,</i> <i>madhura</i> <i>Guna-Laghu</i> <i>Vipaka-Katu</i> <i>Veerya-Koshna</i>	<i>Vatanashini; Patra-vatanashaka, rakta-mutra vardhanam,</i> <i>karna pidaka-nada-puya-srava vinashana, Kushtanashini</i> <i>(Vachaspati), Sopha vinashini, Mutra kruchra, Rajo dosha,</i> <i>Kushta, Kandu, Vrana, Kukunaka, Visarpa</i>
6.	<i>Methika</i> <sup>[12]</sup>	<i>Rasa-Katu, tikta</i> <i>Guna-Laghu, ruksha</i> <i>Vipaka-Katu</i> <i>Veerya-Ushna</i>	<i>Vata shamana, sleshmaghna, jwara naashana, Deepana,</i> <i>Rakta pitta prakopana, Arochaka, Vataghna, Mala</i> <i>avashtambhaka Hrudya, balakara, Jwara, Arochaka vanthi</i> <i>hara, vatarakta, kapha, kasa, vatarsha, krimi, sukla</i>
7.	<i>Kaalashaka</i> <sup>[13]</sup>	<i>Rasa-Katu, tikta, kashaya</i> <i>Guna-Laghu</i> <i>Veerya-Seeta</i> <i>Vipaka- Katu</i>	<i>Santapa, sosha, kushta, asra, krimi, bhuta vishapaha,</i> <i>Vishuchika, sula, jwara, gara visha</i>
8.	<i>Haridra</i> <sup>[14]</sup>	<i>Rasa-Tikta, katu</i> <i>Guna-Ruksha</i> <i>Veerya-Ushna</i> <i>Vipaka-Katu</i>	<i>Kapha pittahara, varnya, twak dosha, Prameha, rakta dosha,</i> <i>sopha, pandu, vranahara, apachi, peenasa, aruchi</i>

and *Kalashaka* are *jwara hara* and *Alambusha*, *Gangeruki*, *Methika* and *Kalashaka* are *krimihara* in nature. Fever is a deadly risk factor for post-partum women as per *Ayurveda*, usage of the above drugs will reduce the risk of fever and other inflammatory conditions in post-partum women.

*Azima tetracantha* Linn regionally known as *Yashanku* is the remaining drug in the combination. It is a folklore medicinal

plant. The root of this plant is used as a diuretic agent. Leaves are used as a stimulant, expectorant, anti-spasmodic, tonic for women, etc. Leaf juice will effectively cure otitis media and gingivitis.

The combination is administered as a “*kurukku*” for three prepared out of each drug, rice flour and jaggery lasting for 21 days. The course begins with *Alambusha* and ends with the

usage of *Haridra* and *Kalashaka* together for 3 days. Initially, *Alambusha* pacifies *ama* in the body, and rest of the drugs such as *Patha*, *Gangeruki*, *Karpasa*, *Methika*, and *Kundali* effectively reduces the *sula* and *sopha* and refurbishes the repleted *rakta dhatu*. the end, *Kalashaka* and *Haridra* are used as a combination for the preparation of which acts as an excellent *krimi*, *visha*, *rakta doshahara* combination

## CONCLUSION

*Sutika kala* is a critical period for women of reproductive age. Apart from medicines, it must be managed with specific dietary and lifestyle modifications. During *sutika kala*, the *stri shareera* will be afflicted with *Rakta kshaya* followed by *Vata vrudhhi*. Here, a literary review has been done critically on a combination widely used in south Kerala for puerperal care. Upon evaluation, it is found to be *Tridosha hara* and reduces the risk factors associated with puerperal women. Exploration, documentation, and critical evaluation of traditional practices are the need of the hour. This will avoid the chance for extinction of folklore practices and provides scientific validity for oral knowledge developed through centuries along with providing new arenas for drug research.

## RECOMMENDATIONS

The authors recommend for further research on *Azima tetraacantha* Linn., a well-known armed shrub wildy found in tropical areas of India.

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