



## UNDERSTANDING POSTPARTUM CARE PRACTICES: INSIGHTS FROM A MULTI-STATE SUTIKA PARICHARYA SURVEY

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## ABSTRACT

**Introduction:** Folklore medicine is significant in civilisations such as India, where various traditional practices have been passed down through generations. Folk wisdom plays a crucial role in postnatal care and preventing and treating ailments affecting women postpartum. *Sutika Paricharya*, or postpartum care, is critical to maternal and child health. Despite its importance, there is a scarcity of data on postpartum care practices in India. **Objective:** To assess the current state of *Sutika Paricharya* practices across multiple states in India. **Methodology:** A cross-sectional survey was conducted among 180 participants using Google Forms questionnaire addressing dietary practices, herbal preparations, massage preferences, belly binding, wound care, *Dhoopan* and spiritual rituals, covering all zones (North- 54, South- 41, East- 43, West- 42) of multiple states. Descriptive statistics were used to analyse and compare regional practices. **Results:** The survey revealed no significant variations in postpartum care practices across different zones and states. **Conclusion:** This study highlights the need for standardised guidelines and awareness campaigns to promote evidence-based postpartum care practices. The findings of this survey can inform policy decisions and program interventions aimed at improving maternal and child health outcomes in India.

**Keywords:** *Sutika Paricharya*, postpartum care, maternal health, child health, India.

## INTRODUCTION

A woman's reproductive journey typically encompasses three key stages: pregnancy, childbirth (parturition), and the postpartum period, also known as puerperium or Sutika. New mothers and their families often underestimate or overlook the puerperium among these. This postpartum phase begins immediately after the placenta is delivered and continues for about six weeks<sup>1</sup>. During this time, the body undergoes significant changes as it gradually returns to its pre-pregnancy state, anatomically and physiologically. The woman in this phase is referred to as a puerpera. According to *Kashyapa Samhita*, postpartum management varies based on *Desha* (region), *Kula* (lineage or family traditions), and *Satmya* (habituation or suitability). *Kashyapa* explains that fats should initially be avoided in the marshy areas, where *Vata* and *Shleshma* disorders are prevalent due to the damp environment. Instead, light preparations like the scum of boiled rice, enriched with appetising and strength-enhancing ingredients, are recommended. Additional measures include *sudation therapy*

(*Swedana*), staying in air-free environments, and using warming (*Ushna*) substances to balance the *Doshas*<sup>2</sup>.

In contrast, in wild or arid regions, disorders of *Vata* and *Pitta* are more common. Here, oleaginous (fat-based) substances are beneficial and should be liberally incorporated into the postpartum regimen. For women living in ordinary regions, a balanced approach with moderate use of both oily and dry substances is ideal<sup>3</sup>. *Kashyapa* also notes that women from *Mleccha* (foreign) communities often consume blood, meat soups, edible roots, rhizomes, and fruits during the postpartum period<sup>4</sup>. Hence, the *Sutika* survey conducted across the four zones of India—North, South, East, and West—reflects regional influences on postpartum practices, aligning with *Kashyapa*'s observations.

### MATERIALS AND METHODS:

Google Forms collected data with the help of structured questionnaires from different states of all zones. The set of questions is shown in Table 1.

Table 1: Set of questions

S.No.	Set of questions asked
1.	Immediately after delivery what kind of herbal preparation / food (including Ingredients) is given to the women in your state. Kindly specify the dose of preparation.
2.	Is <i>Abhyang</i> (Massage) is advisable after delivery
3.	If yes, which oil is preferred in your state?
4.	For how many days Massage is applied?
5.	Whether belly binding is preferred after delivery?
6.	Preferred care for episiotomy wound / minor laceration (Any herbal preparation and wound dressing practices)
7.	Special dietary recipes given to women in puerperium in your state?
8.	Any herbal medication / decoction advised during puerperium, please specify dose and duration.
9.	Special care after caesarean delivery?
10.	Diet / herbal preparations are used to improve the lactation of mothers.
11.	Traditional practice to use <i>Rakshoghan Dravyas</i> (disinfectant / protective drugs) in the room of mother and infant. Please mention the details.
12.	Any ritual or mantra advocated to <i>Sutika</i> (puerperal women) for her psychological and other well-being.
13.	Bathing habits after delivery, specific water (medicated/scented) used after delivery.

Table 2: Total Number of Participants

Total no. of participants	
North	54
South	41
East	43

West	42
Total	180

**Question 1: Herbal Preparation after Delivery**

**Table 3:**

Region	Preferred %	Not Preferred %	Preferred (n)	Not Preferred (n)
North (Soft Diet & Ladoo)	100.0	0.0	54	0
South (Idli & Rice gruel)	97.5	2.5	40	1
East (Turmeric milk & Boiled fish soup)	97.6	2.4	42	1
West (Jaggery milk & Dry fruit ladoo)	95.2	4.8	40	2

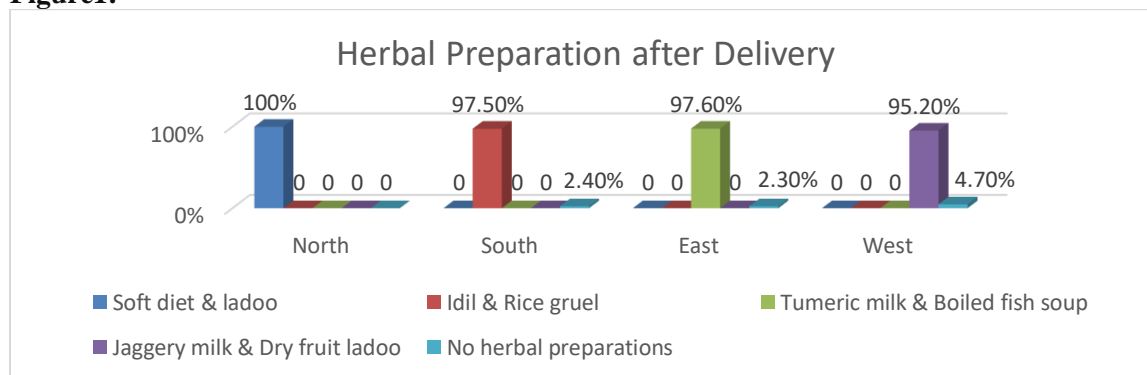
**Descriptive Statistics:**

**Table 4:**

Statistic	Value
Mean Preference (%)	97.58
Median Preference (%)	97.55
Standard Deviation (%)	1.96
Standard Error (%)	0.98
Chi Square Test p-value	0.478

The p-value from the chi-square test is 0.478, which is more significant than the standard threshold of 0.05. This suggests no statistically significant difference in herbal preparation preferences across the regions.

**Figure1:**



**Question 2: Abhyanga (Massage) is advisable after delivery**

**Table 5:**

Region	Preferred %	Not Preferred %	Preferred (n)	Not Preferred (n)
North	100.0	0.0	54	0
South	92.6	7.34	38	3
East	95.3	4.65	41	2
West	100.0	0.0	42	0

**Descriptive Statistics:**

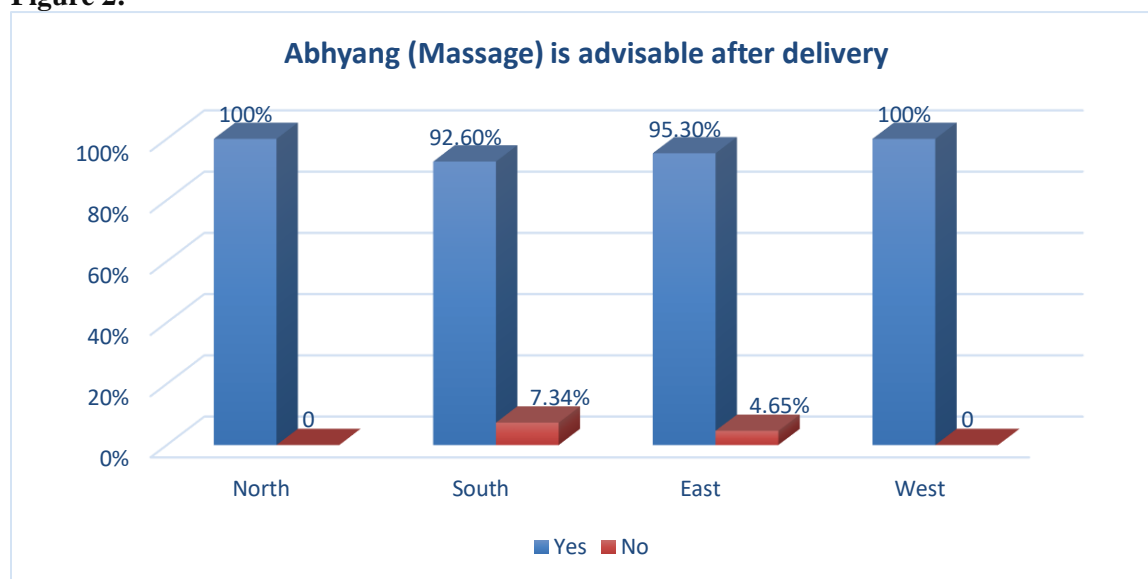
**Table 6:**

Statistic	Value
Mean Preference (%)	96.98
Median Preference (%)	97.65

Standard Deviation (%)	3.66
Standard Error (%)	1.83
Chi Square Test p - value	0.089

The p-value from the chi-square test is 0.089, which is greater than the standard threshold of 0.05. This suggests no statistically significant difference in massage preferences across the regions.

**Figure 2:**



**Question 3: Oil preferred after delivery**

**Table 7:**

Region	Participants	Sarshap Taila (%)	Tila Taila (%)	Bala Taila (%)	Go Ghrita (%)	Katu Taila (%)	Coconut Taila (%)
North	54	55.5	22.2	9.25	7.40	5.50	0
South	41	0	11.1	0	0	0	85.3
East	43	86	0	13.9	0	0	0
West	42	71.4	28.5	0	0	0	0

**Table 8:**

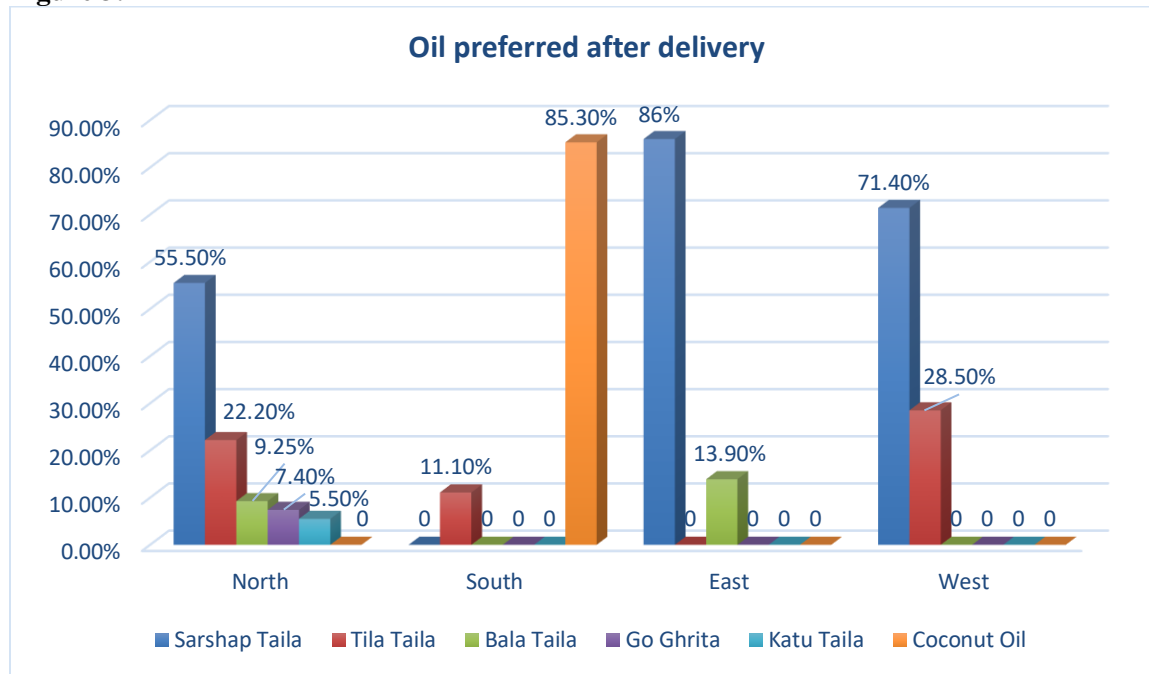
Herbal Preparation	Mean (%)	Median (%)	SD	SE	p-value
Sarshap Taila	53.225	63.45	37.61	18.80	<0.05
Tila Taila	15.45	16.65	12.56	6.28	<0.05
Bala Taila	5.7875	4.625	6.95	3.47	<0.05
Go Ghrita	1.85	0.00	3.70	1.85	<0.05
Katu Taila	1.375	0.00	2.75	1.38	<0.05
Coconut Taila	21.325	0.00	42.65	21.33	<0.05

The overall mean, median, and standard deviation highlight the significant variability in preferences:

- Sarshap Taila is the most widely preferred herbal preparation overall, with an average preference of 53.23%.
- Coconut Taila shows the highest variability (SD=42.65%SD = 42.65\% SD=42.65%), reflecting its popularity in the South but absence elsewhere.

The chi-square test confirms these statistically significant differences (p<0.05).

**Figure 3:**



**Question 4: Total days of Massage after delivery**

**Table 9:**

Region	Participants	Preferred (%)	Not Preferred (%)	Massage Duration
North	54	100	0	30-60 days
South	41	92.6	7.4	30 days
East	43	95.3	4.7	7-10 days
West	42	100	0	21 days

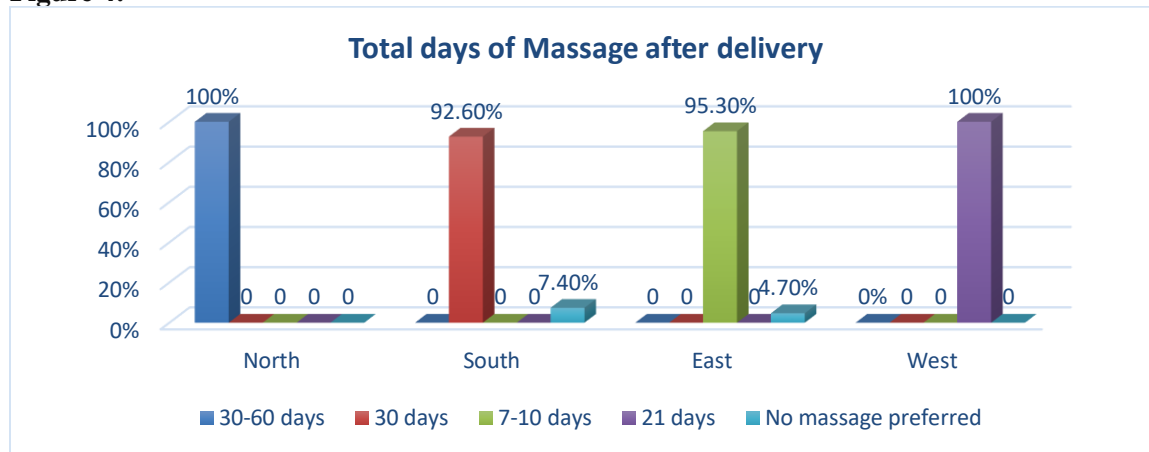
**Descriptive Statistics:**

**Table 10:**

Statistics	Preferred Massage (%)
Mean	96.98
Median	97.65
Standard Deviation (SD)	3.66
Standard Error (SE)	1.83
Chi-Square p-value	0.089

The p-value from the chi-square test is 0.089, which is greater than the standard threshold of 0.05. This suggests no statistically significant difference in massage preferences across the regions.

**Figure 4:**



**Question 5: Belly binding preferred after delivery**

**Table 11:**

Region	Participants	Preferred Belly Binding (%)	Not Preferred Belly Binding (%)
North	54	96.2	3.7
South	41	97.5	2.4
East	43	95.3	4.6
West	42	95.2	4.7

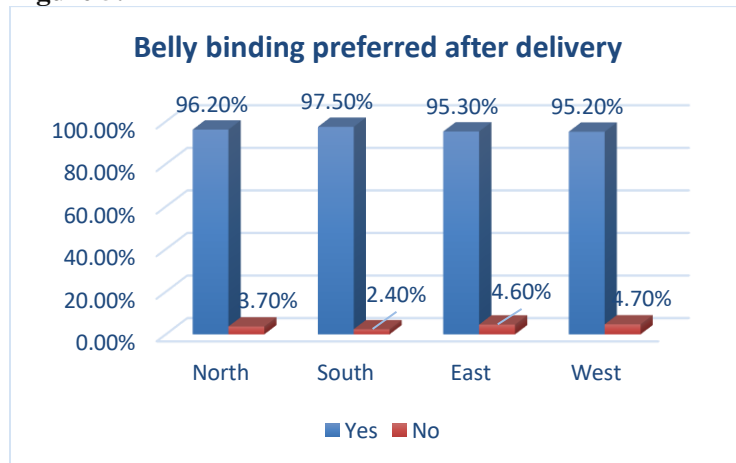
**Descriptive Statistics:**

**Table 12:**

Statistics	Preferred Belly Binding (%)
Mean	96.05
Median	95.75
Standard Deviation (SD)	1.07
Standard Error (SE)	0.53
Chi-Square p-value	0.944

The p-value from the chi-square test is 0.944, which is much greater than the standard threshold of 0.05. This indicates no statistically significant difference in preferences for belly binding across the regions.

**Figure 5:**



**Question 6: Preferred care for episiotomy wound / minor laceration (Any herbal preparation and wound dressing practices)**

**Table 13:**

Region	Participants	Preferred Care (%)	Not Preferred Care (%)
North	54	74.1	25.9
South	41	73.1	27.9
East	43	81.3	18.6
West	42	69.1	30.9

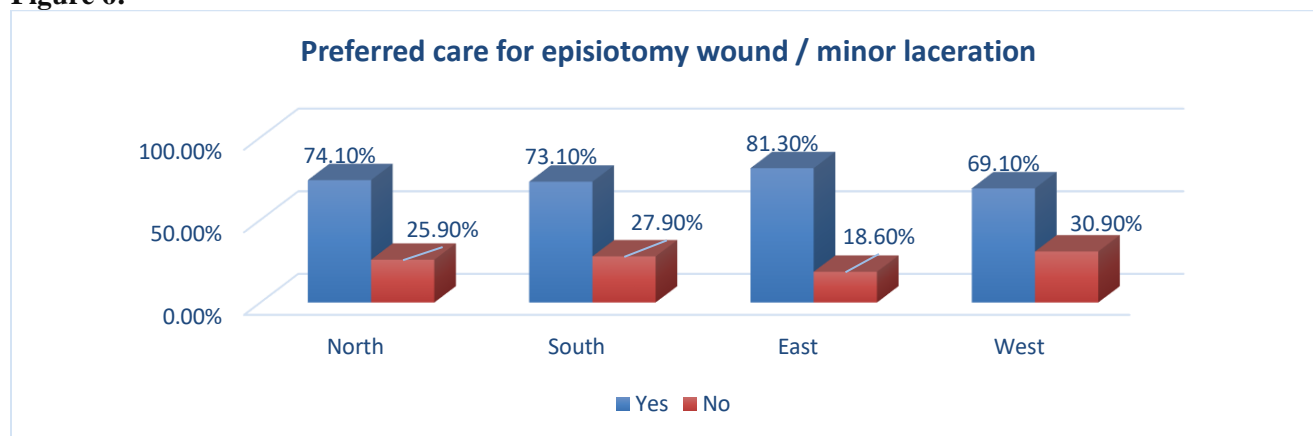
**Descriptive Statistics:**

**Table 14:**

Statistics	Preferred care for episiotomy wound (%)
Mean	74.4
Median	73.6
Standard Deviation (SD)	5.08
Standard Error (SE)	2.54
Chi-Square p-value	0.629

The p-value from the chi-square test is 0.629, which is more significant than the standard threshold of 0.05. This indicates no statistically significant difference in preferences for preferred care for episiotomy wounds or minor lacerations across the regions.

**Figure 6:**



**Question 7: Special dietary recipe given to women in puerperium**

**Table 15:**

Region	Participants	Preferred special dietary recipe (%)	Preferred special dietary recipe (%)
North	54	74.1 (dry fruit laddoo, shatavari)	25.9 (milk, kheer)
South	41	73.1 (upodika, ullithiyal)	27.9 (fish, meat, puli, lehyam)
East	43	100 (dry fish, alocacia indica stem)	0.0
West	42	100 (ajwain, gud halwa, shunthi laddoo)	0.0

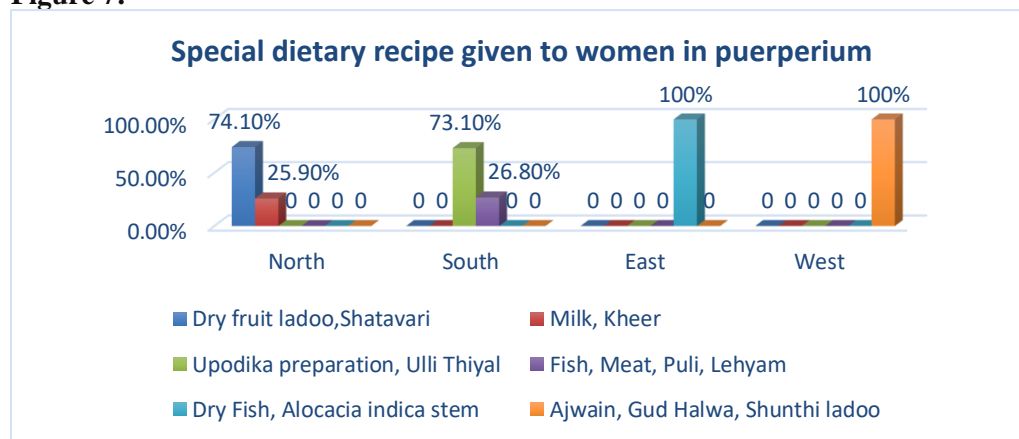
**Descriptive Statistics:**

**Table 16:**

Statistics	Preferred special dietary recipe (%)
Mean	86.8
Median	87.05
Standard Deviation (SD)	15.25
Standard Error (SE)	7.62
Chi-Square p-value	0.009

The p-value from the chi-square test is 0.009, which is less than the standard threshold of 0.05. This indicates statistically significant differences in unique dietary recipe preferences across the regions.

**Figure 7:**



**Question 8: Please specify the dose and duration for any herbal medication/decoction advised during puerperium.**

**Table 17:**

Region	Participants	Preferred herbal medication during puerperium (%)	Preferred herbal medication during puerperium (%)
North	54	74.1 (Jeera Shunthi & Dashmool Kwath)	25.9(Shunthi Kwath)
South	41	73.1 (Sobhagya Shunthi & Dashmool Arishtam)	27.9 (Jeerakarishtam)
East	43	100 (Shunthi Kwath & Jeerakarishtam)	0.0
West	42	73.1 (Latakranj, Pippalimool & Balant Kwath)	27.9 (Dashmool Kwath)

**Descriptive Statistics:**

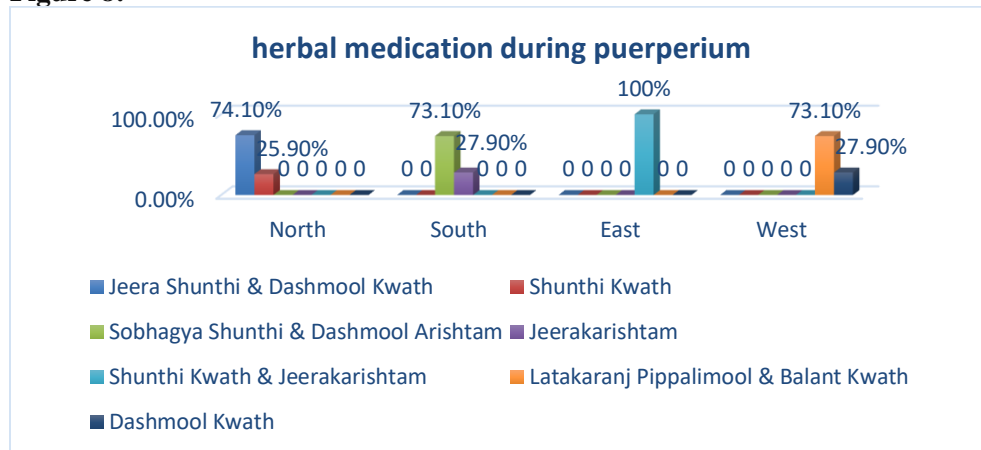
**Table 18:**

Statistics	Preferred herbal medication during puerperium (%)
Mean	85.8
Median	86.05
Standard Deviation (SD)	14.25
Standard Error (SE)	7.60
Chi-Square p-value	0.008

The p-value from the chi-square test is 0.008, which is less than the standard threshold of 0.05. This indicates a statistically significant difference in preferences for herbal medication/decoction advised during puerperium across the regions.



**Figure 8:**



**Question 9 - Special care after care for delivery**

**Table 19:**

Region	Participants	Preferred Special care after caesarean delivery (%)	Preferred Special care after caesarean delivery (%)
North	54	96.2 (No massage on abdomen, Personal Hygiene, Wound care)	3.7 (Ambulation, Turmeric paste application)
South	41	97.5 (Wound care & Jatyadi tail Dressing)	2.4 (Avoid heavy work, no massage on abdomen)
East	43	95.3 (Wound care, light diet)	4.6 (Personal hygiene)
West	42	95.2 (Wound care, avoid abdominal massage)	4.7 (Ambulation, Personal Hygiene)

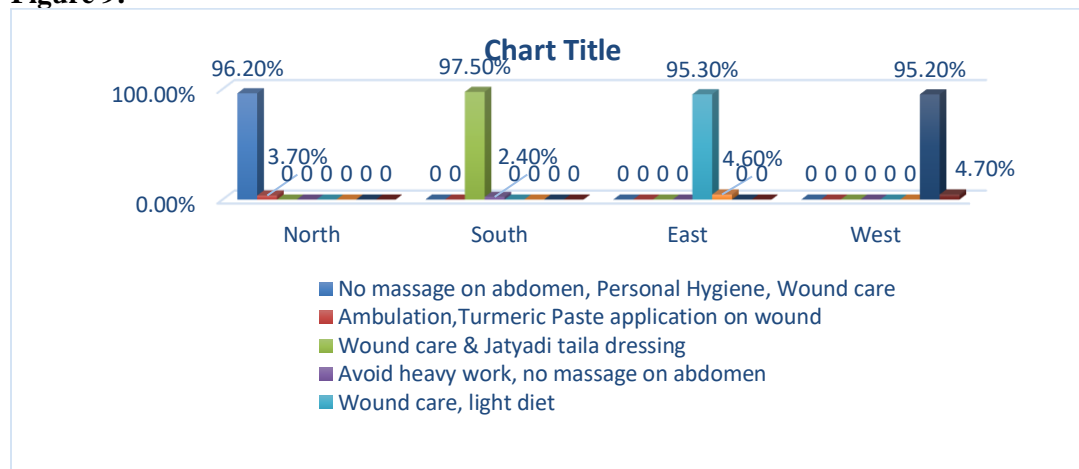
**Descriptive Statistics:**

**Table 20:**

Statistics	Preferred Special care after caesarean delivery (%)
Mean	96.05
Median	95.75
Standard Deviation (SD)	1.07
Standard Error (SE)	0.53
Chi-Square p-value	0.944

The p-value from the chi-square test is 0.944, which is much greater than the standard threshold of 0.05. This indicates no statistically significant difference in preferences for special care after caesarean delivery.

**Figure 9:**



**Question 10 - Diet / herbal preparations used to improve mother's lactation.**

**Table 21:**

Region	Participants	Herbal Preparation for lactation (%)	Herbal Preparation for lactation (%)
North	54	88.8(dry fruit ladoo,shatavari,panjeeri,milk)	11.1 (masoor daal with rice)
South	41	90.2 (uluva kanji, shatavari)	9.75 (methi seeds, meat soup,fish.)
East	43	74.4 (methi seeds, meat soup, fish, dairy products & vegetables)	25.5 (milk,jeera water,ghee)
West	42	71.4 (ahaliv kheer, dry fruits ladoo, ikshu)	28.5 (lashunshali, ajwain rich food, shunthi milk)

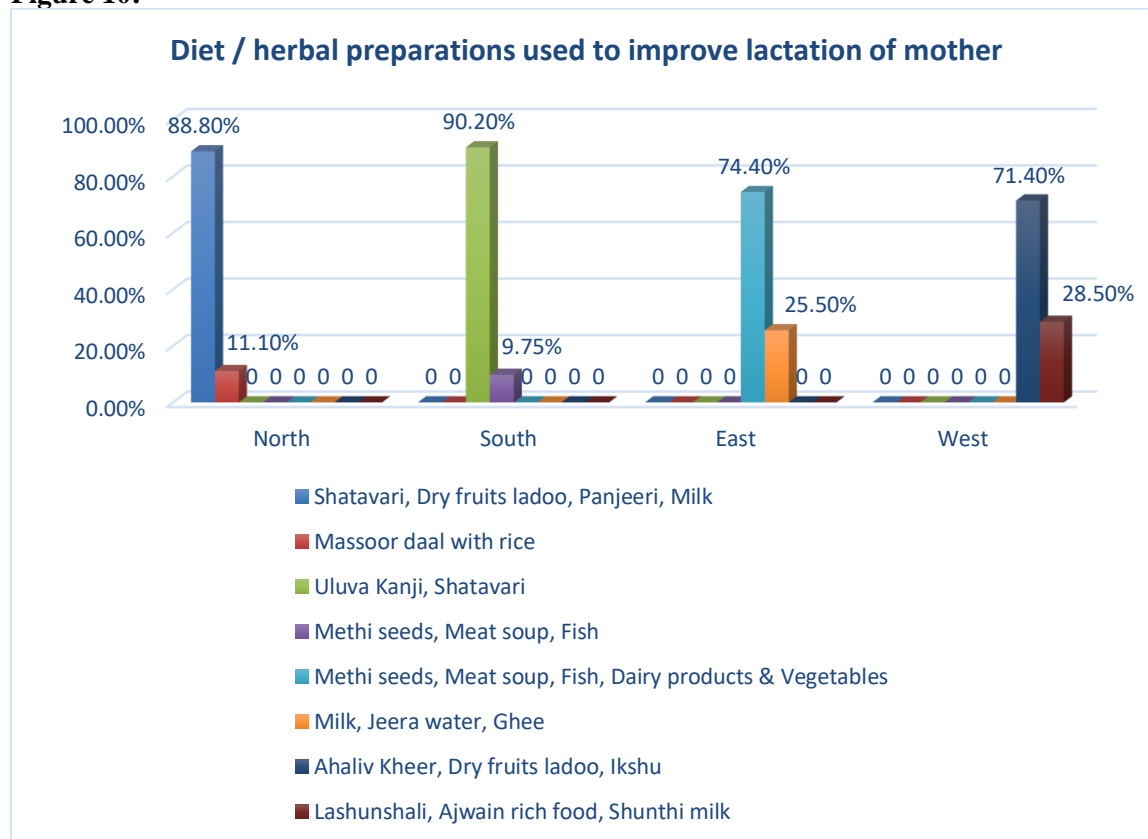
**Descriptive Statistics:**

**Table 22:**

Statistics	Preferred Diet / herbal preparations used to improve lactation of mother (%)
Mean	81.2
Median	81.6
Standard Deviation (SD)	9.68
Standard Error (SE)	4.84
Chi-Square p-value	0.04

The p-value suggests a statistically significant difference in the regions' preference for herbal preparations to improve mothers' lactation.

**Figure 10:**



**Question 11 - Traditional practice to use *Rakshoghan Dravya* (disinfectant / protective drugs) in the room of mother and infant. Please mention the details.**

**Table 23:**

Region	Participants	Preferred Traditional practice to use <i>Rakshoghan Dravya</i> in the room of mother and infant (%)	Preferred Traditional practice to use <i>Rakshoghan Dravya</i> in the room of mother and infant (%)
North	54	88.8 (cow dung dhoopan, sarshap, saindhav, haldi guggul dhoopan)	11.1 (snuhi plant hanging outside the door)
South	41	83.3 (garlic peels, ajwain, balant shepa dhoopan)	14.6 (neem vidang, aguru laksha dhoopan)
East	43	93 (neem, nirgundi leaves, gugul dhoopan)	6.90 (balant shepa dhoopan)
West	42	90.4 (dhoopan with sambrani, gugul sarshap)	9.60 (orgeano seeds fumigation)

**Descriptive Statistics:**

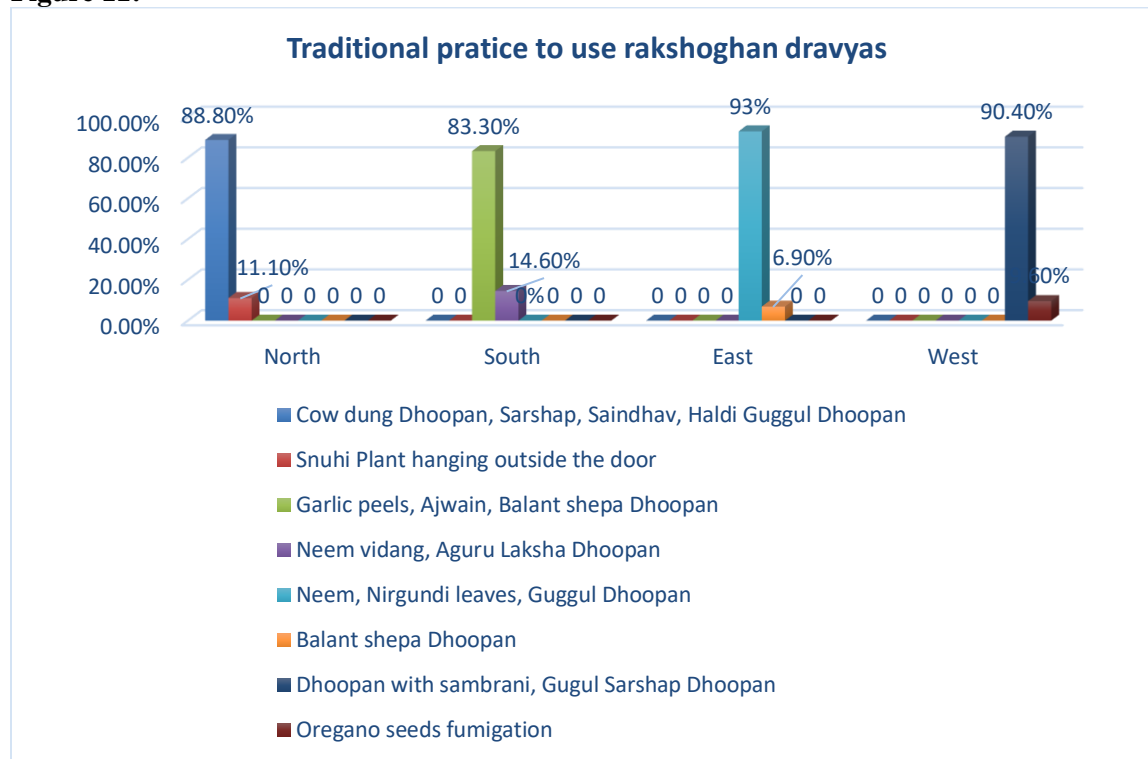
**Table 24:**

Statistics	Preferred Diet / herbal preparations used to improve lactation of mother (%)
Mean	96.05
Median	95.75
Standard Deviation (SD)	1.07

Standard Error (SE)	0.53
Chi-Square p-value	0.944

The p-value suggests that there is no statistically significant difference in the preference for the traditional practice of using *Rakshoghan Dravya* (disinfectant / protective drugs) in the room of a mother and infant.

**Figure 11:**



**Question 12- Any ritual or mantra advocated to *Sutika* (puerperal women) for her psychological and other well-being**

**Table 25:**

Region	Participants	Preferred ritual or mantra advocated to <i>Sutika</i> (%)	Not Preferred ritual or mantra advocated to <i>Sutika</i> (%)
North	54	64.8 (Gaytri mantra and Geeta path)	35.1
South	41	78(Gaytri mantra nad Music therapy)	21.9
East	43	86 (Gaytri mantra and Sohar traditional song)	11.6
West	42	66.6 (Gaytri mantra,hanuman chalisa,geeta path)	33.3

**Descriptive Statistics:**

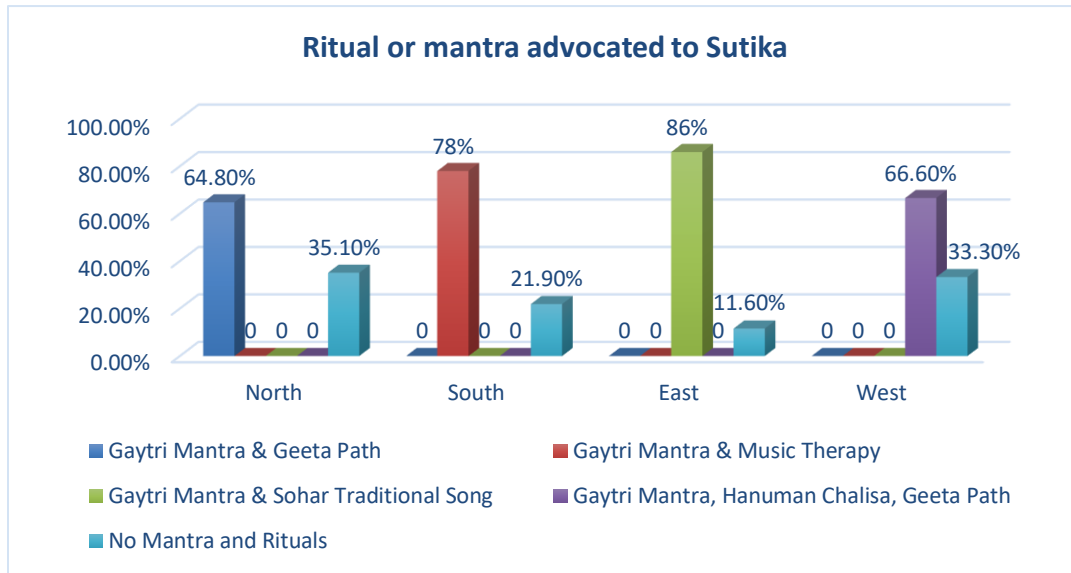
**Table 26:**

Statistics	Preferred or not preferred ritual or mantra advocated to <i>Sutika</i> (%)
Mean	86.8
Median	87.05

Standard Deviation (SD)	15.25
Standard Error (SE)	7.62
Chi-Square p-value	0.009

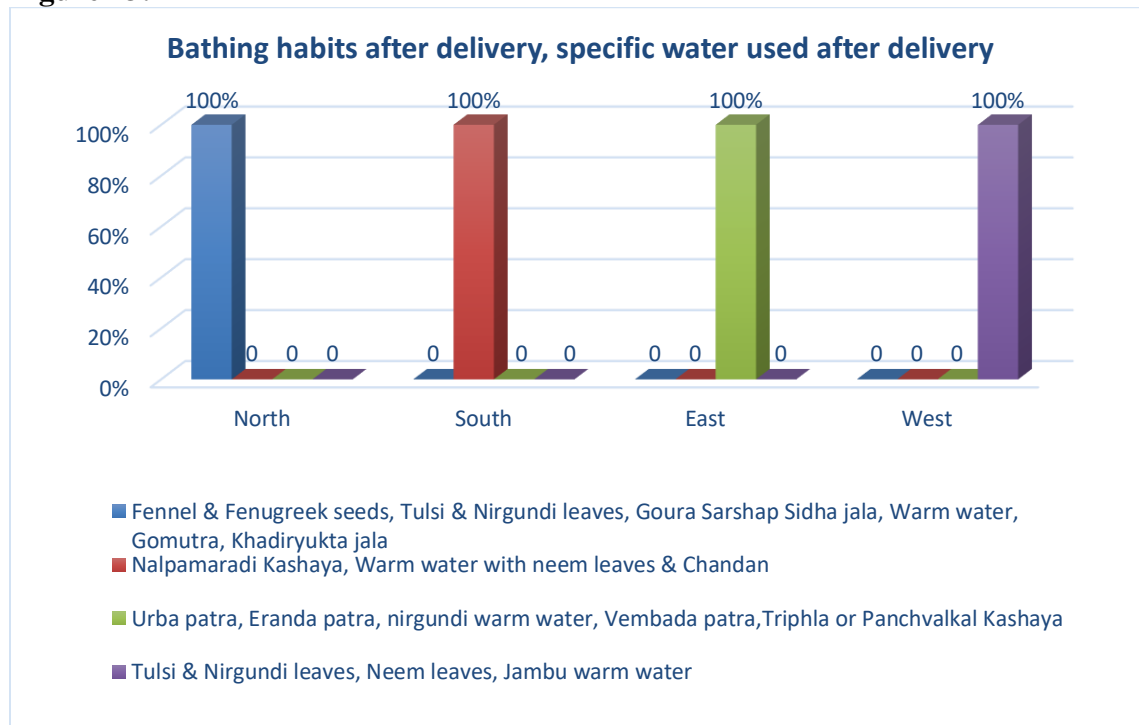
The p-value from the chi-square test is 0.009, which is less than the standard threshold of 0.05. This indicates a statistically significant difference in preferences for rituals or mantras advocated to *Sutika*.

**Figure 12:**



**Question 13- Bathing habits after delivery, specific water (medicated/scented) used.**

**Figure 13:**



**RESULTS:**

In this survey study examining the preferences for herbal preparations after delivery, the data from 180 participants across four regions (North, South, East, and West) from different states revealed, with the help of Chi-Square Test for Independence, conducted on the responses in the preferences for specific post-delivery practices. This indicates that the variations in herbal preparation preferences between regions are statistically significant. In the context of *Sutika Paricharya*, the traditional practices followed for the well-being of postpartum women have a noticeable regional influence on care choices. The data highlights the diversity in preferred herbal preparations across different regions, reflecting regional customs and dietary habits.

The survey, encompassing 180 participants from four Indian regions (North, South, East, and West), highlights traditional postpartum care practices:

**1. Herbal Preparation After Delivery**

- **Observation:** The preferred herbal preparations vary slightly across regions, but the chi-square test ( $p = 0.478$ ) indicates no statistically significant difference.
- **Inference:** Preferences for herbal preparations after delivery are consistent across regions, with a mean preference of 97.58%, as shown in Table 3,4 & Fig.1.

**2. Massage (Abhyanga) Post-Delivery**

- **Observation:** Mean preference is high (96.98%), and the chi-square test ( $p = 0.089$ ) suggests no statistically significant regional differences.
- **Inference:** Massage is widely accepted as beneficial, with similar preferences across regions as shown in table 5,6 & Fig. 2.

**3. Oil Preferences After Delivery**

- **Observation:** Sarshap Taila (53.23%) and Coconut Taila (21.32%) are popular but regionally specific (e.g., Coconut Taila preferred in the South). The chi-square test ( $p < 0.05$ ) confirms significant variability.
- **Inference:** Oil preferences are regionally distinct, reflecting cultural and environmental influences, as shown in Tables 7 and 8 and Fig.3.

**4. Total Days of Massage After Delivery**

- **Observation:** Regional differences in massage duration exist, but the chi-square test ( $p = 0.089$ ) suggests no significant variability in overall preferences (mean = 96.98%).

- **Inference:** Massage duration varies culturally, but the practice is broadly favored as shown in table 9,10 & Fig.4.

**5. Belly Binding After Delivery**

- **Observation:** The mean preference is 96.05%, with no significant difference across regions ( $p = 0.944$ ).
- **Inference:** Belly binding is uniformly preferred as a post-delivery practice, as shown in table 11,12 & Fig.5.

**6. Care for Episiotomy Wounds/Minor Lacerations**

- **Observation:** Regional preferences range from 69.1% to 81.3%, but the chi-square test ( $p = 0.629$ ) shows no significant differences.
- **Inference:** Preferences for wound care are similar across regions, with some cultural variability as shown in table 13,14 & Fig.6.

**7. Special Dietary Recipes During Puerperium**

- **Observation:** Preferences differ significantly ( $p = 0.009$ ), with 100% adherence to region-specific recipes in the East and West regions.
- **Inference:** Special dietary recipes are regionally distinct, reflecting strong cultural influences as shown in table 15,16 & fig.7.

**8. Herbal Medication/Decoction During Puerperium**

- **Observation:** Preferences differ significantly ( $p = 0.008$ ), with the East region showing 100% adherence to region-specific herbal medication/decoction during Puerperium.
- **Inference:** Herbal medications are commonly advised but are tailored to regional traditions as shown in table 17,18 & fig. 8.

**9. Special Care After Caesarean Delivery**

- **Observation:** The mean preference is 96.05%, with no significant difference across regions ( $p = 0.944$ ).
- **Inference:** Special care after caesarean delivery is uniformly preferred as a post-delivery practice, as shown in table 19, 20 & Fig.5.

**10. Diet/Herbal Preparations for Lactation Improvement**

- **Observation:** Regional preferences differ significantly ( $p = 0.04$ ), with a mean preference of 81.2%.
- **Inference:** Regional dietary practices for lactation reflect cultural diversity and local resource availability as shown in table 21,22 & fig.10.

### 11. Use of Rakshoghan Dravya (Protective/Disinfectant Substances)

- **Observation:** Uniformly high preference across regions (mean = 96.05%), with no significant differences ( $p = 0.944$ ).
- **Inference:** Protective substances are widely accepted for postnatal care as shown in table 23,24 & fig.11.

### 12. Rituals or Mantras for Psychological Well-Being

- **Observation:** Preferences differ significantly ( $p = 0.009$ ), and there is regional variation in specific practices (mean = 86.8%).
- **Inference:** Rituals and mantras are culturally influenced and significantly promote psychological well-being, as shown in table 25,26 & fig.12.

### 13. Bathing habits after delivery, specific water (medicated/scented) used after delivery

- **Observation:** No specific statistical analysis provided.
- **Inference:** Likely follows similar trends to general postnatal care, with regional variability shown in fig. 13.

## DISCUSSION

The survey underscores the enduring relevance of *Sutika Paricharya*, combining physical, dietary, and spiritual interventions for postpartum recovery. The emphasis on massage, dietary supplements, and fumigation reflects a holistic approach to maternal health. Regional variations highlight the adaptability of these practices to local resources and cultural beliefs. Post-delivery diets like dry fruit ladoos and warm soups in the North are universally preferred to boost strength and lactation. The South emphasises light and easily digestible meals such as idlis and rice gruel, while the East incorporates unique items like dry fish and Colocasia stems. The West includes ajwain halwa and *Shunthi* ladoos, showcasing a regional adaptation of nutrient-rich foods. Massage, or *Abhyang*, is a universal tradition in the North and West, practiced for 30-60 days, while the South and East have shorter durations of 30 and 7-10 days, respectively. Belly binding, believed to aid abdominal recovery, is widely practiced across all regions. The type of oil used for massages reflects regional preferences, with mustard and sesame oils dominating in the North and West, coconut oil in the *South*, and *Sarshap Taila* leading in the East. These oils are chosen based on their heating or cooling properties and

are suitable for seasonal and climatic conditions. To improve lactation, mothers in the North consume *Shatavari*-based dishes and dry fruit ladoos, while those in the South rely on fenugreek porridge and *Shatavari*. The East incorporates *Methi* seeds, meat soups, and dairy; the West includes foods like *Ahaliv* kheer. These herbal preparations replenish the mother's energy reserves while enhancing milk production. The South prefers *Jatyadi Taila for episiotomy wound care*, while the North incorporates herbal anti-septic oils. The East and West also emphasise wound care using herbs like neem and turmeric. Traditional disinfectants, known as *Rakshoghan Dravya*, are widely used across regions to protect mothers and infants. Cow dung, *Sarshap*, and *Haldi-Guggul* fumigation are preferred in the North, while the South uses garlic peels and *Ajwain*. The East favors neem and *Nirgundi* fumigation, and the West prefers *Sambрани* and *Gugul Sarshap* fumigation. Rituals such as chanting the *Gayatri Mantra* are common across regions, with variations like Sohar songs in the East and *Hanuman Chalisa* in the West, offering spiritual solace and psychological relief. Bathing with medicated or scented water is another significant tradition. The North uses fennel and fenugreek seeds with *Tulsi* and *Nirgundi* leaves, while the South emphasises *Nalpamaradi Kashay* and warm neem water. *Eranda* and *Nirgundi* leaves with warm water are common in the East, and in the West, *Tulsi*, *Nirgundi*, and *Jambu* leaves are used. These baths reduce postpartum swelling, prevent infections, and promote relaxation. The integration of nutrient-dense foods supports lactation and replenishes maternal strength, while belly binding aids in uterine involution. *Dhoopan* practices reflect ancient disinfection methods, aligning with modern hygiene principles. Spiritual rituals address the psychological needs of postpartum women, fostering emotional stability and community support. According to classical texts, the traditional patterns of *Sutika* care are modified adaptations of the methods<sup>5</sup>. *Abhyanga* for a postpartum woman (*Sutika*) can be either localised (*sthanika*) or whole-body (*sarvanga*), performed using medicated oils or ghee<sup>6</sup>, particularly *Bala Taila*. This oil is known for its properties that alleviate *Vata dosha*, rejuvenate muscle tissue (*mamsadhatu*), and reduce fatigue (*shramhara*). *Abhyanga* strengthens the pelvic floor, abdominal and back muscles, enhances tissue health, and relieves muscular spasms. Massaging the lower back facilitates the effective drainage of *lochia*. *Prisheka*, a process of pouring warm water<sup>7</sup> in a continuous stream,

is beneficial for subsiding *Vata* and *Kapha doshas*. It also alleviates pain, enhances skin health (*twakprasannata*), and cleanses the channels (*srotonirmalata*). *Udarveshtana*<sup>8</sup> (*Tight abdominal wrapping*) helps prevent *Vata dosha* imbalances by compressing the hollow space left after childbirth. Wrapping the abdomen with a long cotton cloth supports the abdominal region and back, aiding the uterus's natural contraction and returning it to its original position (*involution*). *Yoni Dhoopan* (fumigation of the perineal area)<sup>9</sup> ensures hygiene, promotes healing of episiotomy wounds, and accelerates the recovery process by maintaining a healthy perineal environment. India's post-delivery practices embody the harmonious blend of cultural traditions and natural remedies deeply rooted in Ayurveda and reflective of Kashyapa's principles of postpartum care, which emphasise the importance of *Desha* (region), *Kula* (lineage or family traditions), and *Satmya* (habituation or suitability). These principles highlight the adaptive nature of care, shaped by the local environment, familial customs, and individual needs, ensuring mothers' and newborns' nourishment, recovery, and holistic well-being.

## CONCLUSION

*Sutika Paricharya's* practices offer a comprehensive framework for maternal care, blending traditional wisdom with holistic well-being. Standardising and integrating these practices with modern healthcare can enhance maternal recovery and address cultural sensitivity. This survey underscores the value of preserving and adapting traditional postpartum care to meet contemporary health needs. These findings confirm that conventional practices are deeply rooted in

geographical and cultural variations, as described by *Kashyapa*, emphasising the adaptive nature of postpartum care across diverse regions.

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