

MANAS VIKARA IN SUTIKA: - A REVIEW

Dr. Veena Ajay Patil*¹, Dr. Bhagyashri Mahavir Khot² and Dr. Kiran Shankar Singh³

¹Ph.D. Professor & Hod Stiroga Avum Prasuti Tantra Government Ayurved College,
Osmanabad Pin- 413501 Maharashtra.

²Asso. Professor & Guide Stiroga Avum Prasuti Tantra Government Ayurved College,
Osmanabad Pin- 413501 Maharashtra.

³M.S. Scholar Stiroga Avum Prasuti Tantra Government Ayurved College, Pin- 413501
Maharashtra.

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***Corresponding Author**

Dr. Veena Ajay Patil

Ph.D. Professor & Hod
Stiroga Avum Prasuti Tantra
Government Ayurved
College, Osmanabad
Pin- 413501 Maharashtra.

ABSTRACT

In today's era families, especially in cities are nucleated, so the burden of childcare completely falls on the puerperal women. She has to take care of the baby as well as of herself. This creates excessive physical as well as mental exertion on her. Also most of the women are working these days so they have to manage work along with their pregnancies which puts a toil on their health. If during pregnancy period proper *garbhini paricharya* is not followed and the women continues with her office work than it puts strain on her leading to vitiation of *sharirik* and *manasik doshas*, particularly *prokapa* of *vata dosha*. During the delivery process there is naturally increased *vata* which will undergo furthermore vitiation in *sutika avastha* if not pacified with *sutika paricharya*. This vitiated *vata* will enter *manovaha srotas* leading to its

dushti, thus creating *manas vikaras* in *sutika*. Here Ayurveda plays a significant role by giving various *paricharyas* and *aushadhis* before, during and after delivery to relieve the women from all the physical and mental strain she has been through during the labour process. All the treatment told in *manas rogas* should also be used in treating *sutika manas rogas*.

KEYWORDS: *Manas vikara, sutika, sutika paricharya*, post partum period, puerperal psychosis.

INTRODUCTION

a woman who has just given birth to a child followed by expulsion of the placenta is called as *sutika*.^[1] This is a phase of regaining the lost strength and attaining pre-pregnancy state for the woman after the strenuous and lengthy process of the child bearing and labour by regulating the dietetics and mode of life and undergoing specific procedures and medications. The time period for *sutika* is said to be 1 and half month or until she gets her first menstrual cycle after labour.^[2] During this period the body tissues, specially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically.^[3] The expectant mother feels a lot of emotions altogether and anxiety due to hyperactivity of the hormones and because of carrying the foetus for 9 months. And soon after delivery again there is tremendous variation of hormones which makes the women more prone for psychological disturbances. Hence she should be counselled properly and treated according to her physical as well as her mental condition.

After the delivery of the child, generally in our society maximum attention is given on the infant and the women receives the secondary importance as well as affection. This makes her feel aloof and lonely. If the women is not paid attention to during this period than in near future she can develop post partum mental illnesses like puerperal blues and depression.

Therefore it is required that the doctors as well as the family members counsel and give special care to the women during this period.

Postpartum mood disorders pose health risks for mother and infant and impair family relationships, yet mental health assessments often are not incorporated into postpartum care. Screening and counselling for disorders such as postpartum depression (PPD), anxiety, and obsessive-compulsive disorder (OCD) can prevent potentially serious consequences. Delay in receiving adequate treatment is associated with an increased duration (and perhaps severity) of PPD. Clinicians must be proactive in identifying women at risk and providing appropriate counselling, referral, or both.^[4]

AIMS AND OBJECTIVES

To study *manas vikara* in *sutika* described in Ayurveda classics and modern medicine.

MATERIALS AND METHOD

To review *manas vikara* in *sutika* through Ayurveda classics, commentaries by various acharyas, published books, research journals and modern science literature.

Sutika manas vikara

- *Kashyapa* has described *sutika manas vikara* while mentioning *sutika rogas* in *dushprajata chikitsa adhyaya* and in *sutikopakramaniya adhyaya* in *khillasthan* and *chikitsasthan*. Total four diseases are mentioned over here which are as follows – *pralapa*, *unmada*, *prajagara* and *moha*.^[5] *Unmada* is explained in detail by various authors which is given below, but *pralapa*, *prajagara* and *moha* are not explained as separate diseases by any ayurvedic classics. In *charak chikitsasthan*, *charaka* has mentioned *pralapa*, *anidra* and *moha* in *vatavyadhi samanya lakshanas*.^[6] which provides us with the idea that *vata* plays an important role in *samprapti* of *manas vikaras*. Hence it is utmost need to bring *vata dosha* back to its normalcy during the *sutika kala* by application of *sutika paricharya* and use of *vata shamaka* drugs and formulations to prevent *sutika manas vikaras*.
- **Hetu-** The *hetus* of *sutika roga* include, roaming out at night, fright, sudden fall from a higher area, suppression of various natural urges, sleeping during day time, excessive eating even before the previous food is digested, and psychological factors like fear, anger, grief, jealousy, etc. are some of the main causes for all the *sutika rogas*.^[7] Apart from this, *rasa dushti* is also a major factor in *samprapti* of *manas roga* and *rasa dushti* is caused by the following factors – excessive intake of *guru*, *sheeta*, *snigdha ahara*, eating *pathya* and *apathy ahara* together, and *atichinta*.
- Now we will see two *manas vikaras* which are most commonly seen in patients.
- 1) **Unmada:** According to *Acharya Charak*, *Unmada* is the *manasvyadhi* which is understood as the unsettled condition of the *Manas* (mind), *Buddhi* (understanding), *Samjna* (consciousness), *Gnana* (perception), *Smriti* (memory), *Bhakti* (inclination), *Sheela* (character), *Chesta* (behaviour), and *Achara* (conduct)^[8] As a result *Chitta* gets disturbed and in turn causes impairment of *Budhhi*.^[9] Due to this, the individual person feel different sign and symptoms like loss of confidence, irrelevant talk, biased willing and thinking, deprived memory/ decision/ orientation and responsiveness.

Unmada clinical features

- Disorganized speech
- Hallucination (mainly auditory)

- Bizarre behaviour
- Social withdrawal
- Deterioration of personal hygiene
- Insomnia
- Excited motor signs- shout, talk rapidly, act out in violence.^[10]

2) **Apasmara**:- *apasmara* (Sanskrit for *apa* (to lose) or leave, and *smara* (memory) is a psychosomatic disorder involving memory, intellect and mind and present with cardinal features such as transient loss of memory, abnormal movements of body and blackouts.^[11]

Characteristics:- *apasmara* is characterized by occasional loss of consciousness associated with aberrant activities (like vomiting of froth and abnormal postures of the body) and behaviour, due to perversion of memory, intellect and other psychic faculties.

According to modern science

Postpartum mood disorders are usually grouped into the following categories

- Baby blues
- Postpartum depression (PPD)
- Postpartum psychosis (PPP)³
- Postpartum anxiety (panic disorder, social phobia, generalized anxiety)⁴
- Postpartum obsessive-compulsive disorder (OCD)^[12]

Causes

The causes for post partum mental disorders can include Sudden and quick changes in the hormones.

- Still Birth/ Intrauterine Death (IUD)
- Intra Uterine Growth Retardation (IUGR)
- Baby injured during delivery.
- Malformation of child.
- Multipara having only female children.
- Bad obstetric history
- Lactational failure.

Baby blues refers to commonly occurring mood swings or mild feelings of sadness after childbirth. Also called postpartum reactivity, these feelings usually peak approximately three

to five days postpartum and disappear within a couple of weeks after the baby is born.⁵ Postpartum depression, a far more serious disorder, usually develops within the first three months postpartum but may develop any time during the first year and includes symptoms such as low mood, sleep disturbance, and poor functioning.⁶ PPD affects up to 20 percent of postpartum women.^{7,8} Potential for the development of postpartum psychosis is highest within the first few weeks after childbirth. Onset is sudden and characterized by hallucinations, delusions, agitation, and other psychotic symptoms. Incidence is estimated at one to three per 1,000 postpartum women.⁹ Postpartum anxiety and OCD are less well-recognized disorders and may occur on their own or in conjunction with depression. Anxiety affects 5 to 20 percent of new mothers; onset can be sudden or gradual.¹⁰ The woman may worry excessively or feel anxious, have a short temper, feel irritable and sad, or experience unusual symptoms of anxiety. Roughly 3 to 5 percent of postpartum women experience obsessive symptoms—intrusive, repetitive, and persistent thoughts or mental pictures (often about harming their baby), as well as behaviours targeted to reducing anxiety. Clinicians should maintain a heightened alertness for the range of possible symptoms that may indicate a mental health problem in a postpartum woman so that early treatment can be initiated.^[13]

Management

Treatment of *sutika manas vikaras* can be grouped into three criteria's, which are *aushadhi chikitsa*, *sutika paricharya* and *ashwasana chikitsa*.

Aashwasana chikitsa – it is the first line of treatment. *Aashwasana chikitsa* starts before the patient goes in labour pains. The patient should be counselled about the process of delivery, the pain levels, post partum complications, taking care of the new-born and proper feeding.

Sutika Paricharya – A care of the woman during puerperium comes under the heading of *Sutika Paricharya*.

Its principles are given as follows: 1. *Vatashamana* 2. *Agnideepana* 3. *Pachana* 4. *Raktavardhana* 5. *Stanyavardhana* 6. *Yonisansrana* 7. *Garbhashayashodhana*, 8. *Koshthashodhana* 9. *Dhatupusti*, 10. *Balya*

Samanya paricharya

Acc. To *charaka samhita*

- 1) when woman feels hungry she should be given *pippali*, *pippalimula*, *chavya*, *chitraka* and

shringavera in *churna* form with any one out of *ghrita*, *taila*, *vasa*, *majja* in the quantity which she can digest easily after considering her *satmyata*. This will pacify *vata dosha*, will do *deepana pachana*, and will do *garbhashaya* and *koshthashodhana*.

- 2) After the digestion of *Sneha*, *ghritayukta yavagu* which is processed with above mentioned drugs should be given.
- 3) This regimen should be continued for about 5-7 days and then gradual administration of *brimhana dravyas* should be done.
- 4) After *abhyantara snehana*, *bahya snehana* in the form of *abhyanga* by using *ghrita* and *taila* over the abdomen.
- 5) Abdomen is wrapped properly by using big clean cloth. This massaging and wrapping produces compression of abdomen thus prevents the presence of empty space and vitiation of *vayu*.
- 6) Before and after *Sneha pana* and *yavagu pana*, *parisechana* by using hot water should be done.

Acc. To *sushruta Samhita*

- 1) *Abhyanga* should be done by using *bala taila* followed by *parisheka* with *vatahara dravya siddha kwatha*.
- 2) *Churna* of *pippali*, *pippalimula*, *hastipippali*, *chavya* and *shringavera* along with *ushna gudodaka* for 2-3 days should be given for *grabhashaya shodhan*.
- 3) *Sneha yavagu* or *kshira yavagu* processed by *vidarigandhadi* group of drugs should be given for 3 days.
- 4) Then *shalidhanya* along with *yava*, *kola* and *kulattha siddha jangala mamsa rasa* is advised after considering her strength and digestive power.^[14]

Aushadhi chikitsa – *Sutikabharan rasa* – It is mentioned as *sarvaroga hara param* which means it treats all kinds of *sutika rogas*.

- *Pratapankeshwar rasa* - It is used in *sutika jwara*, *shirashula*, *nidranasha*, *unmada*.
- *Smritisagar rasa* -
- *Vasant kalpa- laghumalini* and *suvarnamalini vasant*
- *Vatakulantaka rasa* – *Sutika akshepa*
- *Ashwagandharishta*
- *Brahmivati*
- *Kumariasava*

- *Unmadagajakesari rasa*
- *Kasturibhairava rasa*
- *Kalyanaka ghrita*
- *Saraswatarishta*
- *Dashamularishta*

DISCUSSION

Sutika kala is a period from the time of delivery till the onset of first menstrual cycle. During this period the women regains her lost strength by *Pushti* of all the emaciated dhatus and attains her prepregnant state. It is a crucial period for her because she goes through a roller coaster of physical, emotional and hormonal changes. She is highly susceptible to develop *manas vikaras* during this period because of irregular sleeping pattern, irritability due to lack of sleep, hormonal fluctuations, continuously feeding and looking after the baby, loss of personal space and time, etc.

Also during *sutika kala vata prakopa* occurs, which will cause *manovaha srotas dushti* leading to formation of *manas vikaras* like *unmada*, *apasmara*, *pralapa*, *moha*, *prajagara*, etc.

Here Ayurveda can be used for prevention of such situation by use of *sutika paricharya* which not only relieves physical stress and pain of the puerperal woman but also relaxes her mentally by pacifying the *doshas*. Furthermore use of Ayurveda drugs and formulations told in *manas rogas* can be used in the management of *sutika manas vikaras*.

CONCLUSION

manas vikaras in *sutika* has been a very secluded topic with not much heed paid to it. A woman goes through drastic changes in nine months of her pregnancy and in her post partum period, which puts her on emotional toil. If she is not counselled appropriately in her post partum period than there is high chances of developing post partum depression, puerperal blues, psychosis, etc. It is a very important and serious aspect to look into, because if the woman is not recovered from *sutika manas roga* than she can hurt herself or the baby leading to their mortality as well, which might destroy the whole family itself. Hence it is important to counsel each and every post partum woman and treat her symptoms accordingly.

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