

THE CLINICAL SIGNIFICANCE OF *CHARAKOKTA SUTIKA PARICHARYA* IN WELL BEING OF *SUTIKA*: A CASE STUDY

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ABSTRACT

Mother mortality and morbidity are two of our country's most important concerns. Many mothers report an increase in medical difficulties such as backache, anaemia, joint pains, and other diseases after puerperium in our daily lives. Post-partum morbidity is common in developing countries, and its link to poor perinatal outcomes suggests that both the mother and the baby require post-partum care. *Sutika* is the name given to a woman after she has delivered her placenta (puerperal woman). *Sutikakala* (duration of puerperium) is the interval following childbirth during which all body tissues revert to a pre-pregnant state as near as possible. According to many Ayurvedic texts, the duration of this period varies. It is commonly known that

during *Sutikakala*, various psycho-somatic changes occur, such as weight loss, loss of body fluid, lacerated genital tract, constipation, mental stress, and so on. As a result, guided *Sutika paricharya* with rational use of classically referred medicine would be the best solution for avoiding psycho-somatic diseases and promoting the mother's early recovery.

INTRODUCTION

The transformation of a woman from a woman to a mother is the happiest event in a woman's life, but it comes only after immense physical strain during labour, which is why old people used to refer to "labour" as "women's rebirth." After the delivery, the women become severely debilitated physically and psychologically, and there are increased chances of backache, weakness, and other symptoms. It's all about caring, sharing, sacrificing, and struggling as a mother. Women's health is very important in Ayurveda, especially during the

pregnancy and postnatal periods. After the baby is delivered and the placenta is expelled, the lady is called as *Sutika*, and the care given is termed as *Sutika-Paricharya*. *Mithyaachara* during this time period almost often leads in incurable or difficult-to-cure disorders. Woman regains all lost belongings and reaches pre-pregnancy level after following correct *Sutikopacharya* (puerperal regimen). Important therapies, nutritional diet, and *Swastha Vrithapalana* are all part of the *Paricharya*, *Garbhashayashuddhi*, *Dhatu-Paripurnata*, *Sthanya- Vridhhi*, and *Punarnavekarana* are the primary achievements of *Sutika-Paricharya*.

Need of study - Even after huge advancement in the field of obstetrics, the maternal mortality rate is 130/10,000 live birth in india and in rajasthan it is 199/100000. Severe bleeding (mainly after childbirth), infection (typically after childbirth), high blood pressure during pregnancy (pre-eclampsia), complications from delivery, unsafe abortion, and social variables associated with rural areas account for nearly two-thirds of all maternal deaths. Supplementation of heamatinics, calcium, and vitamins is available in the modern medical system for the treatment of *Sutika Kala* (post-natal phase). Only mineral and vitamin replenishment will be treated by these drugs. However, these treatments do not meet the other needs of the post-natal period, such as strengthening the uterus and urinary bladder, producing enough amounts of breast milk, and improving appetite and general well-being. Due to adaptation of western life style and more exposed towards the stress and strain the women are facing many problems. Among these *Stanyakshaya* is major one, which seems to be very simple condition but pertaining to children's it is major problem. *Stanyakshaya* is a common problem noticed in about 40% patients in clinical practice. *Vidarikanda* is popular *Ayurvedic* drug for *Stanya Kshaya* and has satisfactory results. These *Ayurvedic Sutika Paricharya* (as per Acharya Charaka) has been in use since ages, and has been found to be useful in treating *Sutika* (post-natal women) and promoting the health.

CASE STUDY

Selection of patient – Puerperial women selected from ipd of ptsr dept NIA hospital, Jaipur who was ready to give written voluntary informed consent before starting the trial.

Study Details

- ◆ Name of Patient- X
- ◆ Registration no. – 96963
- ◆ Date of visit- 22/7/2021
- ◆ Age- 34 years

- ◇ Gender- Female
- ◇ Nationality – Indian
- ◇ Address – Jaipur.
- ◇ Religion- Hindu
- ◇ Occupation- Housewife

➤ **Chief complaints**

- ✓ Lochial discharges p/v since after delivery
- ✓ Pain abdomen since after delivery
- ✓ Fatigue since after delivery
- ✓ Low Backache since after delivery
- ✓ Anorexia since after delivery
- ✓ Constipation since after delivery

- **History of present illness** - According to patient she was asymptomatic before 9 months. Then she developed the complaint of amenorrhea. She found her UPT +ve. She came to NIA Prasuti OPD for regular ANC work up. She was admitted in NIA IPD ward on 22/7/2021 with complaints of pain in lower abdomen. Labor pains start since 4 am on 22/7/2021. Then, she was under observation for vitals, uterine contractions and fetal heart rate half hourly in IPD ward. Then patient delivered A full term alive male child of weight 2.6 kgs at 2.10 pm on 22/7/2021. Then that patient was selected for *Charakokta Sutika Parichrya* for 5 days.

➤ **History of the Patient**

❖ **Personal History**

- ◇ Diet- vegetarian
- ◇ Appetite- poor
- ◇ Bowels- constipated
- ◇ Micturition- No complaints
- ◇ Sleep- Sound
- ◇ Medications- Nil
- ◇ Habits- No history of using alcohol or tobacco

❖ **Medical & Surgical History** - Not Significant.

❖ **Family History**- Not Significant.

❖ **Menstrual & Marital History**

- ◆ Menarche at age of 14 years.
- ◆ Past Menstrual cycles: 4/ 28-30 days. Regular, moderate flow and painless.
- ◆ Last menstrual period (LMP): 12/11/2020
- ◆ Married life: 11 year
- ◆ Active Married life: 11 year

❖ **Obstetric History-** G3 P3 A0L3

- ◆ G1- FTND X Mch of 10 years at Hospital.
- ◆ G2- FTND X Mch of 5 years at Hospital.
- ◆ G3- FTND X Mch of 1 day at Hospital.

- ❖ **Delivery History** – FTND an alive male child of weight 2.6 kgs delivered as vertex position at 2.10 pm on 22/7/2020 at Nia Hopital Jaipur.

➤ **Clinical Findings.**

❖ **General Examination**

- Height- 156cm
- Weight- 54 kg
- TPR- Normal
- B.P- 110/70 mm Hg
- Averagely built and nourished
- Pallor- Nil
- No Pedal edema
- Nails, tongue and conjunctiva- Pink
- No evidence of lymphadenopathy
- Breast –Normal
- No evidence of any icterus

➤ **Physical examination**

| <i>Ashta Vidha Pariksha</i> | <i>Dashvidha Pariksha</i> |
|------------------------------|--|
| <i>Nadi – 72/min</i> | <i>Prakriti – Vatapittaj</i> |
| <i>Mutra – 8-9 times/day</i> | <i>Vikriti – Vikriti visham samavaya</i> |
| <i>Mala – once /day</i> | <i>Sara – Madhyama</i> |
| <i>Jihwa – normal</i> | <i>Samhanana- Avara</i> |
| <i>Shabda – Samanya</i> | <i>Pramana – Madhyam</i> |
| <i>Sparsha – Ushna</i> | <i>Satmya – Mishra rasZ</i> |

| | |
|--|---|
| <i>Drika – Malina</i> <i>Aakriti – Krisha</i> | <i>Satva –Madhyam</i> <i>Vaya – Yuvati</i> <i>Vyayamshakti – Madhyam</i> <i>Aharashakti – Abhyavaran shakti : Avara</i> <i>Jaran shakti :Avara</i> <i>Agni : Manda</i> |
|--|---|

➤ **Systemic Examination**

❖ Cardio-vascular system, Respiratory system and Central nervous system were normal.

➤ **Post –natal investigations**

- HB. – 10.7 gm/dl
- TLC – 18300 cells per cubic millileter
- Platelet counts – 38400 cells per cubic millileter
- RBS – 82.7 mg/dl
- LFT – WNL
- RFT – WNL
- VDRL test: Non-reactive
- Australia antigen (HBsAg) test: Non-reactive
- HIV screening: Negative
- Urine – Routine – WNL

Microscopic – RBCs – absent, Pus cells – 3-4 hp, Ep cells – 3-4 hpf

| Sr.no. | Drug/ Procedure | Duration |
|--------|--|--|
| 1. | Pippalyadi Churna Sahapana: Go ghrita Route: Orally Dose: 3gm Pippalyadi Churna with 20 ml Go ghrita Time: After feeling of hunger in morning | From 1 st to 5 th day after delivery |
| 2 | Udar Abhyanga: Abhyanga with Tila taila Dose: 30 ml Time: In morning immediately after Ghritapan. | From 1st to 5th day after delivery |
| 3 | Udaraveshtana: Udaraveshtana with cotton cloth in form of belt Time: done after Udara Abhyanga and remove before intake of Yavagu | From 1st to 5th day after delivery |
| 4 | Yavagupana -Pipplyadichurna (3 gm) Sidha Sneha (10ml) Yavagu (made by broken wheat{daliya}) (dose –as per digestive capacity) Time – after digestion of Sneha. | From 1st to 5th day after delivery in morning and evening |
| 5 | Vidarikand Churna ; Dose – 5gm(BD) Sahapana – milk | from 6 th to 15th day after delivery |

Route – orally
Time – Apan kala

➤ Detailed Posology of Administration of *Paricharya*^[1]



➤ Clinical assesement

| Parameters | Score | | | | | | Follow up (AT) 15 th day after delivery |
|----------------------|-------|--|--|--|--|--|--|
| | | Follow up | | | | | |
| | BT | 1 ST day after delivery | 2 nd day after delivery | 3 rd day after delivery | 4 th day after delivery | 5 th day after delivery | |
| Lochial discharges | 3 | 3 | 2 | 1 | 1 | 1 | 0 |
| Pain abdomen | 8 | 8 | 6 | 4 | 2 | 0 | 0 |
| Optimum lactation | 2 | 2 | 2 | 2 | 1 | 1 | 0 |
| Fatigue | 2 | 2 | 1 | 1 | 1 | 0 | 0 |
| Low Backache | 6 | 6 | 4 | 2 | 2 | 0 | 0 |
| Burning micturation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Anorexia | 2 | 2 | 1 | 1 | 0 | 0 | 0 |
| Constipation | 2 | 2 | 1 | 1 | 0 | 0 | 0 |
| Involution of Uterus | 3 | 3 | 2 | 2 | 2 | 1 | 0 |

❖ **Observations** – Table no. 1 shows that before treatment the score of Lochial Discharge was 3 i.e. heavy amount saturated peripad which was reduced to score 1 i.e. light amount less 4 inch stain on peripad and on 15th day of follow up the score was 0 that is scant amount blood only on tissue wiped or less than 1 inch stain on peripad. Relief in Pain abdomen shows

that BT the score was 8 that is severe pain (interferes with needs) which was reduced to score 0 that is no pain after treatment. Improvement in lactation shows that BT the score was 2 that is mild lactation (baby needs top feed > 3 times a day) which was reduced to score 1 i.e. moderate lactation (baby also needs top feed 2-3 times a day and on 15th day of follow up the score was 0 that is proper lactation (baby gets fully satisfied). Relief in fatigue shows that before treatment the score was 0 that is fatigue on routine work which was reduced to score 0 that is no fatigue. Relief in low backache shows that before treatment the score was 6 that is interferes with concentration which was reduced to score 0 i.e. no backache. Relief in anorexia shows that before treatment the score was 2 i.e. moderate anorexia (take food forcefully) which was reduced to 0 i.e. take food with interest. relief in constipation shows that before treatment the score was 2 i.e. moderate constipation (once in 2-3 day with difficulty in defecation) which was reduced to score 0 i.e. no constipation was there. the involution of uterus was shows that before treatment the score was 3 i.e. well contracted uterus (> 20 weeks) which was reduced to score 1 i.e. well contracted uterus (12-16 weeks size) and on 15th day of follow up the score was 0 that is well contracted uterus (upto pelvis).

➤ DISCUSSION

1. Lochial discharge^[2] -it is the vaginal discharge for the first fortnight during puerperium. The discharge originates from the uterine body, cervix and vagina. Depending upon the variation of the color of the discharge, it is named as.

1.Lochia rubra – This lasts one to four days and is red in colour. It consists of blood, decidua, vernix caseosa, foetal membranes, epithelial cells etc.

2.Lochia serosa - It is yellowish at first, then brownish in colour, and lasts for 5 to 9 days. it consists RBCs, cervix mucus, leucocytes and microorganisms.

3.Lochia alba – After lochia serosa has disappeared, it lasts for 10 to 15 days. This is white in colour. There are also decidual cells, leucocytes, mucus, crystals, epithelial cells, and microorganisms in it. According to recent research, lochia can last up to 4 weeks and can cease and recur up to 56 days following delivery. This desired positive result might be achieved by the proper expulsion of lochia due to the *Ushna*, *Tikshna Guna*, *Katu Rasa*, *Ushna Veerya*, *Vatanulomana*, *Garbhashaya Sankochaka* properties of *Pippalyadi Churna*.^[3] Due to *Garbhashaya Shodhaka* and *Vatanulomana* characteristics of drugs used promotes healthy lochial discharge and prevents the formation of blood clots.

2. Pain in lower abdomen- Contractions are caused by the involuting uterus, which can be painful. They are referred to as "after pains." These pains can be severe enough to require the use of an analgesic. Because of oxytocin release, afterpains are more prominent when the baby suckles. *Balya* and *Agnivardhaka* properties of trial drugs may help to get rid of all kinds of abdominal pain. The *Garbhashaya Sankochaka* property of *Pippalyadi Churna* may provide relief from spasmodic contractions. *Pippalyadi Churna*, *Go Ghrita*.^[4] and *Tila taila* which contain all of the beneficial properties such as *Vatahara*, *Shoolahara*, *Vedana Sthapana*, *Grahi*, *Balya*, *Dhatu Poshaka*, produced remarkable outcomes in terms of relief of pain in lower abdomen.

3. Lactation:- One of the most significant aspects of puerperium care is the establishment of breastfeeding. The *Stanya Utpatti* and *Vridhhi* are both dependent on the mother's *Dhatuposhana* and nutrition. The formation of *Stanya* is encouraged by proper *Rasa Dhatu Nirmana* as *Stanya* is the *Upadhatu* of *Rasa*. The medications may have improved the mother's overall health and nutrition by its *Deepana* and *Pachana* properties. *Vidarikanda Churna* has *Guru*, *Sheeta*, *Snigdha Guna Madhura Rasa*, *Madhura Vipaki*, and *Sheeta Veerya*.^[5] With its *Guru*, *Snigdha Guna*, it acts as a *Vatashamaka*. With *Guru*, *Sheeta*, and *Snigdha Guna*, it acts as a *Pittashamak*. It is *Saptadhatuwardhaka*, *Balyakara*, and *Brimhana*. It is *Dhatuposhaka* and *Dhatushodhaka*, thus it's good for *Dhatukshinata*. As a result of above factors, the quality and amount of *Stanya* might have been improved.

4. Fatigue:- The primary causes of fatigue in *Sutika* are *Shoonya Sharira*, *Vata Prakopa*, *Dhatu Shaithilya*, and *Pravahana* (exertion related to labour pains). *Go-ghrita* and *Vidari Kanda Churna* are having the qualities of *Vatahara*, *Brihmana* and *Balavardhaka*. *Angamardaprashamana* and *Tridosahara* are properties of *Pippalyadi Churna*. The *Sneha Yavagu* given to *Sutika* having properties of *Balya Tarpani*, *Agni vardhaka* and *Vatashamaka*.^[6] The majority of medications contain anti-oxidant properties, which minimise the oxidation process, which is the primary cause of fatigue. Considering all of the conditions associated, it is clear that the *Paricharya* given to *Sutika* worked on to relieve fatigue.

5. Low Backache:- Backache in women after delivery is one of the most common ailments in today's society. Due to the changing position of the gravid uterus, the musculoskeletal system has undergone several changes during pregnancy. Even during labour and delivery, there is a lot of wear and tear. The *Vatahara*, *Vedanasthapana*, *Shoola Prashamana*, *Dhatu*

Poshana, Balya, Rasayana, and other qualities of the *Pippalyadi Churna* and *Tila Taila Abhyanga* produced excellent results.

6. Anorexia:- *Agnimandya*, caused by *Vata Prakopa* and *Dhatu Kshaya*, induces anorexia in *Sutika*. Excessive loss of body fluids such as *Rakta* and *Kleda* occurs during delivery, resulting in electrolyte imbalance in *Sutika Sharira*. *Pippalyadi Churna* is having *Sroto Shodhaka, Deepana* and *Pachana* properties. The diet regimen (*Yavagu-Pana, Ushnodaka Pana*) followed by patients during *Sutika-Kaala*, also helped in *Agni Sandeepana* as well as it corrects the electrolyte imbalance.

7. Constipation – Puerperium is more prone to constipation, fissures, and even haemorrhoids due to a lack of nutritious fibre rich diet, low water consumption, or even intestinal atony. After enhancing hunger and digestive capacity, the medications effects definitely resulted in bowel normalisation. The *Vatanulomana, Agnisandeepana* characteristics of *Pippalyadi Churna* resulted in regular, non-constipated, easy bowel movements.

8. Involution of Uterus- The uterus of a pregnant woman weighs about 1000 gms (not including the foetus, placenta, fluids, etc.). The uterus gets smaller to a weight of 50-100 gms in the 6 weeks following delivery. During the first week after delivery, the uterus decreases by around 31% and involutes up to the level of the pubic symphysis (2 cm a day). The drugs having *Teekshna, Ushna, Garbhashaya Shodhaka, Garbhashaya Sankochaka* properties, favoured the process of involution and made the uterus completely a pelvic organ on fifteenth day of delivery. Wrapping the abdomen, flanks and back with long and clean cotton cloth helps the uterus to shrink back to its normal size.

9. CONCLUSION - During *Sutikakala*, the majority of these alterations cause *Ati-Aptarparana* (emaciation) in the mother. This condition creates *Vata-Vridhhi*, which is responsible for a variety of health issues such as puerperal sepsis, *Stanya dushti* (vitiated breast milk), anaemia, uterine prolapse, and so on. By Following The Paricharya which is explained by Acharya Charaka, during the early postpartum days, i.e. in *Sutika kala*, which helped them recuperate quickly from the stress and strain of childbirth and helps in *Garbhashayashuddhi, Dhatu-Paripurnata, Sthanya- Vridhhi*, and *Punarnavekarana*. It also enhances the quality and quantity of breast milk produced, as well as reducing the risk of

numerous infant illnesses. Effect of Therapy showed improvement in physical, physiological and psychological parameters of *Sutika*.

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