

GARBHASHAYA SHODHANA DURING SUTIKA KALA: AN AYURVEDIC PERSPECTIVE AND CONTEMPORARY INSIGHTS INTO POSTPARTUM UTERINE INVOLUTION—A NARRATIVE REVIEW

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ABSTRACT

Background: The postpartum period (*Sutika Kala*) is a critical phase characterized by physiological, anatomical, endocrine, and psychological adaptations that restore maternal health after childbirth. Uterine involution, involving myometrial contraction, lochial clearance, endometrial regeneration, and tissue remodeling, is fundamental for successful postpartum recovery. *Ayurveda* advocates comprehensive postpartum care through *Sutika Paricharya*, emphasizing restoration of *Agni*, regulation of *Apana Vata*, nourishment of *Dhatus*, and maintenance of maternal well-being. Within this framework, *Garbhashaya Shodhana* is understood as a holistic concept supporting physiological uterine restoration rather than a simple cleansing procedure. **Objective:** To critically review the *Ayurvedic* concept of *Garbhashaya Shodhana* during *Sutika Kala* and explore its conceptual relationship with contemporary understanding of postpartum uterine involution. **Methods:** A

narrative review was conducted using classical *Ayurvedic* texts and peer-reviewed literature retrieved from PubMed, Scopus, Web of Science, and Google Scholar. Evidence related to postpartum physiology, uterine involution, tissue repair, and *Ayurvedic* postpartum care was critically reviewed and synthesized. **Results:** The principles underlying *Garbhashaya*

Shodhana are reflected in *Sutika Paricharya* through regulation of *Apana Vata*, enhancement of *Agni*, and promotion of *Dhatu Pushti*. These principles show functional similarities with modern physiological processes such as uterine contraction, lochial evacuation, endometrial regeneration, and tissue remodeling. However, high-quality clinical evidence evaluating the effectiveness of *Ayurvedic* postpartum interventions remains limited. **Conclusion:** *Garbhashaya Shodhana* represents a holistic *Ayurvedic* concept supporting postpartum uterine recovery. Although its principles demonstrate conceptual parallels with modern mechanisms of uterine involution, further well-designed clinical studies are required to establish their therapeutic role within evidence-based integrative maternal healthcare.

KEYWORDS: *Garbhashaya Shodhana*; *Sutika Kala*; *Sutika Paricharya*; *Ayurveda*; Postpartum care; Uterine involution; Maternal recovery; Integrative medicine.

1. INTRODUCTION

The postpartum period, also known as the puerperium, is a crucial phase in a woman's reproductive life during which extensive physiological, anatomical, endocrine, and psychological adaptations occur to restore the maternal body following childbirth. Conventionally extending for approximately six weeks after delivery, this period involves uterine involution, hormonal adjustments, tissue repair, initiation of lactation, and gradual recovery of maternal health. Appropriate postpartum care is essential for preventing complications such as postpartum hemorrhage, puerperal infection, delayed uterine involution, and long-term reproductive morbidity while improving maternal quality of life and neonatal outcomes.^[1-4]

Uterine involution is the hallmark of postpartum recovery. Immediately after placental delivery, the uterus undergoes rapid reduction in size through coordinated myometrial contraction, autolysis of hypertrophied muscle fibers, vascular remodeling, and endometrial regeneration. Simultaneously, lochial discharge facilitates the physiological elimination of blood, decidual tissue, mucus, and cellular debris from the uterine cavity. These tightly regulated biological processes restore uterine architecture and reproductive function while minimizing the risk of postpartum complications.^[3-6]

Ayurveda recognizes the postpartum period as *Sutika Kala*, a distinctive physiological state requiring specialized management to restore maternal health. Classical *Ayurvedic* literature describes childbirth as a condition associated with *Vata predominance*, depletion of body

tissues (*Dhatu Kshaya*), diminished digestive capacity (*Agni Mandya*), and reduced physical strength (*Bala Kshaya*). Consequently, comprehensive postpartum care known as *Sutika Paricharya* is advocated to normalize *Apana Vata*, enhance digestive and metabolic functions, replenish depleted tissues, promote lactation, and facilitate complete maternal recovery.^[7–11]

Within the principles of *Sutika Paricharya*, the concept of *Garbhashaya Shodhana* has attracted increasing attention in Ayurvedic obstetrics and gynecology. Although the term is not explicitly described as an independent therapeutic procedure in the classical texts, its underlying principles are reflected through interventions that support physiological uterine restoration following childbirth. Rather than implying mechanical cleansing of the uterus, *Garbhashaya Shodhana* encompasses normalization of uterine function, appropriate elimination of postpartum secretions, restoration of tissue integrity, and preservation of reproductive health. Therefore, it may be interpreted as a holistic physiological concept that complements postpartum recovery.^[7–11]

Recent advances in integrative medicine have encouraged scientific evaluation of traditional postpartum healthcare practices. Experimental studies have demonstrated that several *Ayurvedic* medicinal plants traditionally used during the postpartum period possess anti-inflammatory, antioxidant, immunomodulatory, and tissue-protective properties that may contribute to maternal recovery. Nevertheless, clinical evidence specifically evaluating *Ayurvedic* interventions for postpartum uterine involution remains limited, highlighting the need for rigorous scientific investigation.^[12–15]

Considering the growing interest in evidence-based integrative maternal healthcare, a critical appraisal of *Ayurvedic* concepts alongside contemporary obstetric knowledge is warranted. Exploring areas of conceptual convergence and scientific evidence may facilitate a better understanding of traditional postpartum care while identifying priorities for future research. Therefore, the present narrative review critically examines the Ayurvedic concept of *Garbhashaya Shodhana* during *Sutika Kala*, explores its relationship with modern mechanisms of postpartum uterine involution, and discusses its potential relevance in contemporary maternal healthcare.

2. REVIEW METHODOLOGY

This narrative review was undertaken to critically evaluate the *Ayurvedic* concept of *Garbhashaya Shodhana* during *Sutika Kala* and to examine its conceptual relationship with postpartum uterine involution described in contemporary obstetrics. A narrative review methodology was adopted because the topic integrates classical *Ayurvedic* principles with modern biomedical evidence and does not involve quantitative synthesis of clinical trials.^[16]

A comprehensive literature search was performed using electronic databases including PubMed, Scopus, Web of Science, Google Scholar, and Science Direct. Classical *Ayurvedic* literature was retrieved from *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, and standard textbooks of *Prasuti Tantra* and *Stri Roga*. The search included articles published in English up to December 2025 using keywords such as *Garbhashaya Shodhana*, *Sutika Kala*, *Sutika Paricharya*, *postpartum care*, *uterine involution*, *lochia*, *endometrial regeneration*, *maternal recovery*, and *Ayurveda*.^[16–18]

Peer-reviewed studies discussing postpartum physiology, uterine involution, inflammatory mechanisms, hormonal regulation, tissue repair, and integrative maternal healthcare were included. Duplicate publications, conference abstracts without full texts, editorials, and studies unrelated to postpartum recovery were excluded. The retrieved evidence was critically analyzed to identify conceptual similarities, existing scientific evidence, and research gaps regarding postpartum uterine restoration.

3. Ayurvedic Perspective of *Garbhashaya Shodhana* During *Sutika Kala*

3.1 *Sutika Kala*: Ayurvedic View of Postpartum Recovery

Ayurveda recognizes *Sutika Kala* as a distinct physiological period that begins immediately after childbirth and extends until the mother regains her pre-pregnancy strength and physiological equilibrium. Delivery results in significant physical exertion, blood loss, depletion of body tissues (*Dhatu Kshaya*), and aggravation of *Vata Dosha*, particularly *Apana Vata*, owing to the evacuation of the uterus. Consequently, postpartum women are considered susceptible to various disorders if appropriate care is not instituted.^[7–11]

Unlike modern obstetrics, which generally defines the puerperium as approximately six weeks, Ayurveda individualizes the duration of *Sutika Kala* according to maternal constitution (*Prakriti*), strength (*Bala*), nutritional status, mode of delivery, and pace of recovery. This individualized approach highlights the holistic nature of *Ayurvedic* postpartum care.^[7–11,19]

To promote complete recovery, classical texts recommend *Sutika Paricharya*, a comprehensive regimen comprising dietary modifications (*Ahara*), lifestyle practices (*Vihara*), and supportive therapeutic measures. The principal objectives are restoration of *Vata* balance, enhancement of *Agni*, nourishment of depleted tissues, promotion of lactation, and prevention of postpartum complications.^[7–11]

3.2 Concept of Garbhashaya Shodhana

The term *Garbhashaya Shodhana* is derived from *Garbhashaya* (uterus) and *Shodhana* (purification or restoration). Although the term is not explicitly described as a separate therapeutic procedure in the major *Ayurvedic* compendia, its principles are reflected within *Sutika Paricharya* through measures that facilitate physiological restoration of uterine function after childbirth.^[7–10]

In this context, *Shodhana* should not be interpreted as mechanical cleansing of the uterus. Rather, it signifies restoration of normal uterine physiology through proper elimination of postpartum secretions, recovery of tissue integrity, regulation of reproductive functions, and maintenance of maternal health. Thus, *Garbhashaya Shodhana* represents a holistic physiological concept rather than an isolated therapeutic intervention.

3.3 Principles Supporting Garbhashaya Shodhana

Regulation of *Apana Vata*

Among the five subdivisions of *Vata Dosha*, *Apana Vata* governs childbirth, menstruation, urination, defecation, and reproductive functions. Childbirth temporarily disturbs its normal physiological activity because of physical exertion and evacuation of the uterine cavity. Therefore, restoration of *Apana Vata* is considered fundamental for postpartum recovery.^[7–10]

Normalization of *Apana Vata* facilitates physiological elimination, supports uterine stability, and promotes recovery of reproductive function. From a contemporary perspective, these actions may be functionally compared with coordinated myometrial contractions and normal lochial evacuation, although both systems differ in their theoretical foundations.

Restoration of *Agni*

Reduced digestive capacity (*Agni Mandya*) is regarded as a characteristic feature of the immediate postpartum period. Classical *Ayurvedic* texts recommend warm, easily digestible, and nourishing foods along with *Deepana* and *Pachana* measures to restore digestive efficiency and metabolic balance.^[7,9,11]

Proper *Agni* is considered essential for the formation and nourishment of healthy tissues (*Dhatu Pushti*). Similarly, modern postpartum care emphasizes adequate nutrition, including sufficient protein, iron, calcium, vitamins, and micronutrients, to support wound healing, immune competence, and lactation.^[1–4]

Dhatu Pushti

Pregnancy and childbirth are associated with physiological depletion of maternal tissues, described in *Ayurveda* as *Dhatu Kshaya*. Restoration of these tissues through appropriate nutrition and supportive care is referred to as *Dhatu Pushti*.^[7–11]

From a biomedical perspective, postpartum recovery involves cellular proliferation, collagen synthesis, angiogenesis, extracellular matrix remodeling, and endometrial regeneration. Although described using different terminologies, both systems recognize tissue restoration as an essential component of maternal recovery.^[3,6,20]

Vata Shamana

Because *Vata Dosha* predominates during *Sutika Kala*, *Ayurveda* recommends *Vata Shamana* through appropriate diet, adequate rest, gentle *Abhyanga* (oil massage), mild *Swedana* (fomentation), and gradual return to daily activities.^[8–11]

These interventions are intended to restore physiological balance, reduce discomfort, improve circulation, and enhance maternal well-being. Contemporary rehabilitation strategies similarly emphasize early mobilization, balanced nutrition, adequate rest, and individualized postpartum care.

3.4 Sutika Paricharya as a Holistic Postpartum Care Strategy

Sutika Paricharya represents a comprehensive postpartum management protocol rather than treatment of isolated symptoms. Its key components include:

- **Pathya Ahara:** Warm, easily digestible, nutrient-rich foods to restore digestion and replenish maternal tissues.^[7–11]

- **Abhyanga:** External oleation to alleviate Vata predominance, promote relaxation, and improve musculoskeletal comfort.^[8]
- **Swedana:** Mild fomentation, when clinically appropriate, to reduce stiffness and improve circulation.^[8,9]
- **Gradual rehabilitation:** Adequate rest followed by progressive return to normal activities according to maternal strength and recovery.

Collectively, these measures facilitate restoration of maternal physiology, support uterine recovery, and reduce the likelihood of postpartum complications.

3.5 SUMMARY

From an Ayurvedic perspective, postpartum care extends beyond anatomical recovery of the uterus and encompasses restoration of systemic physiological balance. The principles underlying *Garbhashaya Shodhana*, reflected through *Sutika Paricharya*, emphasize regulation of *Apana Vata*, restoration of *Agni*, nourishment of *Dhatus*, and maintenance of maternal strength. Rather than representing a single therapeutic procedure, *Garbhashaya Shodhana* should be understood as a holistic framework supporting postpartum uterine recovery and overall maternal well-being.

4. Contemporary Understanding of Postpartum Uterine Involution

Postpartum uterine involution is a highly coordinated physiological process through which the uterus returns to its pre-pregnant size, structure, and function following childbirth. The process begins immediately after placental expulsion and generally continues for approximately six weeks, although complete histological recovery may require several additional weeks. Successful uterine involution is essential for preventing postpartum hemorrhage, puerperal infection, retained products of conception, and future reproductive complications.^[21–24]

Immediately after delivery, the uterus weighs approximately 1000 g and gradually decreases to nearly 60–80 g by the end of the puerperium. This reduction is achieved through coordinated myometrial contraction, autolysis of hypertrophied muscle fibers, vascular remodeling, and regeneration of the endometrium. Unlike pathological tissue destruction, postpartum involution is a regulated physiological process that restores reproductive function while preserving uterine integrity.^[21,23,24]

4.1 Myometrial Contraction

The earliest event in uterine involution is sustained contraction of the myometrium. Oxytocin released from the posterior pituitary stimulates rhythmic contraction of uterine smooth muscle fibres, compressing blood vessels at the placental implantation site and thereby preventing excessive postpartum bleeding. These contractions also facilitate expulsion of residual blood, decidual tissue, and lochia while progressively reducing uterine volume.^[21,22,25]

Breastfeeding further enhances endogenous oxytocin secretion, promoting more effective uterine contraction and accelerating involution. Inadequate myometrial activity may result in uterine atony, postpartum hemorrhage, or delayed involution.^[22,25]

From an Ayurvedic perspective, these coordinated expulsive mechanisms resemble the physiological actions attributed to *Apana Vata*, although this relationship should be regarded as a conceptual correlation rather than direct biological equivalence.

4.2 Autolysis and Tissue Remodeling

During pregnancy, enlargement of the uterus occurs primarily through hypertrophy of existing myometrial cells rather than cellular hyperplasia. Following childbirth, hypertrophied muscle fibres undergo autolysis, in which intracellular proteins are degraded and recycled, allowing gradual reduction in uterine size. Simultaneously, extracellular matrix remodeling, collagen reorganization, angiogenesis, and apoptosis contribute to restoration of normal uterine architecture.^[23,26]

These tightly regulated cellular events ensure structural recovery without compromising future reproductive function.

4.3 Endometrial Regeneration

Following placental separation, the superficial decidual layer is shed while the basal endometrial layer remains intact and serves as the source for regeneration. Endometrial repair begins immediately after childbirth through epithelial proliferation, angiogenesis, stromal remodeling, and extracellular matrix reconstruction. In uncomplicated pregnancies, the placental implantation site generally heals within six weeks postpartum.^[26,27]

Efficient endometrial regeneration is essential for restoration of menstrual cyclicity, implantation, and future fertility. The Ayurvedic principle of *Dhatu Pushti*, emphasizing

replenishment and restoration of body tissues, demonstrates a functional resemblance to these regenerative processes.

4.4 Lochial Discharge

Lochia represents the normal postpartum vaginal discharge composed of blood, decidual tissue, inflammatory cells, mucus, and cellular debris. It reflects physiological uterine healing rather than a pathological condition.^[21,24]

The progression of lochia occurs in three characteristic stages.

Table 1: Stages of Lochial Discharge.

Stage	Duration	Characteristics
Lochia Rubra	Day 1–4	Bright red discharge containing blood, decidual tissue and trophoblastic remnants
Lochia Serosa	Day 5–10	Pinkish-brown discharge rich in serum and leukocytes
Lochia Alba	After Day 10	Whitish discharge containing mucus, leukocytes and epithelial cells

Persistence of excessive bleeding, foul-smelling discharge, fever, or prolonged lochial flow may indicate postpartum infection or retained products of conception and warrants immediate clinical evaluation.^[21,24]

Normal lochial evacuation may be functionally correlated with the *Ayurvedic* objective of *Garbhashaya Shodhana*, as both describe restoration of normal uterine physiology following childbirth.

4.5 Hormonal Regulation

The postpartum period is characterized by profound endocrine changes. Following placental expulsion, circulating estrogen and progesterone concentrations decline rapidly, whereas oxytocin and prolactin become the dominant hormones. Oxytocin facilitates uterine contraction and hemostasis, while prolactin stimulates lactation and contributes to lactational amenorrhea through suppression of ovulation.^[22,25,28]

Progressive normalization of endocrine function ultimately restores menstrual cyclicity and reproductive capacity. Although *Ayurveda* does not describe hormonal regulation in biomedical terminology, restoration of *Agni*, *Dosha Samyata*, and *Dhatu Pushti* collectively aim to re-establish systemic physiological homeostasis.

4.6 Inflammatory Response and Tissue Repair

Inflammation is an essential component of postpartum uterine healing. Immediately after placental separation, neutrophils, macrophages, and lymphocytes infiltrate uterine tissue to remove necrotic debris, prevent microbial infection, and initiate tissue repair. This inflammatory phase is followed by collagen synthesis, angiogenesis, extracellular matrix remodeling, and regeneration of healthy endometrial tissue.^[26,29]

Failure of appropriate inflammatory resolution may contribute to postpartum endometritis, delayed involution, chronic pelvic infection, and impaired reproductive health.

Experimental studies have demonstrated that several medicinal plants commonly used in *Ayurveda* possess anti-inflammatory, antioxidant, and immunomodulatory activities. Although these pharmacological properties suggest potential benefits in postpartum recovery, direct clinical evidence supporting their effect on uterine involution remains limited.^[12–15]

Table 2: Functional Correlation Between Ayurvedic Concepts and Modern Physiology.

Ayurvedic Principle	Ayurvedic Interpretation	Modern Physiological Correlation
<i>Garbhashaya Shodhana</i>	Restoration of uterine health	Uterine involution
<i>Apana Vata</i>	Regulation of elimination and reproduction	Myometrial contraction and lochial evacuation
<i>Agni</i>	Metabolic regulation	Cellular metabolism and nutritional recovery
<i>Dhatu Pushti</i>	Tissue nourishment	Endometrial regeneration and tissue repair
<i>Vata Shamana</i>	Restoration of physiological balance	Postpartum homeostasis
<i>Sutika Paricharya</i>	Comprehensive postpartum care	Evidence-based postnatal care

SUMMARY

Contemporary obstetrics explains postpartum uterine recovery through coordinated mechanisms involving myometrial contraction, autolysis, endometrial regeneration, vascular remodeling, hormonal adaptation, and controlled inflammation. *Ayurveda* approaches the same physiological period through *Sutika Paricharya*, emphasizing regulation of *Apana Vata*, restoration of *Agni*, nourishment of *Dhatus*, and maintenance of maternal health. Although based on different theoretical foundations, both systems share the common objective of promoting safe postpartum recovery and preserving future reproductive function. These

similarities should be interpreted as functional correlations rather than direct scientific equivalence.

5. DISCUSSION

The postpartum period is characterized by complex physiological adaptations that restore maternal anatomy and reproductive function following childbirth. Contemporary obstetrics attributes postpartum recovery to coordinated mechanisms including uterine contraction, tissue remodeling, endometrial regeneration, hormonal regulation, and controlled inflammatory responses. Ayurveda explains the same phase through the concept of *Sutika Kala*, emphasizing restoration of *Apana Vata*, *Agni*, *Dhatu Pushti*, and overall maternal equilibrium. Although these systems are founded on different theoretical principles, both recognize the postpartum period as a critical phase requiring comprehensive care to ensure complete recovery.^[21–24]

One of the most important observations of the present review is that *Garbhashaya Shodhana* should be interpreted as a physiological restorative concept rather than a mechanical uterine cleansing procedure. Classical Ayurvedic texts do not describe *Garbhashaya Shodhana* as an independent therapeutic intervention. Instead, its principles are embedded within *Sutika Paricharya*, which aims to restore uterine physiology, promote elimination of postpartum secretions, replenish depleted tissues, and maintain maternal health. This interpretation is consistent with the holistic philosophy of *Ayurveda* and avoids misconceptions regarding the meaning of *Shodhana* in the postpartum context.^[7–11]

Regulation of *Apana Vata* is considered the cornerstone of Ayurvedic postpartum management. According to *Ayurvedic* literature, childbirth causes temporary aggravation of *Vata* due to physical exertion, blood loss, and evacuation of the uterine cavity. Restoration of *Apana Vata* facilitates normal elimination, supports reproductive functions, and promotes maternal recovery. Although modern obstetrics attributes uterine contraction primarily to oxytocin-mediated myometrial activity, both systems emphasize the importance of coordinated uterine function in preventing postpartum complications and facilitating physiological involution.^[8–10,22,25]

Nutrition is another area in which Ayurveda and contemporary medicine demonstrate considerable convergence. Classical texts recommend warm, easily digestible, and nourishing foods to restore *Agni* and replenish depleted *Dhatus* following childbirth. Likewise, modern

postpartum care emphasizes adequate intake of protein, iron, calcium, vitamins, and essential micronutrients to support tissue repair, immune function, lactation, and maternal rehabilitation. Although the conceptual frameworks differ, both systems acknowledge nutrition as an indispensable component of successful postpartum recovery.^[1–4,11]

The *Ayurvedic* concept of *Dhatu Pushti* also demonstrates meaningful functional similarities with modern tissue regeneration. Current evidence indicates that postpartum uterine recovery involves extracellular matrix remodeling, angiogenesis, collagen synthesis, cellular proliferation, and endometrial repair. Ayurveda describes this process as gradual restoration and nourishment of depleted body tissues. Rather than representing identical biological mechanisms, these concepts describe comparable physiological outcomes using different explanatory models.^[20,26,27]

Several medicinal plants traditionally prescribed during *Sutika Paricharya*, including *Haridra* (*Curcuma longa*), *Amalaki* (*Phyllanthus emblica*), and *Ashwagandha* (*Withania somnifera*), have demonstrated antioxidant, anti-inflammatory, immunomodulatory, and wound-healing properties in experimental studies. These pharmacological activities provide plausible biological mechanisms through which Ayurvedic interventions may support postpartum recovery. However, evidence directly evaluating their effects on uterine involution, lochial duration, or reproductive outcomes remains scarce. Therefore, extrapolation of experimental findings to clinical practice should be approached cautiously.^[12–15]

Despite growing interest in integrative postpartum care, several important research gaps remain. Most published studies concerning *Garbhashaya Shodhana* are narrative reviews, conceptual discussions, or observational reports. Well-designed randomized controlled trials evaluating standardized Ayurvedic interventions with objective clinical outcomes are extremely limited. Furthermore, variability in herbal formulations, treatment duration, outcome measures, and diagnostic criteria reduces comparability across studies and limits the strength of available evidence.^[16–18]

Future research should integrate classical Ayurvedic assessment with contemporary biomedical evaluation. Objective parameters such as ultrasonographic assessment of uterine involution, inflammatory biomarkers, hormonal profiling, lochial duration, maternal functional recovery, quality-of-life indices, and breastfeeding outcomes should be incorporated into future clinical studies. Interdisciplinary collaboration between Ayurvedic

physicians, obstetricians, reproductive biologists, and clinical researchers may facilitate the development of scientifically robust evidence supporting integrative postpartum care.^[17,21–24]

Overall, the available evidence indicates that Ayurveda and modern obstetrics share a common objective of promoting physiological postpartum recovery despite substantial differences in theoretical foundations. The similarities identified in this review should therefore be interpreted as functional and conceptual correlations rather than direct scientific equivalence. Establishing the clinical effectiveness of Ayurvedic postpartum interventions requires rigorous translational research before definitive recommendations can be incorporated into evidence-based maternal healthcare.

6. Clinical Implications

The findings of this review suggest that *Sutika Paricharya* offers a holistic approach to postpartum care by emphasizing individualized dietary regulation, lifestyle modification, and supportive therapeutic measures aimed at restoring maternal health. Integrating evidence-based Ayurvedic practices with conventional postpartum care may improve maternal recovery, promote lactation, enhance nutritional rehabilitation, and support uterine restoration. However, such integration should always be based on scientific evidence, standardized protocols, and careful clinical monitoring to ensure safety and effectiveness. Future multidisciplinary collaboration may help establish validated integrative postpartum care models suitable for contemporary healthcare systems.^[1,2,24]

7. CONCLUSION

The postpartum period represents a critical stage in a woman's reproductive life, during which complete uterine recovery is essential for restoring maternal health and preserving future fertility. Contemporary medicine explains this recovery through coordinated physiological processes including uterine contraction, endometrial regeneration, vascular remodeling, hormonal adaptation, and controlled inflammatory responses. In contrast, Ayurveda approaches postpartum recovery through the holistic principles of *Sutika Paricharya*, emphasizing restoration of *Apana Vata*, enhancement of *Agni*, nourishment of *Dhatus*, and gradual re-establishment of physiological equilibrium.

The present review demonstrates that *Garbhashaya Shodhana* should be interpreted as a holistic concept of physiological uterine restoration rather than a mechanical cleansing procedure. Although the term is not explicitly described as an independent therapeutic

intervention in classical Ayurvedic literature, its principles are reflected throughout the postpartum regimen recommended for *Sutika*. These measures collectively aim to support uterine recovery, promote elimination of postpartum secretions, restore maternal strength, and maintain reproductive health.

Several functional similarities exist between Ayurvedic concepts and modern understanding of postpartum uterine involution. Regulation of *Apana Vata* may be conceptually correlated with coordinated uterine contractility and physiological lochial evacuation, while *Dhatu Pushti* reflects tissue repair and endometrial regeneration. Likewise, restoration of *Agni* corresponds with nutritional rehabilitation and metabolic recovery. However, these relationships should be considered conceptual correlations rather than direct scientific equivalence, as the theoretical foundations of Ayurveda and modern biomedical science differ substantially.

Current scientific evidence supporting Ayurvedic postpartum interventions remains limited. Most available publications are narrative reviews, conceptual discussions, or experimental studies, whereas well-designed randomized controlled clinical trials evaluating standardized Ayurvedic regimens with objective measures of uterine involution are scarce. Consequently, definitive conclusions regarding clinical efficacy cannot yet be established.

Future research should focus on multidisciplinary collaboration between Ayurveda and contemporary obstetrics using standardized treatment protocols, validated clinical outcome measures, ultrasonographic assessment of uterine involution, inflammatory biomarkers, hormonal profiling, and maternal quality-of-life indices. Such evidence will strengthen the scientific basis of Ayurvedic postpartum care while preserving its classical principles and facilitating its integration into evidence-based maternal healthcare.

Overall, *Garbhashaya Shodhana*, as conceptualized in *Ayurveda*, offers a holistic framework for supporting postpartum uterine recovery. With further scientific validation, it has the potential to contribute meaningfully to integrative postpartum care and improve maternal health outcomes.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this review.

Author Contributions

All authors contributed to the conceptualization, literature review, interpretation of evidence, manuscript preparation, critical revision, and final approval of the manuscript.

Ethical Approval

Not applicable. This study is a narrative review based exclusively on published literature and did not involve human participants or animals.

Data Availability

All data used in this review are available from the cited published literature.

REFERENCES

1. World Health Organization. *WHO recommendations on maternal and newborn care for a positive postnatal experience*. Geneva: WHO, 2022.
2. American College of Obstetricians and Gynecologists. Optimizing postpartum care. *Obstet Gynecol*, 2018; 131: e140–50.
3. Cunningham FG, Leveno KJ, Bloom SL, et al. *Williams Obstetrics*. 26th ed. New York: McGraw-Hill, 2022.
4. Dutta DC. *Textbook of Obstetrics*. 10th ed. New Delhi: Jaypee Brothers Medical Publishers, 2023.
5. Romano M, Cacciatore A, Giordano R, La Rosa B. The postpartum period: Three distinct but continuous phases. *J Prenat Med*, 2010; 4: 22–25.
6. Maybin JA, Critchley HOD. Menstrual physiology and endometrial repair. *Hum Reprod Update*, 2015; 21: 748–61.

7. Sharma PV, editor. *Charaka Samhita*. Varanasi: Chaukhambha Orientalia.
8. Sharma PV, editor. *Sushruta Samhita*. Varanasi: Chaukhambha Vishvabharati.
9. Murthy KRS, editor. *Ashtanga Hridaya*. Varanasi: Chaukhambha Krishnadas Academy.
10. Tewari PV, editor. *Kashyapa Samhita*. Varanasi: Chaukhambha Vishvabharati.
11. Tiwari PV. *Ayurvediya Prasuti Tantra Evam Stri Roga*. Varanasi: Chaukhambha Orientalia.
12. Hewlings SJ, Kalman DS. Curcumin: A review of its effects on human health. *Foods*, 2017; 6: 92.
13. Mukherjee PK, Harwansh RK, Bahadur S, et al. Development of Ayurveda: Tradition to modern evidence. *J Ethnopharmacol*, 2017; 197: 67–75.
14. Patwardhan B, Vaidya ADB. Ayurveda: Scientific basis and future perspectives. *J Ayurveda Integr Med*, 2014; 5: 67–69.
15. Sharma H, Chandola HM, Singh G, Basisht G. Utilization of Ayurveda in healthcare. *J Altern Complement Med*, 2007; 13: 1011–19.
16. Grant MJ, Booth A. A typology of reviews. *Health Info Libr J*, 2009; 26: 91–108.
17. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement. *BMJ*, 2021; 372: n71.
18. Snyder H. Literature review as a research methodology. *J Bus Res*, 2019; 104: 333–39.
19. Gellersen B, Brosens JJ. Cyclic decidualization of the human endometrium. *Endocr Rev*, 2014; 35: 851–905.
20. Uvnäs-Moberg K, Ekström-Bergström A, et al. Maternal oxytocin physiology during breastfeeding. *Acta Paediatr*, 2020.
21. Shynlova O, Dorogin A, Li Y, Lye SJ. Molecular mechanisms regulating postpartum uterine involution. *Biol Reprod*, 2021; 105: 1157–68.
22. Sheldon IM, Owens SE. Postpartum uterine inflammatory mechanisms. *Reproduction*, 2018; 156: R199–210.
23. McNeilly AS. Lactational amenorrhea and postpartum endocrine physiology. *Reprod Fertil Dev*, 2019; 31: 1–8.
24. National Institute for Health and Care Excellence. *Postnatal care*. London: NICE.
25. FIGO Working Group. Good clinical practice in postpartum care. *Int J Gynaecol Obstet*.
26. Patwardhan B. Bridging Ayurveda with evidence-based medicine. *J Ayurveda Integr Med*, 2014; 5: 67–69.
27. Rastogi S. Building evidence for Ayurveda. *J Ayurveda Integr Med*, 2010; 1: 41–47.

28. Tillu G, Chaturvedi S, Chopra A, Patwardhan B. Public health approaches for Ayurveda. *J Ayurveda Integer Med*, 2018; 9: 267–70.
29. Bhushan P, Kalpana J, Arvind C. Classification of Ayurveda interventions. *J Altern Complement Med*, 2010; 16: 769–70.