

Ayurvedic Management of Sutika Mahodara in the Postpartum Period: A Case Study

Vd. Madhuri Sanjay Bhalgat¹ and Vd. Akshada Dattatraya Rode²

HOD and Guide, Dept. of Prasutitantra Evum Striroga¹

PG Scholar, Dept. of Prasutitantra Evum Striroga²

SVNH Ayurved Mahavidyalaya, Rahuri Factory, Rahuri Ahilyanagar, Maharashtra

rodeakshada@gmail.com²

Abstract: *Sutika Mahodara is an Ayurvedically described postpartum abdominal disorder that may occur due to improper dietary and lifestyle practices during the puerperal period. According to Ayurveda, the postpartum woman is particularly susceptible to Vata Dosha aggravation due to the physiological changes associated with childbirth, depletion of body tissues, and emptying of the uterus. Improper food intake, consumption of heavy and oily foods, inadequate rest, and excessive physical activity may further aggravate Vata and impair Agni, resulting in digestive disturbances and abdominal symptoms. Sutika Mahodara may clinically manifest with abdominal distension, abdominal discomfort, reduced appetite, indigestion, constipation, and generalized weakness.*

The present case study describes the Ayurvedic management of a 28-year-old female who developed abdominal distension, abdominal discomfort, loss of appetite, constipation, and generalized weakness for 20 days following normal vaginal delivery. The patient was assessed according to Ayurvedic principles, with Vata predominance and Mandagni, and involvement of Annavaha and Purishavaha Srotas. Management was planned with the objective of improving Agni, regulating bowel function, alleviating Vata Dosha, and restoring postpartum strength. The treatment included Deepana-Pachana and Vata-shamana measures along with Abhyanga, Swedana, mild Virechana as indicated, and appropriate postpartum dietary regulation. The patient was advised to consume warm, light, easily digestible food such as Peya and Mudga Yusha and to avoid heavy, oily, cold, and fried foods.

Progressive clinical improvement was observed during treatment. After 15 days, abdominal distension and constipation were reduced, appetite improved, and generalized weakness decreased. After 30 days, the patient showed marked improvement in digestion and abdominal symptoms, with the abdomen approaching its normal size and no significant abdominal discomfort. This case highlights the importance of appropriate Sutika Paricharya and individualized Ayurvedic management in postpartum abdominal disorders. Early recognition, correction of dietary and lifestyle factors, improvement of Agni, and Vata-shamana measures may contribute to better postpartum recovery. Further systematic clinical studies are required to establish the efficacy and safety of Ayurvedic interventions in Sutika Mahodara.

Keywords: Sutika Mahodara, Postpartum Care, Ayurveda, Vata Dosha, Mahodara, Panchakarma, Case Study.

I. INTRODUCTION

Women's care at every stage of life is valued in ayurveda. Care of woman in post-natal period is considered under heading of sutika paricharya. Post natal period is also called as puerperium. It is the period following child birth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically.[1]



In ayurveda, a woman who has just given the birth to a child followed by expulsion of the placenta is called sutika.[2] And the guidelines given to maintain the health of sutika is called sutika paricharya. If the sutika doesn't follow the guidelines properly and gets afflicted with disease, it will be difficult to cure and sometimes may become incurable and should be treated with proper management. Sutika kaal is considered as period of 6 weeks until the re-commencement of menses.[3] In kashyapsamhita total 64 sutika roga explained sutika mahodara is one of them. .Sutika Mahodara is mainly caused by aggravated Vata Dosha and weakened digestive fire (Mandagni), resulting in abdominal enlargement and digestive disturbances.(4) Sutika paricharya has explained in different ayurvedic texts in the form of guidelines regarding diet, regimens and medications which ensures the health of sutika.[,5,6,7,8]

II. MATERIALS AND METHODS

Case Presentation

A 28-year-old female visited the SVNHT's Ayurvedic collage Shree roga and prasuti tantra department opd with complaints of abdominal distension, abdominal discomfort, loss of appetite, constipation, and generalized weakness for 20 days following normal vaginal delivery.

History

The patient had an uneventful pregnancy and normal delivery. After childbirth, she consumed heavy and oily food and resumed household activities within a short period. Gradually, she developed abdominal bloating, poor digestion, constipation, and weakness.

Clinical Findings

- 1) Abdominal distension
- 2) Mild abdominal tenderness
- 3) Reduced appetite
- 4) Constipation
- 5) General weakness and fatigue

Ayurvedic Assessment

Dosha: Vata predominance

Agni: Mandagni

Srotas involved: Annavaha and Purishavaha Srotas

Diagnosis: Sutika Mahodara

Methods-

Treatment

Internal Medication

Hingvashtaka Churna – 3 g twice daily

Trikatu Churna – 2 g twice daily

Dashamoola Kwatha – 40 ml twice daily

Panchakarma Procedures

Abhyanga with medicated oil

Swedana (fomentation)

Mild Virechana as indicated

Dietary Advice

Warm water

Rice gruel (Peya)

Moong dal soup

Light and easily digestible food

Avoidance of heavy, oily, cold, and fried foods



III. RESULTS

After 15 days of treatment:
Significant reduction in abdominal distension
Improved appetite
Relief from constipation
Reduction in weakness
After 30 days:
Abdomen returned to near-normal size
Digestion improved markedly
No abdominal pain or discomfort
Overall health and strength improved

IV. DISCUSSION

Sutika Mahodara may be understood within the Ayurvedic framework of postpartum Vata aggravation, impairment of Agni and disturbance of normal gastrointestinal function. Following delivery, the woman experiences physiological changes, tissue depletion and emptying of the uterus, which are described as factors predisposing to Vata prakopa. Improper dietary practices, consumption of heavy and difficult-to-digest food, inadequate rest and early resumption of strenuous activities may further disturb Agni and Apana Vayu. In the present case, the clinical features of abdominal distension, reduced appetite, constipation, abdominal discomfort and generalized weakness were assessed as being predominantly associated with Vata aggravation and Mandagni.

The therapeutic approach was therefore directed toward Deepana-Pachana, Vata-shamana, regulation of bowel function and restoration of postpartum strength. Hingvashtaka Churna and Trikatu Churna were used with the intention of supporting digestive function, while Dashamoola Kwatha and external therapies were incorporated according to the clinical assessment. Abhyanga and Swedana were intended to provide Vata-shamana and promote comfort. Dietary modification with warm, light and easily digestible preparations such as Peya and Mudga Yusha was an important component of management.

Improvement was observed progressively during the treatment period, with reduction in abdominal distension and constipation and improvement in appetite, digestion and general strength. However, because this report concerns a single patient without a control group, spontaneous postpartum physiological recovery and other confounding factors cannot be excluded. Therefore, the observed improvement should be interpreted as a clinical observation rather than definitive evidence of treatment efficacy.

V. CONCLUSION

Sutika Mahodara is an Ayurvedic-described postpartum abdominal disorder that may develop in association with disturbance of Vata Dosha and impaired Agni during the puerperal period. The postpartum state is characterized by physiological changes, depletion of strength and increased susceptibility to Vata aggravation. Therefore, appropriate Sutika Paricharya, including suitable diet, adequate rest, regulation of physical activity and individualized therapeutic measures, plays an important role in postpartum recovery.

In the present case, the patient presented with abdominal distension, abdominal discomfort, reduced appetite, constipation and generalized weakness following normal vaginal delivery and inappropriate postpartum dietary and lifestyle practices. Ayurvedic assessment indicated Vata predominance, Mandagni and involvement of Annavaha and Purishavaha Srotas. Management was directed toward Deepana-Pachana, Vata-shamana and correction of bowel function through internal medications, selected therapeutic procedures and dietary regulation.

The patient demonstrated progressive improvement during treatment, including reduction in abdominal distension and discomfort, improvement in appetite and digestion, relief from constipation and improvement in general strength. The



clinical response observed in this case indicates that a comprehensive Ayurvedic approach addressing both the underlying Ayurvedic pathogenesis and postpartum dietary and lifestyle factors may have therapeutic value. Nevertheless, the present observation is based on a single case and therefore cannot establish causality, efficacy or generalizability. Further prospective clinical studies involving larger sample sizes, standardized diagnostic and outcome criteria, appropriate comparison groups and adequate follow-up are necessary to scientifically evaluate the effectiveness and safety of Ayurvedic management of Sutika Mahodara.

REFERENCES

1. D.C. Dutta's textbook of obstetrics, Edited by Hiralal Koner, Jaypee Brothers Medical Publishers, 9th edition, 145.
2. Vaidya Jadhavji Trikamji, Kashyap Samhita, Khilla sthan , Chaukhamba Surbharti Prakashan, Varanasi, Reprint, 2005; 305.
3. Vd. Jadhavji Trikamji, Sushrut samhita, Chaukhamba Surbharti Prakashan, Varanasi, Reprint, 2019; 389.
4. Vaidya Jadhavji Trikamji, Kashyap Samhita, Khilla sthan , Chaukhamba Surbharti Prakashan, Varanasi, Reprint, 2005; 305.
5. Kale V.S., Charak Samhita, chaukhamba Sanskrit pratisthan prakashan, Delhi, 2013; 795.
6. Vd. Jadhavji Trikamji, Sushrut samhita, Chaukhamba Surbharti Prakashan, Varanasi, Reprint, 2019; 389.
7. Vd. Pandit Harishastri, Ashtang Hriday, commentary of Arun Datta, sharir sthan verse 1/91,94-99, Krishnadas academy, Varanasi, reprint, 2005
8. Gupta Atrideva, Ashtang Sangrah vol.1, Chaukhamba Krishnadas Academy, Varanasi, 2005; 376.
- Some other references-
9. Dhiman K, Divyamol MD. Sutika Paricharya - strategies for safe postnatal care in Ayurveda. J Ayurveda Integr Med Sci. 2022;7(3):101-106. doi:10.21760/jaims.7.3.20.
10. Nath A, Goswami DK. Sutika Paricharya - post natal care in Ayurveda. J Ayurveda Integr Med Sci. 2023;8(8):97-101. doi:10.21760/jaims.8.8.14.
11. Pharate SB, Deshmukh PP, Aoughade AS. Sutika Paricharya boon to postnatal care: a literature review. Ayurline Int J Res Indian Med. 2023;7(4).
12. Pawar DD, Gholap S. The Sutika Paricharya in Ayurveda - a review. Ayurlog Natl J Res Ayurved Sci. 2020;8(2).
13. Chodankar SS, Shinde A. Sutika Paricharya: Ayurvedic review. Int J Appl Ayurved Res. 2020;4(6):668-674.
14. Swati S. Sutika Paricharya W.S.R. to post-partum care - a Samhita based review. Int Res J Ayurveda Yoga. 2021.
15. Patil NN, Shinde A. A comprehensive review of Sutika Paricharya: the Ayurvedic science of postpartum care. J Ayurveda Integr Med Sci. 2026;11(3):373-377. doi:10.21760/jaims.11.3.59.
16. Varghese AS. Women's health and postnatal care: an Ayurvedic perspective. Int J Ayu Pharm Res. 2026;14(4):187-191. doi:10.47070/ijapr.v14i4.4084.
17. Kashyapa. Kashyapa Samhita (Vridha Jivaka). Bhisagacharya S, editor. Varanasi: Chaukhambha Sanskrit Sansthan.
18. Agnivesha. Charaka Samhita. revised by Charaka and Dridhabala. Sharma RK, Dash B, translators. Varanasi: Chowkhamba Sanskrit Series Office.
19. Sushruta. Sushruta Samhita. Jadavaji Trikamji A, editor. Varanasi: Chaukhambha Sanskrit Sansthan.
20. Vagbhata. Ashtanga Hridaya. Paradakara HS, editor. Varanasi: Chaukhambha Sanskrit Sansthan.
21. Vagbhata. Ashtanga Sangraha. Shastri S, editor. Varanasi: Chaukhambha Sanskrit Series.

