



Received: 22/March/2026

AYUR: May-June, 2026; 2(3):70-73

Accepted: 16/May/2026

# Ayurvedic Approaches to Postpartum Care: A Review of Classical Concepts, Pharmacological Evidence and Maternal Recovery

\*<sup>1</sup>Dr. Jayashree Borkar

\*<sup>1</sup>Assistant Professor, Department of Stiroga Prasuti Tantra, Smt. Vimaladevi Ayurved Medical College, Wandhari, Chandrapur, Maharashtra, India.

## Abstract

Postpartum care is a crucial phase in maternal health, as the mother undergoes physical, hormonal, and emotional changes after childbirth. In Ayurveda, this period is described as *Sutika Awastha*, a vulnerable stage requiring careful attention to restore strength, support uterine involution, and prevent complications. Classical texts emphasize the importance of appropriate diet, hygiene, and herbal formulations during this period. At the same time, modern obstetric care recognizes that poor postpartum management may lead to sepsis, anaemia, secondary haemorrhage, and delayed recovery. Interest in traditional Ayurvedic medicines has increased because of their potential antimicrobial, restorative, and cost-effective benefits. This review explores the classical description of postpartum care, summarizes key herbal formulations mentioned in Ayurvedic literature, and examines available pharmacological evidence related to maternal recovery. Particular attention is given to the potential role of plant-based formulations in preventing puerperal infections and promoting health restoration after delivery. The review also highlights current research gaps and the need for scientific validation through experimental and clinical studies. Overall, Ayurveda offers a valuable traditional framework for postpartum care that may complement modern maternal health strategies.

**Keywords:** Postpartum care, Sutika Awastha, Ayurveda, puerperal complications, antimicrobial activity.

## 1. Introduction

Postpartum care is an essential component of maternal and child health because the period after delivery is associated with physiological recovery, emotional adjustment, and the beginning of breastfeeding and infant dependence. The mother plays a central role in the newborn's early nourishment, protection, and development, and therefore her health directly influences both maternal and child outcomes. Inadequate care during this period may result in serious complications such as infection, hemorrhage, anaemia, delayed involution of the uterus, and general weakness. These complications may increase morbidity and, in severe cases, contribute to maternal mortality. Preventive care, early recovery, and maintenance of hygiene are therefore important goals of postpartum management <sup>[1]</sup>.

Ayurvedic literature gives special importance to the postpartum period, known as *Sutika Awastha*. Classical authorities describe the puerperal woman as physically exhausted and mentally delicate after labour, requiring gentle and systematic care. This concept reflects an understanding that delivery causes substantial depletion and that proper nourishment and protection are necessary for recovery <sup>[2]</sup>. Ayurvedic postpartum management traditionally includes diet regulation, rest, herbal preparations, and procedures aimed at cleansing the uterus and restoring strength. These measures

are intended to support lochia clearance, promote uterine involution, improve appetite and digestion, and reduce the risk of disease <sup>[3]</sup>.

In modern times, the importance of postpartum care has been reinforced by the burden of postpartum infections and the growing challenge of antimicrobial resistance. The emergence of resistant pathogens has encouraged renewed interest in medicinal plants and traditional formulations with antibacterial potential <sup>[4]</sup>. Many Ayurvedic drugs used in *Sutika* care are locally available, economical, and historically employed for maternal recovery. However, their scientific validation remains incomplete. A review of these formulations is therefore valuable for connecting classical knowledge with contemporary maternal health needs.

The present review aims to compile the classical Ayurvedic concepts related to postpartum care, summarize relevant herbal and formulation-based evidence, and discuss the possible role of these preparations in preventing postpartum complications. By integrating textual and pharmacological perspectives, this review may help identify promising traditional therapies for further scientific evaluation.

This review aims to examine the classical textual basis, ingredient composition, and available pharmacological evidence for selected Ayurvedic puerperal preparations, with particular attention to their antimicrobial properties and

potential to reduce postpartum complications.

## 2. Aim

To review Ayurvedic concepts and formulations used in postpartum care and assess their potential role in maternal recovery and prevention of puerperal complications.

## 3. Objectives

- To describe the classical Ayurvedic understanding of *Sutika Awastha* and postpartum recovery.
- To review selected herbal formulations used in postpartum care with emphasis on antimicrobial and restorative properties.

## 4. Materials and Methods

**Study Design:** This is a narrative review of classical Ayurvedic postpartum (*Sutika*) formulations with emphasis on their composition, traditional indications, and available pharmacological evidence—particularly antimicrobial activity and effects on uterine involution and maternal recovery. The review integrates textual analysis of classical *Samhitas* with preclinical and clinical literature on medicinal plants and Ayurvedic formulations used in puerperal care. Sources: Classical Ayurvedic texts (Harita Samhita, *Kashyapa Samhita*, *Ashtanga Hridaya*, *Sushruta Samhita*) for *Sutika Awastha* descriptions and formulations. Electronic databases: PubMed/MEDLINE, Scopus, Web of Science, Google Scholar, and Indian journals databases.

## 5. Review Literature

Ayurveda considers the postpartum period to be a highly sensitive phase in which the mother requires special attention to restore strength, balance digestion, support uterine healing, and prevent disease. This period is described as *Sutika Kala*, and the recommended care as *Sutika Paricharya*. Classical literature emphasizes that delivery produces depletion of body tissues, blood loss, *Vata* aggravation, and general weakness, making the puerperal woman vulnerable to complications if she is not properly managed. Modern literature similarly recognizes that the postpartum phase is associated with fatigue, delayed recovery, infection risk, and breastfeeding-related challenges. Thus, both traditional and contemporary systems agree that the postpartum stage needs structured and careful care.

In classical Ayurvedic understanding, *Sutika Paricharya* is designed to help the mother return to her pre-pregnant condition gradually and safely. Texts describe the use of light, unctuous, and nourishing diet, together with rest and medicated preparations that improve appetite and digestion. The rationale behind such care is to correct the *Vata*-dominant state produced by *labor*, replenish depleted *Dhatu*s, and encourage healthy lochia discharge and uterine involution. In this way, the postpartum regimen is not merely supportive but therapeutic, aiming to prevent later disease rather than only treat established complications.

Different classical authors have described postpartum management with variations, but the core principles remain similar. *Sushruta* and *Vagbhata* recommend diets that are easily digestible, warm, unctuous, and nourishing during the initial days after childbirth, followed by gradual increase in strength-giving foods. Procedures such as oil massage, abdominal binding, and warm decoctions are also mentioned to reduce *Vata* disturbance and restore normal body function. Such measures reflect a structured progression from rest and recovery to gradual rebuilding of strength. The logic of this

approach corresponds well with modern postpartum care, which also emphasizes individualized nutrition, infection prevention, and recovery monitoring.

One of the key concerns in postpartum medicine is puerperal infection. Improper hygiene, retained secretions, and reproductive tract infections can lead to sepsis, secondary haemorrhage, anaemia, and delayed uterine involution. In Ayurveda, many postpartum formulations are believed to maintain cleanliness of the genital tract, support normal discharge, and strengthen the mother's resistance to disease. This has encouraged modern researchers to explore whether classical postpartum formulations possess antimicrobial activity that may help reduce infection risk. The emergence of antimicrobial resistance has further increased the relevance of such investigations, as plant-derived therapies may offer complementary options in maternal care.

Postpartum recovery is a critical phase in which the mother requires nourishment, tissue repair, protection from infection, and gradual restoration of strength. In Ayurveda, *Sutika Paricharya* emphasizes the use of specific medicines and dietary measures to support uterine involution, improve digestion, promote healing, and reduce complications. Among the drugs commonly used in maternal recovery, *Yashtimadhu*, *Devadaru*, *Shunthi*, and *Gokshira* are especially important because of their balancing, restorative, and anti-inflammatory properties. These drugs are traditionally selected according to their *rasa*, *guna*, *virya*, and *vipaka*, and are often included in formulations intended for postpartum care. Their therapeutic actions may help restore maternal vitality, reduce *Vata* aggravation, and support healthy lactation and tissue repair<sup>[5]</sup>. *Yashtimadhu*<sup>[6]</sup>, known botanically as *Glycyrrhiza glabra* Linn., is one of the most widely used Ayurvedic drugs in recovery-related conditions. It is classified in Charaka's *Kanthya*, *Jivaniya*, *Sandhaniya*, *Varnya*, *Kandughna*, *Mutravirajaniya*, *Shonitasthapana*, *Chardinigrahana*, *Snehopaga*, and *Asthanopaga* groups. Its sweet taste, unctuous and heavy qualities, cooling potency, and sweet post-digestive effect make it valuable in conditions of depletion, irritation, and tissue weakness. In postpartum care, these properties are useful for promoting healing, improving strength, soothing inflammation, and supporting recovery from blood loss and exhaustion. Modern studies have shown that *Yashtimadhu* contains glycyrrhizin, glycyrrhetic acid, and other bioactive compounds with anti-inflammatory, antimicrobial, demulcent, and healing-promoting effects, which support its traditional use in convalescent states.

*Devadaru*<sup>[7]</sup>, or *Cedrus deodara*, is another important drug in maternal recovery. It is traditionally described as *Kapha-Vatahara* and *Dushtavrana-shodhaka*, indicating its usefulness in cleansing unhealthy tissue and correcting *Vata* disorders. Its bitter taste, light and slightly unctuous qualities, hot potency, and pungent post-digestive effect make it suitable for conditions involving stagnation, swelling, pain, and microbial contamination. In the postpartum period, *Devadaru* may help reduce inflammation, support cleansing of the reproductive tract, and assist in recovery from local weakness or infection. Its terpenoid and flavonoid constituents contribute to antimicrobial and anti-inflammatory actions reported in pharmacological studies.

*Shunthi*<sup>[8]</sup>, or dried ginger (*Zingiber officinale*), is one of the most important postpartum drugs because it improves digestion, reduces pain, and corrects *Vata* aggravation. Its role as a *Dipana*, *Pachana*, and *Anulomana* agent is highly relevant during *puerperium*, when digestive power is often weak and bowel function may be disturbed. The hot potency

of *Shunthi* helps overcome coldness, sluggishness, and heaviness, which are common after delivery. It is also traditionally used for abdominal discomfort, colic, and poor appetite. Modern pharmacology has identified *gingerols* and *shogaols* as major bioactive compounds with anti-inflammatory, antioxidant, analgesic, and digestive benefits. These actions justify its inclusion in postpartum formulations aimed at maternal restoration.

*Gokshira* <sup>[9]</sup>, or cow's milk, is used both as a nutritive substance and as a vehicle for many Ayurvedic preparations. It is considered *Madhura*, *Snigdha*, *Shita*, and nourishing, with properties similar to *Ojas*, the essence of vitality and immunity. In postpartum care, milk helps replenish depleted tissues, supports lactation, and provides energy during convalescence. It is especially valuable when combined with herbs such as *Yashtimadhu* or *Shunthi* in preparations that aim to balance nourishment with digestion. Its protein, calcium, fat, and carbohydrate content make it suitable for rebuilding strength after *labor*. Thus, *Gokshira* functions not only as food but also as a therapeutic medium in maternal recovery.

From an Ayurvedic perspective, these drugs act in a complementary manner. *Yashtimadhu* supports healing and tissue restoration, *Devadaru* helps in cleansing and reducing inflammatory conditions, *Shunthi* improves digestive strength and *Vata* balance, and *Gokshira* provides nourishment and replenishment. Together, they reflect a rational postpartum strategy that combines correction of digestive weakness, reduction of local and systemic inflammation, and support for maternal energy recovery. This multi-dimensional approach is especially relevant in *Sutika Awastha*, where the mother is vulnerable to weakness, infection, and delayed recovery.

Ayurvedic postpartum formulations generally combine multiple herbs rather than relying on a single drug. This combination approach is intended to produce synergistic effects on digestion, immunity, cleansing, and tissue repair. In the context of *Sutika* care, such formulations may help reduce local microbial load, promote involution, and improve appetite, and support lactation and recovery. Some formulations are described in classical texts as useful for balancing *Vata*, improving strength, and preventing complications associated with excessive weakness or poor elimination. While these claims are promising, they require further validation through controlled experimental and clinical studies.

From a clinical perspective, postpartum care in Ayurveda is valuable because it is inexpensive, culturally acceptable, and based on long-standing practical observation. In resource-limited settings, locally available medicinal plants may offer an accessible adjunct to standard maternity care. However, many formulations still lack standardization in terms of ingredient identification, dose, preparation method, and safety profile. Future research should therefore focus on phytochemical profiling, antimicrobial testing, toxicity assessment, and controlled trials in postpartum women. Such studies could help bridge the gap between classical knowledge and modern evidence-based practice.

Another important feature of Ayurvedic postpartum medicine is its preventive orientation. Instead of waiting for infection or delayed recovery to develop, *Sutika Paricharya* aims to maintain physiological balance immediately after delivery. This preventive strategy is especially relevant in maternal health, where complications can progress rapidly and access to treatment may be limited. By supporting digestion, maintaining hygiene, and using suitable herbal preparations, postpartum care may reduce the likelihood of disease and

improve overall maternal wellbeing. This preventive emphasis gives Ayurveda continued relevance in contemporary maternal healthcare.

The present literature also indicates that postpartum traditional plant use is not limited to Ayurveda alone; many cultures employ medicinal plants during lactation and recovery, often for anti-infective and restorative purposes. This cross-cultural consistency suggests that postpartum herbal practice may be grounded in practical therapeutic outcomes rather than isolated tradition. At the same time, it highlights the need for careful scientific assessment because breastfeeding exposure introduces additional safety considerations. Therefore, any postpartum formulation should be evaluated not only for efficacy but also for compatibility with maternal nutrition and infant health.

In summary, the literature supports the idea that postpartum recovery is a critical and vulnerable period requiring structured care. Ayurveda offers a coherent framework through *Sutika Paricharya*, combining diet, lifestyle, and herbal treatment to restore maternal health. Modern research on medicinal plants used in postpartum care provides preliminary support for antimicrobial and anti-inflammatory effects, but stronger evidence is still needed. The convergence of classical concepts and contemporary pharmacology makes postpartum Ayurvedic formulations an important area for further study.

## 6. Discussion

The selected drugs illustrate the classical Ayurvedic principle that postpartum recovery requires both nourishment and regulation. After childbirth, the mother is considered to have reduced strength, depleted *Dhatus*, and aggravated *Vata*. In this context, *Yashtimadhu* and *Gokshira* are particularly important because they are nourishing, soothing, and restorative. *Shunthi* and *Devadaru* complement these actions by improving digestion, reducing stagnation, and helping to maintain a clean and healthy internal environment. This combination approach shows that Ayurveda does not rely on a single drug effect, but rather on a coordinated therapeutic strategy.

Modern pharmacological evidence broadly supports the traditional roles of these herbs. *Yashtimadhu* has been associated with anti-inflammatory and antimicrobial effects, while *Shunthi* has established evidence for digestive, anti-inflammatory, and analgesic properties. *Devadaru* also shows antimicrobial and anti-inflammatory activity in experimental studies. Cow's milk is known to provide high-quality nutrients required for tissue repair and lactation. Together, these properties make the drug group suitable for postpartum rehabilitation.

A major advantage of these drugs is their availability and familiarity in traditional practice. In many Indian households and rural settings, these ingredients are easier to obtain than modern specialized medicines. This increases compliance and cultural acceptance. However, safety and standardization remain essential. *Yashtimadhu*, for example, may cause adverse effects if used excessively because of its mineralocorticoid-like activity. Therefore, dosage, duration, and combination with other drugs must be carefully regulated. Another important point is that postpartum women may be breastfeeding, so any formulation must be safe for both mother and child. *Gokshira* generally has a strong safety profile, but herbal components still require evaluation for toxicity, drug interactions, and infant exposure through milk. The increasing use of herbal formulations in maternal

recovery calls for more scientific studies on pharmacokinetics and clinical outcomes.

2022;11(4):201-206.

Overall, the literature suggests that these drugs are logically suited to postpartum care because they address the main needs of the puerperal mother: energy restoration, digestive support, wound healing, reduction of inflammation, and maintenance of a healthy uterine environment. Yet despite strong traditional rationale, more controlled clinical trials are needed to confirm effectiveness in modern maternal health practice. Overall, the literature supports further exploration of *Sutika Paricharya* as a scientifically relevant postpartum strategy. The traditional rationale is strong, the public health need is real, and preliminary pharmacological evidence is encouraging. The next step should be well-designed experimental and clinical studies that evaluate efficacy, safety, and outcomes in postpartum women. This would help transform a classical concept into an evidence-informed therapeutic option.

## 7. Conclusion

*Yashtimadhu*, *Devadaru*, *Shunthi*, and *Gokshira* are valuable Ayurvedic drugs for maternal recovery because they support nourishment, digestion, healing, and *Vata* balance. Their classical properties and modern pharmacological findings make them relevant in postpartum care. Further clinical validation is needed to establish standardized and safe use in *Sutika* management.

## 8. Summary

Ayurveda's *Sutika Paricharya* provides a traditional model for postpartum recovery. Review evidence suggests potential antimicrobial and restorative benefits, but further clinical validation is needed

## References

1. World Health Organization. WHO recommendations on postnatal care of the mother and newborn [Internet]. Geneva: World Health Organization; 2022. Available from: <https://www.who.int/publications/i/item/9789241550403>
2. Kulkarni MV, Patil S, Sharma A. Ayurvedic formulations for postpartum care: a review of classical texts and pharmacological evidence. *J Ayurveda Integr Med.* 2023;14(2):112–120.
3. Ghosh S, Reddy K, Kumar P. Antimicrobial activity of medicinal plants used in traditional puerperal care: an *in vitro* study. *Indian J Med Res.* 2022;156(4):589–597.
4. Datta S, Choudhury P, Banerjee R. Postpartum complications and the role of integrative approaches in reducing maternal morbidity in low-resource settings. *BMC Pregnancy Childbirth.* 2024;24(1):145.
5. Ministry of AYUSH, Government of India. The Ayurvedic Pharmacopoeia of India. Part I, Vol. 1. New Delhi: Govt. of India; 2001.
6. Bafna AR, *et al.* Therapeutic potential of *Glycyrrhiza glabra* in inflammation and wound healing: a review. *J Ethnopharmacol.* 2022;290:115102.
7. Kaur R, *et al.* Pharmacological activities of *Zingiber officinale*: an updated review. *Phytother Res.* 2021;35(11):6050-6074.
8. Singh V, *et al.* Medicinal and pharmacological properties of *Cedrus deodara*: a review. *J Ayurveda Integr Med.* 2023;14(1):45-52.
9. Ghai S, *et al.* Nutritional and therapeutic role of milk in maternal recovery: a review. *Int J Med Sci Public Health.*