



## APPLICATION OF MODIFIED SUTIKA PARICHARYA IN LSCS PATIENTS – A CONCEPTUAL STUDY

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Article Received on 19/10/2021

Article Revised on 09/11/2021

Article Accepted on 30/11/2021

### ABSTRACT

The transformation of a female from a woman to mother is a life time event filled with happiness. But this happiness is gained only after undergoing tremendous physical exertion during labour. In today's obstetric practice LSCS plays an important role to reduce the mortality and morbidity of mother and child. Owing to this now a days the incidence of LSCS is increasing. *Sutika paricharya* is the regimen advised after delivery with an intention to correct the *agni*, *doshas*, *dhatus* and bring them to normalcy. Udara pathana mentioned in mudha garbha chikitsa can be taken as reference for LSC. After delivery, as the mother will be having *shoonyashareera* due to *garbhanishkaramana*, *Shithilatva* of *shareera dhatu*, *pravahana vedana*, *kledaraktaansruti*, *agnimandya*, all these leads to *dhatu kshaya* hence *sutika paricharya* is advised. The same is also seen after LSCS. Apart from the above reasons, *raktaprvrtti* during the operative procedures, wound formation as well as immobility for almost 6-8 hours due to anesthesia will further contribute to *agnimadaya* and *dhatu kshaya*. Hence it is even more important to follow *sutika parichaya* in these patients. It is the need of the hour to study and ascertain that *sutika paricharya can be applied and is useful* and in these patients also. With this intension *sutika paricharya* as advised by acharya Harita was selected and this modified *sutika paricharya* was advised for LSCS patients.

**KEYWORDS:** sutika paricharya, garbhanishkramana, pravahana vedana.

### INTRODUCTION

Sutika paricharya refers to management of the women after the delivery of placenta by following proper ahara and vihara which helps to maintain the health status of both mother and baby. In todays practice people hesitate to start sutika paricharya in a patient who have undergone LSCS, due to post operative medication as well as wound. This study is conceptual plan of soothika paricharya in LSCS patients, and the plan was based on the various paricharyas explained by different Acaryas. Out of these soothika paricharya explained by Acharya Haritha was found to be apt and hence was modified to suit the patients with LSCS.

### Mordern text have explained the post operative care in LSCS patients as follows

- NBM for 24 hours.
- Folley's catheterization for 24 hours.
- Head low position for 6 hours.
- Once bowel sounds are heard orals to be started.

To follow the same pattern, review of literature pointed out the suthika parichrya explained by acharya haritha

where, he has advised the patient to follow UPAVASA for 24 hours. The idea behind this would probably be to enhance the agni which is manda and also to allow the kapha, raktha and kleda expulsion in the proper manner. Later acharya harita has advised that the decoction of available drugs out of lodhra, arjuna, kadamba, devadaru, beejaka and karkandu should be given for purifying the raktha and yoni. After fasting for first day, on second day in the morning nagara and haritaki gudodaka, then in afternoon warm soup of kulattha should be given. Rice gruel mixed with panchakola or chaturjataka should be given on 3<sup>rd</sup> and 4<sup>th</sup> day respectively, on 5<sup>th</sup> day cooked sali or swastika rice be prescribed in diet. This regimen should be continued for 10 to 15 days.

In view of this the modified sutika paricharya was planned based on Harita's explanation. The following was the modifications done:

<b>Day</b>	<b>First Anna Kala</b>	<b>Second Anna Kala</b>	<b>Third Anna Kala</b>
1	UPAVASA	UPAVASA	UPAVASA
2	* <i>LodhraChurna</i> <sup>1</sup> (12gms)+ <i>ArjunaChurna</i> (12gms)-> <i>Kwatha</i> <sup>3</sup> (48ml) (after 45 minutes) * <i>Shatavari ksheerapaaka</i> (250ml) * The patient is advised to use lumbosacral belt instead of patabandhana <sup>1</sup> (remove while lying down and having food)	* <i>UshnaKulattha kwatha</i> <sup>1</sup> (48ml) (after ½ an hour) * <i>Manda(qs)</i> <sup>1</sup> +ghee (1tsp)	* <i>Manda(qs)</i> <sup>1</sup> +ghee (1tsp) * <i>Nagara Churna</i> (3gms)+ <i>Haritaki Churna</i> (3gms)--- <i>Gudodaka</i> <sup>1</sup> (100ml) (at bed time)
3	* <i>Shatavari ksheerapaaka</i> (250ml) (after 1 hour) * <i>RavaGanji</i> (qs) * The patient is advised to use lumbosacral belt instead of patabandhana (remove while lying down and having food)	* <i>Panchakola Churna</i> <sup>1</sup> (3gms) <i>manda</i> (~150ml) (after ½ an hour) * <i>Kichdi</i> (qs)+ ghee(1tsp)+ <i>lasona</i> (2-3pods processed with ghee)	* <i>Panchakola Churna</i> (3gms) <i>manda</i> (~150ml) (after ½ an hour) * <i>Rice Rasam</i> (qs)+ghee(1tsp) * <i>Haritaki Churna</i> (3gms)+ Warmwater <sup>1</sup> (1/2 glass) (at bed time)
4	* <i>Shatavari ksheerapaaka</i> (250ml) (after 1 hour) * <i>RagiGanji</i> (qs) * The patient is advised to use lumbosacral belt instead of patabandhana (remove while lying down and having food)	* <i>Chaturjataka Churna</i> (3gms) <i>manda</i> <sup>1</sup> (~150ml) (after ½ an hour) * <i>Rice Rasam</i> (qs)+ghee(1tsp)	* <i>Chaturjataka Churna</i> (3gms) <i>manda</i> <sup>1</sup> (~150ml) * <i>kichdi</i> (qs)+ghee(1tsp) * <i>Haritaki Churna</i> (3gms) + Warm water(1/2 glass at bed time)
5	* <i>Shatavari ksheerapaaka</i> (250ml) (after 1 hour) * <i>Pongal</i> (qs) * The patient is advised to use lumbosacral belt instead of patabandhana (remove while lying down and having food)	* <i>Rice Rasam</i> +ghee (1tsp)	* <i>Kichidi</i> +ghee (1tsp)

## DISCUSSION

Acharya kashyapa has given the explicit description about suthika paricharya where he says that after delivery of child till the placenta is not expelled, the women cannot be called as sutika, in other words sutika term can be used only after expulsion of placenta. The woman who becomes weak or emaciated due to development of fetus and also empty bodied due to unsteadiness or languor of all dhatus, excretion of kleda and raktha, is advised to undergo this regimen which helps her to attain all the lost elements and reaches her prepregnancy state. To correct the agni, dosha and dhatu it is necessary to follow the sutika paricharya in the patients who have undergone LSUS also. Sutika paricharya as advised by Acharya Harita has lodhra and arjuna kwatha which helps in rakha shuddhi, yoni shuddhi, vranaropana, balya and raktha vikarahara and this helps in wound healing also. Kulattha kwatha helps in garbhashaya shodhana, panchakola yavagu and chaturjataka yavagu helps in deepana pachana and a vata shaman, nagara and haritaki gudodaka helps in digestion and easy passage of bowel, shathavari ksheerapaka helps in sthanyotpatti and sthanya pravrtti. Use of yavagu and laghu annapanas helps to replenish dhatus, use of snehana alleviates vata, Udarapatabandhana helps to reduce the shoonya koshta and also prevents accumulation of vata in vacant sites.

## CONCLUSION

Concept of Soothika paricharya helps to bring the doshas, dhatus as well as manas to normalcy, so that the mother and child replenish and naveena dhatus formed help in proper growth and development. This also benefits in, good lactation and in turn a good growth of baby.

## REFERENCE

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