



E-ISSN: 2321-2187

P-ISSN: 2394-0514

www.florajournal.com

IJHM 2023; 11(1): 58-60

Received: 07-11-2022

Accepted: 12-12-2022

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Manas vikar in Sutika: A review article

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DOI: <https://doi.org/10.22271/flora.2023.v11.i1a.853>

Abstract

The human race is Nature's finest creation in the universe. It is a miracle and a wonder of nature that the body has the right size, weight, and shape. Every woman in society has the lifelong dream of having a child. One of the hardest elements of pregnancy is a deformed live foetus. *Garbha Vriddhi* and *Vikas Kram* are precisely described in Ayurveda, despite the absence of contemporary imaging methods like sonography and MRI. Ayurvedic texts offer a variety of perspectives on *Garbha Utpatti* and *Garbha Vriddhi*. *Garbhini Lakshana*, which aids in the diagnosis of early pregnancy and guards against foetal anomalies, is also referenced in Ayurveda. The growth of the foetus is impeded by an unhealthy diet and lifestyle during pregnancy, and the infant is born preterm or underweight. After giving birth, all of this causes stress and psychological disorders i.e. *Manas vikaras* in the mother. The present article narrates the root causes of *Manas vikaras* i.e. psychological disorders in *sutika*, post natal care to be taken during pregnancy and role of *manas bhava* in *sutika*.

Keywords: *Sutika, Manas vikaras, garbhini, postpartum*

1. Introduction

Since the beginning of time, a foetus in a womb has always been documented. The goal of society has historically been to safeguard expectant mothers and the developing foetus. However, the idea of creating a zygote from a single has occasionally been advanced. Ayurvedic luminaries like *Charaka, Sushruta, Vagbhatas* have enumerated the development of the foetus in immaculate manner. In Ayurveda, the care of mothers is valued at every stage of their lives, but especially during pregnancy and after delivery. A six-week postpartum period that begins immediately after the placenta separates and is also known as the puerperium or puerperal phase. Postnatal care is unquestionably connected to *Sutika Paricharya*, as described in the classics of *Ayurveda*. On the one hand, she is happy and content during this time, but she is also physically and mentally exhausted after giving birth, and on the other, she loses blood and body fluids during delivery, which causes her to become weak or malnourished. Due to the aggravation of the *Doshas*, *Garbhini* is more susceptible to the illness. Due to blood loss and other significant bodily Dhatus, this may further deteriorate during delivery and puerperium. She must therefore receive special attention and appropriate care both during pregnancy and puerperium. *Sutika Paricharya* is the routine that helps the lady recoup her lost vitality and helps her body return to a pre pregnant state since during this time she rebuilds her health and power. According to *Ayurveda*, if this time is not managed appropriately, 74 different ailments could manifest. The woman becomes extremely weak as a result of the foetus' growth, the body's instability, the strain of labour, and the excretions of blood and moisture. After taking the right prenatal care, a woman regains all of her mental stability, lost possessions and becomes pregnant^[1].

2. Material and Methods

Ayurvedic classical texts such as *charaka samhita, Sushrut samhita, Vagbhat samhita* are reviewed to collect the data.

2.1 Psychological factors

Numerous psychological pressures are born during pregnancy and throughout the adjustment to parenting. Changes in her body image, her connections with her husband and family, her responsibilities, and how society views her all require a woman to adapt. Predisposing variables for postpartum disorders

The following are risk factors for postpartum disorders: primigravida; unmarried mother; caesarean sections or other perinatal or natal complications; prior history of psychotic illness, particularly prior history of anxiety and depression; family history of psychiatric illness,

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particularly prior episode of postpartum disorder; stressful life events, particularly during pregnancy and close to delivery and prior episode of postpartum disorder [2].

According to modern science postpartum psychological disorders are

- Postpartum blues
- Postpartum depression
- Postpartum psychosis
- Postpartum post-traumatic stress disorder
- Anxiety disorders specific to the puerperium
- Obsessions of child harm

According to *Ayurveda* there is no clear definition of the categorization of *manasaroga* in *sutika* in the *Ayurvedic* texts; the various types of sickness classification mentioned in the classics mostly relate to physical ailments. However, it is still possible to categorise and list the mental disorders mentioned in *Ayurveda* by researching the ailments where the *manasa dosha*, specifically *rajas* (passion) and *tamas* (inertness), are implicated. Diseases have been roughly categorised into three categories: *sarira vikara* (physical diseases), *manas vikara* (mental disorders), and *ubhayatmaka vikara* (diseases where both mental and physical symptoms occur together). Both the body and the psyche are affected (*unmad*) such as (*psychosis*), *apasmara* (*epilepsy*), etc [3]. These arbitrary demarcations, though, are made only for the benefits to medicine. It is impossible to categorise the illnesses such as mental, physical, etc., since the illness is a condition that affects the living body. mix of *sarira* (body) with *indriya* (senses), (mind), (*atma*), and (soul) [4].

2.2 Clinical Features

Postpartum blues (PBs), PPD, and PP were the three categories used to describe postpartum disorders in the past. This oversimplified the situation. In addition to this, the puerperium is also characterised by the occurrence of many categories of anxiety and stress-related disorders. Postpartum disorders have recently been divided into five main categories:

1. PBs
2. PPD
3. PP
4. Postpartum PTSD
5. Postpartum anxiety and obsessive compulsive disorder (OCD).

The following is a description of the traits of each postpartum disorder.

2.3 Postpartum blues

A phase of emotional liability following childbirth known as postpartum blues (PBs), commonly referred to as "baby blues" or "maternity blues," is marked by frequent sobbing bouts, impatience, bewilderment, and anxiety. But elation can also be seen in the first few days after giving birth.

2.4 Postpartum depression

The most prevalent psychiatric condition seen in postpartum women is PPD. PPD can be challenging to identify from depression that strikes a woman at any other moment in her life. The negative thoughts are, however, mostly focused on the newborn in PPD.

2.5 Postpartum psychosis

A mental and obstetrical emergency, PP has an immediate and

abrupt onset and is typically seen within the first two weeks after delivery or, at most, within three months postpartum.

2.6 Postpartum posttraumatic stress disorder

It is frequently characterized by anxiety, nightmares, flashbacks, and autonomic hyperarousal. These symptoms can last for several weeks or months and may reappear at the end of the following pregnancy.

2.7 Anxiety disorders specific to the puerperium

The most prevalent trait is nighttime vigilance, which is defined by the mother lying awake, checking frequently, and listening to the baby breathe. Maternal neurosis is the term used to describe moms who are too concerned and anxious about the health and safety of their children.

2.8 Obsessions of child harm

Women with postpartum severe depression may experience intrusive, recurrent concerns about certain things happening to the baby along with excessive checking habits.

3. Prevention of mental disorders through *Ayurveda*

Sutika paricharya, or postnatal care, is essential in *ayurveda* for preventing both physical and mental illnesses. There are primarily three sections in *Sutika Paricharya*: *Ahara* (Diet), *Vihar* (Lifestyle), and *Aushadhi* (Post natal visit and medicines). *Pathya* and *Apathya* plays major role to decrease the stress level and maintain healthy state of mind.

Pathya [5]

1. *Sutika* should take a long bath with lots of warm water.
2. Water that has been boiled should be used for drinking.
3. Lukewarm water is always used to wash dishes like the *parisheka* and *avagahana*.
4. She needs to perform *Udarveshtana*.
5. According to *Desha*, *Kala*, etc., *Snehana* and *Swedana* must be performed daily.
6. *Kashyapa* has specifically indicated *Mardana* for *Sutika*.

Apathya [6]

1. Anger, stress on the body and mind, etc.
2. Cold drinks, cold alcohol, and cold object
3. *Panchakarma* is contraindicated in the case of *Sutika*.

4. Benefits of *Sutika Paricharya*

We can summarize post natal care in *Ayurveda* as follows,

1. Strengthen and improves digestion power.
2. Tones muscles, calms nerves and greases all joints.
3. Increase psychological alertness, apparent thinking and emotional steadiness.
4. Helps woman's body reserve into her normal shape.
5. Effortless lactation and more restful feeding.

5. Discussion

Underdiagnosed, perinatal mental illness can have long-lasting effects on the mother, her child, her relationships with her husband and other family members. Early detection and diagnosis are crucial. During antepartum and postpartum visits, medical providers should routinely assess moms using a few straightforward questions. A woman is usually made special for her creative perspective on life through giving birth to a kid. In *Sutika Kala*, correct *Sutika Paricharya* causes the uterus and other pelvic organs to completely involute, bringing them to their pre-pregnancy state. The purpose of puerperium is to establish infant feeding and maintain maternal and baby health by preventing any

complications.

6. Conclusion

Particularly in women with bipolar disorder, the postpartum period is a time of heightened risk for the beginning or aggravation of mood instability. Although there is ongoing debate on the nosological classification of PP, it is typically regarded as a psychotic episode of bipolar disease. The main elements to the effective management of PP are the early detection of women who are at high risk for developing PP and the timely implementation of therapeutic approaches that combine pharmaceutical strategies and psychotherapy approaches. To provide recommendations on prevention and treatment measures for postpartum mental disorders, prospective studies higher in the hierarchy of evidence are urgently needed. *Sutika Kala* is a crucial time for women, thus it requires careful management and attention with a certain food, way of life, and aushadhi. It is highly advised to use *Vata Shamaka* medications since *Sutika Kala* has vitiated vata. A lady needs specific management and care during *Sutika Kala* to ensure the correct and healthy development of her unborn child as well as the preservation of her own health.

7. References

1. Gupta Atridev. Editor 1st ed. Varanasi; Oriental publishers, Astanga Sangraha. 1993;1:288.
2. Causey S, Fairman M, Nicholson D, Steiner M. Arch Women Ment Health. Can postpartum depression be prevented. 2001;3(1):S24.
3. Acharya YT. Bombay. Charakasamhita Nirnayasagar Press. 1941. p. 113.
4. Acharya YT. Bombay. Charakasamhita. Nirnayasagar Press. 1941. p. 115.
5. Srivastava Sarika. Department of Prasuti Tantra, IMS, BHU, Varanasi. Role of Shigru in Management of Sutika Arti puerperal – discomfort. 2000. p. 17-18.
6. Srivastava Sarika, *et al.*, Department of Prasuti Tantra, IMS, BHU, Varanasi. Role of Shigru in Management of Sutika Arti puerperal – discomfort. 2000. p. 17-18.