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Review Article

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"SUTIKA PARICHARYA AND STANYAJANANA DRAVYAS: POSTNATAL CARE AND AYURVEDIC GALACTAGOGUES — A NARRATIVE REVIEW"

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ABSTRACT:
Background: The postnatal period is a time of physical recovery, establishment of breastfeeding and heightened vulnerability to depression for the mother. Ayurveda describes a structured postnatal regimen, Sutika paricharya, and a group of lactation-promoting drugs, Stanyajanana dravyas. Perceived insufficient milk is one of the commonest reasons for early cessation of breastfeeding, and herbal galactagogues are widely used in India and elsewhere. **Objective:** To review the classical principles of Sutika paricharya and Stanyajanana dravyas, to examine their correspondence with current postnatal care, and to evaluate the clinical evidence for Ayurvedic and related herbal galactagogues. **Methods:** Classical texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita) were reviewed. PubMed was searched for systematic reviews, randomised controlled trials and observational and experimental studies on postnatal care, traditional postpartum practices, galactagogues, Shatavari, fenugreek, ginger and Ayurvedic formulations. Findings were synthesised narratively. **Results:** Sutika paricharya emphasises rest, oleation, warm and easily digestible food, gradual restoration of strength and protection from cold and emotional stress, aims that broadly match modern postnatal care, although some traditional food and fluid restrictions may compromise nutrition. A Cochrane review of 41 trials found very low-certainty evidence that natural galactagogues may increase milk volume. Three randomised placebo-controlled trials from India, two of Shatavari preparations and one of a multi-herb Ayurvedic granule, reported increased early milk volume or higher rates of exclusive breastfeeding, without serious adverse events. Ginger may increase milk volume after vaginal birth. A trial of lactation cookies containing fenugreek showed no benefit. **Conclusion:** Sutika paricharya offers a coherent framework for postnatal recovery, and Shatavari is the best-supported Ayurvedic galactagogue. Galactagogues should support, not replace, skilled breastfeeding support, and larger independent trials with infant safety outcomes are needed.

KEYWORDS: Sutika paricharya, Stanyajanana, galactagogue, Shatavari, lactation, postnatal care

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INTRODUCTION

The postnatal period, conventionally the six weeks after childbirth, is a critical time for both mother and infant. The mother recovers from the physiological demands of pregnancy and birth, establishes breastfeeding and adapts psychologically to her new role. Many women express concern about their ability to produce enough milk, and insufficient milk is frequently cited as the reason for supplementation and early termination of breastfeeding[1]. Postnatal mental health is an equally important concern; a 2026 meta-analysis of 62 Indian studies involving 21,262 women estimated the prevalence of postpartum depression in India at 23.5%[2].

Postnatal care in India is shaped strongly by tradition. A 2026 survey of 100 postnatal women in Karnataka found that nearly all restricted the quantity of food eaten, most consumed foods regarded as heating, more than half reduced water intake, and most remained confined at home with reduced physical activity[3]. Earlier ethnographic work in West Bengal showed how beliefs about ritual impurity, hot and cold foods and the readiness of breast milk led to seclusion, dietary restriction, delayed initiation of breastfeeding and discarding of colostrum[4]. Some of these customs derive from or overlap with Ayurvedic Sutika paricharya; others conflict with both Ayurvedic principles and current evidence.

Ayurveda describes a detailed regimen for the postnatal woman (Sutika) and a group of drugs that promote the production of breast milk (Stanyajanana dravyas)[5–8]. Herbal galactagogues are popular in many countries, often with limited evidence of efficacy and safety[9,10]. The aim of this review is to present the classical principles of Sutika paricharya and Stanyajanana dravyas, to examine how far they correspond with current postnatal care, and to evaluate critically the clinical evidence for Ayurvedic and related galactagogues.

METHODOLOGY

This narrative review was prepared in two parts. First, the classical texts of Ayurveda, namely Charaka Samhita (Sutra sthana, chapter 4, and Sharira sthana, chapter 8), Sushruta Samhita (Sharira sthana, chapter 10), Ashtanga Hridaya (Sharira sthana, chapter 1) and Kashyapa Samhita (Khila sthana), were studied with their standard commentaries for the postnatal regimen, the physiology of breast milk and the treatment of its disorders[5–8]. Second, PubMed was searched for literature published up to October 2026 using combinations of the terms postpartum, postnatal, Sutika, Ayurveda, galactagogue, lactation, breast milk, Shatavari, *Asparagus racemosus*, fenugreek, ginger and traditional postpartum practices. Systematic reviews, randomised controlled trials, observational studies and experimental studies were considered. Every reference cited in this article was checked against its PubMed record for authors, title, journal, year, volume, pages and digital object identifier. Retracted publications identified during the search were excluded. The findings are synthesised narratively rather than statistically.

SUTIKA PARICHARYA: THE CLASSICAL POSTNATAL REGIMEN

1. Definition and duration

A woman is called Sutika from delivery until the end of the postnatal period. The classical texts describe a period of about one and a half months (roughly 45 days) during which a special regimen is to be followed, or until the return of menstruation according to some authorities[5,6]. This duration corresponds closely to the modern puerperium of six weeks, during which the uterus involutes and most physiological changes of pregnancy resolve.

2. Physiological basis

Ayurveda regards the postnatal woman as depleted (Kshina) by the loss of blood, fluids and tissue during labour, and as having aggravated Vata because of the emptiness (Shunyata) of the abdomen and the exertion of childbirth. Digestive capacity (Agni) is considered weak. The regimen therefore aims to pacify Vata, rekindle Agni gradually, restore the depleted tissues (Dhatus) and promote the formation of good-quality breast milk[5–7]. In biomedical terms, these aims correspond to recovery from blood loss and fatigue, restoration of appetite and bowel function, nutritional repletion and the establishment of lactation.

3. Components of the regimen

The classical regimen has several components. In the first days after delivery the woman is given medicated ghee or oil in quantities appropriate to her digestive capacity, together with drugs such as Pippali (*Piper longum*), Pippalimula, Chavya, Chitraka and Shringavera (dry ginger), followed by warm water or thin gruel (Yavagu) prepared with these drugs[5,6]. The abdomen is bound with a cloth to support the

emptied abdomen and to restrain Vata, and daily massage with oil (Abhyanga) and warm water baths (Parisheka) are advised[5–7]. After the first few days, the diet is gradually advanced to nourishing preparations such as soups (Yusha) and meat broths (Mamsa rasa), according to strength and digestion. Throughout, the woman is advised to avoid exertion, cold exposure, sexual activity, anger and emotional disturbance, and to maintain a calm environment[5–7].

Kashyapa Samhita gives particular attention to the Sutika and describes disorders that may follow delivery, together with the importance of careful diet and conduct, because disorders arising in this period are considered difficult to cure[8].

4. Correspondence with modern postnatal care

Many aims of Sutika paricharya are consistent with current postnatal care. Rest and support, adequate nutrition, early attention to bowel function, warmth, abdominal support and emotional care are all elements of good postnatal practice. The classical emphasis on emotional calm is relevant to the high burden of postpartum depression[2], although the texts did not describe depression in modern diagnostic terms. Oil massage is low-risk and valued by mothers, though its specific benefits have not been established in rigorous trials.

Some traditional practices, however, depart from both classical texts and current evidence. Restriction of food quantity and of water intake, avoidance of protein-rich foods and prolonged reduction of physical activity were common in the Karnataka survey[3], and dietary restriction, delayed breastfeeding and discarding of colostrum were documented in West Bengal[4]. The classical texts advise gradual progression to nourishing food and do not prescribe dehydration; restriction of fluids is particularly undesirable during lactation. Delay of breastfeeding and discarding of colostrum are contrary to current recommendations. An integrative approach should therefore preserve the supportive and nourishing elements of Sutika paricharya while discouraging restrictions that may harm mother or infant.

5. Classical postnatal formulations

Several classical and traditional formulations are used during the postnatal period, including Dashamoola preparations, Jirakarishta, Dashamoolarishta, Saubhagya shunthi and, in Kerala, Dhanwantharam preparations. Evidence for these is scarce. A laboratory study of Dhanwantharishtam, a classical preparation used for postnatal care and rejuvenation, showed antioxidant activity in standard chemical assays[11], but this provides no information about clinical benefit. Fermented preparations such as Arishtas contain self-generated alcohol, and their use during lactation should be considered with this in mind. Controlled clinical evaluation of commonly used postnatal formulations is an evident gap.

STANYA: BREAST MILK IN AYURVEDA

1. Formation and qualities of breast milk

In Ayurveda, breast milk (Stanya) is regarded as a by-product (Upadhatu) of Rasa dhatu, the nutritive fluid derived from digested food[5,7]. Its quantity and quality therefore depend on the mother's diet, digestion and emotional state. The classical texts describe pure milk (Shuddha stanya) as being of normal colour, sweet in taste, mixing readily with water and nourishing the infant, and they identify disorders of milk (Stanya dushti) caused by vitiation of Vata, Pitta or Kapha, as well as deficiency of milk (Stanya kshaya)[5–7].

The classical explanation of milk production recognises the role of affection for the infant: the sight, touch and thought of the child are described as stimulating the flow of milk[6]. This observation corresponds to the modern understanding of the milk ejection reflex, in which oxytocin release is triggered by infant suckling and by sensory and emotional cues, and it underlines the importance of close mother-infant contact.

2. Causes and management of deficient milk

The causes of Stanya kshaya described in the texts include anger, grief, fear, lack of affection, fasting, excessive exertion and inadequate or unwholesome diet[5–7]. Management therefore begins with removing these causes, reassuring the mother and providing a nourishing diet with milk, cereals, pulses and meat soups, before the use of Stanyajanana drugs[5,7]. This sequence is consistent with modern lactation management, which first addresses maternal health, infant suck and latch and feeding frequency before considering galactagogues[1].

3. Stanyajanana mahakashaya

Charaka lists ten drugs in the group of galactagogues (Stanyajanana mahakashaya), which include grasses such as Virana, Shali, Shashtika, Ikshuvalika, Darbha,

Kusha and Kasha, together with Gundra, Itkata and Katrina[5]. Later texts add many more. Commonly used Stanyajanana drugs today are Shatavari (*Asparagus racemosus*), Vidari (*Pueraria tuberosa*), Jivanti (*Leptadenia reticulata*), Methika (fenugreek, *Trigonella foenum-graecum*), Shatapushpa (dill), Jiraka (cumin) and Shunthi (dry ginger), often given with milk or in confections.

CLINICAL EVIDENCE FOR GALACTAGOGUES

1. Systematic reviews

The most comprehensive evaluation is a Cochrane review of 41 randomised and quasi-randomised trials involving 3,005 mothers of healthy term infants. For natural galactagogues, including fenugreek, fennel, ginger, moringa, Shatavari, silymarin and various mixtures, the review found that subgroup analyses suggested either benefit or little or no difference in milk volume and infant weight, but meta-analysis was not possible because of very high heterogeneity, and the certainty of evidence was very low. Adverse effects were poorly reported and, where reported, minor. The authors concluded that high-quality trials with standardised outcomes, doses and dosage forms were urgently needed[1]. Earlier systematic reviews reached similar conclusions; one identified six trials of Shatavari, torbangun, fenugreek, milk thistle and a Japanese herbal medicine, found that five reported increased milk production, but made no recommendation because of small samples, poor randomisation, poly-herbal interventions and variable breastfeeding practices[9]. A review of herbal galactagogues for pharmacists likewise found that evidence was mostly anecdotal and that adverse effect and pharmacokinetic data were scarce[10].

2. Shatavari

Shatavari is the most important Stanyajanana drug in contemporary Ayurveda and the best studied. Its root contains steroidal saponins (shatavarins), flavonoids and other constituents[12], and reviews attribute galactagogue, adaptogenic and antioxidant properties to it, although much of this literature relies on traditional use and experimental data[12,13].

Two randomised placebo-controlled trials have evaluated Shatavari preparations in the immediate postnatal period. In the first, 78 women who intended to breastfeed received either a palatable bar containing Shatavari and oats or an identical placebo bar; expressed milk volume measured with a standardised breast pump at about 72 hours was higher with Shatavari (64.7 mL versus 49.7 mL), and the time to first breast fullness was shorter (30.5 versus 38.1 hours), with no adverse events in either group[14]. In the second, 120 women after uncomplicated vaginal or caesarean delivery were randomised to a Shatavari root extract of 300 mg or placebo twice daily for 72 hours; in the 113 women analysed per protocol, the time to breast fullness was shorter and milk volume at 72 hours was higher with Shatavari, maternal satisfaction with lactation was higher, and no adverse events occurred[15].

These trials are encouraging and represent the most rigorous evidence for any single Ayurvedic galactagogue. Their limitations should nevertheless be noted. Both were small and short, measured milk volume only in the first three days, and evaluated proprietary products; neither reported long-term breastfeeding outcomes or infant growth. Industry involvement in product development and trial conduct should be considered when interpreting the results. In addition, a separate 2025 trial of a standardised Shatavari extract for perimenopausal symptoms has been retracted, which is a reminder that individual Shatavari trials require careful scrutiny; that trial is not relied upon here.

3. A multi-herb Ayurvedic formulation

The largest Ayurvedic galactagogue trial identified was a double-blind, randomised, placebo-controlled study conducted by the Central Council for Research in Ayurvedic Sciences with a government hospital in Delhi. A total of 210 exclusively breastfeeding mothers whose term infants showed inadequate weight gain received 6 g of Ayush-SS granules or placebo twice daily for 12 weeks, and all received standardised breastfeeding counselling. At six months, 69.8% of infants in the Ayush-SS group were exclusively breastfed compared with 44.8% in the placebo group; after 90 days, 76.5% versus 41.8% of infants gained at least 20 g per day; and maternal perception of insufficient milk was much lower in the treatment group. No severe adverse events related to the intervention were observed[16]. Its clinically meaningful outcomes and counselling of both groups make it particularly relevant to practice. Replication by independent investigators is needed.

4. Fenugreek

Methika (fenugreek) is one of the most widely used galactagogues worldwide. The Cochrane review found that it was very uncertain whether fenugreek improves infant weight[1]. In a randomised trial in the United States, 176 exclusively breastfeeding parents of two-month-old infants ate daily either lactation cookies containing oats, brewer's yeast, flax seed and fenugreek or similar cookies without these ingredients; after one month there was no difference in objectively measured milk production rate, perceived insufficient milk or breastfeeding self-efficacy, although only about half of participants completed the primary outcome measurement[17]. The participants had an adequate perceived milk supply at baseline, so the trial does not exclude benefit in women with true insufficiency, but it argues against routine use of fenugreek products in mothers without a clear problem. A randomised trial of a herbal tea containing fennel, anise, coriander and fenugreek in fully breastfeeding mothers found no adverse effects in mothers or infants up to the infants' first year[18], which offers some reassurance about short-term safety of such composite teas.

5. Ginger and other drugs

Shunthi (dry ginger) is a component of the classical early postnatal regimen[5,6]. A systematic review of five randomised trials found that ginger alone increased milk volume in mothers after vaginal birth but not after caesarean section, and that several ginger-containing combinations, including one with turmeric and fenugreek, were also effective; no adverse effects directly related to ginger were reported[19]. Evidence for other Stanyajanana drugs, including Vidari and Jivanti, is largely limited to traditional use and experimental studies, and broader reviews of Ayurvedic herbs in women's health consistently highlight the need for better clinical trials[13].

6. Postpartum mood

Shatavari has also been proposed as a support for postpartum mental health. A 2025 mini-review described its saponins and flavonoids, their possible prebiotic effects and the microbiota-gut-brain axis as a mechanism for mood regulation, and called for clinical validation[20]. No clinical trial of Shatavari for postpartum depression was identified. Given the prevalence of postpartum depression in India[2], mothers with depressive symptoms should be screened and referred for evidence-based care rather than treated with herbs alone.

SAFETY CONSIDERATIONS

Safety during lactation requires consideration of both mother and infant. Most herbal galactagogue trials report few or minor adverse effects, but reporting is inconsistent and infant outcomes are rarely measured beyond the short term[1,10]. Fenugreek is generally regarded as safe in culinary doses, but it can cause a maple-syrup odour in urine and sweat, and the Cochrane review noted minor maternal and infant complaints[1]. Products sold as galactagogues vary in composition and quality. Mineral or herbomineral preparations should be avoided during lactation unless their safety is established; a case of serious lead poisoning after use of non-prescription Ayurvedic preparations illustrates the risk of unregulated products[21]. As alcohol-containing Arishtas are used traditionally after delivery, their alcohol content and the amount consumed should be considered when advising breastfeeding mothers.

Above all, galactagogues should not distract from the measures that most affect milk supply. These are frequent and effective breastfeeding, correct positioning and attachment, early initiation of breastfeeding with feeding of colostrum, skin-to-skin contact, and assessment of maternal and infant factors that may impair lactation[1]. The classical recognition of the role of affection and maternal emotion in milk flow[6] is fully consistent with this emphasis.

DISCUSSION

This review shows that Sutika paricharya provides a coherent framework for postnatal recovery, combining rest, warmth, abdominal support, oil massage, gradual dietary progression and emotional care[5–8]. Its aims align with current postnatal care, although the evidence for specific components such as abdominal binding and massage remains largely traditional. Some contemporary practices carried out in the name of tradition, notably restriction of food and fluids and delayed breastfeeding, conflict with both classical texts and current evidence[3,4], and Ayurvedic clinicians are well placed to correct them in culturally acceptable terms.

For galactagogues, the evidence is stronger than for most areas of Ayurvedic women's health. Shatavari is

supported by two randomised placebo-controlled trials showing increased early milk volume[14,15], and a multi-herb Ayurvedic granule improved exclusive breastfeeding and infant weight gain in a well-designed trial in women with lactation insufficiency[16]. Ginger has supportive evidence after vaginal birth[19], whereas fenugreek-based products did not improve milk production in women without insufficiency[17]. These findings must be weighed against the overall judgement of the Cochrane review that the certainty of evidence for natural galactagogues is very low[1], and against the small size, short duration and commercial context of several trials.

Several research priorities follow. Independent, adequately powered trials of standardised Shatavari preparations in women with documented lactation insufficiency are needed, with outcomes extending to breastfeeding duration and infant growth over several months. The Ayush-SS findings should be replicated in other centres. Classical postnatal formulations such as Dashamoolarishta and Jirakarishta should be evaluated for maternal recovery outcomes, with attention to alcohol content and infant exposure. Pragmatic studies could also test whether a structured, evidence-informed Sutika paricharya programme, combining nutrition counselling, emotional support and breastfeeding education, improves maternal recovery, breastfeeding and postpartum mood compared with usual care. Core outcome sets for milk volume and infant weight, as recommended by the Cochrane authors[1], would make future trials comparable.

From a clinical perspective, Ayurvedic galactagogues, particularly Shatavari, can reasonably be offered to mothers with perceived or actual low milk supply after skilled assessment of breastfeeding technique and maternal and infant factors. They should be given as adjuncts to breastfeeding support and not as substitutes for it, using quality-assured products, and infants should be monitored for weight gain.

CONCLUSION

Sutika paricharya offers a structured and culturally resonant model of postnatal care whose core aims of rest, nourishment, warmth and emotional support are consistent with modern practice, while some traditional restrictions should be discouraged. Among Stanyajanana dravyas, Shatavari and a multi-herb Ayurvedic granule have the most supportive randomised evidence, and ginger has some support after vaginal birth. The overall evidence remains limited, and galactagogues should complement, not replace, skilled breastfeeding support. Independent, larger and longer trials with infant safety outcomes are needed to establish their place in integrative postnatal care.

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