

# Role of Agni in Postpartum Recovery: An Ayurvedic Perspective

Anuja Kate, Sachin More

<sup>1</sup> PG Scholar, Department of Prasutitantra evum Striroga, Matoshri Asarabai Darade Ayurved College, Yeola

<sup>2</sup> Professor, Department of Prasutitantra evum Striroga, Matoshri Asarabai Darade Ayurved College, Yeola

Date of Submission: 23-04-2026

Date of Acceptance: 03-05-2026

**ABSTRACT:** *The postpartum period (Sutika Kala) is marked by profound physiological, metabolic, and psychological changes that necessitate structured maternal care. Ayurveda describes this phase in terms of dhatu kshaya (tissue depletion), vata predominance, and bala hani (reduced strength). Central to recovery in this period is Agni, the governing principle of digestion and metabolism. This review examines the role of Agni in postpartum recovery, and its clinical implications. The principles of Sutika Paricharya described in Ashtanga Hridaya are analysed as an Agni-centred therapeutic framework. Correlations with modern postpartum physiology highlight parallels in metabolic demand, gastrointestinal function, and nutritional rehabilitation. An integrated understanding of Agni in Sutika may enhance maternal recovery, lactation, and long-term health outcomes.*

**KEYWORDS:** Agni, Sutika Kala, Sutika Paricharya, Ashtanga Hridaya, Postpartum care, Ayurveda

## I. INTRODUCTION

The postpartum period is a critical phase involving recovery from the physiological stress of pregnancy and childbirth. While modern obstetrics emphasizes monitoring and management of complications, metabolic restoration remains relatively underexplored. In Ayurveda, the postpartum state (Sutika Kala) is characterized by dhatu kshaya, vata prakopa, and bala hani, as described in classical texts such as Charaka Samhita, Ashtanga Hridaya, and Kashyapa Samhita. These features collectively indicate a state of heightened metabolic vulnerability, wherein the role of Agni, which is considered fundamental to health, governing digestion, metabolism, and tissue nourishment, becomes central to recovery.

Classical texts state:

“रोगाः सर्वेऽपि मन्देऽग्नौ”<sup>1</sup>

All diseases originate from impaired Agni, emphasizing restoration of Agni as a primary therapeutic goal in Sutika Avastha.

## II. MATERIALS AND METHODS

A narrative review was conducted using classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. Relevant sections on Sutika Kala, Agni, and Sutika Paricharya were analyzed.

Modern literature on postpartum physiology and recovery was reviewed using standard obstetric guidelines and databases.

## III. ROLE OF AGNI IN POSTPARTUM PHYSIOLOGY

Agni governs digestion, absorption, and metabolic transformation. Balanced Agni ensures proper formation of rasa dhatu, whereas impaired Agni leads to ama formation and metabolic dysfunction.

The postpartum state is characterized by:

Dhatu Kshaya (significant loss of Rasa and Rakta)<sup>2</sup>  
Blood loss and physical exertion

Vata Prakopa due to uterine emptiness<sup>3</sup>

These factors collectively contribute to Agnimandya<sup>4</sup>, resulting in impaired Rasa Dhatu formation and compromised tissue nourishment. Clinically, this may manifest as:

Aruchi (loss of appetite)

Adhmana (bloating)

Ajeerna (indigestion)

Malabaddhata (constipation)

Fatigue and delayed recovery

Predisposition to Sutika Jwara

### Core Components of Sutika Paricharya

The regimen described in Ashtanga Hridaya is fundamentally aimed at restoring Agni, pacifying Vata, and ensuring gradual Dhatu Poshana.

1. Deepana–Pachana and Agni Restoration

Administration of Pañcakola<sup>5</sup>(Pippali, Pippalimoola, Chavya, Chitraka, Śunṭhi) along with other Deepana dravyas is recommended to

stimulate Agni and digest Ama. Intake of Uṣṇa Guḍodaka<sup>6</sup>(warm jaggery water) further supports digestion and circulation.

These measures enhance metabolic activity, prevent stagnation, and facilitate physiological postpartum cleansing, described in classical terms as:

“विशुद्ध्यति च दुष्टास्रम्”<sup>7</sup>

(Facilitates purification of vitiated blood components), thus promoting uterine and systemic recovery by supporting elimination of residual lochia and metabolic by products.

## 2. Snehana (Internal and External)

Snehana includes Ghṛtapāna<sup>8</sup> (internal oleation) and Abhyanga<sup>9</sup>(external oleation with warm oils). These interventions counteract Vata Prakopa, improve lubrication, circulation and enhance tissue recovery.

## 3. Ushna–Laghu Ahara Krama

This is a dietary sequence designed to gently kindle the digestive fire. It begins with liquid or semi-liquid, easy-to-digest foods and progressively introduces more solid foods.

अन्नपानं लघु स्निग्धं जीर्णं भोज्यं पुनः पुनः ।  
बस्तिमेहनसेकाभ्यं स्नेहस्वेदेषु साधयेत् ॥ <sup>10</sup>

Ash.Hri.Sha.1/46

A diet consisting of warm (Uṣṇa), light (Laghu), and easily digestible foods is advised initially, followed by gradual inclusion of unctuous (Snigdha) and nourishing foods. This prevents overloading weak Agni and supports safe nutritional progression

## 4. Vata-Shamana and Supportive Measures

Maintenance of warmth, adequate rest, and avoidance of cold exposure are emphasized. These measures stabilize Vata, improve circulation, and facilitate recovery.

### Integrated Understanding

The regimen described in Ashtanga Hridaya is fundamentally:

Agni-centric → through Pañcakola, Deepana dravya, Uṣṇa Guḍodaka

Vata-pacifying → through Snehana, Ghṛta pāna, warmth

Gradually nourishing → through staged dietary progression

This sequential approach ensures:

Prevention of Āma

Proper Dhatu Poshana

Adequate lactation

Efficient postpartum recovery

## IV. DISCUSSION

The postpartum period is marked by increased metabolic demand, tissue repair, and lactation requirements. Ayurveda identifies Agni as the central regulator of these processes. Agnimandya leads to Ama formation, which disrupts metabolic pathways and contributes to systemic dysfunction<sup>11</sup>.

Impaired Agni adversely affects Rasa Dhatu, the precursor of breast milk (Stanya)<sup>12</sup>. This provides a plausible explanation for lactation insufficiency in the presence of metabolic impairment. Contemporary evidence supports the influence of maternal nutritional and metabolic status on lactation outcomes<sup>13-17</sup>

Additionally, compromised digestion may reduce nutrient availability required for tissue repair, potentially contributing to delayed wound healing and prolonged recovery. Modern studies highlight the importance of nutritional support in improving postoperative healing outcomes<sup>18-19</sup>.

The Vata-dominant postpartum state, when combined with Agnimandya, may further manifest as abdominal discomfort, constipation, and delayed uterine involution. These symptoms are frequently observed in clinical practice and may impact overall recovery<sup>14</sup>. Ayurveda also recognizes the connection between digestion, nutrition, and mental well-being. Emerging research on the gut–brain axis suggests that metabolic disturbances may influence postpartum mood and emotional health<sup>15</sup>. Thus, Agnimandya should be viewed as a central pathophysiological mechanism influencing recovery, lactation, and overall maternal health. The principles of Sutika Paricharya, particularly Deepana–Pachana, Snehana, and gradual dietary progression, provide a structured and preventive approach that aligns with modern concepts of metabolic rehabilitation.

## V. CONCLUSION

Agni plays a central role in determining the trajectory of postpartum recovery in Sutika Kala. It serves as a central integrative factor linking digestion, immunity, recovery, and lactation. Addressing impaired Agni through structured dietary, lifestyle, and therapeutic interventions as

described in Sutika Paricharya offers a clinically relevant and preventive framework. Integrating these Ayurvedic principles with modern postpartum care may improve maternal recovery, lactation outcomes, overall well-being and promote holistic recovery.

#### REFERENCES

- [1]. Hari Sadashiva Shastri Paradakara Bhishagacharya, editor. Ashtanga Hridaya (Composed by Arundatta and Hemadri), Nidana sthana, 12/01, Chaukhambha Surbharati Prakashana Varansi; reprint 2022; 249
- [2]. Vagbhata. Ashtanga Hridaya, with commentary by Arunadatta and Hemadri. Sharirasthana, Chapter 1. Varanasi: Chaukhambha Sanskrit Series Office; reprint 2018. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
- [3]. Vriddha Jivaka. Kashyapa Samhita (Vriddha Jivakiya Tantra). Khilasthana, Chapter 10. Varanasi: Chaukhambha Sanskrit Series Office; reprint 2017. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
- [4]. Tiwari M, Gupta S. A critical review on concept of Agnimandya in Sutika. Int J Res Ayurveda Pharm. 2019;10(2):100-4. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
- [5]. Vagbhata. Ashtanga Hridaya, with commentary by Arunadatta and Hemadri. Sharirasthana, Chapter 1 Shloka 94-95. Varanasi: Chaukhambha Sanskrit Series Office; reprint 2018. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
- [6]. Vagbhata. Astanga Samgraha, with commentary by Indu. Sharirasthana, Chapter 7. Varanasi: Chaukhambha Sanskrit Series Office; reprint 2018. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
- [7]. Dr Brahmanand Tripathi, Astanga hridayam, Srimadvagbhata, Sutrasthan, Doshopkramaniya, Chapter 13, Verse no 25, Choukhamba Sanskrit Pratishtan, Delhi, 2019, 188.
- [8]. Chowkamba orientalia, 2003, 7
- [9]. UNICEF. Infant and young child feeding: Model chapter for textbooks. New York: UNICEF; 2020.
- [10]. National Health Mission. Guidelines for maternal postpartum care and management. New Delhi: Ministry of Health and Family Welfare; 2016.
- [11]. Mayer EA, Knight R, Mazmanian SK, Cryan JF, Tillisch K. Gut microbes and the brain: paradigm shift in neuroscience. J Neurosci. 2014;34(46):15490-6.
- [12]. Williams Obstetrics. Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, et al. 25th ed. New York: McGraw-Hill; 2018.
- [13]. Fang YW, Chen SF, Wang ML, Wang MH. Effects of traditional medicine-assisted interventions on postpartum lactation: a systematic review and meta-analysis. Heliyon. 2024;10(6):e27154.
- [14]. Saad J, Painter C. Management of postpartum perineal wound complications. Curr Opin Obstet Gynecol. 2023;35(6):505-9.
- [15]. Bao L, Chu R, Zhang L, Li J, Yang H, Pang H. The impact of early nutritional support on postoperative wound healing: a meta-analysis. Int Wound J. 2024;21(3):e14782.