



Review Article

ROLE OF *SUTIKA PARICHARYA* IN THE PREVENTION AND MANAGEMENT OF LACTATION FAILURE: A NARRATIVE REVIEW

Durga Pawar^{1*}, B. Pushpalatha², K. Bharathi³

¹Post Graduate Scholar, ²Professor, ³Professor and HOD, Dept. of Prasuti Tantra and Stri Roga, National Institute of Ayurveda, Jaipur, Rajasthan, India.

Article info

Article History:

Received: 15-04-2026

Accepted: 12-05-2026

Published: 08-07-2026

KEYWORDS:

Sutika Paricharya,
Stanyakshaya,
Lactation Failure,
Breastfeeding,
Ayurveda,
Postpartum Care,
Stanyajanana
Dravya.

ABSTRACT

Ayurveda considers *Stanya* (breast milk) as the *Upadhatu* of *Rasa Dhatu* and advocates a comprehensive postpartum regimen known as *Sutika Paricharya* to restore maternal physiological balance and support adequate lactation. **Aim:** To explore the role of *Sutika Paricharya* in the prevention and management of lactation failure and to correlate Ayurvedic concepts with contemporary scientific evidence. **Materials and Methods:** A narrative review was conducted using classical Ayurvedic literature, including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, and Bhavaprakasha. Relevant contemporary literature was retrieved from peer-reviewed journals, WHO recommendations, and established breastfeeding guidelines. Evidence related to lactation physiology, postpartum care, maternal nutrition, psychological well-being, and galactagogue interventions was critically reviewed and synthesized. **Results:** The principles of *Sutika Paricharya* facilitate lactation through *Vata Shamana*, *Agni Deepana*, *Rasa Dhatu Poshana*, mental well-being, and the use of *Stanyajanana Dravyas*. These mechanisms closely correspond with modern recommendations emphasizing adequate maternal nutrition, hydration, emotional support, rest, skin-to-skin contact, and early initiation of breastfeeding. Ayurvedic galactagogues such as *Shatavari*, *Vidarikanda*, and *Shatapushpa* have demonstrated promising lactogenic potential in experimental and clinical studies. **Conclusion:** *Sutika Paricharya* offers a holistic postpartum care framework that addresses both physiological and psychological determinants of successful lactation. Integrating Ayurvedic postpartum care principles with contemporary lactation support strategies may enhance breastfeeding success, reduce the risk of lactation failure, and improve maternal and infant health outcomes.

INTRODUCTION

Breastfeeding is widely acknowledged as the optimal method of infant feeding and a cornerstone of neonatal survival, growth, and development. Human breast milk provides complete nutrition along with immunological protection, growth factors, enzymes, hormones, and numerous bioactive substances essential for infant health and development. The World Health Organization (WHO) recommends exclusive

breastfeeding for the first six months of life, followed by continued breastfeeding along with appropriate complementary feeding up to two years of age or beyond.^[1] Adequate breastfeeding significantly reduces neonatal infections, malnutrition, infant mortality, and provides several maternal benefits, including accelerated uterine involution, reduced postpartum blood loss, and a lower risk of breast and ovarian cancers.^[2]

Despite substantial advances in maternal and child healthcare, lactation failure remains a common postpartum problem worldwide. It may present as delayed lactogenesis, inadequate milk production, or an inability to sustain exclusive breastfeeding. Multiple factors contribute to lactation failure, including maternal malnutrition, hormonal imbalance, psychological stress, postpartum fatigue, cesarean

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i3.2849>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

delivery, delayed initiation of breastfeeding, improper breastfeeding techniques, and inadequate breastfeeding support. Perceived or actual insufficient milk supply remains one of the leading causes of premature cessation of breastfeeding and early initiation of infant formula feeding.^[3]

Ayurveda offers a holistic understanding of lactation through the concepts of *Stanya* (breast milk) and *Stanyakshaya* (insufficient breast milk production). Classical Ayurvedic texts describe *Stanya* as the *Upadhatu* of *Rasa Dhatu*, emphasizing that proper digestion (*Agni*), balanced nutrition, optimal tissue nourishment (*Dhatu Poshana*), and psychological well-being are essential for adequate milk production. Disturbances in *Dosha* equilibrium, impaired *Agni*, nutritional deficiencies, and mental stress adversely affect both the quantity and quality of breast milk, resulting in *Stanyakshaya*.^[4]

The postpartum period, known as *Sutika Kala*, is regarded as one of the most vulnerable stages in a woman's life and is characterized by *Dhatu Kshaya* (tissue depletion), physical exhaustion, and predominance of aggravated *Vata Dosha*. To facilitate maternal recovery, Ayurveda prescribes a comprehensive postpartum care regimen known as *Sutika Paricharya*. This regimen includes dietary modifications, lifestyle regulations, rejuvenative therapies, psychological support, and administration of *Stanyajanana Dravyas* to restore maternal strength, replenish depleted tissues, balance the *Doshas*, and enhance lactation.^[5]

Interestingly, many principles of *Sutika Paricharya* closely parallel modern recommendations for postpartum care. Contemporary evidence emphasizes adequate maternal nutrition, hydration, rest, emotional support, skin-to-skin contact, and early initiation of breastfeeding as key determinants of successful lactation and improved maternal-infant outcomes.^[6]

With the growing interest in integrative maternal healthcare, there is an increasing need to critically evaluate traditional Ayurvedic postpartum practices in light of contemporary scientific evidence. Therefore, the present review aims to explore the role of *Sutika Paricharya* in the prevention and management of lactation failure by correlating classical Ayurvedic concepts with current scientific evidence, thereby providing a comprehensive and evidence-based perspective on postpartum lactation support.

MATERIALS AND METHODS

Study Design

The present study was conducted as a narrative review to explore the role of *Sutika Paricharya* in the prevention and management of

lactation failure. The review integrates classical Ayurvedic concepts with contemporary scientific evidence related to lactation physiology, postpartum care, maternal nutrition, psychological well-being, and breastfeeding support.

Data Sources

Relevant literature was retrieved from both classical Ayurvedic texts and contemporary scientific databases. Ayurvedic literature included Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, Bhavaprakasha, and Yogaratnakara. Contemporary scientific literature was searched using PubMed, Google Scholar, Scopus, Cochrane Library, WHO publications, UNICEF guidelines, and the AYUSH Research Portal.

Study Selection

Initially, approximately 18 records were identified through database searching. After removal of duplicate records and screening of titles and abstracts, 9 full-text articles were assessed for eligibility. Based on the predefined inclusion and exclusion criteria, 9 publications, along with relevant classical Ayurvedic references, were included in the final narrative synthesis.

Inclusion Criteria

The review included:

1. Classical Ayurvedic references describing *Sutika Paricharya*, *Stanya*, and *Stanyakshaya*.
2. Peer-reviewed articles on lactation physiology and breastfeeding.
3. Studies evaluating maternal nutrition, psychological health, and postpartum recovery.
4. Clinical and experimental studies on Ayurvedic galactagogues.
5. WHO, and other evidence-based breastfeeding guidelines.

Exclusion Criteria

The following were excluded:

1. Non-peer-reviewed publications and opinion articles.
2. Conference abstracts without full text.
3. Duplicate publications.
4. Studies unrelated to postpartum care or lactation.
5. Articles lacking adequate methodological details.

Primary Objective

To evaluate the role of *Sutika Paricharya* in the prevention and management of lactation failure.

Secondary Objectives

1. To understand the Ayurvedic concept of *Stanya* and *Stanyakshaya*.
2. To assess the mechanisms through which *Sutika Paricharya* promotes successful lactation.

3. To correlate Ayurvedic postpartum care principles with contemporary lactation science.
4. To explore the integrative potential of Ayurvedic postpartum care in improving breastfeeding outcomes and maternal-infant health.

Ayurvedic Concept of Lactation Concept of *Stanya*

Ayurveda considers *Stanya* (breast milk) as an *Upadhatu* of *Rasa Dhatu*. According to classical Ayurvedic principles, the consumed food undergoes digestion and metabolism through the action of *Agni*, resulting in the formation of *Ahara Rasa*. This nutritive essence subsequently nourishes all body tissues (*Dhatus*). In lactating women, a portion of well-nourished *Rasa Dhatu* is transformed into *Stanya*, which serves as the primary source of nourishment for the newborn. Acharya Charaka emphasizes that *Stanya* originates from the essence of *Rasa Dhatu* and reflects the nutritional and physiological status of the mother. Therefore, adequate milk production depends upon proper digestion, efficient metabolism, balanced *Doshas*, optimal tissue nourishment, and mental well-being. Any disturbance in these factors may adversely affect the quantity and quality of breast milk.^[1] The

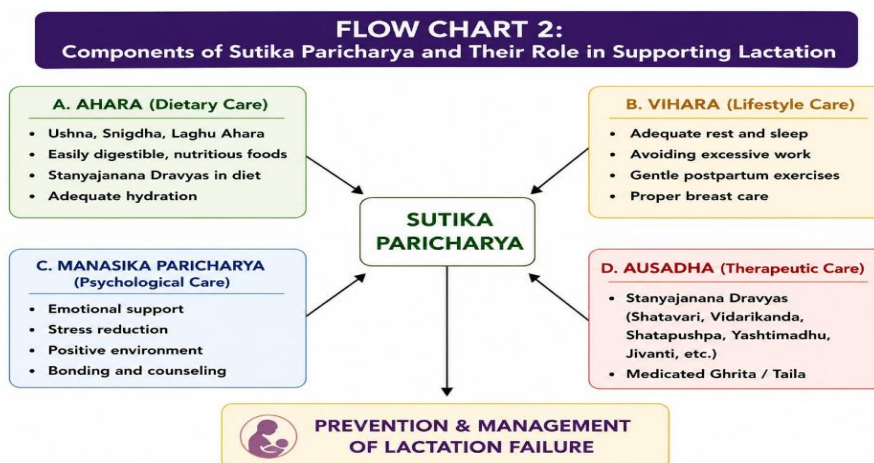
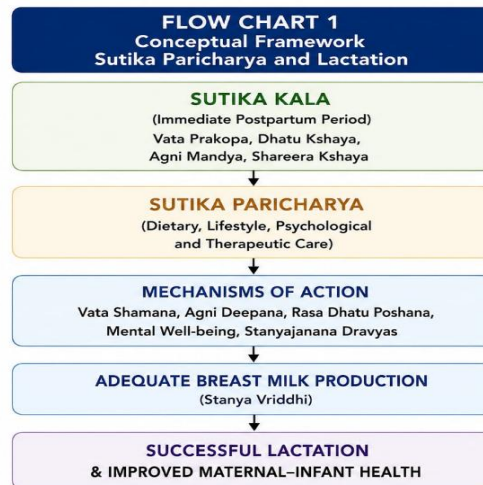
Ayurvedic concept highlights a direct relationship between maternal nutrition and lactation, underscoring the importance of comprehensive postpartum care and dietary rehabilitation during *Sutika Kala*.

Factors Influencing *Stanya* Production

Classical Ayurvedic literature identifies several factors essential for adequate lactation:

1. Proper functioning of *Agni* (digestive and metabolic processes).
2. Adequate formation and nourishment of *Rasa Dhatu*.
3. Balanced state of *Vata*, *Pitta*, and *Kapha Doshas*.
4. Consumption of wholesome and nourishing diet (*Pathya Ahara*).
5. Stable mental and emotional health.
6. Appropriate implementation of *Sutika Paricharya*.
7. Adequate rest and physical recovery during the postpartum period.

These factors collectively contribute to the production, secretion, and maintenance of healthy breast milk.



Stanyakshaya (Lactation Failure)

Stanyakshaya refers to a condition characterized by inadequate production or secretion of breast milk. Ayurveda considers it a consequence of impaired *Rasa Dhatu* formation, *Agnimandya*, *Vata Prakopa*, nutritional deficiencies, or psychological disturbances. The condition not only affects infant nourishment but may also compromise maternal health and postpartum recovery.^[7]

Etiological Factors

Classical Ayurvedic texts describe several causative factors responsible for *Stanyakshaya*, including:

1. *Alpahara* (insufficient dietary intake)
2. *Vishamashana* (irregular food habits)
3. *Agnimandya* (impaired digestive fire)
4. *Dhatukshaya* (tissue depletion)
5. Aggravation of *Vata Dosha*
6. *Chinta* (anxiety)
7. *Shoka* (grief)
8. *Krodha* (anger and emotional stress)
9. Excessive physical exertion
10. Inadequate postpartum care

These factors interfere with the proper nourishment of *Rasa Dhatu* and ultimately impair the formation of *Stanya*.^[7]

Clinical Features

The classical signs and symptoms of *Stanyakshaya* include:

1. Reduced breast milk secretion.
2. Delayed or inadequate milk ejection
3. Absence of breast fullness.
4. Frequent crying and dissatisfaction of the infant after feeding.
5. Poor weight gain and inadequate growth of the infant.
6. Maternal weakness and fatigue.

These manifestations closely resemble the contemporary description of lactation insufficiency, which includes delayed lactogenesis, low milk supply, poor infant weight gain, and breastfeeding difficulties.^[8]

Contemporary Correlation

The Ayurvedic understanding of *Stanya* and *Stanyakshaya* demonstrates remarkable similarity with modern lactation physiology. Contemporary evidence indicates that successful lactation depends on adequate maternal nutrition, hormonal regulation, effective milk removal, emotional well-being, and appropriate postpartum support. Factors such as stress, malnutrition, sleep deprivation, and ineffective breastfeeding practices are recognized contributors to

lactation failure, paralleling the Ayurvedic concepts of *Agnimandya*, *Dhatukshaya*, and psychological disturbances.^[9] Thus, the Ayurvedic framework provides a holistic perspective on lactation by integrating nutritional, physiological, and psychological determinants of breastfeeding success.

Contemporary Understanding of Lactation Failure

Lactation is a complex physiological process involving coordinated neuroendocrine, nutritional, psychological, and environmental factors. Successful breastfeeding depends on adequate milk production (lactogenesis) and effective milk removal from the breast. Disruption at any stage may result in lactation failure, leading to inadequate infant nutrition, poor infant growth, and adverse maternal outcomes.^[10]

Physiology of Lactation**Prolactin**

Prolactin is the principal hormone responsible for milk synthesis. It is secreted by the anterior pituitary gland and acts on the mammary alveolar epithelial cells to stimulate the synthesis and secretion of breast milk. Infant suckling activates a neuroendocrine reflex that increases prolactin secretion, thereby maintaining milk production throughout the lactation period.^[11]

Oxytocin

Oxytocin, secreted by the posterior pituitary gland, is responsible for the milk ejection or "let-down" reflex. During breastfeeding, sensory stimulation produced by infant suckling triggers oxytocin release, resulting in contraction of the myoepithelial cells surrounding the mammary alveoli and ducts. This facilitates the movement of milk from the alveoli into the lactiferous ducts, making it available to the infant.^[12]

Both prolactin and oxytocin are indispensable for successful breastfeeding. Impairment of either hormonal pathway may contribute to delayed lactogenesis, reduced milk production, and lactation insufficiency.^[11]

Causes of Lactation Failure

Lactation failure is multifactorial in origin and may result from maternal, infant-related, or environmental factors.^[13]

Maternal Factors

Several maternal conditions have been associated with inadequate milk production, including:

1. Poor maternal nutrition.
2. Iron deficiency anaemia.
3. Postpartum stress and anxiety.
4. Sleep deprivation and fatigue.
5. Obesity and metabolic disorders.

6. Endocrine disorders such as hypothyroidism and diabetes mellitus.
7. Caesarean section delivery.
8. Postpartum haemorrhage.
9. Delayed initiation of breastfeeding.
10. Infrequent breastfeeding or ineffective breast emptying.

These factors may impair hormonal regulation, delay lactogenesis, or reduce effective milk removal, ultimately resulting in insufficient milk production.^[13]

Infant Factors

Infant-related conditions that interfere with effective milk transfer include:

1. Improper latch and positioning.
2. Prematurity
3. Low birth weight.
4. Weak sucking reflex.
5. Orofacial abnormalities such as cleft lip and cleft palate.
6. Neurological disorders affecting feeding ability.

These conditions reduce effective breast emptying, which is essential for maintaining adequate milk production.^[14]

Environmental and Psychosocial Factors

The breastfeeding environment plays a vital role in successful lactation. Important contributing factors include:

- ✓ Lack of family and social support.
- ✓ Inadequate breastfeeding counselling.
- ✓ Maternal exhaustion and work-related stress.
- ✓ Early introduction of infant formula.
- ✓ Cultural misconceptions regarding breastfeeding.
- ✓ Limited access to skilled lactation support services.

These factors negatively influence breastfeeding practices and may contribute to early breastfeeding cessation and lactation failure.^[15]

Consequences of Lactation Failure

Inadequate breast milk production adversely affects both the infant and the mother.^[16]

Infant Consequences

- ✓ Neonatal malnutrition
- ✓ Poor weight gain and growth retardation
- ✓ Increased susceptibility to infections
- ✓ Impaired cognitive and developmental outcomes
- ✓ Failure to thrive
- ✓ Increased dependence on artificial feeding

Maternal Consequences

- ✓ Anxiety and psychological distress
- ✓ Reduced confidence in breastfeeding
- ✓ Early discontinuation of breastfeeding

- ✓ Increased financial burden associated with formula feeding
- ✓ Feelings of guilt and maternal dissatisfaction

Correlation with the Ayurvedic Perspective

Many causes of lactation failure recognized in contemporary medicine closely correspond with the Ayurvedic etiological factors of *Stanyakshaya*. Poor nutrition parallels *Alpahara*, digestive impairment resembles *Agnimandya*, tissue depletion reflects *Dhatukshaya*, and psychological stress corresponds to *Chinta*, *Shoka*, and *Krodha*. This conceptual overlap supports the relevance of *Sutika Paricharya* and other Ayurvedic postpartum care strategies in addressing the multifactorial determinants of lactation failure.^[17]

Role of *Sutika Paricharya* in the Prevention and Management of Lactation Failure

Ayurveda advocates a comprehensive postpartum care regimen known as *Sutika Paricharya*, which aims to restore maternal physiological balance, replenish depleted tissues, prevent postpartum complications, and facilitate successful lactation. The principles of *Sutika Paricharya* address multiple determinants of lactation, including nutrition, digestion, hormonal regulation, psychological well-being, and physical recovery. These multidimensional interventions demonstrate remarkable concordance with contemporary recommendations for breastfeeding support.^[18]

Vata Shamana (Pacification of *Vata Dosha*)

The postpartum period (*Sutika Kala*) is characterized by physiological depletion and aggravation of *Vata Dosha* due to labor stress, blood loss, fluid depletion, tissue exhaustion, and physical exertion during childbirth. Ayurveda considers *Vata Prakopa* a major contributor to delayed maternal recovery and impaired lactation.^[19]

Recommended Measures

Classical Ayurvedic texts recommend the following measures to restore *Vata* balance:

- ✓ *Abhyanga* (therapeutic oil massage).
- ✓ *Ushna Jala Snana* (warm water bath).
- ✓ Consumption of warm and easily digestible foods.
- ✓ Adequate rest and sleep.
- ✓ Protection from exposure to cold and excessive physical exertion.

Impact on Lactation

Pacification of *Vata Dosha* promotes maternal recovery, improves circulation, enhances tissue healing, and supports neuroendocrine functions involved in lactation. Reduced physical discomfort and psychological stress may facilitate optimal prolactin and oxytocin secretion, thereby improving milk synthesis and milk ejection. Contemporary evidence

similarly recognizes adequate rest, thermal comfort, and stress reduction as important determinants of postpartum recovery and successful breastfeeding.^[20]

Nutritional Rehabilitation (*Ahara Chikitsa*)

Maternal nutrition is a cornerstone of both Ayurvedic and modern postpartum care. Since *Stanya* is considered the *Upadhatu* of *Rasa Dhatu*, proper nourishment is essential for adequate breast milk production.^[21]

Dietary Recommendations

Ayurveda advocates a gradual progression of diet according to digestive capacity.

Initial postpartum phase

- ✓ *Manda* (rice water)
- ✓ *Peya* (thin rice gruel)
- ✓ *Yavagu* (medicated gruel)

Later postpartum phase

- ✓ *Ksheera* (milk)
- ✓ *Ghrita* (clarified butter)
- ✓ *Mamsarasa* (meat soup)
- ✓ Preparations of *Shali* rice
- ✓ Nutrient-rich strengthening foods

Relevance to Lactation

These dietary measures help to:

- ✓ Replenish maternal energy reserves and nutrients.
- ✓ Promote the formation of *Rasa Dhatu*.
- ✓ Enhance maternal strength and postpartum recovery.
- ✓ Support adequate breast milk production.
- ✓ Prevent postpartum nutritional deficiencies.

Contemporary evidence likewise emphasizes increased caloric intake, adequate protein consumption, sufficient hydration, and optimal micronutrient intake for maintaining successful lactation.^[22]

Agni Deepana and Pachana

Following childbirth, digestive capacity (*Agni*) may become impaired because of physical exhaustion and physiological stress. Ayurveda considers efficient

digestion essential for proper tissue nourishment and adequate breast milk production.^[23]

Deepana–Pachana Herbs

Commonly recommended herbs include:

- ✓ *Pippali* (*Piper longum*)
- ✓ *Shunthi* (*Zingiber officinale*)
- ✓ *Chavya* (*Piper retrofractum*)
- ✓ *Panchakola* formulations

Role in Lactation

These herbs stimulate digestive and metabolic functions, improve nutrient absorption, reduce gastrointestinal discomfort, and facilitate efficient formation of *Rasa Dhatu*. Since *Stanya* is derived from *Rasa Dhatu*, enhancement of digestion indirectly supports both the quantity and quality of breast milk.^[23]

Psychological Care and Emotional Support

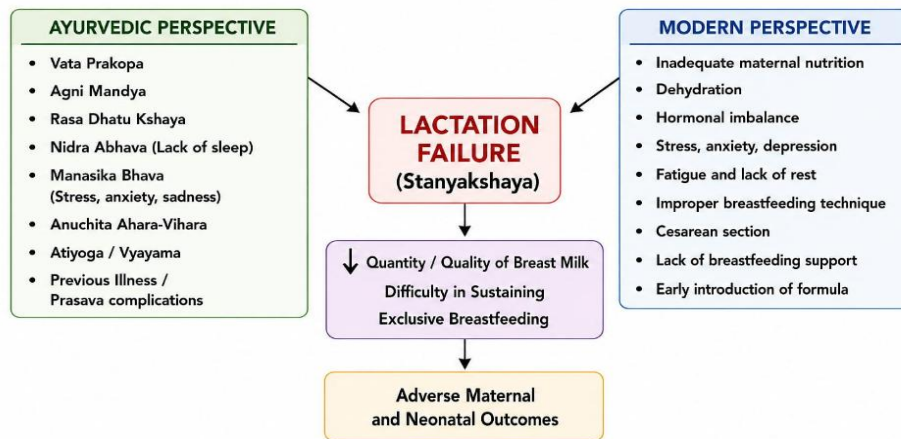
Ayurveda acknowledges the profound influence of mental and emotional health on postpartum recovery and lactation. Classical texts recommend creating a supportive and pleasant environment for the mother during *Sutika Kala*.

Recommended Practices A-Maintenance of a calm and pleasant environment B-Emotional reassurance and positive interactions C-Family and social support D-Adequate sleep and relaxation E-Avoidance of fear, grief, anxiety, and excessive mental stress

Modern Correlation

Contemporary research demonstrates that psychological stress adversely affects breastfeeding outcomes by inhibiting oxytocin release and impairing the milk ejection reflex. Maternal anxiety, depression, and inadequate social support are recognized risk factors for lactation failure. The Ayurvedic emphasis on emotional well-being closely parallels modern recommendations promoting maternal mental health, counselling, and family-centred postpartum care. By reducing stress and enhancing psychological stability, *Sutika Paricharya* creates favourable conditions for successful lactation and long-term breastfeeding continuation.

FLOW CHART 3: Etiological Factors of Lactation Failure



Role of *Stanyajanana Dravyas* in Lactation Enhancement

Ayurveda describes several *Stanyajanana Dravyas* (galactagogue herbs) that promote breast milk production by nourishing *Rasa Dhatu*, improving digestion and metabolism, enhancing maternal strength, and maintaining physiological balance during the postpartum period. These herbal interventions form an integral component of *Sutika Paricharya* and are widely used for the prevention and management of *Stanyakshaya*. The lactogenic effects of these herbs are attributed to their *Brimhana* (nourishing), *Rasayana* (rejuvenating), *Balya* (strength-promoting), and *Deepana-Pachana* (digestive-enhancing) properties. By improving maternal nutrition and supporting tissue replenishment, these herbs facilitate adequate formation of *Rasa Dhatu* and consequently enhance *Stanya* production.

Table 1. Common Ayurvedic *Stanyajanana* and *Rasayana* Drugs Used During *Sutika Paricharya* and Their Probable Role in Lactation^[24]

S. No.	Drug	Ayurvedic Action	Probable Role in Lactation
1	<i>Shatavari</i> (<i>Asparagus racemosus</i>)	<i>Stanyajanana</i> , <i>Rasayana</i> , <i>Balya</i>	Enhances milk production, improves maternal nourishment, and supports hormonal balance.
2	<i>Vidarikanda</i> (<i>Pueraria tuberosa</i>)	<i>Brimhana</i> , <i>Balya</i>	Promotes tissue nourishment and postpartum recovery, indirectly supporting lactation.
3	<i>Yashtimadhu</i> (<i>Glycyrrhiza glabra</i>)	<i>Rasayana</i> , <i>Vata-Pitta Shamaka</i>	Improves maternal vitality and reduces stress-related lactation difficulties.
4	<i>Shatapushpa</i> (<i>Anethum graveolens</i>)	<i>Stanyajanana</i> , <i>Deepana</i>	Enhances digestion, promotes <i>Rasa Dhatu</i> formation, and supports breast milk secretion.
5	<i>Jeeraka</i> (<i>Cuminum cyminum</i>)	<i>Deepana-Pachana</i> , <i>Grahi</i>	Improves digestion and nutrient assimilation, thereby supporting lactation.
6	<i>Gokshura</i> (<i>Tribulus terrestris</i>)	<i>Dhatu Poshaka</i> , <i>Balya</i>	Strengthens maternal tissues and supports postpartum recovery.
7	<i>Jivanti</i> (<i>Leptadenia reticulata</i>)	<i>Stanyajanana</i> , <i>Rasayana</i>	Traditionally used to improve both the quality and quantity of breast milk.
8	<i>Ashwagandha</i> (<i>Withania somnifera</i>)	<i>Rasayana</i> , <i>Balya</i>	Reduces stress and fatigue, contributing to improved breastfeeding outcomes.

Modern Scientific Perspective

Recent studies have reported that several Ayurvedic galactagogues possess lactogenic, adaptogenic, antioxidant, and nutritional properties. Among these, *Shatavari* has been the most extensively investigated and has demonstrated potential benefits

in increasing breast milk production through phytoestrogenic and prolactin-modulating effects. *Shatapushpa* and *Jeeraka* may support lactation indirectly by improving digestion and nutrient

utilization, whereas *Vidarikanda* and *Jivanti* contribute to maternal nourishment and tissue restoration.^[25]

The use of these herbal interventions within the framework of *Sutika Paricharya* provides a holistic approach to managing lactation insufficiency by simultaneously addressing nutritional, physiological, and psychological determinants of successful breastfeeding.

Clinical Significance

The incorporation of *Stanyajanana Dravyas* during the postpartum period may:

1. Enhance breast milk production and quality.
2. Improve maternal nutritional status.
3. Accelerate postpartum recovery.
4. Reduce the risk of lactation failure.
5. Support exclusive breastfeeding practices.
6. Promote overall maternal and infant well-being.^[26]

Thus, *Stanyajanana Dravyas* constitute an important therapeutic component of Ayurvedic postpartum care and offer promising integrative strategies for optimizing lactation outcomes.

DISCUSSION

The postpartum period is a crucial phase marked by profound physiological, hormonal, psychological, and metabolic adaptations. Successful lactation during this period depends upon the coordinated interaction of maternal nutrition, hormonal regulation, emotional well-being, breastfeeding practices, and social support. The Ayurvedic concept of *Sutika Paricharya* provides a comprehensive postpartum care model that addresses these multidimensional determinants of lactation and maternal recovery.^[27]

A fundamental principle of *Sutika Paricharya* is *Vata Shamana*. Ayurveda considers childbirth a process associated with significant depletion of bodily tissues (*Dhatu Kshaya*), loss of blood and body fluids, physical exhaustion, and aggravation of *Vata Dosha*. These observations closely correspond with the contemporary understanding of postpartum physiological stress and fatigue. Measures such as *Abhyanga* (oil massage), warm dietary preparations, adequate rest, and protection from environmental stressors may contribute to physical relaxation, improved circulation, stress reduction, and enhanced maternal comfort. Such effects may indirectly support prolactin secretion and oxytocin-mediated milk ejection, thereby promoting successful breastfeeding.^[28]

The Ayurvedic concept that *Stanya* is derived from *Rasa Dhatu* demonstrates a notable parallel with modern lactation physiology. Contemporary evidence indicates that maternal nutritional status significantly

influences breastfeeding performance and maternal health. Although breast milk composition is relatively preserved under varying nutritional conditions, chronic maternal undernutrition can adversely affect milk volume, maternal energy reserves, and breastfeeding sustainability. The dietary recommendations of *Sutika Paricharya*, including *Manda*, *Peya*, *Yavagu*, *Ksheera*, *Ghrita*, and other nourishing foods, provide essential energy and nutrients required for tissue repair, postpartum recovery, and milk production.^[29]

Another important aspect of *Sutika Paricharya* is the emphasis on *Agni Deepana* and *Pachana*. Ayurveda recognizes digestion and metabolism as the foundation of tissue nourishment. Herbs such as *Pippali*, *Shunthi*, *Chavya*, and *Panchakola* are traditionally employed to enhance digestive efficiency and nutrient assimilation. Modern nutritional science similarly emphasizes that adequate digestion, absorption, and metabolic utilization of nutrients are essential for maintaining maternal health and supporting lactation.^[30]

Psychological well-being constitutes a major component of both Ayurvedic and contemporary postpartum care. Classical texts identify *Chinta* (anxiety), *Shoka* (grief), and *Bhaya* (fear) as factors contributing to *Stanyakshaya*. Contemporary research has established that psychological stress can impair breastfeeding by suppressing oxytocin release, reducing milk ejection, and negatively influencing maternal confidence. Therefore, the Ayurvedic recommendations of emotional reassurance, family support, adequate sleep, and a pleasant environment remain highly relevant in modern maternal healthcare settings.^[31]

The use of *Stanyajanana Dravyas* further strengthens the lactation-promoting potential of *Sutika Paricharya*. Among these, *Shatavari* has attracted considerable scientific interest because of its phytoestrogenic, adaptogenic, antioxidant, and galactagogue properties. Clinical studies have reported improvements in milk production and maternal well-being following *Shatavari* supplementation. Similarly, *Vidarikanda*, *Shatapushpa*, *Jivanti*, and *Yashtimadhu* are traditionally used to enhance tissue nourishment and support lactation, although robust clinical evidence remains limited for several of these interventions.^[32]

The remarkable conceptual overlap between Ayurvedic postpartum care and contemporary breastfeeding recommendations highlights the potential value of integrative approaches. Modern lactation support emphasizes early initiation of breastfeeding, adequate maternal nutrition, psychological support, skin-to-skin contact, hydration,

and family involvement- principles that closely align with the objectives of *Sutika Paricharya*. Integration of these complementary approaches may improve breastfeeding outcomes, maternal satisfaction, and overall maternal-infant health.^[33]

Nevertheless, several challenges remain. Most available evidence regarding *Sutika Paricharya* is derived from classical Ayurvedic literature, observational studies, and limited clinical investigations. High-quality randomized controlled trials evaluating standardized *Sutika Paricharya* protocols are scarce. Future research should focus on developing validated clinical protocols, investigating underlying biological mechanisms, and conducting well-designed multicentric clinical trials to establish evidence-based recommendations for integrative postpartum care.^[34]

Overall, the holistic framework of *Sutika Paricharya* offers a scientifically relevant and clinically meaningful approach to the prevention and management of lactation failure by simultaneously addressing nutritional, physiological, psychological, and lifestyle determinants of successful breastfeeding.

CONCLUSION

Sutika Paricharya represents a comprehensive and holistic postpartum care system aimed at restoring maternal physiological balance, promoting recovery, preventing postpartum complications, and ensuring successful lactation. By addressing key determinants of breast milk production through *Vata Shamana*, *Agni Deepana*, nutritional rehabilitation, psychological support, and the use of *Stanyajanana Dravyas*, it provides a multidimensional approach to the prevention and management of lactation failure. The Ayurvedic understanding of Stanya formation and postpartum care demonstrates remarkable conceptual similarities with contemporary evidence-based recommendations emphasizing adequate nutrition, rest, emotional well-being, family support, and optimal breastfeeding practices. Such convergence underscores the continuing relevance of traditional Ayurvedic wisdom in modern maternal and child healthcare. The integrative application of *Sutika Paricharya* alongside contemporary lactation support strategies has the potential to enhance breastfeeding success, improve maternal recovery, strengthen mother-infant bonding, and contribute to better maternal and neonatal health outcomes. Furthermore, the holistic nature of Ayurvedic postpartum care may address not only the physiological aspects of lactation but also the psychological and social factors influencing breastfeeding performance. Although existing evidence supports the theoretical and clinical significance of *Sutika Paricharya*, further well-designed

clinical studies, standardized treatment protocols, and multicentric randomized controlled trials are required to establish its efficacy and facilitate its incorporation into evidence-based postpartum healthcare practices. In conclusion, *Sutika Paricharya* offers a promising integrative framework for the prevention and management of lactation failure and may serve as a valuable complementary approach in promoting optimal breastfeeding and maternal-infant well-being.

REFERENCES

1. World Health Organization. Infant and young child feeding. Geneva: World Health Organization; 2023.
2. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet. 2016; 387(10017): 475–490.
3. Principles for maintaining or increasing breast milk production. J Obstet Gynecol Neonatal Nurs. 2012; 41(1): 114–121.
4. Sharma RK, Dash B, translators. Charaka Samhita of Agnivesha. Vol. II. Varanasi: Chowkhamba Sanskrit Series Office; 2019.
5. Murthy KRS, translator. Ashtanga Hridayam of Vagbhata. Vol. I. Varanasi: Chaukhambha Krishnadas Academy; 2020.
6. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst Rev. 2016; (11): CD003519.
7. Sharma RK, Dash B, translators. Charaka Samhita of Agnivesha. Vol. II. Varanasi: Chowkhamba Sanskrit Series Office; 2019.
8. Riordan J, Wambach K. Breastfeeding and Human Lactation. 5th ed. Burlington (MA): Jones & Bartlett Learning; 2016.
9. Kent JC, Prime DK, Garbin CP. Principles for maintaining or increasing breast milk production. J Obstet Gynecol Neonatal Nurs. 2012; 41(1): 114–121.
10. Lawrence RA, Lawrence RM. Breastfeeding: A Guide for the Medical Profession. 9th ed. Philadelphia: Elsevier; 2022.
11. Hall JE. Guyton and Hall Textbook of Medical Physiology. 14th ed. Philadelphia: Elsevier; 2021.
12. Barrett KE, Barman SM, Brooks HL, Yuan JX. Ganong's Review of Medical Physiology. 27th ed. New York: McGraw-Hill Education; 2023.
13. Lawrence RA, Lawrence RM. Breastfeeding: A Guide for the Medical Profession. 9th ed. Philadelphia: Elsevier; 2022.
14. Riordan J, Wambach K. Breastfeeding and Human Lactation. 5th ed. Burlington (MA): Jones & Bartlett Learning; 2016.
15. World Health Organization, United Nations Children's Fund. Protecting, promoting and

- supporting breastfeeding in facilities providing maternity and newborn services: Guideline. Geneva: WHO; 2017.
16. Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016; 387(10017): 475–490.
 17. Sharma RK, Dash B, translators. *Charaka Samhita of Agnivesha*. Vol. II. Varanasi: Chowkhamba Sanskrit Series Office; 2019.
 18. Murthy KRS, translator. *Ashtanga Hridayam of Vagbhata*. Vol. I. Varanasi: Chaukhambha Krishnadas Academy; 2020.
 19. Sharma RK, Dash B, translators. *Charaka Samhita of Agnivesha*. Vol. II. Varanasi: Chowkhamba Sanskrit Series Office; 2019.
 20. World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva: World Health Organization; 2022.
 21. Sharma PV, translator. *Sushruta Samhita*. Vol. II. Varanasi: Chaukhambha Vishvabharati; 2018.
 22. Lawrence RA, Lawrence RM. *Breastfeeding: A Guide for the Medical Profession*. 9th ed. Philadelphia: Elsevier; 2022.
 23. Sharma RK, Dash B, translators. *Charaka Samhita of Agnivesha*. Vol. I. Varanasi: Chowkhamba Sanskrit Series Office; 2019.
 24. Sharma PV. *Dravyaguna Vijnana*. Vol. II. Varanasi: Chaukhambha Bharati Academy; Reprint 2021.
 25. Gupta M, Shaw BP. A double-blind randomized clinical trial for evaluation of galactagogue activity of *Asparagus racemosus* (Shatavari) in lactating mothers. *Indian Med Gazette*. 2011; 145(3): 84-88.
 26. Sharma PV. *Dravyaguna Vijnana*. Vol. II. Varanasi: Chaukhambha Bharati Academy; Reprint 2021.
 27. Murthy KRS, translator. *Ashtanga Hridayam*. Vol. I. Varanasi: Chaukhambha Krishnadas Academy; Reprint 2020.
 28. World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva: World Health Organization; 2022.
 29. Lawrence RA, Lawrence RM. *Breastfeeding: A Guide for the Medical Profession*. 9th ed. Philadelphia: Elsevier; 2022.
 30. Hall JE. *Guyton and Hall Textbook of Medical Physiology*. 14th ed. Philadelphia: Elsevier; 2021.
 31. Riordan J, Wambach K. *Breastfeeding and Human Lactation*. 5th ed. Burlington (MA): Jones & Bartlett Learning; 2016.
 32. Puri A. *Asparagus racemosus* (Shatavari): A review of its phytochemistry, pharmacology and therapeutic applications. *Pharmacogn Rev*. 2013; 7(13): 35-44.
 33. American Academy of Pediatrics. Breastfeeding and the use of human milk. *Pediatrics*. 2022; 150(1): e2022057988.
 34. World Health Organization. *Infant and young child feeding*. Geneva: World Health Organization; 2023.

Cite this article as:

Durga Pawar, B. Pushpalatha, K. Bharathi. Role of Sutika Paricharya in the Prevention and Management of Lactation Failure: A Narrative Review. *AYUSHDHARA*, 2026;13(3):736-745.

<https://doi.org/10.47070/ayushdhara.v13i3.2849>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Durga Pawar

Post Graduate Scholar,
Dept of Prasuti Tantra and Stri Roga,
National Institute of Ayurveda,
Jaipur, Rajasthan
Email: durgapawar853@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.