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Sutika Unmada: Bridging Ayurveda and Modern Psychiatry in postpartum Psychosis: A Conceptual Review

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Abstract

Background: The postpartum period is a physiologically and psychologically vulnerable phase in a woman's life. Although childbirth is joyous event, many women experience postpartum psychiatric disorders ranging from postpartum depression (PPD) to postpartum psychosis (PPP). Ayurveda describes the postpartum period as *Sutika Kala*, a stage characterized by physiological depletion and natural aggravation of *Vata Dosha*, rendering women susceptible to various physical and psychological disorders. *Sutika Unmada* is described as a severe mental disorder arising due to *Vata Prakopa, Dhatukshaya*, and disturbance of *Manovaha Srotas*.

Objective: To critically review the Ayurvedic concept of *Sutika Unmada* and correlate it with contemporary postpartum psychiatric disorders, with special reference to postpartum psychosis.

Materials and Methods: This conceptual review was conducted through an extensive review of classical Ayurvedic literature and contemporary scientific publications. Classical references were collected from *Charaka Samhita*, *Kashyapa Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*. Contemporary literature was retrieved from PubMed, NCBI, Google Scholar, WHO publications, and peer-reviewed journals.

Discussion: Ayurveda attributes *Sutika Unmada* primarily to *Vata Prakopa, Dhatukshaya, Agnimandya*, and *Manovaha Srotodushti* occurring in postpartum period. These concepts are similar with the hormonal fluctuations, neurochemical alterations, nutritional depletion, sleep disturbances, and psychosocial stressors implicated in postpartum psychiatric disorders. The classical concept of *Sutika Paricharya*, together with *Medhya Rasayana* and *Satvavajaya Chikitsa*, offers a comprehensive preventive and therapeutic approach aimed at restoring both physical and psychological health.

Conclusion: Integrating Ayurvedic principles with contemporary psychiatric care may contribute to improved maternal mental health outcomes. Further evidence-based clinical research is required to validate these concepts.

Keywords: *Sutika Unmada*, Postpartum Psychiatric Disorders, Postpartum Psychosis, Postpartum Depression, Maternal Mental Health, *Medhya Rasayana, Satvavajaya Chikitsa*.

Introduction

Motherhood is a profound biological and psychosocial transition that brings immense joy as well as significant physical and emotional challenges. The postpartum period represents one of the most vulnerable phases in a woman's life due to rapid hormonal changes, physiological recovery following childbirth, sleep deprivation, emotional adjustment to motherhood, and changing family responsibilities. While most women adapt successfully to these changes, a considerable proportion develop postpartum psychiatric disorders that adversely affect maternal health, infant development, and family well-being.

Postpartum psychiatric disorders encompass a broad spectrum ranging from the transient "baby blues" to postpartum depression (PPD) and postpartum psychosis (PPP). Among these, postpartum depression is the most common disorder, affecting approximately 10–20% of mothers worldwide[1], whereas postpartum psychosis is relatively uncommon but constitutes a psychiatric emergency[2] because of its association with hallucinations, delusions, suicidal behaviour, and infanticidal thoughts. Early recognition and timely intervention are therefore essential to reduce maternal morbidity and improve neonatal outcomes.[34]

Ayurveda describes the postpartum period as *Sutika Kala*, a unique physiological state characterized by depletion of bodily tissues (*Dhatukshaya*), loss of blood (*Rakta Kshaya*), diminished strength (*Bala Hani*), and natural aggravation of *Vata Dosha* following expulsion of the fetus and placenta[56]. *Acharyas* have emphasized that this period demands meticulous care through *Sutika Paricharya*, including appropriate diet, lifestyle, rest, oleation, and psychological support to restore physical strength, enhance Ojas, and maintain mental equilibrium. Failure to observe these measures predisposes the mother to several postpartum disorders collectively referred to as *Sutika Vyadhi*[78].

Among these disorders, *Sutika Unmada*[9] represents a severe disturbance of mental functions. Classical Ayurvedic texts, particularly *Kashyapa Samhita*, recognize psychological manifestations occurring during the postpartum period due to *Vata Prakopa, Dhatukshaya, Agnimandya*, and disturbance of *Manovaha Srotas*. *Acharya Charaka* describes *Unmada* as a disorder characterized by derangement of *Manas* (mind), *Buddhi* (intellect), *Samjna* (consciousness), *Jnana* (perception), *Smriti* (memory), *Bhakti* (emotional inclination), *Sheela* (character), *Chesta* (behaviour), and *Achara* (conduct). These classical descriptions demonstrate remarkable conceptual similarities with modern postpartum psychiatric disorders, particularly postpartum psychosis.

Contemporary medicine attributes postpartum psychiatric disorders to multifactorial causes including hormonal withdrawal, neurochemical alterations, inflammatory changes, nutritional deficiencies, sleep deprivation, genetic susceptibility, obstetric complications, and psychosocial stress. Although the explanatory models differ, both *Ayurveda* and modern medicine recognize the postpartum period as one of heightened vulnerability requiring comprehensive preventive and therapeutic strategies. An integrative understanding of *Sutika Unmada* may therefore provide valuable insights into improving maternal mental healthcare and encourage the development of evidence-based complementary strategies.

The present conceptual review aims to critically analyse the Ayurvedic concept of *Sutika Unmada*, correlate it with contemporary postpartum psychiatric disorders, and highlight the role of classical Ayurvedic principles in the prevention and holistic management of maternal mental health disorders.

Sutika Kala: An Ayurvedic Perspective

Ayurveda considers the postpartum period (*Sutika Kala*) as one of the most delicate phases in a woman's life. Following childbirth, the mother undergoes profound anatomical, physiological, and psychological changes that necessitate meticulous care to restore her pre-pregnant state[10]. *Acharya Kashyapa* has

described the postpartum woman as *Sutika*, emphasizing that the period immediately after delivery is characterized by depletion of bodily tissues, blood loss, exhaustion, and predominance of *Vata Dosha*. Owing to these changes, the woman becomes highly susceptible to various systemic and psychological disorders if appropriate *Sutika Paricharya* is not followed.[1112]

Classical texts recommend a structured postpartum regimen consisting of *Pathya Ahara* (wholesome diet), *Abhyanga* (oil massage), *Swedana* (sudation where indicated), adequate rest, emotional reassurance, and gradual restoration of physical activity. These measures nourish depleted *Dhatus*, restore *Agni*, replenish *Ojas*, and prevent *Vata* aggravation. Neglect of postpartum care leads to *Sutika Vyadhis*, among which *Sutika Unmada* represents one of the most severe psychological disorders.

Ayurvedic Concept of *Sutika Unmada*

Acharya Charaka defines *Unmada* as a disorder characterized by derangement of *Manas* (mind), *Buddhi* (intellect), *Samjna* (consciousness), *Jnana* (perception), *Smriti* (memory), *Bhakti* (emotional inclination), *Sheela* (character), *Chesta* (behavior), and *Achara* (conduct) resulting from vitiation of *Doshas* affecting higher mental faculties[13]. Although classical *Ayurvedic* texts do not describe postpartum psychosis as a separate disease entity, the manifestations of *Sutika Unmada*, described in the context of postpartum disorders, closely resemble severe postpartum psychiatric illnesses[14].

During the postpartum period, physiological depletion (*Dhatukshaya*), blood loss (*Rakta Kshaya*), diminished strength (*Balakshaya*), impaired digestive fire (*Agnimandya*), and psychological stress collectively aggravate *Vata Dosha*. Aggravated *Vata* enters the *Manovaha Srotas*, disturbing the equilibrium of Satva and higher cognitive functions[15]. Consequently, the mother may develop symptoms such as emotional instability, confusion, impaired judgment, disturbed perception, memory impairment, abnormal behavior, and social withdrawal. In severe conditions, hallucinations, delusions, aggression, and inability to care for the newborn may occur, conceptually resembling postpartum psychosis.

Unlike the reductionist biomedical model, *Ayurveda* interprets *Sutika Unmada* as a multidimensional psychosomatic disorder involving the interaction of *Dosha*, *Dhatu*, *Agni*, *Ojas*, and *Manas*. This holistic understanding forms the basis of individualized preventive and therapeutic interventions.

***Nidana* (Etiological Factors)**

According to *Ayurvedic* classics, the etiopathogenesis of *Sutika Unmada* is multifactorial and involves physical, psychological, and dietary factors that aggravate *Vata Dosha* and disturb mental equilibrium.

1. *Vata Prakopa*

The sudden evacuation of the uterus after childbirth creates a state of physiological emptiness (*Rikta Sharira*), naturally predisposing to *Vata* aggravation[16]. Excessive blood loss, prolonged labour, fasting, excessive physical exertion, and sleep deprivation further intensify *Vata*, making it the principal *Dosha* involved in *Sutika Unmada*[17].

2. *Dhatukshaya*

Loss of *Rasa* and *Rakta* during childbirth leads to depletion of subsequent *Dhatus* and *Ojas*. This weakened physiological state reduces both physical and psychological resilience, predisposing the mother to mental disorders[18].

3. *Agnimandya* and *Ama* Formation

Impaired digestive fire during the postpartum period due to blood loss results in incomplete digestion and formation of *Ama*. *Ama* obstructs the channels (*Srotorodha*) and contributes to *Dosha* vitiation, thereby

facilitating disease progression[1920].

4. *Mithya Ahara* and *Mithya Vihara*

Consumption of cold, dry, stale, incompatible, or heavy foods, inadequate nourishment, irregular sleep, excessive physical activity, exposure to cold, and neglect of prescribed postpartum care aggravate *Vata* and impair tissue recovery[21].

5. *Mano-Abhighata*

Psychological stress, grief, fear, anxiety, emotional trauma, marital conflict, lack of family support, and social isolation adversely affect Satva and disturb *Manovaha Srotas*, increasing susceptibility to postpartum psychiatric disorders[2223].

6. *Dushta Prasava*

Difficult labour, operative delivery, postpartum haemorrhage, retained products of conception, severe labour pain, and obstetric complications[24] further weaken the mother and contribute to *Vata* aggravation.

The Ayurvedic *Nidanas* show remarkable conceptual similarity with contemporary risk factors recognized for postpartum psychiatric disorders.

Table No.- 1 Modern Correlation of Etiological Factors

S. No.	Ayurvedic Concept	Modern Correlation
1.	*Vata Prakopa*	Neuroendocrine instability and autonomic dysregulation[2526]
2.	*Dhatukshaya*	Nutritional depletion, blood loss, postpartum exhaustion[2728].
3.	*Agnimandya*	Altered metabolism and reduced nutritional assimilation[29].
4.	*Mano-Abhighata*	Psychological stress, anxiety, trauma, lack of social support[30].
5.	*Dushta Prasava*	Obstetric complications Psychological stress, anxiety, trauma, lack of social support, operative delivery, postpartum haemorrhage[31].

***Samprapti* (Pathogenesis)**

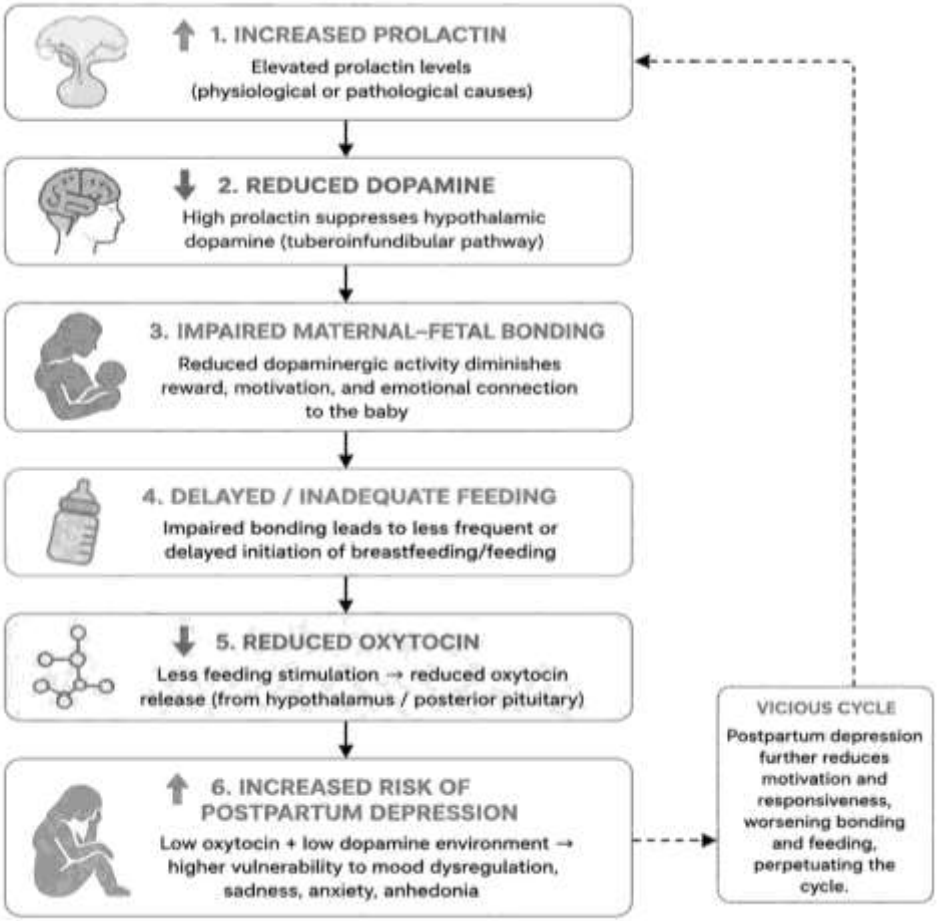
The pathogenesis of *Sutika Unmada* begins immediately after childbirth when physiological depletion and blood loss lead to aggravation of *Vata Dosha*. Simultaneously, impaired digestive fire causes *Ama* formation. Aggravated *Vata*, associated with *Ama*, circulates through the body and localizes in the *Manovaha Srotas*. Obstruction of these channels, along with depletion of *Ojas* and diminished *Satva Bala*, disturbs higher mental faculties including *Manas, Buddhi*, *Smriti*, and *Jnana*. This progressive psychosomatic imbalance culminates in the clinical manifestations of *Sutika Unmada*.

Thus, the disease is not merely a psychological disorder but a consequence of systemic physiological depletion, *Doshic* imbalance, impaired metabolism, and disturbed mental equilibrium.

Figure 1.- *Samprapti* Flowchart (source AI generated with originally authors idea)

The postpartum period is characterized by profound neuroendocrine, psychological, and physiological adaptations that may influence maternal mood and mother–infant interaction[32]. Elevated prolactin levels, whether physiological during lactation or associated with dysregulation, interact with hypothalamic dopaminergic pathways, while altered dopaminergic activity may influence maternal motivation, reward processing, and emotional responsiveness toward the infant. Impaired maternal–infant bonding may contribute to delayed or inadequate breastfeeding, resulting in reduced suckling-mediated oxytocin release from the hypothalamic–posterior pituitary system. Oxytocin plays an important role in lactation, maternal behaviour, social bonding, and emotional regulation[33]. A relative reduction or dysregulation of oxytocinergic and dopaminergic signalling may therefore increase vulnerability to anhedonia, anxiety, sadness, impaired bonding, and postpartum depressive symptoms. In turn, postpartum depression may further reduce motivation, responsiveness, breastfeeding engagement, and maternal–infant interaction, potentially creating a self-reinforcing cycle of impaired bonding, altered feeding, and mood disturbance[34]. This represents a proposed conceptual neuroendocrine pathway rather than an established linear causal mechanism, as prolactin, dopamine, and oxytocin are influenced by multiple interacting biological and psychosocial factors (Figure 1).

Figure 2. Proposed Prolactin-Dopamine-Oxytocin Pathway in Post Partum Depression[35].



Clinical Features *(Rupa)*

In *Sutika Unmada*, the mother may initially experience anxiety, excessive fear, insomnia, irritability, emotional lability, and reduced interest in caring for herself or the newborn. As the disease progresses, cognitive impairment, poor judgment, forgetfulness, disorganized thinking, abnormal speech, hallucinations, delusions, aggressive behaviour, social withdrawal, and disturbed maternal bonding may develop[36]. In severe cases, the condition may progress to suicidal ideation or thoughts of harming the infant, necessitating immediate psychiatric intervention.

Although Ayurveda does not classify postpartum psychiatric disorders using contemporary diagnostic criteria, these clinical manifestations demonstrate a close conceptual resemblance to severe postpartum mood disorders, particularly postpartum psychosis.

Table no. 2- Correlation of Classical Features with Modern Psychiatry

S. No.	Ayurvedic Feature[37]	Clinical Description	Modern Correlation
1.	*Manas Vibhrama*	Disturbed mental state	Anxiety, depression, emotional instability
2.	*Buddhi Vibhrama*	Impaired intellect	Poor judgment, impaired decision-making
3.	*Samjna Vibhrama*	Altered consciousness	Confusion, disorientation
4.	*Jnana Vibhrama*	Disturbed perception	Hallucinations and delusions
5.	*Smriti Vibhrama*	Memory impairment	Poor concentration, forgetfulness

6.	*Bhakti Hani*	Loss of emotional interest	Impaired maternal bonding, anhedonia
7.	*Sheela Vikriti*	Personality changes	Irritability, aggression, withdrawal
8.	*Chesta Vikriti*	Abnormal activities	Psychomotor agitation or retardation
9.	*Achara Vikriti*	Disturbed conduct	Neglect of self-care and infant care

Differential Correlation

Although *Sutika Unmada* shares features with postpartum psychiatric disorders, it is important to distinguish it from other postpartum conditions

Table No- 3 Comparative Clinical Features of *Sutika Unmada* and Postpartum Psychiatric Disorders

S. No.	Condition	Onset	Clinical features	Severity
1.	Postpartum Blues[38]	2-5 days postpartum	Mood swings, tearfulness, irritability	Mild and self-limiting
2.	Postpartum Depression[39]	Within the first year (commonly 4–12 weeks	Persistent sadness, hopelessness, fatigue, impaired bonding	Moderate
3.	Postpartum Psychosis[40]	Usually within 2 weeks postpartum	Hallucinations, delusions, confusion, bizarre behaviour	Severe; psychiatric emergency
4.	*Sutika Unmada*[41]	During *Sutika Kala*	*Vata Prakopa* with derangement of *Manas, Buddhi, Smriti,* and *Achara*	Closely resembles postpartum psychosis

This comparison highlights that *Sutika Unmada* is conceptually more comparable to postpartum psychosis, although certain manifestations may overlap with severe postpartum depression.

***Ayurvedic* Management**

1. *Nidana Parivarjana*[42]

The first principle of treatment is the elimination of causative factors. Mothers should avoid excessive physical exertion, sleep deprivation, fasting, emotional stress, exposure to cold, incompatible diet, and neglect of postpartum care. Adequate family support and emotional reassurance are essential to prevent aggravation of *Vata* and preserve mental stability.

2. *Sutika Paricharya*[43]

Sutika Paricharya is a specialized postpartum regimen described in *Ayurvedic* classics to promote recovery and prevent postpartum disorders.

Table No- 4. Components of *Sutika Paricharya*: Ayurvedic Rationale and Possible Modern Relevance

S. No.	*Sutika Paricharya*	Ayurvedic rationale	Possible modern relevance
1.	*Snehana / Snigdha Ahara*	*Vata samana*, nourishment	Supports energy and nutritional recovery
2.	*Uṣṇa Ahara & Pana*	Agni *dipana*, *Vata Anulomana*	Comfort, hydration and digestive support
3.	*Laghu* & easily digestible diet	*Agni* protection, *Ama* prevention	Facilitates postpartum digestion
4.	*Yavagu / Manda*	*Bṛṃhaṇa*, *Agni* support	Easily tolerated nutrition and hydration
5.	*Abhyanga*	*Vata Samana*, relaxation	May promote relaxation, sleep and wellbeing
6.	*Uṣṇa Snana / Parisheka*	*Vata Samana*, *Sula-hara*	Warmth and comfort
7.	*Udara-Bandhana*	Supports abdominal region, *Vata* regulation	Postpartum abdominal support and comfort
8.	Adequate rest & sleep	Supports *Ojas* and *Manas*	Recovery and reduction of psychological stress
9.	Breastfeeding support	Supports maternal–infant connection	Promotes bonding and oxytocin-mediated lactation
10.	Family/social support	*Manas Prasadana*, *Satva* support	Reduces psychosocial stress and promotes maternal wellbeing
11.	*Rasayana* / *Ojas*-supportive measures	*Dhatu* nourishment and *Ojas* preservation	General recovery and resilience

These measures improve *Agni*, nourish *Dhatus*, restore *Ojas*, and maintain mental equilibrium.

3. *Shamana Chikitsa*

Shamana therapy focuses on pacifying aggravated *Doshas* through herbal formulations possessing *Medhya*, *Balya*, *Rasayana*, *Rakshoghana* and *Vatahara* properties.

Table No- 5 Key Ingredients and Therapeutic Actions of *Medhya* Herbs in *Sutika Unmada*

S. No.	Herb (Botanical Name)	Key Active Ingredients	Main Benefits in Postpartum Psychosis
1.	*Brahmi* (Bacopa monnieri)	Bacosides A & B	Improves memory, nerve transmission, serotonin; reduces anxiety & oxidative stress[44].
2.	*Shankhapushpi* (Convolvulus pluricaulis)	Shankhapushpine, Scopoletin, Kaempferol	Strong anxiolytic & nootropic; calms agitation, boosts cognition[4546].
3.	*Mandukaparni* (Centella asiatica)	Asiaticoside, Madecassoside, Asiatic acid	Enhances neuroplasticity, memory & calmness; reduces inflammation[4748].
4.	*Guduchi* (Tinospora cordifolia)	Magnoflorine, Cordifolioside A, Polysaccharides	Immunomodulatory, antioxidant; reduces neuroinflammation & stress[4950].
5.	*Yashtimadhu* (Glycyrrhiza glabra)	Glycyrrhizin	Adaptogenic; stabilizes mood, supports serotonin rhythm & HPA axis[5152].
6.	*Ashwagandha* (Withania somnifera)	Withanolides (Withaferin A etc.)	Lowers cortisol, reduces anxiety/depression, improves sleep & resilience.

These drugs are traditionally known for their *Medhya Rasayana*, adaptogenic, antioxidant, anxiolytic, and neuroprotective properties. *Medhya Rasayanas* play an important role in improving cognitive function, emotional resilience, memory, and mental clarity. Classical Ayurvedic literature recommends these drugs for disorders affecting higher mental faculties.

4. *Satvavajaya Chikitsa*

Satvavajaya Chikitsa[53] is one of the three primary treatment modalities of Ayurveda (*Daivavyapashraya, Yuktivyapashraya,* and *Satvavajaya*). It is specifically directed at the *Manas* (mind) and aims to strengthen *Sattva Guna* while subduing the dominance of *Rajas* and *Tamas* — the very forces that derange the mind in Unmada.

In *Sutika Unmada* (postpartum psychosis), the sudden depletion of *Ojas*, aggravation of *Vata* (especially *Prana* and *Vyana Vayu*), and disturbance of *Manovaha Srotas* create a state of mental instability.

Satvavajaya directly confronts this pathogenesis by restoring *Sattva*, improving *Dhairya* (courage/emotional resilience), *Smriti* (memory & cognitive clarity), and *Dhriti* (self-control).

S. No.	Component	Ayurvedic Principle & Action	Relevance in Sutika Unmada[54]
1.	Counselling (*Upadesha*)	Clarifies *Buddhi* (intellect) and corrects *Viparyaya* (false perception)	Removes confusion and delusional thinking
2.	Reassurance (*Ashvasana*)	Pacifies *Vata* and reduces fear (*Bhaya*)	Stabilises the agitated postpartum mind
3.	Positive Thinking	Enhances *Sattva* and reduces *Tamasic* inertia	Rebuilds hope and mental strength
4.	Behavioural Modification	Corrects *Asatmya Indriyartha Samyoga* and *Prajnaparadha*	Prevents recurrence of harmful mental patterns
5.	Relaxation Techniques	Pacifies *Prana Vayu* and calms *Manas*	Reduces restlessness and hyperarousal
6.	Meditation (*Dhyana*)	Directly increases *Sattva* and stabilises *Chitta*	Restores mental equilibrium and insight
7.	Yoga	Harmonises *Sharira* and *Manas*; balances *Tridosha*	Supports both physical recovery and mental clarity
8.	Spiritual Practices	Strengthens *Atma-jnana* and *Ojas*	Provides deeper meaning and inner resilience
9.	Family Counselling	Creates *Satmya* environment and emotional support (*Sahaya*)	Essential for long-term recovery and prevention of relapse

This approach closely resembles modern cognitive behavioural therapy and supportive psychotherapy.

Integrative Management

Modern Approach	*Ayurvedic* Approach
Psychiatric assessment	*Dashavidha Pariksha* and *Manasa Pariksha*
Antidepressants/Antipsychotics	*Shamana Chikitsa* and *Medhya Rasayana*
Psychotherapy	*Satvavajaya Chikitsa*
Nutritional rehabilitation	*Pathya Ahara* and *Sutika Paricharya*
Sleep hygiene	*Dinacharya* and adequate *Vishrama*

Family counselling	*Satvavajaya* and emotional support

The integrative approach should always prioritize patient safety. Women with suspected postpartum psychosis require urgent psychiatric evaluation, while *Ayurvedic* interventions may be considered as complementary measures under appropriate clinical supervision

Discussion

Maternal mental health has emerged as a major public health concern owing to its impact on the mother, infant, family, and society. Postpartum psychiatric disorders not only impair maternal quality of life but also adversely affect breastfeeding, mother–infant attachment, infant cognitive development, and family functioning.

Ayurveda recognizes the postpartum period (*Sutika Kala*) as a unique physiological state characterized by depletion of bodily tissues (*Dhatukshaya*), loss of blood (*Rakta Kshaya*), diminished strength (*Balakshaya*), and physiological predominance of *Vata Dosha*. These changes make the mother particularly vulnerable to disease if appropriate postpartum care is neglected. The concept of *Sutika Paricharya* therefore extends beyond physical recovery and emphasizes restoration of *Agni*, nourishment of *Dhatus*, replenishment of *Ojas*, and maintenance of mental equilibrium.

Among the three *Doshas*, *Vata* plays the principal role in the pathogenesis of *Sutika Unmada*. The sudden evacuation of the uterus following childbirth creates a state of physiological emptiness (*Rikta Sharira*) that naturally predisposes to *Vata* aggravation. When this is compounded by inadequate nutrition, excessive blood loss, sleep deprivation, emotional stress, or improper postpartum care, aggravated *Vata* disturbs the *Manovaha Srotas*, resulting in impairment of higher mental functions. This classical explanation demonstrates remarkable conceptual similarity with contemporary evidence implicating hormonal fluctuations, neurotransmitter alterations, inflammatory mechanisms, nutritional deficiencies, and psychosocial stress in postpartum psychiatric disorders.

Acharya Charaka's description of *Manas, Buddhi, Samjna, Jnana, Smriti, Bhakti, Sheela, Chesta*, and *Achara Vibhrama* provides a comprehensive framework for understanding mental illness. These disturbed faculties closely resemble the cognitive impairment, emotional instability, psychomotor disturbances, behavioural changes, impaired maternal bonding, and psychotic symptoms observed in postpartum psychiatric disorders. Although *Ayurveda* does not classify diseases according to modern diagnostic criteria, the clinical resemblance between *Sutika Unmada* and postpartum psychosis is striking.

The preventive approach advocated in *Ayurveda* deserves special emphasis. *Ayurveda* places considerable importance on prevention through *Sutika Paricharya* which help prevent *Vata* aggravation, restore physiological homeostasis, and improve maternal psychological resilience. These principles closely parallel current recommendations emphasizing balanced nutrition, sleep hygiene, social support, and early postpartum follow-up.

Another important contribution of *Ayurveda* is the concept of *Satvavajaya Chikitsa*, which aims to strengthen psychological resilience through counselling, reassurance, behavioural modification, meditation, yoga, and spiritual well-being. These principles bear close resemblance to contemporary psychotherapeutic approaches such as cognitive behavioural therapy and supportive psychotherapy. Likewise, *Medhya Rasayana* drugs including *Brahmi*, *Mandukaparni*, *Shankhapushpi, Guduchi*, and *Ashwagandha* have demonstrated promising neuroprotective, antioxidant, anxiolytic, and cognitive-

enhancing properties in experimental and clinical studies, suggesting their potential role as complementary interventions under appropriate medical supervision.

Conclusion

Sutika Unmada can be understood through a complementary Ayurvedic and modern psychiatric perspective. Ayurveda emphasizes *Vata* aggravation, Dhatu–*Ojas* depletion, *Manas* and *Satva*, while modern psychiatry explains postpartum mental disorders through neurobiological, psychological and psychosocial factors. Bridging both approaches can support early recognition, prevention, holistic care and timely psychiatric intervention, while preserving the mother–infant bond and promoting safe postpartum recovery.

[1] World Health Organization. Guide for integration of perinatal mental health in maternal and child health services. Geneva: World Health Organization; 2022. WHO publication.
[2] Perry A, Gordon-Smith K, Jones L, Jones I. Phenomenology, epidemiology and aetiology of postpartum psychosis: a review. Brain Sci. 2021;11(1):47. doi:10.3390/brainsci11010047.
[3] Sit D, Rothschild AJ, Wisner KL. A review of postpartum psychosis. J Womens Health (Larchmt). 2006;15(4):352-68.
[4] World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva: World Health Organization; 2022
[5] Agniveśa. Caraka Saṃhitā, revised by Caraka and Dṛḍhabala, with Vidyotini Hindi commentary by Kāśinātha Śāstrī and Gorakhanātha Caturvedi. Varanasi: Chaukhamba Bharati Academy; 1989. Śārīra Sthāna 8/48.
[6] Suśruta. Suśruta Saṃhitā, with Āyurveda Tattva Sandīpikā Hindi commentary by Ambikādatta Śāstrī. Varanasi: Chaukhamba Sanskrit Sansthan; 2002. Śārīra Sthāna 10/16-18.
[7]Vāgbhaṭa. Aṣṭāṅga Saṅgraha, edited by S.P. Sharma. Varanasi: Chaukhamba Sanskrit Series Office; 2006. Śārīra Sthāna 3/38.
[8] Vāgbhaṭa. Aṣṭāṅga Hṛdaya, with Nirmala Hindi commentary by Brahmānand Tripathi. Varanasi: Chaukhamba Sanskrit Prakashana; 1999. Śārīra Sthāna 1/91-99.
[9] Vṛddha Jīvaka. Kāśyapa Saṃhitā, with Vidyotini Hindi commentary by Satyapāla Bhisagācārya. Varanasi: Chaukhamba Sanskrit Sansthan; 1988. Khila Sthāna, Sūtikopakramanīya Adhyāya 11/3, 17, 18-36. p.304-307
[10] Kāśyapa. Kāśyapa Saṃhitā, with Vidyotini Hindi commentary by Satyapāla Bhisagācārya. 8th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 1988. Khila Sthāna, Sūtikopakramanīya Adhyāya 11. p.304-307.
[11] Suśruta. Suśruta Saṃhitā, with Āyurveda Tattva Sandīpikā Hindi commentary by Ambikādatta Śāstrī. Varanasi: Chaukhambha Sanskrit Sansthan. Śārīra Sthāna 10.
[12] Vāgbhaṭa. Aṣṭāṅga Hṛdaya, with Nirmala Hindi commentary by Brahmānanda Tripathi. Varanasi: Chaukhamba Sanskrit Prakashana; 1999. Śārīra Sthāna 1/91-99. p.178.
[13]Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary by Chakrapanidatta. Edited by Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharati Prakashan; Reprint 2017. Nidana Sthana 7/5
[14] Sushma. Clinical approach to Sutika Unmaada w.s.r. to Puerperal Psychosis and its significance in Modern Era. J Ayurveda Integr Med Sci. 2021;6(5):221-6. doi:10.21760/jaims.v6i5.1499.
[15] Vriddha Jivaka. Kashyapa Samhita (with Vidyotini Hindi commentary). Edited by Pandit Hemaraja Sharma. Varanasi: Chaukhambha Sanskrit Sansthan; Reprint. Khila Sthana, Chapter 11 (Sootikopakramaniya Adhyaya).
[16] Suśruta. Suśruta Saṃhitā, with Āyurveda Tattva Sandīpikā Hindi commentary by Ambikādatta Śāstrī. Varanasi: Chaukhamba Sanskrit Sansthan. Śārīra Sthāna 10.
[17] Kāśyapa. Kāśyapa Saṃhitā, with Vidyotini Hindi commentary by Satyapāla Bhisagācārya. 8th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 1988. Khila Sthāna, Sūtikopakramanīya Adhyāya 11. p.304-307.
[18] Sushruta. Sushruta Samhita, Sharira Sthana, chapter 10, verse 3. In: Sharma PV, editor. Sushruta Samhita. Varanasi: Chaukhambha Vishvabharati; 2010.
[19] Agnivesha. Charaka Samhita, Sutra Sthana, 15/3-4. In: Acharya YT, editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019.
[20]Agnivesha. Charaka Samhita, Chikitsa Sthana, 15/45-48. In: Acharya YT, editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019.
[21] Vagbhata. Ashtanga Hridaya, Sutra Sthana, 7/33-34. In: Paradakara HS, editor. Ashtanga Hridaya with Sarvangasundara Commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019.
[22] Agnivesha. Charaka Samhita, Chikitsa Sthana, 9/4-5. In: Acharya YT, editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019.

[23] Vagbhata. Ashtanga Hridaya, Nidana Sthana, 6/5-6. In: Paradakara HS, editor. Ashtanga Hridaya with Sarvangasundara Commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019.
[24] Sheng B, Jiang G, Ni J. Association between postpartum depression and postpartum hemorrhage: a systematic review and meta-analysis. Acta Obstet Gynecol Scand. 2024;103(7):1263-1270. doi:10.1111/aogs.14795
[25] Bhat A, Reed S, et al. Phenomenology, epidemiology and aetiology of postpartum psychosis: a review. BJPsych Adv. 2021;27(5):308-319.
— Useful for hormonal/neurobiological changes, circadian disruption, sleep deprivation and obstetric factors in postpartum psychosis.
[26]Peripartum complications as risk factors for postpartum psychosis: a systematic review. Cureus. 2022;14(8):e28288.
— Useful for postpartum haemorrhage, cesarean/operative delivery, obstetric complications and sleep deprivation.
[27] Hutchens BF, Kearney J. Risk factors for postpartum depression: an umbrella review. J Midwifery Womens Health. 2020;65(3):347-356.
— Useful for nutritional depletion, postpartum sleep disruption, negative birth experience, lack of social support and obstetric factors.
[28] Sheng B, Jiang G, Ni J. Association between postpartum depression and postpartum hemorrhage: a systematic review and meta-analysis. Acta Obstet Gynecol Scand. 2024;103(7):1263-1270. doi:10.1111/aogs.14795.
— Strong reference for postpartum haemorrhage → increased risk of postpartum depression.
[29] Hutchens BF, Kearney J. Risk factors for postpartum depression: an umbrella review. J Midwifery Womens Health. 2020;65(3):347-356.
— Useful for nutritional depletion, postpartum sleep disruption, negative birth experience, lack of social support and obstetric factors.
[30] Systematic review of the association between adverse life events and the onset and relapse of postpartum psychosis. Psychol Med. 2023.
— Useful for psychological stress, adverse life events, relationship difficulties and childbirth-related complications.
[31] Peripartum complications as risk factors for postpartum psychosis: a systematic review. Cureus. 2022;14(8):e28288.
— Useful for postpartum haemorrhage, cesarean/operative delivery, obstetric complications and sleep deprivation.
[32] Georgescu T, Swart JM. The prolactin family of hormones as regulators of maternal mood and behavior. Front Glob Womens Health. 2021;2:767467. doi:10.3389/fgwh.2021.767467.
[33] Mah BL. Oxytocin, postnatal depression, and parenting: a systematic review. Harv Rev Psychiatry. 2016;24(1):1-13. doi:10.1097/HRP.0000000000000093.
[34] Thul TA, Corwin EJ, Carlson NS, Brennan PA, Young LJ. Oxytocin and postpartum depression: a systematic review. Psychoneuroendocrinology. 2020;120:104793. doi:10.1016/j.psyneuen.2020.104793.
[35] Shahrokh DK, et al. Oxytocin interactions with central dopamine and serotonin systems regulate different components of motherhood. Philos Trans R Soc B Biol Sci. 2022;377:20210261.
[36] Bergink V, Rasgon N, Wisner KL. Postpartum psychosis: madness, mania, and melancholia in the postpartum period. Am J Psychiatry. 2016;173(12):1179-88.
[37] Agnivesha. Charaka Samhita, Chikitsa Sthana, Unmada Chikitsa, 9. In: Acharya YT, editor. Charaka Samhita with Ayurveda Dipika Commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2019
[38] American College of Obstetricians and Gynecologists. Summary of perinatal mental health conditions. Washington (DC): ACOG; 2023.
[39] American College of Obstetricians and Gynecologists. Summary of perinatal mental health conditions. Washington (DC): ACOG; 2023.
[40] Osborne LM. Recognizing and managing postpartum psychosis: a clinical guide for obstetric providers. Obstet Gynecol Clin North Am. 2018;45(3):455-468.
[41] Nath A, Goswami DK. Sutika Paricharya - Post Natal Care in Ayurveda. J Ayurveda Integr Med Sci. 2023;8(8):97-101. doi:10.21760/jaims.8.8.14.
[42]Sushruta. Sushruta Samhita, Uttara Tantra, 1/25. In: Acharya YT, editor. Sushruta Samhita with Nibandhasangraha Commentary. Varanasi: Chaukhamba Surbharati Prakashan; 2017.
[43] Dhiman K, Divyamol MD. Sutika Paricharya - strategies for safe postnatal care in Ayurveda. J Ayurveda Integr Med Sci. 2022;7(3):101-106. doi:10.21760/jaims.7.3.20.
[44] Valotto Neto LJ, Reverete de Araujo M, Moretti Junior RC, Mendes Machado N, Joshi RK, dos Santos Buglio D, et al. Investigating the neuroprotective and cognitive-enhancing effects of Bacopa monnieri: a systematic review focused on inflammation, oxidative stress, mitochondrial dysfunction, and apoptosis. Antioxidants (Basel). 2024;13(4):393. doi:10.3390/antiox13040393.
[45] Balkrishna A, Thakur P, Varshney A. Phytochemical profile, pharmacological attributes and medicinal properties of Convolvulus prostratus – a cognitive enhancer herb for the management of neurodegenerative etiologies. Front Pharmacol. 2020;11:171. doi:10.3389/fphar.2020.00171.
[46] Agarwa P, Sharma B, Fatima A, Jain SK. An update on Ayurvedic herb Convolvulus pluricaulis Choisy. Asian Pac J Trop Biomed. 2014;4(3):245-52. doi:10.1016/S2221-1691(14)60240-9.

[47] Gray NE, Alcazar Magana A, Lak P, Wright KM, Quinn J, Stevens JF, et al. Centella asiatica: phytochemistry and mechanisms of neuroprotection and cognitive enhancement. Phytochem Rev. 2018;17(1):161-94. doi:10.1007/s11101-017-9528-y.
[48] Bandopadhyay S, Mandal S, Ghorai M, Jha NK, Kumar M, Radha, et al. Therapeutic properties and pharmacological activities of asiaticoside and madecassoside: a review. J Cell Mol Med. 2023;27(5):593-608. doi:10.1111/jcmm.17635.
[49] Birla H, Rai SN, Singh SS, Zahra W, Rawat A, Tiwari N, et al. Tinospora cordifolia suppresses neuroinflammation in Parkinsonian mouse model. Neuromolecular Med. 2019;21(1):42-53. doi:10.1007/s12017-018-08521-7.
[50] Sharma A, Bajaj P, Bhandari A, Kaur G. From ayurvedic folk medicine to preclinical neurotherapeutic role of a miraculous herb, Tinospora cordifolia. Neurochem Int. 2020;141:104891. doi:10.1016/j.neuint.2020.104891.
[51] Wang R, Fan Y, Xue W, Yin L, Li Y, Wang S. Antidepressant effect of licorice total flavonoids and liquiritin: a review. Heliyon. 2023;9(11):e22251. doi:10.1016/j.heliyon.2023.e22251.
[52] Pastorino G, Cornara L, Soares S, Rodrigues F, Oliveira MBPP. Liquorice (Glycyrrhiza glabra): a phytochemical and pharmacological review. Phytother Res. 2018;32(12):2323-39. doi:10.1002/ptr.6178.
[53] Agnivesha. Charaka Samhita. Revised by Charaka and Dridhabala. Edited by Yadavji Trikamji Acharya. Varanasi: Chaukhambha Sanskrit Sansthan; Reprint 2013. Sutra Sthana 11/54; Chikitsa Sthana 9.
[54] Waliwita WALC, Liyanage RP, Dissanayake KGC. Management of Sūtikā Unmāda (Postnatal Psychosis) through Ayurveda Community Medical Service. Int J Adv Res Eng Sci Manag. 2021.