

CONCEPTUAL STUDY OF SUTIKA SHOOL

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ABSTRACT

After giving birth, a woman experiences several physical and psychological changes. To combat these changes, *Sutika Paricharya* has been advised by all *acharyas*. Incorrect implementation results in *Vata vriddhi*, which is the cause of *Shool* and *Katishool* in *Sutika*. In 74 *sutika-rogas* that *Acharya Kashyap* has cited, *Katishool* and *Shool* are each described as a separate *Sutika roga*. **Materials and Methods:** Kashyap Samhita, Sushrut Samhita. **Aim and Objectives:** To understand the concept of *Sutika Shool* with respect to *Katishool* and *Shool*.

KEYWORDS: *Sutika*, *Sutika Katishool*, *Sutika Shool*, etc.

1. INTRODUCTION

According to *Kashyap*, though woman has given to birth to fetus, only after expulsion of placenta, can be termed as *Sutika*. The management of *Sutika* has been mentioned in Ayurveda, but *Kashyap* has done a good job of describing it. In the postpartum phase, he included *Katishool* and *Shool* as one of the typical problems.

Due to *Pravahana* and *Raktakshay*, all *Doshas* become agitated in *Sutikavastha*, but *Vata dosha* is particularly affected. *Sutikavastha* is not a diseased condition, but because of *Agnimandya*, *Vataprakopa*, and *Dhatukshaya*, she is susceptible to become sick at any time during her life. *Katishool* and *Shool* in *Sutika* are under the control of *Vata vriddhi*. In everyday practise, it is frequently encountered. Due to hesitation in following *Sutika Paricharya*, she may suffer immediately during *Sutika kala* by *Sutika rogas* or afterwards by diseases like *Pandu*, *Raktapradar*, *Sandhishool*, etc.

Kashyap discussed puerperal disorders twice: once in *Dushprajata Chikitsadhyaya* and again in *Sutikopakramaniya Adhyaya*. The total number of disorders documented at both locations adds up to 74.

SUTIKA ROGA NIDAN

Sutika Awastha janya Dhatukshay, *Vataprakop* and *Agnimandya* along with failure to follow *Sutika Paricharya* simultaneously leads To various *Sutika Rogas*.

SAMPRAPTI

Prasava (*Dhatukshaya*, *Vataprakopa*, *Agnimandya*)Mithyapochar, sanklesha (failure to follow *Sutika Paricharya*)*Rasa*, *Rakta*, *Mansa*, *Majja* and *Asthi Dhatu Karmahani**Vata prakopa**Shulascha Viguno Anilaha**Sutika Katishool* and *Shool nirmiti*

SAMPRAPTI GHATAK

- *Dosha* – *Kaphanubandhi vata*, especially *Prasuti Marut* and *Kapha*
- *Dushya*- *Rasa*, *Rakta*, *Artava*, *Mansa*, *Asthi* and *Majja*
- *Strotasa*- *Artavavaha*
- *Strotodushti*-*Vataprakopa*-*Margavrodhjanya* and *Dhatukshayajanya*
- *Agni*- *Jatharagni*
- *Udbhavsthan*:- *Udar*, *Kati*, *Garbhashaya*
- *Vyaktaroopa*:- *Shool*
- *Sadhya Asadhyatva*:- *Kashtasadhya*

TREATMENT

1. *Nidan Parivarjan*.

2. Following *Sutika Paricharya*.
3. *Vatahara dravya Snehan, Swedan*.
4. *Jeevaniya, Bruhaniya, Balavardhak* and *Vatahara* drugs containing *Annapan, Snehan, Swedan* to reduce tiredness.

LOW BACKACHE IN POST- PARTUM PERIOD

Puerperium is defined as the time from the delivery of the placenta through the first few weeks after the delivery. This period is usually considered to be 6 weeks in duration.

Hormonal and biological changes during pregnancy and childbirth can take a toll on a woman's body and they can take a few months to fully recover from them but if the low back ache during pregnancy and after delivery (postpartum) are ignored, it could lead to a weak spine in the later years of life. More than 60 percent of women reportedly have lower back pain during pregnancy due to the lordotic compensatory posture that one develops due to the growing weight in the belly area and/or the hormonal changes.

CAUSES

1. The condition occurs as during pregnancy, uterus expands and weakens the abdominal muscles. Also with increased weight in the belly area as the child grows in the womb, causes a compensatory exaggerates backward curvature called lordosis. This bending of the lower spine backward, puts strain on back.
2. The body releases progesterone and relaxing hormones during pregnancy which help to prepare the pelvic cavity of the body for delivery by loosening the ligaments and stretching of joints. Since these hormones stay for a few months after delivery, it leads to post-delivery or postpartum back pain. The natural 'S' curve of the spine is affected by pregnancy, and this also shifts the center of gravity.
3. The weight of a growing baby in the uterus can sometimes compresses the nerves exiting the spine, and this also changes the overall posture of mother. While mothers recover from this condition after a few months, the problem doesn't correct itself after childbirth. Obesity or being overweight can put extra pressure on your back muscles, leading to chronic pain.
4. The fluctuating hormone levels in the post partum period cause Musculo skeletal issues such as excessive joint motility, weakness of core stabilizers, altered spinal mobility and function.

TREATMENT

1. Treatment includes spine rehabilitation which is a proven way to treat postpartum sciatica and lower back pain. Postpartum back pain usually lasts for 6 months but may continue much longer. It occurs mostly while performing activities that involve body movements like walking, lifting, bending, and/or carrying the new baby. Failure to adequately treat

the symptoms may lead to chronic pain and affect the overall quality of life.

2. Correct posture - Pregnant women tend to slump their shoulders and arch their back as their belly grows, which puts more strain on the spine. If they sit most of the day, which is most common in case of women working from home nowadays, be sure to take regular small walks and stand up straight.
3. Exercise regularly – Puerperal woman may feel like lying in the bed when back hurts, but that could further aggravate the condition. A little bit of exercise may be just what they need. However, they need to be careful while exercising as in some conditions, they may have to limit their activity or skip exercise altogether.
4. Maintain a normal body weight - Pregnancy often leads to weight gain, so puerperal woman should try to get back to normal weight after two to three month delivery. For achieving a normal or healthy body weight, a correct diet is very important after pregnancy. Diet should include fresh vegetable, fruits, and protein along with right nutrition and regular exercise and Yoga.
5. Many puerperal woman suffer from low back pain for upto 6 months to 1 year. Hence it should be treated properly to enjoy their motherhood and to take care of their new born.

ABDOMINAL PAIN IN POST-PARTUM PERIOD

Women experience various kinds of physical discomforts after childbirth. Abdominal afterpain is one among them, which is an indicator of uterine involution. Afterpain usually goes undetected because of the predominating nature of other forms of pain and discomforts.

Involution is the process by which the reproductive organs return to their prepregnant state. To prevent further blood loss, the uterus and the placental site undergo rapid contractions soon after the process of childbirth. Initially, this is due to the constriction of blood vessels to prevent further bleeding so that the size of the myometrium is reduced. This becomes the reason behind afterpain. Therefore, afterpains are expected among mothers as a part of normal postpartum physiology.

CAUSES

1. In the early postpartum period, there has been evidence of changes in the regions of the brain that is responsible for pain perception, making the mothers more susceptible to higher levels of pain than normal.
2. However, a further decrease in the size of the cells of the myometrium is attributed to the autolysis and infarction of uterine blood vessels. The activity of uterine collagenase and other proteolytic enzymes increases due to the withdrawal of oestrogen and progesterone, accelerating the process of autolysis. The uterus will be firm and has an increased tone soon after delivery with a weight of approximately

1000 gm. This is reduced by half after a week and by the end of six weeks, the weight is about 50 gm.

3. The uterine blood vessels with the intima and elastic tissues also undergo fibrosis and hyaline degeneration, leading to infarction and shedding of more uterine cells and are ultimately removed by macrophages. Finally, the superficial and basal layers of the endometrium becomes necrotic and sloughed and the endometrium is fully restored usually within 2 to 3 weeks.
4. As the uterine tone is good in first-time mothers, the fundus remains firm and the uterine cramping is not much perceived. However, in subsequent pregnancies, periodic relaxation and vigorous contraction become more common due to the laxity of the uterus and causes uncomfortable cramping called afterbirth pain that persist throughout the early puerperium.
5. Afterpains are more noticeable after any childbirths where there is any delay in returning to the pre-pregnant stage such as pregnancies with large baby, multifetal gestation, polyhydramnios. The uterine involution and contraction have also been found to be slower in pathological conditions like uterine infection or haemorrhage.
6. Breastfeeding can bring on afterpains or make them more intense because sucking triggers the release of the hormone oxytocin, which in turn causes contractions. Following childbirth due to the action of oxytocin released from the posterior pituitary, the smooth muscles of the areola are contracted to establish breastfeeding. Oxytocin has receptors on the surface of the myometrium cell, to which it binds and interacts with phospholipase C, and generates diacylglycerol and inositol triphosphate. Prostaglandin, which is important for uterine contraction, is synthesised by the action of diacylglycerol whereas, inositol triphosphate increases calcium concentration in the cell sarcoplasmic reticulum, thereby determining the contraction of the myometrium.

TREATMENT

1. NSAIDs are commonly used in the pharmacological management of afterpain. These are even considered to be more effective than opioids specifically for afterpain relief.
2. Calcium consumption as supplements (500 mg tablets), taken twice daily, during the third trimester of pregnancy and the postpartum period, can prevent after-pain.
3. Consumption of magnesium supplementation for the treatment of leg cramps, premature uterine contractions or pregnancy hypertension reduces the incidence of after-pain and decreases postpartum analgesic consumption.

2. DISCUSSION

Many postpartum women complain about *Shool* and *Katishool*. It is caused by a vitiated *Apana Vayu*. Vitiating

Vata is caused by etiological factors such as *Margavrodhajanya* and *Dhatukshaya*. *Sutika Paricharya*, along with *Vayu*, *Dhatukshaya*, and *Apatarpan*, has been recommended by *Acharyas* to treat vitiated *doshas*. Thus, *Vatahara Chikitsa* such as *Snehan*, *Swedan*, and others are administered in *Sutika* to minimise *Katishool* and *Shool*. In modern practice, physiotherapy has been recommended for Low backache in post partum period. But Ayurveda has described, *Snehan* and *Swedan* for *Katishool*.

3. CONCLUSION

Many *Sutika* have had *Katishool* and *Shool*. Pain impairs their mobility and capacity to carry out regular tasks. The pain is significant and could continue for several days. As a result, *Acharya Kashyap* defined *Katishool* and *Shool (Shool)* as distinct illnesses in *Sutika*. Both of these conditions are caused by a vitiated *Vata*. *Agnimandya*, *Margavrodh*, *Apatarpana*, and *Dhatukshaya* aggravate *Vata*. Thus, giving *Sutika Vatahara Chikitsa* decreases both *Katishool* and *Shool*.

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