

Sutika Makkala – A Case Study

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Abstract

According to Ayurveda, a woman who has just given birth to a child followed by expulsion of the placenta is called Sutika1. Expulsion of the placenta is the criteria for the terminology Sutika. Sutika makkala the post delivery complication frequently occurring in women due to vitiation of Vata, results in accumulation of Dushita rakta in the uterus causing severe pain abdomen, below umbilical & bladder & cardiac region. At times the pain is so severe that a prickly sensation with a possibility of tearing of bowel or its perforation. These are associated with flatulence and retention of urine. In these above conditions, Shudda Hingu & Dashamoolarishta are found to be more beneficial.

Keywords : Ayurveda, Sutika Makkala, Sutika

INTRODUCTION

Sutika is not a rogi, and the paricharya explained to Sutika in Prasavottara kaala is like dinacharya, Ritucharya explained for Swastha. Sutika makkalla, the post delivery complications frequently occurring in women, is associated with the accumulation of blood in the uterus due to vata prakopa. Makkalla is a Shoola pradhana vyadhis occurring

during sutikavasta. Stress during pregnancy & blood loss during labour often leads to dhatu, agni & bala kshaya, this dhatu kshaya causes shoonya shareera at Sutika . The purpose behind Sutika Paricharya is to protect her from various diseases and her recovery from stress of pregnancy and labour as well as to ensure adequate & quality lactation for the

neonate². As per modern science makkalla shoola compared with after pains in which blood accumulate in uterus and did not pass out. That accumulated blood cause spasmodic pain in abdomen and back³.

Aims and Objectives

- 1) To understand the Sutika Makkala disease in ayurvedic perspective.
- 2) To assess the efficacy of ayurvedic medicines in Sutika Makkala.

Case Report

- A 32 years old female Hindu patient, who delivered a female baby vaginally a week back ,IT employee by occupation visited the OPD of AAMCH & RC, dept of prasooti tantra and stree roga on 5 november 2022 with complaints of severe pain abdomen, pain persisting below the umbilical region.
- Detailed history of present illness revealed that Patient was said to be apparently healthy after delivery, since 4days she started feeling of pain in abdomen region on and off for a day, later from the very next day pain got aggravated she started feeling of severe pain in lower abdomen & bladder region, for

which she approached the same hospital where she got delivered , there she was prescribed with antispasmodic drugs , patient consumed the medicine for a day but she didn't get relief , symptoms got aggravated where she was unable to get up from bed and feed the baby for the same she approached on 5th november 2022 PRASOOTI EVAM STREE ROGA department of AAMCH & RC for further needful.

Past History

- No H/O DM/HTN/hypothyroidism

Family History

- Pt is the only daughter & her mother is apparently healthy and has no history of such illness.

MENSTRUAL / OBSTETRIC HISTORY

Menarche - 14 yrs

M/C- 2-3 / 28-30 days/bleeding- bright red in colour, moderate (2-3 pads/day), without foul smell, without clots.

Married life -2 years

OH – P1 L1 A0D0/P1- Female baby

General Examination

- Built - Moderate
- Nourishment - Moderate
- Temperature - 98.4 F
- Respiratory rate -20/min
- Pulse rate – 78 bpm
- B.P - 110/70 mm of hg
- Height – 152 cms
- Weight - 52 Kg
- BMI – 22.5
- Pallor - Absent
- Edema – Mildly edematous in episiotomy region
- Clubbing - Absent
- Cyanosis - Absent
- Icterus - Absent
- Lymphadenopathy - Absent
- Tongue - Uncoated

Systemic Examination

CVS:- S1 S2 Normal

CNS:- Well oriented, conscious.

RS:- normal vesicular breathing, no added sounds

P/A:- Soft, no tenderness, no organomegaly

- Breast examination- NAD, B/L soft tenderness +
- External genitalia –

Inspection – Pubic hair - Equally distributed

Clitoris - Healthy, NAD

Discharge – Present (Bleed +)

Prolapse – Absent

Bimanual examination Uterus

Position – Anteverted /Antiflexed
 Size- Normal (Involuting well)
 Mobility – Mobile
 Tenderness – Present ++

Ashta Sthana Pariksha

Nadi - 78 bpm
 Mootra- Avarodha(1-2times a day)
 Mala – Avarodha (Difficult to defecate)
 Jihwa- Alipa
 Shabda - Avisesha
 Sparsha - Anushna sheeta
 Druk - Avisesha

Dasha Vidha Pariksha

Prakruti - Vata + Pitta
 Vikruti -
 Dosha- Vata
 Dushya- Raktha
 Desha - Sadharana
 Sara Madhyama
 Samhanana - Madhyama
 Pramana- Dhairgya – 152 cms
 Dehabhara - 52 kg
 BMI - 22.50
 Satva- Madhyama
 Satmya - Madhyama

AaharaShakti

- Abhyavarana Shakti -

Avara

Jarana Shakti - Avara

Vyayama Avara

Shakti –

Vaya - Madhyama

Intervention

1. Cap Shudda Hingu 5 250mg with ghrita BD before food
2. Dashamoolarishta 2tsf BD with 4tsf of water after food

Discussion

During pregnancy there are progressive anatomical and physiological changes not only confined to the genital organs but all the systems of the body⁴ and during labour woman is exhausted due to bearing down efforts, straining, loss of body fluids, blood, energy making her more vulnerable to infections. The woman who had faced the complications during labour & not followed regimen properly then she is more prone to various vata related disorders because of shoonya shareera, nisruta rakta dhatu, because of kshapita & shitila of shareera there could be jatharagni Madhya & dhatwagni mandhya leading to impairment in the metabolism.

The above said medications prescribed in this case are very much beneficial in curing and preventing Sutika related diseases. The ingredients used are having properties of Ushna Virya, Laghu Ruksha Guna, Agni Deepana & Ama pachana, which acts like Kapha Vata Shamaka, Garbhashaya Shodhaka, Shulahara & Sthanya janaka.

CONCLUSION

Hence it is concluded that Cap Shudda Hingu & Dashamoolarishta are found to be very effective. Sutika Makkala can be managed through Ayurveda by accurate dosha involvement and a structured protocol. Ayurvedic intervention in the above said case revealed the true potential and efficacy of our science.

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