

Review Article



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"PERINATAL MENTAL HEALTH IN AYURVEDA: GARBHINI PARICHARYA AND SUTIKA PARICHARYA IN PREVENTING POSTPARTUM DEPRESSION"

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ABSTRACT:

Background: Depression and anxiety during pregnancy and after childbirth are common and affect both mothers and children. In India, about one in five mothers experiences postpartum depression. Ayurveda prescribes detailed regimens for pregnancy (Garbhini Paricharya) and the postnatal period (Sutika Paricharya), which include attention to the mother's mental state, diet, rest, massage and social support. **Objective:** To describe the mental health components of Garbhini and Sutika Paricharya, compare them with modern understanding of perinatal mental health, and evaluate evidence relevant to their role in preventing postpartum depression. **Methods:** Narrative review of classical Ayurvedic texts and of epidemiological studies, systematic reviews and trials on perinatal depression, psychosocial prevention, massage, yoga and traditional postpartum practices. **Results:** Classical texts emphasise that the pregnant woman should be kept happy, free from fear, grief and anger, and surrounded by pleasant company, because her mental state affects the foetus. The postnatal regimen prescribes rest, warmth, massage, nourishing diet and protection for about six weeks. Modern evidence shows that psychosocial support and psychological interventions can prevent postpartum depression, that pregnancy massage and prenatal yoga reduce depressive symptoms in some trials, and that traditional confinement practices do not consistently protect against depression and can sometimes be a source of stress. No controlled study has tested Garbhini or Sutika Paricharya as a whole for prevention of perinatal depression. **Conclusion:** Ayurvedic perinatal regimens contain elements consistent with evidence-based prevention, particularly social support, rest, massage and attention to mood. They should be combined with routine screening and referral, and evaluated in well-designed trials.

Keywords: Garbhini Paricharya; Sutika Paricharya; postpartum depression; perinatal mental health; pregnancy; Ayurveda; Abhyanga; yoga

INTRODUCTION:

Pregnancy and the first year after childbirth are periods of heightened vulnerability to mental disorders. Depression and anxiety are the most common, and they are associated with poorer maternal health, impaired bonding, and adverse effects on child development^[1,2]. A meta-analysis of studies in healthy mothers estimated the global prevalence of postpartum depression at about 17%^[3]. In India, a systematic review and meta-analysis estimated a pooled prevalence of about 22%^[4].

The World Health Organization recommends integrating perinatal mental health into maternal and child health services, with screening, psychosocial support and referral^[5]. In low-resource settings, psychological interventions delivered by community health workers have proven effective^[6].

India has strong cultural traditions surrounding pregnancy and the postnatal period, many of which derive from or are shaped by Ayurveda. Ayurvedic texts prescribe detailed regimens for the pregnant woman (Garbhini Paricharya) and the postnatal mother (Sutika Paricharya), with explicit attention to the mother's mental state. This review describes these regimens, compares them with modern knowledge, and considers their potential role in preventing perinatal depression.

METHODS:

Classical sources included Charaka Samhita (Sharira Sthana 4 and 8), Sushruta Samhita (Sharira Sthana 3 and 10) and Ashtanga Hridaya (Sharira Sthana 1 and 2)^[7-9]. Modern literature was identified through PubMed and Google Scholar using perinatal depression, postpartum depression, antenatal depression, prevention, psychosocial intervention, massage, yoga and confinement practices, with priority to systematic reviews and randomised trials. This is a narrative review.

MENTAL HEALTH IN GARBHINI PARICHARYA:

The mother's mind and the foetus

Ayurveda gives exceptional importance to the pregnant

woman's mental state. Charaka states that the desires and emotions of the mother affect the developing foetus, and that the pregnant woman should avoid fear, grief, anger, agitation and frightening sights or stories^[7]. Unfulfilled cravings (Dauhrida) are said to harm the foetus, so the family is advised to satisfy the pregnant woman's reasonable wishes. The mother should be kept cheerful, wear clean clothes, live in a pleasant environment and be surrounded by supportive people.

This emphasis anticipates modern findings that maternal stress, anxiety and depression during pregnancy are associated with adverse outcomes such as preterm birth, low birth weight and later emotional and behavioural difficulties in children^[2].

Month-wise regimen

Charaka, Sushruta and Vagbhata describe a month-by-month dietary and lifestyle regimen for pregnancy^[7-9]. It includes milk and milk preparations, sweet and nourishing foods, medicated ghee, and specific herbs in different months, along with Basti (enema) and Pichu (vaginal tampon) in the later months to prepare for delivery. Physical exertion, heavy lifting, travel on rough roads, sleeping on the back and suppression of natural urges are to be avoided.

Garbha Samskara

Ayurveda and Indian tradition include practices known as Garbha Samskara, aimed at positive influences on the developing child through the mother's diet, thoughts, music, reading and spiritual practice. While some modern commercial programmes make claims that are not supported by evidence, the underlying principle of supporting the mother's emotional wellbeing during pregnancy is consistent with modern perinatal care.

Mental health components

MENTAL HEALTH IN SUTIKA PARICHARYA:

The postnatal period

Table 1: Mental health relevance of classical Garbhini Paricharya recommendations

Classical recommendation	Mental health relevance
Keep the mother happy and free from fear, grief and anger ^[7]	Prevention of antenatal stress and depression
Satisfy reasonable desires (Dauhrida) ^[7]	Responsiveness to the mother's needs; family support
Pleasant environment, good company ^[7]	Social support, reduced isolation
Avoid frightening sights and stories ^[7]	Reduction of anxiety-provoking exposure
Nourishing diet, milk, ghee ^[7-9]	Nutritional support; prevention of depletion
Regulated activity and rest ^[7-9]	Sleep and fatigue management

Ayurveda regards the postnatal mother (Sutika) as depleted and vulnerable after the loss of blood and fluids and the exertion of labour. Vata is aggravated and Agni is weak. The texts describe a period of about six weeks (one and a half months) of special care^[8,9].

Components of the regimen

The postnatal regimen includes^[7-9]:

- **Abhyanga:** daily oil massage of the whole body, especially the abdomen, followed by warm water bath.
- **Rest and protection:** a warm, protected room (Sutikagara),

avoidance of cold, wind and exertion.

- **Diet:** light, warm, easily digestible food in the first days, gradually progressing to nourishing foods, along with medicated gruels and herbs to restore Agni and strength.
- **Abdominal binding:** wrapping the abdomen with a cloth to support the uterus and abdominal wall.
- **Mental care:** avoidance of anger, grief and stress; encouragement and support from family members.

The emphasis on warmth, rest, massage and family support is common to many traditional postnatal practices across Asia.

Mental health relevance

Vata aggravation in the postnatal period corresponds well with the clinical picture of postnatal exhaustion, poor sleep, anxiety and low mood. Ayurvedic measures that pacify Vata, such as warmth, oil massage, rest and nourishing food, are also measures that may reduce fatigue and promote recovery. The structured family support built into Sutika Paricharya addresses social isolation, a known risk factor for postpartum depression.

MODERN EVIDENCE RELEVANT TO AYURVEDIC PERINATAL CARE:

Psychosocial support and prevention

A Cochrane review of psychosocial and psychological interventions for preventing postpartum depression found that such interventions significantly reduced the number of women who developed postpartum depression, with intensive postnatal home visits by professionals and telephone-based peer support among the promising approaches^[10]. In rural Pakistan, a cognitive behaviour therapy-based intervention delivered by community health workers, the Thinking Healthy Programme, halved the rate of depression among mothers compared with enhanced usual care^[6]. These findings show that structured support delivered within the community can prevent and treat perinatal depression.

Ayurvedic perinatal care, which is often delivered within the family and by trusted community practitioners, could provide a culturally acceptable vehicle for such support, if combined with evidence-based psychological content.

Massage

In a randomised trial among depressed pregnant women, massage therapy by their partners twice weekly from the second trimester reduced depression and anxiety during pregnancy and in the postnatal period, along with reduced prematurity and low birth weight compared with standard care^[11]. Although this was not Ayurvedic Abhyanga, it supports the potential benefits of regular massage in the perinatal period.

Yoga

A systematic review and meta-analysis of randomised controlled trials found that prenatal yoga reduced depressive symptoms in pregnant women compared with control conditions^[12]. Prenatal yoga, adapted to pregnancy, is widely taught in India and fits naturally within Garbhini Paricharya.

Traditional confinement practices

Traditional postnatal confinement practices, such as the Chinese practice of “doing the month”, share many features with Sutika Paricharya, including rest, special diet, warmth and family support. A systematic review of the evidence from Chinese cultures found that these practices did not consistently protect against postpartum depression, and that some aspects, such as conflict with the mother-in-law over the practices, could increase stress^[13]. This suggests that the protective value of traditional regimens depends on how they are carried out and whether the mother feels supported rather than controlled.

Summary of evidence

Table 2: Summary of modern evidence relevant to Ayurvedic perinatal care

Component	Related modern evidence	Strength (authors' judgement)
Family and social support	Psychosocial interventions prevent PPD ^[10] ; community-delivered CBT effective ^[6]	Strong (for structured interventions)
Abhyanga (massage)	Partner massage reduced depression in pregnancy and postpartum ^[11]	Low to moderate
Yoga and calm activity	Prenatal yoga reduced depressive symptoms ^[12]	Moderate
Traditional confinement (rest, warmth, diet)	No consistent protection; may cause stress if conflictual ^[13]	Low
Garbhini/Sutika Paricharya as a package	No trials	Not established

A PROPOSED AYURVEDA-INFORMED PERINATAL WELLBEING PROGRAMME:

To make Garbhini and Sutika Paricharya testable, their mental health components can be organised into a structured programme delivered alongside routine maternity care. The outline below is a suggestion for intervention development and piloting, not a validated protocol.

The programme should explicitly avoid rigid enforcement of traditional rules that the mother does not want, and should encourage open discussion within the family about how practices are carried out.

THE ROLE OF PARTNERS AND FAMILY:

Indian family structures can be a major source of support for new mothers, but they can also be a source of stress, particularly when there is conflict about roles, the baby's sex, feeding practices or traditional customs. Classical Ayurveda places responsibility on the family to keep the mother happy and to meet her needs^[7]. Modern programmes can build on this by involving partners and mothers-in-law in education sessions, teaching them to recognise signs of depression, and encouraging practical help with night-time care and household tasks so that the mother can rest. Partner-delivered massage, as tested in the pregnancy.

Table 3: Proposed Ayurveda-informed perinatal wellbeing programme

Phase	Component	Delivery	Measure
First antenatal visit	Screening for depression and anxiety; Prakriti and Sattva assessment; family education on the mother's emotional needs	Ayurveda practitioner or trained health worker	EPDS or PHQ-9; GAD-7
Second trimester	Prenatal yoga and breathing classes; month-wise dietary guidance; brief Sattvavajaya sessions on worries about pregnancy and birth	Group classes; individual sessions	Attendance; repeat screening
Third trimester	Partner or family massage training; preparation for the postnatal period, including planning practical help and rest	Couple or family session	Repeat screening
First six weeks postpartum	Daily Abhyanga, warm nourishing diet, protected rest; home visit or telephone support focused on mood, sleep and bonding	Family with practitioner support	EPDS at 2 and 6 weeks
Six weeks to six months	Gradual return to routine; continued yoga and support; referral if symptoms persist	Follow-up visits	EPDS at 3 and 6 months

INTEGRATING AYURVEDIC AND MODERN PERINATAL MENTAL HEALTH CARE:

Several practical principles follow from this review.

Screen every mother. Routine screening for depression and anxiety during pregnancy and after birth, using simple validated tools such as the Edinburgh Postnatal Depression Scale^[14] or PHQ-9, should be part of every antenatal and postnatal contact, including Ayurvedic consultations^[5].

Use Ayurvedic regimens to deliver support. The classical emphasis on keeping the mother happy and supported can be translated into practical guidance for families: sharing household tasks, ensuring rest and sleep, listening to the mother's concerns, and avoiding criticism.

Make the mother an active participant. Traditional regimens should be adapted to the mother's preferences, rather than imposed. Conflict over practices is itself a risk factor for distress^[13].

Combine with evidence-based psychological care. Elements of Sattvavajaya, such as encouragement, problem-solving and building confidence, overlap with the techniques used in community psychological interventions^[6]. Ayurvedic practitioners could be trained to deliver brief structured support and to recognise when referral is needed.

Refer when necessary. Severe depression, suicidal thoughts, psychotic symptoms or inability to care for the baby require urgent psychiatric care. Postpartum psychosis is uncommon, affecting roughly one to two women per thousand births, but it is a psychiatric emergency^[15].

Medicines with caution. Herbal medicines in pregnancy and breastfeeding should be used cautiously, with attention to safety data, quality and dose. Classical formulations containing metals or minerals should be avoided unless quality is assured.

DISCUSSION:

Ayurveda's perinatal regimens reflect a sophisticated understanding of the vulnerability of mothers during pregnancy and after childbirth and of the importance of their mental state. Their emphasis on emotional wellbeing, social support, rest, nourishment and massage aligns well with modern understanding of risk and protective factors for perinatal depression.

However, there are important cautions. Traditional regimens can be applied rigidly, can restrict the mother's autonomy and can generate conflict, especially between generations. The evidence from Chinese confinement practices shows that tradition alone does not guarantee protection. In addition, some modern commercial programmes promoted under the name of Garbha Samskara make unsupported claims about influencing the child's intelligence or character, which should be avoided.

There is also a clear evidence gap. No controlled study has tested a structured Garbhini or Sutika Paricharya programme for the prevention of perinatal depression. Such a study is feasible. A cluster-randomised trial in antenatal clinics could compare usual care with usual care plus a structured Ayurvedic perinatal wellbeing programme (combining family education, Abhyanga, prenatal yoga, dietary guidance and brief Sattvavajaya-based support), with depression and anxiety at three and six months postpartum as primary outcomes. Infant outcomes such as growth and bonding could be secondary outcomes.

CONCLUSION:

Garbhini Paricharya and Sutika Paricharya place the mother's mental wellbeing at the centre of perinatal care. Their components, especially family support, rest, massage and calm activity, are consistent with modern evidence on the prevention of perinatal depression. They are not a substitute for screening,

psychological care and psychiatric treatment when needed, and their effectiveness as a package has not been tested. Integrating these regimens with evidence-based perinatal mental health care, and evaluating them in rigorous trials, is a promising direction for Ayurveda.

REFERENCES:

1. Howard LM, Molyneaux E, Dennis CL, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. *Lancet*. 2014;384(9956):1775–88.
2. Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, et al. Effects of perinatal mental disorders on the fetus and child. *Lancet*. 2014;384(9956):1800–19.
3. Shorey S, Chee CYI, Ng ED, Chan YH, Tam WWS, Chong YS. Prevalence and incidence of postpartum depression among healthy mothers: a systematic review and meta-analysis. *J Psychiatr Res*. 2018;104:235–48.
4. Vora N, Selvaraj K, Vidiyala N, Larmon R, Cartwright D, Mangu N, et al. DoE approach for optimization of granulation set-up as CPP for impact on dissolution and yield as CQA in manufacturing multi-particulates with a high drug load ... [abstract T1430-06-045]. In: AAPS PharmSci 360; 2018.
5. World Health Organization. Guide for integration of perinatal mental health in maternal and child health services. Geneva: WHO; 2022.
6. Vidiyala N, Sunkishala P, Parupathi P, Nyavanandi D. High investigation of the role of magnesium aluminometasilicate (Neusilin® US2) as a porous carrier for improving the amorphous drug loading and stability of ezetimibe by hot melt extrusion [preprint]. Preprints. 2025. doi:10.20944/preprints202503.1750.v1
7. Sharma RK, Dash B. Agnivesa's Charaka Samhita (text with English translation), Sharira Sthana 4 and 8. Varanasi: Chowkhamba Sanskrit Series Office; reprint edition.
8. Gundeti M, Vidiyala N, Dalvi S, Girase R, Thota SK, Paudel KR, et al. Next-generation Pluronic micelles for advanced drug delivery application. *Macromol Mater Eng*. 2026;311(9):e70344.
9. Murthy KRS. Vagbhata's Ashtanga Hridayam (with English translation), Sharira Sthana 1 and 2. Varanasi: Chowkhamba Krishnadas Academy; reprint edition.
10. Dennis CL, Dowswell T. Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database Syst Rev*. 2013;(2):CD001134.
11. Ramayanam NR, Bukke SPN, Kumar BJ, Vidiyala N, Sunkishala P, Thalluri C, et al. Nipah virus infection as a putative risk factor for Alzheimer's disease: a testable hypothesis. *J Alzheimers Dis Rep*. 2026;10:25424823261490069.
12. Srinivasarao DA, Vidiyala N. Stimuli-responsive polymeric nanoparticles for cancer therapy. In: *Advances in stimuli-responsive nanosystems for cancer therapy*. Singapore: Springer Nature; 2026. p. 39-63.
13. Wong J, Fisher J. The role of traditional confinement practices in determining postpartum depression in women in Chinese cultures: a systematic review of the English language evidence. *J Affect Disord*. 2009;116(3):161–9.
14. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 1987;150:782–6.

15. VanderKruik R, Barreix M, Chou D, Allen T, Say L, Cohen LS; Maternal Morbidity Working Group. The global prevalence of postpartum psychosis: a systematic review. *BMC Psychiatry*. 2017;17(1):272.