

GLOBAL ACADEMIC RESEARCH INSTITUTE

COLOMBO, SRI LANKA



GARI International Journal of Multidisciplinary Research

ISSN 2659-2193

Volume: 11 | Issue: 04

On 31st December 2025

<http://www.research.lk>

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GARI Publisher | Siddha Medicine | Volume: 11 | Issue: 04

Article ID: IN/GARI/ICWCH/SL/2025/110/OCT | Pages: 61-68 (08)

ISSN 2659-2193 | Edit: GARI Editorial Team

Received: 26.09.2025 | Publish: 31.12.2025

DOI: <https://doi.org/10.63572/gari2872>



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ISSN 2659-2193 | Volume: 11 | Issue: 04 | 31-12-2025 | www.research.lk

GARI International Journal of Multidisciplinary Research

POSTNATAL CARE AND ITS IMPACT ON MATERNAL AND CHILD HEALTH: INSIGHTS FROM SIDDHA MEDICINE – A REVIEW

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ABSTRACT

The postnatal period is a vital stage for maternal recovery and new born adaptation, where appropriate care determines both immediate and long-term health outcomes. This review evaluates Siddha postnatal practices and their role in maternal and neonatal wellbeing, based on a comprehensive study of Siddha classical texts and contemporary research. Traditionally observed for 31 days, Siddha postnatal care emphasizes maternal rest, hygiene, therapeutic oil massages and herbal baths. Mothers are provided with herbal preparations such as Saraku, Kayam, Karumkurinji, Saubhagya Chundi, Thanneer Vittan Kilangu Nei and Thiripala Chooranam to restore uterine tone, regulate lochia, promote lactation and ensure overall rejuvenation. Nutrient rich dietary preparations including Pathiya Kuzhambu and Venthaya Kuzhambu are prescribed to enhance digestion, sustain energy, support healing and improve milk secretion. For the new-born, Siddha care highlights early initiation of colostrum, exclusive breastfeeding, safe swaddling, gentle herbal baths, proper hygiene and adequate sleep, which together contribute to growth, immunity and neurological development. The findings suggest that Siddha postnatal care offers a comprehensive and holistic approach that accelerates maternal recovery, supports lactation and safeguards neonatal health, thereby ensuring long term wellbeing for both mother and child.

Keywords: Postnatal care, Siddha medicine, Neonatal health.

INTRODUCTION

Maternal and neonatal mortality associated with childbirth continues to represent a significant public health issue; however, the majority of these fatalities are preventable through timely and appropriate postnatal care. The period immediately following delivery is critical, as the mother requires sufficient rest and recovery from the physiological demands of labour while concurrently providing care and nourishment for her infant, who is entirely dependent on her. Postpartum rituals that prioritize the mother's health are practiced in many cultures. These consist of rest, structured assistance, dietary guidelines, personal hygiene practices and advice on how to care for and nurse a baby. These procedures enable the new mother to receive care, aid in her recuperation and possibly improve her health and acclimatization to motherhood.

If not addressed, postnatal complications can lead to delayed developmental milestones in the child and, in severe instances, even mortality. To avert such outcomes, the regimens outlined in classical Siddha literature are systematically designed to restore the mother to her pre- pregnancy state while concurrently aiding the newborn in adapting to the external environment. The Siddha postnatal regimen encompasses dietary guidelines, physical practices and mental well-being measures tailored for both mothers and infants. Particular emphasis is placed on the mother's daily

diet, which incorporates ingredients with galactagogue (milk-boosting properties) to enhance lactation and uterine tonic properties to promote recovery. Furthermore, early feeding of colostrum to the newborn is strongly advocated, as it plays a vital role in strengthening immunity and supporting the infant's initial stages of growth and development.²

In the Siddha system, dietary and lifestyle care is important not only during pregnancy but also in the postpartum period. After childbirth, the mother, father, and close relatives traditionally observe a period of purification, referred to as *asausam* (postpartum confinement period). This practice varies among communities, lasting for 10, 15, 21, or 31 days, with the mother prescribed a 31-day postpartum confinement period. The concept of *asausam* reflects both cultural and health-related precautions during this critical phase.³ Postnatal care encompasses the medical and supportive care provided to women and their newborns during the first six weeks after childbirth. According to the World Health Organization (WHO) guidelines, postnatal visits should occur within 6–12 hours after delivery, with follow-ups at 3–6 days, 6 weeks, and 6 months postpartum. Such structured follow-up is essential for the early identification and management of postnatal complications, which may include haemorrhage, pain and inflammation, anemia, exhaustion, infections, immunosuppression, insufficient breast milk production, and psychological or emotional disturbances.^{4,5}

In parallel, the Siddha system of medicine has long emphasized postnatal care, with practices designed to restore the mother's health and support the newborn adaptation to the external environment. Great attention is paid to the dietary, physical, and mental well-being of both mothers and children. Classical Siddha literature prescribes specific dietary regimens for lactating mothers,

incorporating galactagogues to enhance milk production and uterine tonics to promote recovery. Early feeding of colostrum to newborn is strongly advocated to strengthen immunity and support normal growth and development.⁶

Furthermore, in the Siddha tradition, the postpartum period is observed as a phase of purification (*asausam*), typically lasting 31 days for the mother, during which both ritual observances and health-promoting practices are emphasized. From a biomedical perspective, this period corresponds to the puerperium, during which the mother's body undergoes physiological changes to return to its pre-pregnancy state. Thus, the Siddha concept of *asausam* aligns with modern medical understanding, integrating cultural practices with health measures that ensure maternal recovery and neonatal well-being.⁶ Research on postpartum rituals in Siddha medicine is scarce, with few studies looking at their benefits, practices, or impact on the health of mothers. The purpose of this research is to record and examine these customs in order to gain a deeper understanding of their importance and possible benefits for mothers in the postpartum phase.

METHODOLOGY

This review analyzed postnatal care methods in Siddha medicine and their effects on maternal and child health. A methodical approach was employed to identify and examine pertinent literature and classical Siddha scriptures. A thorough search was conducted in scholarly databases including PubMed, Google Scholar, Scopus and Research Gate utilizing keywords such as “postnatal care,” “maternal health,” “child health,” “Siddha medicine,” “traditional medicine,” and “herbal remedies.” Moreover, classical Siddha texts and credible traditional medicine manuals were referenced to obtain insights into recommended postnatal care techniques.

Research and publications in English or Tamil from 1993 to 2025, focusing on postnatal care, maternal and child health, or Siddha interventions, were included. Data were manually gathered from the chosen studies and books, encompassing postnatal practices, herbal medicines, administration methods, and documented health results. A narrative summary of the findings is provided, emphasizing evidence gaps, therapeutic benefits, and standard practices. To maintain academic integrity and avoid plagiarism, all sources, including textbooks, were appropriately cited.

RESULTS AND DISCUSSION

Elements of postpartum care

1. Maternal care Postpartum Rest:

The mother should get enough sleep in a calm, well-ventilated and well-lit room after giving birth. Emotional support and a comfortable room aided her relaxation and recuperation. During this time, it is crucial to attend to their physical comfort, personal hygiene and mental health.

During the first three days following childbirth, only the new mother's mother and husband should visit. To guarantee proper rest and avoid infection, medical personnel regulate visitor access. Since insomnia may indicate postpartum complications such as eclampsia, the mother should take two hours of rest during the day.⁷

Postpartum Diet:

Many cultures around the world observe specific postpartum rituals to avoid ill health in later years.

Following delivery, the mother starts with just plain coffee and then, for two days, only boiled lukewarm water and light foods such as milk and porridge. The diet gradually increased starting on the third day. To aid recovery, mild curries containing eggplant, drumstick seeds, and beans are recommended.⁸

Mothers should eat wholesome and easily digestible foods. Watery foods, milk, and fruit juices are advised first, followed by leafy greens, boiled vegetables, light soups, and half-cooked eggs. Constipation-relieving foods are ideal, but foods that are overly salty, sour, or astringent should be avoided. A daily intake of approximately 3,500 calories is recommended, and recovery may be aided by supplements such as Saubhagya Chundi.⁷

Dietary Interventions and Herbal Remedies in the Puerperium

In Siddha medicine and traditional practices, several formulations are recommended during the postpartum period to restore maternal health, promote lactation, postpartum pain and support uterine recovery.^{9,10}

1. Saubhagya Chundi (Legiyam)

It is a siddha formulation containing 22 herbs, with dry ginger (*Zingiber officinale*) being the main ingredient. Starting on the second day after delivery, this preparation is typically administered at a dosage of approximately 10 g/day. It is thought to aid in energy replenishment, uterine restoration, and general postpartum recovery.^{11,12}

The early weeks following childbirth are often characterized by postpartum pain, which is brought on by uterine contractions and involution. If left untreated, postpartum depression or exhaustion may result.

Good pain management enables women to return to their regular activities and take care of their infants. Ginger, especially when steam-cooked, has been demonstrated to lessen the severity and duration of postpartum pain. It may also increase the production of breast milk in the first two days following delivery without causing any negative side effects.^{13,14,15}

2. Kasturi (musk)

It is customary to administer a small dose of musk (approximately 500 mg) wrapped in betel leaves as soon as possible after birth. Musk is prized for its cardiotonic qualities (heart-strengthening qualities), which enhance cardiac recovery after the physiological stress of pregnancy and childbirth.³

3. Sarakku

After giving birth, mothers are frequently administered this herbal preparation. Coriander (*Coriandrum sativum*), cumin (*Cumin cyminum*), pepper (*Piper nigrum*), coconut (*Cocos nucifera*), and turmeric (*Curcuma longa*) are among the ingredients used in its formulation. Its primary goals are to promote breast milk production, strengthen the uterus, and eliminate lochia (postpartum vaginal discharge) during the puerperium.³

Cumin has proven to have a number of health benefits when it comes to preventing and treating a variety of diseases. Cumin is identified as a seed containing volatile oil, which includes cuminaldehyde and other aldehydes, as well as flavonoids and terpenes cumin has been traditionally used as a galactagogue, a substance that promotes milk production.^{16,17}

4. Kayam

Another traditional preparation is Kayam. It is made with turmeric (*Curcuma longa*), cumin (*Cumin cyminum*), and dry ginger (*Zingiber officinale*) and is taken twice a day for three to five days in a dosage of roughly the size of an areca nut (5 g) with palm jaggery. Women who have undergone caesarean deliveries should avoid dry ginger. Coriander and cumin, which are high in iron, calcium, phosphorus, and vitamin A, are among the ingredients that help regain strength and replace blood lost during pregnancy.³

5. Thanneer Vittan Kilangu Nei

It is customarily given to nursing mothers. This is crucial for encouraging lactation and ensuring a sufficient supply of breast milk.¹¹

6. Pathiya Kuzhambu

Pathiya Kuzhambu is given for about 40 days following childbirth and is made up of *Zingiber officinale*, *Trianthema portulacastrum*, *Trachyspermum ammi*, *Anethum graveolens*, *Allium sativum*, *Curcuma longa*, and *Piper nigrum*. It is said to improve lactation, ease discomfort in the abdomen, aid in uterine involution (The process of the uterus returning to its pre-pregnancy size), strengthen the mother, and aid in wound healing.⁶

Cumin's inherent antimicrobial qualities promote wound healing. Additionally, the seeds help with digestive problems and promote lactation by increasing the amount of milk produced by nursing mothers.¹⁶

Seeds of *Trachyspermum ammi*, commonly included in postpartum preparations, have traditionally been used as a galactagogue in humans.⁵

Mothers often suffer from postpartum depression and anxiety, which can impair mother-infant bonding and lead to sexual issues. Curcumin exhibits potential as a supplemental treatment to aid in the management of these ailments.¹⁸

7. Venthaya Kuzhambu

A traditional postpartum remedy, Venthaya Kuzhambu, is prepared using *Trigonella foenum graecum*, *Curcuma longa*, *Allium sativum*, and *Piper nigrum*. It is traditionally used during the puerperal period to support lactation, enhance digestion and strengthen maternal health.⁶

Fenugreek helps postpartum moms produce more breast milk and promotes the first week of an infant's weight gain.¹⁹

8. Karumkuringi

Karumkuringi is a postpartum herbal remedy that promotes healing for the mother, lessens exhaustion, facilitates digestion, increases immunity and provides nourishment for the body. The herbs that contribute to its healing and nourishing properties include turmeric (*Curcuma longa*), ginger (*Zingiber officinale*), licorice (*Glycyrrhiza glabra*), cinnamon (*Cinnamomum verum*), cardamom (*Elettaria cardamomum*), nutmeg (*Myristica fragrans*), black pepper (*Piper nigrum*), and cumin (*Cuminum cyminum*).^{20,21}

Herbal Applications in Siddha Postnatal Hygiene

To aid in the recuperation of the mother, Siddha postnatal care uses topical treatments, herbal formulations and medicated baths. Mango leaves and barks, black pepper (*Piper nigrum*), turmeric (*Curcuma longa*) and a boiled mixture of these ingredients are applied externally to strengthen the uterus, restore its function, combat microorganisms and ease postpartum abdominal discomfort. Research backs up turmeric's antimicrobial, anti-inflammatory and antidepressant qualities.⁶

Turmeric accelerates the healing of perineal wounds and helps to reduce redness and swelling. In addition to improving postpartum care in midwifery services, turmeric extract gel is useful in accelerating the healing of perineal wounds.^{22,23}

Curcumin, the active ingredient in *Curcuma longa* L., has a variety of biological activities, such as antifungal, anti-inflammatory, wound-healing and antioxidant qualities.²⁵

When lochia discharge is excessive, Thiripala Chooranam is advised for postpartum douching to reduce the flow. It is used in the postpartum phase to support healing and to preserve hygiene.¹¹

Early Ambulation during the Puerperium:

Early postpartum ambulation, usually starting on the second day, supports wound healing, gut motility, urinary function and the general recuperation of the mother.⁶

2. Neonatal care

Essential neonatal care in the immediate postpartum period includes facilitating the airway, eliminating mucus and ensuring that the umbilical cord is clamped and cut safely. The baby is gently washed with lukewarm water, paying particular attention to hygiene by washing the eyes and removing vernix caseosa deposits (The protective, white, creamy substance covering newborns). It is important to tie

the cord securely and properly to avoid infection and the baby is dressed comfortably and warmly.⁸

Early Nutrition and Feeding Practices

Colostrum is a yellowish, nutrient-rich secretion produced during the first three postpartum days. It contains immunoglobulin A (IgA) (a type of antibody crucial for immunity), fats, vitamins, minerals, and water. It helps to clear meconium (The newborn's first stool). It is essential to start it as soon as possible after birth.⁸ Breastfeeding may be temporarily discontinued if the mother is unwell or has breast issues; in such cases, boiled cow's milk diluted with water may be substituted. After the first teeth erupt, continued milk feeding is followed by the introduction of complementary feeding with well-cooked and easily digestible foods. Breastfeeding is typically maintained for 18 months, after which weaning is gradually performed.⁸

New born Bathing: Safety and Traditional Approaches

It is recommended that newborns take their first bath in lukewarm water. Daily bathing can begin after the stump dries, being cautious not to irritate or infect the site.

To maintain the skin's natural sheen, newborns should be bathed in warm water while avoiding soap and optionally infused with herbs like henna or fenugreek and powders like cheeyakka (Acacia concinna) or green gram. Bathing should only be performed by skilled caregivers to avoid injury or water entering the nose and ears. Gentle handling and cautious limb movements are crucial.⁸

Sleep Requirements and Safe Handling of Infants

Every day, newborns require 18–20 hours of sleep, ideally at night. Although sleeping close to the mother is cozy and warm, it is important to position the baby carefully to avoid suffocation or harm.⁸

Postnatal Clothing

Soft, hygienic, and seasonally appropriate clothing is essential for infants; in colder climates, head coverings and wool are used to keep warm.⁸

Immunity Support in New born Using Siddha Formulations

Newborn care can be supported with traditional Siddha formulations such as Sei Nei (a ghee-based preparation) and Urai Mathirai (tablet form), which are commonly used to enhance immunity.²⁵

CONCLUSION

To lower maternal and newborn morbidity and mortality, postnatal care is essential and Siddha medicine provides a comprehensive framework that incorporates cultural customs, herbal remedies, diet and hygiene. These practices promote newborn immunity and environmental adaptation, in addition to helping mothers recover and nurse and

there are opportunities for integrative approaches because many of these practices are in line with current biomedical recommendations. To confirm and reinforce the role of Siddha postnatal care in modern health systems, more clinical research is required.

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