

Exploring Ekala Dravya Prayoga in Sutika - A Comprehensive Ayurvedic Review

Nayak D^{1*}, Meher S²


DOI:10.21760/jaims.10.7.37

^{1*} Deeptimayee Nayak, Post Graduate Scholar, Dept of Prasuti Tantra Evam Stri Roga, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India.

² Sudeshna Meher, HOD, Dept of Prasuti Tantra Evam Stri Roga, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India.

The postpartum period, referred to as Sutika Kaala, is recognized as a significant phase in a woman's life according to Ayurvedic principles. This time is characterized by physical exhaustion, hormonal fluctuations, and an increased susceptibility to imbalances in the Doshas, particularly Vata. Proper management during this period is crucial for restoring maternal health, supporting lactation, and preventing long-term health issues. Traditional Ayurvedic practices place importance on the use of uncomplicated, easily digestible, and safe therapeutic agents to facilitate recovery. One notable method is Ekala Dravya Prayoga, which consists of administering single-drug formulations rather than intricate polyherbal mixtures. This strategy provides several benefits, including simplicity in preparation, a lower chance of adverse interactions, and improved therapeutic accuracy. This detailed review examines various single-drug options traditionally recommended for the Sutika period, discusses their classical references and pharmacological properties, and presents modern evidence supporting their effectiveness. By critically analyzing Ayurvedic literature and correlating it with contemporary scientific findings, the article underscores the significance and potential benefits of Ekala Dravya Prayoga in enhancing postnatal care across both traditional and modern healthcare frameworks. Care for Sutika (postnatal women) is an essential element of Ayurveda, focused on restoring the mother's health, encouraging lactation, and avoiding complications. The use of Ekala Dravya Prayoga - employing single medicinal substances - provides a targeted, effective, and often more tolerable approach during this sensitive period. This review seeks to delve into different single-drug formulations traditionally advocated for Sutika care, outlining their pharmacological effects, indications, and significance in current Ayurvedic practice.

Keywords: Sutika, Ekala Dravya Prayoga, Ayurveda, Postnatal care, Single herb therapy, Shatavari, Jeeraka, Shunthi

Corresponding Author	How to Cite this Article	To Browse
Deeptimayee Nayak, Post Graduate Scholar, Dept of Prasuti Tantra Evam Stri Roga, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India. Email: deeptimayeenayak26@gmail.com	Nayak D, Meher S, Exploring Ekala Dravya Prayoga in Sutika - A Comprehensive Ayurvedic Review. J Ayu Int Med Sci. 2025;10(7):245-254. Available From https://jaims.in/jaims/article/view/4525/	

Manuscript Received
2025-05-22

Review Round 1
2025-05-31

Review Round 2
2025-06-06

Review Round 3
2025-06-16

Accepted
2025-06-26

Conflict of Interest
None

Funding
Nil

Ethical Approval
Not required

Plagiarism X-checker
10.39

Note



© 2025 by Nayak D, Meher S and Published by Maharshi Charaka Ayurveda Organization. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].



Introduction

The postnatal period, referred to in Ayurveda as *Sutika Kaala*, is a significant and transformative time for women. It commences immediately after childbirth and lasts for about 45 days to six months, according to traditional texts. During this phase, women experience substantial physiological, emotional, and psychological changes. After the considerable energy expenditure during pregnancy and labor, the body becomes more susceptible to imbalances, particularly *Vata* disturbances, weakened digestive function (*Agnimandya*), and various systemic issues. Additionally, this period is essential for tissue regeneration, hormonal stabilization, and the initiation of lactation.[1]

Ayurveda highlights the importance of tailored care during the *Sutika* period, acknowledging that improper management can result in long-term health complications, including *Sutika Jwara* (postnatal fever), uterine problems, digestive issues, and low milk production. Traditional guidelines advocate for a balanced approach that includes a suitable diet (*Ahara*), lifestyle changes (*Vihara*), and medicinal interventions (*Aushadha*). A significant aspect of this approach is the practice of *Ekala Dravya Prayoga*, which involves the use of a single medicinal substance.[2]

Ekala Dravya Prayoga represents a streamlined and efficient therapeutic principle, presenting several benefits, including a straightforward formulation, focused pharmacological effects, minimized drug interactions, and improved tolerance. This approach is particularly suitable for postpartum individuals, who need gentle, nourishing, and easily digestible treatments to reestablish balance in their bodies. By emphasizing singular herbs with specific actions, Ayurveda enables customized and flexible treatment plans that address distinct needs of each *Sutika*. [3]

This review examines the theoretical underpinnings, historical references, and present-day significance of employing single-drug therapies in the postpartum phase. Through an assessment of classical literature and the incorporation of contemporary research findings, we seek to illuminate the lasting importance and application of *Ekala Dravya Prayoga* in enhancing maternal health and aiding recovery. Conditions such as *Agnimandya* (reduced digestive capacity), *Vata* imbalances, and increased susceptibility to infections are focal points.

Ayurveda advocates for a comprehensive approach that includes dietary adjustments, lifestyle modifications, and herbal treatments. Among these approaches, *Ekala Dravya Prayoga*, which involves using individual herbs or substances, is particularly valued for its simplicity, targeted effectiveness, and low risk of interactions. This review further investigates prominent single drugs utilized during the *Sutika* period, evaluating their classical references, pharmacological effects, and clinical significance.

Aim and Objectives

Aim

To conduct a comprehensive review of *Ekala Dravya Prayoga* (single drug usage) in the management and care of *Sutika* (postnatal women) as per Ayurvedic principles.

Objectives

1. To explore classical Ayurvedic texts for references to *Ekala Dravya* used in *Sutika* care.
2. To evaluate the pharmacological actions and therapeutic indications of commonly used single herbs.
3. To understand the relevance and applicability of these practices in modern clinical contexts.
4. To identify safety considerations and propose practical approaches for implementation.

Materials and Methods

This review is based on a qualitative analysis of classical Ayurvedic literature and contemporary scientific sources. The following materials and methods were adopted:

Literary Sources: Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, Bhavaprakasha, and other Nighantus.

Databases Searched: PubMed, AYUSH Research Portal, Google Scholar, and traditional Ayurveda journals for modern research on herbs reviewed.

Inclusion Criteria: Ayurvedic texts referencing postnatal care, *Ekala Dravya* with usage indications in *Sutika*, and peer-reviewed pharmacological data.

Exclusion Criteria: Polyherbal formulations, non-Ayurvedic approaches, and secondary care not directly linked to the *Sutika* period.

Concept of *Sutika* and Need for Specific Care

According to *Kashyapa Samhita* and other classical texts:

Sutika denotes a woman who is in the postpartum phase, which usually lasts from 45 days to six months after childbirth, according to traditional definitions. This timeframe is marked by considerable physiological and psychological changes, such as the shrinking of the uterus, the onset of breastfeeding, and the rebalancing of hormonal and metabolic systems.[4]

Ayurveda identifies this stage as being largely influenced by *Vata Dosha*, which arises from the depletion of blood and fluids that occurs during childbirth and the abrupt vacuity left in the uterus. Consequently, it is essential to provide targeted care to soothe the heightened *Vata* levels and achieve balance within the body.[5]

The need for specific care arises from the mother's increased susceptibility to complications like:[6]

- *Sutika Jwara* (postnatal fever)
- *Yoniroga* (infections and disorders of the reproductive tract)
- Indigestion, constipation, anemia
- Musculoskeletal pain and mental health imbalances
- Poor lactation or agalactia

Ayurvedic postnatal care aims to restore vitality, build immunity, promote effective lactation, and ensure emotional well-being. To achieve these goals, classical guidelines emphasize:[7]

- *Snigdha Ahara* (unctuous, warm, and nourishing diet) to rekindle *Agni* and rebuild tissues
- *Abhyanga* (oil massage) & *Svedana* (fomentation) to pacify *Vata* & promote circulation
- Timely elimination of *Aama* (toxins) & prevention of *Stanya Dushti* (vitiation of breast milk)
- Mental and emotional support to manage anxiety and mood fluctuations

Neglecting structured postpartum care can result in long-term gynecological, gastrointestinal, and neuromuscular disorders. Therefore, *Sutika Paricharya* (postnatal regimen) is not just a tradition but a preventive and promotive healthcare strategy rooted in Ayurvedic wisdom.

Incorporating *Ekala Dravya Prayoga* within this framework provides a simplified yet effective means to ensure recovery and rejuvenation during the crucial postpartum phase.[8]

- *Sutika* is the woman in the postpartum period.
- This stage involves rebalancing of Doshas, particularly *Vata*.
- Restoration of *Agni*, elimination of *Aama*, and nourishment of *Dhatu*s are key therapeutic goals.

Neglecting proper care can result in conditions like *Sutika Jwara* (postnatal fever), *Yoniroga* (genital tract infections), and poor lactation.

Ayurvedic postnatal care includes:

Snigdha Ahara (unctuous diet), *Abhyanga* (oil massage), *Svedana* (fomentation)

Use of specific herbs to support physical and emotional recovery

Understanding *Ekala Dravya Prayoga*

Ekala Dravya Prayoga is the therapeutic use of a single herb or natural substance. In *Sutika* care, this method is favored due to:

- Simple formulations
- Easy assimilation
- Predictable pharmacological actions
- Lower risk of interactions and side effects

Commonly used *Ekala Dravyas* in *Sutika* Care

Herb / Dravya	Botanical Name	Actions	Indications in <i>Sutika</i>
Shunthi	Zingiber officinale	Deepana, Pachana, Vatanulomana	Enhances digestion, reduces pain
Jeeraka	Cuminum cyminum	Agnivardhaka, Stanyajanana	Carminative, galactagogue
Guda	Saccharum officinarum (Jaggery)	Brimhana, Rakta Vardhaka	Restores strength, treats anemia
Ghrita	Clarified butter	Rasayana, Vata-Pacifying	Promotes healing, nourishes tissues
Haritaki	Terminalia chebula	Vatanulomana, Rechana	Regulates bowel, relieves constipation
Shatavari	Asparagus racemosus	Stanyajanana, Rasayana	Enhances lactation and strength
Pippali	Piper longum	Deepana, Rasayana	Improves metabolism, reduces inflammation

Pharmacological Insights and Modern Relevance

The effectiveness of *Ekala Dravya Prayoga* (single-drug therapy) in Ayurvedic postpartum care is supported by an increasing number of modern pharmacological studies that confirm various traditional applications of herbs. These herbs, which have been a fundamental component of Ayurvedic postnatal care for centuries, display a diverse array of positive effects that correspond with both the therapeutic objectives specified in classical Ayurvedic literature and current scientific insights. [9]

1. *Shunthi* (*Zingiber officinale*) - Ginger

Traditional Application: *Shunthi*, commonly known as ginger, has been highly regarded in Ayurveda for its capacity to enhance *Agni* (digestive fire), balance *Vata* and *Kapha Doshas*, and relieve issues such as nausea, indigestion, and discomfort. During the postpartum phase, it is often utilized to improve digestion, decrease bloating, and increase nutrient absorption. [10]

Pharmacological Insights

Ginger is rich in bioactive compounds, including gingerols, shogaols, and zingerone, which possess strong anti-inflammatory, antioxidant, and anti-emetic effects. These compounds contribute to enhanced gastrointestinal motility, facilitate better digestion, and mitigate feelings of nausea. Research published in The Journal of Medicinal Food indicates that the active constituents of ginger play a significant role in alleviating gastric discomfort, a common concern for postpartum women due to impaired digestion. Moreover, ginger's analgesic properties can aid in relieving pain linked to uterine contractions, general body aches, and inflammation following childbirth. [11]

Modern Relevance

Recent clinical studies have shed light on the remarkable benefits of ginger, particularly in its role in alleviating inflammation and aiding digestion. This makes it an essential herb for postpartum women, who frequently encounter digestive troubles and discomfort during their recovery. Beyond these benefits, ginger also plays a role in bolstering immune function, an important factor in fending off infections that may arise during this delicate time.

Moreover, the adaptogenic qualities of ginger offer support in managing stress and anxiety, experiences that are all too common for new mothers navigating the challenges of motherhood. [12]

2. *Jeeraka* (*Cuminum cyminum*) - Cumin

Cumin, known as *Jeeraka*, is a well-known herb valued for its digestive properties. It is used to enhance *Agni*, support the production of breast milk, and help reduce bloating and gas. During the postpartum phase, it is frequently suggested to aid digestion and boost lactation. [13]

Pharmacological Insights [14]

Cumin is rich in essential oils, alkaloids, and flavonoids that contribute to its carminative (gas-relieving) and galactagogue (milk-promoting) properties.

A study in The Journal of Ethnopharmacology demonstrated cumin's efficacy in stimulating lactation and improving milk quality due to its high content of phytoestrogens, which help regulate hormone levels related to milk production.

Cumin also has antimicrobial properties, which help prevent infections, and it is used traditionally to combat *Aama* (toxic residues) accumulation, which can be common during the postpartum period due to weakened digestion.

Modern Relevance

Cumin is recognized for its benefits in facilitating digestion and stimulating milk production, rendering it especially important in postpartum care, a period when many women experience slowed digestion and inadequate milk supply. Contemporary studies validate cumin's contribution to improving gut health, an essential factor for recovery after childbirth, since digestive problems can result in discomfort, tiredness, and lack of essential nutrients. [15]

3. *Shatavari* (*Asparagus racemosus*)

Traditional Applications: *Shatavari* is highly esteemed in Ayurveda, especially for its restorative and female-focused qualities. This herb is recognized for its effectiveness in enhancing milk production (*Stanyajanana*), reestablishing hormonal equilibrium, and strengthening the female reproductive system. [16]

Pharmacological Insights[17]

Shatavari contains steroidal saponins, flavonoids, and alkaloids, which have a range of beneficial actions. It is known to be an adaptogen that helps the body cope with stress, while also balancing the hormonal system.

In a study published in *Phytomedicine*, *Shatavari* was shown to have a profound effect on lactation, increasing prolactin levels (the hormone responsible for milk production) and promoting milk secretion in nursing mothers.

Shatavari also has anti-inflammatory, immunomodulatory, and antioxidant properties, which can help reduce postpartum inflammation and support the body's immune system.

Modern Relevance

Current clinical insights into *Shatavari* emphasize its function as a galactagogue. Scientific research backs its effectiveness in enhancing milk production and reducing emotional and physical stress associated with the postpartum period. Additionally, *Shatavari's* adaptogenic qualities are gaining acknowledgment in contemporary herbal medicine, contributing positively to women's health throughout the postpartum recovery phase.[18]

4. *Haritaki (Terminalia chebula)*

Traditional Application: *Haritaki* is recognized for its numerous advantages, aiding in digestion, body detoxification, the regulation of bowel movements, and enhancement of skin health. It holds significant value during the postpartum period to promote effective elimination and cleansing of the body.[19]

Pharmacological Insights[20]

Haritaki contains tannins, polyphenols, and flavonoids that possess anti-inflammatory, anti-bacterial, and antioxidant properties. These properties make it effective in soothing the digestive system and promoting regular bowel movements, a common issue in the postpartum period.

Studies indicate that *Haritaki* is a potent laxative that helps expel accumulated toxins and restore *Agni* after childbirth.

Research published in *Pharmacognosy Reviews* shows that *Haritaki* has hepatoprotective and immunomodulatory effects, which further contribute to the body's detoxification process.

Modern Relevance

Current studies indicate that *Haritaki* serves as a mild yet effective detoxifying agent, aiding postpartum women in alleviating constipation and enhancing general digestive health. Its capacity to balance *Vata* and eliminate *Aama* (toxins) makes *Haritaki* particularly advantageous during the early stages of postpartum recovery.[21]

5. *Ghrita (Clarified Butter)*

Classical Use: *Ghrita* is a traditional and highly valued substance in Ayurveda, known for its nourishing, rejuvenating, and healing properties. It is widely used in the postpartum period for its ability to pacify *Vata*, strengthen the body, and promote healing.

Pharmacological Insights[22]

Ghrita is rich in fat-soluble vitamins (A, D, E, and K), essential fatty acids, and antioxidants, which make it highly beneficial for tissue regeneration and repair, particularly in the postpartum phase.

Scientific studies have shown that *Ghrita* enhances the absorption of fat-soluble nutrients, improving the bioavailability of essential nutrients, which are critical for a new mother's recovery and lactation.

Ghrita also exhibits anti-inflammatory and antimicrobial properties, which support the immune system and help with tissue repair and wound healing, making it ideal for postpartum recovery.

Modern Relevance

Modern pharmacological studies validate the traditional use of *Ghrita* for its ability to nourish tissues, promote recovery from childbirth, and strengthen the body's immune system.

The practice of using *Ghrita* in conjunction with medicinal herbs enhances their absorption and potency, further supporting its role in modern Ayurvedic postnatal care.

6. *Pippali (Piper longum) - Long Pepper*

Classical Use: *Pippali* is a potent herb known for its ability to improve digestion, alleviate respiratory conditions, and promote the absorption of other medicinal substances. It is often used in the postpartum phase to strengthen the digestive system and clear *Kapha* imbalances.[23]

Pharmacological Insights[24]

Pippali contains piperine, which has been shown to enhance bioavailability, improve nutrient absorption, and stimulate digestive enzymes.

Studies indicate that *Pippali* has significant antioxidant, anti-inflammatory, and antimicrobial effects, contributing to the reduction of postpartum inflammation and the prevention of infections.

Research published in the Journal of Ethnopharmacology demonstrates that *Pippali* has a synergistic effect when combined with other herbs, enhancing their efficacy and therapeutic action.

Modern Relevance

In modern pharmacological research, *Pippali* is recognized for its digestive-stimulating effects and its role in enhancing the effectiveness of other herbal remedies. Its ability to reduce *Kapha* and support lung health also makes it valuable in postpartum care, where respiratory health may be compromised due to a weakened immune system.

Clinical Application and Safety Considerations

The implementation of *Ekala Dravya Prayoga* (single-drug therapy) during the postpartum period is a detailed method that necessitates thorough evaluation of the mother's health, individual constitution, and recovery phase. By choosing the right herbs in accordance with these variables, Ayurvedic practitioners can facilitate effective healing and reestablish equilibrium within the body. Several key factors must be taken into account when applying this therapeutic strategy.

1. Dosha Assessment[25]

In Ayurvedic medicine, maintaining a balance of the three *Doshas* - *Vata*, *Pitta*, and *Kapha* - is crucial for effective treatment. Specifically, postpartum care aims to restore equilibrium following childbirth. The birthing process is thought to mainly disturb *Vata*, which governs movement, dryness, and communication within the body. Consequently, it is essential to address this imbalance through calming therapies.

During the postpartum phase, a detailed assessment of the *Doshas* helps to determine which herbs are most appropriate for the mother. For instance:

- If the predominant issue is aggravated *Vata* (e.g., fatigue, anxiety, dryness), herbs like *Shatavari*, *Ghrita* (clarified butter), and *Ashwagandha* may be indicated for their nourishing and calming properties.
- If the mother shows signs of *Pitta* excess (e.g., excessive heat, inflammation, irritability), herbs like *Haritaki*, *Jeeraka* (cumin), and *Shunthi* (ginger) are used for their cooling and anti-inflammatory effects.
- If *Kapha* imbalance is observed (e.g., fluid retention, sluggish digestion), herbs such as *Pippali* (long pepper) or *Shunthi* may be used to stimulate digestion and balance excessive fluid retention.

The careful consideration of each mother's *Dosha* ensures that the selected therapy is both effective and personalized, avoiding any adverse effects caused by incorrect herb selection.

2. Agnibala (Digestive Strength)

The postnatal phase frequently sees a compromised digestive system due to the physical demands of childbirth and the hormonal shifts that influence digestion. Therefore, revitalizing *Agni* (digestive fire) is a crucial focus in Ayurvedic postpartum care. Inadequate digestion may lead to issues such as bloating, constipation, or the accumulation of *Aama* (toxic residues) within the body, which can impede recovery. Commonly utilized herbs for enhancing digestion include *Shunthi* (ginger), *Jeeraka* (cumin), and *Pippali*, as they assist in improving nutrient absorption. It is vital, however, to evaluate each woman's *Agni* levels prior to determining a treatment plan. For mothers experiencing weak digestion, it is advisable to gradually introduce gentler herbs like *Haritaki* or *Shatavari* to bolster digestive strength without placing excessive stress on the system.[26]

3. Postpartum Stage and Timing of Herbs

The therapeutic requirements of a postpartum woman change as she moves through various stages of recovery. In the initial weeks (1–2 weeks postpartum), the body needs gentle support to regain balance, particularly for *Vata*, and it is advisable to utilize herbs that are soothing and nurturing. For instance, *Ghrita* and *Shatavari* are recognized for their nourishing and rejuvenative properties, aiding in strength restoration,

Supporting lactation, and calming *Vata* imbalances. As the mother's body heals and regains strength (generally after 3–4 weeks postpartum), more invigorating herbs like *Jeeraka* and *Pippali* can be incorporated.

These herbs enhance digestion, facilitate detoxification, and help regulate metabolic processes. The recovery phase determines the selection of the herb, its strength, and the method of administration.[27]

4. Herbal Forms of Administration[28,29]

In Ayurvedic practice, the form of administration is as important as the choice of herb. The method of preparation and delivery ensures that the herb is absorbed effectively and that its therapeutic properties are fully utilized. Common forms of herbal administration for postpartum care include:

Churna (Powder): One of the most commonly used forms of administration. Powders are easy to prepare and can be combined with warm water, milk, or honey to facilitate digestion. They are ideal for long-term use and have a stable shelf life.

Kwatha (Decoction): A strong and potent form of herbal preparation that involves boiling the herb in water to extract its active ingredients. Decoctions are especially useful for herbs like *Haritaki* and *Jeeraka*, which require more intense extraction of their medicinal properties.

Kalka (Paste): A thicker preparation made by grinding herbs into a paste. This form is used for local applications or internal use in certain conditions. For example, *Haritaki* paste can be applied to the abdomen to aid in uterine healing or digestive improvement.

Ghrita (Clarified Butter): Known for its ability to nourish the tissues, support *Vata* pacification, and improve fat-soluble nutrient absorption. *Ghrita* is particularly helpful in postnatal care as it enhances the effects of other herbs and provides deep nourishment to the body.

Oil (Taila): Oils are often used for *Abhyanga* (oil massage), which is a key practice in postnatal care to nourish the skin, improve circulation, and promote relaxation. The use of *Vata* pacifying oils, such as Sesame oil or *Brahmi* oil, can soothe the body and reduce postpartum stress.

5. Monitoring and Adjustments

An important aspect of *Ekala Dravya Prayoga* is the necessity for continuous assessment of the postpartum mother's health. Since each woman's body reacts uniquely to treatment, it is crucial to monitor the mother's response to herbal remedies and modify the treatment accordingly. The postpartum period can involve significant physiological changes, necessitating adjustments in both the choice of herbs and their dosages over time. For instance, if the mother shows improvements in digestion and experiences less fatigue, the amount of stimulating herbs such as *Jeeraka* may be decreased. On the other hand, if issues related to *Vata* persist, additional calming herbs like *Shatavari* and *Ghrita* might be introduced. Regular evaluations and a transparent dialogue with the mother empower the Ayurvedic practitioner to adapt the therapy, ensuring its ongoing effectiveness and mitigating potential adverse effects.

Discussion

Ekala Dravya Prayoga presents a streamlined yet effective strategy for *Sutika* care. This method offers several benefits, including simple preparation, cost-effectiveness, and a decreased likelihood of negative interactions. By utilizing a single-herb approach, practitioners can more easily observe and assess the effects, making it ideal for personalized treatment. Traditional texts highlight the significance of balancing *Agni*, calming *Vata*, and promoting *Stanya Vriddhi* (sufficient milk production) through the application of specific single herbs. For instance, *Shunthi* is utilized to enhance digestive function and alleviate discomfort; *Jeeraka* aids in digestion while serving as a galactagogue; and *Shatavari* supports lactation and fortifies the body. These herbs possess various therapeutic properties and can be conveniently added to the diet or used in preparations like *Churna*, *Kwatha*, or *Ghrita*.[30]

In clinical practice, the method of *Ekala Dravya Prayoga* offers several advantages in terms of precise dosage control and individualized response, particularly during the postpartum period when mothers experience heightened physiological sensitivity. This method simplifies treatment by minimizing the complexity and potential risks associated with polyherbal formulations,

Which is crucial in light of possible interactions with conventional medications, dietary habits, or allergic reactions. Furthermore, employing single herb remedies supports the sustainability and preservation of medicinal plants, as it requires smaller amounts of fewer herbs. This practice is in line with modern objectives of promoting environmentally friendly and sustainable medicine. In areas that are rural or have limited resources, the availability of complex formulations can be restricted, making *Ekala Dravya Prayoga* a practical and effective alternative.

However, challenges persist, including variability in the quality of herbs, a lack of standardized dosing guidelines, and insufficient contemporary clinical research concerning single-drug therapies for postnatal care. To fully exploit its benefits, there is a pressing need for comprehensive research, training for practitioners, and integration into mainstream postnatal care systems. Continuous clinical research and integrative studies are essential for standardizing dosages, affirming efficacy, and establishing guidelines for modern medical practice.

Conclusion

Ekala Dravya Prayoga is a sophisticated and effective method utilized in Ayurvedic postnatal care. It draws from traditional knowledge and is reinforced by contemporary pharmacological findings, offering single-herb therapies that are safe, potent, and readily available for addressing common *Sutika* conditions. When implemented properly, these strategies can significantly enhance maternal health during the postpartum phase.

This method reflects Ayurvedic concepts of personalized and holistic care, emphasizing the medical advantages of carefully chosen single herbs. By simplifying treatment and concentrating on herbs with clear therapeutic properties, practitioners can provide customized care that caters to the distinct physiological needs of each postpartum individual. The combination of ancient wisdom and modern scientific endorsement bolsters the legitimacy and relevance of these practices within today's healthcare frameworks. To fully leverage the advantages of *Ekala Dravya Prayoga*, additional attention is required in areas such as clinical research, standardization, safety assessments, and training for practitioners.

As global maternal health initiatives gain momentum, revisiting and revitalizing these established Ayurvedic methodologies could pave the way for a sustainable and culturally responsive approach to improving postnatal care results.

References

1. World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience [Internet]. 2022 [cited 2025 Aug 4]. Available from: <https://www.google.com> [Crossref][PubMed][Google Scholar]
2. Shetty HP, Yadav S, Iragamreddy VR. SAHASRA: A thousand paths to women's health in India [Internet]. 2024 [cited 2025 Aug 4]. Available from: <https://www.researchgate.net> [Crossref][PubMed][Google Scholar]
3. Dhiman K, Divyamol MD. Sutika Paricharya—Strategies for safe postnatal care in Ayurveda. J Ayurveda Integr Med Sci. 2022 Jun 10;7(3):101–6. [Crossref][PubMed][Google Scholar]
4. Swati S. International Research Journal of Ayurveda & Yoga [Internet]. [cited 2025 Aug 4]. Available from: <https://www.academia.edu> [Crossref][PubMed][Google Scholar]
5. Kamath V. Assessing classification approaches for categorizing Ayurvedic herbs [Internet]. Multimed Tools Appl. 2025 [cited 2025 Aug 4]. Available from: [HTML source] [Crossref][PubMed][Google Scholar]
6. Mauri M, Calmarza P, Ibarretxe D. Dyslipemias and pregnancy: An update. Clin Investig Arterioscler Engl Ed. 2021 Jan 1;33(1):41–52. [Crossref][PubMed][Google Scholar]
7. Akter M. Ayurvedic perspectives on immunity enhancement through Rasāyana therapy. J Ayurveda Naturopathy. 2024. [Crossref][PubMed][Google Scholar]
8. Tjernström K, Lindberg I, Wiklund M, Persson M. Overlooked by the obstetric gaze—How women with persistent health problems due to severe perineal trauma experience encounters with healthcare services: A qualitative study. BMC Health Serv Res. 2024 May 9;24(1):610. [Crossref][PubMed][Google Scholar]

9. Nath A, Goswami DK. Sutika Paricharya—Postnatal care in Ayurveda. *J Ayurveda Integr Med Sci*. 2023 Oct 10;8(8):97–101. [\[Crossref\]](#)[\[PubMed\]](#) [\[Google Scholar\]](#)
10. Tyagi S, Gauthami M, Tyagi R. Understanding traditions for managing Indian patients during pregnancy and postpartum. *Sch Int J Obstet Gynec*. 2024. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
11. Sarecka-Hujar B, Szulc-Musioł B. Herbal medicines—Are they effective and safe during pregnancy?. *Pharmaceutics*. 2022. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
12. MS K, MR A. Ginger revitalized: Exploring the modern applications of *Zingiber officinale* in medicine and beyond [Internet]. *New Armenian Med J*. 2024 [cited 2025 Aug 4]. Available from: [\[HTML source\]](#) [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
13. Elmalih V. Herbal medicine use during pregnancy, childbirth, and the postnatal period: A cross-sectional study among pregnant women in Cairo. 2024. Available from: <https://www.uib.no> [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
14. Vinod N, Sreelakshmi KS, Neha AR, et al. Beneficial health effects of cumin (*Cuminum cyminum*) seeds upon incorporation as a potential feed additive in livestock and poultry: A mini-review [Internet]. 2024 [cited 2025 Aug 4]. Available from: <https://www.academia.edu> [\[Crossref\]](#)[\[PubMed\]](#) [\[Google Scholar\]](#)
15. Jaiswal D, Roy A. Dietary practices in various regions of India in postpartum women. *Int J Res Innov Soc Sci*. 2024;8(9):3544–59. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
16. Rajni VR, Sindhu SC. Influence of Shatavari (*Asparagus racemosus*) root powder in increasing mother's milk output and infant's weight gain. 2024. Available from: <https://www.seea.org.in> [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
17. Pahuja A, Jain M, Rawat K. A review on galactagogic properties of India's rich tradition of medicinal herbs and spices for lactation. *Tradit Integr Med*. 2024. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
18. Singh SP, Mukadam SS, Bisht A. An extensive investigation into the bioactive component of breast milk, lactation, and clinical application of galactagogues: A review. 2024. Available from: <https://www.phytopharmajournal.com> [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
19. Shilpa J, Anupama V. Role of Sthanika Chikitsa in postmenopausal women care [Internet]. 2021 Nov 18 [cited 2025 Aug 4]. Organized by: Dept. of Prasuti Tantra & Stree-Roga, Parul University. Available from: [\[Article\]](#)[\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
20. Sharma B, Sharma M, Rai S, More AB. Review of clinical and preclinical studies on Ayurveda drugs used in management of liver diseases: A search for proof of concept. *J Indian Syst Med*. 2021 Oct 1;9(4):226–34. [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
21. Upare ND, Badwaik CB, Lade UB. An overview of various medicinal plants used to alleviate constipation [Internet]. 2024 [cited 2025 Aug 4]. Available from: <https://www.researchgate.net> [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
22. Kumar V, Akanksha SS, Yadav AK. The health benefits of ghee: A comparative analysis of Ayurvedic and modern scientific perspectives: A review [Internet]. 2024 [cited 2025 Aug 4]. Available from: <https://www.researchgate.net> [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
23. Martin D. Ayurvedic herbal medicine for beginners: More than 100 remedies for wellness and balance [Internet]. 2022 [cited 2025 Aug 4]. Available from: [\[HTML source\]](#). [\[Crossref\]](#)[\[PubMed\]](#) [\[Google Scholar\]](#)
24. Sharma R, Maurya A, Yadav H, et al. Pippali (*Piper longum* L.): A plant with versatile pharmaceutical uses [Internet]. In: *Advances in Medicinal and Aromatic Plants*. 2024. Vol. 2:163. Apple Academic Press. Available from: [\[HTML source\]](#) [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)
25. Saini RK, Meghvansi G, Gupta RK, Sharma VD. Harmonizing health: A holistic exploration of urinary incontinence through Ayurveda and modern medicine [Internet]. 2024 [cited 2025 Aug 4]. Available from: <https://www.amazonaws.com> [\[Crossref\]](#)[\[PubMed\]](#)[\[Google Scholar\]](#)

26. Sanu US, Vernekar SS. Role of Agnihotra in maternal and child healthcare: A narrative review. *Indian J Ayurveda Integr Med KLEU*. 2023 Jul 1;4(2):41–6. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

27. Miller AR, Stana A. Struggling to recover or recovering the struggle: A critical examination of recovery narratives as discourses-in-practice for people suffering from postpartum depression. *Atl J Commun*. 2024. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

28. Dewi MK, Chaerunisaa AY, Muhaimin M, Joni IM. Improved activity of herbal medicines through nanotechnology. *Nanomaterials*. 2022. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

29. Ahmed A, Shuaib M, Shirsat MK, Sharma D. Herbal medicines and recent development on novel herbal drug delivery system. *Indones J Pharm Clin Res*. 2023 Jul 4;6(1):13–24. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

30. Panda JK, Tanwar S. Scientific applicability in day-to-day practice on Granthokta Sutika Paricharya. *J Ayurveda Integr Med Sci*. 2023;8(12):119–24. [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.