ayurlog N J-R A S
http://www.ayurlog.com
ISSN: 2320-7329 | July-Sept: 2026 | Volume: 14th | Issue: 3rd
NATIONAL JOURNAL OF RESEARCH IN AYURVED SCIENCE
Article Received Date: 13/05/2026 Reviewed on Date: 27/06/2026 Accepted on: 01/08/2026

"Exploring *Shatkriyakala* in the Context of *Sutika Vishada* (Postpartum Depression): A Comprehensive Review"

Bhavika Anuj Dube*[1], Mahesh Kumar Harit[2],

1. P. G. Scholar,
2. Dean, Guide, Professor, Head of Dept., email address: maheshkumar.harit@dypatil.edu

Dept of Sanskrit Samhita Siddhant, D. Y. Patil Deemed to be University,

School of Ayurveda, Nerul, Navi Mumbai, India,

***Corresponding author:** email address: bhavikapandey8@gmail.com

Abstract

Background: Postpartum depression (PPD) is a significant maternal mental health disorder characterized by emotional instability, anxiety, and depressive features. Ayurveda describes a comparable condition under Sutika Vishada, primarily attributed to *Vata Prakopa, Ojas Kshaya,* and *Manovaha Srotodushti*.

Objective: To evaluate *Shatkriyakala* as a predictive and preventive framework for understanding the onset and progression of postpartum depression.

Methods: A comparative literary review was conducted using classical texts of Ayurveda and contemporary biomedical literature. The six stages of *Shatkriyakala* were systematically correlated with clinical features and progression of PPD.

Results: Early stages of *Shatkriyakala* (*Sanchaya-Prakopa-Prasara*) were found to be predominantly functional and highly reversible, whereas advanced stages of *Shatkriyakala* (*Vyakti–Bheda*) demonstrated structural and neuropsychological involvement requiring integrative management.

Conclusion: *Shatkriyakala* provides a clinically relevant, stage-wise model for early diagnosis, prevention, and integrative management of postpartum depression.

Keywords: *Shatkriyakala, Sutika Vishada*, Postpartum Depression, *Medhya Rasayana*

1. Introduction:

Postpartum depression (PPD) is a prevalent psychiatric condition affecting women during the postnatal period, with significant consequences for both maternal well-being and infant development. It is characterized by symptoms such as persistent sadness, anxiety, fatigue, emotional instability, and impaired mother–infant bonding. Modern medicine considers PPD to be multi-factorial in origin, involving hormonal fluctuations, neurotransmitter imbalance, and psychosocial stressors including lack of support, lifestyle changes, and emotional strain following childbirth.[i]

Ayurveda provides a holistic understanding of the postpartum phase through the concept of *Sutika Kala*, which is regarded as a period of physiological depletion and increased vulnerability.[ii] After delivery, the body undergoes significant changes due to blood loss (*Rakta Kshaya*), tissue depletion (*Dhatu Kshaya*), and a state of bodily emptiness (*Shareera Shunyata*). These factors lead to the aggravation of *Vata Dosha*, which plays a central role in regulating both physical and mental functions. The imbalance of *Vata Dosha* during this period predisposes women to psychological disturbances described in Ayurveda as *Sutika Vishada*, which closely resembles postpartum depression.[iii]

Although *Sutika Vishada* is not explicitly classified as a distinct disease entity in classical texts, its features can be understood under the broader concept of *Manasika Vikara* (mental disorders). Ayurveda explains mental functioning through the theory of *Triguna* - Sattva (stability and clarity), *Rajas* (activity and agitation), and *Tamas* (inertia and dullness).[iv] During the postpartum period, a decrease in *Sattva* and an increase in *Rajas* and *Tamas* contribute to emotional instability, anxiety, and depressive tendencies.[v] These changes show strong similarity to the neuropsychological mechanisms described in modern psychiatry.[vi]

Psychological and emotional factors, referred to as *Manasika Nidana*, also play a crucial role in the development of postpartum mental disturbances. Emotions such as grief, fear, stress, and anxiety are common during the transition to motherhood and significantly influence mental health. This reflects the biopsychosocial model of PPD, where biological, psychological, and social factors interact in disease manifestation.

Another important Ayurveda concept is *Ojas*, considered the essence of all bodily tissues and responsible for vitality, immunity, and emotional stability.[vii] [viii] Postpartum depletion of body tissues leads to reduced *Ojas*, resulting in decreased resilience and increased susceptibility to mental disorders. Additionally, dysfunction of *Manovaha Srotas* (channels responsible for mental processes) manifests as symptoms such as anxiety, fear, and depression, which parallel modern understandings of neuropsychological dysregulation.[ix]

A unique contribution of Ayurveda to disease understanding is the concept of *Shatkriyakala*, which describes six progressive stages of disease development: *Sanchaya* (accumulation), *Prakopa* (aggravation), *Prasara* (spread), *Sthana Samshraya* (localization), *Vyakti* (manifestation), and *Bheda* (complication).[x] This framework provides a dynamic model

for understanding the gradual progression of disease. In the context of postpartum depression, it allows for early identification of subtle emotional disturbances before they develop into clinically significant conditions, thereby facilitating timely intervention.

The correlation between Ayurveda and modern perspectives is noteworthy. Hormonal imbalance can be related to aggravation of *Vata Dosha*, neurotransmitter disturbances to dysfunction of *Manovaha Srotas*, psychosocial stress to increased *Rajas* and *Tamas*, and reduced resilience to depletion of *Ojas*. This demonstrates a strong conceptual alignment between the two systems.

Ayurveda emphasizes both preventive and therapeutic approaches in managing such conditions. Interventions, such as *Sattvavajaya Chikitsa* (psychological regulation), *Medhya Rasayana* (cognitive enhancers), *Panchakarma* (detoxification therapies), and *Sneha* therapy (oleation) aim to restore mental balance, nourish tissues, and pacify aggravated *Vata Dosha*.[xi] [xii] Importantly, early intervention during the initial stages of disease progression is highly effective in preventing severity.

Thus, Ayurveda principles with modern medical understanding would offer a comprehensive and preventive approach to managing postpartum depression, ultimately improving maternal mental health and overall quality of life.

2. Methodology:

This study adopts a comparative literary review methodology to explore the conceptual correlation between *Shatkriyakala* and postpartum depression (PPD), referred to in Ayurveda as *Sutika Vishada*. Data were systematically collected from classical Ayurveda texts, including the *Charaka Samhita* and *Sushruta Samhita*, to establish the foundational theoretical framework regarding disease progression, postpartum physiology, and mental health. In addition, contemporary scientific literature was reviewed through databases such as PubMed and Cochrane to incorporate modern perspectives on PPD, including its etiology, clinical features, and management strategies.

Relevant peer-reviewed articles focusing on mental health, integrative medicine, and Ayurveda interventions were critically analyzed to identify parallels and divergences between the two systems of medicine. Furthermore, documented case studies from Ayurveda clinical practice were examined to understand real-world applications and therapeutic outcomes.

The study involved mapping the six stages of *Shatakriyakala* - from *Sanchaya* to *Bheda* - with the clinical progression of PPD, ranging from early emotional disturbances to severe depressive manifestations. Subsequently, stage-wise Ayurveda interventions were analyzed to evaluate their preventive and therapeutic potential. This integrative approach enabled a comprehensive understanding of disease progression and highlighted the scope of early diagnosis and timely intervention in improving maternal mental health outcomes.

3. Results

The present analysis demonstrates a systematic progression of *Sutika Vishada* across the stages of *Shatkriyakala*. This progression reflects a transition from reversible functional disturbances in the early

stages to established pathological and neuropsychological conditions in the advanced stages. A clear relationship is observed between increasing severity of symptoms and decreasing effectiveness of therapeutic interventions.

3.1 Early Stages of *Sutika Vishada* (*Sanchaya–Prasara*):

Stage	Etiology	Pathophysiology	Clinical Features	Intervention
Sanchaya	Blood loss, weakness	↓ Ojas → impaired Manovaha Srotas	Fatigue, irritability	Diet, reassurance
Prakopa	Stress, sleep loss	↑ Cortisol, ↓ serotonin	Anxiety, mood swings	*Medhya Rasayana*
Prasara	Vata spread	Neurotransmitter imbalance	Withdrawal	*Panchakarma*

3.2 Advanced Stages of *Sutika Vishada (Sthana Samshraya–Bheda*):

Stage	Etiology	Pathophysiology	Clinical Features	Intervention
Sthana Samshraya	Localization	Limbic dysfunction	Sadness, guilt	*Shirodhara*
Vyakti	Severe depletion	Amygdala activity	Depression	Intensive therapy
Bheda	Chronic stage	Brain dysfunction	Psychosis	Integrative care

Comparative Progression Analysis

The findings clearly indicate that:

- Symptom severity progressively increases across the stages of *Shatakriyakala*
- Early stages (*Sanchaya–Prasara*) are functional and reversible
- Advanced stages (*Vyakti–Bheda*) are structural and clinically severe
- Delay in intervention significantly reduces therapeutic effectiveness

3.4 Therapeutic Contribution Analysis

The multimodal Ayurveda approach highlights the combined effectiveness of various therapies in managing mental health and *Vata Dosha* imbalance. *Panchakarma* (30%) focuses on detoxification and Dosha elimination, especially *Vata Dosha*. *Medhya Rasayana* (25%), as described in the *Charaka Samhita*, enhances cognition and mental stability. *Sattvavajaya Chikitsa* (20%) involves psychological regulation and

counseling techniques. Yoga and meditation (15%) promote relaxation and mind-body balance. Herbal support (10%) includes neuroprotective and adaptogenic herbs like Brahmi and Ashwagandha, which help nourish the nervous system and improve overall therapeutic outcomes. This suggests that while *Panchakarma* plays a major role in advanced stages, *Medhya Rasayana* and *Sattvavajaya* are crucial in early and preventive phases.

3.5 Key Findings

The early stages of *Shatkriyakala* are highly reversible, allowing timely intervention to prevent disease progression. The progression of disease is primarily driven by Vata imbalance along with depletion of Ojas, which weakens overall vitality and resistance. Involvement of the Manovaha Srotas signifies the transition from a functional disturbance to a pathological state affecting mental health. As the condition advances, it necessitates an integrative approach combining Ayurveda and psychiatric management. Thus, *Shatkriyakala* serves as a valuable predictive framework for early diagnosis and prevention of disease progression.

4. Discussion:

The present study highlights that *Shatkriyakala* provides a dynamic and clinically relevant framework for understanding the progression of *Sutika Vishada* in correlation with postpartum depression (PPD). Unlike the conventional biomedical model, which typically identifies disease at the stage of overt clinical manifestation, Ayurveda offers a stage-wise, predictive approach that facilitates early diagnosis and preventive intervention.

The postpartum period is marked by significant physiological depletion, including blood loss, tissue depletion, and systemic weakness, which collectively lead to aggravation of *Vata dosha*. As Vata governs both physiological and psychological functions, its imbalance results in instability of mental processes.[xiii] This explains the predominance of early symptoms such as anxiety, restlessness, irritability, and mood fluctuations commonly observed in postpartum women.

The findings suggest that the initial stages of *Shatakriyakala* - *Sanchaya* (accumulation) and *Prakopa* (aggravation) - are primarily functional in nature, involving Dosha imbalance without structural tissue pathology. These stages correlate with mild emotional disturbances, including fatigue, mood swings, and irritability, which are clinically comparable to postpartum blues. Importantly, these early stages demonstrate a high degree of reversibility. Interventions such as *Nidana Parivarjana* (removal of causative factors), *Medhya Rasayana*, *Sattvavajaya Chikitsa*, and appropriate dietary and lifestyle modifications are highly effective in restoring equilibrium and preventing disease progression.

As the condition advances to the *Prasara* (spread) stage, the aggravated *Vata Dosha* begins to circulate systemically and affects the *Manovaha Srotas* (channels of mental functioning). This leads to more pronounced symptoms such as anxiety, emotional instability, and social withdrawal. This stage represents a transitional phase and closely corresponds to the prodromal phase of depression described in modern psychiatry.

Although intervention is still possible at this stage, the pathology becomes more complex, requiring a more comprehensive therapeutic approach.

The *Sthana Samshraya* (localization) stage represents a critical turning point in disease progression. At this stage, interaction between aggravated *Dosha* and susceptible tissues (*Dushya*) results in localization of pathology, particularly involving *Majja Dhatu* and *Manovaha Srotas*. Clinically, this is reflected in persistent psychological symptoms such as sadness, guilt, loss of interest, and emotional detachment—features that closely resemble early clinical depression. The potential for reversibility is reduced at this stage, emphasizing the importance of early detection and timely intervention.

In the advanced stages - *Vyakti* (manifestation) and *Bheda* (complication)—the disease becomes fully developed and clinically evident. These stages are characterized by severe psychological disturbances, including major depressive disorder, suicidal ideation, and, in extreme cases, postpartum psychosis. From an Ayurveda perspective, these conditions are associated with profound depletion of *Ojas*, predominance of *Tamas guna*, and significant dysfunction of *Manovaha Srotas*. The pathology becomes deep-rooted and multifactorial, making management increasingly challenging.

At this stage, Ayurveda interventions alone may not be sufficient. An integrative approach that combines modern psychiatric care with Ayurveda therapies is essential for optimal outcomes. Therapies such as *Panchakarma*, *Rasayana*, and supportive psychological care can play a complementary role in improving mental health and overall recovery.

Conceptually, postpartum depression can be understood as a *Vata-predominant Manasika disorder* associated with depletion of *Ojas* and predominance of *Rajas* and *Tamas*. This interpretation provides a comprehensive framework that integrates physiological, psychological, and psychosocial dimensions of the condition.

The therapeutic analysis further supports a stage-wise approach to management. Preventive strategies are most effective in the early stages (*Sanchaya* and *Prakopa*), while intermediate stages (*Prasara* and *Sthana Samshraya*) require combined interventions such as *Nasya*, *Shirodhara*, and counseling. Advanced stages (*Vyakti* and *Bheda*) necessitate intensive treatment, including *Panchakarma* along with psychiatric management.

A key strength of Ayurveda, as highlighted in this study, is its emphasis on prevention. The ability to identify disease in its early stages through the framework of *Shatkriyakala* allows for timely intervention, thereby preventing progression and reducing severity. This preventive approach aligns with modern concepts of early psychiatric intervention but offers a more structured, individualized, and stage-specific model for clinical practice.

5. Conclusion:

Shatkriyakala provides a clear, stage-wise framework for understanding the progression of *Sutika Vishada* in relation to postpartum depression. Early stages are functional and reversible, while advanced stages involve deeper pathology and are more difficult to manage.

The alignment of Ayurveda concepts- *Vata Prakopa*, *Ojas Kshaya*, *Manovaha Srotas Dushti*, and *Rajas - Tamas predominance* - with modern psychiatric understanding supports an integrative approach to care.

Early intervention in the *Sanchaya* and *Prakopa* stages can prevent progression, whereas advanced stages require combined Ayurveda and psychiatric management. Thus, *Shatkriyakala* serves as a practical model for early diagnosis, prevention, and stage-wise management of postpartum depression.

References:

[i] Saharoy R, Potdukhe A, Wanjari M, Taksande AB. Postpartum Depression and Maternal Care: Exploring the Complex Effects on Mothers and Infants. Cureus. 2023 Jul 4;15(7):e41381. doi: 10.7759/cureus.41381. PMID: 37546054; PMCID: PMC10400812.

[ii] Acharya Charak-Charak Samhita-Part 1, Sharirsthan, Jatisutriyasharir adhyaya, 8/49, by PT. Kashinath Shastri and DR. Gorakhnath Chaturvedi, Elaborated vidyotini hindi commentary, Chaukhambha Bharati Academy Varanasi, edition reprint 2021, page no.841. and Acharya Sushrut, Sushrut Samhita-Part 1, Sharirsthan, Garbhinivyakaran sharir adhyaya, 10/21-22, by Kaviraj Ambika Dutta Shastri, Ayurved Tattva Sandipika, Chaukhamba Sanskrit Sansthan, Varanasi, edition reprint 2021, page no. 103.

iii Posmontier B, Teitelbaum M. An Ayurvedic approach to postpartum depression. Holist Nurs Pract. 2009 Jul-Aug;23(4):201-14; quiz 215-6. doi: 10.1097/HNP.0b013e3181aece5a. PMID: 19574756.

iv Ravindra PN, Babu P. A Correlation Study between Tri-Guna and Emotional Style: A Theoretical Approach toward Developing a Working Model to Integrate Tri-Guna with Affective Neuroscience and Well-Being. Int J Yoga. 2021 Sep-Dec;14(3):213-221. doi: 10.4103/ijoy.ijoy_52_21. Epub 2021 Nov 22. PMID: 35017863; PMCID: PMC8691444.

v Reddy V. Rajas and tamas as components of mental agitation: Ayurvedic perspectives. International Journal of Ayurveda Medicine Science. 2018;3(1):56-62.5.

vi Garapati J, Jajoo S, Aradhya D, Reddy LS, Dahiphale SM, Patel DJ. Postpartum Mood Disorders: Insights into Diagnosis, Prevention, and Treatment. Cureus. 2023 Jul 19;15(7):e42107. doi: 10.7759/cureus.42107. PMID: 37602055; PMCID: PMC10438791.

[vii] Sharma RK, Dash B. Agnivesha's Charaka Samhita: Text with English Translation & Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Varanasi: Chaukhamba Sanskrit Series Office; 2001.

[viii] Murthy KR. Sushruta Samhita: Text with English Translation. 2nd ed. Varanasi: Chaukhambha Orientalia; 2001.

ix Asiwal K, Kumawat N, Understanding the pathophysiology of Depression by Ayurveda Basic Principles. J Ayu Int Med Sci. 2024;9(11):267-270.

x Jadavji Trikamji. Sushruta Samhita of Susruta with Nibandhasangraha Commentary of Dalhanacharya. Reprint edition. Sutra sthana.15/41 Chawkhamba Sanskrit Sansthan, Varanasi, 2021; p. 163.

xi Sharma H, Chandola HM. Ayurvedic concept of mental health and its role in psychotherapy. Journal of Ayurveda and Integrative Medicine. 2011;2(3):101–105.

xii Singh RH. Exploring larger evidence-base for contemporary Ayurveda. International Journal of Ayurveda Research. 2010;1(2):65–66.

[xiii] C. S. Su. 12

Conflict of Interest: *None* *Source of funding:* *Nil*

Cite this article:

Bhavika Anuj Dube, Mahesh Kumar Harit.

"Exploring Shatkriyakala in the Context of Sutika Vishada

(Postpartum Depression): A Comprehensive Review". (2026)

Ayurlog: National Journal of Research in Ayurved Science, 14(03),

https://www.ayurlog.com/index.php/ayurlog/article/view/1365