

**Research Article****A WIDELY USED DRUG *ULLI (PALANDU- ALLIUM CEPA LINN)* AND ITS FORMULATIONS IN POSTNATAL CARE IN KERALA, INDIA****PK Beena Rose^{1*}, Anita K Patel², K V Asha³**¹Professor, Department of Prasutitantra and Streeroga, VPSV Ayurveda College, Kottakkal, Malappuram, Kerala.²Professor, Department of Dravyaguna, VPSV Ayurveda College, Kottakkal, Malappuram, Kerala, India.³Professor, Department of Agadhatantra, SCSVMV University, Enathur, Kanchipuram, Tamilnadu, India.**Article info****Article History:**

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KEYWORDS:*Cheriyu ulli, Palandu,*
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postnatal care,
*Sutika paricharya.***ABSTRACT**

In India, traditional postnatal care (PNC) has been practiced since ancient times. Traditional postnatal care practices by elder members from the family and the birth attendants are managed postnatal women with herbal home remedies as food and medicine. These formulations are recommended as single drug or compound preparations aiming at the objectives of PNC. The majority of the herbal formulations are given as *Kwatha* (decoctions), *Lehya*, *Kalka* (ground form), *Kurukkumarunnu* (porridge and powder) form. This paper is mainly concentrated on highlighting a traditional formulation with *Cheriyu Ulli - Palandu (Allium cepa Linn)* in *Sutika paricharya* (post-natal care). Ayurvedic *Samhitas*, *Nighantus*, textbooks on Ethnomedicine, Internet publications and interviews with traditional birth attendants and *Vaidyas* are also were used to compile the relevant information and highlights the necessity to revive the age-old tradition of postnatal care that existed in Kerala. The present study reveals the prevalence of traditional PNC across Kerala through a cross-sectional study.

INTRODUCTION

Ayurveda, being the indigenous medical system in India is an accepted health care system by a majority of the Indian population in almost all parts of the country. Kerala has its own traditional scientific health care system that is blended with the lifestyle of the Kerala population and has influenced the social, economic and cultural beliefs of the society. A rich Ayurveda principle-based culinary tradition existed and is still prevailing in antenatal and postnatal care. A woman who has just given birth to a child followed by the expulsion of the placenta is called *Sutika*. If the placenta is not expelled the woman cannot be called *Sutika*.^[1] Traditional *Sutika paricharya* is the area where Ayurveda knowledge has been effectively blended with the nutritional and dietary needs influencing the eating habits of society.

The clinical experience of the Kerala physicians was also well documented and made available for future generations. The period of administration of these herbal formulations was up to 90 days of post-pregnancy. The number of days differs in different regions. So, we have to preserve, promote and propagate the knowledge for future generations and intended to give specific care based on places of living. The formulations with small onion are used from the 2nd week. A study about onion^[2] mentioned it as a rich source of dietary flavonoids.

MATERIALS AND METHODS

A cross-sectional and observational study was conducted on 400 postnatal mothers who practiced PNC across Kerala. 100 postnatal women from each zone, in the age group between 20 to 35 years were included in the survey. Data was collected using a semi-structured questionnaire which was prepared after consultation with experts in the field of Ayurveda. The data regarding the PNC methods, formulations used, diet and care were ascertained through the questionnaire from 400 participants. For evaluation purposes, the state of Kerala was divided into four zones, A, B, C, D. The zones were set to have almost equal areas and populations. A sample of 100 postnatal

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mothers was selected from each zone. Thiruvananthapuram, Kollam, Alappuzha districts include Zone A, Pathanamthitta, Kottayam, Idukki and Ernakulam in Zone B, Thrissur, Palakkad, Malappuram in Zone C, Kozhikode, Wayanad, Kannur, and

Kasaragod in Zone D. The survey was conducted among the participants (mothers) of the age group 20 to 35yrs. Most of them were between 25-29 years (43.3%).

Table 1: Drug Details [3]

Malayalam	Sanskrit	English	Binomial name	Parts used
<i>Chuvannulli</i>	<i>Palanduh</i>	Onion	<i>Allium cepa</i> Linn	Bulb
Family: <i>Amaryllidaceae</i>				
<i>Raja Nighantu</i>	<i>Kadu, Balya, Kapha pitha hara, Guru, Vrishya, Rochana, Snigdha</i>			
<i>Dhanvanthari Nighandu</i>	<i>Madhuram, Vatha samanam</i>			
<i>Haritha Samhita</i>	<i>Vathakapha samana, Sula Gulma samanam</i>			

DISCUSSION

The results from the survey were conducted related to Traditional PNC as given below.

Table 2: Sociodemographic Characteristics of the Study Participants - Postnatal Mothers

Variables	Categories	Frequency	Percentage
Zone	A	100	25.0
	B	100	25.0
	C	100	25.0
	D	100	25.0
Age in years	20-24	71	17.8
	25-29	173	43.3
	30 and above	156	39.0
Religion	Hindu	238	59.5
	Christian	27	6.8
	Muslim	135	33.8
Marital status	Yes	400	100
	No	0	0

Table 3: Zone Prevalence of Diet with small onion

Group	Zone				
	A	B	C	D	Total
<i>Ulli choru</i> (Onion rice)	1.2%	5.6%	2.9%	3.3%	2.8%
<i>Ulli fry</i> in ghee (Onion fry)	1.1%	5.0%	1.5%	3.3%	2.3%
Small onion+ dates+ coconut milk	1.0%	.9%	2.4%	.1%	1.1%
Small onion+ garlic+ jaggery	.1%	.6%	.5%	1.2%	.6%
Onion + jaggery + ghee			.1%	.2%	.1%
Garlic+ small onion + coconut milk				.1%	
Other diet preparations	96.6%	87.9%	92.7%	91.8%	93.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4: Medicine by Zone Prevalence Internal Traditional Medicine

Group	Zone				
	A	B	C	D	Total
<i>Ulli lehyam</i>	2.7%	16.7%	10.3%	7.6%	9.4%
<i>Pulimkuzhambu</i>	1.1%	0.5%	4.3%	7.3%	3.9%
Other formulations	86.2%	82.8%	85.4%	85.1%	86.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Table 5: Medicine by Age Percentage Prevalence within the Age

Grp	20-24	25-29	30 and Above	Total
<i>Ulli choru</i>	2.5%	2.5%	3.4%	2.8%
<i>Ulli fry in ghee</i>	2.2%	1.9%	2.9%	2.3%
<i>Ulli + jaggery +ghee</i>	.1%	.1%	.1%	.1%
<i>Veluthulli, Cheriya ulli, coconut milk</i>		.1%		
Other formulations	95.2%	95.5%	93.6%	94.8%
Total	100.0%	100.0%	100.0%	100.0%

Table 6: Medicine by Age Prevalence

Group	20-24	25-29	30 and Above	Total
<i>Ulli lehyam</i>	6.8%	9.3%	11.3%	9.4%
Other formulations	93.2%	90.7%	88.7%	90.6%
Total	100.0%	100.0%	100.0%	100.0%

In the survey, *Ulli* preparations are included as internal traditional medicine (Table 2 & 3). After the survey 7 *Ulli* formulations were found which were extensively used in different parts of Kerala, especially B, C, and D zone. (Table 3 & 4). *Ulli* is mainly used as food preparations. And also it is included in Kerala culinary preparations used for PNC. A total of 9.4% of mothers used *Ulli lehyam* and it is the major preparation with *Ulli* used in PNC with a prevalence of 2.7% in zone A, 10.3% in zone C, 7.6% in zone D and a higher prevalence of 16.7% in zone B (Table 4). The variety of *Ulli* preparations is seen in the northern zone of Kerala. The drugs in each formulation are compiled in Tables 3 to 6. The diet formulations reported in the survey are *Ulli choru*, fried *Ulli* etc and are used in the early weeks of postnatal care mainly during the 2nd to 3rd week. *Pulinkuzhambu* (Table 8) is practiced in traditional and classical PNC as *Lehya* form for *Garbhashaya sodhana* and *Deepana pachana* and also for *Arthavakshaya* in menstrual irregularities. *Ulli* is widely used in PNC in Malappuram District. In addition to *Teeshna ushna* drugs, it includes palm jaggery which contains iron and has *Garbhasaya sodhana* properties. The physician from traditional *Vaidya* families recommends *Ulli choru*, fried *Ulli* prepared in coconut oil or cow's ghee in the diet for *Deepana* and *Pachana*. A study related to ethnobotanical plants used for postnatal care by traditional practices from Kozhikkode district Kerala mentioned *Ulli* used as decoctions^[4]. A formulation named *Ullikatti* is mentioned in a study related to mother and child care. According to the nature of the delivery, it is consumed 2 to 5 days in the early weeks of the postnatal period for gastric problems and good digestion.^[5] While preparing this *Lehya* with coconut milk and cumin seeds are easily digestible and good for increasing lactation. Other small *Ulli yogas* are also used in various parts of North Kerala for PNC.

Ulli is used for *Deepana pachana*, *Garbhasaya sodhana*, *Vathasamana*, *vedana sthapana*, *Sthanya vardhana* and for proper lochial discharges and it is used as medicine and food. *Ulli* plays an important role during the regulation of the menstrual cycle. The major formulations seen in the survey are *Ulli lehyam* and *Pulinkuzhambu*. The widely used formulations are mentioned in table 7 to 10.

Table 7: *Ulli lehyam* [6]

No	Drug	Sanskrit	Scientific name	
1	<i>Uluva</i>	<i>Methika</i>	<i>Trigonella foenum graecum</i>	1Nazhi
2	<i>Kochulli</i>	<i>Palandu</i>	<i>Allium cepa</i> L	1 kg
3	<i>Veluthulli</i>	<i>Lasunam</i>	<i>Allium sativum</i>	150gm
4	<i>Karupetty</i>	<i>Tala</i>	<i>Borassus flabellifer</i> L	1 kg
5	<i>Nallenna</i>	<i>Thila tailam</i>	<i>Sesamum indicum</i> L	500ml
6	<i>Thengapal</i>	<i>Nālikeram</i>	<i>Cocos nucifera</i> L	5 No

Boiled garlic, *Ulli* (shallots), and palm jaggery in diluted coconut milk. To this add *Methika* and *Tila tailam*. Cook well to become a semi *Lehya* (semisolid) state. Add thick coconut milk and cook well it becomes *Lehya*. After delivery 10-28 days, 1 tablepoon, 2 times.

Table 8: *Ulli lehyam* [7]

No	Drug	Sanskrit	Scientific name	
1	<i>Karupetty</i>	<i>Tala</i>	<i>Borassus flabellifer</i> L	2 kg
2	<i>Kochulli</i>	<i>Palandu</i>	<i>Allium cepa</i> L	1 kg
3	<i>Thengapal</i>	<i>Nālikeram</i>	<i>Cocos nucifera</i> L	3 No

This preparation is used only 2 to 3 days after PNC for *Garbhasaya sodhana*.

Table 9: Pulimkuzhambu ^[8]

No	Malayalam	Sanskrit	Scientific Name	Part used
1.	Chukku	Sundi	<i>Zinciber officinale</i> Rosc	Rhizome
2.	Kurumulaku	Maricham	<i>Piper nigrum</i> L	Fruit
3.	Thippali	Pippali	<i>Piper longum</i> L	Fruit
4.	Jirakam	Jeera	<i>Cuminum cyminum</i> L	Seed
5.	Kattumulaku	Chavyam	<i>Piper retrofratum</i> Vahl	Fruits
6.	Koduveli	Chithrakom	<i>Plumbago zeylanica</i>	Root
7.	Kaattuthippalli	Grandhika	<i>Piper brachystachyum</i>	Root
8.	Krishnajirakam	Karavi	<i>Nigella sativum</i>	Seed
9.	Induppu	Saidhavam	<i>Sodiichloridum</i> impure	
10.	Ayamodakam	Ajamoda	<i>Trachyspermum ammi</i> L	Seed
11.	Cheriyu ulli	Palandu	<i>Allium sepa</i> Linn	Bulb
12.	Panikkoorkka	Karpooravalli	<i>Plectranthus aromaticus</i>	Leaf
13.	Puli	Chukrika	<i>Tamarindus Indica</i>	Bark
14.	Aavenakkenna	Erandam	<i>Ricinus communis</i>	Taila

Ingredients up to 10 are taken 3 Kazhanju (12 gm) (1 Kazhanju= 4 gm) and powdered. Take 3 Palam (1 Palam=48 gram) small onion steam it and grind it into a paste. Take 2 Palam induppu in powdered form and add to it. Now add 4 Nāzhi Dhaanyamalam (4 Nāzhi= 1 Idangazhi = 1.2 L), butter milk and Panikkoorkka extract, 4 Nāzhi of boiled water of Pulinthodu. Now strain the solution and add a ground paste of small onion, 1 Nāzhi Tila tailam and convert it into a clay pot and boil it till it forms a thick liquid. Stir the solution well and add the prepared powdered ingredients (up to sl. No. 10) Mix the powder well into the solution and cook for enough time. Dosage: the size of an Athikkaya. Indication: *Gulmam, Anthram, Soola, Vaathashoola*.

Table 10: Ullilehyam ^[9]

No	Malayalam	Sanskrit	Scientific name	Part/Amount
1	Ulli	Palandu	<i>Allium cepa</i> L	2 kg
2	Veluthulli	Lasuna	<i>Allium sativum</i> L	½ kg
3	Thenga pal	Nalikera ksheeram	<i>Cocos nucifera</i> L	2 litres
4	Sarkkara	Gudam	<i>Saccharum officinarum</i> L	1kg
5	Neyyu	Ghritha	Ghee	¼ kg
6	Uluva	Medhika	<i>Trigonella foenum-graecum</i> L	Prakshepa churam 25 gm
7	Jirakam	Jeera	<i>Cuminum cyminum</i> L	
8	Thippali	Pippali	<i>Piper longum</i> L	
9	Sathapushpa	Sathahwa	<i>Anethum sowa</i> Roxb.ex Flame	

CONCLUSION

Herbs and their formulations have been an important part of human existence. Several therapeutic potentials of these formulations are yet to be utilized for the betterment of human life, especially in postpartum management. This study concentrated on traditional formulations widely used in the postpartum period. Traditional knowledge proves its utility in the postpartum period, for the purification of the uterus and postpartum anaemia and to increase breast milk. Detailed clinical studies are required for validation and documentation of the benefits of individual

preparations and steps should be taken to incorporate such knowledge in Ayurvedic Pharmacopoeia.

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