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POSTPARTUM DEPRESSION: THE ROLE OF AYURVEDA IN PREVENTION AND INTERVENTION

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ABSTRACT

Motherhood is near to divinity. It is one among the holiest service to mankind. During this milestone development many new mothers experience many physical and psychological changes. At this phase, women remain in need of proper support, guidance and encouragement in order to cope up new attainments. In the absence of adequate rest, proper balanced nutrition and moral support, one out of every eight mothers is prone to develop the clinical signs and symptoms of Postpartum Depression. These include sleep disturbance, anorexia, excessive crying, fear, hopelessness, mood swings, irritability, unable to bond with newborn and suicidal thoughts. So it is important to prevent and manage Postpartum Depression. Ayurveda plays an important role in prevention and management of Postpartum Depression through the fundamental approach of *Sootika Paricharya* (Postpartum regimen), which incorporates diet and behavioural pattern and medicaments. These not only help to prevent but also manages the episodes of Postpartum Depression and also ensure physical and mental growth and development of neonate.

Keywords: ***Ayurveda,*** **EPDS,** ***Sootika roga, Satwavajaya Chikitsa, Yoga***

INTRODUCTION:

American Psychiatric Association Mental Health Disorder-V (DSM V) Diagnostic and Statistical Manual of divides the psychiatric postpartum

experiences into three categories: Puerperal Blues, Postpartum Depression, Postpartum Psychosis (Shizophrenia)[1]. Puerperal Blues is a transient state of mental illness observed 4-5 days after delivery and last for few days. Nearly 50% of the postpartum women suffer from this problem. Manifestations are- depression, anxiety, tearfulness, insomnia, helplessness and negative feeling toward the infant. No specific metabolic or endocrine abnormalities have been detected, but a lowered tryptophan level is observed which suggests altered neurotransmitter function. These symptoms usually resolve by reassurance and psychological support by family members. Postpartum Depression (PPD) also known as Postpartum Major Depression, observed in 10-20% of puerperal women. It is more gradual in onset over the first 4-6 months following delivery or abortion and can last upto two or more years. Changes in the hypothalmo-pituitary-adrenal axis may be a cause manifested as loss of energy and appetite, insomnia, social withdrawal, irritability and even suicidal tendency. Risk of recurrence is high (50-100%) in subsequent pregnancies. Postpartum Psychosis observed in about 0.14-0.26% of puerperal women, with past history of Psychosis or with a positive family history. Manifested by fear, restlessness, confusion followed by hallucinations, delusions and disorientation (usually manic or depressive). Psychotic women may have delusions, suicidal and infanticidal impulses which may require a temporary isolation and nursing supervision. Risk of recurrence in the subsequent pregnancy is 20-25% and there is increased risk of psychotic illness outside pregnancy also[2].PPD falls in the middle, occurring in 10-20% of postpartum women and presenting with a range of mild to severe depressive symptoms. Without treatment, the presence of PPD substantially increases the risk of chronic and treatment resistant depression and suicide. Untreated PPD may also result in poor infant attachment; cognitive, emotional and behavioral problems in children that may last through adulthood, poor performance of infant safety measures, poor infant growth and decreased breastfeeding[3-9]. Although early referral and treatment are key in preventing long-lasting and serious outcomes in both mother and child, many women with PPD are concerned with effects of psychotrophic medication on their breastfeeding infants. The American Academy of Pediatrics consider antidepressants of concern for breastfeeding infants[10]. Therefore the role of *Ayurveda* is important for prevention and management of PPD. As per *Ayurveda sootika* is a woman who has either just

given birth or is in the period of up to 6 weeks post-natal period. At this period, congenial diet, assurance and loving care prevents the puerperal disorders[11]. But now a days *sootika* is subjected to enormous stress and strain because of the evolving lifestyle suiting current day needs, which greatly influence her domestic habits as well as mental condition. Due to inadequate physical and mental support during this crucial phase woman is vulnerable to different ailments since there is natural depletion in *Agni* and increase in *vata,* which are the prime causes for diseases during *sootika kala*. Along with this there occurs an alteration in the nutritional, physical and psychological bond between the mother and child after delivery. *Vishada* which is a *Vataja Nanatmaja Vyadhi* is one among such conditions which effects *sootika. Sootika Vishada* can be understood as PPD. 64 types of *sootika roga* along with their management is elicited in Ayurveda. Among these disease psychological disorders also have been mentioned e.g *Pralapa, Unmada, Bhrama*[12]. These disorders can be indirectly related to Postpartum Psychiatric disorder.

ETIOLOGY OF *Sutika Vishada* (PPD):

Chandogyopanishad 1/3rd of *rasa dhatu* nourishes the *manas.* There is *rasa kshaya* in *sootika* due to nine months of *garbhiniavastha. Ksheena rasa* cannot nourish *manas* adequately. This condition leads to *alpasatvata*, increase of *rajasikata* and *tamasikata* in *manas.* The *vruddhavata* disturbs *manasikakadoshas*, and produces symptoms like *bhramsha* of *bala* (*shareerika and manasika*), *bhramsha of nidra and indriyas* (which includes *manas) pralapa, bhrama and deenata*. This condition entirely co-relates with signs and Symptoms of PPD. The exact cause and pathogenesis of PPD is unknown.

Various theories based on physiological changes have been postulated:

- Hormonal excesses or deficiencies of estrogen, progesterone, prolactin, thyroxine and tryptophan[13].

Other theories cite numerous psychosocial factors associated with PMD:

- Marital conflict.
- Child-care difficulties (feeding, sleeping, health problems).
- Perception by mother of an infant with a difficult temperament.
- History of family or personal depression.

Higher rates of depression were noted among women who:

- Had less than a high school education
- Were less than 19 years old
- Resided in a household with inadequate income

- Experienced an unintended pregnancy
- Reported being abused before or during pregnancy
- Had 0 to 1 person as a source of social support
- Unmarried
- Reported 6 to 18 stress factors during pregnancy

Risk For Postpartum Depression:

- Family history of mood disorder
- Anxiety/depression during pregnancy
- Previous postpartum depression
- Baby blues following current delivery
- Child-care difficulties: Feeding, Sleeping, Health
- Mental Conflict
- Stressful life events
- Poor social support

Clinical Presentation:

Postpartum depression usually begins within 4-6 months after delivery. In some women, postpartum blues simply continue and become more severe. In others, a period of wellbeing after delivery is followed by a gradual onset of depression. The patterns of symptoms in women with postpartum depression are similar to those in women who have depression unrelated to childbirth. Evidence from epidemiological and clinical studies suggests that mood disturbances following childbirth are not significantly different from affective illnesses that occur in women at other times.

Postpartum depression is characterized by

- Tearfulness
- Despondency
- Emotional liability
- Feelings of guilt
- Loss of appetite
- Sleep disturbance
- Feelings of being inadequate
- Unable to cope with the infant
- Poor concentration and memory
- Fatigue and irritability
- Some women may worry excessively about the child health or feeding habits and see themselves as bad, inadequate or unloving mothers.

Diagnosis:

There are two main classification system used within psychiatry. The American Psychiatric Association's Diagnostic & Statistical Manual of Mental Disorders (DSM-V) and The International Classification of Diseases (ICD-10), Published by the World Health Organization (World Health Organization).

The DSM-V (American Psychiatric Association) and ICD-10 (World Health Organization) contain standardized, operationalized diagnostic criteria for

known mental disorders and are used globally to diagnose patients with PPD.

At present, Postpartum depression is not classified as a separate disease in its own right: it is diagnosed as part of effective or mood disorders in both DSM-V (American Psychiatric Association) and ICD-10. Within DSM-V there is a specifier *with postpartum onset* to identify affective or brief psychotic episodes that occur during the postpartum: an episode is specified as having a postpartum onset if it occurs *within the first 4 weeks after delivery* (American Psychiatric Association).Similarly in ICD-10, the episode must be diagnosed within a main diagnostic category with the specifier to indicate the association with the puerperium(WHO).

Diagnostic Scale[13-15]:

Only three depression screening tools are designed and validated specifically to detect PPD effectively: The Edinburgh Postnatal Depression Scale(EPDS) (Cox *et al*,1987), Postnatal Checlist (Beck,1995), and the Postpartum Depression Screening Scale (PDSS) (Beckand Gable, 2000).Scales developed to screen for depression in the general population may not detect PPD as because of the overlap of somatic symptoms(sleep disturbance, fatigability, loss of appetite, somatic preoccupation, loss of lipido, poor body image) with the physical changes in postpartum period. The EPDS, Postpartum checklist, and PDSS were designed to minimize the effects of this overlap in the assessment of depression. The EPDS, a standardized self-reported questionnaire. The PDSS created specifically for postpartum women and is a 35-item, self report questionnaire which about 5 to 10 minutes to complete.

Time To Screen:

Mood fluctuation are extremely common during the first postpartum week, with approximately 60-85% of women reporting mild to moderate mood symptoms or "the blues". While this may complicate screening, studies which have used the EPDS to screen for depressive symptoms within the first postpartum week suggest that the EPDS may be used to predict which women will go on to have postpartum depression. Women who score 9 or greater on the EPDS score, about 30 times as likely to have postpartum depression at week 4 than women with lower EPDs scores.

TREATMENT:

Treatment of postpartum depression depends upon the presenting signs and symptoms. There are various ways to treat postpartum depression such as *Sarwavajaya Chikitsa* (psychological counselling), *Shaman Chikitsa*, life style

modification, follow *Sutika Paricharya, Yoga and Pranayama*.

1. *Satwavajaya Chikitsa* (Psychological counselling)- It includes

a) Congnitive Behavioural Therapy (CBT)-

It is the combination of psychotherapy and behavioural therapy. It works on the principal that any thought may trigger the state of depression. The patient is taught how to manage the relationship between her problem, behaviour, thoughts and state of mind. The aim of this therapy is to alter the negative thoughts patterns so that they become more and more positive.

b) Interpersonal Therapy (IPT)-

It is a form of psycotherapy in which there is a direct interaction between the physician and patient affected by depression. In this therapy four major problem areas of patient are focused. These are interpersonal conflict, grief, life stage transitions and deficits. It has been recognized as an effective mode of treatment.

Satwavajayachikitsa, in the form of counselling helps mother refrain her mental activity away from *ahitaarthas* and imparts better thoughts by providing atmavijnamam. This positive attitude itself keeps a mother away from PPD. In case of already depressed mothers regular counselling from the professionals and assurances from family and loved one's will contribute greatly to the enhancement of mental stamina.

2. *Shaman Chikitsa-*

Wide range of antidepressants (SSRI-Selective serotonin reuptake inhibitors)[17] is used in the treatment of depression. However, these may have related side effects and also alter breast milk secretion.

Sootika is to be administered with drugs having *rasayana* and *brihmana* properties like *shatavari, ashwagandha, lashuna* and *kushmanda* fried in *ghrita*[18]. Drugs like *ashwagandha* are proven to be useful in stress. These *rasayana's* aid in formulation of *prashasta rasadi dhatus*, leading to *purnarnaveekarana*(rejuvenation) of *dhatus*, there by regulating various physical and mental functions.

3. Life style Modification-

a) Avoid isolation and share feelings- She should avoid being isolated and discuss feelings with her friends, family or partner which the perspective to handle the situation can be obtained.

4. Follow *Sootika Paricharya*[19-21]

As *Sootika's agni* is in *manda* state, *agnideepanahara* and *aushadha* becomes the prime line of treatment in managing the condition. It can be understood that the *deepana pachana dravyas* remove *srotoavarodha* due to their *teekshna* and *ushana* properties and help in proper functioning of *manovahasrotas*. Studies

have proved that *trikatu* helps in promoting cognitive functions, and *panchakola* is proven to be helpful in maintaining proper myelination. *Vataniyamana* pacifies the *manodoshas* as it is said *"Pavanobadhyate yena manas stenaiva badhyate."*

As enhancement of *agni* is appreciated by *kshutpradurbhava in sootika*, she should be administered *ahara dravya* which does *poshana* and *vardhana* of *dhatus. Yava, kola kulatthayusha or mamsa rasa*, *laghuannapaana* is advised with sufficient quantity of *Sneha,lavana amladravyas*. The *Snigdha and hridya dravyas* used for *dhatuvardhana,* does *poshana of rasadidhatus* and promote successive dhatu regeneration.

This treatment helps in maintaining and enhancing the quality of *rasadidhatus* and making the system self-sufficient to regenerate and recuperate on itself. *Prashasta rasadhatus* also confirm the formation of *uttamastanya* assuring proper growth and development of child.

Abhyanga for *sootika* is recommended with *bala taila* in *nyubja* (hunch back) position. *Parishechana* is done using *kwatha* prepared of *vataharadravyas* which act as *vedanahara and vatashamana. Abhyanga* tones up the pelvic floor and relieves the muscular spasm. It also improves the blood circulation and thereby have a soothing effect on the nervous system and endocrine system of body. Moreover, it releases the endorphins which improve the physical as well as mental well-being, so it reduces the stress and depression.

5.*Yoga* and *Pranayama* for Postpartum Depression[22]

Yoga acts as a powerful tool in relieving stress, anxiety and depression. It helps by enhancing the sleep quality as well as mental health in women. *Yoga* asanas improves the circulation and increase the levels. In a study, women with postpartum depression attended the *yoga* classes for 2 months, among them 78% experienced a marked and clinically significant improvement in symptoms of depression and anxiety.

Beneficial *Yoga asanas* are-

Shavasana, sukhasana, utanapadasana, Pranayama-anuloma, viloma has also a great impact over the neurological and mental distress. It is excellent for cleansing and detoxification and it compliments *yoga* for the management of depression and anxiety. *Bhramari pranayama* is the one which is also helpful in treating depression. In this breathing style, a humming sound of a bumble bee is made. It also has a near instant calming effect on the mind.

CONCLUSION:

Postpartum depression is a serious condition affecting the maternal mortality and morbidity rate. There is also decreased

mother infant bonding. Postpartum screening helps in the early recognition of depression. Diagnosis and treatment depends upon the presenting clinical signs and symptoms. Improving lifestyle and embracing *Ayurveda* will be efficacious for this condition. Life style modification, family support, *sootika paricharya*, yoga and pranayama might prove effective. This regimen helps the patient to fight against the depression and regain the strength that helps her body to revert back to approximate pre-pregnant state. It also restores the vitality and relieves the mental stress and anxiety.

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