International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2026; 10(1): 28-30
Received: 02-11-2025
Accepted: 05-12-2025

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Postpartum depression with repertorial approach

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DOI: https://www.doi.org/10.33545/26164485.2026.v10.i1.A.2161

Abstract
Postpartum depression (PPD) affects 15-20% of women globally, driven by hormonal withdrawal, HPA axis dysregulation, neuroactive steroid deficits and psychosocial stressors. PPD's pathophysiology—including estrogen/progesterone, allopregnanolone reduction and monoamine imbalances—and differentiates it from baby blues, mild depression, and postnatal psychosis. Adopting homoeopathy's holistic lens, it emphasizes the "similia similibus curentur" principle, individualized totality of symptoms, and psychical remedies per Hahnemann's *Organon* §226. Repertorisation via Kent's Repertory on anxiety, irritability weeping, and disturbed sleep, revealing a predominant psoric miasm as per "Chronic Miasms in Homoeopathy and Their Cure with Classification of Their Rubrics/Symptoms in Kent's Repertory" by Dr. Ramanlal. P. Patel. Treatment prioritizes non-antipsoric remedies acutely, followed by antipsorics to address underlying diathesis, offering a dynamic, susceptibility-based approach to restore vital force and prevent recurrence

Keywords: Postpartum depression, mental disease, Kent's rerpertory and R. P. Patel miasm

Introduction
Postpartum depression (PPD) is one of the most common psychological disorders affecting women after childbirth. Following parturition, women experience significant hormonal fluctuations and psychosocial changes that can contribute to the onset of depressive symptoms. The condition does not depend on the mode of delivery. Globally, the prevalence of postpartum depression is estimated to be between 15% and 18%, while in India, it is reported to be around 20%. These rates vary across different geographical regions and cultural contexts.

Several risk factors have been associated with PPD, including adverse life experiences, a past history of depression or anxiety, low socioeconomic status and inadequate family or social support systems. Lack of mother-infant bonding, insufficient awareness about PPD, high levels of stress and experiences of childhood or adulthood abuse also increase the risk. Women who have endured major adverse life events are nearly three times more likely to experience a postnatal depressive episode.

Pathophysiology
The pathophysiology of postpartum depression involves a complex interaction between hormonal, neuroendocrine and biochemical systems with the hypothalamic-pituitary-adrenal (HPA) axis playing a central role.

HPA Axis and Ovarian Hormones
During pregnancy, there is a dramatic increase in ovarian steroid hormones such as estrogen and progesterone with estrogen levels rising up to 1000 times by term. After delivery, a sudden withdrawal in these hormones occurs which the brain, having adapted to high hormonal levels, interprets as a stressor, leading to neuroendocrine hypersensitivity. This rapid fall increases demand at estrogen receptor alpha genes and disrupts the HPA axis, resulting in dysregulation of stress-responsive hormones such as corticotropin-releasing hormone (CRH), adrenocorticotropic hormone (ACTH) and cortisol. Changes in the HPA axis underlie altered mood and stress response and are seen in women with postpartum depression. Additionally, women with early life stress or childhood trauma demonstrate greater dysregulation of this axis, linking emotional history to neuroendocrine changes post-delivery.

Neuroactive Steroids, Lactational Hormones, and Epigenetics

Allopregnanolone, a neuroactive steroid derived from progesterone, plays an important role by modulating GABAergic signaling in the brain; reduction in allopregnanolone after birth impairs this pathway, facilitating depressive episodes. Lactation hormones such as prolactin and oxytocin, when reduced, are linked to poorer mother-infant bonding and increased risk of depression. Epigenetic effects become relevant as they help mothers adapt and stabilize neuroendocrine regulation; subtle variations in ovarian, lactational, oxytocin, stress hormones help maintain homeostasis and resilience.

Biochemical Mediators

Key enzymes such as monoamine oxidase and catechol-O-methyltransferase are upregulated, causing increased metabolism of monoamines and contributing to depressive symptoms. Other biochemical markers include higher monoamine oxidase density, reduced platelet serotonin levels, low omega-3 fatty acids and low vitamin D levels all of which are associated with greater vulnerability to postnatal depression.

Sign and Symptoms

Postnatal depression shares many signs and symptoms with depression in non-pregnant women. It often presents with irritability, tearfulness, anxiety and poor sleep. New mothers may feel embarrassed by these emotions and may be reluctant to admit their condition, as they are expected to feel happy after childbirth.

Transient postnatal depression, also known as "baby blues," affects approximately 50 to 70% of women after delivery. It typically subsides within 10 days postpartum and presents with symptoms similar to mild postnatal depression, such as mood swings, crying spells and mild anxiety.

Mild postnatal depression involves more persistent symptoms than baby blues. Mothers may experience ongoing low mood, fatigue, irritability and difficulty bonding with the baby, which can last for several weeks or months. It requires monitoring and sometimes supportive interventions like counseling.

Severe postnatal depression is a more serious condition that may involve intense feelings of hopelessness, worthlessness and in some cases suicidal thoughts or attempts. Mothers may experience social withdrawal, severe anxiety, impaired functioning and difficulty caring for themselves or their baby. Immediate professional help, including psychotherapy and possibly medication is critical in these cases.

Differential diagnosis

Postnatal psychosis is a rare but severe psychiatric condition occurring in approximately 0.1% of postpartum women. It is characterized by a sudden onset of confusion and disorientation to the surroundings. The clinical presentation often involves a combination of manic and depressive symptoms, such as elevated or irritable mood, hyperactivity, delusions, hallucinations and profound low mood.

Women with postnatal psychosis have a high risk of suicide, estimated at about 5%, as well as a risk of infanticide, also around 5%, especially if not promptly and adequately treated. The rapid progression and severity of symptoms necessitate immediate medical evaluation and intervention, typically involving hospitalization, psychiatric care and medication management.

Proper diagnosis is essential because postnatal psychosis requires different treatment compared to postpartum depression or transient mood changes like the baby blues. Early recognition and appropriate treatment can significantly reduce risks to both the mother and infant.

Homoeopathic Approach

It is based on a holistic view of the patient, which includes the collection of both subjective and objective symptoms. It is founded on the principle of the "simple simile," meaning a single remedy is selected based on the symptomatic similimum. Sick Sapiens has a unique diathesis; therefore, their disease manifestations vary due to their distinct constitutions. When the body's internal economy is disturbed, a vacuum is created that is filled by an influx, in accordance with the individual's state. The morbific noxious agent is dynamic and can be physical (environmental factors, cultural influences, socioeconomic status, etc.) or psychical (grief, sorrow, stress, low mood, loss of loved ones, separation, etc.). Susceptibility is influenced by these dynamic morbific agents but not by their material cause. If there is no susceptibility, there is no disease; this explains why not everyone contracts a disease at the same time or from the same exposure. The principle "similia similibus curentur" (like cures like) satisfies the susceptibility by providing a dynamic similimum that ceases the influx in the vacuum.

The psychical approach, according to Dr. Samuel Hahnemann in Aphorism 226, involves psychical remedies such as displays of confidence, friendly exhortations, sensible advice, well-disguised deception, and appropriate diet and regimen to seemingly restore the body to a healthy state.

Repertorial Approach:

Patients present with vivid and individualistic symptoms. Each person may posses different symptoms for the same disease. To comprehensively understand and characterize the patient, it is important to focus on uncommon, singular, striking, and peculiar symptoms. Using the appropriate repertory aids in identifying a group of similar remedies according to the totality of the case.

Repertory of Homoeopathic Materia Medica By Dr. James Tyler Kent

- **Anxiety:** *Aconite, Arsenicum Album, Belladonna, Bryonia Alba, Calcarea Carbonicum, Cinhona Carbonicum, Pulsatilla, Secale Cor, Staphysagria, Sulphur, Veratrum*
- **Irritability:** *Aconite, Apis Mellifica, Belladonna, Bryonia Alba, Calcarea Carbonicum, Chamomilla, Graphites, Hepar Sulph, Kalium Carbonicum, Lilum Tiglinum, Natrum Muraticum, Nux Vomica, Pulsatilla, Rhus Toxicodendron, Sepia, Staphysagria, Sulphur, Veratrum*
- **Weeping:** *Apis Mellifica, Calcarea Carbonicum, Causticum, Cicuta Virosa, Graphites, Ignatia, Natrum Muraticum, Lycopodium, Platina, Pulsatilla, Rhus Toxicodendron, Sepia, Sulphur, Veratrum*
- **Sleep Disturbed:** Graphites and Sulphur
- **Miamatic Approach:** According to Master Hahnemann, during the acute exacerbation of a mental disease due to the most probable existing cause, treatment should begin with a non-antipsoric remedy

followed by an antipsoric remedy to prevent recurrent episodes.

According to "Chronic Miasms in Homoeopathy and Their Cure with Classification of Their Rubrics/Symptoms in Kent's Repertory" by Dr.Ramanlal. P. Patel the following mental symptoms align with specific miasms:

- **Anxiety:** Psora and Latent Psora
- **Irritability:** Psora and Sycosis
- **Weeping:** Psora and Latent Psora\
- **Disturbed sleep:** Psora

Hence, after repertorisation using this repertory, postpartum depression shows a predominant psoric background—which Master Hahnemann also mentions in his discussion of mental diseases.

Discussion

Hormonal imbalances involving estrogen and progesterone, thyroid dysfunction, sleep deprivation, and the pressures associated with adjusting to new maternal roles. Early detection through screening, increased awareness, nutritional support, moral remedy and individualized homoeopathic medicine from family and healthcare providers can significantly reduce the impact of postpartum depression and improve maternal well-being. Integrating homoeopathic remedies with conventional care may enhance overall treatment outcomes. Regular follow-up and ongoing emotional support are also essential for sustained recovery.

Conclusion

During the peripartum period, changes in ovarian steroid hormones and lactation hormones, along with the withdrawal hypothesis, stress hormones, and neuroendocrine hormones, are key causes of postpartum depression. Early detection, combined with appropriate psychological support and individualized homoeopathic treatment, plays a crucial role in improving outcomes for both mothers and their infants.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article
Rani B, Rai AR, Shivani, Sadique B. Postpartum depression with repertorial approach. International Journal of Homoeopathic Sciences. 2026;10(1):28-30.