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): 373-378
Received: 17-11-2025
Accepted: 21-12-2025

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Postpartum depression and homoeopathy: A narrative review

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DOI: https://www.doi.org/10.33545/26164485.2026.v10.i1.F.2213

Abstract
Postpartum depression is a prevalent and serious mental health condition that occurs after childbirth and has substantial effects on maternal wellbeing, infant development, and family dynamics. It is characterized by persistent low mood, anxiety, sleep disturbances, fatigue, impaired concentration, and difficulties in maternal-infant bonding, which clearly differentiate it from the transient emotional changes known as the baby blues. The development of postpartum depression is multifactorial, involving biological, psychological, and social determinants. Although pharmacological and psychological therapies constitute the conventional management, their use during the postpartum period is frequently limited by concerns regarding drug safety during lactation, potential adverse effects, and maternal preference for non-pharmacological interventions.
Homoeopathy, an individualized and holistic system of medicine, may serve as a complementary approach in the management of postpartum depression. Clinical observations and narrative evidence indicate that individualized homoeopathic remedies may contribute to improved emotional stability, reduction of depressive symptoms, and better maternal-infant bonding, particularly in mild to moderate cases. However, the existing evidence is largely observational, highlighting the need for well-designed clinical trials to establish efficacy, safety, and standardized treatment guidelines. An integrative approach combining homoeopathy with conventional care may offer a patient-centred strategy to support maternal mental health during the postpartum period

Keywords: Homoeopathy, Maternal mental health, Postpartum depression, Puerperal period, Integrative care

Introduction

Burden of Postpartum Depression

Postpartum depression (PPD) is a common and serious mental health disorder affecting women after childbirth, with significant consequences for maternal wellbeing, infant development, and family functioning [1-4]. It is characterized by persistent sadness, anxiety, irritability, sleep disturbances, fatigue, loss of interest in usual activities, impaired concentration, and difficulties in maternal-infant bonding. Unlike the transient “baby blues, ” which typically resolve within two weeks postpartum, PPD is more severe, persistent, and functionally impairing [5, 6]. Globally, the prevalence of PPD ranges from 10% to 20%, with higher rates observed in low- and middle-income countries due to socioeconomic stressors, limited access to mental health services, and lack of social support [3, 4]. Untreated PPD can increase the risk of chronic maternal depression and negatively affect child cognitive, emotional, and behavioral development [5, 6]. These findings underscore the importance of early identification, effective management, and supportive care.

Rationale for Exploring Homoeopathy

Conventional management of PPD includes pharmacotherapy and psychotherapy, which are effective but may be limited by concerns regarding medication safety during lactation, adverse effects, and patient preferences for non-pharmacological interventions [7, 14, 15]. Homoeopathy, a holistic medical system emphasizing individualized treatment and the law of similars, offers a potential complementary or adjunctive approach in postpartum care [8-11, 18-20]. Homoeopathic assessment considers the totality of symptoms, including physical, emotional, and mental states, allowing individualized remedies tailored to each mother’s constitution and overall wellbeing. Evidence from case reports and narrative reviews suggests that homoeopathy may improve emotional stability, alleviate depressive

Symptoms and enhance maternal-infant bonding, particularly in mild to moderate cases [9-11, 20, 25-27]. Its perceived safety during lactation further supports its consideration in integrative postpartum mental health care.

Postpartum Depression (PPD): An Overview

Postpartum depression (PPD) is a depressive disorder occurring after childbirth, most often within the first few weeks to months postpartum. It is more severe and persistent than the normal postpartum emotional changes known as the "baby blues," which typically resolve spontaneously. PPD significantly affects a mother's emotional health, daily functioning, and ability to care for her infant, and may adversely influence child development if not identified and managed early [1, 2].

The etiopathogenesis of postpartum depression is multifactorial, involving biological, psychological, and social factors. A major biological contributor is the rapid decline in estrogen and progesterone levels following delivery, which affects mood-regulating neurochemical pathways, particularly serotonin [12]. Psychological risk factors include a personal or family history of depression or anxiety, poor coping skills, and low self-esteem. Social factors such as lack of emotional support, marital conflict, financial stress, and unplanned pregnancy further increase vulnerability to PPD [2, 13].

Clinically, postpartum depression presents with a range of emotional, cognitive, and physical symptoms. These commonly include persistent low mood, loss of interest or pleasure in activities, fatigue, sleep and appetite disturbances, impaired concentration, and feelings of guilt or worthlessness. Mothers may also experience increased irritability, anxiety, and difficulty bonding with their infant. These symptoms are persistent and interfere with daily functioning, distinguishing PPD from normal postpartum mood changes [1].

Management of Postpartum Depression

Conventional management

Pharmacotherapy remains a mainstay in the management of postpartum depression (PPD), particularly in moderate to severe cases. Selective serotonin reuptake inhibitors (SSRIs), such as sertraline and fluoxetine, are considered first-line agents due to their efficacy and relative safety profile during lactation [14, 15]. Sertraline is often preferred during lactation due to minimal transfer to breast milk. Other antidepressant classes may also be used depending on patient response and tolerability. In severe or psychotic depression, adjunctive therapies such as antipsychotics or electroconvulsive therapy (ECT) may be warranted [16, 17].

Psychological interventions play a crucial role in PPD management. Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT) have demonstrated significant efficacy in reducing depressive symptoms and improving maternal-infant bonding [2, 18]. Despite effectiveness, pharmacological treatment has limitations including concerns regarding breast milk exposure, neonatal safety, maternal reluctance, and stigma [7, 5]. These challenges lead many women to seek complementary and alternative medicine (CAM), including homoeopathy [9].

Homoeopathic Management

Homoeopathic management emphasizes individual susceptibility and constitutional assessment. Each mother's response to postpartum stress is shaped by temperament, constitution, and prior health history [8, 19]. Remedies are selected based on the totality of symptoms, with mental and emotional symptoms forming the cornerstone of evaluation [19, 20].

In homoeopathy, postpartum depression is viewed as a manifestation of disturbed vital force following childbirth, reflecting imbalance in mental, emotional, and physical spheres [8]. Treatment focuses on restoring holistic equilibrium rather than symptom suppression.

Homoeopathic management of postpartum depression is guided by core principles that emphasize the individualization of treatment and the totality of symptoms. Each patient is assessed as a unique individual, taking into account her physical, mental, and emotional constitution, as well as the context of her postpartum experience. The evaluation considers not only the presenting depressive symptoms but also underlying constitutional tendencies, miasmatic influences, and susceptibility to stress, allowing the practitioner to select the most appropriate remedy tailored to the mother's overall state [8, 18]. Treatment in homoeopathy is not symptom-suppressive alone; rather, it seeks to restore balance to the vital force and promote holistic wellbeing, ensuring both emotional and physical recovery. Regular follow-up is essential to monitor progress, reassess symptoms, and adjust remedies as needed, since the mental and emotional state of the postpartum mother may evolve over time [18, 10].

Several homoeopathic remedies have been found relevant in the management of postpartum depression, selected based on the mental, emotional, and physical symptom picture of the patient.

The selection of these remedies is individualized; some may be used constitutionally for long-term emotional balance, while others may address acute exacerbations of postpartum depressive symptoms [10, 11, 20]. By adhering to these principles, homoeopathic management aims to support maternal mental health safely, particularly in women concerned about pharmacological side effects or breastfeeding compatibility.

Homoeopathic Therapeutics for Postpartum Depression

Sepia

Sepia is frequently indicated in postpartum mothers who feel indifferent to their family or children, are irritable, impatient, or emotionally detached, and often complain of a sense of emptiness or being overburdened. Mental symptoms include weary indifference, irritability, and aversion to company, while emotional features often include mood swings, tearfulness, and a sense of being undervalued or neglected. Physical symptoms include fatigue, weakness, hormonal imbalance, and pelvic heaviness, often worse in the evening, with a tendency to seek solitude and relief by walking or resting alone. Sepia is especially indicated after exhausting labor or prolonged postpartum recovery [19, 21, 23, 24].

Pulsatilla

Pulsatilla is indicated in women who are gentle, emotional, and easily weepy, with frequent mood changes and dependency on consolation. Patients often experience changeable moods, vacillation, and clinginess, along with tearfulness that is comforted by sympathy. Symptoms are often linked to difficult labor, late delivery, or emotional

trauma during childbirth. Physical complaints may include digestive disturbances, menstrual irregularities, and heaviness in the abdomen [19, 21, 23, 24].

Ignatia amara

Ignatia is suitable for mothers experiencing grief, disappointment, or sudden emotional shocks during or after childbirth. Mental features include emotional lability, sighing, sudden mood changes, apprehension, and contradictory feelings. Physical manifestations may include tension headaches, palpitations, and nervous system hyperactivity. Ignatia is particularly helpful for postpartum women who suppress emotions or experience frequent mood swings following emotional stress [19, 21, 23, 24].

Natrum muriaticum

Natrum muriaticum is indicated for silent grief, introversion, suppressed emotions, and preoccupation with past sorrows. Patients often avoid consolation, may be withdrawn, and tend to dwell on perceived injustices. Physical symptoms such as headaches and dryness of mucous membranes are common, and tearfulness is often internalized rather than expressed [19, 21, 23, 24].

Cimicifuga racemosa

Cimicifuga racemosa is indicated in mothers with anxiety, restlessness, irritability, and depressive mood, especially when associated with uterine or ovarian disturbances. Physical symptoms may include backache, muscular stiffness, and oversensitivity to pain. Symptoms often worsen at night or during rest and improve with warmth, gentle motion, or change of position[19, 21, 23, 24].

Aurum metallicum

Aurum metallicum is used for mothers with profound sadness, feelings of worthlessness, guilt, and mild suicidal ideation. Patients often display perfectionist tendencies, overwork themselves, and experience insomnia, headaches, or chest tightness. Symptoms are often worse at night or after emotional exertion, and postpartum fatigue may be exacerbated by emotional strain[19, 21, 23, 24].

Staphysagria

Staphysagria is indicated for mothers who had underwent C-section. Women who suppress anger or resentment, with emotional irritability, mood swings, and hypersensitivity. Physical symptoms include weakness and fatigue postpartum, often exacerbated by emotional strain or childbirth trauma[19, 21, 23, 24].

Calcarea phosphorica

Calcarea phosphorica is indicated in mothers experiencing fatigue, mental dullness, irritability, and tearfulness, particularly when recovery from childbirth is slow. Patients may appear pale, weak, and suffer from bone or muscular pains. Exhaustion from physical or mental overstrain is common, and constitutional treatment may improve long-term vitality [19, 21, 23, 24].

Thuja

Thuja is indicated in mothers who have fixed ideas, insane will not let anyone approached or touched. Disinclined to talk. Dissatisfied, quarrelsome. Angry at trifles. Music causes weeping. Aversion to company. Fear of strangers. Physical symptoms may include exhaustion, sensitiveness of vagina, polyps on vagina. Sleeplessness from mental depression [19, 21, 23, 24].

Platinum metallicum

Platinum metallicum is indicated in mothers who has sadness, especially in the evening, with strong inclination to weep often alternating with excessive gaiety and buffoonery. Loud cries for help. Thinks she stand alone in the world. Has impulse to kill her own child. Has mania with great pride, with fault finding. Physical symptoms may include bearing down sensation, painful sensitiveness and constant pressure in genital organs [19, 21, 23, 24].

Aconite

Aconite is indicated in mothers with acute sudden violent attacks of anxiety, fear of death in postpartum period and depressed who have fear of crowd. Has illusions and delusions. Extreme restlessness. Symptoms ameliorated by open air. Also used for afterpains and uterine cramping that can occur with nursing [19, 21, 23, 24].

Phosphorus

Phosphorus is indicated in mothers who are experiencing anxiety and fear that something will happen to themselves or the baby in postpartum phase. Physically and mentally the person will be highly sensitive to external stimuli[19, 21, 23, 24].

Belladona

Belladona is indicated in mothers who gets anger suddenly which is associated with violent acts such as biting, hitting, striking etc.Has delirium, hallucinations, desires to escape. Disinclined to talk. Acuteness of all the senses[19, 21, 23, 24].

Single Remedy Rubrics From Synthesis Repertory For Postpartum Depression

1. Mind- Anguish- delivery after- Thuj
2. Mind- Answering- irrelevantly- delivery after- *Thuj*
3. Mind- Answering- confusedly as though thinking of something else- mania; in puerperal- puls
4. mind- Anxiety- fever- during- puerperal fever; during- *plat*
5. mind- Biting- mania; in puerperal- camph
6. MIND- Childish behavior- delivery after- apis
7. Mind- Delusion- Dirty- sexuality is dirty- delivery, since- berb
8. Mind- Escape, attempts to- mania puerperalis, in- *Stram*
9. Mind-Fear-death, of-delivery after- agn
10. Mind-Fear- poisoned- mania, in puerperal- *verat-v*
11. Mind- Hiding- himself- mania, in puerperal- *puls*
12. Mind- Indifference- fever, during- delivery; after puerperal- kali-c
13. Mind- Jumping- wild leaps in puerperal mania- *nux-v*
14. Mind- Kill; desire to, throw child; sudden impulse to- fire; Into- delivery; after- window; out of the- lyss
15. Mind- Kissing- mania puerperalis, in- *verat*
16. Mind- Looking- directions; in all- puerperal mania; in- *puls*
17. Mind- Malicious- delivery-after, puerperal- cham
18. Mind- Mania- puerperal- abuses her child- pulse, with full, hard- *cupr-act*
19. Mind- Mania- puerperal- abuses her child- quite and meditation amel- *Iod*

20. Mind- Naked, wants to be- bares- her breast in puerperal mania- *camph*
21. Mind- Quiet disposition- delivery, after-*Thuj*
22. Mind- Suicidal disposition- throwing- windows, from-delivery; during- after, puerperal- *Thuj*
23. Sleep- Disturbed- delivery; after- lyc
24. Sleep- Sleepiness- delivery; after- phel [28]

Review of Available Evidence on Homoeopathy in Postpartum Depression

Evidence supporting the role of homoeopathy in postpartum depression (PPD) is limited and primarily derived from case reports, narrative reviews, and small observational studies. Despite these constraints, the literature consistently highlights the potential benefits of individualized homoeopathic treatment in alleviating depressive symptoms, improving emotional stability, and enhancing maternal-infant bonding, particularly in mild to moderate cases [9-11, 20, 25-27].

Khanna [9] conducted a narrative review emphasizing the holistic and individualized approach of homoeopathy in postpartum women. The review suggested improvements in mood, anxiety, sleep disturbances, and emotional resilience. However, the absence of controlled trials was acknowledged, highlighting the preliminary nature of available evidence. Nivethitha and Lalithaa [10] presented case-based observations in postpartum women receiving individualized homoeopathic remedies. Reported outcomes included reductions in sadness, irritability, anxiety, and maternal-infant bonding difficulties. While promising, the study was limited by its small sample size and lack of control groups. Bhuvaneswari and Raj [11] utilized standardized depression assessment scales to monitor outcomes after homoeopathic intervention. Findings indicated improvements in depressive symptom scores, emotional stability, and maternal functioning. Nevertheless, methodological limitations—such as the absence of blinding and small participant numbers—prevented causal inference.

Sreevidhya *et al.* [20] provided a narrative review synthesizing psychiatric and homoeopathic perspectives on PPD. While no original clinical data were presented, the review highlighted commonly indicated remedies and emphasized the potential of individualized treatment as an adjunctive approach.

Senthil Kumar and Sudha Reddy [25], Valavan and Sharma [26], and Gautam [27] further described theoretical frameworks for homoeopathic management of PPD, underlining constitutional prescribing, individualized assessment, and attention to mental-emotional symptom patterns. These articles reinforced the rationale for homoeopathy but did not provide controlled outcome data.

Overall, while the evidence suggests that homoeopathy may offer supportive benefits in mild to moderate postpartum depression, the lack of randomized controlled trials, small sample sizes, heterogeneity in outcome measures, and reliance on observational designs significantly limit the strength of conclusions [11, 27]. High-quality trials using standardized assessments are essential to establish efficacy, safety, and reproducibility, and to define homoeopathy's role within integrative maternal mental health care.

Materials and Methods

The present work was undertaken as a narrative review of existing literature with the objective of examining the role of homoeopathy in the management of postpartum depression. As this was a literature-based study, no experimental procedures, clinical interventions, laboratory investigations, or human participants were involved.

Relevant literature was identified through a structured search of electronic databases, including PubMed, Google Scholar, and Ayush research portals. Additional sources were obtained by manually reviewing homoeopathic journals and standard reference textbooks. The scope of the study encompassed published national and international literature related to postpartum depression and homoeopathic management [1, 2].

The search strategy employed key terms such as *postpartum depression*, *puerperal depression*, *maternal mental health*, *homoeopathy*, and *complementary and alternative medicine*. Articles published in the English language up to the year 2025 were considered eligible for screening [3].

The inclusion criteria comprised narrative reviews, observational studies, case reports, and theoretical papers that discussed homoeopathic approaches to postpartum depression. Articles focusing solely on pharmacological interventions, unrelated psychiatric disorders, or populations outside the postpartum period were excluded from the review [4].

Data extracted from the selected sources included the type of study, nature of homoeopathic intervention, reported clinical outcomes related to depressive symptoms and emotional wellbeing, and methodological limitations. In addition, classical homoeopathic materia medica and repertories were consulted to identify remedies commonly indicated in postpartum mental disorders [5-7]. The collected information was subjected to qualitative synthesis to summarize current knowledge and trends.

Results

The literature search yielded a limited body of published work examining the use of homoeopathy in postpartum depression. The available literature primarily consisted of narrative reviews, case-based observations, and small observational studies, with no randomized controlled trials identified.

Across the reviewed publications, homoeopathic management was described as individualized, with remedy selection based on mental, emotional, and constitutional symptom profiles. Reported outcomes suggested potential improvement in depressive features such as low mood, anxiety, irritability, sleep disturbances, and emotional instability. Some studies also described perceived improvement in maternal functioning and maternal-infant bonding, particularly among women with mild to moderate symptom severity.

A number of homoeopathic remedies were recurrently mentioned in the literature, including *Sepia*, *Pulsatilla*, *Ignatia amara*, *Natrum muriaticum*, *Cimicifuga racemosa*, *Aurum metallicum*, and *Staphysagria*. Repertorial references indicated their association with puerperal mental states characterized by anxiety, indifference, fear, irritability, and suicidal ideation.

Although the findings were derived from studies with methodological constraints—such as small sample sizes, absence of control groups, lack of blinding, and heterogeneity in outcome assessment—the reviewed literature indicated a possible supportive role for homoeopathy in the management of postpartum depression,

with reports noting acceptable safety during lactation.

Discussion

This narrative review examined published literature addressing the role of homoeopathy in postpartum depression and identified a limited body of evidence, primarily comprising case reports, narrative reviews, and small observational studies. Across these sources, homoeopathic management was described in relation to improvements in depressive symptoms such as emotional instability, anxiety, sleep disturbances, and difficulties in maternal-infant bonding, particularly in women with mild to moderate postpartum depression [9-11, 20, 25-27]. However, these findings are based on descriptive observations rather than controlled clinical evaluations.

Postpartum depression is widely recognized as a multifactorial condition influenced by hormonal changes, psychological vulnerability, and social stressors [1, 12, 13]. Homoeopathy emphasizes individualized assessment and considers mental, emotional, and physical dimensions collectively, which conceptually aligns with the complex nature of postpartum mental health disturbances. The repeated mention of certain remedies, including *Sepia*, *Pulsatilla*, *Ignatia amara*, and *Natrum muriaticum*, across multiple publications suggests consistency within homoeopathic clinical practice; nevertheless, this consistency does not equate to established clinical efficacy [19-21, 23, 24].

One aspect frequently highlighted in the literature is the reported acceptability of homoeopathy during the lactation period. Concerns regarding medication exposure through breast milk may influence treatment choices among postpartum women [7, 14]. In this context, homoeopathy has been described as a well-tolerated option, although systematic safety assessments specific to postpartum depression are lacking. As such, claims regarding safety should be interpreted cautiously and within the limits of available evidence [9, 20].

The overall quality of evidence remains low due to methodological constraints, including small sample sizes, absence of control groups, lack of blinding, and variability in outcome assessment tools. These limitations prevent causal inference and restrict the generalizability of reported outcomes [11, 27]. Additionally, the absence of standardized treatment protocols and diagnostic criteria further complicates comparison across studies.

Given these limitations, the findings of this review should be regarded as exploratory. There is a clear need for well-designed clinical studies using standardized diagnostic frameworks and validated outcome measures to clarify the potential role of homoeopathy in postpartum depression. Until such evidence is available, homoeopathy cannot be recommended as a standalone treatment, and appropriate screening, clinical monitoring, and referral to mental health services remain essential components of postpartum care, particularly in moderate to severe cases [7, 22]

Conclusion

Postpartum depression (PPD) is a common, multifactorial disorder affecting maternal wellbeing, infant development, and family functioning. While conventional pharmacological and psychological interventions remain central, concerns about medication safety and side effects often lead women to seek complementary approaches. Homoeopathy, with its individualized and holistic framework, may offer a safe adjunct for mild to moderate PPD, potentially supporting emotional stability, maternal functioning, and maternal-infant bonding. However, limited evidence—primarily from case reports and narrative reviews—prevents definitive conclusions. Rigorous clinical trials and standardized outcome measures are needed to clarify homoeopathy's role in integrative postpartum mental health care.

Acknowledgement

The authors sincerely thank JIMSHMCH for the support and providing this opportunity to carry out and present this work. The authors declare that there are no conflicts of interest associated with this work.

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How to Cite This Article
Vastrala S, Aswathi KV, Chatterjee S. Postpartum depression and homoeopathy: A narrative review. International Journal of Homoeopathic Sciences. 2026; 10(1): 373-378.