Postpartum Depression and its Homoeopathic Management

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Abstract
Postpartum Depression (PPD) is a general and serious issue related to new mother’s mental health and new born development. PPD affects 10-15 percent of women approximately and impairs the mother-infant bonding which is essential for further development of the child. Maternal bonding, parental attachment plays much important role in development of child’s personal and social wellbeing it also aids in schooling, positive perception towards the life.

Keywords: Postpartum depression, maternal mental health, anxiety, antenatal depression, poor bonding with baby, anxiety

Introduction
Postpartum depression usually begins within the first month of life and lasts for more than two weeks, with severe psychological depression with other symptoms (social withdrawal, difficulty connecting with the baby, worthlessness and guilt). It is a mood disorder associated illness. A depression that occurs in a woman after giving birth, affecting about 1 in 7 new parents. PPD doesn't only affect the person who gave birth. It also affect a new father, surrogate mother and even adoptive parents. Pregnancy and childbirth are associated with dramatic changes in steroids and peptide hormones that alter the maternal Hypothalamic-Pituitary-Adrenal (HPA) axes and Hypothalamic-Pituitary-Gonad (HPG) axes. After giving birth, mother experience hormonal, physical, emotional, economic, and social changes. These changes give symptoms of postpartum depression. People experience hormonal, physical, emotional, financial and social changes after having a baby. These changes can cause symptoms of postpartum depression. In long term children of mothers who have postpartum depression may develop cognitive, emotional, developmental deficits and impaired social skills.

Stages of postpartum depressions-3 distinct stages
1. Acute phase.
2. Subacute phase-lasts for 2-6 weeks.
3. Delayed postpartum period -lasts up to 8 months.

Risk Factors
1. Long Term Baby blues.
2. Prenatal episode of postpartum depression.
3. History of depression of Mother.
4. History of depression of Family.
5. Marital conflicts, stressful events over the past year, financial difficulties, unpatented parenting, partner’s depression.
6. Lack of support from family members / partner (like financial, cognitive, child-care support).
7. History of mood swings temporarily associated with the menstrual cycle or the use of oral contraceptives.
8. Previous or Present inferior obstetric outcomes.

Causes
1. Unplanned pregnancy
2. Severe premenstrual syndrome
3. Stressful marriage or relationships
4. Lack of support from partner, family members
5. Single parent
6. Financial crisis
7. Severe illness during pregnancy
8. Lack of sleep or rest

**Signs and Symptoms**

1. Hopelessness
2. Decreased concentration and couldn’t make any decisions
3. Irritability and restlessness
4. Trouble bonding with baby
5. Often crying
6. Unreasonable anger
7. Loss of appetite or excessive eating
8. Headache, body pains
9. Thoughts about death, harming themselves or the baby
10. Altered sleep pattern
11. Unexplained weight loss or gain
12. Less energy and motivation to do things

**Diagnosis**

- Evaluating clinically
- Major Criteria of depression

Early diagnosis and treatment of PPD significantly improves outcomes for the women and their children. Postpartum depression (or other major mental illness) is diagnosed when a woman has more than 5 symptoms continuous for more than 2 weeks. Symptoms includes.

- Deprived mood along with loss of interest or joy and
- Significant weight loss/Gain and loss of appetite
- Insomnia / hypersomnia
- Psychomotor retardation or agitation
- Feeling of worthlessness / guilt / agony
- Diminished ability for concentration
- Suicidal thoughts or homicidal thoughts (women has to be asked particularly about this type of thoughts / illusions).

All women have to be screened at their postpartum visit for postpartum depressions using a valid screening tool. These tools include the Edinburgh postnatal depression-scale and the postpartum depression screening-scale. Patients with delusions, illusions, hallucinations or psychotic behaviours need to be evaluated for postpartum psychosis.

**Treatment**

Several types of psychotherapies can help women with postpartum depression such as:

- Cognitive Behavioural therapy (CBT): That helps people who suffer from depression and anxiety.
- CBT can be conducted for each single patient or in groups with people who has similar/identical complaints.
- Interpersonal Therapy (IPT): It’s an evidence-based therapy which has been used to treat depressions including postpartum depression.
- It helps to improve their communication skills within the relationships and to develop good networks of social support.

**Medication:** Commonly treated with anti-depressants.

**Homoeopathic Management**

**Aconitum Napellus**

This remedy is very useful for the women who have sever acute sudden violent attacks of anxiety, fear of death in postpartum phase and depressed, who have fear of crowded. Who have full of illusions and delusions.

**Aurum Metallicum**

Women who feel useless, who thinks life is worthless depressed and they have continuous suicidal thoughts. Slightest contradiction brings sever anger and fright brings depression.

**Sepia**

Sepia is one of the best treatments to help women with hormonal changes and is ideal for the postpartum period. This is especially useful for women suffering from baby blue and postpartum depression, that is, women who are frustrated, indifferent, Restless or stressed. A woman struggling to bond with her baby.

**Chamomilla**

Women who get anger often and abuse others with wild language and doesn’t have any respect for others, they are more irritable, quarrelsome. It’s a great remedy for postpartum emotional disturbance.

**Phytolacca**

Complaints associated with the breastfeeding also including engorgement, plugged ducts and painful nipples. She feels indifference to life, oversensitive, melancholy, fear of death.

**Natrum Mur**

Women who are always sad along with constant recollecting of bad past, anxiety thinking about future irritability, timidity, week memory, who often feels fatigue. Indifference towards life. Women who always tend to weep while laughing.

**Pulsatilla**

Pulsatilla can help women who are emotionally sensitive and prone to tears after childbirth. These women may be in need and anxiety and want constant affection, verification and upbringing. It helps to take in fresh air and avoid warm and sultry rooms. Finding a way to express / release emotions in some way will greatly help women when they experience this increased sensitivity during the postpartum period.

**Phosphorus**

This remedy is suitable for women who are afraid that something bad may happen to themselves or their baby. Many women who experience these fears and concerns during the postpartum period when they are afraid to be alone also experience increased sensitivity and malaise.

**Cisms Forte**

It is a great, very mild sleep aid and helps women who are tired but have sleep problems and are adapting to a significantly modified sleep schedule.

**Belladona**

Women who get anger suddenly which is associated with violent acts such as biting, hitting. It also helps the women
who excessively cry & laugh often, who doesn’t able to control their temper.

**Calcarea Carbonica**

This remedy can help woman who is overwhelmed during the postpartum period. In these women, weakness and malaise can lead to depression, anxiety, insomnia, and nightmares. People in need of this treatment often feel tired, cold, and tired of physical activity.

**Cimicifuga**

This remedy is for emotional and hormonal depression. A woman in need of this remedy may feel that a “dark cloud creeps into her life” and nothing is right. When she is anxious and depressed, she may begin to feel that she cannot take care of her baby. Alternatively, she can be excited, talkative, say or do irrational things.

**Prevention**

Regular antenatal and postnatal check-ups, counselling, maintaining healthy life style and well balanced diet, regular exercise can prevent.

**Conclusion**

Postpartum depression can affect any group, both the sex, predominately seen in women who are having chronic illness. If untreated it may cause many complications. By finding out the cause of the postpartum depression and considering the medical history and peculiar particular symptoms of the patient can be treated by homeopathic system of medicine and prevent further prognosis of this condition.

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