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## A review on postpartum depression and its homoeopathic management

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### Abstract

Most people believe that a woman's pregnancy is a period of happiness and emotional health. But for some women, becoming a mother and being pregnant make them more susceptible to psychiatric problems like Psychosis, Major depressive disorder, Eating or Generalized anxiety disorders etc. Because they are identified as an alterations in the mother's physiology or temperament brought on by pregnancy, these diseases are frequently underdiagnosed. Furthermore, due to worries about possible negative side effects of medication, such diseases are frequently not adequately addressed. Homoeopathy system of medicine can be a safe alternative for this problem.

**Keywords:** Postpartum depression, postnatal depression, homoeopathy, new mother depression, pregnancy, postpartum, baby blues

### Introduction

Due to constraints like time and worries over screenings and social acceptability, the majority of PPD cases go undetected. However, the most of undetected cases are likely a result of the social shame associated with being called a "sorrowful mother."

Many women score in the depressed range on a formal screening. They then acknowledge that they are depressed and acknowledge that their symptoms are not minimal nor transient. However, some object to the label "postpartum depression," which implies that their emotions are the result of having children. Because of the stigma associated with PPD diagnosis, these women experience humiliation, anxiety, embarrassment, and guilt<sup>[3]</sup>.

The dangerous robber known as postpartum depression has been accused of robbing expectant mothers of the precious time they had planned to spend with their babies<sup>[4]</sup>.

Despite the increasing number of research studies on postpartum depression conducted in India, there is a dearth of solid, systematic data examining the prevalence of postpartum depression as a whole and its risk factors<sup>[5]</sup>.

### Postpartum depression (PPD)

The most frequent mental health problem associated with childbirth is postpartum depression (PPD).<sup>2</sup>It can start sooner or after labour or as a continuation of depressive symptoms during pregnancy period and it needs to be treated. The worldwide prevalence has been estimated as 100–150 per 1000 births<sup>[5, 6]</sup>.

It frequently has potential negative effects on the new mother, her child, and her family if it is not treated. It has been linked to poorer IQ and behavioural issues in kids, as well as difficulties in mother-infant bonding<sup>[2]</sup>.

While maternal depression might increase a child's risk of developing emotional issues like anxiety, behavioural disorders, and severe depression, its treatment can help both moms and their offspring. Additionally, maternal melancholy makes it more likely that adverse effects of child feeding may occur and makes it harder to start or continue nursing<sup>[2, 7]</sup>.

The onset is usually within 12 weeks after delivery. During the first four to six weeks after giving birth, many women report having few emotional symptoms<sup>[8, 9]</sup>. Even 3 months, 6 months, or even 12 months after giving birth, it still happens<sup>[10]</sup>.

In line with DSM-5 "onset of mood symptoms occurs during pregnancy or within 4 weeks following delivery"<sup>[10, 11]</sup>.

### Epidemiology

Around 10 to 15 percent of all new mothers experience postpartum depression<sup>[3, 7, 8, 12]</sup>, however in other demographic groups, it might reach 35%<sup>[3]</sup>.

Around 1 in 7 women can develop postpartum depression (PPD) [13, 14].

**Risk factors**

**Table 1:** Risk factors associated with Postpartum Depression

<b>Past history</b>	<ul style="list-style-type: none"> <li>▪ Abortion,</li> <li>▪ Intra-uterine loss,</li> <li>▪ Post-partum psychosis.</li> <li>▪ Previous or family history of depression [15, 16].</li> <li>▪ Discontinuation of depression medication (s) (if any) [1].</li> <li>▪ Premenstrual syndrome</li> <li>▪ History of sexual abuse [13].</li> </ul>
<b>During pregnancy</b>	<ul style="list-style-type: none"> <li>▪ Depression.</li> <li>▪ Anxiety.</li> <li>▪ Stressful life events.</li> <li>▪ Early puerperium [2].</li> <li>▪ Emergency cesarean section and hospitalization [13, 14]</li> <li>▪ Smoking [13]</li> <li>▪ Health complications during pregnancy [14].</li> <li>▪ Low physical activity [17].</li> </ul>
<b>Other important factors</b>	<ul style="list-style-type: none"> <li>▪ Growing old.</li> <li>▪ A single mom.</li> <li>▪ A bad relationship with one's mother.</li> <li>▪ Unwanted or mixed feelings regarding pregnancy.</li> <li>▪ Inadequate social support</li> <li>▪ Significant other psycho-social stressors,</li> <li>▪ Severe baby blues [15].</li> <li>▪ Education level of mother [16, 18].</li> <li>▪ Self-esteem,</li> <li>▪ Childcare stress,</li> <li>▪ Stress in life,</li> <li>▪ Bad Marriage relationship,</li> <li>▪ Temperament of the child.</li> <li>▪ Social and economic status [4].</li> <li>▪ Financial difficulties</li> <li>▪ High parity [5].</li> <li>▪ A spouse or family member who is upset about the pregnancy [1].</li> <li>▪ Birth of female baby [5, 14, 19]</li> <li>▪ Sick baby [5, 20] or death of baby [5]</li> <li>▪ Maternal ill health [20]</li> <li>▪ Substance abuse by husband [5].</li> <li>▪ Residing in urban areas [5, 13] may be due to overcrowding</li> <li>▪ Reluctant to admit depressive symptoms in the fear of being labeled as bad mother [5].</li> <li>▪ Low serum ferritin [2].</li> <li>▪ Vitamin B6 [13, 21].</li> <li>▪ Low levels of oxytocin and unwanted early weaning [13, 22].</li> </ul>

**Aetiology**

- Physical, physiological and endocrinal changes taking place in one's body.
- Reformation of psyche in accordance with the new mother-role.
- Unconscious Intrapyschic conflicts concerning pregnancy, labour and motherhood [23]
- Birth of a female child, where a she was expecting a male child [5, 6, 14, 19, 24, 25]. One study says the contrary, that male child is associated with PPD [26].
- **Physical exhaustion:** Caused by painful squeals of pelvic injuries.

- **Breast feeding:** Though it has many goodness, in some cases it is difficult to establish. It can cause guilt in mother [14, 27].
- One of the biggest causes of irritation is lack of sleep.
- **Return to normal weight and attractiveness:** This could be endangered by stretch marks and additional weight gained during pregnancy.
- **Reduced libido:** Most likely, episiotomy and vaginal injury are the causes of pain during coition. But still, sexual activity is typically resumed within one to three months, albeit less frequently and with a delay in climax. Even marital life can become a strain because of this.
- The loss of job, income and leisure, as well as being stucked up in the house and boredom, can also be contributing factors [27].
- Untreated antenatal depression [1]

**Diagnostic criterias**

**DSM V**

“Postpartum depression given under Depressive Disorders, as subtype of Major depressive disorder, unspecified depressive disorder. 311 with peripartum onset. Onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery” [11].

**ICD 10**

“F53 - Mental and behavioural disorders associated with the puerperium. F53.0–Mild, F53.1–Severe, F53.8–Other, F53.9– unspecified, O99 - Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and puerperium, O99.3 - Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium”<sup>28</sup>

**Clinical features**

- Rapid mood change, including tearfulness, irritability, anxiety
- Loss of appetite or unusual increased appetite [4, 9]
- Miserable mood
- Nonexistence of happiness or curiosity in doing things
- Reduced or increased sleep
- Reduction in weight
- Lack of energy
- Nervousness or retardation
- Sentiments of unjustified guilt or worthlessness
- Decreased focus or lack of determination.
- Obsession about the infant's nutrition and health
- Frequent thoughts of death or suicide [2, 7, 10, 13].

**Prognosis**

Most postpartum depression episodes pass within 3 to 6 months, while 1 in 4 moms still experience postpartum depression at the child's first birthday and 13% even at two years.

In many affluent nations, suicide is the leading cause of maternal mortality within one year after giving birth, but its prevalence is lower than that of women of a comparable age who are not new mothers [10, 19].

If the treatment is early, then the prognosis is good [4].

**Evaluation**

“Edinburgh Postnatal Depression Scale (EPDS). It is a 10-item questionnaire filled out by patients. An EPDS cut-off

score equal to or greater than 10 is required to determine the risk for developing PPD” [13, 29].

### Treatment

Psychotherapies for 3-4 months.

In order to affect a positive change in emotional state, cognitive behavioural therapy alters maladaptive thought patterns, behaviours, or both.

Interpersonal psychotherapy helps to assist with the transition to parenthood.

Education and support [1, 10, 13].

Telephone based mother to mother supportive conversations has reduced depression scores [19].

### General management

Nutritional foods, regular work outs, and adequate sleep [10].

### Homoeopathic management

#### *Cimicifuga*

- **Pregnancy madness;** she believes she is losing her mind. She attempts to harm herself [31, 32].
- Sensation that she has a thick, black cloud covering her from head to toe, leaving her in total darkness and disarray.
- Illusion that mouse darting below her chair.
- **Mania or hysteria;** spasms that are hysterical or epileptic; a uterine disease-related response [32]

#### *Platina*

- Mental delusions, believing that everything about her was small, that everyone else was smaller and less intelligent than she was feeling of expansion in all directions.
- Trifling things cause intense annoyance, which lasts for a very long period.
- Life satisfaction accompanied by reserve and a fear of dying.
- For emotional patients who cry easily and alternately feel gay and depressed.
- Physical symptoms go away when mental symptoms emerge, and vice versa [31].
- Irrational desire to murder [32].

#### *Pulsatilla*

- She weeps frequently, making it difficult to describe her symptoms without crying [31, 32].
- Constantly shifting symptoms: not the same chills, stools, or attacks twice; feeling great one hour and awful the next; seems contradicting.
- Drawing, tearing, irregular, quickly shifting from one area to another pains;
- Nearly all complaints are accompanied by thirstlessness [31].

#### *SEPIA*

- Extreme grief and tears.
- Fear of meeting new people, of males, of being alone, and of having uterine problems.
- “Indifference”: even toward one's family, one's job, and the people she cares about most [31, 32].
- “Indolent”: does not desire to engage in any activity, including work or play or even mental effort.
- Furious, impatient, sensitive, easily offended, and miserable.

- Anxiety, alternating with irritability or depression.<sup>31</sup>

#### *Veratrum album*

- Diseases with rapid vital force sinking, full prostration, and collapse are adapted to.
- Cold sweat on the forehead; almost all complaints include this.
- Unable cannot stand to be left alone but steadfastly refuses to talk.
- Mania with the want to tear/cut things apart, especially clothing, and with obscene, lecherous, amorous, or religious language.
- **Face:** pale, blue, collapsed; Hippocratic features sunken; crimson while reclining; turns pale upon rising.
- Craving acids or energizing foods [31].

#### *Veratrum viride*

- Quarreling and delirium in general.
- Fever during puerperal period [32].
- **Convulsions:** blurred vision; basilar type of meningitis; spasms.
- Cerebro-spinal disorders, including opisthotonos, tetanic convulsions, dilated pupils, spasms, and cold, clammy perspiration [31].

Other drugs that can be thought of are, *Agnus Castus*, *Anacardium*, *Argentum Nitricum*, *Aurum Metallicum*, *Aurum Muriaticum*, *Belladonna*, *Conium Maculatum*, *Folliculinum*, *Ignatia*, *Kalium Bromatum*, *Lachesis*, *Lilium Tig*, *Mancinella*, *Natrum Muriaticum*, *Psorinum*, *Sulphur*, *Thuja*, *Tuberculinum*, *Zincum Met*.

### Conclusion

Management of postpartum depression is not explored well due to the danger of transmitting the antidepressants to new born babies during lactation [8]. Due to their immature hepatic and renal systems, immature blood-brain barriers, and developing neurological systems, new-borns and young infants are particularly susceptible to potential pharmacological effects [7]. Homoeopathy system of medicine is safe for all the age group and in any period of life, like antenatal and postnatal period. So, this study was undertaken to explore its benefits to the new mothers and create an awareness and usefulness of homoeopathy in postpartum depression.

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