

**MANAGEMENT OF POSTPARTUM DEPRESSION IN AYURVEDA -A  
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Article Received on 30 March 2026,

Article Revised on 20 April 2026,

Article Published on 01 May 2026,

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Hospital, Yeola, Nashik.**How to cite this Article:** Dr. Sakina Gulamus Nadeem\*<sup>1</sup>, Dr. Limanappa Garthe<sup>2</sup>, Dr. Darshani Kale<sup>3</sup>. (2026). Management of Postpartum Depression In Ayurveda -A Critical Case Study. World Journal of Pharmaceutical Research, 15(9), 899-906.

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**ABSTRACT**

Pregnancy and Puerperium are at times is sufficiently stressful to provoke mental illness. Today there is decrease in postpartum mother death due to availabilities of well-equipped hospitals but Postpartum Psychosis or other mental health conditions are increasing day by day. Among them the most common psychological effects following after childbirth is postpartum depression, it is very common in cities due to isolated and nuclear family pattern and lack of care in antenatal and postnatal phase due to lack of interest or treating the procedure as hectic job which has to perform not for themselves but for the society insane. The pathophysiology of development of the PPD is explained by different models like biological, psychological, integrated, and evolutionary models, which relate the result of the condition. Later in life, if PPD is not treated properly, it may results in developing obsessive-

compulsive disorder, anxiety and other psychological risk factors. It also affects the mother-child bonding. Postpartum depression (PPD) not only affects the mother but also has a significant negative impact on the child's emotional, mental as well as intellectual development if left untreated, which can later have long-term complications in them. We can easily prevent it by early diagnosis and timely care and management of the mother by using holistic approach of Ayurveda. Understanding the underlying pathophysiology would also go

a long way in preventing and managing the disorder Sootika Vishada which is similar condition mentioned in Ayurvedic texts.

**KEYWORDS:** Pregnancy, Postpartum, Ayurveda, Unmaad, Vishada, Postpartum, Puerperium.

## INTRODUCTION

In Ayurveda a woman is called as Sootika just as she gives birth to a new born (Sadyah-prasoota-stree-sootika). This Sootika period is considered as about 45 days known as Sootika-kala, in this phase the body and mind are in delicate condition because of physical and mental exertion through the course of pregnancy. In this phase during she needs to restore her physical and mental strength. In recent lifestyle situation this period is also getting stress away, resulting more depletion in physical as well as mental health. This situation worsening their physical health as increasing of Vata dosha and diminishing the Agni tatva and mental health gets disturbed due to increase in Raja, Tama guna and depletion of Satva guna. Due to dominances of Vata its Nanatmaja Vyadhi - Vishada is about to happen in this Sootika period.<sup>[1]</sup> This Vishada condition occurs in Sootika is known as Sootika-Vishada i.e. Post-Partum Depression (PPD) which is affecting 10 % to 20% (i.e. one in eight) of new mothers every year.<sup>[2]</sup> Psychiatric Postpartum experiences is categories in three: Puerperal Blues, Postpartum Depression and Postpartum Psychosis (Schizophrenia)<sup>[3]</sup> by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders – V(DSM- V). Postpartum Psychosis i.e. Sootika unmaada is closely related to mood disorders, mainly bipolar and major depressive disorder.<sup>[3]</sup> Here we will discuss the Postpartum Depression (PPD) of our patient that has been treated and managed using Ayurveda using subjective as well as objective criteria i.e. Edinburgh Postnatal Depression Scale (EPDS).

## Patient information

A 30 years old Indian woman came in our hospital, Prasuti Tantra and Streeroga OPD on 20<sup>th</sup> day of full term normal delivery. Patient's physical examination was carried out and they in normal limits. Pittapradhan Kaphaj was the Patient's Prakruti (body constitution). Patient does not have any past drug addiction or drug abuse history. There was no family history for mental diseases. Initially patient was suffering from insomnia, anemia, loneliness, anxiety, nausea, fortnightly hyper emetic episodes in her pre partum period. During pregnancy she was twice hospitalized for intravenous Iron supplementation infusion for correcting hemoglobin. She also suffered with hypertension and tachycardia during her pregnancy.

Smiling for patient as of before was difficult, she also become inattentive, tearful, experiencing crying spells, lost interest in day to day chores, self-care, baby care, indecisiveness. By the time anxiety got worsened, she was refusing to hold the baby in her arms with the fear of fall, got skeptical for her capability regarding baby care and feeding skills. She got abandoned from social contacts. Also her weight during last month of pregnancy gained from 56 to 64 kgs.

### **Clinical findings**

Patient's vitals were stable. Prodromal signs and symptoms of Unmad in this patient were Dhivibhram (confused state of mind), Satwapariplava (fickleness of mind), Paryakula drushti (perplexed look), she was not making eye contact while speaking, Adhirta (restlessness). The patient refused to take a seat, settle down, and talk to anyone in the vicinity. Hridayshunyata (mental vaccum), patient was inattentive, gazing blankly.<sup>[5]</sup> Though, Abaddhavaktwa (irrelevant talk) was not seen in the patient but, patient was continuously speaking about her dilemma about her baby care, She was feeling worthlessness.

### **Diagnostic assessment (Table 1.)**

Mental derangement occurred in Sootika kaal (Postpartum period) is called as Sootika Unmad (Postpartum depression).<sup>[6]</sup> There is Unmad symptom checklist (USC) for diagnosing Unmad and Tridosha.<sup>[7]</sup> Patient has been assessed with the help of Edinburgh Postnatal Depression Scale (EPDS). The patient is well-educated and proficient in reading and comprehending the English language. Patient was requested to complete the questionnaire on own, without assistance or encouragement from any of family members. Initial EPDS score of the patient was 24 (table 1). As per the score patient had severe PPD. Prognosis was good as the patient was negative with the suicidal ideation and inclination towards self-harm and had no such history. Orientation was well. Patient was diagnosed as Sootika Unmad as per present symptoms Unmad. Unmad is a Tridoshajanya Vyadhi.

Table 1.

Check-up dates	Signs/ symptoms	EPDS Score	Treatment
First visit Date- 24/12/25	Overthinking with mind clogged, Blank looking eyes, speaking low with few words, pale face with weight gain, inattentive to child.	24	1)Ghritapan- 1 spoon with warm water 2)Sidharthak gutika 500 mg OD. 3) Saraswatarishtha 15 ml BD. 4) Brahmi vati 500 mg 1 BD.
follow-up Date- 28/01/2026	Reduction in above symptoms	14	Continued all
Second follow-up Date- 25/02/2026	More reduced symptoms	06	Continued all

### Therapeutic interventions

Patient was well oriented with time, place and recognition of people. Hence, the decision of only medical management was made. She was counselled about baby care and self-care for 40-45 minutes. Considering Unmad a Urdhwajatrugat Vyadhi (diseases affecting body parts above clavicle), as per SharangdharaSamhita, Nishi aushadh sevan kaal (medication at night), was decided. Sidharthakadi Gulika (Table 2) one tablet of 500 mg, (prepared by GMP certified company) was advised to take orally once a day after dinner continued till latest session approximately for three months. Saraswatarishta 15 ml BD and Brahmi Vati 500mg at night was given after meals. As per the principle of treatment of Unmad by Chakradatta, keeping in mind, the presence of Aavarana (occlusion by kapha dosa) in Samprapti (pathogenesis) of Unmad, Ishat (small dose) of Sneha (Fat/oil here Ghee) should be given in any type of Unmad for the purpose of Vaatshaman. Being Sootika kaal (Postpartum period), existence of aggravated Vaat was obvious. Among all Snehas, Goghrit (cow ghee) was chosen; as it has Medhya (nootropic action). Sootika as Sukumaar Avastha (Vulnerable condition), daily Apaana kale (empty stomach), two teaspoonful of Ghritapaana (drinking ghee) with milk, as a Rasayan (tonic) was advised. Patient willingly approached twice for telephonic counselling sessions and discussed and asked queries about baby care.

**Table 2: Medication details.**

<ul style="list-style-type: none"> <li>• Sidharthak gutika</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Key Ingredients:</b> Vacha (Acorus calamus), Hingu (Asafoetida), Siddharthaka (White Mustard), and Haritaki (Terminalia chebula).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Benefits:</b> Acts as a nervous system calmativ, aids in memory and speech clarity (Medhya), and acts as an anticonvulsant.</li> </ul>
<ul style="list-style-type: none"> <li>• Saraswatarishtha</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Ingredients</b> It contains ingredients like Brahmi, Shatavari, Haritak, Ash wagandha, and often gold ash (in some preparations), acting as a Medhya Rasayana (cognitive booster).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Key Benefits and Uses: Brain &amp; Mental Health:</b> Enhances memory, focus, and cognitive skills while supporting mental clarity and cognitive performance.</li> <li>• <b>Neurological Disorders:</b> Aids in managing epilepsy, anxiety</li> </ul>
<ul style="list-style-type: none"> <li>• Brahmi vati-</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Contents</b> Brahmi Vati typically combines Brahmi (Bacopa monnieri)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Effects-</b> Acts as a nervine tonic that calms the mind, helping with nervousness, insomnia, and mental fatigue</li> </ul>

### Follow up and Outcomes

It was made sure that the patient adhered to the treatment as patient's spouse was chosen as the responsible person who was giving the medication, he was the one who brought the patient first time. After a period of one month of treatment, patient was assessed with the EPDS where she scored 14 and after two months 6. Drug was well tolerated by the patient and no adverse effects was reported during and after the medication. These two check-up sessions have shown improvement. Improvement in baby care-taking and herself was observed by clinician. The latest score shown mild PPD. Patient got able to respond to the humour. Patient also gained self-confidence for ability to care of child. Patient's weight in latest session was 55 kg.

### DISCUSSION

Patient and their relative should consult the doctor as soon as they realize the condition of postpartum depression, for the benefit of patients and better prognosis. Patient at any age of becoming mother with FTND or LSCS too can get affected with PPD. Since PPD is caused by changed in estrogen hormones levels during the pre-partum and postpartum periods, so medical therapy is essential. Only counseling cannot help to cure PPD. Diet and well nourishment food, with the family atmosphere is important for healing.

Ayurveda has a holistic approach with Satva-avajya chikitsa with regular counseling, and internal medicine for Virechana chikitsa for 7 days and then oral shaman medicine like

Sidharthak gutika, Saraswatarishtha, Brahmi vati with Panchakarma therapy of Takra dhara for 7 days was administered and boosts the treatment with Viddha karma of Unmaad. This regimine was given for three month initially and regular follow was taken at interval of 7 days with Satva-avajya chikitsa. This showed improvements in the clinical signs and symptoms of Sootika Unmada or Post-partum depression.

Improvement in patient was from severe/moderate PPD to mild PPD within months. Contents of Sidharthakadi Gutika are anti-convulsant<sup>[4]</sup>, neuroprotective extends life of neurons in mild dose, anti-aging<sup>[7]</sup>, anti-oxidants<sup>[8],[9]</sup>, adaptogenic<sup>[10]</sup>, nootropic<sup>[11]</sup>, anxiolytic<sup>[11]</sup>, anti-depressant<sup>[11],[14]</sup>, anti-convulsant<sup>[11]</sup> and anti-stress activity.<sup>[11]</sup>

## CONCLUSION

Early diagnosis and proper Ayurveda management with the above regimen can be a game changer in the treatment of PPD. As per the recent trend, predisposing factors for PPD have dramatically got changed, hence the traditional criterion for PPD should be replaced with clinical assessment, simple self-report instruments, and questionnaires provided to patient. This can help in early diagnosis of PPD, which is a common but severe disorder; that affects many mothers after childbirth who is ignored and not given much importance.

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