

**CLASSIC VIEW ON POSTPARTUM DEPRESSION THROUGH
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ABSTRACT

Parenthood is close to heavenly nature. It is one among the holiest help to humankind. During this achievement improvement many new moms experience numerous physical and mental changes. At this stage, ladies stay needing appropriate help, direction and consolation to adapt up new accomplishments. Without sufficient rest, legitimate adjusted nourishment and moral help, one out of each and every eight moms is inclined to foster the clinical signs and side effects of Postpartum Depression. These incorporate rest aggravation, anorexia, inordinate crying, dread, terribleness, mind-set swings, crabbiness, unfit to security with infant and self-destructive considerations. So it is critical to forestall and oversee Postpartum Depression. Ayurveda assumes a significant part in anticipation and the board of Postpartum Depression through the key methodology of Sootika Paricharya (Postpartum routine), which integrates diet and personal conduct standard and

medicaments. These assistance to forestall as well as deals with the episodes of Postpartum Depression and furthermore guarantee physical and mental development and improvement of youngster.

KEYWORDS: *Ayurveda, EPDS, Sootika roga, Satwavajaya Chikitsa, Yoga.*

INTRODUCTION

American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorder-V (DSM V) separates the mental post pregnancy encounters into three classes:

Puerperal Blues, Postpartum Depression, Postpartum Psychosis (Schizophrenia).^[1] Puerperal Blues is a transient condition of dysfunctional behavior noticed 4-5 days after conveyance and keep going for not many days. Almost half of the post pregnancy ladies experience the ill effects of this issue. Signs are-sadness, uneasiness, mournfulness, sleep deprivation, powerlessness and gloomy inclination toward the newborn child. No particular metabolic or endocrine irregularities have been recognized, yet a brought down tryptophan level is seen which recommends modified synapse work. These side effects generally resolve by consolation and mental help by relatives. Post birth anxiety (PPD) otherwise called Postpartum Major Depression, saw in 10-20% of puerperal ladies. It is more steady in beginning over the initial 4-6 months following conveyance or early termination and can last upto at least two years. Changes in the hypothalamo-pituitary-adrenal hub might be a reason appeared as loss of energy and hunger, a sleeping disorder, social withdrawal, peevishness and, surprisingly, self-destructive inclination. Chance of repeat is high (50-100 percent) in resulting pregnancies. Post pregnancy Psychosis saw in around 0.14-0.26% of puerperal ladies, with previous history of Psychosis or with a positive family ancestry. Appeared by dread, anxiety, disarray followed by mind flights, dreams and confusion (generally hyper or burdensome). Crazy ladies might have fancies, self-destructive and infanticidal driving forces which might require an impermanent separation and nursing management. Hazard of repeat in the resulting pregnancy is 20-25% and there is expanded gamble of maniacal sickness outside pregnancy also.^[2] PPD falls in the center, happening in 10-20% of post pregnancy ladies and giving a scope of gentle to serious burdensome side effects. Without therapy, the presence of PPD considerably expands the gamble of ongoing and treatment safe misery and self destruction. Untreated PPD may likewise bring about unfortunate baby connection; mental, close to home and conduct issues in youngsters that might endure through adulthood, lackluster showing of newborn child security measures, unfortunate baby development and diminished breastfeeding.^[3-9] Albeit early reference and treatment are key in forestalling dependable and genuine results in both mother and youngster, numerous ladies with PPD are worried about impacts of psychotropic prescription on their breastfeeding newborn children. The American Academy of Pediatrics consider antidepressants of worry for breastfeeding infants.^[10] Hence the job of Ayurveda is significant for counteraction and the executives of PPD. According to Ayurveda sootika is a lady who has either recently conceived an offspring or is in the time of as long as about a month and a half post-natal period. At this period, friendly eating regimen, confirmation and cherishing care forestalls the puerperal disorders.^[11] Be that as it may, presently a days sootika is exposed to tremendous anxiety in

view of the developing way of life fitting current day needs, which extraordinarily impact her homegrown propensities as well as state of mind. Because of deficient physical and mental help during this critical stage lady is defenseless against various illnesses since there is normal consumption in Agni and expansion in vata, which are the superb foundations for infections during sootika kala. Alongside this there happens a modification in the nourishing, physical and mental connection between the mother and kid after conveyance. Vishada which is a VatajaNanatmajaVyadhi is one among such circumstances which impacts sootika. Sootika Vishada can be perceived as PPD. 64 sorts of sootika roga alongside their administration is inspired in Ayurveda. Among these infection mental problems likewise have been referenced e.g Pralapa, Unmada, Bhrama.^[12] These issues can be in a roundabout way connected with Postpartum Psychiatric problem.

ETIOLOGY OF *Sutika Vishada* (PPD)

Chandogyopanishad 1/third of rasa dhatu supports the manas. There is rasa kshaya in sootika because of nine months of garbhiniavastha. Ksheena rasa can't sustain manas enough. This condition prompts alpasatvata, increment of rajasikata and tamasikata in manas. The vrudhvatata upsets manasikakadoshas, and produces side effects like bhramsha of bala(shareerika and manasika), bhramsha of nidra and indriyas(which incorporates manas) pralapa,bhrama and deenata. This condition totally co-relates with signs and Symptoms of PPD. The specific reason and pathogenesis of PPD is obscure.

Various theories based on physiological changes have been postulated

- Hormonal excesses or deficiencies of estrogen, progesterone, prolactin, thyroxine and tryptophan.^[13]

Other theories cite numerous psychosocial factors associated with PMD

- Marital conflict.
- Child-care difficulties (feeding, sleeping, health problems).
- Perception by mother of an infant with a difficult temperament.
- History of family or personal depression.

Higher rates of depression were noted among women who

- Had less than a high school education
- Were less than 19 years old
- Resided in a household with inadequate income

- Experienced an unintended pregnancy
- Reported being abused before or during pregnancy
- Had 0 to 1 person as a source of social support
- Unmarried
- Reported 6 to 18 stress factors during pregnancy

Risk For Postpartum Depression

- Family history of mood disorder
- Anxiety/depression during pregnancy
- Previous postpartum depression
- Baby blues following current delivery
- Child-care difficulties: Feeding, Sleeping, Health
- Mental Conflict
- Stressful life events
- Poor social support

Clinical Presentation

Post pregnancy anxiety as a rule starts inside 4-6 months after conveyance. In certain ladies, post pregnancy blues basically proceed and turn out to be more serious. In others, a time of prosperity after conveyance is trailed by a continuous beginning of despondency. The examples of side effects in ladies with post pregnancy anxiety are like those in ladies who have misery irrelevant to labor. Proof from epidemiological and clinical investigations proposes that temperament unsettling influences following labor are not fundamentally not quite the same as emotional diseases that happen in ladies at different times.

Postpartum depression is characterized by

- Tearfulness
- Despondency
- Emotional liability
- Feelings of guilt
- Loss of appetite
- Sleep disturbance
- Feelings of being inadequate
- Unable to cope with the infant

- Poor concentration and memory
- Fatigue and irritability
- Some women may worry excessively about the child health or feeding habits and see themselves as bad, inadequate or unloving mothers.

Diagnosis

There are two principal characterization framework utilized inside psychiatry. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders(DSM-V) and The International Classification of Diseases (ICD-10), Published by the World Health Organization (World Health Organization).

The DSM-V (American Psychiatric Association) and ICD-10 (World Health Organization) contain normalized, operationalized symptomatic rules for known mental issues and are utilized universally to determine patients to have PPD.

As of now, Postpartum despondency isn't named a different illness by its own doing: it is analyzed as a component of viable or disposition problems in both DSM-V(American Psychiatric Association) and ICD-10. Inside DSM-V there is a specifier with post pregnancy beginning to recognize emotional or brief crazy episodes that happen during the post pregnancy: an episode is determined as having a post pregnancy beginning assuming it happens inside the initial a month after delivery(American Psychiatric Association).Similarly in ICD-10, the episode should be analyzed inside a really demonstrative class with the specifier to show the relationship with the puerperium(WHO).

Diagnostic Scale^[13-15]

Just three misery screening apparatuses are planned and approved explicitly to gloom identify PPD really: The Edinburgh Postnatal Depression Scale(EPDS)(Cox et al, 1987), Postnatal Checklist(Beck, 1995), and the Postpartum Depression Screening Scale (PDSS)(Beck and Gable, 2000). Scales created to evaluate for discouragement in everyone may not recognize PPD as due to the cross-over of substantial symptoms(sleep aggravation, fatigability, loss of craving, substantial distraction, loss of libido, unfortunate self-perception) with the actual changes in post pregnancy period. The EPDS, Postpartum checklist, and PDSS were intended to limit the impacts of this cross-over in the appraisal of. The EPDS, a normalized self-detailed survey. The PDSS made explicitly for post pregnancy ladies and is a 35-thing, self report poll which around 5 to 10 minutes to finish.

Time To Screen

Mind-set variance are incredibly normal during the main post pregnancy week, with around 60-85% of ladies detailing gentle to direct disposition side effects or "the blues". While this might confuse screening, concentrates on which have utilized the EPDS to evaluate for burdensome side effects inside the main post pregnancy week propose that the EPDS might be utilized to anticipate which ladies will proceed to have post birth anxiety. Ladies who score 9 or more noteworthy on the EPDS score, multiple times as liable to have post birth anxiety at week 4 than ladies with lower EPDs scores.

TREATMENT

Treatment of post birth anxiety relies on the introducing signs and symptoms. There are different ways of treating post birth anxiety like Sarwavajaya Chikitsa (mental advising), Shaman Chikitsa, way of life change, follow Sutika Paricharya, Yoga and Pranayama.

1. *Satwavajaya Chikitsa* (Psychological counselling)- It includes

a) **Cognitive Behavioural Therapy (CBT)**

It is the mix of psychotherapy and conduct treatment. It chips away at the essential that any thought might set off the condition of discouragement. The patient is shown how to deal with the connection between her concern, conduct, considerations and perspective. The point of this treatment is to change the negative considerations designs so they become increasingly sure.

b) **Interpersonal Therapy (IPT)**

It is a type of psychotherapy in which there is an immediate cooperation between the doctor and patient impacted by sadness. In this treatment four significant trouble spots of patient are engaged. These are relational clash, distress, life stage advances and shortages. It has been perceived as a successful method of treatment.

Satwavajayachikitsa, through guiding assists mother with refraining her psychological action away from ahitaarthas and gives better considerations by giving atmavijnanam. This uplifting outlook itself gets a mother far from PPD. If there should be an occurrence of currently discouraged moms normal advising from the experts and confirmations from family and adored one's will contribute significantly to the upgrade of mental endurance.

2. *Shaman Chikitsa*

Wide scope of antidepressants (SSRI-Selective serotonin reuptake inhibitors)^[17] is utilized in the treatment of melancholy. In any case, these may make related side impacts and furthermore adjust bosom milk emission.

Sootika is to be managed with drugs having rasayana and brihmana properties like shatavari, ashwagandha, lashuna and kushmanda seared in ghrita.^[18] Drugs like ashwagandha are demonstrated to be helpful in pressure. These rasayana's guide in plan of prashasta rasadi dhatus, prompting purnarnaveekarana(rejuvenation) of dhatus, there by controlling different physical and mental capacities.

3. Life style Modification

a) Avoid isolation and share feelings- She should avoid being isolated and discuss feelings with her friends, family or partner which the perspective to handle the situation can be obtained.

4. Follow *Sootika Paricharya*^[19-21]

As Sootika's agni is in manda state, agnideepanahara and aushadha turns into the excellent line of treatment in dealing with the condition. It tends to be perceived that the deepana pachana dravyas eliminate srotoavarodha due to their teekshna and ushana properties and help in legitimate working of manovahasrotas. Studies have demonstrated that trikatu helps in advancing mental capacities, and panchakola is shown to be useful in keeping up with appropriate myelination. Vataniyamana placates the manodoshas as it is said "Pavanobadhyate yena manas stenaiva badhyate."

As improvement of agni is valued by kshutpradurbhava in sootika, she ought to be managed ahara dravya which does poshana and vardhana of dhatus. Yava, kola kulatthayusha or mamsa rasa, laghuannapaana is educated with adequate amount concerning Sneha,lavana amladravyas. The Snigdha and hridya dravyas utilized for dhatusvardhana, does poshana of rasadidhatus and advance progressive dhatu recovery.

This treatment helps in keeping up with and improving the nature of rasadidhatus and making the framework independent to recover and recover on itself. Prashasta rasadhatus additionally affirm the arrangement of uttamastanya guaranteeing appropriate development and improvement of kid.

Abhyanga for sootika is suggested with bala taila in nyubja (hunch back) position. Parishechana is finished utilizing kwatha arranged of vataharadravyas which go about as vedanahara and vatashamana. Abhyanga tightens up the pelvic floor and eases the solid fit. It additionally further develops the blood course and accordingly soothingly affect the sensory system and endocrine arrangement of body. Also, it delivers the endorphins which further develop the physical as well as mental prosperity, so it decreases the pressure and gloom.

5. Yoga and Pranayama for Postpartum Depression^[22]

Yoga goes about as an incredible asset in easing pressure, nervousness and discouragement. It helps by upgrading the rest quality as well as psychological well-being in ladies. Yoga asanas works on the dissemination and increment the levels. In a review, ladies with post pregnancy anxiety went to the yoga classes for a considerable length of time, among them 78% encountered a stamped and clinically critical improvement in side effects of sorrow and uneasiness.

Advantageous Yoga asanas are

Shavasana, sukhasana, utanapadasana, Pranayama-anuloma, viloma has additionally an incredible effect over the neurological and mental pain. It is amazing for purifying and detoxification and it praises yoga for the administration of wretchedness and uneasiness. Bhramari pranayama is the one which is likewise useful in treating misery. In this breathing style, a murmuring sound of a honey bee is made. It additionally affects the psyche.

CONCLUSION

Post pregnancy anxiety is a not kidding condition influencing the maternal mortality and grimness rate. There is additionally diminished mother baby holding. Post pregnancy screening helps in the early acknowledgment of sorrow. Analysis and treatment relies on the introducing clinical signs and side effects. Further developing way of life and embracing Ayurveda will be solid for this condition. Way of life alteration, family support, sootika paricharya, yoga and pranayama could demonstrate viable. This routine assists the patient with battling against the downturn and recover the strength that assists her body with returning to surmised pre-pregnant state. It additionally reestablishes the imperativeness and eases the psychological pressure and uneasiness.

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