

**POSTPARTUM DEPRESSION: THE SILENT STRUGGLE****\*<sup>1</sup>Bhanuja Singh Jodha and <sup>2</sup>Dr. Rekha Juneja**

<sup>1</sup>MD Scholar, Sri Ganganagar Homoeopathic Medical College & Research Institute, Tantia University, Sri Ganganagar, Rajasthan.

<sup>2</sup>Professor (Dr.) Sri Ganganagar Homoeopathic Medical College & Research Institute, Tantia University, Sri Ganganagar, Rajasthan.

Article Received on  
28 January 2024,

Revised on 18 Feb. 2024,  
Accepted on 08 March 2024

DOI: 10. 20959/wjpr20246-31678



**\*Corresponding Author**

**Bhanuja Singh Jodha**

MD Scholar, Sri

Ganganagar Homoeopathic

Medical College &

Research Institute, Tantia

University, Sri Ganganagar,

Rajasthan.

**ABSTRACT**

The postpartum period is a time of immense joy and adjustment for new mothers. However, it can also bring about unexpected challenges, such as postpartum depression. This condition affects many women and can have a significant impact on their mental health and overall well-being. Homoeopathy is a holistic system of medicine. It treats the individual as a whole, addressing not only the physical symptoms but also the underlying emotional and mental imbalances. In treating postpartum depression homoeopathy plays a pivotal role in combating all its symptoms.

**KEYWORDS:** Postpartum Blues, Postpartum Depression, Homoeopathy Holistic approach

**INTRODUCTION**

Postpartum depression is a mental health disorder that affects women after they have given birth. It is estimated that around 10 to 20 percent of new mothers experience postpartum depression, although the actual numbers may be much higher due to underreporting and lack of awareness. This condition can occur within the first few weeks after delivery, but it can also develop up to a year after giving birth. The symptoms of postpartum depression vary from mild to severe and can last for weeks or even months if left untreated. Some common signs include feelings of sadness, anxiety, and restlessness, as well as changes in appetite and sleep patterns. Women with postpartum depression may also experience difficulty bonding with their baby, lack of energy, and thoughts of harming themselves or their child. A number of contributory factors can impact a woman

simultaneously during her Postpartum period such as low socioeconomic status, any previous history of depression, premenstrual syndrome, episodes of anxiety and depression during pregnancy, postpartum blues, and lack of social and emotional support at home, history of domestic violence, abortion or birth of a female baby. It is crucial for healthcare professionals, family members, and friends to recognize the signs of postpartum depression and provide support and resources for affected individuals. By fostering a supportive environment and encouraging open discussions about postpartum depression, we can help new mothers feel less alone and ensure they receive the help they need to overcome this challenging condition.

## DEFINATION

Episodes of depression beginning within 4 weeks of giving birth. This time period corresponds to the rapid hormonal changes posited to contribute to vulnerability to depression. However, because psychosocial factors also play a major role in triggering postpartum depression, most researchers use a working definition of the postpartum period as lasting up to 6 months after delivery.

### The different types of postpartum depression are

Most people think that postpartum depression is characterized by sadness, anxiety, and chronic fatigue. However, postpartum depression has a variety of symptoms. Each type has unique risk factors, signs and symptoms, treatment courses and progressions. The types are divided by severity. Symptoms can range from short-term, mild, acute, intense, chronic, and severe.

- Postpartum Blues (also referred to as “baby blues”)
- Postpartum Anxiety
- Postpartum Obsessive-Compulsive Disorder (OCD)
- Postpartum Panic Disorder
- Postpartum Post-Traumatic Stress Disorder (PTSD)
- Postpartum Psychosis

1. **Postpartum blues**, also called baby blues, is the most common form of postpartum mood disorder. It affects approximately 50% to 85% of women. Postpartum blues is the mildest form of postpartum depression. It occurs within the first few weeks after delivering a baby and generally only lasts a few hours or days. It goes away completely within about two weeks.

2. **Postpartum Anxiety** - Postpartum Anxiety Disorder is another common mood disorder developed after giving birth. It often goes undiagnosed because many believe new mothers are naturally anxious. Therefore, some symptoms of postpartum anxiety may seem “normal.”. Persistent fears and worries, High tension and stress and Inability to relax are few of its symptoms.
3. **Postpartum Obsessive-Compulsive Disorder (OCD)** – It is an anxiety mood disorder that affects roughly 3% to 5% of postpartum women. Symptoms of postpartum OCD include intrusive and persistent thoughts. These thoughts usually involve harming—or even killing—the baby. Other behavioral characteristics of postpartum OCD include compulsive habits, such as repetitive cleaning and changing of the baby.
4. **Postpartum Panic Disorder** – It is a postpartum mood disorder involving severe anxiety levels. It occurs in up to 10% of postpartum women. Women with postpartum panic disorder suffer from extreme anxiousness and repeated panic attacks with Shortness of breath, Tightening of the chest, Heart palpitations Consistent and excessive worry/fear
5. **Postpartum Post-Traumatic Stress Disorder (PTSD)** - It is a unique form of postpartum depression. It affects over 9% of postpartum women. Symptoms of postpartum PTSD result from some real or perceived threat to the mother eg. Birth complications the baby being sent to the NICU, unplanned C-sections, other injuries the woman suffered during delivery. Symptoms include Reliving the trauma in flashbacks and memories, difficulty sleeping, feeling detached or numb to reality
6. **Postpartum Psychosis** - It is the most serious form of any postpartum mood disorder, though it is extremely rare. Approximately 1 to 2 mothers out of every 1,000 childbirths will develop postpartum psychosis. Postpartum psychosis generally begins within the first few weeks after delivering the child. Symptoms included hallucinations, delusional thoughts, extreme agitation, hyperactivity, confusion and poor judgment.

### Symptoms of Postpartum Depression

- Mood swings
- Trouble sleeping
- Anger and irritability
- Feelings of worthlessness
- Moderate to major depression
- Fatigue
- Excessive crying

- Inability to bond with their new baby
- Anxiety, worry, and/or fear

### Signs of Postpartum Depression

If you or your loved one is struggling, there are some signs of postpartum depression to watch for, such as

- Withdrawal from friends and family
- Loss of appetite
- Feeling lonely, guilty, and trapped
- Generally lacking motivation
- Lack of concentration
- Inability to enjoy themselves and their lives

### Postpartum Depression Timeline

The onset of symptoms and signs typically present themselves within the first few weeks after childbirth. Sometimes, however, symptoms can begin later, and symptoms may intensify initially and ease within the following months. Postpartum depression symptoms may last up to six months after childbirth. However, if left untreated, PPD can risk becoming a chronic depressive disorder.

### DIAGNOSIS

- **Edinburgh Postnatal Depression Scale (EPDS).** Many doctors think of this as the best way to check for PPD. It's a list of 10 short statements. For each one, you'll say how often you've felt that way in the past 7 days. They include things like "I have been anxious or worried for no good reason" and "The thought of harming myself has occurred to me."
- **2-Question Patient Health Questionnaire (PHQ-2).** Although it's short, this is thought to be a good first screen of women who may have PPD. You'll be asked how often, over the past 2 weeks, you've felt little interest or pleasure in doing things or down, depressed, or helpless. You'll have four answer choices that range from "Not at all" to "Nearly every day."
- **9-Question Patient Health Questionnaire (PHQ-9).** If the PHQ-2 shows that you may be depressed, your doctor will ask about other symptoms, like sleep and appetite changes,

trouble focusing and low energy. The more often you have them, the more likely it is you're depressed.

## HOMOEOPATHIC MANAGEMENT

According to Dr.Hahnemann diseases belongs to Psoric miasm. Hahnemann says, these mental disorders that arise and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and frequent occurrence of great fright, in time destroys the corporeal health often to a great degree and therefore should be treated while they are yet recent. Hahnemann has advised that besides treatment with Psychological remedies, following an appropriate diet and regimen is also important as a healthy mind resides only in a healthy body.

Since the fundamental cause in these cases is a psoric miasm, which is not quite developed yet, for security's sake seemingly cured patients should be subjected to a radical, Antipsoric treatment in order to prevent recurrence. Following an Individualistic approach towards the remedy selection can ensure a permanent and long-lasting cure.

### Indications of some of the remedies for PPD are mentioned hereby

- **Actaea Racemosa** - Sadness and tearfulness predominate. The woman requiring this medicine is very sad, weeps a lot and the sadness gets worse from motion and cold. In some cases, the sadness is accompanied by the fear of going mad, woman sits alone and cries, sad, is suspiciousness and the woman refuses to take any medicine. The woman also imagines things that trigger sadness like seeing rats running across the room and where everything seems confused and dark as if a black cloud has surrounded her.
- **Ignatia Amara** - Sadness and tearfulness where the woman has a very sensitive mood and gets angry from even a slight contradiction. The woman requiring Ignatia Amara usually has a history of concentrated grief during pregnancy. In women who have difficulty in controlling their emotions and whose mood changes rapidly from happiness to sadness, Ignatia Amara can be of great help.
- **Natrum Muriaticum** - Woman who has an aversion to company, weeps alone and whose condition gets worse if someone tries to console her cause, Irritability, gets into passion about trifles. She tries to remember old disagreeable, old insults, for purpose of brooding over them and being miserable. She has unrequited affections, knows they are unwise, but

can't help it. Brings order and sanity in such women. These women hide their tears for fear of pity and consolation.

- **Lachesis** - Women stands at the border of insanity. Imagines people are trying to harm her, or making plans to put her into an asylum. Highly suspicious and jealous. Thinks she is under superhuman control and there are demands partly in dream that must be followed. Religious insanity, thinks she is wicked and has committed an unpardonable sin and must die. Loquacious.
- **Sepia Officinalis** - Irritability over the slightest cause during Postpartum Depression. Irritability associated with the fear of being alone and aversion to do any work, either mental or physical, can be managed with this Homeopathic medicine. It is also the ideal medicine when the woman develops an aversion to family members who she loved and cared for before the onset of symptoms.
- **Platina** - Hysterical, arrogant, proudy and contemptuous. Trifling things produce profound vexation, remains long time in sulks. Perverted mentality, an attitude that despises others and goes about thanking God that she is not as other people. She secretly dislikes her children as being too small or too insignificant. Ailments from fright, prolonged excitement, disappointment, shock or prolonged haemorrhage. She thinks she is neglected and stands alone in the world. Depression increases to actual apprehension of death.
- **Belladonna** is the ideal medicine for women who complain of anger that comes and goes suddenly along with the face turning red. If anger is associated with violent acts like biting, striking or spitting on attendants, Belladonna is the ideal remedy. It is also of great help for women who want to run away, laugh excessively and tear things in fits of anger.
- **Veratrum Album** - Puerperal mania with disposition to bite and tear. She is inconsolable over a fancied misfortune, runs around the room howling and screaming or sits brooding and weeping. For women affected with immense grief and despair, likely to go into a state of violent mania. Veratrum carries through the state of despair, melancholia, head hangs down, sits brooding in silence.
- **Aconitum Napellus** - Have a marked fear of death. The anxiety that gets worse in crowded places and while crossing the streets. Another symptom to take note of is extreme restlessness that makes the person do everything hastily. Aconitum Napellus is the best cure for depression and is very beneficial in all those cases where acute, sudden and violent attacks of anxiety occur with a marked fear of death and open air makes the

Postpartum Depression patient feel better. There's also an increased thirst for large quantities of cold water during the anxiety attack.

- **Pulsatilla** - It is specially adapted for diseases of women, who are affectionate, mild, timid, yielding. Impossible to detail her ailments without weeping. There is a tendency to inward grief and silent peevishness. She dreams of cats. Hypochondriacal moroseness, takes everything in bad part. Puerperal insanity in a woman who was mild and gentle, later sad and taciturn and then she sits in her chair all day answering nothing or merely nodding her head for "yes" or "no". For women who abort or have.
- **Arsenicum Album** - Anxiety with fear of death. The patient refuses to take the medicine because she thinks that death is near and it's useless to take any medicine. This symptom is accompanied by marked restlessness, making the patient continually change position, excessive weakness and the tendency to even faint. The anxiety attacks that get worse at night and make the person fearful to be alone also guide towards the use of Arsenicum Album.
- **Coffea Cruda** – Sleeplessness in women going through Postpartum Depression. The patients requiring Coffea Cruda go sleepless due to the mind being occupied with too many ideas. Oversensitive patients who have sudden mood changes from laughing to weeping and who experience sleeplessness that gets worse after 3 am can greatly benefit from this medicine.
- **Aurum Metallicum** - Patients feel it's useless to live, life is a burden and constantly think of committing suicide. Such women easily get angry over the slightest contradiction and any fright brings a feeling of depression.
- **Phosphorus** - Women who are experiencing anxiety and fear that something bad will happen to themselves, the baby, or others. This woman may have a hard time being alone. Many women who experience these fears and anxieties in the postpartum also experience heightened sensitivity to stimuli and exhaustion.
- **Stramonium** - Women are melancholic, low spirited after childbirth. She believes she has sinned away her days of grace, yet lived an upright life. Sad, imagines strange things, does strange things, until finally violent delirium comes on; she screams aloud; exhorts people to repent; exhorts and prays in incoherent speech. Hysterical, praying, cannot bear solitude or darkness.



**REFERENCES**

1. Dutta.D.C. Textbook of Obstetrics. 7th edition, New central book agency (P) Ltd. Lilienthal Samuel. Homoeopathic therapeutics. B.Jain publishers Pvt. Ltd, 2010.
2. Boericke William. Pocket Manual of Homoeopathic Materia Medica. Indian books and periodicals publishers (P) Ltd, 2010.
3. Stewart DE, Robertson E, Dennis CL, Grace SL, Wallington T. Postpartum depression: literature review of risk factors and interventions. Toronto: University Health Network Women's Health Program, 2003.
4. Prakash M, Komal PT, Pragna S. Sociocultural bias about female child and its influences on postpartum depressive features. *Int J Sci Res.*, 2013; 2(12): 462–3.
5. Nigam A, Prakash A, Maheshwari N. Postpartum depression in an Indian community: more prevalent less addressed issue. *Int J Reprod Contracept Obstet Gynecol*, 2016; 5(8): 2692.
6. Hahnemann S. Organon of medicine New Delhi: B. Jain Publishers (P) Ltd., 2012; 201-202.
7. Understanding psychotherapy and how it works [Internet]. 2012 Nov 1[updated 2020 July cited 2021 May 10]. Available from: <http://www.apa.org/helpcenter/understanding-psychotherapy.aspx>
8. Allen HC. Allen's keynote and characteristic with comparisons with bowel nosodes. 8th ed. New Delhi: B. Jain Publishers (P) Ltd, 2012.
9. Tyler ML. Homoeopathic Drug Pictures. 2nd ed. New Delhi: B. Jain Publishers (P) Ltd 1992.
10. Kent JT. Lectures on Homoeopathic Materia Medica. New Delhi: B. Jain Publishers (P) Ltd, 2002.
11. Hughes R. The Principles and Practice of Homoeopathy. 4th ed. Leath & Ross, 1902.
12. Jahr GHG. The Homoeopathic treatment of the diseases of females and infant at the breast. 5th ed. Calcutta: M.Bhattacharya & Co. (P) Ltd, 1986.
13. Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B. Jain Publishers (P) Ltd, 2012; 77: 94.