

## PREVENTION AND MANAGEMENT OF POSTPARTUM DEPRESSION AN INSIGHT INTO THE ROLE OF AYURVEDA (SOOTIKA PARICHARYA)

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### ABSTRACT

Attaining motherhood is a unique and delightful event in every woman's life. Becoming a mother is one of the most rewarding as well as challenging experiences in the life of each woman. At this phase, she remains in need of proper support, guidance and encouragement in order to cope-up with new attainments. Due to fast changing life style of modern era and increase in nuclear families, mother remains deprived of necessary attention and care during the crucial post-partum time. In the absence of adequate rest, proper balanced nutritional and moral support, one out of every eight mothers is prone to develop the clinical signs and symptoms of postpartum depression (PPD). These comprise sadness, crying episodes, eating and sleeping disturbances including low self-esteem. *Sootika-paricharya* the regimen to be followed by mother in her *sootikakala* (puerperal period) as per *Ayurvedicscience* is a holistic approach to the physical and mental health care of mother as well as baby. These regimens not only help to prevent, but also manages the episodes of post-partum depression, and thus creates a healthy memorable *sootika kala*. This regimen also ensures physical and mental growth and development of her new born.

**Key Words:** *Sootika Paricharya*, *Sootika*, Post-Partum Depression.

### INTRODUCTION

*Sadyahprasootastreesootika*, immediately after delivery a woman is called as *sootika*. *Sootikakala* the puerperal period (about 45 days after delivery) is considered as one such period when her body and mind are in delicate condition. Great emphasis has been laid on post natal care i.e. *sootikaparicharya*, since this is the phase during which she needs to restore her physical and mental strength, which has been considerably dep-

leted through the course of pregnancy. Hence Ayurveda- the science of living advocates utmost care to a mother in the form of *sootikaparicharya*.

But now a days *Sootika* is subjected to enormous stress and strain because of the evolving lifestyle suiting current day needs, which greatly influence her domestic habits as well mental condition. Due to in-

adequate physical and mental support during this crucial phase she is vulnerable to different ailments since there is natural depletion in *Agni* and increase in *Vata*, which are the prime causes for diseases during *sootika kala*. Along with this there occurs an alteration in the nutritional, physical and psychological bond between the mother and her baby after delivery.

*Vishada* (Depression) which is a *VatajaNanatmajaVyadhi* is one among such conditions which affects *sootika*. *SootikaVishada* which is also known as Post-partum depression (PPD) is a health problem of significant public concern, each year affecting 10% to 20% (one in eight) of new mothers. Many of these women and their children experience short and long-term adverse consequences.

American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders-IV (DSM IV) divides the psychiatric postpartum experiences into three

categories: “maternal blues,” PPD, and postpartum psychosis. The DSM IV does not apply “postpartum” to other psychiatric illnesses. However, anxiety disorders, such as panic, obsessive-compulsive disorder, and phobias, can have an initial onset or exacerbation in the postpartum period. PPD describes a heterogeneous group of depressive symptoms and syndromes that occurs during the first year following birth.

Postpartum mood reactivity (*aka* maternal blues) is considered a “normal” emotional

experience for women in the immediate postpartum period. It is estimated that 50% to 80% of new mothers experience transient symptoms of depressed mood, at times alternating with elated moods, irritability, increased crying spells, and a sense of “unreality” during the first 10 days after birth.

These symptoms usually resolve without intervention.

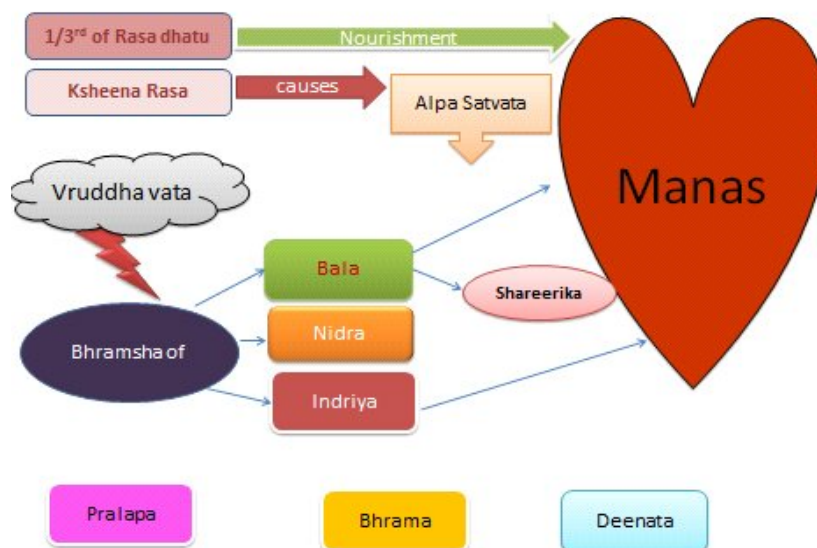
On the other end of the spectrum is postpartum psychosis, a rare (1/1,000 live births) serious event that generally occurs within 2 weeks of

delivery and is considered a psychiatric emergency that requires immediate psychiatric intervention.

PPD falls in the middle, occurring in 10% to 20% of postpartum women and presenting with a range of mild to severe depressive symptoms.

### Causes and Pathogenesis for *Sootikavishada*- PPD.

Classics of *Ayurveda* do not deal directly with the pathogenesis. Yet it can be understood in the following way. As per *Chando-*



gyopanishad 1/3<sup>rd</sup> of *rasa dhatu* nourishes the *manas*. There is *rasa kshaya* in *sootika* due to nine months of *garbhiniavastha*. *Ksheena rasa* cannot nourish *manas* adequately. This condition leads to *alpasatvata*, increase of *rajasikata* and *tamasikata* in *manas*. There is also increase in *vatadosha* in *sootika*. The *vrudhdhavata* disturbs *manasikadoshas*, and produces symptoms like *bhramsha of bala* (*Shareerika* and *Manasika*), *bhramsha of nidra* and *indriyas* (which includes *manas*) *pralapa*, *bhrama* and *deenata*. This condition entirely co-relates with the signs and symptoms of PPD.

The exact Cause and pathogenesis of PPD is unknown. Physical, nutritional, emotional and lifestyle factors may all play a role.

- **Physical changes.** After childbirth, a dramatic drop in hormones (oestrogen and progesterone) may contribute to postpartum depression. This hormonal variation can make her feel tired, sluggish and depressed. Changes in blood volume, blood pressure, immune system and metabolism can contribute to fatigue and mood swings.
- **Nutritional factors.** Periparturient woman is particularly vulnerable to the adverse ef-

fects of poor nutrition on mood because pregnancy and lactation are major nutritional stressors to the body. The depletion of nutrient reserves throughout pregnancy and a lack of recovery in postpartum may increase a woman's risk of depression.

- **Emotional factors.** When mother is sleep deprived and overwhelmed, she may have trouble handling even minor problems. She may be anxious about her ability to care for a new-born. She may feel less attractive or struggle with her sense of identity. She may also feel that she has lost control over her life. Any of these factors can contribute to postpartum depression.
- **Lifestyle influences.** Many lifestyle factors can lead to postpartum depression, including difficulty in breast-feeding, financial problems, and lack of support from family or other loved ones. The pressure of taking care of house and at the same time constantly worrying about welfare of the child in present days nuclear family conditions, may take a heavy toll on the mother's mental state.

### Signs and Symptoms of Sootikavishada - Postpartum Depression

- Depressed or sad mood
- Irritability
- Anxiety
- Insomnia or hypersomnia
- Difficulty concentrating
- Complaints of poor memory
- Crying
- Poor appetite or over eating
- Diminished ability to think or make decisions
- Restlessness or notable slowed movements
- Feeling overwhelmed

- Feeling hopeless or worthless
- Thoughts of death (own or child's)
- Suicidal ideation
- Anhedonia

### **Diagnosis scale:**

‘Only three depression screening tools are designed and validated specifically to detect PPD effectively: The Edinburgh Postnatal Depression Scale (EPDS) (Cox et al, 1987), Postpartum Checklist (Beck, 1995), and the Postpartum Depression Screening Scale (PDSS) (Beck and Gable, 2000). Scales developed to screen for depression in the general population may not detect PPD as because of the overlap of somatic symptoms (sleep disturbance, fatigability, loss of appetite, somatic preoccupation, loss of libido, body image) with the physical changes in the postpartum period. The EPDS, Postpartum Checklist, and PDSS were designed to minimize the effects of this overlap in the assessment of depression.

PPD is treatable and under recognized illness that affects 10% to 20% of new mothers and may have significant repercussions for the health and well-being of women and their children.

### **Risk factors**

Modern science is still under study to evaluate the risk factors for developing PPD. Currently, the following have been found to increase a woman's risk: younger maternal age, lower education, single marital status, lower socioeconomic status, personal or family history of a mood disorder, depression during pregnancy, psychosocial stress, lack of social support, and marital discord. Women who have a history of a mood disorder have twice the risk of women without any history of mood disorders, (10% to 40%) of experiencing PPD.

The above sets of mothers are those who are devoid of necessary attention, and are put through the constant screening of ever increasing social expectations.

### **Prognosis**

Untreated PPD may result in poor outcomes for the health and welfare of both women and children. There is substantial evidence that maternal depression can have a negative impact on the cognitive, social, and behavioral development of children, including infants and toddler. Although there is no agreed-upon “high-risk” for exposure to maternal depression, there is evidence that even very young infants exposed to depressed mothers can exhibit withdrawn behavioral styles at as early as 3-months of age. Depressed mothers are less likely to offer contingent stimulation to their infants, and this disrupts their performance on non-social learning tasks.

### **Complications**

Left untreated, postpartum depression can interfere with mother-child bonding and cause family problems. Children of mothers who have untreated postpartum depression are more likely to have behavioral problems, such as sleeping and eating difficulties, temper tantrums, and hyperactivity. Delays in language development are more common as well.

Untreated postpartum depression can last for months or longer, sometimes becoming a chronic depressive disorder. Even when treated, postpartum depression increases a

woman's risk for future episodes of major depression.

To avoid risk of such complications and above mentioned prognosis Ayurveda has stated the imminent need of post natal and postpartum care in 'Sootikaparicharya'.

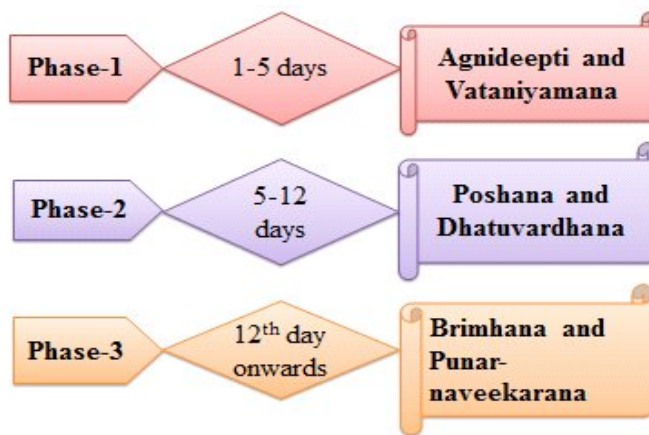
### Role of sootikaparicharya.

Sootika kala is the phase of regaining the lost mental and physical strength, and attain-

ing pre pregnant status of a woman. This is achieved by regulating diet, mode of life and undergoing specific procedures along with medications mentioned under the concept of 'SootikaParicharya'.

This conceptual study is to understand how holistic approach of 'SootikaParicharya' helps in prevention and management of PPD.

### Protocol for sutika paricharya



Sootikaparicharya includes 3 phases

Phase-1 *Agnideepti* and *Vataniyamana* which lasts for 1-5 days

Phase-2 *Poshana* and *DhatuVardhana* from 5-12 Days

Phase-3 *Brimhana* and *Punarnaveekarana* from 12<sup>th</sup> Day onwards

### PHASE-1

As *sootika'sagni* is in *manda* state, *agnideepana*

*hara* and *aushadha* becomes the Prime line of treatment in managing the condition.

It can be understood that the *deepanapachanadravyas* remove *srotoavarodhadue* to their *teekshna* and *ushna* properties and help in proper functioning of *manovahasrotas*. Studies have proved that *trikatu* helps in promoting cognitive functions, and *panchakola* is proven to be helpful in maintaining proper myelination. *Vataniyamana* (stable *vata*) pacifies the *manodoshas* as it is said "Pavanobadhyateyenamanastenaivabadhyate."

The treatment discussed above categorically acts on the previously mentioned causes of PPD by providing adequate nutrition to the

(increasing *agni*) is the need of treatment for a few days immediately after delivery. She should be administered with *agnivardhaka* drugs like *trikatu*, *panchakola*, along with *ushnajala* or *ghrita*. Usage of *ghrita* is to suppress *vata* and reinforce the *agni*. *Yavagu* mixed with *panchakola* which is *agnivardhaka* should be advised as her *ahara*. *Dashamoolasaadhitajala* should be used for *paana* which is a *vatashamaka*.

As *rasa dhatu* nourishes the *manas*, the *prashasta rasa dhatu* formed by *deeptaagni* enhances *prasannata* of *manas*. *Vata* being *niyanta* and *praneta* of *manas*, *niyamana* of *vata* leads to *niyamana* of *manas*. *Vishada* (Depression) being a *vatajananatmajavikara*, combating *vata* by *snigdhavataharaa-*

mother which enhances the healthy state of *manas*.

### PHASE-2

As enhancement of *agni* is appreciated by *kshutpradurbhavain sootika*, she should be administered *aharadravya* which does *poshana* and *vardhana* of *dhatu*. *Yava*, *kola*, *kulatthayusha* or *mamsa rasa*, *laghuanna-paanais* advised with sufficient quantity of *sneha*, *lavana* and *amladravyas*. The *Snigdha* and *hridyadravyas* used for *dhatu-wardhana*, does *poshana* of *rasadidhatu* and promote successive *dhatu* regeneration. Qualities like *dhairyra* and *harshana* are well appreciated in *asootika* when proper formation of *shukradhatu* occurs.

This phase of treatment helps in maintaining and enhancing the quality of *rasadidhatu* and making the system self-sufficient to regenerate and recuperate on itself. *Prashasta rasadhatu* also confirms the formation of *uttamastanya* assuring proper growth and development of child.

### PHASE-3

*Sootika* is to be administered with drugs having *rasayana* and *brihmana* properties like *shatavari*, *ashwagandha*, *lashuna* and *kushmanda* fried in *ghrita* etc. Drugs like *ashwagandha* are proven to be useful in stress. These drugs can be used 12<sup>th</sup> day onwards throughout the *sootika kala*. These *rasayanas* aid in formation of *prashastarasadidhatu*, leading to *punarnaveekarana* (rejuvenation) of *dhatu*, thereby regulating various physical and mental functions.

### Bahyaupakramas (Local treatment)

The *bahya-upakramas* can be started from 1<sup>st</sup> day onwards and continue for about one month.

*Abhyanga* for *sootika* is recommended with *balataila* in *nyubja* (hunch back) position.

Attendees should massage her back; squash her abdomen to expel out the residual *doshas* after delivery. *Parishechana* is done using *kwatha* prepared of *vataharadravyas* act as *vedanahara* and *vatashamana*. *Udarapatta-bandhana* is wrapping the abdomen with long and clean cotton cloth, which helps abdomen to retrieve original position. *Yoni snehana* with *balataila*, *swedana* with *krishara* prepared of *priyangwadigana* drugs and *doopana* using *rakshoghna* (antiseptic) drugs like *kushtha*, *agaru* and *guggulu*.

External procedures like *abhyanga* etc provide both physical and mental relaxation to *sootika*. It also enhances her beauty and elevates her level of confidence. Procedures like *udarapatta-bandhana*, *yonisnehana* help in reversing the physical changes occurred during pregnancy as well as delivery and bring them back to *Garbhapoorvaavastha* which in turn boosts up the self-confidence, enthusiasm and self-motivation in mother by restoring sense of normality in her.

### SatwavajayaChikitsa (Counselling)

*Satwavajayachikitsa*, in the form of counselling helps mother refrain her mental activity away from *ahitaarthas* and imparts better thoughts by providing *atmavijnanam*. This positive attitude itself keeps a mother away from PPD. In cases of already depressed mothers regular counselling from the professionals and assurances from the family and loved one's will contribute greatly to the enhancement of mental stamina.

### CONCLUSION

The comprehensive approach of *sootika-paricharya* intending physical and mental wellbeing of a mother proves to be a unique method in prevention and management of

*sootikavishada* or PPD. Incorporation of *satwawajayachikitsa* in *sootikaparicharya*, is a novel contribution of *Ayurveda* and is helpful in attaining a blissful *sootika kala* with less complication.

The *SoothikaParicharya* mentioned in our classics if used judiciously taking due consideration of the *Shareerika* and *ManasikaAvastha* of the *Soothika* can work wonders by providing holistic care to both mother and her new born.

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