

## **UNDERSTANDING OF POSTPARTUM PSYCHOSIS AND ITS AYURVEDIC MANAGEMENT**

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### **ABSTRACT**

Postpartum psychosis, sometimes referred to puerperal psychosis or postnatal onset bipolar disorder, is a serious psychiatric illness. It can affect one in 500 to 1000 women who have a baby. Anyone who has previously been diagnosed with bipolar disorder, schizophrenia or schizoaffective disorder has an increased risk of developing postpartum psychosis by some 25-50%, and should seek referral to a specialist perinatal psychiatrist during pregnancy. About half of cases happen 'out of the blue' to women without any previous personal or family history of psychiatric illness. It is a frightening condition, both for the woman experiencing it and those around her. It should be considered as a 'psychiatric emergency' as it can escalate rapidly and needs early treatment. A mother may not realize she is ill and partners, family or friends may need to ask for help. Symptoms of postpartum psychosis most frequently appear within two weeks after birth, although rarely, the illness may begin several weeks later. It can start very suddenly with symptoms developing within a few hours of birth. The earliest symptoms often include feeling high, not sleeping, feeling spiritual, talking more than usual or seeming confused. The most common treatment modality includes counselling, and it can be treated successfully. As per *Ayurveda* the concept of "*Sutika*" i.e. post pregnancy or puerperal period is an important time for care of the new mother. *Satwavyajayachikitsa* in the form of counselling helps mother retain her mental activity away from *Ahitaarthas* and imparts better thoughts by providing *Atmavinjanam*. The *Soothikaparicharya* mentioned in our classics if used judiciously taking our consideration of the *Shareerika* and *ManasikaAvstha* of *Soothika* can work wonders by providing holistic care to both mother and new born.

**Keywords:** Postpartum psychosis, *Sutika*, *Soothikaparicharya*, *Ayurvedic* managements.

### **INTRODUCTION**

Postpartum psychosis, sometimes referred to puerperal psychosis or postnatal onset bipolar

disorder, is a serious psychiatric illness. It can affect one in 500 to 1000 women who have a

baby. Anyone who has previously been diagnosed with bipolar disorder, schizophrenia or schizoaffective disorder has an increased risk of developing postpartum psychosis by some 25-50%, and should seek referral to a specialist perinatal psychiatrist during pregnancy<sup>1</sup>. About half of cases happen 'out of the blue' to women without any previous personal or family history of psychiatric illness. It is a frightening condition, both for the woman experiencing it and those around her. It should be considered as a 'psychiatric emergency' as it can escalate rapidly and needs early treatment. A mother may not realize she is ill and partners, family or friends may need to ask for help. As per *Ayurveda* the concept of "*Sutika*" i.e. post pregnancy or puerperal period is an important time for care of the new mother. *Satwavajayachikitsa* in the form of counselling helps mother retain her mental activity away from *Ahitaarthas* and imparts better thoughts by providing *Atmavinjanam*. Postpartum period is typically the first six weeks after delivery. 0.1% to 0.2% of women experience postpartum psychosis usually within the first 4 weeks following delivery.

### Signs and Symptoms

Symptoms<sup>2</sup> of postpartum psychosis most frequently appear within two weeks after birth, although rarely, the illness may begin several weeks later. It can start very suddenly with symptoms developing within a few hours of birth. The earliest symptoms often include feel-

ing high, not sleeping, feeling spiritual, talking more than usual or seeming confused. There are several key signs associated with a psychotic episode:

- Mania: feeling over-excited, elated or 'high,' active, energetic, not needing to sleep, feeling agitated, restless, and irritable, with a busy mind or racing thoughts.
- Depressed or low mood or alternating rapidly between mood states.
- Hallucinations – hearing voices, seeing things or smelling smells that other people cannot perceive.
- Delusions – false beliefs that are firmly held, sometimes related to the baby, such as it is 'sent from God', or is 'evil' in some way. Delusions, such as that the mother has won the Lottery, that the TV or radio are referring to her, or that she has special healing powers, are not uncommon.
- Confusion, rapid or muddled thinking.
- A lack of insight - a woman experiencing this condition may be unaware that her behavior is odd in any way. Very often it will be other people who notice that she is behaving oddly and is not well.
- Delusions can frequently be paranoid in nature. Mums may believe that everyone (especially hospital staff and/or loved ones) is trying to harm her and/or her baby.

- Low mood and tearfulness
- Anxiety or irritability
- Rapid changes in mood
- Severe confusion
- Being restless and agitated
- Delusions (includes even thoughts of harming the baby itself)
- Hallucinations

### Physiological and pathological

Almost all women after delivery will be having the symptoms of depression, most prevalent in nuclear families, because of the extra burden & life style changes immediately after delivery for women. Women with a prior history of mental illness, especially bipolar disorder, a history of prior episodes of postpartum psychosis or a family history are at a higher risk.

After child birth a dramatic drop in hormones may contribute to postpartum depression. This hormonal variation can make her feel tired, sluggish and depressed. Purpureal women is vulnerable to the adverse effects of poor nutrition, the depletion in nutrients reserves throughout pregnancy and a lack of recovery in postpartum may increase a woman's risk of depression<sup>2</sup>. Emotional factors like when the mother is in 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 be less attractive or struggle with her sense of identity. These can also contribute to postpartum depression. Many life style factors can also influence the condition like difficulty in breast feeding, financial problems, lack of support etc

### Ayurvedic concept

*Vishada*<sup>3</sup> (depression) which is a *VatajaNant-majaVyadhi* is one among such condition which affects *Soothika*. The condition will be considered as *SoothikaVishada*. *Manovahasrotas* will be involved here. The *Rasa dhatu* will be nourishing the *Manas*. There is *rasa Kshaya* in *Soothika* due to nine months of *Garbhiniavastha*. *Ksheena rasa* cannot be nourishing the *manas* adequately. This leads to *al-pasatwa*, increase of *rajasika* and *tamasika* in *manas*<sup>3</sup>.

There will also increase in *vataadosha* in *soothika*, *vrudhavata* disturbs the *manasika-doshas*, and produces symptoms *bhramsha* of *bala* both *shareerika* and *manasika*, *indriyabhramsha*, *pralapa*, *bhrama*, and *deenata*. Role of *soothikaparicharya* in the management of *soothikavishada* is inevitable. It should have the aim of nourishing *rasa* and provide the normalcy of *vata* there by correcting the *manas*. She should have administered with *dravyas* which will give *poshana* and *vardhanaofdhatus*. Drugs which are having *rasayana* and *brahmana* properties should be administered like *shatavari*, *ashwagandha* and *kushmanda* fried in *ghrita* etc.

*Bahyaupakramas* can be started from the 1<sup>st</sup> day itself continue from about one month. *Abhyanga* for *soothika* recommended with *balataila* and *masthishkyachikitsa* will be effective, it provides both physical and mental relaxation to *soothika*. It also enhances the beauty and elevates the confidence. Procedures like *Udarapat-taBandhana*, *Yonisnehana* help in reversing the physical changes occurred during pregnancy as well as delivery and bring them back. *Parisheka* with *kwatha* prepared with *vataharadravyas* act as *vedanashamana* and *vatashamaka*. *Yoni snehana* with *balataila*, *dhoopana* using *rakshoghna* drugs like *kushta*, *agaru*, *guggulu*<sup>6</sup>.

*Satwavajayachikitsa* in the form of counselling will help the mother to retain her mental strength. There will not be any *ahitaarthas* and imparts better thoughts. This positive attitude itself keeps the mother away from the disease. In case of already depressed mother regular counselling and assurances from the family and loved once will contribute a great role. Even yoga and pranayama plays a high hand in this case.

## CONCLUSION

The core features of Puerperal Psychosis are an early and rapid onset, accompanied by profound confusion, delusional beliefs, mood swings, and inability to function that represent a major change from baseline<sup>4</sup>. Patients with PP usually experience a brief illness, rapid treatment response, and the absence of long-term impairment<sup>7</sup>.

In prevention and management of the disease postpartum psychosis *soothika paricharya*<sup>5,8</sup> itself can make a difference. There will be an added effect by giving *satwavajayachikitsa*. By considering *shareerika* and *mansikaavastagarbhiniparicharya* and *soothikaparicharya* can give wonders in results.

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