

**A CRITICAL REVIEW ON AYURVEDIC MANAGEMENT OF POSTPARTUM
PSYCHOSIS****Dr. Shilpa Sangamkar***

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Article Received on 28/05/2023

Article Revised on 17/06/2023

Article Accepted on 07/07/2023

ABSTRACT

Pregnancy is the most exciting and joyous time in a woman's life. Giving birth to a baby brings about many changes, and these can include changes in a new mom's mood and emotions. Some women experience more than normal ups and downs of the postpartum period. Pregnancy and Puerperium are at times sufficiently stressful to provoke mental illness. Today a high number of women continue to die during and after childbirth. Puerperal or Postpartum Psychosis is very rare, but several mental health conditions are experienced by one or two in 1000 women in the first 1-4 weeks after having a baby. In *Ayurvedic* texts, *Unmaada* is described as a similar condition. The holistic approach to mental health due importance of care of the mother at every phase of her life especially antenatal and postnatal care. In *Ayurveda* *Unmaad* is treated as somatic altercation, the main principle being to break the *Aavarana* or *Manovaha Srotas*.

KEYWORDS: Pregnancy, *Ayurveda*, *Unmaad*, Woman, Postpartum, Puerperium, Mental Health.**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. This is the phase during which she needs to restore her physical and mental strength, which has been considerably depleted through the course of pregnancy. But *nowadays Sootika* is subjected to enormous stress and strain because of the evolving lifestyle suiting current day needs, which generally influence her domestic habits as well as her mental condition. Because of deficient physical and mental health during this critical stage lady is defenseless against various illnesses since there is normal consumption in *Agni* and expansion in *Vata*, which are superb foundations for infections during *Sootika* kala. *Vishada* which is a *Vataja Nanatmaja Vyadhi* is one among such circumstances which impacts *Sootika*.^[1] *Sootika Vishada* 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.^[2] 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 – V (DSM- V) divides the Psychiatric Postpartum experiences into three categories: Puerperal Blues, Postpartum Depression and Postpartum Psychosis

(Shizophrenia).^[3] Puerperal Blues is a transient condition of dysfunctional behaviour noticed 4-5 days after. Postpartum Psychosis is closely related to mood disorders, mainly bipolar and major depressive disorder. *Sootika unmaada*^[4] described in *Kashyapa Samhita* by *Acharya Kashyapa*, in *Khila Sthana*, chapter 11, under *Sutikapakramaneeya Adhyaya* (Verses 9). In our *samhitas*, 74 types of *Sootika rogas* are mentioned. Among 74 *Sootika rogas* (Puerperal disease), *Sootika Unmaad* is mentioned in this book only.^[5] This Psychotic condition was discussed in detail in *Ayurvedic* classics under the topic of *Unmaada*. *Unmaad* is a disease comprising of more number of psychological symptoms and hence it can be termed as *syndrome*. *Acharya Charak* described this disease in detail in *Charak Samhita*, *Chikitsasthana*, Chapter 9, *Unmaadchikitsam Adhyaya*.^[6]

REVIEW

Aysaada / *Vishada* is defined as “change in mood characterized by a feeling of tone of sadness which may vary from mild to moderate. This change in mood is relatively persists over a period of days, weeks months or years in. *Sootika unmada* (Postnatal Psychosis) is a common disease with 1000: 2 prevalence rate among puerperal mothers. amid 74 types of *Sootika roga* (puerperal diseases), only the name *Sootika unmaada* is mentioned in *Kashyapa Samhita*. Depressed mood or

extreme sadness, crying spells for no apparent reason, guilty thoughts or feelings of worthlessness or hopelessness, suicidal tendencies, lack of appetite etc are common clinical features of postnatal *psychosis*. *Maharshi Sushruta in Sushruta Samhita, Uttartantra* has described that, due to etiological factors mind get damaged and intellect becomes unstable, in such condition aggravated doshas spread to the heart and obstruct the *manovaha srotas*, as a *result unmaad* occurs.^[7]

Epidemiology

Incidence of Postpartum Psychosis being one or two per thousand childbirths. The prevalence rate of *Sootika Unmaada* is 1000:2 in postpartum mothers.^[7]

Causes and Pathogenesis for *Sutikavishada* –PPD

Classics of *Ayurveda* do not deal directly with the pathogenesis. Yet it can be understood in the following way. As per *Chandogyopanishad 1/3rd 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*. It also *increases Vata Dosha in Sootika*. *The Vruddhavata disturbs Manasikadoshas*, and produces symptoms This condition entirely correlates with PPD. The exact cause and pathogenesis of PPD is unknown.

Causes

The exact cause of PPD is unknown. However, the following serves as risk factors.

Genetic/ Hereditary

Hormonal changes e.g. oestrogen, progesterone etc.^[8]

Family or Personal history of mental illness

Substance abuse

Lack of social and emotional support

Unwanted or unplanned pregnancy

Financial problems.

Signs and Symptoms

Disorientation and Poor concentration

Emotional Distance or Coldness

Delusions

Insomnia

Irritability

Confusion

Rapid Mood Swings

Hallucinations.

Risk Factors

There are some factors known to increase a woman's risk for the condition. It include:

History of Bipolar Disorder

History of Postpartum Psychosis in a previous Pregnancy

History of Schizoaffective disorder

Family history of Postpartum Psychosis

First Pregnancy

Diagnosis

There are two main classification system used within 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 (W.H.O) the DSM-V and ICD-10 contain standardized, operationalized diagnostic criteria for known mental disorders and are used globally to diagnose patients with PPD. At present, Postpartum Depression is not classified as a separate disease in its own right : it is diagnosed as part of effective or mood disorders in both DSM-V (American Psychiatric Association) and ICD -10. Within DSM-V there is a specifier with Postpartum onset to identify effective or brief Psychotic episodes that occur during the Postpartum: an episode is specified as having a Postpartum onset if it occurs within the first 4 weeks after delivery.

Diagnostic scale

Only three depression screening tools are designed and validated specifically to detect PPD effectively: the Edinburgh Postnatal Depression Scale (EPDS) (COX ETAL, 1987), Postnatal 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 lipido, poor body image) with the physical changes in Postpartum Period.^[8-10]

Prognosis

The onset of florid psychotic symptoms is preceded y prodermal signs like insomnia, restlessness, agitation, the liability of mood. A favourable outcome is associated with a good premorbid adjustment and a supportive family network.

Treatment

Treatment of Postpartum Depression depends upon the presenting signs and symptoms. There are various ways to treat Postpartum Depression such as *Satwavajaya Chikitsa* (Psychological *counselling*), *Shaman chikitsa*, Life style modification, *follow Sootika Paricharya*, *Yoga and Pranayama*.

1.*Satwavajaya Chikitsa* (Psychological Counselling)- It Includes.

A) Congentive Behavioural Therapy (CBT)

It is the combination of Psychotherapy and Behavioural therapy. It works on the principal that any thought may trigger the state of depression. The patient is taught how to manage the relationship between her problem, behaviour, thoughts and state of mind.

b) Interpersonal Therapy (IPT)

It is a form of Psychotherapy in which there is a direct interaction between the physician and patient affected by

Depression. In this therapy four major problem areas of patient are focused. These are interpersonal conflict, grief, life stage transitions and deficits.

Satwavajayachikitsa, in the form of counselling helps mother refrain her mental activity away from *ahitarthas* and imparts better thoughts by *providing atmavijnanam*. This positive attitude itself keeps a mother away from PPD.

2. Shaman Chikitsa

Wide range of Antidepressants (SSRI- Selective Serotonin Reuptake Inhibitors)^[11] is used in the treatment of Depression. They have related side effects and also alter breast milk *secretion*. *Sootika* is to administered with drugs *having Rasayana and Brihmana properties like Shatavari, Ashwagandha, Lashuna, and Kushmanda fried in Ghrita*.^[12] Drugs like *Ashwagandha* are proven to be good in stress.

3. Life Style Modification

Avoid isolation and share feelings with her friends, family or partner which the perspective to handle the situation can be obtained.

4. Sootika Paricharya

As *Sootika* 'Agni is in manda state, Agnideepanahara and Aushadha becomes the prime line of treatment. The *Deepana Pachana dravyas remove Srotoavarodha due to their teekshna and ushna properties and help in proper functioning of Manovahasrotas*. As enhancement of Agni is appreciated by *kshutpradhurbhava* in *Sootika*, she should be administered *Ahara Dravya which does poshana and vardhana of dhatus*. *Yava, Kola, Kulatthayusha or Mamsa Rasa, Laghuannapaana* is advised with sufficient quantity of *Sneha, lavana, Amla dravyas*. The *Snigdha and Hridya dravyas used for Dhatuwardhana does poshana of Rasadidhatus* and promote *successive dhatu* regeneration. *Abhyanga for Sootika* is recommended with *Bala Taila* in *nyubja (hunchback) position*. *Parishechana* is done using *Kwath prepared with Vata hararavyas which act as Vedanahara dravyas*. *Abhyanga tones up the pelvic floor and relieves the muscular spasm*. It also improves the *blood circulation*.^[13-15]

Yoga and Pranayama

Yoga acts as a powerful tool in relieving Stress, Anxiety, and Depression. It helps by enhancing the sleep quality as well as mental health in women. Yoga asanas improves the *circulation and increase the levels*. *Beneficial yoga asanas are Shavasana, Sukhasana, Utanapadasana, Pranayama – Anuloma*. *Bhramari Pranayama is the one which is also helpful in treating Depression*.^[16]

CONCLUSION

The comprehensive approach of *Sootikaparicharya* intending physical and mental wellbeing of a mother proves to be a unique method in the management of

Sootikavishada or PPD. Incorporation of *Satwavajayachikitsa* in *Sootikaparicharya*, is a novel contribution of *Ayurveda* and is helpful in attaining a happy *Sootika kala* with less complication. The *Sootikaparicharya* or PPD mentioned in our classical texts if *used judiciously taking due consideration of the shareerika and manasika avastha of the Sootika* can work wonders by providing holistic care to both mother and her new born.

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