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# **Ayurvedic Perspective on Postpartum Depression**

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### **ABSTRACT**

In Ayurved "Sutika Kala," or postpartum phase, is a crucial time when the mother's body and mind experience major changes, according to Ayurveda. One of the three main forces that control the body, Vata dosha, has a tendency to become unbalanced during this period. Many people believe that this imbalance is the underlying cause of mental and physical illnesses, including PPD. In order to restore equilibrium and promote emotional well-being, Ayurveda places a strong emphasis on nurturing care, specific diet plans, herbal remedies, and lifestyle modifications. Many new mothers experience postpartum depression (PPD), a common but sometimes underdiagnosed disease that usually manifests within the first year following childbirth. PPD, which is characterized by symptoms including sadness anxiety, irritability, and exhaustion, can have a serious negative influence on a mother's health and abilities to care for her infant. The ancient holistic medical system known as Ayurveda, which emphasizes body, mind, and spirit balance, provides a thorough method of treating *Sutika unmaada* (Postpartum depression).

**KEYWORDS** - Sutika Kala, Postpartum depression, Sutika unmaada

### INTRODUCTION

Motherhood is very close to being divine. Numerous physical and psychological changes are experienced by new mothers throughout this developmental milestone. At this stage, women still require the right kind of assistance, direction, and motivation to handle new accomplishments. 8 out of 10 new mothers are at risk of developing the clinical signs and symptoms of postpartum depression if they do not receive enough sleep, a healthy diet, and moral support. A common mental health issue that many women experience after giving birth is postpartum depression

(PPD). It includes a range of physical, emotional, and psychological symptoms that can make it difficult for a mother to take care of both herself and her newborn.

From an Ayurvedic perspective, PPD is explained by the imbalance in Maansika doshas, which was triggered due to the dosha imbalance that happened during labour. This article explores the Ayurvedic perspective on PPD, generally referred to as Sutika unmaada, looking at its symptoms, possible causes, and the various treatment alternatives provided by this ancient medical system. The more common "baby blues," which usually go away a few days to weeks after delivery, are not the same as postpartum depression. If PPD is not treated, it may last for months or even years.

Sutika kala is the term used in Ayurveda to describe the postpartum phase, which lasts for at least forty-five days after delivery of Placenta. The mother experiences major emotional and physical changes during this period. The postpartum spectrum of depression disorders is grouped together under the common term Sutika unmada in Ayurvedic literature.

**AETIOLOGY:** Causes of Postpartum Depression in Ayurveda

### • An imbalance of Vata:

The physical and psychological strains of childbirth are thought to make the postpartum phase a Vata-dominant time. PPD-related symptoms may result from an increase in Vata.

# Depletion of Vital Fluids, or Rasa Kshaya:

Ayurvedic literature state that the mother's body experiences major changes during pregnancy (Garbhini Avastha), which causes her vital fluids (Rasa) to be depleted.

Mental and physical health may be impacted by this deficiency. Studies have shown a link between nutritional deficiencies and postpartum depression.

Nutrient deficiencies that can potentially impact postpartum depression include omega-3 and omega-6 essential fatty acids, folate and trace minerals such as iron, zinc, selenium and potassium.

Many new mothers suffer from low serotonin levels (the feel-good hormone) or norepinephrine levels in the brain, which get exacerbated by nutritional deficiencies.

### Mano dosha:

Ayurveda places a great importance on manas, or the mind. Having emotional support is essential during this time, and not having it might make depressive and alone feelings worse.

### The loss of vital tissues:

The mother loses a lot of blood throughout the process of giving birth refer as Dhatu kshaya.

In Ayurveda, these various factors, primarily classified under Maansika, Aaharaja, and Vihaaraja Nidana.

#### Maansika Nidana (Psychic Causes): a)

Ayurveda places great importance on maintaining the mental well-being of the Sutika (woman after childbirth). A stable and positive mental state is seen as crucial for both the mother and the infant. In the context of Sutika Unmada, the classical texts refer to Mano Abhighata—mental shock or trauma—as a major cause of developing PPD. Mano abhighata encompasses any negative mental experience such as stress, anxiety, emotional strain, or feelings of neglect and loss, all of which can contribute to postpartum emotional disturbances.

#### Aaharaja Nidana (Dietary Causes): b)

Nutrition holds a significant place in Ayurvedic postpartum care, as it aids in the formation of Rasa—the essential nutritive fluid. A properly nourished Rasa supports the balance of Manodoshas (mental regulatory factors). When this balance is disturbed, it can lead to mental health issues, including PPD. Consuming Virudha (incompatible), Asuchi (impure), or Dushta (spoiled) foods can disrupt the Manovaha Srotas (channels related to the mind), leading to Mano-dosha imbalance and subsequent emotional disturbances.

#### Vihaaraja Nidana (Habitual Causes): c)

Postnatal activities and routines of the Prasuta (postpartum woman) significantly influence her mental state. Engaging in improper or irregular behaviours - referred to as Vishama Chesta - can disturb the harmony of the Mano-doshas. Such disruptions can be key contributors to the onset of Sutika Vishada.

#### **PATHOPHYSIOLOGY** 2.

Samprapti of Post partum Depression in Ayurveda

According to Chandogyopanishad

1/3rd of Rasa Dhatu nourishes the Manas

There is Rasa kshaya in Sootika due to nine months of Garbhini avastha

Ksheena Rasa Dhatu cannot nourish Manas adequately

This condition leads to Alpasatvata

Increase of Rajasikatwa and Tamasikatwa in Manas

The Vruddha Vata disturbs Manasika Doshas, and produces symptoms like

Bala Bhramsha (Shareerika and Manasika), Nidra Bhramsha and Indriyas Bhramsha (which includes Manas), Pralapa, Bhrama and Deenata.

This condition entirely co-relates with signs and Symptoms of PPD. The exact cause and pathogenesis of PPD is unknown.

Various theories based on physiological changes have been postulated:

- Hormonal excesses or deficiencies of oestrogen, progesterone, prolactin, thyroxine and 1. tryptophan13.
- Other theories cite numerous psychosocial factors associated with PMD: 2.
- Marital conflict. i.
- Child-care difficulties (feeding, sleeping, health problems). ii.
- Perception by mother of an infant with a difficult temperament. iii.
- History of family or personal depression. iv.

- Higher rates of depression were noted among women who: v.
- Had less than a high school education vi.
- Were less than 19 years old vii.
- Resided in a household with inadequate income viii.
- Experienced an unintended pregnancy ix.
- Reported being abused before or during pregnancy X.
- Had 0 to 1 person as a source of social support xi.
- Unmarried 3.

### **SYMPTOMS**

- **Emotional Symptoms:**
- Persistent sadness, Anxiety, Irritability, and Feeling of inadequacy.
- **Physical Symptoms:**
- Fatigue, Sleep disturbances, Changes in appetite, and Physical pain.
- ognitive Symptoms:
- Difficulty concentrating and Making decisions.

### **TREATMENT**

approach to managing comprehensive **PPD** offers through lifestyle a modifications, dietary recommendations, medications, and psychological support. The following are key components:

## 1. Sutika Paricharya (Postpartum Care)

This traditional regimen emphasises proper care during the postpartum period:

Dietary Guidelines: Emphasis on nourishing foods that enhance Rasa Dhatu, such as warm soups (Mamsa Rasa), Ghee (Sneha), and Herbal decoctions.

Studies have shown a link between nutritional deficiencies and postpartum depression. Nutrient deficiencies that can potentially impact postpartum depression include omega-3 and omega-6 essential fatty acids, folate and trace minerals such as iron, zinc, selenium and potassium.

Many new mothers suffer from low serotonin levels or norepinephrine levels in the brain, which get exacerbated by nutritional deficiencies.

The brain needs a continuous supply of nutrients, including tryptophan and vitamins B3 and B6, to produce sufficient serotonin and other neurotransmitters Foods that new mothers are recommended to include are

- 1. Cottage cheese 2. Bananas
- 3. Spinach 4. Pineapple
- 5. Moong beans 6. Lentils
- 7. Chickpeas/kidney beans 8. Asparagus
- 9. Sunflower seeds 10. Flaxseed oil
- 11. Walnut 12. Peanuts
- 13. Eggs 14. Chicken
- 16. Sardines 15. Salmon

Rest and Support: Adequate rest is crucial; family support plays a vital role in emotional recovery.

### 2. Medications and Therapies

Ayurveda medicinal formulations, such as Decoctions, Powders, Tablets are available. They can specifically help address the root cause of the issue and also provide symptomatic relief. Ayurveda herbs like Ashwagandha and Brahmi are beneficial for managing PPD. These herbs are often used in formulations that are safe for breastfeeding mothers.

Ayurveda therapies like Nasyam (nasal administration of medicated oil), Snehana (internal administration of fats), Abhyanga (medicated oil massage), Shirodhara (continuous flow of medicated oil over the head), Shirovasthi (retention of the medicated oil in your head) and mild evacuative procedures can effectively help in alleviating this condition.

### **Takradhara**

Takradhara is a cooling and relaxing treatment procedure where medicated curd is poured over your head in a steady motion and helps you regain mental stability.

### **Nasyam**

The process of instilling medicated liquids into the nose can cross the blood-brain barrier and mend your psychological issues.

Besides these procedures, there are several other treatment procedures according to the patient's

condition.

## 3. Lifestyle Modifications

Encouraging mothers to engage in activities that promote mental well-being:

Yoga and Pranayama: Gentle yoga practices combined with breathing exercises can help reduce stress levels and improve mood.

Social Support: Encouraging mothers to connect with family and friends to share their experiences can alleviate feelings of isolation.

### 4. Satwayajaya Chikitsa (Psychological Counselling)

This involves cognitive behavioural therapy (CBT) techniques tailored for postpartum women:

Counselling Sessions: Regular counselling helps address negative thought patterns associated with depression. This helps to bring the balance to the mano-doshas.

Mindfulness Practices: Techniques such as meditation can enhance emotional resilience.

### **CONCLUSION**

Sutika Kala is a crucial time for women, thus it requires careful management and attention with a certain food, way of life, and Aushadhi (Medication). It is highly advised to use Vata Shamaka medications since Sutika Kala has vitiated Vata. A women needs specific management and care during Sutika Kala to ensure the correct and healthy development of her newborn child as well as the preservation of her own health.

### REFERENCES

- 1. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), American Psychiatric Association, Arlington, 2013.
- 2. D.C. Dutta., Textbook of obstetric, 9th edition, revised reprint, 2018; 415.
- 3. Minkovitz CS, Strobino D, Sharfstein D, et al. Maternal depressive symptom and children's receipt of health care in the first 3 years of life. Pediatric, 2005; 115(2): 306–314.
- 4. Austin MP, Kildea S, Sullivan E. Maternal mortality and psychiatric morbidity in the perinatal period: challenges and opportunities for prevention in the Australian setting. Med J Aust., 2007; 186(7): 364–367.
- 5. Chung E, McCollum K, Elo I, Lee H, Culhane J. Maternal depressive symptoms and infant health practices among low-income women. Pediatrics, 2004; 113(6): e523–e529.

- 6. Horwitz S, Briggs-Gowan M, Storfer-Iasser A, Carter A. Prevalence, correlates, and persistence of maternal depression. J Womens Health., 2007; 16(5): 678–691. Josefsson A, Sydsjo G. A follow-up study of postpartum depressed women: recurrent
- maternal depressive symptoms and child behavior after four years. Arch Womens Mental Health, 2007; 10(4): 141–145.
- 7. Olson A, Kemper K, Kelleher K, Hammond C, Zuckerman B, Dietrich A. Primary care pediatricians' roles and perceived responsibilities in the identification and management of maternal depression. Pediatrics, 2002; 110(6): 1169-1176.
- 8. Spinelli MG. Infanticide: contrasting views. Arch Women's Mental Health, 2005; 8(1): 15–24.
- 9. O'Hara MW, Stuart S, Gorman LL, Wenzel A. Efficacy of interpersonal psychotherapy for postpartum depression. Arch Gen Psychiatry, 2000; 57(11): 1039–1045.
- 10. Shri Bramhmasankara Mishra and Shri Rupalalaji Vaisya. Bhava Prakash of Bhavamishra, Purva Khanda, Chapter 4, verse 3. Chaukhambha Sanskrit Bhawan, Varanasi, 2016; 97.
- 11. Vriddha Jeevaka, Kashyapa Samhita, Edited by pandit Hemraj Sharma, Chaukhambha Sanskrit Sansthan, Varanasi, 465.
- 12. Schiller, C.E., Metzer-Brody, S., Rubinow, D.R. Role of reproductive hormones in postpartum depression. NS spectrums, 2014; 20(1): 48-59.
- 13. Beck C. Screening methods for postpartum depression. J obstetGynecol Neonatal Nurs., 1995; 24: 308-312.
- 14. Beck C. Gable R. Postpartum Depression Screening Scale: development and Psychometric testing. Nurs Res., 2000; 49: 272-282.
- 15. Cox JL, Holden JM, Sagovsky R. Detection of Postnatal depression: development of the Edinburgh Postnatal Depression Scale. Br J Psychiatry, 1987; 150: 782-786.
- 16. Brosen K. Differences in interactions of SSRIs.Int Clin Psychopharmacol, 1998; 13(5): 545-547.
- 17. Harishastri Paradkar Vaidya, editor. Ashtanga Hridaya Shareer Sthana, Chapter 1, Verse 98. Varanasi: Chaukhambha Orientalia, 2011; 377.

- 18. Vriddha Jivaka, Kashyap Samhita, 4th edition, Chaukhambha, Varanasi. Khilasthana 10/182:11/3,17,18,36.
- 19. Ambika Dutta Shastri, Sushruta Samhita with ayurved tatva sandipika hindi commentary, 13th edition, Choukhambha, Varanasi 2002, Sharirsthana 10/16-18.
- 20. Kashinath Sashtri, Charak Samhita with vidyotini hindi commentary, reprint 2008, Choukhambha, Varanasi, Sharirsthana, 8/48.
- 21. Melisa M. Buttner, Rebeca L.Brock, Michael, Efficacy of Yoga for depressed postpartum women: A randomized control trial. Complimentary therapies in clinical practice, 21(2): 94-100.

