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Postpartum Psychiatric Disorders And Its Management In Homoeopathy

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ABSTRACT: Postpartum psychiatric disorders are classified as puerperal blues, postpartum depression and postpartum psychosis. These are categorized by mood changes, irritability, weepiness, anxiety, confusion, insomnia, loss of appetite, delusions and suicidal tendencies. The conventional mode of treatment includes psychotherapy and psychotropic drugs which generally poses a risk to infant safety and long-term effects. Homoeopathy as an alternative mode treatment is the most gentle and harmless approach to manage postpartum psychiatric disorders.

KEYWORDS: Homoeopathy, Maternal Mental Health, Postpartum Psychiatric disorders

INTRODUCTION:

Globally, maternal mental health problems are major public health concern and according to World Health Organization(WHO), about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder. In developing countries the prevalence reaches more higher i.e. 19.8% after child birth in women.^[1]

Postpartum period starts after childbirth and is considered to last upto six weeks. However, this postpartum period could be divided into three stages: the initial or acute phase that is about 8-19 hours after childbirth, sub-acute postpartum period that lasts 2- 6 weeks and the delayed postpartum period, which can last up to six months. This postpartum period is a major transitional and crucial stage in life of a woman in which marked physiological, mental, emotional and social changes occur. This conjunction of changes in somatic, emotional and social health may affect the occurrence, clinical appearance and course of psychiatric illness.^[2] The major risk factors that contribute to the postpartum psychiatric illness are past history of psychiatric illness before or during pregnancy, family or marital conflicts, poor socio-economic condition, difficult labor or caesarean delivery.

Postpartum psychiatric disorders are divided into three categories:

- 1. Puerperal Blues:** It is the mildest form of puerperal psychiatric illness and is common in about 50% of women following delivery. It is a transient state of mental illness observed 4-5 days after delivery and lasts for a few days. It does not indicate psychopathology or any significant impairment of function. Symptoms of mood changes, anxiety, tearfulness, irritability, decreased sleep, helplessness and negative feelings towards the infant occur. Symptoms that persist beyond two weeks may predispose into postpartum depressive disorder.
- 2. Postpartum Depression:** The global prevalence of postpartum depression has been estimated as 100-150 per 1000 births.^[3] The estimated prevalence in India is about 22%.^[3] It has a gradual onset and the symptoms usually appear over the first two to three months following delivery. Recent researches have shown role of neuroendocrine changes, neuro-inflammation, neurotransmitter alterations, circuit dysfunction and the involvement of genetics and epigenetics in the patho-physiology of postpartum depression. A sudden decrease in allopregnanolone levels after childbirth may play important role in triggering postpartum depression through gamma-aminobutyric acid(GABA) receptors.^[4] The symptoms include depressed mood, anxiety, loss of interest, irritability, insomnia, fatigue, loss of appetite and suicidal behaviour.
- 3. Postpartum Psychosis:** It is the rare and most severe form of puerperal sickness and occurs in women who have a history of bipolar disorder, family history of postpartum psychosis, traumatic birth or pregnancy. It had a global prevalence ranging from 0.89 to 2.6 per 1000 births.^[3] It starts within 1-4 weeks after childbirth and involves significant mental and behavioural changes with symptoms of fear, restlessness, insomnia, extreme confusion, loss of touch with reality, paranoia, delusions, hallucinations, mania, suicidal or infanticidal impulses.

Although more focus is placed on mother and baby's physical health during and after pregnancy, these postpartum psychiatric disorders mostly remain underreported and under-diagnosed. Pregnant women should be screened for signs of mental illness during pregnancy and after childbirth. The treatment of postpartum psychiatric disorders is generally psychotropic drugs and psycho-education or psycho-therapy, family support and encouragement. Psychotropic drugs are used in severe cases but several patients are hesitant to use these, as they can affect the breastfeeding infant and cause risk and long-lasting consequences to both mother and child. A study published in General Hospital Psychiatry in 2014 concluded that antidepressant use during pregnancy significantly increases the risk for low birth weight(LBW) and preterm birth(PTB).^[5]

So, Homoeopathy could be a good alternative for treating these postpartum psychiatric disorders without any side effects. Homoeopathy as a holistic system of medicine, works on both physical and mental symptoms of the individual. It is based on the concept of treating the patient as a whole, not only the disease. Homoeopathic case-taking is itself a therapy, which helps the patient to relieve the suppressed mental stress and paves a way to healing. Moreover, homoeopathic treatment is based on the totality of symptoms and individualization, there are certain repertories which may assist a homoeopathic physician to reach the nearby rubric for the symptom and eventually to the most suitable similitum.

REPERTORIAL APPROACH**Murphy Repertory:**

Mind- CHILDBIRTH; ailments from- **BELL, SEP, PULS, PLAT, lil. tig, verat,**

agg.- Aconite, cimicifuga, *sepia*

excitement, from- coffea

Mind- CHILDISH; childish after- Apis

Mind- DELUSIONS; childbirth, of- puls, verat

Mind- DEPRESSION; childbirth after-*Agn,anac, aur. mur, cimici. lach, puls, SEPIA, SULPHUR, tub.*

Mind- EXCITEMENT; nervous, childbirth after- caulophyllum

Mind- FEARS, phobias; death, of; childbirth after- agnus

Mind- INSANITY; childbirth after- *aur, bell, cann-i, cimic, cupr, hyos, lyco, nux-v, plat, puls, sec, sulph, stram.*

Mind- MANIA; puerperal- agnus, *cann-i, cimic, hyos, plat, stram.*

puerperal, anxiety, with and almost loss of consciousness- *camphora*

Mind- QUIET; childbirth, after- *thuja*

Mind- SHAMELESS; childbirth after- hyos, verat.

Pregnancy- CHILDBIRTH; after, childbirth, complaints (See Confinement, Postpartum)- *acon, BELL, bryonia, calc, CHAM, coff, gels, hyos, PULS, RHUS-T, SABINA, SEC, SEPIA, sulph.*

Pregnancy- CHILDBIRTH; fright, from childbirth- *ignatia, opium*

grief, symptoms from childbirth- *Caust., ignatia*

hysteria, since childbirth- *chel, GELS, ignatia*

Pregnancy- CONFINEMENT, puerperal; mania- *CIMIC, aur, bell, hyos, kali-br, stam, sulph.*

Knerr Repertory:

Mind- ANXIETY, confinement; during: Cuprum

Mind- COMPANY, AVERSION TO, childbirth; after: Thuja

Mind- COMPLAINING, mania puerperalis; in: NUX-V.

Mind- CRITICISING, in mania puerperalis: NUX-V.

Mind- DEATH, anticipation of; after childbirth: **Thuja**

Mind- EXCITEMENT, puerperal mania; in: Camph, Nux-v.

Mind- FEAR, confinement; during: Cuprum

Mind- MANIA, puerperal: AUR, BELL, CAMPH, **CIMIC, HYOS, Kali-c, STRAM, VERAT.**

Mind- MELANCHOLY, confinement; after: LACHESIS

HOMOEOPATHIC THERAPEUTICS:

Belladonna: Patient lives in a world of his own, engrossed in specres and visions and is oblivious to the surrounding realities. Melancholy with grief, hypochondrial humour, moral dejection and discouragement. Lamentations, groans, cries and tears. Desire to die and inclination to suicide. Timidity, disposition fearful, mistrustful, suspicious. Mental excitation with too great sensibility to every impression; nervous anxiety, restlessness, desire to escape. Delirium, frightful images, furious, rages, bites, strikes. Hallucinations, sees monsters, hideous faces. Great apathy and indifference, desire for solitude, dread of society and of all noise.

Cimicifuga: Puerperal mania; thinks she is going crazy. In all mental symptoms there is a want of natural coherence. Sensation as if a heavy black cloud had settled all over her and enveloping her head so that all is darkness and confusion. Great depression, with dreams of impending evil. Miserable, dejected feeling. Effects of fright and disappointed love. Incessant talking, changing from one subject to another. Delirium tremens; tries to injure herself. Mania following disappearance of neuralgias.

Cannabis indica: Excessive loquacity, with exuberance of spirits. Time seems too long, seconds seems like ages; a few rods, an immense distance. Constantly theorizing. Anxious depression; constant fear of becoming insane. Mania, must move constantly. Uncontrollable laughter. Delirium tremens. Clairvoyance. Emotional excitement; rapid change of mood.

Gelsemium: Great irritability, does not wish to be spoken to. Desire to be quiet, to be left alone. Incapacity to think or fix the attention. Dullness languor, listless. Delirious on falling asleep. Emotional excitement, fear etc. lead to physical ailments. Strong inclination to suicide; want to throw herself from height.

Ignatia: Changeable disposition; jesting and laughing, changing to sadness with shedding of tears (hysteria). Introspective, silently brooding, melancholic, sad and tearful. Not communicative. Sighing and sobbing. After shocks, grief, disappointment. Anguish especially in the morning on waking or at night, sometimes with palpitation of the heart. The least contradiction excites rage and passion, with redness of face.

Platina: Sadness especially in the evening with strong inclination to weep often alternating with excessive gaiety and buffoonery. Involuntary weeping, cries loud for help. Hysterical humour with great mental depression, nervous weakness and over-excitement of vascular system. Apathetic indifference and absence of mind. Impulse to kill her own child, her husband(on seeing a knife). Delirium, with fear of men, often changing, with over estimation of oneself.

Pulsatilla: Weeps easily; highly emotional. Timid irresolute. Melancholy with sadness, tears, great uneasiness respecting one's affairs or about the health; fear of death. Fears in the evening of being alone, ghosts. Easily discouraged. Likes sympathy. Morbid dread of opposite sex. Religious melancholy. Given to extremes of pleasure and pain. Great flow of very changeable ideas.

Rhus tox: Anxious sadness and excessive anguish, especially in the evening and at night, with wish for solitude and inclination to weep. Extreme restlessness with continuous change of position. Fear of being poisoned. Suicidal mania with desire to throw herself into the water. Helplessness and profound despondency.

Sepia: Sadness and dejection with tears. Melancholy and moroseness. Indifference to everything (even to those loved best). Averse to occupation, family. Irritable; easily offended. Dreads of being alone. Weeps when telling her symptoms. Excessively nervous; sensitive to least noise.

Thuja: Fixed ideas, as if a strange person were at her side; as if soul were separated from the body; as if the body especially the limbs were of glass and would break easily or as if something alive were in the abdomen. Mental depression after childbirth. Very depressed, sad and irritable. Aversion to life. Overexcited, quarrelsome; easily angered about trifles. Emotional sensitiveness; music causes weeping and trembling.

CONCLUSION:

During pregnancy and in postpartum period every female experience broad emotions such as anxiety, anticipation, excitement, confusion, sadness, etc. and this makes them liable to psychiatric disorders. Conventional treatment of these postpartum psychiatric disorders comes with the concerns of infant health, various side effects and economic burden whereas Homoeopathy is a cost-effective natural method of treatment with long-term benefits and without any side-effects. Further, more clinical trials are suggested to refine the role of Homoeopathy in the management of postpartum psychiatric disorders.

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