



UTILITY OF HOMOEOPATHY IN POST PARTUM DEPRESSION- A CASE REPORT

Homeopathic

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ABSTRACT

Postpartum depression is commonly experienced by women, which postpartum can be very distressing for the mother and interfere with normal maternal-infant bonding and adversely affect child development. Recent reports show that most affected pregnant women are hesitant about taking antidepressant drugs, with a high percentage discontinuing their use, specifically due to stigma as well as lack of awareness about this condition. In this article, a case of postpartum depression, treated successfully with homeopathy, is presented, wherein the patient got better not just in symptoms, but improved in quality of life, withing a short span of 3-4 weeks without any use of antidepressants or structured psychotherapy.

KEYWORDS

Homoeopathy, post partum depression, Actea Raecemosa, quality of life.

INTRODUCTION

Postpartum time for many women is roller coaster ride characterized by overwhelming biological, physical, social, and emotional changes. It requires significant personal and interpersonal adaptation, especially in case of primigravida. Postpartum depression isn't a character flaw or a weakness. Sometimes it's simply a complication of giving birth. But unfortunately, Perinatal mental illness is largely under-diagnosed and can have far reaching ramifications for both the mother and the infant. In countries especially in India, due to stigma attached to mental disorders as well as sheer ignorance, leads these women to suffer unnecessarily, and their suffering being misinterpreted by family. Along with this it is seen that, most affected pregnant women are hesitant about taking antidepressant drugs, with a high percentage discontinuing their use. Some authors suggest that the reluctance of pregnant women to take antidepressant drugs should encourage clinicians to discuss with their patients the use of psychological interventions or alternative forms of treatment. Homoeopathy as an alternative form of treatment can be of significant help in managing cases of Postpartum depression.

Epidemiology and presentation:

A community-based prospective study in India found out the incidence of PPD in rural women to be around 11% [2] which is comparable to incidence in western culture, where 10–15% of all mothers are affected by PPD. [1] In adolescent mothers, PPD was observed to be around 26%. [3]

Postpartum psychiatric syndromes are seen more commonly (81%) in patients below 25 years of age. The majority of the Indian women conceive during this part of the childbearing age as the age at marriage is comparatively lower. The family history of mental illness was observed in 25% of the patients. [4]

Postpartum depression is classified in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) (American Psychiatric Association, 2013) as **Bipolar Disorder or Depression with Peripartum Onset**. A person suffering from postpartum depression has to meet these symptoms of a major depressive episode. Postpartum depression is diagnosed when the depressive episode occurs before or after the birth of the person's child. Following are the common presenting features of postpartum depression symptoms:

- Depressed mood or severe mood swings
- Excessive crying
- Difficulty bonding with your baby
- Fear that you're not a good mother
- Overwhelming fatigue or loss of energy
- Withdrawing from family and friends
- Problems with appetite (loss of appetite or eating more than usual)
- Problems with sleep (problems falling asleep or sleeping too much)
- Reduced interest and pleasure in activities you used to enjoy
- Intense irritability or irrational anger
- Feelings of worthlessness, shame, guilt, or inadequacy
- Difficulty in thinking clearly, concentrating, or making decisions
- Severe anxiety or panic attacks
- Thoughts of harming yourself or your baby

- Thoughts of death or suicide

Case study:

Date of case taking: 14/9/15

A 32-year-old female, primiparous, postpartum day 24, brought for intense irritability and anxiety since 10-12 days, with constant thoughts that something is going to happen and she is going to die. In background she suffered postpartum haemorrhage where she heard doctors telling relatives that her condition is a bit worrisome. It was a full-term elective c-section since it was a precious pregnancy. According to her relatives since then she has developed a fear of death.

She was not able to sleep well at night. Complete lack of appetite. Unwillingness to feed the child, would get very restless specially at night around 3 – 4am. Would get up and feel that there is mouse running in the room, would feel that there is noise of mouse nibbling. Constantly weep, and tearful. During pregnancy was very anxious since it was a precious pregnancy and had done IVF. When asked by family what is wrong or why she is restless and weepy, she would just not answer. She experienced constant heaviness in head better by pressure and aggravated by movement. No other specific dispositional symptoms are found in the case.

O/E- NAD.

Totality:

Fear of death+++

Restlessness++, due to anxious thoughts of future, death.

Restlessness< 3am- 4am

Sensation as if mouse running in the room< night

Anxiety- pregnancy during

Refuses to answer.

Head heaviness > pressure++, < motion.

Remedy: Actea Racemosa (remedy differentiation was done by use of Kent's lectures on Homoeopathy.)

Susceptibility- high

14/9/14th prescription: Actea Racemosa 1 M 4 pills at night single dose, S.L. 4 pills, thrice a day for 2 days. Follow-up on 3rd day.

Follow Up table:

No.	Date	Symptoms	Action taken
1.	16/9/15	Restlessness SQ Fear- SQ Anxious thoughts SQ Sleep- slept better 1 night Appetite improved Head heaviness slight improvement in intensity	Actea Racemosa 1 M 4 pills daily at night for 4 days, S.L. 4 pills, thrice a day for 4 days. Follow up on 5 th day.
2.	20/9/15	Restlessness- no restlessness at night only during day. Fear- better 50% Anxious thoughts – on and off Sleep- slept well all nights Appetite improved Head heaviness SQ	Actea Racemosa 1 M 4 pills daily at night for 1 week, S.L. 4 pills, thrice a day for 4 days. Follow up after 1 week

3.	29/9/15	All symptoms improved completely. Few anxious thoughts but manageable. Relative reported her bonding with child has improved. And now there is no refusal to feed the child as well.	S.L. 4 pills thrice a day for 10 days.
4.	9/10/15	Patient was almost normal. No relapse even after SL.	S.L given in stock as SOS. To report if experiences any symptoms.

CONCLUSION:

The postpartum depression in this case was managed with homeopathy within a short span of 3-4 weeks completely. The remedy did not just act in terms of reducing symptoms, but also improved the quality of life of patient, seen through significant improvement in bonding with the child. There was no structured counselling needed in the case. As expected in homeopathic medicine, no side effects were observed. Despite lack of any conventional medication, no relapse occurred. Hence Homoeopathy must be considered as an intervention cases of postpartum depression. Further research in those lines is highly recommended.

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