INTERNATIONAL JOURNAL OF RESEARCH CULTURE SOCIETY
Monthly Peer-Reviewed, Refereed, Indexed Journal
Volume - 06, Issue - 10, October - 2022
ISSN: 2456-6683
[Impact Factor: 5.743]
Publication Date: 31/10/2022

DOIs:10.2017/IJRCS/202210009 --:-- Research Article

Ayurveda Management of Moderate Postpartum Depression - A Case Report

[1]Rinisha M., [2]Satheesh K.
[1] MD Scholar, [2] Associate Professor,
Manovigyan Avum Manasroga, Department of Kayachikitsa,
Vaidyaratnam PS Varier Ayurveda College, Kottakkal, Malappuram, Kerala, India
Email – [1] drrinishasujeesh@gmail.com, [2] drsatheeshpdm@gmail.com

Abstract: INTRODUCTION***:*** *Mood disorders or affective disorders are described by marked disruptions in emotions. These are common psychiatric disorders leading to an increase in morbidity and mortality. Depression is a complex neuropsychiatric disorder represented by severe anhedonia, sad mood, feelings of guilt, suicidality, and cognitive impairment.*
CASE DESCRIPTION: *A 22 year old female presented in the manassanthi OPD of VPSV Ayurveda College, Kottakkal with increased worries, increased sadness, sleep disturbance, lack of interest in daily activities, suicidal ideation, irritability, inability to lookafter her child, increased anger and fatiguability since 8 months. Detailed interrogation with her husband revealed that she has irritability, increased anger, suicidal ideation, sleep disturbance along with increased sadness. On mental status examination, she was found to have depressed mood and affect in addition to suicidal ideation. The case was diagnosed as Postpartum depression, based on the diagnostic criteria mentioned in International Classification of Diseases 10th revision.*
MANAGEMENT: *The case was diagnosed as Sānnipāthika Unmāda with pitta vāta predominance as per the Ayurveda clinical examination and was managed in the Outpatient department. Treatment strategy included the administration of Drākṣādi Phāṇtam and Aśvagandha – Aparājita – Vacā cūrṇa for 45 days .*
RESULT: *Hamilton Depression Rating Scale score decreased from 18 to 2 after treatment.*

Key Words: *Postpartum depression, Hamilton Depression Rating Scale, Sānnipāthika Unmāda.*

1. INTRODUCTION:

Mood disorders or affective disorders are described by marked disruptions in emotions. These are common psychiatric disorders leading to an increase in morbidity and mortality. Depression is a complex neuropsychiatric disorder represented by severe anhedonia, sad mood, feelings of guilt, suicidality and cognitive impairment. Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. In India prevalence of all psychiatric disorder is 65.4 per 1000 population out of which, total 51% i.e. 31.2 per 1000 population is affected by depressive illness.[1] Postpartum depression (PPD) is a depressive disorder, also known as postnatal depression. Despite its serious consequences and amenability to treatment, PPD often remains unrecognized. Depression during this time of life affects bonding with infant which may lead to malnutrition and other various complications in the infant. Infant might be neglected in its early growing phase in life, which may lead to psychiatric illness later. The signs and symptoms of postpartum depression are generally the same as those associated with major depression occurring at other times, including depressed mood, anhedonia and low energy. Reports of suicidal ideation are also common.[2]

Mood disorders are treated primarily through medications and psychotherapy. SSRIs are the first-line treatment option for depressive disorder, as they are tolerated better with lesser side effects. Other treatment options include Serotonin-norepinephrine reuptake inhibitors (SNRI), atypical antidepressants, tricyclic antidepressants and newer medications such as intravenous and intranasal ketamine.[3]

Ayurveda is a medical system which is individualized in its assessment and treatment of illnesses whilst maintaining a strong focus on the prevention of disease.[4] The *Ayurvedic* definition of health goes beyond the typical paradigm of an absence of disease, and rather refers to a state of optimal functioning on a physical, psychological and spiritual level. In Ayurveda, *Bhutavidya* can be understood as the field of psychiatry. *Unmāda* is a very broad term comprising of various kinds of *Manovikaras*. In *Unmāda* the impairments in the domains of *Ashtavibhramas*[5] leads to the occurrence of various clinical conditions. The present case of Postpartum depression exhibited symptoms like with

increased worries, increased sadness, sleep disturbance, lack of interest in daily activities, suicidal ideation, irritability, inability to lookafter her child, increased anger and fatiguability. Depression can be included under the term *unmāda* in Ayurveda. Most of the domains of *Ashtavibhrama* seems altered in the subject and the condition was broadly diagnosed as Unmāda considering the features and etiopathogenesis. As the subject had Pitta predominant atypical features such as *Amarsha* (Irritation), *Krodha* (Anger), *Santapaschathivelam* (continuous state of anguish), *Vinidra* (reduced sleep) etc. *Vata* predominant atypical features like *Asthane rodhanam* (inappropriate crying), *asthane akrosha* (inappropriate shouting), and *Kapha* predominant features such as *Alpacheshta* (reduced psychomotor activity) and *Alpavakyatha* (reduced speech), a final diagnosis of *Sānnipāthika Unmāda* [6] with *pitta vāta* predominance was made. In the *unmāda* caused by the combined vitiation of all the three *doşas*, all the symptoms are simultaneously manifested. Treatment strategy included the combination of *Drākşādi Phāṇṭam*[7] (which is mentioned in *jvara cikitsa* by *Ācarya Vagbaṭa*) and *Aśvagandha – Aparājita – Vacā cūrṇa* (in a dose of 3gm twice daily). The word *sūtikā* is coined to a women, who has just given birth to a baby and after *apara patana*. The *sarva shareera dhātu* of *sūtikā* will be in *shitila avastha* because of growth and development of fetus in her. This is further added by *pravāhaṇa*, *vedana* and *kleda rakta srāva*, so the women become *shunya gaatri* and *vāta doşa* is the foremost culprit in this state. This morbid condition with an *avara satva* individual who is habituated to excess *cinta, śoka, bhaya*, intake of *viruddha āhāra* and her vihārās like *acaṃkramaṇa*, *divāsvapna* etc further leads to both *śārīrika* and *mānasika doşa duṣṭi*. These vitiated *doşas* get dislodged in *Hṛdaya*, and results in psychological symptoms through *manovaha srotoduṣṭi* and physical symptoms through *dhātu duṣṭi* and finally results in *unmāda*. Here tridosha vitiation occurs and symptoms are manifested according to the doshas involved in the samprāpti.

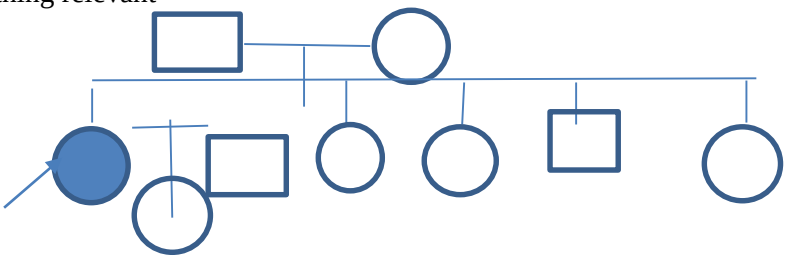
1.1. CLINICAL PRESENTATION WITH HISTORY:

A 22-year-old Muslim woman who has not completed graduation , hailing from a family of middle socio economic status from Kozhikode presented with increased worries, increased sadness, sleep disturbance, lack of interest in daily activities, suicidal ideation, irritability, inability to lookafter her child, increased anger and fatiguability. On detailed interrogation with her husband, she was found to have complaints such as irritability, increased anger, suicidal ideation, sleep disturbance along with increased sadness.

Detailed history revealed that she was very pampered and stubborn since childhood. She is the first child of non-consanguineous parents and was an introvert from childhood itself. She is average in her studies and got married at the age of 19 years. In her husband's house, she had to face some hurdles especially with mother- in- law which made her stressful. Later she got conceived and delivered a baby girl through LSCS. At the time of delivery, she was frightened very much that whether she will die with this surgery. 2 weeks later, her husband's father died which was shocking to her. She was very much attached to her father-in-law. Gradually she developed symptoms like increased worries, increased sadness, sleep disturbance, lack of interest in daily activities, suicidal ideation, irritability, inability to lookafter her child, increased anger and fatiguability. She took allopathic medication for the same but stopped after 2 days. Her symptoms aggravated since 8 months and she consulted in *manassanthi* OPD of VPSV Ayurveda College Hospital Kottakkal.

1.2. FAMILY HISTORY:

Nothing relevant



1.3. CLINICAL FINDINGS:

General physical examination

Pulse- 70/minute, Heart rate- 70/minute, BP-120/80 mm of Hg, Respiratory rate - 18/minute, Weight – 60 kg

1.4. MEDICAL HISTORY:

Took allopathic psychiatric medicines only for 2 days.

2. MENTAL STATUS EXAMINATION:

The patient appeared moderately built with proper self-care, adequate grooming and was well-dressed also. She was cooperative and attentive during the interview. She maintained a normal eye contact and a working and empathic

relationship was established easily. The psychomotor behavior as well as social manner appeared to be decreased. Rate and quantity of her speech was decreased with normal tone and rhythm. The mood was sad and the affect was found to be congruent with the mood. Suicidal ideation was present in thought content and perception was found to be intact. She was conscious and well oriented about time, place and person. Attention and concentration was intact. Memory was found to be intact and there was no impairment in abstract thinking, intelligence, judgment and reading and writing. Her insight was graded as six.

3. INVESTIGATION AND PAST MEDICAL HISTORY:

Blood and urine routine investigations were within normal limits. She took psychiatric medication only for two days.

4. AYURVEDA CLINICAL EXAMINATION:

In the *Ayurvedic* view *Dasavidha pareeksha* was performed and lead to these observations. *Śārīrika prakriti* was observed to be *Kapha Vata* and *Mānasika prakriti* as *Rajasa Tamasa*. There was *Pitta* predominant features like irritability, anger and reduced sleep. *Vata* predominant features such as increased worries and suicidal ideation were seen. Also *Kapha* predominant features like lack of interest in daily activities and increased sadness were noticeable. She belonged to *Jangala desa* and the Kala was *Visarga* (Sarat) . She was having *Avara satwa* and both *Abhyavaharana sakthi* and *Jarana sakthi* was found to be madhyama . *Manovaha srotas* was involved in the pathology and the precipitating factors of the disease were found to be *bhaya, manobhighatha* and stressful situations.

5. DIAGNOSTIC FOCUS AND ASSESSMENT:

The symptoms of the patient coincide with the diagnostic criteria of Postpartum depression as per the diagnostic criteria mentioned in WHO's International Classification of Disease 10[8]**.** The assessments were done using Hamilton Depression Rating Scale [9] on the 1st day and 60th day.

6. MANAGEMENT: The internal medications given were :

Table No: 1 – Internal medication given with method of Intervention

DRUG	DOSAGE	ROUTE OF ADMINISTRATION	TIME	DURATION	ANUPANA
Drākṣādi phāṇṭam[7]	50ml twice daily before food	Oral	Morning 6am, evening 6pm	45 days	Sita as per the requisite
Aśvagandha[10]: Aparājita[11] : Vaca[12] (2:2:1**)**	3gm twice daily after food	Oral	Morning evening - after food	45 days	Honey as per the requisite

7. RESULT:

Table No. 2 – Result of Intervention

Scale	Score – initial assessment	Score – after treatment
Hamilton Depression Rating Scale	18	2

Hamilton Depression Rating Scale score decreased from 18 to 2 after management. Earlier, she was reluctant to take care of her child, but after treatment, she cared her baby very much. Her anger reduced, never had suicidal thoughts, sleep improved aswellas fatiguability reduced after treatment. She could actively engage in household activities. In the follow up period, she reported feeling of sadness once and she could overcome all the worries in her mind and live happily.

8. DISCUSSION:

In the present case of Postpartum depression, the subject was having *Avara satva* and was exposed to psychological stressors like *Krodha* (anger), *Soka* (grief), *Bhaya* (excessive fear), and *Udvega* (anxiety). Considering *manodosha*, *rajo dosha* was found to be aggravated in the pathology. Among *Ashtavibhrama*, impairment was found in

all domains except *Mana, Budhi, Samjnajnana and Smriti*. Both *śārīrika and mānasika doşa* are involved in the pathology of present disease. Eventhough three d*oshas* are involved, *Pitta dushti* and *Vata dushti* is more prominent. *Pitta* predominant symptoms were irritability, anger and reduced sleep. *Vata* predominant symptoms such as increased worries and suicidal ideation were seen. Also *Kapha* predominant features like lack of interest in daily activities and increased sadness were noticeable. Considering all these symptoms, a diagnosis of *Sānnipāthika Unmāda* with *pitta vāta* predominance was made and treatment was done accordingly. Considering the *Pitta Vāta* predominance of the condition, the drugs given were Drākṣādi Phāṇṭam and combination of *Aśvagandha – Aparājita – Vacā cūrṇa.*

8.1. PROBABLE MODE OF ACTION OF DRĀKṢĀDI PHĀṆṬAM:

Drākṣādi Phāṇṭam is a polyherbal efficacious ayurvedic formulation recommended to deal with a broad range of health issues. It is mentioned in *Jvara cikitsa* in Ayurvedic classics especially of *Vāta Pitta* origin. Though it is specially told in *Jvara* it is also indicated in many other ailments. Clinically it is found to be effective in Depressive disorders. Studies show the psychological actions of some drugs of *Drākṣādi Phāṇṭam* as follows.

Table No. 3 – Proven psychological action on ingredients of Drākṣādi phāṇṭam

Drugs	**Psychological action**
Drākṣā[13]	Anti-depressant, Neuro protective and memory enhancing
Yaṣti [14]	Anti-depressant, Anxiolytic, Anti-stress, Neuro protective and memory enhancing
Musta [15]	Anti-depressant, Anxiolytic
Padma- kesara [16]	Anti-depressant, Anxiolytic
Amalaka [17]	Neuro protective and memory enhancing
Usira[18]	Anti-depressant, Anti-stress

It was evident from the clinical presentation that the psychomotor agitated states were found most commonly in post partum depressive conditions. Psychomotor agitation is plausibly correlatable to a *vata pittothara doshic* state. Hence *Drākṣādi Phāṇṭam* is a candidate *samanoushadha* in this condition. Moreover the *madhura pradhana rasa* in the formulation tentatively causes *manas* and *indriyaprasadana*.

8.2. PROBABLE MODE OF ACTION OF AŚVAGANDHA, APARĀJITA AND VACĀ:

Combination of Aśvagandha, Aparājita and Vacā as cūrṇa form taken in 2: 2: 1 ratio is administered to the patient. Cūrṇa is an important mode of preparation mentioned in the classics of Ayurveda. The combination of these cūrṇa possesses mainly tiktarasa and Kaṣāya rasa as anurasa and a very slight kaṭu rasa also follows these. Studies show the psychological actions of Aśvagandha, Aparājita and Vacā as follows.

8.3. PROVEN PSYCHOLOGICAL ACTION ON AŚVAGANDHA, APARĀJITA AND VACĀ:

Table No. 4 – Proven psychological action on Aśvagandha, Aparājita and Vacā

Drugs	**Psychological action**
Aśvagandha [19]	Anxiolytic, antidepressant and neuroprotective
Aparājita [20]	Antidepressant, anxiolytic, anticonvulsant
Vacā [21]	Antidepressant

9. CONCLUSION:

Ayurveda is based on the principle of maintaining a balance between the interrelated relationships within the body and mind. Ayurvedic medicine maintains its holistic approach to health and treatment of diseases. Psychiatric ailments are discussed under the branch of *Bhutavidya* in which *Unmāda* is described as a broad term. This case report summarizes a case of moderate Postpartum depression, diagnosed as *Sānnipāthika Unmāda with pitta vāta predominance* and the subject was managed effectively.

REFERENCES:

1. Greenberg P.E., Stiglin L.E., Finkelstein S.N. and Berndt E.R., The economic burden of depression in 1990, J Clan Psychiatry, 54, 405-418 (2009)
2. Robertson, E., Celasun, N., and Stewart, D.E. (2003). Risk factors for postpartum depression. In Stewart, D.E., Robertson, E., Dennis, C.-L., Grace, S.L., & Wallington, T. (2003). Postpartum depression: Literature review of risk factors and interventions.
3. Sekhon S, Gupta V. Mood Disorder. [Updated 2021 Nov 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK558911/
4. S.Pole Ayurvedic medicine: the principles of traditional practice. Edinburgh: Churchill Livingstone. Psychology International (2016). APA participates in the National Academy of Psychologists Silver Jubilee conference in Allahabad Psychol Int Newsl, 27 (1) (2006)
5. R K Sharma,Bhagwan Dash editor.(2012): Caraka Samhita Nidānsthāna(trans English). (p.89.7/5).Varanasi: Chowkhambha Sanskrit Series Office.
6. R K Sharma, Bhagwan Dash editor.(2012): Caraka Saṃhitā Nidānsthāna(trans English). (p.88.7/3).Varanasi: Chowkhambha Sanskrit Series Office.
7. Vagbhata's Ashtangahrudayam, Choukhamba Krishnadas Academy, Varanasi. Reprinted 2010,Chikitsasthana 183/55-57
8. World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders. Nonserial Publication WHO. 1993;10: pp. 195.
9. Hamilton M. A rating scale for depression. J Neurol Neurosurg Psychiatry 1960; 23:56–62.
10. Sharma P: Dravyagunavijnan Volume 2.Varanasi: Chaukhambha Bharti Academy. 2006.pp.736-738
11. Sharma P: Dravyagunavijnan Volume 2.Varanasi: Chaukhambha Bharti Academy.2006.pp.9-11
12. Acharya Priyavrat Sharma. (2006): Dravyagunavijnan Volume 2. (p 28-31) Varanasi: Chaukhambha Bharti Academy.
13. Aslam, M., & SULTANA, N.. Nootropic Activity of Vitis Vinifera Juice in Normal and Memory- Impaired Mice Using Spatial Learning and Recognition Memory Paradigms. Turkish Journal of Pharmaceutical Sciences 2015;12(3): 95–115
14. Sowmya M, Kumar B.Y S. Antistress property of Glycyrrhiza glabra (Athimadhura) on stress induced Drosophila melanogaster. Vol. 6. 2010.
15. Antidepressant effect Ethanolic extract of Cyperus rotundas in mice: (Hao, G. F., Tang, M. Q., Wei, Y. J., Che, F. Y., & Qian, L. J. (2017).Determination of antidepressant activity of cyperus rotundus l extract in rats. Tropical Journal of Pharmaceutical Research, 16(4), 867–871
16. Rajput, M.A., Khan, R.A. Phytochemical screening, acute toxicity, anxiolytic and antidepressant activities of the Nelumbo nucifera fruit. Metab Brain Dis 32, 743–749 (2017). https://doi.org/10.1007/s11011-017-9963-x
17. Neuroprotective Activity:(Husain, I., Zameer, S., Madaan, T., Minhaj, A., Ahmad, W., Iqubaal, A., Najmi, A. K. Exploring the multifaceted neuroprotective actions of Emblica officinalis (Amla): a review. Metabolic Brain Disease. Springer New York LLC. 2019
18. Glory Josephine. I et al. Effect of vetiveria zizanioides on experimentally induced depression in albino rats. Journal of pharmaceutical and biomedical sciences (J Pharm Biomed Sci.) 2012, December; 25(25); 171-175.
19. Lopresti AL, Smith SJ, Malvi H, Kodgule R. An investigation into the stress-relieving and pharmacological actions of an ashwagandha (Withania somnifera) extract: A randomized, double-blind, placebo-controlled study Medicine. 2019 Sep;98(37).
20. Parvathi M, Ravishankar K. Evaluation of antidepressant, motor coordination and locomotor activities of ethanolic root extract of Clitoria ternatea. Journal of Natural Remedies. 2013 Jan 1;13(1):19-24.
21. Sharma, V., Sharma, R., Gautam, D. S., Kuca, K., Nepovimova, E., & Martins, N. (2020). Role of Vacha (Acorus calamus Linn.) in Neurological and Metabolic Disorders: Evidence from Ethnopharmacology, Phytochemistry, Pharmacology and Clinical Study. Journal of clinical medicine, 9(4), 1176. https://doi.org/10.3390/jcm9041176.