

Homoeopathy in Mental Disorders in Postpartum Stage

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Abstracts: Reading a heading in the Hindustan Times supplement on 10th May (Mother's day) which wrote 'Mum is not a good word' was surprising & when delved in to the article, it was about mothers who went through postnatal depression & have narrated their painful experiences & how they came out of the situation. The current article looks into the aspects of mental disorders during postnatal period out of which postnatal depression is one of the disorders. The article looks into the brief history of public health programs on mental health in India & the emergence of maternal mental health as an issue. It moves on to the current situation on postnatal disorders in India & the role of Homoeopathy to deal with these disorders therapeutically as a component of Ministry of AYUSH. The article suggests the integration of medical pluralism in mental health through inclusion of Homoeopathy in the gamete of mental health. As each & every drug in Homoeopathy is only proved on human beings, all the drugs have a mental component as it is only human beings who can express their physical & mental symptoms during proving of the drugs as per the guidelines set by the Homoeopathic research councils of each nation. In India, Central Council for Research in Homoeopathy, an autonomous body under the ministry of AYUSH lays out such guidelines. The article gains more relevance during the current COVID 19 crisis which has precipitated the stress levels & the mothers who have delivered since March 2020 are more prone to mental disorders during their postnatal stage.

Keywords: Postnatal, Homoeopathic Materia Medica, Generalities, Constitutional medicine, Postnatal blues, Postnatal psychosis, Nosode, Bach Flower Remedy, Bowel Nosode, Miasms

INTRODUCTION

Health care as a tradition has prioritised the physical health & not the mental health. The first mental health legislation in India was the Indian Lunacy Act in 1912 in the British era. It took India 70 years to conceptualize the National Mental Health program in 1982. Regarding legislation, the nation took 75 years as the Mental Health Act passed in parliament on 22nd May 1987 superseded the act of 1912. Further, the Mental Health Care Act passed in parliament on 7th April 2017 which came into force from 7th July 2018 superseded the act of 1987. Besides other changes, the most significant change in this act was to de-criminalize suicides (Wig NN: Murthy SR, 2015).

Progressing further, the country conceptualized the District Mental Health program in 1996. This program was re-strategized in 2003 to include two schemes i.e. modernization of state mental hospital & upgradation of psychiatric wings of medical colleges & general hospitals. Currently, with the backing up of supreme court, the nation has a state mental health board as well as a district mental health board as an active arm to augment the mental health

programs & the mental health component of the National Health Mission (GoI, 2019).

Similarly, the Indian Systems of Medicine & Homoeopathy (ISMH) became a department in 1995 across all the states & the centre. Prior to that, the ISMH was operational through directorates at both state & centre level under the department of Health & Family Welfare. The ISMH was renamed as Ayurveda, Yoga, Unani, Siddha & Homoeopathy (AYUSH) department in 2003. The department was converted to a ministry in November 2014 (GoI, 2014).

On the mental health front in Homoeopathic system of medicine, the Regional Research Institute under the Central Council for Research in Homoeopathy came up in 1974 in Kottayam, Kerala. It was upgraded to Central Research Institute for Homoeopathy in 1982. Further, the institute was upgraded as National Homoeopathy Research Institute in Mental Health (NHRIMH) in 2016 (GoI, 2017).

In the field of Maternal & Child Health (MCH), the maternal health component got focus through the launch of National Rural Health Mission

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(NRHM) in 2005 where the Janani Surakhya Yojana (JSY) was the most active component of NRHM to promote institutional deliveries (GoI, 2005). Gradually, the mental health aspects of the mothers came to the forefront after reshaping the district mental health program in 2003.

About The Postpartum Mental Disorders

Postpartum disorders are of three types & these are postpartum blues, postpartum psychosis & postpartum depression (Stewart DE *et al.*, 2003; Florio DA *et al.*, 2013). Among the three, the most common is postnatal depression as currently 22% of Indian mothers suffer from depression & the country requires more resources for capacity building in maternal health care (Upadhyay RP *et al.*, 2017). Studies also indicate that postpartum depression is a considerable health issue for many women but the disorder often remains undiagnosed & hence untreated (Stewart DE *et al.*, 2003; Dennis CL *et al.*, 2004).

Data on incidence of postpartum blues in India is not available & hence the global level data applies to India as well. The incidence is 300-750 per 1000 mothers globally. This is the mildest form of postnatal mental disorder & can be treated effectively (Stewart DE *et al.*, 2003). The primary symptoms are tearfulness, irritability, lability of mood, anxiety about the baby, poor concentration (Davidson, 1992).

Similarly, data on postpartum psychosis is only available for global level which applies to India as well. The prevalence rate is 0.89 to 2.6 per 1000 births. It is a severe disorder that begins within 4 weeks of postpartum & requires hospitalization. The mother

thinks she is crazy, tries to injure herself & therefore the child has to be taken care by a caretaker other than the mother (Vanderkruik R *et al.*, 2017). If the psychosis takes a form of affective disorder, then lability of mood is a clinical feature. Some mothers are so disturbed that they can not relate adequately to their baby. Severe psychotic depression is accompanied by stupor, refusal to eat & drink, suicidal risk (Davidson, 1992).

The third & the most common form is the postnatal depression which can start soon after child birth or as a continuation of antenatal depression. It needs to be treated (Stewart D *et al.*, 2003). The global prevalence rate is 100-150 per 1000 births (O' Hara MW *et al.*, 1996). As it is the most common form & 22% of Indian mothers suffer from postnatal depression, the following section details out the aspects of postnatal depression.

About Postnatal Depression

Depression is an 'Affective' type of disorder under psychiatric disorders. If the depression is precipitated by environmental factors it is categorized as 'primary' affective disorder & if the depression is preceded by another psychiatric or physical illness it is categorized as 'secondary' affective disorder. Primary categories are often recurrent & if recurrences always takes a depressive form, it is named as 'unipolar' & if recurrences are both depressive & manic, it is named as 'bipolar' disorders (Davidson, 1992).

Depression can have somatic as well as mental symptoms & hence the term psycho-somatic disorders are used. The following boxes give the mental & somatic symptoms of depression separately.

Box 1- Mental symptoms of depression (Source- Davidson, 1992)

Depressed mood most of the day, markedly diminished interest in all most all activities most of the day, feelings of worthlessness or excessive guilt, Indecisiveness, recurrent thoughts of death or suicide, a suicide attempt or a specific plan for suicide.

Box 2- Somatic symptoms of depression (source-Davidson, 1992)

Sleep disturbance, fatigue, headache, chest pain, abdominal pain, Loss of appetite, Change in weight, constipation, reduced libido, psychomotor retardation

In addition to these symptoms, there may be excessive concern about the baby's health, fears of harming the baby, guilt about maternal deficiencies, marital tensions, loss of sexual interest. Further, women are embarrassed to admit depression after what is expected to be a joyful event in their lives (Davidson, 1992).

Effects of Postnatal Depression

The effects of postnatal depression is not restricted to the postnatal period only. Studies have indicated that postpartum depression can predispose to chronic or recurrent depression that affects the mother-infant relationship, child growth & development

(Stewart DE *et al.*, 2003; Field T *et al.*, 2010; Sohr-Preston SL *et al.*, 2006).

It is also seen that children of mothers with postpartum depression have greater cognitive, behavioural & inter personal problems compared with children of non-depressed mothers (Field T *et al.*, 2010; Surkan PJ *et al.*, 2011).

Postnatal depression also affects the nutritional status of children as children of mothers with postpartum depression are at greater risk of being underweight & stunted (Surkan PJ *et al.*, 2011).

The effects of postnatal depression are also a barrier in promotion of breastfeeding practices. Mothers who are depressed are more likely not to breastfeed their babies & not seek health care appropriately (Field T *et al.*, 2010).

The effects of postnatal depression can also extend into the teen age of children. Maternal postpartum depression is associated with adverse psychological outcomes in children up to 10 years later (Verkujil NE *et al.*, 2014).

About The Diagnosis of Postnatal Mental Disorders

Postnatal blues are probably associated with rapid changes in progesterone & oestrogen levels following child birth. The symptoms of postnatal blues as mentioned above peak in the first week of the postnatal period & subside rapidly during the next 10 days (Davidson, 1992).

Diagnosis of postnatal depression needs to identify aetiological factors like social & psychological changes following child birth, giving up work, financial hardship, altered status, marital friction & sheer exhaustion of broken nights. It starts within six weeks of delivery & the above-mentioned symptoms of postnatal depression are to be recognized (Davidson, 1992).

Postnatal psychosis symptoms develop during the first fortnight after delivery & are common in unmarried women, after a first child & following caesarean section as increased stress is associated with these conditions. Previous episodes of affective illness unrelated to child birth are a risk factor for postnatal psychosis (Davidson, 1992). The above-mentioned symptoms are to be recognized with these modalities towards the diagnosis.

Homoeopathic Approach

The first brush of Homoeopathy in mental disorders started in 1792 when Dr. Christian Samuel Hahnemann (1755-1843) became the medical officer of a mental asylum in Georgenthal in the district of Thuringerwald, Gotha in the then Germany. During his stint from 1792-1793 in the asylum, he had advocated Psychotherapy for the mental patients which currently is practiced. In 1796, he published a case report of a patient named Klockenbring suffering from Insanity who was treated with Homoeopathic medicine & psychotherapy. It is significant to note that there were very few mental specialists at that point of time (Hobhouse RW, 1933).

As already mentioned above, all Homoeopathic medicine has mental symptoms as the drugs are proved on human beings. Given below are Homoeopathic medicines that are primarily from four sources. These are the Allen's Key notes, Robin Murphy's repertory, Phatak's repertory & Boericke's

Materia Medica. The treatment plan for the three mental disorders during postnatal stage are given below.

Postpartum Blues

H.C. Allen's Key Notes published in 1898 mentions under the drug 'Lac Caninum'- Chronic 'Blue' condition, everything seems so dark that it can grow no darker ('Lyc', 'Puls').

Hence, the specific medicine for this condition is 'Lac Caninum'. Here it should be prescribed in high potencies frequently as the condition lasts in the first 15 days after delivery.

Similarly, as suggested by H.C. Allen in his key notes, 'Lycopodium' & 'Pulsatilla' are the other two medicines (Allen HC, 1898). Based on generalities, these two drugs can be differentiated & prescription should be in high potencies with frequent doses.

The primary symptoms of postpartum blues are tearfulness, irritability, lability of mood, anxiety about the baby, poor concentration as mentioned above. All the three medicines are well proved medicines & cover all these symptoms.

The suggestion is to prescribe 'Lac Caninum' in all cases as a specific & prescribe 'Lycopodium' or 'Pulsatilla' on alternate days depending on whichever medicine is indicated.

Postpartum Psychosis

As mentioned above, the primary symptoms of this condition are that the mother thinks she is crazy, tries to injure herself & therefore the child has to be taken care by a caretaker other than the mother.

Here taking into account these symptoms, H.C. Allen writes under 'Actea Racemosa'- puerperal mania, thinks she is crazy, tries to injure herself (compare, 'Syph'). If the above-mentioned symptoms are seen in a case of mental disorder in postnatal stage, 'Actea Racemosa' or 'Cimicifuga' can be prescribed on every alternate days till the symptoms subside. Miasmatic angle can differentiate between 'Syphilinum' & 'Actea'. If the case is Psoric, prescribe 'Actea' & 'Syphilinum' if the case is syphilitic (Sarkar BK, 1955).

Further, If the psychosis takes a form of affective disorder, then lability of mood is a clinical feature. Davidson mentions 'Lithium Carb' as a psychiatric medicine for stabilizing mood in mood disorder. Homoeopathy has 'Lithium Carb' as a Homoeopathic medicine. As the crude doses are found to be useful, 'Lithium Carb' in low triturations can be prescribed for these cases (Experience of lead author).

Still it is seen that some mothers are so disturbed that they cannot relate adequately to their baby. Severe psychotic depression is accompanied by stupor, refusal to eat & drink, suicidal risk.

In case of stupor, using generalities 'Gelsemium' in high potency if the case is not thirsty & 'Opium' in thirsty cases (Allen HC, 1898). These medicines are to be used once in every two days along with the above-mentioned medicines.

In case of refusal to eat & drink, using 'indifference' as a generality, 'Acid Phos' (Allen H C, 1898) or 'Chocolate' (Murphy, 2017) can be prescribed in high potencies once in every two days along with the above-mentioned medicines.

In case of suicidal tendency or risk, 'Aurum Met' & 'Naja Tripudians' can be prescribed (Allen H C, 1898). Using Miasmatic angle can differentiate these medicines. The former is syphilitico-sycotic while the latter is syphilitico-psoric (Sarkar, BK, 1955).

Postnatal Depression

The symptoms of depression have been dealt in detail in the section above & it is found to be a psycho-somatic disorder. As discussed above, the symptoms of depression can begin in Ante Natal stage & extend up to the Post Natal stage. Here, the repertories of Dr. Shankar Raghunath Phatak & Dr. Robin Murphy are used.

Phatak Repertory

Rubric- sadness, low spirits, mental depression, during pregnancy- 'Lachesis', 'Natrum Mur'

Using generalities, these two medicines can be differentiated & prescribed in high potencies in frequent doses to alleviate the symptoms in the first month itself & prevent recurrence.

Rubric- sadness, low spirits, mental depression, after parturition- 'Thuja'.

Using generalities, this medicine can be prescribed in high potencies.

Murphy Repertory

From each rubric, the current article has picked up the first-grade medicines only i.e. those mentioned in bold letters in the repertory.

Rubric- Under pregnancy chapter, sub heading depression, during pregnancy- 'Aurum Met', 'Natrum Mur', 'Pulasatilla', 'Sepia'

All these drugs are constitutional drugs & can be differentiated using generalities. All these are to be prescribed in high potencies & frequent doses.

Rubric- Under pregnancy chapter, Sub heading Child birth, it mentions Hysteria since childbirth- 'Chelidonium', 'Gelsemium'.

Both these drugs can be differentiated using the generality 'thirst'. The former is thirsty & the latter

is thirst-less (Boericke W, 1927). Prescribe in high potencies with frequent doses.

Rubric- Under pregnancy chapter, it mentions Mania- 'Stramonium'.

Here it means that 'Stramonium' along with an indicated medicine for depression are the medicines for bipolar disorders which are mentioned above. Prescribe both the medicines in high potencies with frequent doses.

Rubric- Under pregnancy chapter, it mentions Melancholy- 'Platina'.

Here it shows that 'Platina' in high potencies along with an indicated medicine for depression is a medicine for unipolar disorder as detailed above. Prescribe both the medicines in high potencies with frequent doses.

Rubric- Under pregnancy chapter, it mentions mental problems during pregnancy- 'Belladonna', 'Ignatia', 'Pulasatilla', 'Sepia'.

Using generalities, prescribe the indicated medicine in high potencies in periodical doses as the prescription is during pregnancy.

Rubric- Under pregnancy chapter, sub heading Nervousness, pregnancy- 'Aconite', 'Gelsemium'.

Using generality like thirst, prescribe the former to those who are thirsty & the latter to those who are not thirsty (Allen HC, 1898). Prescribe in high potencies with frequent doses.

Rubrics in Lowest grade in Murphy's Repertory

Besides these, there are only two rubrics of single drug each that are written in the lowest grade i.e. written in normal size alphabets where neither these are mentioned in Bold or Italics.

Rubric- Suicidal Melancholy- Aurum Met

Rubric- hysterical & nervous women- Viburnum Opulus.

Aurum Metallicum is a deep acting drug & the prescription has to be on the Miasmatic basis & the Miasm of the drug is Syphilitico-Sycotic. Prescription are to be in high potencies in frequent doses & the medicine to be taken during day time only. It is already discussed above as well as a medicine for Postpartum Psychosis.

Viburnum Opulus is a short spectrum drug & the woman has history of abortion & anaemia. It is a drug for postnatal blue & depression.

General prescription for all cases

All cases should be prescribed 'Zinc Phos', 'Five Phos', Mustard (Bach Flower Remedy), Dysentery Compound (Bowel Nosode). The first is a short spectrum drug but gives satisfactory results while

treating depression cases through application of high potencies (Murphy R, 2017).

The second one is a mixture of five tissue salts that act as a specific for toning up of brain & nerve health (Phatak D S, 1986). Preferably, prescribe in tablet to avoid extra sugar in syrup form that may not help in the case.

The third one is a specific prescribed for depression as a Bach Flower remedy. All the 38 remedies under Bach Flower category are exclusively used for various mental disorders (Boedler C R., 1996). Prescribe in 30th potency as these are available in 30th potencies only.

The last medicine, a Bowel Nosode in Homoeopathy is named as 'anticipatory type of nervous tension' remedy (Paterson J, 1949; Allen H C, 1993). Prescribe in 30th potency as these medicines are primarily available in 30th potencies.

CONCLUSION

As all drugs in homoeopathy has a group of mental symptoms, Homoeopathy is and will be effective against mental disorders in general & especially for postnatal mental disorders. The current article adds another feather in the Homoeopathic cap as

it can deal with the probable upcoming of large number of cases of postnatal depression in view of high stress levels due to the ongoing COVID 19 crisis. However, it should be also seen that along with constitutional medicines, specific medicines are also required to deal with the cases. Simultaneously, nutrition, counselling and all psychic health modalities like psychotherapy are adhered in each case. In fact, the detailed case taking of a case & empathetic hearing are the elements of supportive psychotherapy (Davidson, 1992). The Homoeopathic approach of case-taking exactly fits into the criteria of supportive psychotherapy. Hence, as a part of treatment, the supportive psychotherapy is inherent in Homoeopathic treatment. Green leafy vegetables & nuts are to be added in the diet in order to enable the body to improve brain functions. The vegetarians should be supplemented with Vitamin B12 & Zinc supplements as these are good for nerve health & diets of vegetarians lack these nutrients. The primary sources of these two supplements are sea food & non-vegetarian foods. The Homoeopathic fraternity should be ready to cover the masses as there is no other therapeutic system that can cover the masses effectively while being economical and cost effective. Simultaneously, it has a wide range of medicines as seen in the contents of the sections mentioned above.

Burden of Disease



Figure 1: India at a glance, 2019 (Source- SRS, 2019)

The current birth rate of India is 20.2 per 1000 population or the current Crude Birth Rate of India is 20.2. As per a web site, the current projected population in India as in the year 2020 is 1394406530. As mentioned above, using the birth rate of 20.2, the number of births in 2020 will be 28167012 or this many numbers where the abortions, maternal deaths & still births are not accounted to illustrate the example in a simple manner. From the above sections of the article, it is seen that as per WHO, 22% mothers suffer from postnatal depression. Hence, calculating 22% of 28167012 mothers, it is deduced that 61, 96, 743 mothers would suffer from mental depression. This figure is likely to go up in 2020 because of the COVID 19 crisis in 2020. This reflects the magnitude of the problem as well as the steps that the nation needs to take to deal with the crisis. Obviously, the Crude Death

Rate & the Infant Mortality Rate would also be impacted accordingly.

Declaration of Authors

The authors certify that they have expressed their personal opinions based upon their public health and clinical experiences. The treatment approach is only suggestive in nature.

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Conflict of interest

Nil

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