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REVIEW ARTICLE

Postpartum Depression Management with Special Reference to *Sutika Unmaada*

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ABSTRACT

Pregnancy is a natural process and a transformative journey that brings physical, emotional, and lifestyle changes. Pregnancy and puerperium are at times sufficiently stressful to provoke mental illness. *Acharya kashyap* describes *sutika unmad* among the 64 diseases of *prasutika.* Postpartum depression (PPD) cases are increasing with time in India, ranging from 17.4% to 33.8%. In Ayurvedic texts, PPD is described as a similar clinical condition. The heart is the seat of *Manas.* The Ayurveda approach to mental health, which integrates mind, body, and soul, is offered. In Ayurveda, *Unmaada* is treated as a somatic alteration, the main principle being to break the *Aavarana* or *Manovaha Srotas*. Thus, *Shodhana, Shamana, Satvavajaya Chikitsa,* Proper diet, and regimen are used for the management of *Sutika Unmaada. Apart from Daivavyapashraya* (spiritual remedies) and *Satvavajaya* Chikitsa, both Ayurveda and Allopathy primarily concentrated on *Yuktivyapashraya* Chikitsa (internal and external medication) (psychotherapy). Through *Yuktivyapashraya Chikitsa,* application of *Daivavyapashraya or Satvavajaya* Chikitsa is good for effective and quick prediction of the disease. The conclusions conclude that strengthening maternal mental health services, improving screening practices, and conducting further research on culturally sensitive interventions are vital for reducing the burden of PPD among women.

1. INTRODUCTION

Maternal mental health problems are a significant complication of pregnancy and the postpartum period and are frequently encountered by healthcare professionals in their clinical practice. The postpartum period is crucial for women and their offspring's current and future well-being and is an important time in a woman's life.

Sutika Unmaada, or Postpartum psychosis, is a psychotic condition associated with insomnia. Occurring in women who have recently delivered a baby. This syndrome is often characterized by the mother's depression, delusions, and thoughts of harming either her infant or herself. The ideation of suicide and infanticide needs to be carefully monitored. Postpartum psychosis is closely related to mood disorders, mainly bipolar and major depressive disorder (MDD). Bipolar disorder is a Western psychological diagnosis, characterized by mood swings between elation or mania and depression.[1]

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Acharya Kashyapa describes *Sutika Unmaada* in the *Kashyapa Samhita* (*Khila Sthana*, Chapter 11) as one of the 64 types of *Sutika Rogas*. He explains that during the puerperal period, women become physically weak due to *Dhatu Kshaya* (tissue depletion) and *Bala Hina* (loss of strength).[2] This combined with *Vata Prakopita* (vitiated Vata), renders the mind unstable and highly susceptible to *Mansika Vikara* (mental disorders).[3]

Sutika Unmaada described in Kashyapa Samhita, Khila Sthana, Chapter 11, "*Sootikopakramaneeya dhyaya.*" 64 types of *Sutika Rogas* have been mentioned. Among 64 *Sutika Rogas, Sutika Unmaada* is mentioned. *Sutika unmaada as mansika vikara* occurring in the puerperal period due to the psychological and physiological vulnerability of women.[3] He explained that at this time, women become weak by dhatu *kashaya, bala hina and vata prakopita* this makes a women's mind unstable and susceptible to *mansika vikara*.[4]

In *kashyap samhita,* puerperal periods are of 1.5–6 months, whereas other Acharya mentioned 45 days of puerperal periods, so *Acharya kashyap* describe detailed *paricharya of sutika*. Three types of treatment are mentioned on the basis of the area.[5]

Charaka *samhita, Chikitsa sthana, chapter 9,* "*unmadchikitsa adhaya*" *unmada* is discussed in detail about its cause, symptoms, type, prognosis, and treatment. Unmaad is a disease comprising more psychological symptoms, and hence it can be termed a syndrome. Acharya Charak described this disease in detail in Charak Samhita.

1.1. Aim and Objectives

- To explore the Ayurvedic perspective of Postpartum Depression (PPD) as *Sutika Unmaada* based on the *Kashyapa Samhita*
- To evaluate the effectiveness of *Yukti Vyapashraya* (rational therapy), *Daiva Vyapashraya* (spiritual therapy), and *Satvavajaya Chikitsa* (psychotherapy) in managing the condition.

2. MATERIALS AND METHODS

- Literature and conceptual review with analytical correlation between modern medical understanding and ayurvedic view
- Material; Kashapa Samhita, related references from Charaka Samhita, Sushruta Samhita, Standard obstetrics and gynecology textbooks, psychiatry textbooks, research articles from databases.

2.1. Epidemiology of PPD

PPD is a significant public health concern affecting women worldwide. Globally, the prevalence of PPD is estimated to range between 10% and 20%. Globally, the prevalence of PPD ranged from 5.1% to 78.7%. In Eastern Asia, South Korea reported 24.6%, while Chinese studies ranged from 11.6% to 78.7%. In South-eastern Asia, reported prevalence was 30.2% in Cambodia, 31.8% in Laos, 31.9% in Myanmar, and 16.4% in the Philippines. In Southern Asia, Bhutan reported 14.9%, while rates in India ranged from 17.4% to 33.8%. In Western Asia, Türkiye reported 18%, whereas Saudi Arabia reported the lowest rates 5.1% and 5.6%. Thus, the lowest prevalence was found in Saudi Arabia, while the highest was found in China.[6]

2.2. Cause

1. *Dosa prakopa* mainly *vata* with *pita and kapha*
2. *Dhatu ksaya*
3. *Rakta and Ojas kshay*[7]
4. Improper diet and sleep deprivation, emotional shock
5. *Dahtushay* leads to manas instability.

2.3. Type

According to Ayurveda based on doshas, *unmada* is of five types as follows:

1. *Vatajunmada* Fearfulness, anxiety, unstable behavior and mind, talkative, insomnia, dryness of body, and weakness
2. *Pittaj unmada*
   Anger, intolerance, irritability, feeling of heat, reduced sleep, yellowish discoloration of skin and eye
3. *Kaphaj unmada*
   Lazy, anorexia, sleepy, psychomotor retardation, poor memory, excessive salivation, silence
4. *Sannipataj unmada*
   Mixed symptoms of vata pita, and kapha. improper behavior, grave prognosis
5. *Agantuj unmada (bhuto unmada)*
   Sudden onset, extraordinary strength, unknowable language speaking, Abnormal posture.

2.4. *Samprapti Gatak of Unmada*[8]

Mentioned in table 1 below.

2.5. Clinical Symptoms

Symptoms begin to appear within a few days of delivery. The mean time of onset is 2–3 weeks almost within 8 weeks of delivery.[9]

Emotional/Mood symptoms: Persistent sadness or hopelessness, frequent crying, feeling overwhelmed or unstable, loss of interest in daily routine (including the baby), Irritability, anger, or mood swings, Feelings of guilt or worthlessness.[10]

Cognitive symptoms: Lack of concentration or difficulty making decisions, Negative thoughts about self, baby, or future, Thoughts of being a "bad mother." Recurrent thoughts of death or suicide.

Behavioral symptoms: Avoiding family and friends, less care for self or baby, restlessness or psychomotor slowing.

Physical/Somatic symptoms: Sleep disturbances (insomnia or excessive sleeping) not solely due to infant care, loss or increase in appetite or weight, headaches, body aches.[11]

Anxiety-related features (common in PPD): Excessive worry about the baby's health, panic attacks, intrusive thoughts (often distressing and unwanted).

In modern etiologies, etiologies such as genetic, infection, drug intoxication (Scopolamine, Meperidine), toxemia, blood loss, and hormonal (sudden decrease in estrogen, progesterone concentration) are responsible for psychosis.[12]

2.6. Investigations Needed in PPD

1. Psychological Assessment/Screening: Edinburgh Postnatal Depression Scale (EPDS) Score ≤13 suggested depression
2. Laboratory Investigations (for organic causes): It helps to exclude conditions that can mimic or worsen depression:
   - Thyroid stimulating hormone, T3, T4– postpartum thyroiditis is most commonly involved
   - Complete blood count – anemia, infection, etc.
   - Serum electrolytes – if fatigue, confusion, or weakness
   - Vitamin B12/Folate levels – if cognitive symptoms present
   - Blood glucose – if diabetic symptoms or fatigue
3. Risk Assessment: Assessment for suicidal ideation, assessment for thoughts of harming the baby.

2.7. Diagnosis

There are a number of diverse approaches that have been employed in trying to understand the pathophysiology of PP.[2] The diagnosis based on DSM-5 uses the specifier "with peripartum onset" for mood episodes (MDD, Bipolar I, or Bipolar II) that occur during pregnancy or within the first 4 weeks following delivery.[13] The authors recommend universal screening for PPD, often mentioning the EPDS as a validated 10-item self-report tool used to identify.

In Ayurveda texts, every patient has a different prakriti, so based on the individual prakriti and history of present and past *vikriti.* Also, check the state of dosh dhatu and mala. Manas Prakriti is very important, that is *Sattav* Rajas, and Tamas. Ojas level should be checked properly, and the state of mental principles.

Ayurveda focuses on diagnosing *Unmaada* as a physical disease by the involvement of doshas, though categorized under psychological

disorders. Acharyas clearly stated that there is no involvement of "Supernatural powers" in manic and depressive manifestations, but rather are merely because of *Doshik* imbalance (disturbance in neurotransmission and modulation).[1]

2.8. Diagnostic Scale[14]

Only three depression screening tools are designed and validated specifically to detect PPD effectively: The EPDS (Cox *et al*., 1987), Postnatal Checlist (Beck, 1995), and the PPD Screening Scale (PDSS) (Beckand Gable, 2000). Scales developed to screen for depression in the general population may not detect PPD because of the overlap of somatic symptoms (sleep disturbance, fatigability, loss of appetite, somatic preoccupation, loss of lipids, poor body image) with the physical changes in the postpartum period. The EPDS, Postpartum checklist, and PDSS were designed to minimize the effects of this overlap in the assessment of depression. The EPDS is a standardized self-reported questionnaire. The PDSS was created specifically for postpartum women and is a 35-item, self-report questionnaire which about 5–10 min to complete.

2.9. Treatment

1. *Kashyapa Samhita*, the management of disorders occurring during the puerperal period *(Sutika Kala)* is based on the understanding that the woman is in a state of *dhatu-kshaya* (tissue depletion) and Vata predominance following childbirth. *Sutika Unmada* is therefore approached primarily as a condition of aggravated Vata associated with physical exhaustion, psychological stress, and improper postpartum regimen
    a. *Sneha pana: Mahakalyanak ghrit, brahmi ghrit, panchgavya ghrit abyanga with bala tail, kshirbhala tail*
    b. *Basti chikitsa: Anuvasana basti with grita* or tail processed with *bala* and *yastimadhu Matra basti*
    c. *Medhya and Manas prasadana dravyas like Brahmi, sankhapuspi, vaca, jatamansi, aswagandha with milk or ghrita*
    d. *Ahara chikitsa*: Warm *snigdha* nourishing diet like milk *yavagu* (soup), *mans rasa* (meat soup). Avoid food like. *Ruksa Sita laghu ahara*. Avoid excessive work or exercise and waking at night
    e. *Satvavajya and raksa Karama Asvasana* (reassurance): Loving are by family Keeping *sutika* in a calm, protected environment Mantra, *mangala, raksa karma*
2. In *charak samhita* detail descriptions of *unmada* Chikitsa are mentioned, all three forms of therapies described in the Ayurvedic System, i.e. *yukti vyapashraya* (rational treatment) to *daiva vyapashraya* (spiritual therapy), and *sattvavajaya chikitsa* (psychotherapy) for the management. Other than these three, a fourth type of therapy, called *upayabhipluta* (consolation, mental support) chikitsa, which is a non–pharmacological method of treatment, has also been mentioned. Unmada is the only disease in ayurveda which requires such an extensive and broad spectrum of management principles, techniques, drugs, counseling, psychotherapy, and therapeutic modalities, which are to be judiciously utilized by the doctors based on their specific indications and the state of the disease
3. *Shatawari-Asparagus racemosus* modulates the gut–brain axis to mitigate pathways implicated in PPD.[4] Flavonoids identified in the dry root contribute to antioxidant defense and GABAergic modulation. Since PPD is linked to neuroinflammation and oxidative stress, these compounds offer neuroprotective support by reducing reactive oxygen species and enhancing inhibitory neurotransmission.

It has also been paired with botanicals such as *Withania somnifera* (Ashwagandha) and *Emblica officinalis* (Amalaki) to enhance rejuvenation and lactation benefits.

3. DISCUSSION

The discussion of *Sutika Unmaada* highlights the profound physiological and psychological vulnerability of women during the puerperium. Ayurveda posits that the heart (Hridaya) is the seat of Manas (mind), and any somatic alteration, specifically the *Aavarana* (blockage) of *Manovaha Srotas*, leads to severe mental illness. The *Samprapti* (pathogenesis) is primarily driven by *Vata dominance*, often triggered by the extreme physical exhaustion of labor and subsequent *Dhatu Kshaya* (tissue depletion). This state of emptiness in the body allows the vitiated Doshas to occupy the channels of the mind, leading to confusion, delirium, and distorted perception.

Modern etiologies such as sudden hormonal shifts, specifically the rapid drop in estrogen and progesterone, and acute sleep deprivation mirror the Ayurvedic concept of Dhatu and Ojas depletion. These biochemical changes create a neurochemical instability that parallels the "aggravated Vata" described in ancient texts. The classification of *Unmaada into Vataj, Pittaj, and Kaphaj* types provides a nuanced framework for treatment that modern psychiatry may find complementary. For instance, *Vataj Unmaada* often presents as acute anxiety and insomnia, while *Pitta*j may involve aggression and paranoia, and *Kaphaj* may manifest as withdrawn or depressive states.

The management strategy is notably broad-spectrum, focusing on both physical and mental stabilization. While modern medicine focuses on pharmacotherapy, antipsychotics, and risk assessment, Ayurveda emphasizes Snehapana (internal oleation) to relieve Vata and Medhya drugs such as Brahmi, Vacha, and Ashwagandha to restore mental calm and neuroprotection. These herbal interventions serve to nourish the nervous system and counteract the oxidative stress caused by the traumatic birth experience.

Furthermore, the inclusion of Dhairya (assurance), Smriti (memory), and Satvavajaya Chikitsa (psychotherapy) helps the patient overcome feelings of inferiority, guilt, and cognitive dysfunction. This is essential for restoring the mother's bond with her newborn. The integration of Rasayana therapy is particularly vital, as it aims to reclaim both bodily and emotional well-being after the transformative yet taxing journey of pregnancy. By focusing on rejuvenation, this holistic approach significantly reduces the high rate of relapse typically seen in postpartum psychiatric cases.

4. CONCLUSION

Acharya kashapa describes postpartum mental disorders under the concept of *Sutika* Unmada. His descriptions emphasize that the puerperal woman is physiologically and psychologically vulnerable due to *dhātu kṣaya, doṣa vaishamya, śarīra–mānasa klānti*, and improper *sūtikā paricaryā*. The clinical features described, such as fearfulness, sadness, irritability, insomnia, and abnormal behavior, closely resemble the symptomatology of modern PPD. Kāśyapa's approach highlights the inseparable relationship between body and mind and recommends individualized management through *snehana, śodhana* when indicated, *rasāyana, āhāra, vihāra, and sattvavajaya*

chikitsā, along with emotional support and family care. This ancient Ayurvedic perspective not only demonstrates an early recognition of postpartum mental health disorders but also offers valuable preventive and therapeutic insights. Integrating these principles with contemporary psychiatric care may enhance early identification, holistic management, and overall women's well-being in the postpartum period. PPD is classified as a psychiatric emergency based on suicidal, homicidal, or infanticide inclinations, according to current scientific knowledge. As a result, a predefined case of postpartum psychosis is given detailed instructions on how to proceed with psychiatric treatment. Apart from *Daivavyapashraya* (spiritual remedies) and *Satvavajaya Chikitsa*, both Ayurveda and Allopathy primarily concentrated on *Yuktivyapashraya Chikitsa* (internal and external medication) (psychotherapy). Through *Yuktivyapashraya Chikitsa,* application of *Daivavyapashraya or Satvavajaya Chikitsa* is good for effective and quick prediction of the disease.

The discussion concludes that strengthening maternal mental health services, improving screening practices, and conducting further research on culturally sensitive interventions are vital for reducing the burden of PPD among women.

Rasayana Karma was introduced in the treatment. The goal of using *Rasayana Chikitsa* was to reclaim one's bodily and emotional well-being. The *Antarparimarjana* medications have *Medorasayana* qualities and improve mental calm by boosting memory, attention, and sleep patterns. By avoiding the feeling of inferiority she had uncomfortably encountered, Dhairya Chikitsa assisted in encouraging the case. The Smriti Chikitsa helped restore her memory.

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All the authors have read and approved the final version of the manuscript.

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9. ETHICAL STATEMENT

Ethical approval was not required for this study as it was an observatory research.

10. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

11. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

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Table 1: Samprapti Ghaṭaka

Samprapti Ghaṭaka	**Description**
Nidana	*Mithya ahar vikara, fear, anger, sadness In puerperal period- Dhatu ksaya*
Dosa	*Vat dominant (with Pitta/Kapha anubandha)*
Dusya	*Rasa, Rakta, Manas*
Agni	*Jatharagni* and *Dhatuagni mandya*
Srotas	*Manovaha, Rasavaha, Raktavaha*
Adhisthana	*Mana, Hridya, Buddhi*
Roga Marga	*Madhyama Roga marg*