

Complementary Therapies as Adjuncts in the Treatment of Postpartum Depression

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Postpartum depression affects an estimated 13% of women who have recently given birth. This article discusses several alternative or complementary therapies that may serve as adjuncts in the treatment of postpartum depression. The intent is to help practitioners better understand the treatments that are available that their clients may be using. Complementary modalities discussed include herbal medicine, dietary supplements, massage, aromatherapy, and acupuncture. Evidence supporting the use of these modalities is reviewed where available, and a list of resources is given in the appendix. *J Midwifery Womens Health* 2004;49:96-104 © 2004 by the American College of Nurse-Midwives.

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INTRODUCTION

Postpartum depression is a serious condition that can have serious and long-lasting effects for the mother and her family. Postpartum depression occurs in up to 13% of women who have recently given birth, according to a 1996 meta-analysis of postpartum depression from 59 studies.¹ In the United States, women with a history of depression have a 30% risk of postpartum depression, and women who have experienced postpartum depression in the past are at a 70% risk of a subsequent episode.² An estimated 400,000 mothers experience this mood disorder each year.³

Most women experiencing postpartum depression develop symptoms 6 to 8 weeks after the birth of their child.³ The course of postpartum depression is similar to that of other major depressive episodes—an episode typically remits spontaneously within 2 to 6 months, and it is common to have residual symptoms up to a year after birth.⁴ This can have effects on the quality of the mother-infant relationship and on the psychological development of the infant, even in the early neonatal period.⁵⁻⁸

Infants of depressed mothers have been shown to have adverse changes in behavior and physiology and delayed growth and development at 12 months of age.^{9,10} Even older children of mothers with postpartum depression suffer from the long-term effects of this disease. A meta-analysis of nine studies of children ranging from 1 to 14 years of age showed a small but significant effect at all age ranges, even after controlling for the current level of maternal depression.¹¹ The children showed impaired cognitive development and an increased incidence of psychiatric disturbance.

Current conventional treatment of postpartum depression has three components: psychopharmacology, psychotherapy, and psychosocial care.¹² The first line of treatment for postpartum depression consists primarily of antidepressant medication in addition to psychotherapy with a mental

health practitioner who has experience in treating women with postpartum depression.¹² The third component of treatment is psychosocial care. Sichel and Driscoll¹³ developed an acronym to guide supportive measures given to a woman with postpartum depression: “NURSE.” The components of the acronym are nutrition and needs, understanding, rest and relaxation, spirituality, and exercise.

USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE

Many Americans, especially women, use complementary and alternative medicine to treat all types of ailments, especially chronic conditions such as depression. Eisenberg found that 48.9% of women surveyed reported some use of complementary and alternative medicine for a variety of conditions.¹⁴ Thirty-two percent of the men and women surveyed used an alternative therapy to treat a condition for which they were concurrently seeing a physician; fewer than 40% of these people disclosed to their physician that they were using another therapy. This lack of communication means that adverse interactions are less likely to be prevented or recognized.

Tiran and Mack¹⁵ discuss many reasons for the increased use of complementary and alternative medicine, including complementary medicine's holistic view of the person, an ability to control one's own health care, a desire to be treated as an individual, and the greater amount of time that a complementary practitioner can devote to clients. People choose complementary and alternative medicine because they want to try every option available, because they want a treatment with fewer adverse effects, because they view complementary and alternative medicine as less authoritarian and more empowering, and because complementary and alternative medicine practitioners are more involved and holistic.^{16,17} Astin¹⁷ found that higher educational attainment and less-than-optimum health status were predictors of alternative medicine use and that negative experiences with conventional medicine were not predictive. Anxiety and depression were among the most common conditions

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Table 1. Lactation Risk Categories

Risk Category	Description	Examples of Antidepressants
L1: Safest	<ul style="list-style-type: none"> ● No adverse effects observed in infants of lactating mothers 	None (examples of L1 medications include acetaminophen and ibuprofen)
L2: Safer	<ul style="list-style-type: none"> ● Controlled studies demonstrate no increased risk ● Limited studies demonstrate no increased risk 	<ul style="list-style-type: none"> ● Tricyclic antidepressants: amitriptyline, amoxapine, imipramine
L3: Moderately safe	<ul style="list-style-type: none"> ● No controlled studies in breastfeeding women, or ● Controlled studies demonstrate minimal adverse effects 	<ul style="list-style-type: none"> ● SSRIs: sertraline, paroxetine, fluoxetine (in older newborns) ● SSRIs: fluoxetine (in neonatal period), citalopram
L4: Possibly hazardous	<ul style="list-style-type: none"> ● Positive evidence of risk, but the benefits may be acceptable despite the risk 	<ul style="list-style-type: none"> ● Bupropion, Buspirone ● SSRIs: Nefazodone, Trazodone
L5: Contraindicated	<ul style="list-style-type: none"> ● Significant and documented risk 	<ul style="list-style-type: none"> ● Doxepin

Adapted from Hale TW, 2002.¹⁹

treated with complementary and alternative medicine therapies in both the Eisenberg and Astin surveys.

One reason that women with postpartum depression may seek complementary and alternative medicine treatments is because of concern about the effects of pharmacological treatment on breastfeeding. All psychotropic medications are secreted into breast milk.¹² Unfortunately, there is a striking lack of clinical evidence about the safety of psychotropic medications in breastfeeding. A 2001 comprehensive review by Burt and colleagues that looked at the use of psychotropic medication in breastfeeding women since 1955 found no controlled studies evaluating safety.¹⁸

Hale¹⁹ has assigned lactation risk categories (see Table 1), similar to pregnancy risk categories familiar to most practitioners. Studies have shown that sertraline passes minimally into breast milk, and plasma levels of paroxetine are generally undetectable.¹⁹ Recent studies have suggested a potential for neonatal withdrawal syndrome in newborns that have been exposed to paroxetine in utero, although other authors have had difficulty distinguishing between withdrawal and toxicity in newborns.¹⁹ Of the selective serotonin reuptake inhibitors, sertraline and paroxetine are preferred because they pass only minimally into breast milk.¹⁹

Given these concerns, some women may seek alternatives to conventional treatment. Because of the prevalence and adverse sequelae of postpartum depression and the large proportion of women who use complementary and alternative medicine, it is important for practitioners to be familiar with commonly used alternative treatments. A comprehensive search of contemporary literature from

1985 to 2003 was done in the following databases: CINAHL, MEDLINE, PsychInfo, Cochrane database, Natura, and AMED. Search terms were postpartum depression, depression, alternative medicine, complementary medicine, herbal medicine, omega-3, massage, aromatherapy, and acupuncture. Results of the search are discussed in this article; unfortunately, very little evidence was found to support or challenge the efficacy of complementary and alternative medicine modalities in the treatment of postpartum depression. Thus, this article reviews modalities that women may be using and presents evidence about these modalities where it exists. Clinicians will then be able to review the information with the women in their care to make a collaborative decision about its potential use. The information presented in this article is intended to help practitioners become more familiar with the alternative treatments that are available to women and is not intended to serve as a recommendation for treatment.

HERBAL MEDICINE AND DIETARY SUPPLEMENTS

The roots of modern pharmacology can be found in herbal medicine—it is the original system of medicine practiced by human cultures. It is still widely practiced throughout the developing world, in many European countries, and to a lesser extent, the United States. Eisenberg found that use of herbal medicine rose from 3% to 12%, and use of high-dose vitamins rose from 2.4% to 5.5% during the period from 1990 to 1997.¹⁴ He also found that the majority of those who use herbal and high-dose vitamin products do so without consulting either a physician or a complementary and alternative medicine provider, and almost one in five prescription drug users are also using herbs and/or high-dose vitamin supplements.¹⁴ Therefore, it is important that health practitioners become more aware of the use and effects of these treatments. A number of herbs and dietary supplements have demonstrable effects on mood, anxiety, and insomnia,²⁰ which may in turn affect a woman's experience of postpartum depression.

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St. John's Wort (*Hypericum perforatum*)

One of the most researched herbs for treatment of depression is St. John's wort. In 1996, Linde and colleagues²¹ reviewed the research on the safety and efficacy of this herb and concluded that St. John's wort was significantly more effective than placebo at treating mild to moderately severe depression and as effective as standard antidepressant medications with fewer side effects.²¹ The findings, from a meta-analysis of 23 randomized trials in 1,757 outpatients with depressive disorders, were criticized because the studies included in the analysis had methodological flaws, including non-standardized diagnostic practices, non-standardized symptom rating instruments, and the relatively short duration of the studies.²²

A more recent randomized, double-blind, placebo-controlled clinical trial²² compared the efficacy and safety of St. John's wort to placebo in outpatients with major depression, using improvement on the Hamilton Rating Scale for Depression (HAM-D) score as the primary outcome measurement. Two hundred participants were randomized into either a treatment group taking St. John's wort or a placebo group after a 1-week placebo run-in. The 8-week study allowed for increasing the treatment dosage in the absence of adequate response after 4 weeks. All participants showed improvement in HAM-D scores over time, but there were no significant differences between groups. The authors concluded that, although St. John's wort was safe and well tolerated, it was not effective for treatment of major depression.

A second U.S. study randomized participants into one of three groups: St. John's wort, placebo, or sertraline (Zoloft) (as an active comparator) for 8 weeks.²³ Based on clinical response, the daily dose of St. John's wort could range from 900 to 1,500 mg and that of sertraline from 50 to 100 mg. The primary focus was to evaluate improvement in depression among the treatment groups. A second, or continuation, phase offered patients who had responded to their initial treatment another 18 weeks of therapy to gather data on longer-term use of the treatments. Outcome measures were improvement in HAM-D scores and complete response to treatment (indicated by Clinical Global Impressions (CGI) improvement score and a reduction in the HAM-D score to normal levels). There were no statistically significant differences among the groups, and this study also failed to support the efficacy of St. John's wort in moderately severe major depression.

However, a randomized, double-blind, placebo-controlled study conducted in France did demonstrate benefit of St. John's wort in treating depression.²⁴ Three hundred seventy-five patients were randomized to receive either St. John's wort or placebo three times daily for 6 weeks. Although HAM-D scores decreased in both groups, the treatment group had a significantly higher percentage of responders (those with at least a 50% reduction in HAM-D scores) than the placebo group and also a significantly

higher percentage of patients who achieved remission (defined as a final HAM-D score of 6 or less). Several methodological differences between the American and French trials may help explain the difference in findings. The American trials enrolled patients with more severe major depression, whereas European trials in general have found St. John's wort effective in treating mild to moderate depression. The French trial described above enrolled patients with HAM-D scores between 18 and 25. The subjects in the U.S. trials had HAM-D scores ranging up from the low 20s with no upper limit for inclusion; in one trial, the upper range of HAM-D scores was 33.2 at baseline.²³ Thus, the French trial eliminated patients with more severe major depression. In addition, the French trial recruited patients who were routed through their attempts to seek treatment and were not offered an incentive, whereas the U.S. trials recruited through various media (newspaper, television, and radio) and usually offered an incentive for study participation, such as money. This could have a significant effect on the types of study participants that were recruited,²⁵ with those entering the U.S. trials suffering from more chronic forms of depression that are usually less responsive to therapeutic intervention.²⁶ Of interest is the observation that the group treated with sertraline in one U.S. trial also showed no significant benefit compared to placebo. However, about 35% of clinical trials of conventional antidepressants fail to show a significant effect.²³

Side effects of St. John's wort are generally mild and include gastrointestinal symptoms and fatigue.²¹ The most commonly reported side effect is photosensitization, especially in fair-skinned individuals.²⁰ This effect is generally mild and transient, disappearing within a few days of drug discontinuation. Although it is usually associated with higher than recommended doses, photosensitization can occur at lower doses and generally appears on the package labeling as a precaution.²⁰

None of the above-mentioned studies looked specifically at postpartum depression, and there are currently no studies that have evaluated the transfer of this herb into breast milk. Because much more information is known about other antidepressants' effects on breastfeeding infants, the SSRIs sertraline (Zoloft) and paroxetine (Paxil) are preferred in breastfeeding women.¹⁹

One problem with using St. John's wort to treat depression is that it is a potent inducer of cytochrome P450 3A4, a major drug-metabolizing enzyme in the liver, and thus interacts with many prescription and non-prescription drugs.²⁷ A 2000 review of the benefits and contraindications of St. John's wort cites interactions with several medications, including cyclosporine, warfarin, digoxin, and theophylline.²⁷ In addition, when St. John's wort is taken in conjunction with SSRIs, patients may experience side effects from serotonin toxicity.²⁷ St. John's wort is also contraindicated in patients taking monoamine oxidase inhibitors (MAOIs).²⁷ There have also been case reports of St. John's wort causing mania in patients with a history of

bipolar disorder or hypomania (this phenomenon is also often reported with conventional antidepressants).²⁵ Researchers are currently conducting a study into the effects of St. John's wort on the efficacy of oral contraceptives.²⁸

Kava (*Piper methysticum*)

Kava has been used as a supportive treatment for the anxiety and insomnia symptoms commonly associated with depression.²⁰ In a 1991 study by Kinzler and colleagues,²⁹ kava was found to produce relaxation and improve general physiologic reaction time. Kava has been found to be an effective treatment for anxiety in more recent studies as well. A 2002 review of the efficacy of kava extract in treating anxiety included seven randomized, double-blind, placebo-controlled studies.³⁰ Three of the studies were similar enough to be included in a metaanalysis that showed that kava significantly reduced scores on the Hamilton Rating Scale for Anxiety (HAM-A).

A prospective, randomized, placebo-controlled, double-blind study on the anxiolytic effect of kava³¹ compared kava extract with placebo in the context of pretreatment with benzodiazepines for non-psychotic anxiety. Researchers also examined whether kava could reduce the withdrawal symptoms of benzodiazepines and effectively replace benzodiazepine use in some participants. They found that kava was significantly more effective than placebo in participants with moderately severe, non-psychotic anxiety disorder. In addition, there was a significant improvement in symptoms at the end of kava treatment compared with symptoms at the end of the benzodiazepine treatment, suggesting that for some patients, kava may be more effective than benzodiazepine. It should also be noted that study participants showed no withdrawal symptoms at the end of the kava treatment.

Authors of a recent study of the adverse effect profile of kava state that it has been very well tolerated at recommended doses.³² Individuals taking higher doses of kava are at risk for severe fatigue, unsteadiness, appearance of intoxication, and skin changes.³² Of major concern, however, are several recent case reports suggesting a link between kava use and liver failure; governments of at least eight countries have acted to remove kava from their markets.³³ No epidemiological evidence has conclusively linked kava with hepatotoxicity, partly due to confounding variables (preexisting liver disease or concomitant use of hepatotoxic drugs or alcohol).³³ In the United States, both the American Botanical Council and the Food and Drug Administration (FDA) have issued press releases warning the public about the potential problems with kava use.^{34,35} Kava is contraindicated in individuals with a history of liver disease, and although no studies have been done on drug interactions, kava is known to affect neurotransmitter activity, and authors advise against its use with sedatives such as barbiturates, benzodiazepines, and alcohol. Women who are breastfeeding should not use kava.³²

Traditional Chinese Medicine

Traditional Chinese medicine offers a variety of herbs for the treatment of depression as well. From the perspective of traditional Chinese medicine, there are seven different emotions that a person can experience: joy, anger, worry, pensiveness, sadness, fear, and fright. All of them are considered a normal response to different life situations and are only considered abnormal if they are experienced in situations that would not normally produce such a response.³⁶ According to traditional Chinese medicine, diseases caused by the emotions arise from within and quickly affect corresponding organs. The three emotions that correspond most closely to the Western idea of depression are worry, anger, and sadness; these emotions are associated with the heart, spleen, and liver.³⁶

Traditionally, Chinese herbology involves treatment with a formulation of multiple herbs, and treatment of depression is no exception. Unfortunately, chemical contaminants are commonly found in patented medicines imported from the People's Republic of China. Several Western companies manufacture modern variations of commonly used Chinese formulations, and these companies maintain that their products are free of contaminants (see [Appendix](#)).

A practitioner of traditional Chinese medicine will treat depression according to the characteristics of the depression and other presenting symptoms. A traditional Chinese medicine product line may include a formula traditionally used for insomnia, palpitations, and restlessness. Other herbs in the formula may be used to resolve liver dampness, phlegm, and liver energy (Qi) stagnation.³⁶ Another formula might be chosen to treat presenting symptoms of irritability, anger, and frustration, which are thought to relate to liver function. At least one product contains a standard formula combined with St. John's wort,³⁶ and the same cautions regarding the use of St. John's wort would apply to the use of this product. Clinicians recommending such products should be aware of the ingredients in these multiherb formulas.

There were no studies found on the efficacy of traditional Chinese medicine formulas in the treatment of depression, and no data on safety, including use in lactating women. Individuals interested in taking these formulas should do so only in consultation with a traditional Chinese medical doctor and their primary care provider. According to Gaeddert,³⁶ the traditional Chinese medicine herbal formulas should be considered for several months to address long-standing patterns and are most effective as part of a treatment regimen that includes counseling, stress reduction, and exercise. Although the formulas may be taken with conventional pharmaceutical treatments for depression, it is very important to remember that the potential for interaction does exist and that because these formulas are "natural" does not mean that there is no chance for adverse reaction. Gaeddert recommends separating administration times by at least 2 hours to minimize the potential for

interactions between herbal formulations and prescribed medications. Although this does not prevent herb-drug interactions, it may prevent alterations in absorption based on simultaneous administration.³⁶

Omega-3 Dietary Supplements

Polyunsaturated fatty acids are found in fish and fish oil, among other dietary sources, and are often used as a dietary supplement. There is evidence that omega-3 polyunsaturated fatty acids have beneficial effects on major depression.³⁷ In addition, an ecological study suggests that the omega-3 polyunsaturated fatty acid, docosahexaenoic acid, may have etiological importance in postpartum depression. Hibbeln³⁸ conducted a cross-national study that compared prevalence rates for postpartum depression with the docosahexaenoic acid content in mothers' milk and seafood consumption rates in published reports from 23 countries.³⁸ The results showed that lower prevalence rates of postpartum depression were significantly associated with both high concentrations of docosahexaenoic in mothers' milk ($r = -0.84$) and greater seafood consumption ($r = -0.81$). Interventional studies are needed to determine if omega-3 fatty acids can reduce symptoms in women with postpartum depression. People taking fish oil dietary supplements may experience nausea, loose stools, and "fishy" breath from high doses.²⁰

General Cautions When Using Herbs and Supplements

Contamination is an important issue with the use of herbal and dietary supplements. Rai and colleagues³⁹ analyzed heavy metal content in nine different plant species used in the preparation of herbs in India and found that most samples had accumulated heavy metals beyond the permissible limits set by the World Health Organization (WHO). Implications for the U.S. market, which imports many herbal products from India, are unclear. Another study found heavy metal and organochlorine pesticide contamination in samples of select dietary supplements in the United States.⁴⁰ A 2001 review on the subject of heavy metal contamination in traditional Chinese medicine found that heavy metal poisoning related to traditional Chinese medicine use has been reported with some regularity.⁴¹ Heavy metals may be present for many reasons: mercury (listed as cinnabaris or calomelas) may be added intentionally as a tranquilizer or to treat epilepsy, ulcers, or insomnia. Arsenic (listed as mi tuo seng) and lead (listed as xiong huang) may also be added intentionally. The presence of heavy metals in traditional Chinese medicine products may also be due to accidental contamination during the manufacturing process or because plants used in the product have grown in soil polluted with heavy metals.⁴¹

MASSAGE

The therapeutic value of massage has been recorded in several studies. It has been shown to reduce stress and

anxiety; relax muscles; aid in circulation, digestion, and excretion; and reduce pain perception.⁴²⁻⁴⁴ There are many different types of massage—effleurage, deep tissue, and relaxation massage. Even the most simple massage may convey to the recipient a feeling of being cared for.⁴⁵ Both maternal and infant massage have been evaluated in the treatment of postpartum depression.

Maternal Massage

In 1996, Field et al.⁴⁶ conducted a study that compared massage and relaxation and their effects in 32 depressed teen mothers. The participants, who had recently given birth, were randomly assigned to one of two intervention groups. One group received 10 sessions of massage therapy, and the other received 10 sessions of relaxation therapy. Outcome measurements included pre- and postsession depression and anxiety scores, specific behavior measures, and cortisol levels. Although both groups had lower anxiety scores after their first and last sessions, only the massage group had statistically significant changes in behavior and saliva cortisol levels after their sessions. The massage group was also the only group to show significant decreases in depression scores, state anxiety scores, and stress throughout the course of the study. This study suggests that massage therapy may offer short-term improvements in mood and stress in the postpartum period.

Infant Massage

Studies have also demonstrated benefits of infant massage, including beneficial effects on parameters that could affect postpartum depression. Field et al.⁴⁷ have shown that compared to rocking, infant massage can lead to more organized infant sleep patterns and more positive interaction behaviors, parameters that would likely have a positive effect on the stress and anxiety levels of a depressed mother. The study by Field et al. compared the effects of rocking and massage on 40 full-term infants between the ages of 1 and 3 months who were born to depressed mothers. The infants either received 15 minutes of rocking or 15 minutes of massage twice a week for 6 weeks. In addition to the effects mentioned above, the infants who received massage spent significantly more time in inactive alert and active awake states, cried less, and had lower levels of cortisol in their saliva. Massage was also shown to be significantly more effective than rocking for inducing sleep. The infants in the massage group also gained significantly more weight and showed a significantly greater improvement on emotionality, sociability, and soothability temperament scores over the 6-week study.

More recently, researchers have investigated instructing and supervising mothers in infant massage as a way to improve the maternal-infant interaction. This may in turn play a role in improving the other deleterious psychological and physiologic effects of maternal depression on infants. Onozawa and colleagues⁴⁸ evaluated whether attending

infant massage classes could reduce postpartum depression and improve the mother-infant interaction in 34 depressed primiparous mothers at a median of 9 weeks postpartum. Depression was identified by using the Edinburgh Postnatal Depression Scale at 4 weeks after birth, and the mothers were randomly assigned to either a massage (treatment) group or a support (control) group. Both groups attended five weekly sessions, and researchers assessed depression and quality of interaction at the beginning and end of the study. Outcome measures were depression scores and global ratings of mother-infant interactions at 2 months. Depression decreased in both groups, but only the massage group showed statistically significant improvement in mother-infant interaction. These two studies suggest that involvement in infant massage classes may be helpful in reducing some stressors for depressed mothers and improving their interactions with their infants.

AROMATHERAPY

Aromatherapy is the practice of using essential oils to reap therapeutic benefits of the plants from which they are derived. Essential oils are commonly used to enhance relaxation and/or to target symptoms. The oils are highly concentrated substances distilled from plants known to have therapeutic benefit. The mechanism of action of topically applied essential oils is not clear, although possibly the oils work by absorption through the skin or by inhalation of airborne physiologically active compounds.⁴⁹ Tiran⁴⁵ states that the oils most consistently used for depression and anxiety are lavender, jasmine, ylang-ylang, sandalwood, bergamot, and rose. Several of these oils have been shown to have muscle-relaxant and sedative properties.

A review of the biological activity of lavender oil theorized that certain active compounds in lavender essential oils are rapidly absorbed through the skin and may cause central nervous system depression through narcotic and sedative actions.⁴⁹ Lavender pillows, for example, are sometimes used to induce sleep. Other studies have shown that lavender scent can induce a state of alertness, improve feelings of well-being, improve sleeping patterns, decrease aggression, and decrease anxiety.⁴⁹ The authors of the review noted, however, that the studies are of limited value due to small sample sizes, confounding factors, and lack of consistent methodology.

Although there are no reported data on the efficacy of aromatherapy for postpartum depression, the research available does suggest a benefit in treating some of the symptoms that may accompany postpartum depression. Essential oils and aromatherapy are sometimes used as an adjunct to massage therapy. It is very important to note that there is no information about the safety of using essential oils for infant massage, and mothers and clinicians are encouraged to use caution.

ACUPUNCTURE

Acupuncture has been used in China and other Asian countries for thousands of years. As with several other complementary and alternative medicine modalities, acupuncturists make a diagnosis based on the pattern of symptoms expressed in each particular patient. These methods of diagnosis, which include a detailed history and an observation of the person's pulse and tongue, are highly developed in Chinese medicine and indicate to the practitioner the balance of energy and the state of disease. In acupuncture, needles of hairlike thinness are inserted at certain points along the meridians to stimulate and influence the flow of energy, or Qi (chi), correcting any imbalance or stagnation of energy.

One of the benefits of acupuncture is that there is no contraindication to treatment, and it does not adversely interact with other treatments, such as conventional antidepressive therapy. It also has the benefit of not interfering with lactation. Many people enter a state of deep relaxation during treatments, and some will fall asleep. This is one of the "side effects" of acupuncture treatment and some practitioners warn patients to use caution when driving after a treatment. This deep relaxation could benefit a woman with postpartum depression whose symptoms are often exacerbated by lack of sleep.¹²

Research has shown acupuncture to be a safe and effective treatment for psychological problems, including depression. Tao⁵⁰ assessed the effects of acupuncture in reducing anxiety and depression in patients with chronic disease. The study included 68 participants who were not taking mood-altering drugs (11 with anxiety, 8 with depression, and 49 with both anxiety and depression). The participants were evaluated by a traditional Chinese medicine practitioner who diagnosed each individual's condition and determined the appropriate acupuncture points to be used in treatment. The results showed a statistically significant reduction of both anxiety and depression 1 month after acupuncture treatment. More long-term effects were not studied. The author explained the anxiety-reducing results based on a current theory, stating that anxiety is characterized by an overactive sympathoadrenal system that may be relieved by endorphins; acupuncture has been shown to decrease activity of the sympathoadrenal system and increase the level of endorphins.⁵⁰ As with most of the other modalities discussed, no research was found on the use of acupuncture in the treatment of postpartum depression in particular.

CONCLUSION AND IMPLICATIONS FOR CLINICAL PRACTICE

Because postpartum depression is so prevalent and its sequelae so harmful and far-reaching, it is important for practitioners caring for women in their childbearing years to be aware of the different complementary and alternative medicine modalities their clients may seek for treatment of postpartum depression. Especially for women with moder-

ate to severe symptoms, complementary and alternative medicine is a complement to conventional treatments, not a replacement for it. Use of antidepressants is an appropriate treatment for many women with postpartum depression, and in many instances can be enhanced by the use of complementary and alternative therapies. The average midwife is not qualified to prescribe or provide most of the modalities discussed in this article. Thus, clinicians need to identify the complementary and alternative medicine providers in their own communities and become familiar with their reputations and the services they offer. One can then knowledgeably refer women with postpartum depression as appropriate.

It is essential that the lines of communication among the woman and all the providers helping her with postpartum depression are established and open. Only if there is open communication can shared and informed decisions about treatment and progress be made between the woman and her providers.

Although research has been done on the use of complementary and alternative medicine in treating depression, and more studies are in progress, almost no studies have addressed postpartum depression in particular. It is clear that more research is needed in this area. Studies that apply specifically to depression in the postpartum period and to issues surrounding effects on breastfeeding will ultimately help clinicians to better understand the role of complementary and alternative medicine in the treatment of postpartum depression.

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Appendix. Resources: Postpartum Depression and Complementary and Alternative Medicine (also see reference list)

- Postpartum Depression (adapted from Appendix B of Kennedy HP, Beck CT, Driscoll JW. *A light in the fog: Caring for women with postpartum depression*. J Midwifery Womens Health 2002;47:330.)
Depression After Delivery (DAD)
91 East Somerset Street
Raritan, NJ 08869
800-944-4773 (Information Request Line)
www.depressionafterdelivery.com
Postpartum Support International
805-967-7636
www.postpartum.net
Client Handout on Postpartum Depression:
J Midwifery Womens Health, Sept/Oct 2002;47:391-2
ACNM Web site for Resources and Bibliography on Postpartum Depression: www.midwife.org
Sichel D, Driscoll JW. *Women's moods: What every woman should know about hormones, the brain, and emotional health*. New York (NY): William Morrow & Company, Inc., 1999.
- Videos:
Fragile Beginnings, Diapers and Delirium. J. W. Driscoll
Postpartum: A Bittersweet Experience. J. W. Driscoll
- Complementary and Alternative Medicine:
National Center for Complementary and Alternative Medicine
NCCAM, National Institutes of Health
Bethesda, MD 20892
E-mail: info@nccam.nih.gov
www.nccam.nih.gov
"Selecting a Complementary and Alternative Medicine (CAM) Practitioner"
www.nccam.nih.gov/health/practitioner/index.htm
National Integrative Medicine Council
5151 East Broadway Suite 1095
Tucson, AZ 85711
520-571-1110
www.nimc.org
- Massage:
McClure VS. *Infant massage: A handbook for loving parents*. New York (NY): Bantam Books, 1989.
Touch Research Institutes
University of Miami School of Medicine
P.O. Box 016820
Miami FL, 33101
305-243-6781
www.miami.edu/touch-research
- Aromatherapy:
The National Association for Holistic Aromatherapy
4509 Interlake Ave N., #233
Seattle, WA 98103
888-ASK-NAHA
www.naha.org
- Homeopathy:
National Center for Homeopathy
801 N. Fairfax Street, Suite 306
Alexandria, VA 22314
877-624-0613
www.homeopathic.org
- St. John's Wort:
Bloomfield H, McWilliams P. *Hypericum & depression*. Los Angeles (CA): Prelude Press, 1996.
Web site: www.hypericum.com
- Herbal and Dietary Supplements:
American Botanical Council
6200 Manor Road
Austin, TX 78723
512-926-4900
www.herbalgram.org
U.S. Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857
888-463-6332
www.fda.gov
From the NCCAM Web site:
"Herbal Supplements: Consider Safety, Too"
www.nccam.nih.gov/health/supplement-safety
"St. John's Wort and the Treatment of Depression"
www.nccam.nih.gov/health/stjohnswort/index.com
"What's in the Bottle? An Introduction to Dietary Supplements"
www.nccam.nih.gov/health/bottle/
- Traditional Chinese Medicine (TCM):
Western product lines of TCM herbal formulations (*these companies maintain that their products are free of chemical contaminants*):
K'an Herbs: <http://spanda.com/herbs/kan.html>
Formulated by Ted Kaptchuck, OMD, of Harvard University, author of *The Web That Has No Weaver*:
Kaptchuk TJ. *The web that has no weaver: Understanding Chinese medicine*, 2nd ed. New York (NY): McGraw-Hill/Contemporary Books, 2000.
The Three Treasures and Women's Treasure: <http://www.three-treasures.com>
Developed by Giovanni Maciocia, author of the leading Western text on Chinese medicine:
Maciocia G. *The foundations of Chinese medicine: A comprehensive text for acupuncturists and herbalists*. New York (NY): Churchill Livingstone, 1989.
Health Concerns: <http://www.healthconcerns.com>
Developed in consultation with Andrew Gaedert, whose article is referenced in this paper. Also, author of the following book:
Gaedert A. *Chinese herbs in the western clinic: A guide to prepared herbal formulas indexed by western disorders & supported by case studies*. Berkeley (CA): North Atlantic Books, 1998.