SHORT SURVEY

The role of alternative medicine in treating postnatal depression☆

Fiona Mantle

Postnatal depression is a serious and debilitating condition. Due to the perceived stigma of mental illness, the incidence of it is underreported and many mothers refuse psychiatric help either assuming postnatal depression to be normal or because of the potential consequences of having a psychiatric history. Community practitioners who are in contact with new mothers may welcome additional interventions which can enhance the supportive care they give to these women. This article discusses the evidence for a number of these interventions which mothers may find more acceptable than orthodox treatment.

The aim of this article is to highlight the possible role of a number of complementary and alternative medicines as adjuncts or alternative treatments for postnatal depression. The interventions discussed in this article include Ayurvedic medicine, herbalism, homeopathy, aromatherapy, massage, hypnosis and traditional Chinese medicine (TCM). With the exception of TCM and Ayurvedic medicine, these interventions have been supported by the House of Lord's Select Committee on Science and Technology (2000) as having an evidence base. Ayurvedic medicine and TCM have been included in this article however, because a number of clients may be using them as their main system of health care – thereby validating the need for information regarding their efficacy.

This article is not exhaustive, nor a licence to practice, but is intended as a resource for practitioners with a sound understanding of postnatal depression and conventional treatments whose clients may reject these approaches and be looking for alternative interventions. The final choice of treatment should be the result of discussion between the health visitor and the client and will depend on considerations such as availability, cost and acceptability of the intervention – this article does not, therefore, suggest a 'best option' approach. In addition, it does not address the professional and legal responsibilities of practitioners since these have been well reviewed by Darley (1995), Mantle (1997), Knape (1998) and Rankin-Box (2001). **© 2002 Published by Elsevier Science Ltd.**

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Fiona Mantle
Senior Lecturer
Department of Public and Community Health, Oxford Brookes University, Oxford, UK
(Requests for offprints to FM)

POSTNATAL DEPRESSION

It is estimated that between 10% and 15% of women suffer from postnatal depression (PND) (Stamp et al. 1996) although this is considered by some authorities to be an underestimate, because women are often reluctant to reveal their true feelings (Boardman 1987, Stamp et al. 1996, Gerrard 2000). In approximately half of the women estimated as suffering from the condition, the onset occurs within 3 months of giving birth (Cooper et al. 1988).

It is impossible to address the treatment of PND without addressing its presenting symptoms. These include low mood, anxiety, lack of interest and concentration, changes in sleep and appetite patterns (Gerrard 2000). Of these, anxiety and sleeplessness cause particular distress (Taylor 1989) and will therefore be addressed specifically in this article. It is important to recognize that lack of sleep in postpartum women is not necessarily due to the influence of the baby, but that serious sleep disturbances can result as a consequence of the depression.

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Treatment for PND is often inadequate because it is underreported (Jebali 1991); women are reluctant to reveal their feelings making it difficult to assess the scale of the problem and provide appropriate interventions. Since the condition has similarities to other forms of depression it does not have its own listing in the Diagnostic and Statistical Manual of Mental Disorders (fourth edition) (DSM-IV), but is classified under the general rubric of depression. However, it has been noted that some women develop signs of depression after childbirth and at no other time (Cooper & Murray 1995) and therefore PND is regarded as a distinct condition.

TREATMENT

Conventional medical treatment can include hormonal replacement, the use of antidepressants, cognitive therapy and counselling. The value of counselling is supported by Holden et al. (1989) and Appleby et al. (1997). Holden et al. (1989) discussed the value of non-directive counselling by health visitors in supporting mothers with non-psychotic PND. Whitton et al. (1996) suggested that this is the best first-line therapy.

In addition to counselling to treat PND, there are a range of interventions that can be used or discussed with clients which they may find more acceptable than orthodox medical treatment. For the mild-to-moderate depression which tends to respond well to health visitor support and non-directive counselling, complementary therapies may well prove a useful and acceptable additional therapeutic intervention.

Unfortunately, a search for literature on MEDLINE, CINAHL, Psych lit and AMED databases covering the last 10 years yielded no reports describing the use of complementary therapies specifically for the treatment of PND – a fact noted by Gerrard (2000). However as PND may not always be distinguished from other forms of depression, studies related to the use of complementary and alternative medicines (CAMs) for depression, in general, may offer a useful insight into the value of the interventions for this condition.

RATIONALE FOR THE USE OF CAMS TO TREAT PND

For some mothers, conventional interventions are unacceptable because of the side-effects they can cause, e.g. dry mouth, palpitations. McIntosh (1993) noted that there are two key reasons for failing to seek medical help for depression: one was that professional health care was not seen as appropriate and the other was mothers not wanting to be labelled as mentally ill and possibly perceived as being unfit to care for their children.

Robinson and Young (1982) noted that 50% of mothers assessed as depressed refused psychiatric help, citing the possibility of stigma, their perceiving PND to be normal and the inconvenience of seeing the psychiatrist as the reasons for doing so. Results of Whitton et al.'s (1996) study indicated a similar reticence – 80% of the sample would not consider pharmacological treatment. Although these studies are not directly comparable, e.g. in relation to sample size, they serve to illustrate the percentage of women who, at any one time, may be reluctant to accept orthodox treatment.

It could be suggested that, when working with patients who regard orthodox medical treatment for depression as a stigma, a working knowledge of CAMs and other medical systems may pave the way for the provision of potentially equally beneficial treatments that are more acceptable to the patient. A range of these will be discussed in the following sections. Many of the references are from publications that may be regarded as 'sympathetic' to the benefits of CAMs. However, if these therapies and interventions help patients to feel better, they may be worth pursuing, providing the client is treated by a fully qualified and experienced practitioner.

AYURVEDIC MEDICINE

Ayurveda is a holistic system of natural health care that originated in the Vedic civilization and has been practised in India for over 2500 years. Central to the philosophy of Ayurveda is the concept of homeostasis between the three personalities (doshas) that make up a person. An imbalance of these may give rise to illnesses specific to that dosha.

Buhrman (1996) described the role of Ayurvedic psychiatry in the treatment of a range of depressions and noted that all dosha types can suffer from depression and require specific treatments. Of the three dosha types, vata is that which is most affected by the birth process and vata-related depressions present as anxiety, insomnia, insecurity, poor memory and concentration as well as feelings of being overwhelmed by events. Treatment of depression, in general, is aimed at rebalancing the dosha and is accomplished by the use of the herbal compound, triphala, as well as other specific vata herbs that might be prescribed depending on the presenting symptoms.

Other treatments for depression include panchakarma ('five actions') which is a deep cleansing process to remove any excess dosha. Preparation for the procedure includes a massage

with oils, which may be accompanied by a steam treatment. After this, the appropriate 'action' is taken depending on which dosha is in excess. Treatment is individualized for each patient. Evidence of its efficacy is offered by Waldschultz (1988) and Schneider et al. (1990). Waldschutz (1988) tested 93 patients before and after the intervention and compared the results with 106 controls. The experimental group members reported significant reductions in stress levels and, on the Freiburger personality inventory, Waldschutz found significant changes on 6 of the 12 scales (cited in Sharma & Clark 1998) – patients receiving panchakarma treatment reported less irritability and greater emotional stability. There were no significant changes in the control group.

Schneider et al. (1990) looked at the psychological effects of panchakarma, testing 62 subjects before and after a 1- or 2-week treatment. The profile of mood states was used and compared with that of 71 controls. Anxiety and depression decreased significantly more in the experimental group than the control group. In addition, dietary adjustment is recommended: the advice laid down in Ayurvedic tradition described by Lad (1985) indicated that the diet is rich in vitamin B, protein, tryptophan and zinc. A lack of these nutrients has been implicated in mood disorders, insomnia, lethargy and impaired taste (Kitohara 1987, Delgardo 1990, Mason 1995, Buhrman 1996).

Yoga is an integral part of Ayurvedic medicine, in which selected movements are regarded as having direct therapeutic effect. Yoga will be familiar to western users as system of slow, controlled exercise movements. Some of its positions (asanas) are claimed to help alleviate depression (Lad 1985).

HERBALISM

Herbalism, the therapeutic use of herbs, is the original system of medicine from which modern pharmacological products have been developed. The herbalists' approach to treating any condition includes an assessment, not only of the presenting condition, but also of the terrain against which it is viewed. Treatment of depression would be approached on a number of fronts, so more than one herbal remedy might be prescribed.

Linde et al.'s (1996) review of the research into the efficacy of St John's wort (*Hypericum perforatum*), a common alternative medicine for the treatment of depression, indicated that there is reliable evidence that it is effective in treating some depressive conditions. The key problem facing the investigators was the lack of standardization of depression classification and the fact that the dosage of *Hypericum* used varied between trials. Hahn (1992) agreed that its antidepressive effect is not clear-cut and that it may not be appropriate for severe endogenous depression, but suggests that it is quite suitable for reactive depressions. Endogenous depressions stem from problems within the individual, as opposed to those caused by environmental factors, and as such require in-depth psychiatric treatment (Hahn 1992). McIntyre (2000) gives a review of the benefits and contraindications regarding the use of St John's wort.

Also claimed to be of particular value in the treatment of PND is the herb *Vitex agnus-castus*, which has a pharmaceutical effect on the anterior pituitary gland. By enhancing the development of the corpus luteum, and thereby correcting a relative progesterone deficiency, it normalizes the menstrual cycle, encourages ovulation and serves to soothe and calm (Mills 1993). For this reason, Newall et al. (1996) suggested that because of its effect on the pituitary gland, it may interfere with other endocrine therapies such as oral contraception and that it should be avoided during lactation.

Other supportive treatments for exhaustion, fatigue and depression include German chamomile (*Matricaria recutita* (L) Rauchert), which contains the flavonoid apigenin that may act as a tranquilizer and connect with the benzodiazepine receptor in the brain (Mann & Staba 1984, Berry 1995, Viola et al. 1995), and the herb Kava Kava (*Piper methysticum*). The latter has been used as a relaxing beverage for centuries in the South Pacific and, again, although scientists are not certain of its mode of action, it is assumed that it resembles that of the benzodiazepines (Ronan & deLeon 1998).

Herbs such as passion flower (*Passiflora incarnata* L), skullcap (*Scutellaria laterifolia* L) and valerian (*Valeriana officinalis* L) are usually prescribed as hypnotics, but also have a place in the treatment of anxiety. Tinsley (1999) cautioned against the concurrent use of psychotropic drugs and similar allopathic medications without taking specialist advice.

HOMEOPATHY

Homeopathy is a system of medicine based on the principle of 'like' curing 'like' and the use of the minimum dose. Unlike conventional medication, the administration of homeopathic remedies is variable in terms of frequency and dosage and is dependent on the presenting condition of the individual patients. Homeopathic remedies are formulated through pathogenic trials ('provings') which have been standardized to meet with a more rigorous scientific assessment of the therapeutic effect.

Remedies are selected in response to the patient's symptoms rather than by addressing a disease process. Although PND can be treated as an entity in its own right, symptoms would be treated as they presented themselves. Lycopodium, for example, is thought to be particularly good for mothers whose depressive symptoms include a specific fear of failure, particularly in relation to the stress of their new role and their change in circumstances; Ignatia is useful for new mothers who are very sensitive or suffering from palpitations, insomnia and loss of appetite. Two other powerful remedies for depression are Caulophyllum and Cimicifuga – Cimicifuga, in particular, connects with the pelvic organs, which makes it particularly relevant for postpartum conditions.

Mood swings are a feature of the clinical picture of PND as well as restlessness and a feeling of being 'strung up' with a lack of control over the emotions. Although treatment is individualized to the patient there are certain common patterns of presentation, prescribing for which would be within the practitioner's remit to suggest. Sepia is regarded as the remedy of choice for PND which presents as feelings of tiredness, irritability, loss of interest and indifference, particularly towards loved ones. For the relief of insomnia one over-the-counter remedy is available containing Kalium bromatum, Coffea cruda, Passiflora, Avena sativa and Valeriana. Individual prescriptions might include Calcarea carbonica for those who are mentally and physically exhausted from overwork and stress, and are forgetful or confused, while Nux vomica is recommended for tired people who cannot 'switch off' even when they are relaxing. Homeopathic remedies can be taken concurrently with orthodox medication without adverse interactions.

AROMATHERAPY

Tiran (2000) suggests that there are number of essential oils which can be used in a range of combinations to treat PND depending on the mother's presenting symptoms. They include bergamot, ylang ylang, rose, neroli, chamomile and lavender. Unfortunately, there is a discrepancy among practitioners regarding the therapeutic qualities of some essential oils. There is reliable research (Aqel 1992, Jager et al. 1992, Buchbauer et al. 1993, Lis-Balchin et al. 1998) to support the therapeutic effects of a number of these oils with regard to their muscle relaxing and sedative effects. The value of these studies is that they were conducted on laboratory mice so there would be no placebo effect that might affect a trial on a human subject.

MASSAGE

The therapeutic value of massage has been well recorded. Massage has been shown to have a relaxing effect and to reduce stress (Field 2000). In one study by Field et al. (1996) depressed adolescent mothers were given either a 30-minute massage or relaxation therapy over a 5-week period. Although both groups reported feeling less anxious, the massage group displayed physical evidence of this with a greater decrease in urine and salivary cortical levels and a decrease in anxious behaviour.

Massage does not have to be extensive or particularly technical. Tiran (2000) points out that simple stroking will often be enough to induce a feeling of calm and relaxation and Mackereth and Gale (1994) developed a short massage sequence that takes only 19 minutes to complete. A psychiatric nurse found that just massaging his patients' feet reduced their levels of anxiety using a self-rating scale (Thomas 1989). Ayurvedic medicine emphasizes the value of a daily massage with warm sesame oil (abhyanga), followed by a 10-minute soak in a warm bath for postpartum mothers. This can result in deep relaxation and restful sleep (Sharma & Clarke 1998).

HYPNOSIS

For the more moderately depressed for whom key symptoms are anxiety, lack of confidence or sleep disturbances, hypnosis can offer some relief. However, Alladin and Heap (1993) recommend that caution be employed when using hypnosis to treat severely depressed patients, as it can evoke a latent psychosis resulting in, among other things, visual and auditory hallucinations. It is of great value in the treatment of stress and anxiety by using posthypnotic suggestions and guided imagery (Mantle 1999). Key at this stage is the concept of strengthening the ego – a technique proposed by Hartland (1982) that includes positive suggestions of strength, calmness, control and confidence in general and the reduction of anxiety with specific suggestions directly addressing items on the Edinburgh Postnatal Depression Scale (EPNDS).

A conditioned relaxation response to acute anxiety can be induced using hypnosis (Stein 1963). Stein (1963) devised a hand-clenching technique involving the polarization of good or bad feelings into opposite hands. By clenching the appropriate hand the client can either activate positive feelings or throw away the negative ones. However, any stimulus helpful to the client can be used. The use of a conditioned response can also be used to treat other problems such as insomnia by instigating the ability to switch off in response

to an appropriate stimulus at an appropriate time. This is most valuable in the postnatal period when disturbed and broken sleep is at a premium. Mantle (2000) gives a review of the role of hypnosis in pregnancy and childbirth.

TRADITIONAL CHINESE MEDICINE

In traditional Chinese medicine (TCM), mental/emotional problems are classified into three broad categories, depending on their effect on:

- chi (life energy),
- blood (lubricant that nourishes the body, anchors the mind and aids the development of clear and stable thought processes),
- yin (which reflects the passive and reflective aspects of a person).

Since mind and body are seen as synonymous in TCM, just as emotional problems have an effect on chi, blood and yin, so chi, blood and yin will have an effect on the mind.

The usual symptoms of PND, i.e. insomnia, poor memory, anxiety and pessimism, relate to the category of 'mind weakened' (Maciocia 1994). Other categories reflecting different symptoms include 'mind constructed' and 'mind unsettled'. In TCM, PND is seen as a deficiency of blood and chi. The role of blood is to nourish and lubricate the body and aid the shen (spirit – the spiritual or mental aspect of the person) and, in turn, one of the functions of shen is to keep the mind sharp and alert. As blood works in conjunction with chi in TCM, blood deficiency resulting in inadequate anchoring of the mind can lead to lack of mental stability, leading to anxiety, irritability and muddled thinking.

Treatment in TCM centres around redressing these deficiencies using appropriate acupuncture points and concentrates on toning chi and nourishing blood resulting in a calm and clear mind. Low seratonin levels are associated with depression and in one study (Mao et al. 1980) the use of electro-acupuncture was noted as an effective way of significantly raising levels of seratonin.

Tao (1993) examined the effect of acupuncture on anxious, depressed patients. In a single blind study, in which participants did not know what treatment they were undergoing, the psychoemotional state of the patients was measured on the Hospital Anxiety and Depression Scale (HADS). The patients were not receiving any medication and had not received any acupuncture during the previous 3 months. Post-test scores at 1 month indicated a significant reduction in both anxiety and depression. Although the study suffers from the usual problems of research on remitting illnesses – namely that they can resolve without any active intervention – other studies (e.g. Wang 1992) have demonstrated that the release of endorphins has a reductive effect on anxiety levels.

In TCM, insomnia is connected to the kidneys, liver, stomach and, in particular, the heart which houses the shen. Acupuncture is widely used and very effective in the treatment of insomnia which can be secondary to depression and other emotional problems (Wang 1992, Buguet et al. 1995). In addition, patients who are suffering from insomnia are not sedated but given herbs such as hoelen, fleece flower stem and jujube to heal and strengthen the nervous system. Just as hop pillows are used in the West to induce sleep, so gypsum is used in China. A review of commonly used Chinese herbal remedies for mental disorder can be found in Fruehauf (1995).

CONCLUSION

The aim of this article is to bring to the attention of practitioners the range and scope of a number of complementary and alternative medicines that the practitioner may like to discuss with their clients as a way of addressing the symptoms of PND and which may be more acceptable to the clients than orthodox interventions. A number of therapies have been shown to be of value in addressing some of the less acute symptoms of depression such as insomnia and general anxiety while others, such as acupuncture, can have a more direct effect on the depression itself. Although evidence on the efficacy of CAMs is sometimes poor (Mantle 1999) they do have a very good safety record (Mantle 1996).

Clients have always had the right to access complementary and alternative medicines as a health option, but this right has now been incorporated into the Human Rights Act 2000 (Article 13). Practitioners need to be aware of the potential for these interventions so that they can advise and counsel their clients in making appropriate choices for their situation.

Key points:

- Mothers may not wish to report suffering from postnatal depression.
- Orthodox treatment for postnatal depression may be unacceptable to mothers due to possible side-effects.
- Supportive interventions, such as counselling, have been shown to be of value.
- Complementary and alternative medicines may offer additional interventions when orthodox treatments are refused.
- Community practitioners may wish to discuss complementary and alternative medicines with their clients as part of the clients' treatment options.

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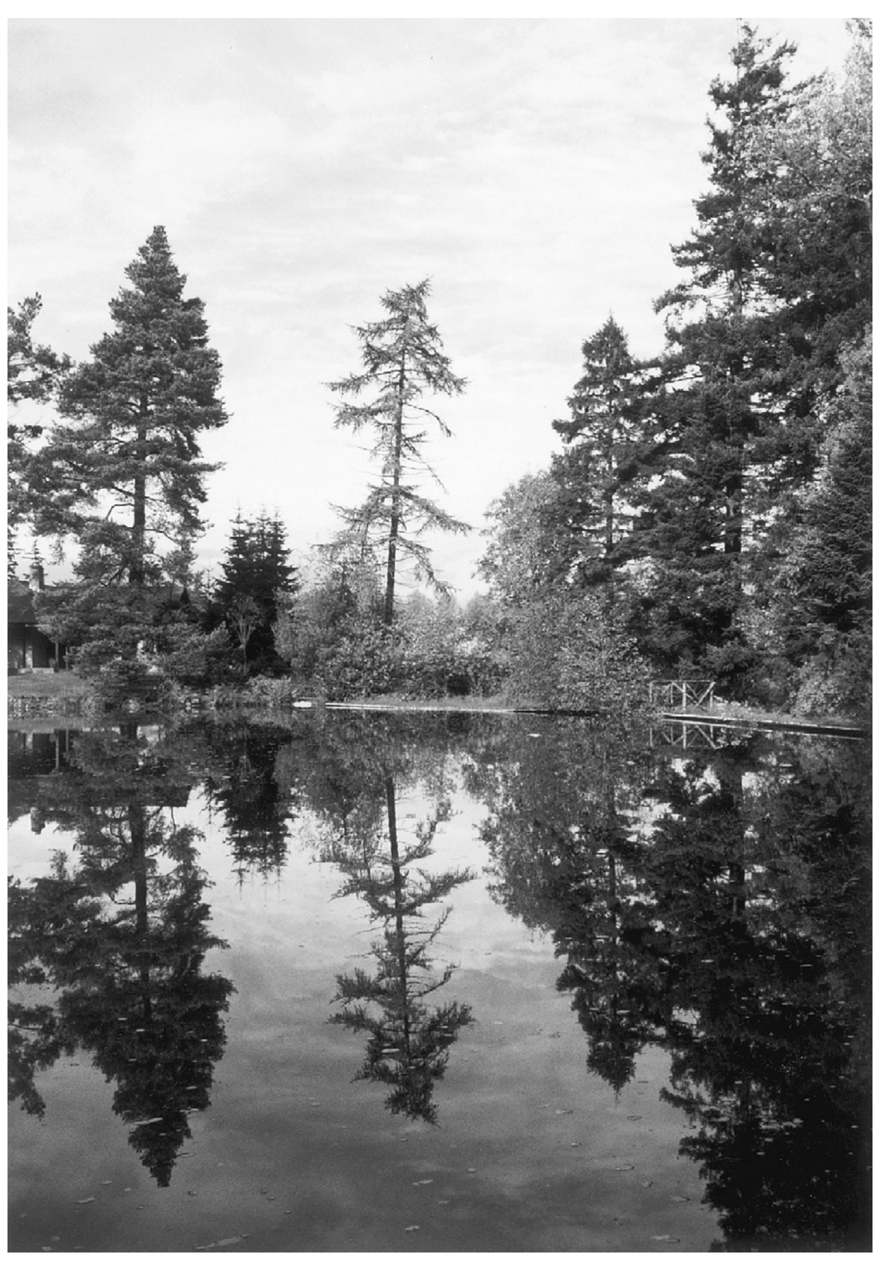

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