
Efficacy of yoga for depressed postpartum women in selected hospitals of Kabirdham (C.G.)

Ms. Poonam Ekka* & Dr. Pratiksha Patrick**

**Ph.D Scholar .(Mawanchal Global University)*

***Guide S.S Institute Of Nursing Sciences,Mansarover Globle University Indore.(M.P)*

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INTRODUCTION

Postpartum depression (PPD) is a significant public health issue with approximately 1 in 4 women experiencing depression following childbirth Norhayati MN (2015) [1]. Negative consequences include personal suffering, impaired social relationships, and social, emotional, and cognitive delays in exposed children Goodman SH, Rouse MH et al (2016) [2]. Antidepressant medications and psychotherapy are efficacious for treating PPD Cohen LS and O'Hara MW, et al (2013), [3,4]; however, medication side effects and stigma associated with mental health treatment diminish uptake of these interventions Consequently, there is growing interest in complementary therapies for women with perinatal depression. These interventions address barriers associated with conventional treatments because they are considered low risk and provide women with a sense of control in improving emotional and physical functioning [Newham J. et al 2014].5

Depressed women were significantly more impaired on several scales of the SF-36. Further, Dennis [] Dennis CL (2014)8] showed that women depressed at 4 and 8 weeks postpartum reported poorer Physical and Mental Health status compared to non-depressed women.

Postpartum period is a crucial phase for the wellbeing of the woman and her neonate. Regardless of this, postpartum period has been repeatedly overlooked. Absence of maternity attention and postpartum care leads to high rate of early neonatal and maternal mortality. Postpartum period begins approximately thirty minutes after the delivery and embraces the upcoming one year. During this significant period, postpartum attention should manage distinctive requirements of the mother and neonate, which consist of the prevention, initial recognition and treatment of problems and disease, and providing guidance and assistances on breastfeeding, vaccination, immunization and maternal nutrition. The World Health Organization suggests that the postpartum check-ups should include

screening for: incontinence, back pain, haemorrhoids, fatigue, constipation, pain in breast, depression, perineal pain, difficult or painful intercourse, headaches, faintness or dizziness. Depression is worldwide the leading cause of disability and is believed to be a major contributor to the overall global burden of disease according to World Health Organization.

Empirically-validated treatments include sertraline, CBT and Interpersonal Psychotherapy (IPT). Pharmacological treatments are recommended for women with severe PPD (e.g., presence of active suicidal ideation, intent or psychosis), either as a standalone or in conjunction with psycho-therapy [Cohen LS (2010)3]. Breastfeeding mothers are often reluctant to use medication for many reasons, but particularly because they do not want to expose their infants to medication in breast milk .

Empirical data suggest that psychotherapy is as efficacious as pharmacotherapy for PPD. Nonetheless, characteristics unique to the postpartum period, including the risks associated with medications, add a layer of complexity in developing efficacious treatments for PPD.

Researchers are beginning to study complementary and alternative medicine (CAM) therapies for PPD to broaden the scope of current treatments and to reach more women. Empirical evidence for CAM therapies is growing, with several studies demonstrating the efficacy of yoga for depression and anxiety in the general population Cramer H (2013,[9], and prenatal yoga for depression and anxiety in pregnant women specifically

Yoga has also outperformed control conditions in reducing depression and anxiety [Cramer H 2013]9, 20], and has beneficial effects for improving HRQOL.

Yoga is identified as one of the top 10 CAM therapies used among adults for depression. *Hatha*, the physical form of yoga, is the most commonly practiced style of yoga in Western culture. The system of yoga integrates three basic components: breath (*pranayama*), physical poses (*asanas*), and meditation (*dhyana*) (Field T, Diego (2013)10) Rashmi Sharma(2022)14

The primary objective of this study was to examine the efficacy of yoga for PPD. We hypothesized that women randomized to a yoga condition would improve more rapidly on measures of depression, anxiety, and level of HRQOL over the course of the 8- week intervention relative to a wait-list control (WLC) condition.

Postpartum depression often starts two weeks to a month after delivery and can linger for months or even a year. According to the World Health Organization, depression affects roughly 10% of pregnant women worldwide and 13% of women in the immediate postpartum period. In India, the Prevalence of Postpartum Depression (PPD) varies from 15% to 20%. Yoga, which originated in ancient India, is recognized as an alternative medicine practice that incorporates mind-body practices.

For women, childbirth is a moment of considerable vulnerability for mental illness, with postpartum mood disorders being the most common form of maternal morbidity after delivery [1]. Postpartum depression is the most prevalent consequence of childbirth, and it is a significant public health issue that affects women and their families According to the World Health Organization, depression affects roughly 10% of pregnant women worldwide and

13% of women in the immediate postpartum period . In India, the Prevalence of Postpartum Depression (PPD) varies from 15% to 20% . Postpartum depression often starts two weeks to a month after delivery and can linger for months or even a year .

The ward yoga has its origin form a *Sanskrit* word “*Yoj*”, *Yuto* unite with real and to separate from unreal to this when consonant “*j*” is combined it means energy or direction [10]. Yoga, which originated in ancient India, is recognized as an alternative medicine practice that incorporates mind-body practices. Researchers are currently investigating the efficacy and effectiveness of mind-body interventions like yoga as an alternative and complementary treatment for depression.

This yoga philosophy is divided into eight parts, or limbs: *Yama* (ethical guidelines), *Niyama* (spiritual observances), *Asana* (Physical poses), *Pranayama* (breathing exercises), *Pratyahara* (control of the senses), *Dharana* (concentration), *Dhyana* (meditation), and *Samadhi* (State of bliss) [Boyce PM,(2020)11]. The *Yoga Sutras* are widely regarded as the most important yoga text, providing theoretical frameworks for approaching mind-calming and responding to “mental chatter” *Hatha*, a more physical form of yoga, is the most commonly practiced style of yoga in Western culture today. In its full expression, this system of yoga integrates three basic components: Yoga postures (*Asanas*), Breathing exercises (*Pranayama*), and Mindfulness and Meditation (*Dhyana*) . **Rashmi Sharma(2022)14**

Sutika is the Ayurvedic term for postpartum women. *Sutikas* were advised in ancient times to follow a strict diet (*Sutikaparicharya*) and to avoid various *Manasikabhava* (mental factors) such as *Krodha* (anger), *Shoka* (grief), *Bhaya* (fear), and *Sharirikashrama* (physical activity causing fatigue) such as *Maithuna* (sexual union) which can vitiate the *Dosha* in them and lead to *Manas Vyadhies* (mental disorder). Ayurveda has urged an awfully sensible protocol (*Sutikaparicharya*) throughout *Sutika Kala* (puerperal period) which include *Aashwasana* (Psychological Reassurance), *Aahara* (nutrition), *Vihara* (life style), *Aushadhi* (medicine) to keep up the health of the women.

PROBLEM STATEMENT:

A study to assess the Efficacy of yoga for depressed postpartum women in selected hospitals of Kabirdham (C.G.)

SAMPLE : Fifty-seven (participants were randomized, Participants were recruited using public birth records. Women ages 18 to 45 who gave birth within. the past 12 months and could speak and read English were invited to participate. Eligibility criteria included: (1) score 12 on the HDRS [29]; (2) residence within a 30-mile radius of the yoga studios; and (3) 6 weeks postpartum if delivery was complicated and/or involved a cesarean section. Participants received 8 weeks of yoga at no cost.

METHODOLOGY:

This is a review (narrative) study, in which literature has been evaluated using electronic search in databases of PubMed, Google Scholar, Science Direct, ResearchGate, etc. Searching in the databases was made using keywords of postpartum depression, yoga in

postpartum depression. There were many articles on yoga in depression but those articles were included in the study that had done research on postpartum depression, which were of research and review article type.

RESULT:

A total of 4 studies describing interventions that used yoga as a form of treatment for depression, meeting the inclusion criteria, were found through literature search.

Like 4 Studies were carried out in United State , India , Iran , Egypt and the types of yoga included *Hatha Yoga* , Deep breathing exercise (*Pranayama*) , mindfulness and meditation , *Asanas (Savasana, Balasana and Padmasana)* [Lin KY et al (2014)12].

This review study includes 4 interventional studies that showed a highly significant ($p < 0.001$) decrease in depression after the performance of yoga on postpartum women.

DISCUSSION:

The purpose of the review is to offer the required information about the topic under consideration. According to the studies, yoga appears to help women with postpartum depression. Various yoga strategies were utilized in these studies with hatha yoga being the foremost, followed by *Asana Pranayama*, mindfulness and meditation. All of them reported reductions in depressive symptoms among participants within the yoga. The interventions have some limitations. Most studies use a small sample that limits the installation of statistical analysis. Most studies have checked the short-term effects of the therapeutic yoga depression. This search consists only of a restricted database. Just include articles in English; do not include other languages. Quality of studies was not assessed. This study only include those articles in which yoga as an intervention in postpartum depression, omitting articles that include yoga in depression. A few studies show that yoga's nature is to manage the mind and central nervous system, and that, unlike other sports, it has a moderating influence on the neurological system, hormone emissions, physiological factors, and nerve impulse modulation, so it can help with depression and mental problems. Mindfulness training facilitates mothers' concentration on experiences, which enables them to control their feelings, especially those negative ones such as feelings of guilt and worthlessness . *Pranayamic* breathing, also known as abdominal or belly or deep breathing, is distinguished by the expansion of the abdomen rather than the chest when breathing is defined as a manipulation of breath movement, contributing to a physiologic response characterized: by 1) The presence of decreased oxygen consumption, decreased heart rate and blood pressure; and 2) Increased theta wave amplitude in EEG recordings, increased parasympathetic activity accompanied by the experience of alertness and invigorating [O'Hara MW,(2013)13].

CONCLUSION:

A postpartum phase is defined as the period following the birth of a child and lasting approximately six weeks. The postnatal period is described by the World Health Organization (WHO) as the most essential and yet most neglected period in the lives of mothers and babies. This study found that several aspects of yoga (such as Dhyana, Asana, and Pranayama, etc.) can significantly reduce depressive symptoms in postpartum mothers. This

would also contribute to the reduction of depressive medication use. As a result, it is suggested that yoga training should be included in postnatal care. This study showed the result that different limbs of yoga (*i.e.*, Dhyana, Asanas, and Pranayama, etc.) could considerably reduce depression symptoms in postnatal women. This would also help in reducing the use of antidepressant medications. Therefore, it is recommended that yoga training should be employed in postnatal treatment.

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