



CONCEPT OF MATERNAL MENTAL HEALTH IN AYURVEDA: A REVIEW

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ABSTRACT

Optimal mental health is essential along with physical wellbeing of an individual. Mental state of female can affect her ability to conceive as well as the outcome of pregnancy. Hormonal and physical changes during pregnancy can affect the mental state of the mother. It can induce depression, anxiety, stress or any other mental condition which can lead to pre term delivery or growth restriction of foetus. Altered mental state can suppress lactation after delivery and can cause avoidance of child by the mother. Ayurveda, being the holistic method of treatment, promote ways to improve physical, mental, emotional as well as spiritual aspects of health. *Saumanasyamgarbhadharanam* as stated by Acharya Charaka, emphasize the importance of mental health in conception. It is stated in texts that conception is to be avoided in women who are frightened, angry or sorrow stricken. During pregnancy, mother should remain in high spirit from starting. She should perform religious activities, donations and chant mantras. She should be surrounded by encouraging companions. All these activities will pacify her mind.

Keywords: Mental Health, Maternal, *Saumanasyamgarbhadharanam*

INTRODUCTION

Mental health is fundamental to health. Emotional well-being provides for health.

Stress today has become an inseparable part of our lives. It directly or indirectly affects physical health and also reproductive capacity. Women are more susceptible or prone for mental disorders due to change in hormonal level in body frequently. Puberty, menstruation, pregnancy, puerperium and menopausal phase impart physical and psychological changes. Moreover, current lifestyle further aggravates the disturbances.

Depressive and anxiety disorders are common during pregnancy and the postpartum period. These disorders may impair the woman's self-care during pregnancy and negatively affect her parenting after delivery. The patterns of presentation vary widely. Depressive and anxiety disorders may exist before the pregnancy, or they may develop during pregnancy or after delivery. Sometimes, they are quite apparent to the obstetrician examining an obviously sad or anxious woman. Often, they are not obvious because women may conceal emotional disturbance for reasons that include stigma, fear of the baby being taken away, not recognizing that she has a psychiatric disorder or simply not wanting to bother the doctor.

Worry and anxiety are normal during pregnancy and the postpartum period. Women, particularly first-time mothers, face many uncertainties. Common worries of pregnant women include fears of foetal abnormality or death of the infant, being inadequate as a mother and the physical pain of childbirth. After childbirth, new mothers commonly worry about their infant's health and safety, about being criticized in their new role as a mother and about not having enough support.

Ayurveda emphasizes on complete health including physical, mental and emotional wellbeing. The various modules mentioned

for women during various phases covers mental and physical aspects equally. Starting right from the menstrual phase and up to puerperium, the regimen mentioned provides for mental health aspects. It clearly shows that *acharyas* were aware of the effect of mental condition on the foetus and its development. This article focuses on the mental aspects of health mentioned in Ayurveda.

Ritukaal

According to acharya Sushruta, as stated during ritukaal, the woman should avoid crying, excessive talking and listening high pitched sound and harsh physical activities. These activities can lead to various abnormalities in the child. After 3 days, she should take bath and wear ornaments, perform religious activities, chant mantras, then see her husband.¹

Acharya Charaka², acharya Kashyap and others have also stated similar modalities.

Acharya Charaka has mentioned *mansobhitap* (mental distress) as one of the reasons for secondary infertility.³

Anxiety disorders represent departures from the normal concerns, are highly comorbid with depressive disorders and are frequent in women of childbearing age. The disturbed mental state can affect the ability of a woman to conceive. Stress activates the hypothalamus-pituitary-adrenal axis leading to increased secretions of androgens. A common feature of androgen excess disorders is ovulatory dysfunction, which may arise from a disruption of gonadotropin secretion or from direct ovarian effects.

It is clearly stated in texts that whatever be the mental state of mother and visions by her will reflect on the mental state of the child. Altered mental state can lead to fatigue and lethargies which can further lead to abstaining from routine activities. Bathing, ornamentation, religious chanting- all these will ensure

proper stability of mind. Vision of husband and other pious things will ensure emotional wellbeing.

Garbhadhaan Kaal

Acharya Charaka has stated that even if coitus is done during fertile period, the woman will not be able to conceive if she is frightened, anxious, sorrow stricken, angry and does not have sexual desire. And even if she conceived, foetus will be deformed.⁴

All these conditions denote adverse mental conditions which can affect conception and even if conception occurs, these conditions can aggravate.

Acharya Vagbhata has stated that besides garbhasya, rakt, shukra and anil, hridaya is essential factor for conception.⁵

Here hridaya denotes mental state of the couple. Further, before conception, specific rituals are indicated to be performed by the couple. Putresti yagya⁶, Putriya vidhi⁷ includes hymn recitation by the couple. These are stated to ensure a healthy progeny.

Religious chanting appears to increase endogenous neural oscillations in the low frequency delta band, especially in the posterior cingulate cortex (PCC). It also influences cardiac activity significantly, compared to resting state.

Several EEG studies have found increased delta band power due to certain meditation practices. Increased delta activity may facilitate detaching format tending to one's immediate surroundings. Also, evidences suggest that increased delta waves in posterior regions of brain is related to the reduction of self-oriented thoughts.⁸

To achieve conception, woman should be prepared physically as well as mentally. Perinatal health can be conceptualized within a model that integrates the complex social, psychological, behavioural, environmental and biologic forces that shape pregnancy. The relationship between a woman's health status directly before conception and the demands of pregnancy affects perinatal health outcomes.

Garbhini Kaal

Ayurveda provides a complete dietic and conduct regimen for the pregnant women and thereafter.

Acharya Charaka has stated that right from beginning; pregnant woman should have good conduct, abstain from harmful modes and should protect herself.⁹

Acharya Sushruta says that after conception, pregnant woman should remain happy from starting, maintain hygiene, wear ornaments, white clothes, remain silent, perform religious activities, worship god, serve brahmins and teachers. She should avoid listening to stories which produce anxiety, avoid lonely places, cremation sites, anger and high pitched voices.¹⁰

She has to avoid sorrow along with other harsh physical activities.¹¹ Acharya Vagbhata states that affectionate behaviour of husband and other members helps in maintenance of pregnancy.¹²

Acharya Kashyap states that for a healthy progeny pregnant woman should take daily bath, remain happy, maintain hygiene, worship deities and have pleasant behaviour.¹³

The above said activities can be helpful in preventing mental disturbances during pregnancy. In gabhophatkar bhavas, Acharya Charaka has stated that if the mother hears unpleasant voices for long period, foetus demise will occur. If she is in grief continuously, her child will be fearful, emaciated, and will have decreased life span. If she has evil thoughts against others then child would be envious and evil. Angry woman will have child who speaks ill of others and betrayal. If she sleeps excessively the child would be dumb, lethargic and have reduced appetite. Alcohol taking woman will have dumb and thirsty and anxious child. If she remains alone most of the time during night, then her child would be maniac. Violent physical and verbal activities will lead to hysteric child.¹⁴

Desires expressed during dauhriddkaal should be fulfilled according to needs of sabda, sparsha, roop, rasa and gandha. If not fulfilled, harmful to both mother and foetus.¹⁵

Pregnant woman should take proper care of herself by following these activities. If she follows her daily routine properly and spend time in religious activities her mind will remain in a positive state. Acharyas were aware of the mental dilemmas a woman face during pregnancy and their adverse effects on the new born. So they emphasized on maintaining a positive mental state by the mother.

There is evidence that independent of depression, children exposed to prenatal maternal stress display significantly more behavioral and emotional problems at 4 years of age, even after controlling for postpartum maternal anxiety and antenatal and postpartum depression. Moreover, these negative effects of exposure to maternal anxiety extend into adolescence and may affect the functioning of the hypothalamic-pituitary-adrenal (HPA) axis in long term, resulting in poor affect regulation in this young adults.¹⁶

Desires expressed by the woman should be fulfilled accordingly to meet the nutritional needs as well as for mental and emotional contentment. Emotional and social support by companions will help her to cope up with changing physical and mental scenario.

For a healthy progeny, she should be surrounded by such attendants who keep her spirit high through their actions. Their behaviour towards woman should be beneficial to her both mentally and physically.¹⁷ Anger, grief, evil thoughts, jealousy, frightened, sorrow, change of eating pattern, can cause foetal demise.¹⁸ In causes of foetal death, anger, grief, jealousy, fear are mentioned.¹⁹

Some common disorders found during pregnancy are-

1. Depression

Nearly twice as many women (12%) as men (6.6%) suffer from a depressive disorder each year. Women are at the greatest risk for MDE (major depressive episode) between 25 and 44 years. Its period prevalence is 12.7% during pregnancy (with 7.5% of women having a new episode) and 21.9% the year after parturition.²⁰

The strongest predictors for MDE are stressful life events, genetic factors, history of MDE and excessive emotional sensitivity. In an elegant meta-analysis, it was found that maternal MDE or depressive symptoms during pregnancy increases the risk of pre term birth and low birth weight.²¹

Gestational MDE is associated with lack of prenatal care, poor nutrition, smoking, alcohol and drug use and suicide. Offspring

of women with MDE during pregnancy are at risk for insecure attachment, poor cognitive performance, sleep and eating disorders at age 16 years. Finally, it is also the strongest predictor of postpartum MDE.

2. Anxiety disorders

Anxieties disorders are characterized by prominent symptoms of anxiety that impair functioning. Examples are OCD, PTSD, generalized anxiety disorder, panic disorders and other phobias. Without treatment anxiety disorders usually have a chronic course.

Pregnancy, delivery and lactation produce profound change in physiology including changes in multiple and hormonal neurotransmitters systems that modulate anxiety symptoms.

Non-specific anxiety symptoms worsen during pregnancy. According to research data, antenatal anxiety is associated with an increased risk of postpartum depression, even after controlling for antenatal depression. Anxiety disorders seem to be as common as MDE in the postpartum period. Pregnancy and childbirth can trigger the onset of OCD and the exacerbation of pre-existing OCD.

Some women have intense fear about childbearing. Approximately 5 to 10 % of pregnant woman develop extreme fear of delivery, which may be considered a type of phobia resulting in request for surgical delivery. Risk factors for intense fear of delivery and requesting caesarean section include prior emotional problems, abuse, less social support, prior complicated deliveries, etc.²²

Anxiety disorders are associated with an increased risk of pre-eclampsia. The offspring of highly anxious women are exposed to an altered physiologic condition during pregnancy and mother anxiety related behaviours postpartum. High levels of anxiety symptoms have been linked to increased uterine artery resistance which potentially compromises blood supply to the foetus.²³

3. Eating disorders

Changing body shape and loss of control of weight gain may reactivate deviant eating patterns and concerns about body shape in women with a history of an eating disorder. Women with past or current eating disorders have been reported to have a significantly higher risk of hyperemesis during pregnancy compared to controls. Adverse birth outcomes in women with eating disorders include higher rates of miscarriage, low birth weight, pre term birth and congenital malformations. Also, maternal dieting behaviours are associated with an increased risk of neural tube defects.²⁴

Sutika Kaal

Acharya Sushruta has told that Anger, grief and absence of affection to child can suppress lactation. For proper lactation she should be made happy then only the food items will benefit.²⁵

Bond between mother and child is essential for proper milk ejection reflex. Emotional stress and anxiety can inhibit the reflex leading to failure of lactation. Emotional support to the mother will help in proper lactation by inducing confidence in her.

Companions in sutikagaar should be more than one and experienced, caring and favourable to the woman. They should remain with mother after delivery for continuous 10-12 days and perform donations, recitations, blessings, chant hymns, play

instruments etc.²⁶ Puerperium, being a time of psychological adjustment to motherhood, requires a confident environment to be created for the mother. 12 to 14 days after delivery are crucial as the mother can develop symptoms of mental distress. So, as told by Acharya Charaka, being surrounded by experienced and caring attendants during this time will prevent her from postpartum depression and prepare her mentally for motherhood.

During pregnancy, brain is exposed to a 100 fold increase in estradiol levels which abruptly decreases in the first post-partum week. This rapid change in gonadal steroid levels is involved in the aetiology of postpartum onset MDE. Although all women experience this phenomenon, the neurobiology of women who develop postpartum depression appears differentially sensitive to the mood destabilizing effects of withdrawal from gonadal steroids.²⁷

Response to pregnancy and delivery differs widely, ranging from mild postpartum blues to postpartum depression. Approximately 70% to 80% of women report feeling sad, anxious, or angry beginning 2–4 days after birth. These postpartum blues may come and go throughout the day, are usually mild and abate within 1 to 2 weeks.

Approximately 10% to 15% of new mothers experience postpartum depression (PPD), which is a more serious disorder and usually requires medication and counseling.²⁸

CONCLUSION

The entire spectrum of outcome for child bearing women is impacted by the powerful mind body connection. Mental wellbeing is above all as a mentally sound mother will take care of herself and also of her new born. Child bearing time is an opportune health promotion time because women have contact with professionals, access to health coverage and are motivated towards positive behaviour to invest in the welfare of their offspring. Late marriages and hectic lifestyle today have negatively impacted mental health of individuals resulting in adverse outcomes both in terms of conception and pregnancy.

Our ancient system emphasizes on mental wellbeing equally. Acharyas were aware of the negative impacts of mental disorders on mother and foetus. They promote behavioural therapy in certain ways to ensure mental well-being. Mental health treatment for pregnant women has certain limitations in terms of diagnosis and pharmacotherapy as early diagnosis is not easily made and drugs given can have adverse effects on both mother and foetus. Further, abrupt discontinuation of these drugs can increase the risk for recurrent episodes of illness. So it is need of the hour to find behavioural and psycho-therapeutically treatment for mental disorders during pregnancy. For mild cases, it should be the treatment of choice as the initial intervention. Ayurvedic regimen mentioned can provide help in this direction.

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