



## Mother and child health Care with Homeopathy Management of Postpartum Depression with Homeopathy

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### ABSTRACT

Providing basic health care is the most effective means of protecting the health of mother and children. Postpartum psychosis has long lasting consequences for mother and child. Beside depression, exhaustion, social withdrawal, and anxiety, postpartum depression can also interfere with normal maternal- infant bonding and adversely affect child development. Recent reports show that most affected pregnant women are hesitant about taking antidepressant drugs, with a high percentage discontinuing their use. In this, study done on cases of post partum depression treated with homeopathic therapy is presented. Considering the high noncompliance of women suffering from postpartum depression with conventional antidepressant medication, research in safe complementary medical methods is justified. One of these methods should be homeopathy.

**Keywords:** - Postpartum psychosis, Homeopathy

### INTRODUCTION

Little is known about the prevalence of clinically significant postpartum depression in women of varying social status. The purpose of the present study was to examine the postpartum depression among mothers. Postpartum depression (PPD), a major health concern, produces insidious effects on mothers, their infant, and family. Depression affects 5-22% of women after childbirth. Some women with postnatal depression will experience a prolonged or relapsing illness that may last until their children enter school. It has adverse effects upon the coping abilities of women, their relationships with their infants, partners and social networks and may adversely affect the educational attainment and behavior of their children. Since many more women are now active in the workforce, the effects of postnatal depression have obvious economic consequences both for their families and their employers.

### REVIEW OF LITERATURE

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression.

Many moms experience the "baby blues" after childbirth, which commonly include mood swings and crying spells that fade quickly. But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Rarely, an extreme form of postpartum depression known as postpartum psychosis develops after childbirth.

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**Postpartum Affective Disorders:-**

Disorder	Prevalence	Onset	Duration	Treatment
Blues	30 – 75%	Day 3 or 4	Hours to days	No treatment required other than Reassurance
Postpartum Depression	10 – 15%	Within 12 months	Weeks – months	Treatment usually required
Puerperal Psychosis	0.1 – 0.2 %	Within 2 weeks	Weeks - months	Hospitalization usually required

Data from a huge population based study showed that non psychotic postpartum depression is the most common complication of childbearing, occurring in 10-15% of women after delivery (*O'Hara & Swain, 1996*). It usually begins within the first six weeks postpartum and most cases require treatment by a health professional.

**DEFINITION**

Postpartum depression is a mood disorder that begins after childbirth and usually lasts beyond six weeks

**DESCRIPTION**

The onset of postpartum depression tends to be gradual and may persist for many months, or develop into a second bout following a subsequent pregnancy.

**Types :-**

Postpartum depression is often divided into two types :

1. Early onset
2. Late onset.

**An early onset** most often seems like "blues," a mild brief experience during the first days or weeks

after birth. During the first week after the birth up to 80%of mothers will experience the "baby blues."

This is usually a time of extra sensitivity and symptoms include

Tearfulness, irritability, anxiety, and mood changes, which tend to peak between three to five days after childbirth.

The symptoms disappear within two weeks without requiring specific treatment apart from understanding, support, skill,practice.

In short, some depression, tiredness, and anxiety may fall within the "normal" range of reactions to giving birth.

**Late onset** appears several weeks after the birth.

**Causes:-**

There's no single cause of postpartum depression, but physical and emotional issues may play a role.

**Physical changes.** After childbirth, a dramatic drop in hormones (estrogen and progesterone) in body may contribute to postpartum depression. Other hormones produced by thyroid gland also may drop sharply causes feeling tired, sluggish and depressed; changes in hypothalamic-pituitary-adrenal axis, and

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neuroactive steroid functioning; and abnormalities in neurotransmitter, cholesterol, and fatty acid activity are being investigated.

**Emotional issue:-** sleep deprivation and overwhelming, anxiety about ability to care for a newborn, feel less attractive, struggle with sense of identity or feels lost control over life. Any of these issues can contribute to postpartum depression

**Social changes** – society puts lots of demands and expectations on a new mother, which a woman may feel she needs to live up to. She may find herself less able to keep up contact with her friends and workmates.

### Postpartum depression symptoms

Symptoms usually develop within the first few weeks after giving birth, but may begin later — up to six months after birth.

### Feelings:

- persistent low mood
- inadequacy, failure, hopelessness, helplessness
- exhaustion, emptiness, sadness, tearfulness
- guilt, shame, worthlessness
- confusion, anxiety, and panic
- fear for the baby and of the baby
- fear of being alone or going out

### Behaviors:

- lack of interest or pleasure in usual activities
- insomnia or excessive sleep, nightmares
- not eating or overeating
- decreased energy and motivation
- withdrawal from social contact
- poor self-care
- inability to cope with routine tasks

### Thoughts:

- inability to think clearly and make decisions
- lack of concentration and poor memory
- running away from everything

- fear of being rejected by partner
- worry about harm or death to partner or baby
- ideas about suicide

### Risk factors:-

- stress
- lack of sleep
- poor nutrition
- lack of support from one's partner, family or friends
- family history of depression
- labor/delivery complications for mother or baby
- premature or postmature delivery
- problems with the baby's health
- separation of mother and baby
- A difficult baby (temperament, feeding, sleeping, settling problems)
- preexisting neurosis or psychosis

### ROLE OF HOMOEOPATHY

Homeopathy is a natural, non-toxic system of medicine that stimulates innate, self-healing mechanism. The homeopathic approach to postnatal depression takes into account not only the symptoms, but also any underlying cause e.g. blood loss, traumatic birth etc. There are many homeopathic remedies for PND, so I will describe some of the keynotes of a few top ones, to give a favor of what a homeopath might be looking for when prescribing for this condition.

### HOMEOPATHIC REMEDIES

**ACTEA RACEMOSA** -it is one of the top medicines for Postpartum Depression where sadness and tearfulness predominate. The woman is very sad, weeps a lot and the sadness gets worse from motion and cold. In some cases, the sadness is accompanied by the fear of going mad. Such a woman sits alone and cries. Another marked feature accompanying sadness is suspiciousness and the woman refuses to take any medicine. The woman also imagines things that trigger sadness like seeing rats running across the room and where everything seems confused and dark as if a black cloud has surrounded her. There is alteration in the physical and mental symptoms.

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**IGNATIA AMARA-** Ignatia Amara is also a good medicine for Postpartum Depression that presents itself in the form of sadness and tearfulness where the woman has a very sensitive mood and gets angry from even a slight contradiction. The woman requiring Ignatia Amara usually has a history of concentrated grief during pregnancy. In women who have a difficulty in controlling their emotions and whose mood changes rapidly from happiness to sadness.

**LYCOPODIUM-** Lycopodium is not always the first remedy that I, as a homeopath, think of when considering post-natal depression but patients who exhibit the symptoms of low self-esteem, weeping when sympathy is shown and feelings of hopelessness and despair are those who may benefit from this remedy. These women may also have a fear of failure, particularly in relation to the stress of their new role as a mother and the change in their responsibilities.

**NATRUM MURIATICUM** - Natrum Muriaticum is an excellent remedy for a woman who has an aversion to company, weeps alone and whose condition gets worse if someone tries to console her.

**PULSATILLA NIG.** - Pulsatilla is another excellent medicine for this condition. But here the woman likes the company of people, weeps in front of anybody or everybody and always feels better when someone consoles her.

**SEPIA** -Sepia is one of the top one Homeopathic medicine for tackling irritability over the slightest cause during Postpartum Depression. Irritability associated with the fear of being alone and aversion to do any work, either mental or physical, can be managed with this medicine. If irritability is present along with a marked aversion to talk, then too Sepia Officinalis is the best remedy. It is also the ideal medicine when the woman develops an aversion to family members who she loved and cared for before the onset of symptoms.

**KALI CARBONICUM** - Kali Carbonicum is useful when the women facing Postpartum Depression in

whom irritability of the utmost degree has set in and the woman has a fear of ghosts and fears being left alone. Such a woman will be sleepless if left alone in a house.

**LILIUM TIGRINUM** - Liliun Tigrinum is another medicine that yields good results in Postpartum Depression where extreme irritability with violent palpitations are predominant symptoms. There is an increase in irritability when spoken to where the woman will use the most violent and indecent words even if the other person is very mild in speech.

**BELLADONNA** - Belladonna is the ideal medicine with violent acts like biting, striking or spitting on attendants, then too Belladonna is the remedy. It is also of great help for women who want to run away, laugh excessively and tear things in fits of anger.

**CHAMOMILLA** - Chamomilla is the best remedy for Postpartum Depression patients who easily get angry and turn quarrelsome with the use of wild language, and show no respect for others.

**ACONITUM NAPELLUS** - Aconitum Napellus is one of the best medicine for depression and anxiety in Postpartum Depression patients who have a marked fear of death. The anxiety that gets worse in crowded places and while crossing the streets points. Another symptom to take note of is extreme restlessness that makes the person do everything hastily. Aconitum Napellus is the best cure for depression and is very beneficial in all those cases where acute, sudden and violent attacks of anxiety occur with a marked fear of death and open air makes the Postpartum Depression patient feel better. There's also an increased thirst for large quantities of cold water during the anxiety attack

**ARSENICUM ALBUM** - Arsenicum Album is another excellent remedy for anxiety with fear of death in Postpartum Depression patients. The patient refuses to take the medicine because she thinks that death is near and it's useless to take any medicine. This symptom is accompanied by marked restlessness, making the patient continually change position, excessive weakness and the tendency to even

Indexed in:



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faint. The anxiety attacks that get worse at night and make the person fearful to be alone .

Loneliness, and tendency to care for others at their own expense.

**COFFEA CRUDA** - Coffea Cruda is also one of the best remedies for depression and is a wonderful remedy to cope with the problem of sleeplessness in women going through Postpartum Depression. The patients requiring Coffea Cruda go sleepless due to the mind being occupied with too many ideas. Oversensitive patients who have sudden mood changes from laughing to weeping and who experience sleeplessness that gets worse after 3 am .

**OPIUM** - Opium is another remedy for depression where the patients who feel sleepy but remain awake due to acuteness of hearing. Distant noises like cocks crowing keep them awake.

**AURUM METALLICUM** - Aurum Metallicum is the top Homeopathic remedy for Postpartum Depression . Due to depression the patients who feel it's useless to live, life is a burden and constantly think of committing suicide. Such women easily get angry over the slightest contradiction and any fright brings a feeling of depression.

**NATRUMSULPHURICUM** - Natrum Sulphuricum is also a good remedy for suicidal thoughts and a feeling of worthlessness in Postpartum Depression patients. The patients have to exercise much self-control to prevent themselves from committing suicide. The patients who are very sad with an aversion to talk to others . Such a person cannot be made happy and even lively music is of no help.

**LAC MATERNAM OR LAC HUMANAM:**  
these very similar homeopathic medicines are made from mother's milk and are used for women who have issues with mothering, self-care, lack of nurturance in childhood, and sometimes with their breasts and/or breast-feeding. weight loss or starting an exercise routine. "I've read all the books and I know exactly what to do," they'll say, "but I just can't do it because I'm not good at taking care of myself." In fact women who need this remedy typically using reading as an escape from their feeling of isolation,

**STAPHYSAGRIA** – a woman needing Staphysagria has often had an invasive or traumatic delivery – like a forceps delivery or episiotomy. She may also have had initial or ongoing cystitis after the birth. She experiences depression that alternates with anger. She may cry from a sense of hopelessness or frustration, and is easily offended. Her anger may range from silent brooding to screaming and throwing things. Breakfast makes her feel better, but she is worse for foods that are cold or acid. She can be sleepless most of the night, then feel achey and exhausted all day.

**BLOOD-LOSS REMEDIES** – two major remedies for PND that comes with weakness, in women who lost a lot of blood during the birth, are **CHINA** and **FERRUM METALLICUM**. Women needing CHINA are touchy and irritable and may have a very bloated abdomen. While women needing FERRUM METALLICUM find that every emotion and exertion causes a flushing of the face.

Homeopathic treatment for POSTPARTUM DEPRESSION offers a minimum of 50 remedies effective against POSTPARTUM DEPRESSION:-

### DEPRESSION, SADNESS, CHILDBIRTH, AFTER :

2 Agn , 2 Anac, 1 Arg-n, 2 Aur, 2 Aur-m, 1 Bell, 2 Cimic, 2 Con, 1 Ign, 2 Kali-br, 2 Lach, 2 Lil-t, 1 Manc, 1 Nat-m, 1 Plat, 2 Psor, 2 Puls, **4 SEP, 3 Sulph**, 1 Thuj, 2 Tub, 2 Verat, 2 Verat-v, 1 Zinc

### SADNESS:DELIVERY, PARTURITION:AFTER, PUERPERAL, POST-NATAL:

1 Agn, **3 Anac**, 1 Arg-n, 1 Aur, **3 Aur-m**, 1 Bamb-a, 1 Bell, 1 Carb-an, **3 Cimic, 3 Con**, 1 Foll, 1 Ign, 1 Kali-br, **3 Lach, 3 Lil-t**, 1 Manc, 1 Nat-m, 1 Plat, 3 Psor, **3 Puls**, 1 Ros-b, **4 SEP, 4 SULPH**, 1 Thuj, **3 Tub, 3 Verat, 3 Verat-v**, 1 Zinc  
(The numbers- 1, 2 and 3- signify how strongly a remedy is indicated for the disease)

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## METHODOLOGY

### Statement of the Problem

A study of postnatal depression and homeopathic medicines indicated for such type of cases.

### Objectives of the study

1. To study of postnatal depression among mothers
2. To study homeopathic medicines indicated for postnatal depression

### Research design

Non – Experimental, Descriptive research design will be used in the present study.

### Place

Rajkot homeopathic medical college , Rajkot

### Methods of data collection (including sampling procedure; if any)

#### - Sample and sampling criteria

- **Sample:** OPD patient of Rajkot homeopathic medical college
- **Inclusion criteria**
  - ✓ Mothers in age between 20 to 35 years.
  - ✓ Mothers who could read and write in English
- **Exclusion criteria**
  - ✓ Mothers who cannot read or write in English.
  - ✓ Mothers having any systemic disorder.
  - ✓ Mothers already taking psychiatric treatment.
  - ✓ Mothers suffering with autoimmune diseases.
  - ✓ Mothers who will not participate in research.
- **Sampling technique**  
Purposive sampling technique
- **Sample size**  
Total: 30 mothers
- **Data collection technique**  
Interview method by using Edinburgh Postpartum depression questionnaire.
- **Method of data collection**

Data will be collected from mothers in selected maternity centers by means of Interview method.

Data Collection period will be for 20 days.

Each day will be collected from 5 postnatal mothers.

### • Treatment Approach

Patients who screen positive and meet diagnostic criteria for PPD need prompt treatment. Achieving remission of maternal depression improves the psychiatric health of not only the mother but also her children. Therefore, the goal of depression treatment is to achieve remission of depressive symptoms. In general, treatment decisions are driven by the severity of PPD symptoms, patient preferences, past response to treatment, availability of local mental health resources. Involving the patient's support system in treatment planning may help the patient feel less burdened with difficult decisions about which interventions to choose. Monitoring clinical response with validated patient-rated depression scale. On the basis of homeopathic principles medicines are prescribe to them.

### • Other Interventions

Other non pharmacological treatment approaches with preliminary supporting evidence include aerobic exercise, light therapy, and infant massage.

### Case study

#### Case-1

Ms. A. is a 22-year-old woman who delivered her baby 7 days before evaluation at a hospital. She underwent an uncomplicated delivery, and her baby boy was full term and healthy. This was a planned pregnancy, and the family was excited about the birth. Within 2 days of delivery, she told her husband that she thought he was poisoning her food, so she would not take medicines and that the baby was staring at her strangely; irritable,

Indexed in:



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least thing which goes wrong makes her crazy. She could not fall asleep even when her mother came to the house to care for their newborn and allow the patient to rest. At home, Ms. A. was able to sleep only 2–3 hours nightly. Her husband noticed that she would gaze out the windows in their apartment for hours without explanation. She had not bathed for 6 days. She required much help in simple tasks, such as diapering her baby. She expressed guilt about being a terrible mother and felt she did not deserve to have her family. She told her husband that she heard

voices commanding her to go with her infant son to the subway and jump in front of the train; these hallucinations terrified her and became stronger after she returned home from the hospital, thinks she is going crazy, fears, those in house will kill her.

Medicine: Cimicifuga racemosa 200

Result: Improving

• **Other cases :-**

Sr. no.	Patients detail	Presenting complain (*physical generals also included)	Medicine	Result
1	24 yrs	Irritability Fear of being alone Aversion to work Aversion to talk Aversion to family members	Sepia	Improved
2	27 yrs	Low self-esteem Weeping when sympathy is shown Feelings of hopelessness Fear of failure, particularly in relation to the stress of her new role as a mother and the change in her responsibilities.	Lycopodium	Improved
3	22 yrs	Sadness < from motion, cold Tearfulness Weeping a lot Fear of going mad Sits alone and cry	Cimicifuga	Improved

Indexed in:



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		Refuses to take any medicine Alternate physical and mental symptoms		
4	26 yrs	Weeping disposition > by consolation Fears in evening to be alone Fears in dark	Pulsatilla	Improved
5	20 yrs	fatigued, irritable, sluggish, weepy, worthless	Sepia	Partially improved

6	28 yrs	Changeable mood Silently brooding Non communicative Sad Tearful	Ignatia	Status quo
7	25 yrs	Wants to be alone to cry Awkward Tears with laughter Hasty Irritable	Natrum mur	Improved
8	29 yrs	Aversion to do any work Fear of being alone Aversion to talk	Sepia	Improved

Indexed in:



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		Irritable Sad Weeps when telling symptoms		
9	21 yrs	Aversion to undertaking new things Loss of self confidence Confused thoughts, spell or write wrong Cannot read what she writes Sadness in morning	Lycopodium	Partially improved
10	22 yrs	Fears riding in carriage Tries to injure herself Sad Incessant talking Irritable Sits alone and cries	Cimicifuga	Partially improved

11	30 yrs	Sad over her health Weeps when telling symptoms Wants to go away Sits quietly and answers either with yes or know Poor memory Nobody knows what she will do next	Sepia	Improved
12	23 yrs	Desires to be alone Sadness Angry with herself	Ignatia	Status quo

Indexed in:



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		Intolerant of contradiction		
13	24 yrs	Angry Irritable Nervous She wants to hold on to something She says and does strange things Anxious Sad Worries about imaginary illness Aversion to family & company	Sepia	Improved
14	26 yrs	Sadness Desire to be alone to cry Anxiety Forgetful Laughter with tears Loss of sleep due to clinging of ideas Fears of robbers	Natrum mur	Improved

15	27 yrs	Loss of consciousness Wants nothing Talkative Fears at night See frightful visions Loss of sleep	Opium	Partially improved
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Indexed in:



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		Thinks she is not at home		
16	22 yrs	Irritable over slightest cause Aversion to do any work Fear of being alone Aversion to talk	Sepia	Improved
17	28 yrs	Feeling of worthlessness Aversion to talk Suicidal thoughts Fear of crowd Sensitive Suspicious Sadness ,sitting near a glass window	Natrum sulph	Partially improved
18	29 yrs	Hopeless Disgust of life Irritability Weeping Loquacity Fears least noise Future looks dark Feels she does everything wrong Thinks she neglected her duty	Aurum met	Partially improved
19	21 yrs	Takes pleasure in teasing others Stupid Wants to go away Worries and cries about imaginary illness	Sepia	Improved

Indexed in:



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		Sad over her health Wants to commit suicide		
20	30 yrs	Feels sleepy Acuteness of hearing Irritable Wants to go home Sluggish	Opium	Status quo
21	32 yrs	Fear to be alone Head strong Weak memory Hurried when eating Cannot bear to see anything new Loss of self confidence Confused thoughts	Lycopodium	Improved
22	33 yrs	Aversion to do any work Irritability with fears to be alone Aversion to talk Aversion to family member Sadness Poor memory	Sepia	Improved
23	25 yrs	Mood changes rapidly from happiness to sadness Angry from slightest contradiction Fears at night Not communicative Hurried in work	Ignatia	Improved

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		Desire to be alone		
24	31 yrs	Bad in behavior Anger on slightest matter Averse to being spoken to or looked at Aversion to talking Desire to be alone	Chamomilla	Status quo
25	32 yrs	Everything looks confused and dark Illusions of small animals running in rooms Suspiciousness Fear of going mad Tearfulness Sits alone	Cimicifuga	Improved
26	35 yrs	Quarrelsome Wants many thing but refuses when given Aversion to talk Cannot bear anyone near her Omits words while speaking	Chamomilla	Improved
27	33 yrs	Silent and sad Angry with herself Desire to be alone Weeps or laughs by turns Fears of things coming near her Thinks she had neglected her duty	Ignatia	Improved

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28	22 yrs	Fears to be alone Poor memory Aversion to company Anxiety of health Angry Irritable	Sepia	Partially improved
29	31 yrs	Does not like to talk to anybody Weeping when alone Sadness Suspiciousness	Cimicifuga	Status quo

Table :1 - - Age of patient suffer with ppd

## RESULT AND DISCUSSION

Sr.no.	Age	No. of cases
1	20-25	12
2	26-30	10
3	31-35	08

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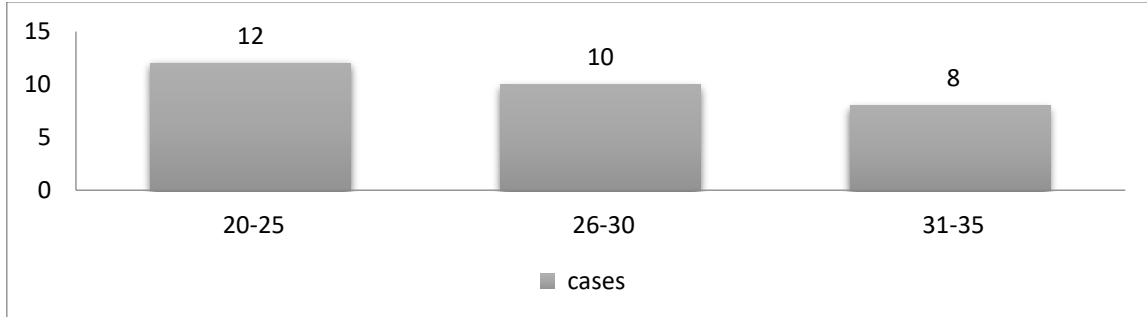


Table :2 :- Medicines indicated in cases of ppd

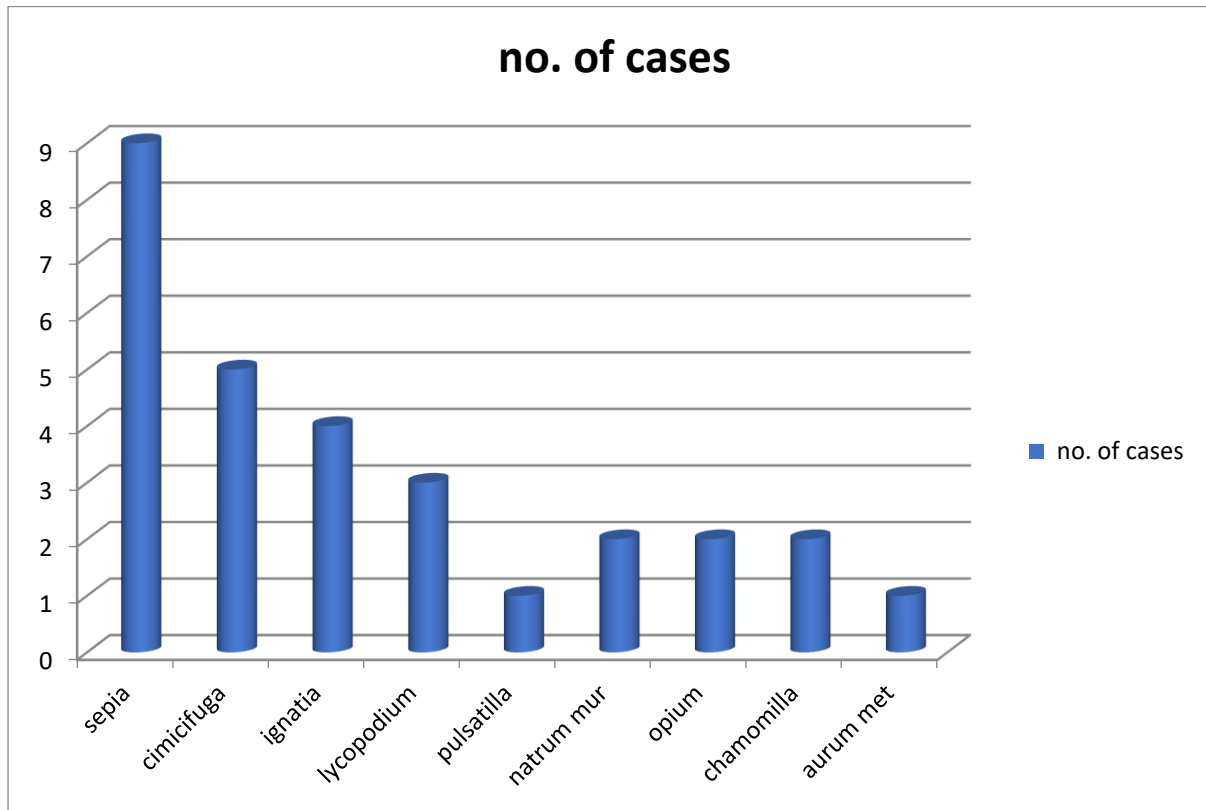
Sr no.	Homoeopathic Medicine	No. of cases
1	Sepia	9
2	Cimicifuga racemosa	5
3	Ignatia	4
4	Lycopodium	3
5	Pulsatilla	1
6	Natrum mur	2
7	Natrum sulph	1
8	Opium	2
9	Chamomilla	2
10	Aurum met	1

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**Table -3 : Result of postpartum depression with homoeopathic medicines**

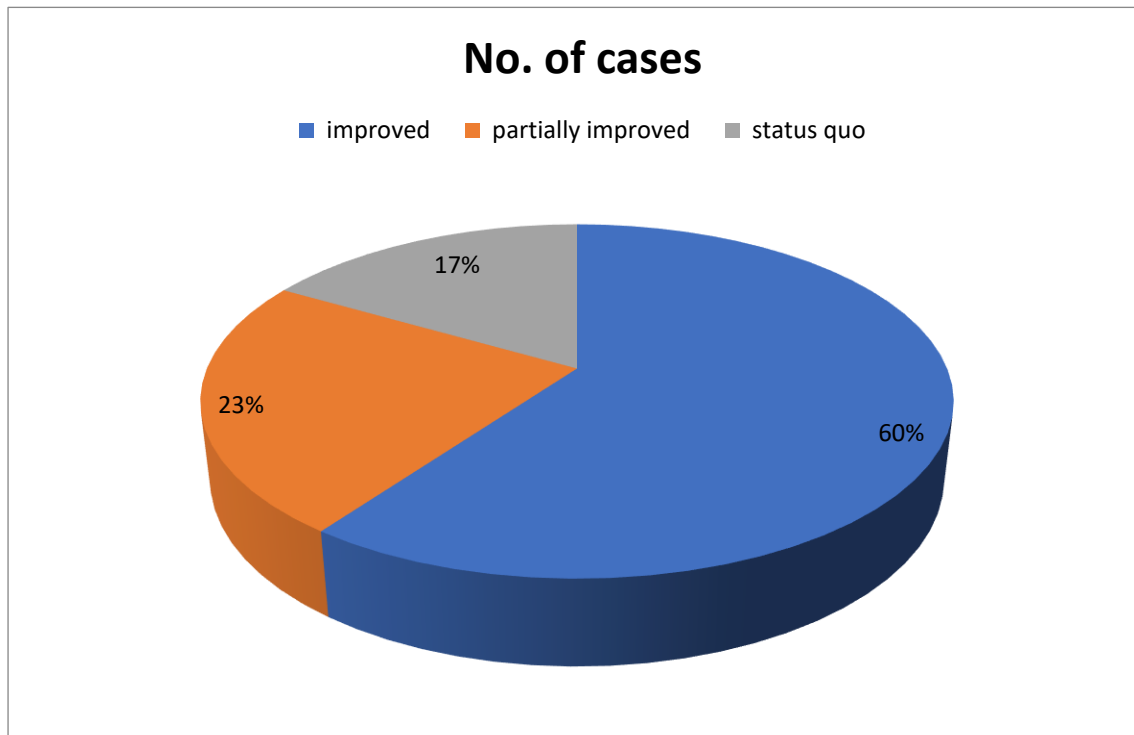
Sr. no.	Result	No. of cases
1	Improved	18
2	Partially improved	7
3	Status quo	5

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Total 30 cases of postpartum depression were studied during these study. It is more commonly found in younger age group between age of 20-25 year female, in primigravida . Depending on homoeopathic principles medicine was selected and sepia officinalis found more effective in these type of cases. Homoeopathic medicines proves effective in post part depression, 60% of cases were improved with the treatment.

### PREVENTION

- Exercise can help enhance a new mother's emotional wellbeing.
- New mothers should also try to cultivate good sleeping habits Learn to rest when they feel physically or emotionally tired.
- It's important for a woman to learn to recognize her

own warning signs of fatigue, respond to them by taking a break.

### CONCLUSION

Postpartum depression is a common, potentially disabling, and, in some cases, life-threatening condition. Fortunately, PPD is also readily detectable in routine practice . Postpartum depression screening improves case identification and can lead to better clinical outcomes, although many barriers to receiving adequate PPD treatment must often be overcome. Cognitive-behavioral therapy preferred psychotherapy for women with mild to moderate PPD. In addition to symptom severity, treatment decisions will be driven by patient preference, past response to treatment, availability of local mental health care resources. Homoeopathy as a therapy proves very beneficial to these mothers without causing any harm to her and her baby, it improves

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quality of life of mother and ultimately brings her back to normal, healthy, happy life with new baby and family.

## DEFINITION OF KEY TERMS

- 1. Postpartum Depression.** Also called postnatal depression or abbreviated as PPD. It refers to a type of clinical depression that affects women childbirth. Women suffering from postpartum depression feel sad, hopeless, empty, or even anxious.
- 2. Peripartum Onset.** It refers to the period in which symptoms of depression manifests before the child is born.
- 3. Postpartum Psychosis.** This is the worst case of postpartum depression. It characterized by psychotic symptoms such as hallucinations, delusions, thought disturbances and disorganized behavior or speech.
- 4. Edinburgh Postnatal Depression Scale.** It is a "standardized self-reported" questionnaire that is used for screening women of postpartum depression.
- 5. Baby Blues.** A postnatal condition that resembles postpartum depression. However, baby blues disappear within few weeks after appearance.
- 6. Cognitive Development.** It refers to the child's ability in terms of processing information, conceptualizing resources, language learning, perceptual skill and other areas of brain development.
- 7. Emotional Development.** It refers to the growth in the ability of the child to differentiate between and express the appropriate emotions.

## LIST OF REFERENCES

1. Amankwaa, L.C. (2003). postpartum depression among African-american women. issues in Mental Health Nursing, 24, 297-316.
2. American college of obstetricians and Gynecologists. (2010). Screening for

- depression during and after pregnancy 115,394-395.
3. American Psychological Association. (2000). Diagnostic and statistical manual of mental disorders-Text revision (DSM-4-TR). Washington, DC: Author.
4. Association for Women's Health, Obstetric and Neonatal Nurses. (2008) The role of nurse in post partum depression and anxiety disorders. Position statement. Washington, DC: Author.
5. Beck, C.T. (1993). Teetering on the edge : A substantive theory of postpartum depression. Nursing Research, 42, 42-48.
6. Beck, C.T. (1998). The effects of post partum depression on child development: A meta analysis. Archives of Psychiatric Nursing 12, 12-20.
7. Beck, C.T. (2004). Birth trauma: in the eye of beholder. Nursing Research, 53, 28-35
8. Dennis, C.L., Hodnett, E., Kenton, L., Weston, J. Effect of peer support on prevention of postnatal depression among high risk women: Multisite randomized controlled trial. British Medical Journal, 338.
9. Edge, D., Baker, D., & Rogers, A. (2004). Perinatal depression among black Caribbean women.
10. Pankaj Desai Duru shsh, principles & practice of obstetrics & Gynecology 3<sup>rd</sup> edition 2005, Jay pee publisher page no-381
11. Joan C. Engerbetson Lynnay. Littleton, Maternity Nursing 2<sup>nd</sup> edition 2007, Thomson Delmar pp-674-675
12. Elizabeth Stepp Gilbert, Manual of High Risk Pregnancy Delivery, 4<sup>th</sup> edition 2007, Elsevier, pp-1344-1346
13. Shirish N Daftary, Manual of obstetrics. 2<sup>nd</sup> edition 2005, Elsevier, pp-133-140
14. Registered Nurses' Association of Ontario. (2005). Interventions for post partum depression. Toronto, Canada : Author.
15. Shakespeare, J. Blake, F., & Garcia J (2003) A qualitative study of the acceptability of routine screening of postnatal women using the Edinburgh Postnatal Depression Scale.

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- British Journal of General Practice,53 (493),614-619
16. Boyce, P., Hickie, I., Gordon, P. 1991. Journal of Affective Disorders. *Parents, partners or personality? Risk factors for post-natal depression*
  17. Di Mascio, V., Kent, A., Flander, M., Lawrence, J. 2008. Archives of Women's Mental Health. Recovery from postnatal depression: a consumer perspective.
  18. Murphy, R., 2005. *Homeopathic Clinical Repertory*. 3rd ed. Virginia. Lotus Health Institute.
  19. Amankwaa, L.C. (2003). postpartum depression among African-american women. issues in Mental Health Nursing, 24, 297-316.
  20. American college of obstetricians and Gynecologists. (2010). Screening for depression during and after pregnancy 115,394-395.
  21. American Psychological Association. (2000). Diagnostic and statistical manual of mental disorders-Text revision (DSM-4-TR). Washington, DC: Author

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