

Post-natal depression

Jenifer Worden discusses how homeopathy can help women suffering from this distressing condition

The first thing that can be said about post-natal depression (PND) is that to the women who have suffered it and those women reading this article, who may be suffering from it, the effects of PND are distressing, debilitating and are very real.

PND is not uncommon, with up to ten per cent of all mothers affected to a greater or lesser degree. The incidence of PND is higher in the months immediately following childbirth but it is not unknown for a small number of women still to be suffering the effects a year after the birth of their child.

PND and its symptoms

PND may be defined as a non-psychotic depression occurring during the first six months after the birth of a child. The term “non-psychotic depression” for the lay person means that the mother does not suffer from hallucinations or delusions. These are the symptoms of a severe mental illness and require urgent specialist medical attention from a consultant psychiatrist.

PND, on the other hand, can affect all women after childbirth but more often women who have a history of life events such as bereavements or a poor marital relationship which includes lack of support, feelings of “having to manage on one’s own”, coupled with a general perception of being isolated.

Another factor that adds to the pressure of some women who suffer from PND is that the family do not know how to react to the mother who is suffering, so through lack of knowledge and, in some cases, understanding, are dismissive of the problems faced by a woman after childbirth. This then creates a further spiralling of the helplessness some

women undoubtedly feel, leading to a sense of inadequacy and not being able to cope, which inevitably leads to insomnia, anxiety and debility.

Additionally, other symptoms may be present including a difficulty in concentrating, a loss of confidence and self-esteem, not eating properly due to a lack of interest in food and, in extreme cases, recurring thoughts of death, or even suicide itself. With regards to the latter, it must be stressed that this is a very rare event and it may be that there are other underlying causes for such thoughts.

While the mother is the direct sufferer of PND, it must not be forgotten that the behaviour of the patient can impact on the family or close loved ones, leading to tensions and stresses within the family group, which in turn re-impacts on the mother. This then becomes a self-perpetuating downward spiral of tension, misunderstanding and depression. Because of the potential devastating effects on the family life overall, it is important that the mother seeks help as soon as possible. It is also not uncommon for a new mother to be in self-denial about her problems but realistically the feelings of inadequacy normally will tell her that all is not well and therefore she should seek professional help.

PND and the working woman

Whilst PND has been recognised for some time as a clinical condition, the effects on the family and society in general were not so pronounced in the years leading up to the war. However, during that period, between 1940 and 1945, women were conscripted in large numbers to work in factories, munitions and to serve in the Armed Forces. This new role for women and the changes to

society immediately following the war meant that women went to work as matter of course and became *de facto* a joint, or second bread winner.

It is in this expanded role for women, in a working environment, that she may fear having a baby will in some way compromise her ability to fulfil this role. As a consequence, this can produce serious problems with depression immediately following the birth of the child.

In this context, therefore, the underlying problems which cause PND are accentuated by economic concerns or the loss of position in a company or a job, should the mother have to take time away from her employment to attend antenatal classes, hospital appointments and so on. These pressures inevitably bring about a guilt complex whereby the mother is torn between the love and desire for her baby and fulfilling her role as a partner in a marriage or relationship.

It must not be assumed that the depression suffered by non-working mothers is any less severe or debilitating than that for women who work. It is only that in the latter case, where secondary considerations may be involved, the depression may be accentuated or intensified.

Seeking help

It is very important for women suffering from PND to understand that they are not alone and help is available in many ways: from counselling, medication and complementary therapies. Firstly with respect to counselling, this can be done informally by the health visitor who can carry out a brief questionnaire to assess a woman’s mental state and then offer appropriate support or non-directive counselling as “active



As many as one in ten new mothers suffers from post-natal depression

listening visits". For many women, this will be sufficient to allow a full recovery in a matter of weeks.

Secondly, if the symptoms do not subside, medication prescribed by the GP can help but, for those women who are worried about the side-effects of any drug prescribed for depression, there are homeopathic remedies which can be used.

This is very important because, to a large number of people, there is unfortunately a stigma about being diagnosed with depression and seeking possible help. It is because of this and of the reported problems associated, rightly or wrongly, with the drugs prescribed to combat depression, that homeopathy can be of such benefit.

Homeopathy and PND

I think it is important to state that when considering a homeopathic approach to the problems of PND, it should always be remembered that homeopathy can do the patient no harm. Indeed, there is a large body of evidence to support the premise that it can make a substantial difference to the sufferer. As a practis-

ing NHS GP and with over ten years experience in homeopathy, I am able to look at the problem from both perspectives. Therefore, when I have a patient who is unwilling, unhappy or unable to tolerate conventional medication, I then recommend the homeopathic approach. However, before recommending *any* complementary medicine, I try to determine if there are any underlying social factors which will lead me to advise one treatment rather than another. Generally, I have a choice of four or five homeopathic remedies which have helped to bring about a marked improvement in the well-being of the patient.

Sepia

This is my foremost remedy for PND. It is used essentially for the woman who comes to see me in floods of tears, completely resigned to the fact that she is unable to care for or hold her baby. She thinks she hates the baby and her partner, can see no way out of her problems and despairs of recovery. Sleeplessness is a major problem, which leads to fatigue and the vicious circle of sleep deprivation and feelings of inadequacy.

We all know how much worse things seem when we are tired. Even though these women do not want to be with their families, they cannot bear to be alone. They feel cast off from the world around them, a symptom which we refer to homeopathically as being "forsaken"; a word which I feel describes succinctly the way a woman with PND feels about herself. In the midst of this depression, no matter how bad the woman feels, if she can be encouraged to take some exercise or, even better, to go dancing, she is very likely to make a substantial and noticeable improvement with *Sepia*.

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. Like



Sepia – made from the ink of cuttlefish – is one of the foremost remedies in treating PND

Sepia, patients who will recover with Lycopodium often feel better in the evening but they do not experience the improvement which exercise and love of dancing usually bring. Women who are helped by this remedy may also have had a history of irritable bowel type symptoms sometime in the past.

Ignatia

Like Lycopodium, Ignatia is a plant-based remedy and is recommended when the mother has a variety of emotional problems. Symptoms can vary widely and may also be contrasting, with the woman sometimes feeling as if she is on an emotional roller-coaster. This can manifest itself with mood swings and impulsiveness.

The woman may also have had unrealistic or romanticised ideas about childbirth and what caring for a small baby would entail. She then finds herself falling below the high standards that she has set herself and then feelings of guilt arise, leading to depression.

Patients will often try to hide their symptoms, fearing that their child may be taken from them, should they show that they are not coping as well as they think they should. They then endeavour to present a façade that all is well and usually only those who are very close to the mother will be aware of the emotional turmoil she is experiencing.

However, sympathy and a recognition of the desperation felt in these circumstances and a recommendation that the mother seeks help can, in itself, be a great therapy.

Pulsatilla

Widely used by homeopaths for a variety of female hormonal problems, Pulsatilla is sometimes overlooked when it comes to treating the symptoms of PND. Like Sepia, patients who may be helped by taking Pulsatilla will be tearful and cry when relating how they feel. However, sympathy makes them feel better and they often say how crying helps, whereas Sepia patients usually weep without the feeling of any relief from their symptoms. Women who may benefit from Pulsatilla tend to be of a softer personality than those being helped by Sepia, and often will seem to be of a more maternal inclination, which is why their feelings of depression are more difficult for them to understand after having the baby they wanted so badly. Patients who respond to Pulsatilla may also have changeable moods but the swings tend to be less pronounced in those women for whom I would recommend Ignatia. Overall, Pulsatilla is a remedy for a more gentle type of the patient than the other remedies previously mentioned.

Recurrence

One question I frequently get asked by

women who have suffered after the birth of their first child is can it happen again if they have further children?

The short answer is yes; it can, but is far less likely, although the circumstances under which the second child is conceived will have a large bearing on the mental health of the mother after birth. Factors such as home environment, relationships and lack of support will all have a consequence on whether a woman will face the same, or similar, problems but mothers usually cope much better because they are aware of the problems having faced them once already. However, they should not be frightened to seek help on the basis of “you were like this last time so you must know what it is”.

Finally, what is vital for women suffering from post-natal depression to remember is that you are not alone. As a mother myself, I know how easy it is to feel that somehow you are not worthy or adequate. Do not worry, help is available to you from many different sources including counselling, conventional medicines and homeopathic remedies, so don't despair and don't be frightened to ask for help. It is there and available for you.



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