

Title: “Therapeutic intervention of yoga in *manas vyadhies* W.S.R. to post-partum depression”

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Abstract:

Ayurveda being a holistic science of life incorporates mental and spiritual equilibrium as an important component of health. Healthy motherhood is started with the healthy postnatal period. In all *manasvyadhies* of *Sutika* (post-partum woman), post-partum depression (PPD) is most commonly observed. Management of *manasvyadhies* in Ayurveda is multidimensional consist of *Daivavyapashraya chikitsa* (divine therapy), *satvavajaychikitsa* (spiritual therapy), *Yuktivyapashraya chikitsa* including external therapies as well. The ancient Indian text described *yoga* which is Ayurveda's integral part. It is a *Adraavyabhootchikitsa* in *Suthika* can prove cost effective and safe method to overcome the post-partum Depression. The psycho-physiological advantages of *yama* (ethical rules), *niyama* (principle for society), *Asana* (Yogic posture), *pranayama* (breathing exercises), *pratyahara* (control of senses), *dhyana* (meditation) has clearly mentioned in ayurvedic texts. The present review article enlightens the therapeutic

interventions of yoga in the *manasvyadhies* W.S.R. to post-partum depression.

Keywords:

manasvyadhi, post-partum depression, *yoga*

Introduction:

Mental health has a great importance for all over healthy personality. According to *Sushruta*, man is said to be *Swastha* (Healthy) whose *doshas* (bio-energies), *agnis* (digestive activity), *dhatu*s (basic tissues), and *malas* (waste products) are in the state of equilibrium along with pleasant state of soul, sense organs and mind^[1]. The human being is the combination of tripods-Mind, soul and body^[2]. The *manas* (mind) is most active entity and derives its consciousness from the *atma* (soul). *Satva*, *rajas* and *Tamas* are three dimensions of *manas*. The state of healthy mind with absolute balance is *Satva*. All *manasvyadhies* are caused due to *rajas* and *tamas*. So they called as *Manasdoshas*.

The period between expulsion of placenta and one and half month after that is called post-partum period (*sutikakala*). This period is most emotional and fragile period in every mother's life span. *Sutika* are more inclined to various physical and mental disorders. Although the majority of mother have a transient period of mood dysphoria within about two weeks after giving birth, about 15% of new mothers actually experience a true form of major depressive disorder (MDD) known as post-partum depression (PPD) ^[3,4]. PPD is a serious medical matter since it causes suffering to the women, and also it can negatively affect infants emotionally, socially and even cognitively, sometimes far beyond the time of the depression ^[5]. Untreated maternal depression is associated with serious morbidity for the mother, infant and the family system. PPD causes significant suffering in women at a time when personal or societal accepted wisdom of motherhood as a uniquely joyful if exhausting experience may be absurd with the depressed woman's ability to feel gratification in the mothering role ^[6]. So for achieving best physical, mental, social and spiritual health, effective management is needed.

Yoga is "*chitta-vritti- nirodhaha*" i.e. ruling of impulse and the de-conditioning of mind. The real intention of *yoga* is to understanding our place and relation with the universe and stabilise that wakefulness for all the life moments. *Yoga* is a system of physical and mental self improvement and final liberation that people have been using for thousands of years. *Yoga* arose in the age of the *Vedas* and *Upanishads*. It is

India's oldest scientific, perfect mental and spiritual discipline. *Yoga* can serve both the individual and society. It is neither a fragment nor a philosophy but a practical training of mind and body. *Yoga* teaches us truth through mind and body rather than theory; it brings about deep change of attitude. Within the *Yoga-Sutras* of *Patanjali*, the sage enumerates several interlocking methods to achieve the mental stability. *Yoga* means unification, the fusion of body, mind and spirit with the soul of the universe. To improve mother and child health, we need to do efforts on mental health of mother through the best integral therapy *Yoga*.

Epidemiological data:

As per Epidemiological findings, the prevalence rate of mental diseases in India was 70.5 (in rural area) and 73 (in urbo-rural area) ^[7]. The pooled prevalence of postpartum depression in India in our meta-analysis was 22% (95% CI: 19–25). A systematic review of studies in 11 high-income countries showed that, based on point prevalence estimates, around 12.9% (95% CI: 10.6–15.8) of mothers were depressed at three months post-partum ^[8]. Another systematic review from 34 studies found that the prevalence of common mental disorders in the post-partum period in low and lower-middle income countries was 19.8% (95% CI: 19.2–20.6) ^[9]. Even though *mansikswasthya* (mental health) often is not prioritized as a problem in poorer countries where access to basic nutrition and health care are not consistent, the evidence suggests that post-natal depression may be both more common

and more severe for mothers and their children in low-income countries.

Manasvyadhi :

According to *Acharya Charaka* the eight factors are centrally affected in *manasvyadhies*. They are as follows:

1. *Mana* (emotion, mood, affect)
2. *Buddhi* (thought and decision)
3. *Sangya-gyana* (orientation)
4. *Smriti* (memory and learning)
5. *Bhakti* (desire)
6. *Sheel* (habits)
7. *Chesta* (psychomotor function)
8. *Achara* (conduct and behaviour)^[10]

Etiological factors of *Manasvyadhies* are^[11]:

- *Asatmendriyarthā Sanyoga* (sense objects)
- *pradyaparadhā* (intelligence)
- *Parinaamaor kala* (time)

Also not achieving things desired for or getting undesired things leads to mental *manasvyadhies*^[12]. They are generally characterized by a wide range of pattern of altered behaviour with certain associated symptoms and signs. The important *manasvyadhies* are describes in Ayurveda may be classified as follows:

- *Manasvyadhies* caused by both *sharir* as well as *manasdosha* such as *Unmad*(psycosis), *apasmara* (convulsive disorder), *atattvabhinivesha* (obsessive disorder), *apatrantra* (hysteria), *bhrama*(illusion), *mada*(alcoholic and drug abuse), *murccha-sanyasa*(conditions associated

with altered consciousness), *avasada* (depression) etc.

- *Manasvyadhies* named symbolically after the name of different *grahas* like *Agantuja unmada* or *Bhutonmada*.
- *Manasvyadhies* caused purely by *Manasdoshas* are *kama* (lust), *krodha* (anger), *lobha* (greed), *moha* (delusion), *shoka* (grief), *chinta*(anxiety), *irsya* (jealousy), *mada* (euphoria), *udvega* (neurosis), *bhaya* (fear)etc.
- *Shokatisara* type *sharir-manasvyadhi*.
- Sixteen type of behavioural patterns are shown by sixteen *manas prakrities*. Person suffering from personality diseases when these pattern crosses their physiological limits^[13].

Symptoms of Diagnosis PPD:

The criteria for designation of MDD as PPD depends on the onset of disorder within four weeks of giving birth, but a more relaxed time frame of three months postpartum has been suggested. The “postpartum blues” or “baby blues” is most commonly seen in women with PPD. Edinburgh Postnatal Depression Scale (EPDS) which was developed to identify postpartum depression (PPD)^[14]. Symptoms peak on the fourth or fifth day after delivery and last for several days, but they are generally time-limited and spontaneously remit within the first two postpartum weeks^[15]. Up to 85% of women experience postpartum affective instability. Rapidly fluctuating mood, tearfulness, irritability, and anxiety are common symptoms^[15-18].

Identification of depression in the postpartum period may be complicated by some of the normal physical and emotional demands of new motherhood, including changes in energy and appetite, sleep deprivation, and heightened concern for the infant. Experts have recommended screening for PPD at the first postnatal obstetrical visit (usually 4–6 weeks after delivery)^[19], or in the family practice^[20] or pediatric setting^[21].

Management of Post-Partum Depression through yoga:

As per *yogasutras* of Patanjali, *yama* (ethical rules), *niyama* (principles for social well being), *asana* (yoga posture), *pranayama* (breathing techniques), *pratyahara* (control of sense organs), *dharana* (continued attention to object), *dhyana* (meditation), and *Samadhi* (super-consciousness) are stages of the gradual withdrawal of consciousness from outward contact and a simultaneous rising into wider and wider dimensions of itself, culminating in infinitude which is its standard essence^[22]. Long-term yoga practitioners have reported musculoskeletal and mental health improvements^[23]. The physical exercises (*asanas*) may increase patient's physical flexibility, coordination, and strength, while the breathing practices and meditation may calm and focus the mind to develop greater awareness and diminish anxiety^[24]. Many researches have proved that yoga is effective in *manasvyadhis*^[25-29].

In ancient era, sutikas were advised to trail convinced diet schedule and stay away from various *manasikabhava* (mental factors) such as

krodha (anger), *shoka* (grief), *bhaya* (fear) and *sharirikashrama* (physical activity causing fatigue) such as *vyayama* (exercise), *maithuna* (sexual union) which can vitiate the *doshain* them. Some people will lift a doubt that as per Acharya *Sushruta* and *Bhavaprakasha*, exercise in *suthikas* is contraindicated^[30]. But we need to realize that yoga is not an exercise. *Asana* (postures) and *pranayama* (breathing exercise) are parts of the *Astanga yoga* mentioned by Sage *Pathanjali*, which has proven effect on psychosomatic health of human being. *Asanas* (postures) as explained in *Yogasuthra* “*Sthiramsukhamasanam*” which is stable and gives pleasure. *Asana* (yogic postures) is helpful in re-establishing the proper functioning of musculoskeletal system and promoting the mental health. *Pranayama* (breathing exercise) has proven effect on respiratory system along with management of stress induced disorders such as post-partum depression^[31].

The set of *asanas* which has proven effect on management of post-partum depression are *Bhramaripranayama*, *Nadishodana pranayama*, *Navasana*, *Bhujangasana*, *Urdhvaprasarita padasana*, *Makarasana*, *Adhomukhasavasana*, *Ardamerudandasana*, *Tadasana*, *Ardakatichakrasana*, *Vrikshasana*, *Shalabhasana*, *Gomukhasana*, *Vajrasana*, *Mulabanda/mahamudra*, *Savasana*, and *Ardapavanamuktasana*^[32]. These increases Galvanic Skin Response (GSR), increases EEG - alpha waves. Increase in theta, delta, and beta waves also seen during various stages of meditation^[33].

Psychological benefits are seen such as increase in subjective well-being, self-acceptance, self-actualization, social adjustment and decrease in anxiety, and depression. There is improvement in hand grip strength, eye-hand coordination, choice reaction time and steadiness. Many researches prove that there is improvement in integrated functioning of body parts and better psychomotor functions^[34]. There is definite improvement in Cognitive functions such as attention, concentration, memory and depth of perception^[35]. Even if the science of *yoga* has not been used for the therapeutic purposes, researches has showed that regular practice of *yogas* top *samprapti* (pathogenesis) of *vyadhi* (disease), promotes the healing process, treated the disease and maintained health of the healthy.

Discussion:

These reviews suggest a number of aspects where *yoga* may be prove beneficial in therapeutic interventions of *manasvyadhies*. On mental level it proves to be an applied method to train the mind to concentrate; it offers way to treat serious psychosomatic illness without drugs; it is an efficient tool for ending *manasvyadhies*.

Conceivably, *asanas* particularly have a

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positive effect on the mental state, while the *pranayama* practices and relaxation/meditation techniques may result in greater awareness, less stress, and higher well-being and quality of life. However, this remains to be shown in well-performed future studies.

Conclusions:

Post-partum depression is a type of clinical depression mostly observed in females after the child birth which was suspected to be severe when the symptoms lasts for about two weeks. The synchronization between *manas* and *sharir* is achieved by *yoga*. It breaks down the process of *Samprapti* (pathogenesis) and provides a new cost effective, harmless and acceptable solution to prevent and manage post-partum depression. *Yoga* can help women to find physical and emotional balance as well as self-acceptance. It is beneficial in achieving happy and healthy post-partum period, which has great role in managing psychosomatic health of a mother without pharmacological therapy and do not have any adverse effects. By achieving healthy status of mother by *yoga*, we can enhance child nurturing practices, which help mothers to play their maternal role more efficiently and effectively.

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