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Integrated Yoga as a first-line treatment for Antenatal and Postnatal Mental Health

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ABSTRACT

Postnatal period of women is one of the most stressful events of a woman's life. The journey from a pre-pregnant state to day-to-day challenges of managing a new born baby is not only stressful but also leads to several mental health issues in women during pregnancy and postnatally. Major Depressive Disorders (MDD) are becoming a global burden of diseases amongst women of child-bearing age. Major depressive disorder (MDD) is a mental disorder characterised by at least two weeks of pervasive depressed mood, loss of pleasure in daily activities, weight loss, insomnia, agitation, fatigue, feelings of worthlessness or guilt, attentional problems, thoughts of death, and suicidal ideation.

Key words: Yoga, Pranayama, Meditation, Post-Natal Depression (PND), Major Depressive Disorders (MDD), Maternal mental health, Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy (IPT)

INTRODUCTION

In 2017, the MDD was found to be prevalent in 11.9% women during the perinatal period in a systematic review.^[1] The prevalence of Post-natal Depression (PND) is also estimated to be more than 15%, which is much higher than MDD during the antenatal period.^[3] In developing countries, an estimated 15.6% of women suffer from antenatal depression and 19.8% suffer from PND. WHO estimates that 20% of mothers in

developing countries suffer from clinical depression. MDDs adversely affect women's well-being as well as their children's growth and development.^[4] In low-income countries of South Asia, poor maternal mental health is associated with decreased infant growth.^[5] Maternal mental health disorders are treatable and have become an international healthcare priority.^[6] However, there is a wide range of choices available to the patients seeking care for PND.

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REVIEW ON YOGA

Currently, numerous clinical and non-clinical treatments are available to manage MDDs. The most common treatments are Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy (IPT), talk therapies, collaborative care models, complementary and alternative medicine approaches, light therapy, brain stimulation, and psychopharmacological interventions. CBT and IPT have shown promising results in managing MDDs.^[7] However, due to ethical issues in conducting human trials on pregnant mothers, the effectiveness of most of these interventions is studied using small sample sizes;

therefore the generalisability of these studies is questionable. Pharmacological interventions are mostly studied on animal models. Gaps in the literature on the efficacy of clinical and non-clinical interventions for PND have posed a significant challenge for the clinicians as well. Some studies have encouraged tailored approach to treat PND.^[8] A discrete choice experiment in post-natal women in Australia revealed that women who had higher education chose effective treatment. Cost and treatment type was another critical predictor for women to choose a particular treatment. In this study, Yoga and meditation was one of the most popular and preferred choices of treatment for postnatal women suffering from depression.^[6]

Yoga is one of the most cost-effective exercises used in the Indian sub-continent for thousands of years. *Yoga*, which includes yogic postures, *Pranayama* (breathing exercises), and meditation, is a simple, effective, and cost- a form of intervention that can be used to treat antenatal, as well as post-natal depression. *Yoga* has gained popularity globally since the last decade and has initiated numerous clinical studies across the world. Internationally, *Yoga*-related interventions are grouped into two types: physical-exercise-based *Yoga* and integrated *Yoga* which, besides physical exercises, includes pranayama, meditation or deep relaxation.^[9] Physical-exercise-based *Yoga* is an incomplete type of *Yoga* and should not be recommended for managing any mental health-related disorders. Gong *et al.*, in systematic review and meta-analysis of six randomised controlled trials (RCTs) have concluded that 'Integrated *Yoga*' significantly reduces post-natal depression.^[9] In another review about health effects of yoga on pregnancy, Jiang *et al.* revealed that ten RCTs indicated yoga showed significant reduction in incidence of prenatal mental health disorders, lower levels of pain and stress, lower rate of small for gestational age child, and higher score of relationship.^[10]

RESULT

Yoga can be safely recommended for antenatal and postnatal lumbopelvic pain.^[10] *Yoga* has also shown a significant reduction in cortisol levels and other stress

markers in other studies involving women with antenatal and postnatal depressive disorders.^[11,12]

DISCUSSION

Yoga benefits physical and mental health via down-regulation of the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic nervous system (SNS).^[13] Downregulation of HPA axis can lead to the reduction of non-communicable diseases such as diabetes, cardiovascular diseases, obesity, and depression.^[13] A literature review of *Yoga* with other forms of exercise elaborated on the effectiveness of *Yoga* in comparison to other forms of exercises.^[13] In healthy, as well as diseased population, *Yoga* was found to be significantly effective in improving several health outcomes such as the reduction in blood glucose and lipid levels, salivary cortisol levels, and oxidative stress.^[13] *Yoga* also had a positive effect on reducing sleep disorders.^[13,14]

CONCLUSION

Yoga is also more effective than walking or other standard prenatal exercises.^[10] In comparison to walking, *Yoga* is significantly effective in improving mood and alleviating anxiety.^[15] Cognitive behavioural therapy (CBT) aids patients to modify irrational beliefs and specific cognitive distortions,^[16] whereas, *Yoga* focuses on a holistic approach that combines spiritual, physical, and mental health, along with dealing with private events through meditation. Some studies have shown significantly enhanced and cumulative effect if *Yoga* is used in combination with CBT in stress management and treating depressive disorders.^[16-18]

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