

Postpartum (After Delivery) Depression (PPD)

"Baby Blues"



Many women recently are admitting that they are suffering with postpartum depression (PPD) after the birth of their child(s). It wasn't so much there emotional state that took them off guard, they say. But rather that their depression began when they were 5 months old.

They are unaware, as are so many new mothers, that the onset of PPD can begin as long as a year after childbirth. All too often health care providers fail to connect a woman's depression with labor and birth after several months have passed since delivery leaving the mother even more despondent.

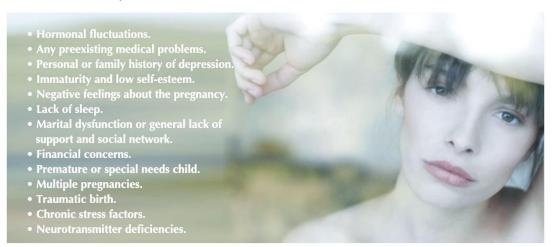
It is not at all unusual for most new mothers to experience mood disorders after the birth of their child. The dramatic shift in hormones, the labor and birth, and general fatigue all contribute to fleeting feelings of sadness. As many as two-thirds of new mothers worldwide experience postpartum blues, also known as "baby blues." The onset generally occurs at about day three and the duration of these transient feelings of sadness is about a week or two. The blues are characterized by weeping, insomnia, fatigue, moodiness, and anxiety but is self-limiting.

Since the blues are short-lived, An Osteopathic Manipulative treatment (Cranial, Cranio-Sacral, Myofascial Release...) help speed up the emotional healing by three times (three sessions spaced by 5 to 7 days will cure the patient from her Baby Blues).

However, for 10 percent to 20 percent of new mothers, the emotional symptoms are more severe and can be debilitating. These women may suffer from postpartum depression, the most common complication of pregnancy, which has a later onset and more exaggerated symptoms. In these instances, Osteopathic Physicians should work together with a mental health professional to provide the most supportive environment for the new mother.

Symptoms of PPD

The etiology of PPD is unclear and is varied from woman to woman, but certain factors are suspected to contribute to its development:



Some important statistics: Teenage mothers are depressed 2.5 times more than older women. Nursing mothers may fare better in avoiding PPD or have less severe symptoms. The symptoms of PPD almost seem like a typical reaction to childbirth: fatigue, sleep disturbances, and appetite and weight changes. But the red flag should go up when these responses are accompanied by: feelings of anxiety, dysphoria, social withdrawal, cognitive disturbances, guilt, hopelessness, helplessness, a sense of worthlessness, or suicidal thoughts.

For women, the symptoms of PPD are similar to major depressive episodes unrelated to childbirth. (New fathers can also experience a form of PPD, as we'll discuss later in this article). It is also important for the Osteopathic Physician in his medical examination to rule out postpartum metabolic disorders, such as thyroid disease, when assessing PPD because many of the symptoms are similar. Autoimmune thyroid disease can affect up to 10 percent of all women and is often suppressed during pregnancy but is exacerbated during postpartum. Postpartum thyroiditis (PPT) initially presents with a transient hyperthyroid phase 6 weeks to 6 months postpartum. So it appears

that the new mother is losing weight in a typical manner. However, this is followed by a hypothyroid phase that can last as long as 1 year. So women develop PPT and manifest symptoms that can readily be construed as depression: fatigue, hair loss, depression, impairment of concentration, inability to lose weight, lethargy, and dry skin.

I Offer several suggestions for new mothers to help them treat PPD:

- First of all, don't be afraid to ask for help.
- Make a plan to get out of the house first thing in the morning when symptoms are usually worse; get some exercise, fresh air, and sunshine.
- Sleep when the baby does and don't try to get everything done all at once.
- Contact other new mothers and talk with them; seek help if needed.
- Do an Osteopathic Manipulative Treatment to adjust your vertebras in your spine, liberate your root nerves, relax your muscular chains and liberate the inner tension or your Nervous System (Brain and Bone Marrow).

The sympathetic system provides us with adrenaline (the fight-or-flight response), while the parasympathetic is responsible for relaxation.

The sympathetic portion of the autonomic nervous system appears to be the predominant force in ADHD, overriding the balancing role of the parasympathetic system. Bodywork can be a critical component of ADHD recovery because it accesses and initiates the parasympathetic nervous system response.

Proof

Multiple studies were conducted to investigate the effect of Osteopathic Manipulative techniques on ADHD. For example, in one of these studies, Thirty ADHD diagnosed students aged 7 to 18 years participated in the study where one group received Osteopathic Manipulative techniques for 20 minutes twice per week over the course of one month. The researchers reported that the ADHD students in the massage group demonstrated improved short-term mood state and longer-term classroom behavior.

Methods

While there is no specific protocol for ADHD concerning Manual therapies, certain methods will have a greater effect than others. The important concept to grasp is that stimulating the parasympathetic relaxation response is desired when working with this population. Clues for the parent's patient indicating parasympathetic response are slowed breathing, reduced heart rate and increased digestive sounds.

Since many styles of bodywork initiate relaxation, the following suggested therapies for ADHD are considered:

Primary intention Treatment:

Osteopathic Manipulative Techniques:

- Cranial-sacral therapy will free up any restrictions in the cranium or sacrum that could contribute to ADHD. Additionally, the movements used in this modality initiate the parasympathetic response.
- Rooted in Osteopathic Medicine, Myofascial release bypasses the muscles by focusing on the fascia as one, large, connected system. Exceedingly gentle, the unwinding technique in Myofascial release activates the parasympathetic system. Similar to cranial-sacral, this will free any restrictions inhibiting energy flow, leading to tension release.

Complementary Treatments:

- Swedish massage, particularly effleurage and other slow stroking movements have a sedating effect, leading to activation of the parasympathetic nervous system.
- Because they encourage stimulation of the sympathetic nervous system, avoid fast and firm strokes, as well as percussive massage techniques.

The diagnosis and treatment of ADHD is controversial, as parents are refusing to accept the habitual medicating of their children. Many have posed the hypothesis that ADHD is a natural evolution of our brains to keep up with the speed at which technology powers our world. Living in a calm and peaceful environment is now an exception, rather than the norm. Osteopathic Physicians have the ability to introduce calm and peace to a client, regardless of their environment. By focusing ADHD treatment on the parasympathetic nervous system, Osteopathic Manipulative Techniques (Cranial-sacral therapy, Myofascial release) can be a crucial component of therapy for this condition.

It is important that patients should be aware that almost all osteopaths in Lebanon are not medical doctors, they have anarchic training and poor medical backgrounds, they are not recognized by social health insurance, nor the health ministry and nor the Lebanese Order of Physicians; so patients, for their wellbeing, should call and verify at the LOP (Lebanese Order of Physicians) if the therapist is a certified and registered medical doctor to ensure a good medical treatment as well as a good follow-up...

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