

## Aromatherapy to Assist Postpartum Depression by Joli Robinson

Postpartum depression is a severe, long lasting form of depression that some new moms experience after the birth of a baby.<sup>i</sup> It is said to affect 13% of women who have given birth recently.<sup>ii</sup> Something to note about this statistic is that the percentages that come from the CDC on postpartum depression only include those women that have self-reported their depression. To me this would mean that there are many more women out there suffering from this silently. I personally fell into that category of experiencing the symptoms of postpartum depression and was too embarrassed and vulnerable to ask for help. I personally found the way the medical system follows-up with new moms to test for postpartum depression was highly ineffective and I truly believe the statistic of 13% is much lower than it actually is. There are many signs and symptoms that include: loss of appetite, insomnia, intense anger and irritability, overwhelming fatigue, lack of interest in sex, no joy in life, mood swings, withdrawal from friends and family, feelings of shame and guilt, and thoughts of harming yourself or the baby. Risk factors of postpartum depression include: previous major depression, psychosocial stress, mental illness, loss of employment, conflict within the marriage, pregnancy loss such as miscarriage or stillbirth, hormonal changes, physical changes after birth, emotional changes, inadequate social support, and previous premenstrual dysphoric disorder. Sometimes there are cases when postpartum depression is more severe being diagnosed as postpartum psychosis. Symptoms include: hallucinations, delusions, illogical thoughts, insomnia, refusing to eat, suicidal or homicidal thoughts, periods of delirium or mania, and extreme feelings of anxiety and agitation.

Treatment for postpartum depression will fall along the same lines as treatment for regular depression as the symptoms for both are the same. The only real difference in the two disorders is that postpartum depression is triggered from the birth of a baby. If left untreated postpartum depression can last for months or years, and it may put the individual at risk of harming themselves or the baby. Any potential long-term complications follow the same guidelines as major depression which include alcohol and drug related problems, tobacco dependence, increased risk of problems with physical health, premature death due to medical illness, and suicide.

Depression is said to be caused from a chemical imbalance in the brain.<sup>iii</sup> According to the chemical imbalance theory, depression is a result of low levels of serotonin in the brain. The purpose of antidepressants is to increase the levels of serotonin. But because there are no tests available to actually test for serotonin levels in the brain, it is impossible to know how these medications actually work and what changes they are making in our chemical makeup.

Currently the professional treatment most often recommended is therapy (cognitive behavioral therapy and interpersonal therapy), medication, or both.<sup>iv</sup> Some of the medications often prescribed include: paroxetine, sertraline, nortriptyline. However medications like these do not come without consequences. Some of the listed side effects of these medications include but are not limited to: headaches, dizziness, weakness, confusion, nausea, vomiting, tremors, dry mouth, diarrhea, chest pain, difficulty breathing, heartburn, muscle weakness, sweating, runny nose, and cough. Some of these side effects have been shown to go away after the first few weeks; however some of the side effects have been shown to get worse. One of the more disturbing facts is that during clinical studies of the medications there have been a number of people that have become suicidal. So while someone may be taking medicine to treat their depression they are also running a risk of becoming suicidal. It should also be noted that the medications used to treat depression typically are only a short term solution as they don't cure the underlying problem which caused the depression. This may be one reason why more people are turning to alternative forms of medicine.

There are some preventative things that an individual can do which include healthy diet, exercise, doing volunteer work, being sure to get out of the house, getting rest, join support groups, avoiding drugs and alcohol, and having a trusted person you can talk to. Alternative medicine is also an avenue that can be taken including aromatherapy, massage, and acupuncture. The use of aromatherapy in the treatment of depression dates back to the seventeenth century when herbalist John Gerard suggested the use of clary sage for not only depression but also paranoia, mental fatigue, and nervous disorders.<sup>v</sup> Currently research at International Flavors and Fragrances Inc. has found that orange reduces anxiety, and East Indians use Basil to prevent agitation.

The main goal of the aromatherapy treatment for someone suffering from postpartum depression is going to be aimed at revitalizing the mind and body as a whole while uplifting our spirits.<sup>vi</sup> Doing aromatherapy will also ease mental fatigue and help with insomnia. Even though the aromatherapy can not cure depression, by having an uplifting effect on the brain and endocrine system, it will promote a general sense of wellness.<sup>vii</sup> It seems as though most of the information I have found indicates that aromatherapy works well for those cases in which the depression is a more mild case. It is also safe to use aromatherapy in conjunction with antidepressants.

There are many methods that can be explored in providing your body with aromatherapy. Baths, massages, oils, diffusers, lotions/creams, perfumes, room sprays, direct inhalation, and hydrosols are all uses that will allow you to receive the benefits.

The important decision is going to come in deciding which essential oils to use for the new mother. One thing that will be an important factor in deciding which oils to use will be whether or not she is breastfeeding. I have not been able to find any research on whether or not essential oils absorbed into the body could be transferred to the infant through breast milk. All I could find is that the research is inconclusive. I would prefer to work on the side of caution and assume that whatever oils I was using could be transferred to the infant. This will mean that precautions need to be checked to ensure that oils that are safe for infants are being used.

First I will list some of the oils that can be used in treating depression. Lavender, Bergamot, Jasmine, Chamomile, Cypress, Fir, Melissa, Rosewood, Clary Sage, and Petitgrain are some of the ones that I found mentioned most often. Although some of those do have more of a calming effect so I am not sure I would want to use those. Other oils that contain properties to help with depression include: Basil, Coriander, Caraway, Eucalyptus, Oregano, Fennel, Pine, Cinnamon, Cardamom, Lemon, Lemongrass, Mandarin, Myrtle, Orange, Palmarosa, Tea Tree, Thyme, Geranium, Hyssop, Juniper, Marjoram, Peppermint, Rosemary, Spearmint, Benzoin, Cedar, Frankincense, Neroli, Sandalwood, Vetiver, Ylang Ylang, Clove, Myrrh, Nutmeg, Patchouli, Rose, and Valerian.<sup>viii</sup>

I want to look a little more at some of the essential oils and see how they would be beneficial for someone with postpartum depression, and to determine if any of the precautions would inhibit our use of that oil.

One of the precautions that I want to keep in mind with cases like this would be whether or not the mother is breastfeeding. As I mentioned before I have not found any conclusive evidence as to whether treatment would be transferred to the infant through the breast milk, so I will just assume that it does and rule out using any oil that is not indicated for infants. With this information in mind we will immediately eliminate the use of: Rose, Oregano, Cedar, Marjoram, Geranium, Pine, Fennel, Eucalyptus, and Basil.

This leaves us with a list that would be appropriate to use for a woman who is breastfeeding. These oils will include: Fir, Orange, Benzoin, Bergamot, Thyme, Petitgrain, Cardamom, Valerian, Cinnamon, Palmarosa, Hyssop, Spearmint, Clove, Nutmeg, Coriander, Caraway, Jasmine, Clary Sage, Chamomile, Cypress, Melissa, Rosewood, Patchouli, Pine, Lemongrass, Mandarin, Myrtle, Tea Tree, Frankincense, Neroli, Sandalwood, Vetiver, Ylang Ylang, Myrrh, Rosemary, Peppermint, Juniper, Lemon, Eucalyptus, and Lavender.

Now since we are looking at treating depression I would probably stay away from the oils that

are going to be more relaxing and try to use ones that would be more uplifting to the mind and body. From the list I have just created I will now eliminate the oils: Clary Sage, Chamomile, Myrtle, Sandalwood, Vetiver, Ylang Ylang, Myrrh, and Lavender since they will not be uplifting.

It seems as though 2 forms of aromatherapy would be the most beneficial in cases of depression; diffusion and massage.

I chose to try and formulate a blend for someone I know that believes she is experiencing a mild form of postpartum depression. She will be referred to as A.H. Some things to note is that she is a 33 year old woman who gave birth approximately 3 months ago, and is currently still breastfeeding; otherwise there are no other precautions to be aware off. I decided to try 2 different things with her. The first blend will be an oil to be applied externally. As my carriers I chose to use St. Johns Wort, Evening Primrose, Rosehip, and Borage oil as my carrier oil and Lemon as my Top Note, Lavender as my Middle Note, and Patchouli as my Base Note. This oil will be applied along lymph areas behind the ears, and on the wrists at different times during the day up to 6 times a day. This may also be used as massage oil, and also as bath oil.

For my second blend, I also put Lemon and Orange oil in a small bottle so the aroma can be inhaled at different points during the day. Oil can either be inhaled directly from the bottle or by placing a couple drops on a Kleenex and setting in nearby.

Results of this will be measured at different intervals. I am having her tell me based on a severity scale of 1 to 10, how her overall mood/happiness/depression was each day. A 10 being happy and 1 is feeling sad or depressed. I am interested in seeing if her overall mood will change on a daily basis and become more consistent over time. I am also having her keep track of whether her immediate applications of the aromatherapy produce any noticeable differences, and if so how long do the benefits last and how long did it take for her mood to change.

Long term results will not be available for this paper. I have checked in with A.H. a few times over the last month and have been noticing a slight increase in her overall mood. I am confident in my blend choice as being something appropriate for this person initially; however there are other aspects of her overall well-being that I would like to see her address to further benefit the effects of the aromatherapy. I would like to see her go for a professional massage on a regular basis, and do some more social events to give her a break from some of the stresses of her everyday life.

But where it concerns the aromatherapy, when the oil was directly inhaled from the bottle at different times, she didn't think she had really noticed a difference. I did have her also put some of that oil on a tissue and place by the vents in her car while she was driving. With all of the things she did combined her overall mood has gone from a 5 to a 6. Not a huge improvement, but an improvement nonetheless.

One thing I have come to realize from doing my aromatherapy studies and looking into different aspects of depression is how certain blends may not work for certain people. There are defiantly a lot of things to consider when making a blend for someone that is more than just starting off by picking the right carrier and essential oils. Application methods will be important due to what is accessible and convenient for the person, along with what may fit in with their lifestyle. A person's personal preferences in scents are important as well. Along with your knowledge of what you are trying to treat.

I believe the more insight that you have into the condition you are trying to treat the better your aromatherapy results will be. So many conditions will have other treatments that may work well with aromatherapy, and there are definitely a lot of lifestyle choices and changes that may be important to look at as well.

As for my topic with this paper, I truly believe that depression in a mild form can be helped successfully with aromatherapy. I think for postpartum depression, aromatherapy is definitely a choice that many women should look into. I would love to see more information available mainstream for women who may be looking for help. The time after you have a child should be a happy time and for many women it is not. Often women will look for answers, but be very hesitant to come right out and

ask for help or be able to admit they have a problem, me included. I can only hope that someday aromatherapy will become more widely known, the benefits continually documented, and it become something that more people will be interested in trying.

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i www.mayoclinic.com

ii Complementary Therapies as Adjuncts in the Treatment of Postpartum Depression  
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[www.aromatherapy.ir/article/Aroma%2051.pdf](http://www.aromatherapy.ir/article/Aroma%2051.pdf)

iii [www.helpguide.org/mental/medications\\_depression.htm](http://www.helpguide.org/mental/medications_depression.htm)

iv [www.ncbi.nih.gov](http://www.ncbi.nih.gov)

v <http://health.howstuffworks.com/wellness/natural-medicine/aromatherapy/aromatherapy-for-depression.htm>

vi [www.depression-guide.com/aromatherapy-depression.htm](http://www.depression-guide.com/aromatherapy-depression.htm)

vii [www.wlnaturalhealth.com](http://www.wlnaturalhealth.com)

viii Aroma Apothecary Clinical Aromatherapy Level 1 handbook.