





A Case Report on Seumumbo Ritual-Induced Postpartum Psychosis

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Abstract. The most serious psychiatric condition related to childbirth is postpartum psychosis, and women who have had bipolar disorder, schizoaffective disorder, or a previous episode of postpartum psychosis are more susceptible. Despite the fact that altered stress responses are significant risk factors for psychosis in people with non-puerperal psychosis, it is unknown whether this occurs in postpartum psychosis. Seumumbo is a traditional medical practice that is typically performed by a shaman. Seumumbo is also more commonly associated with medical activities involving children. In addition, it is frequently used to treat fever, fussiness, and other ailments in children. We presented a case of a 32-year-old primipara woman from the Acehnese tribe with postpartum psychosis. Two weeks after birth, the child had a fever and she experienced delusions and hallucinations. According to the family's confession, she began experiencing these symptoms after the seumumbo ritual was performed to treat the child. This case report presents intriguing grounds for conducting further research on the role of stress and immunological responses in this clinical population and offers early evidence that stress and biological responses to stress may play a role in the etiology of postpartum psychosis.

Keywords: seumumbo · brief psychotic disorder · postpartum psychosis

1 Introduction

The most severe psychiatric condition connected to childbirth is postpartum (Puerperal) psychosis (PP). However, it is still unclear why some women develop this disorder after delivery while others remain healthy. Although pregnancy and childbirth are potential causes, there is strong evidence linking stress to psychosis unrelated to pregnancy, and the role of stress in PP is not entirely understood [1, 2].

Childbirth is a primary trigger for psychiatric illnesses and current psychotic episodes generate significant morbidity and mortality, with suicide being the largest cause of maternal death. The precise mechanism of postpartum psychiatric disorders is still unknown despite the substantial studies. PP is a rare condition, happening in 1 to 2 live births out of every 1,000 [3–6]. For women who have experienced postpartum psychosis in the past, bipolar disorder in the past, or both, and a family history of postpartum psychosis, the risk of postpartum psychosis rises to 1 in 7 births, 1 in 4 births, and 1 in 2

births, respectively. Additionally, PP seems to be more prevalent in woman who have a personal history of major depressive disorder. Confusion, disorientation, agitation, auditory and visual hallucinations, delusions, and, probably most concerning, indifference to or violent attacks on the baby are common symptoms of postpartum psychosis [4].

According to the stress-susceptibility model, some people may be more sensitive to stress and therefore more likely to experience psychotic episodes under stressful conditions due to dysfunction of the Hypothalamus-Pituitary-Adrenal Axis (HPA), a key system involved in the biological response to stress. Additionally, this model incorporates the complementary functions of biological and socio-environmental risk variables. Psychosis patients were shown to have excessive levels of stressors like childhood abuse, chronic stress, recent stressful events, and perceived stress. For example, patients with first-episode psychosis and high-risk individuals who are untreated but still exhibit attenuated positive symptoms all showed evidence of the biological response to stress being activated, as indicated by higher levels of cortisol, a key hormone involved in the stress response. Consequently, these results imply that HPA axis disruption exists before disease initiation and may even come before the onset of symptoms [3].

Postpartum mental disorders are not classified as separate clinical diagnostic entities in the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) and the International Classification System of Mental and Behavioral Disorders (ICD). Postpartum psychosis is classified in the DSM-5 as a “brief psychotic disorder” on the spectrum of schizophrenia and other psychotic disorders [7, 8].

The Meurajah or Seumumbo tradition among the Acehnese people is no longer foreign. It is a traditional medical practice usually performed by a shaman. Seumumbo is more associated with treatment involving children, while Meurajah is for adults. Seumumbo or Meurajah is conducted by parents who can treat evil jinn disorders using black magic or vice versa. Seumombo is often used to treat children with fever, fussiness, and other ailments [9].

2 Case Report

Mrs. CS, a 32-year-old married Acehnese woman with histrionic personality traits, gave birth to her first child about one month ago. The child had a fever two weeks after birth and was often fussy at night. She summoned a local shaman to perform the seumumbo ritual after several days of fussiness. On completion of the ritual, she was given drinking water that had been read by the shaman but she did not recover.

Mrs. CS believes that someone is trying to harm the child and does not trust anyone. Due to the belief, she refused to take the child to a healer or doctor and when asked, admitted to frequently hearing mocking voices and fears she would harm the baby. Mrs. CS has been experiencing this for two weeks and it is believed to have begun after the ritual. The symptoms have not subsided even though the child is no longer feverish and fussy. No evidence was found that Mrs. CS could hurt herself or the child.

Birth History: Mrs. CS delivered normally, at term, and with normal birth weight. She admitted to having high blood pressure of around 160/100 mmHg before giving birth. After further examination, she was diagnosed with preeclampsia but the blood pressure returned to normal after delivery.

Past medical history: No history of emotional or mental disorders from childhood to adulthood.

Family history: the patient's uncle has a history of schizophrenia.

The neurological examination result was within normal limits. The compositional awareness and mental status examination revealed inappropriate affect, dysphoric mood, disturbances in orientation, concentration, memory judgment, and abstract thoughts. From the explanation above, there were persecutory delusions and auditory hallucinations in the two weeks following the seumumbo ritual, and the symptoms persisted even after the child had recovered.

3 Discussion

The aforementioned cases fulfilled the diagnostic criteria for "brief psychotic disorder" in the schizophrenia spectrum and other psychotic disorders according to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5). The criteria are Presence of one or more of the following symptoms, that is delusions, hallucinations, Disorganized speech (for example, often off-topic or incoherent) and Irregular behavior or catatonia. The disturbance episode lasts at least one day but less than one month before the patient resumes functioning at premorbid levels. The disorder is neither a psychiatric side effect of substance use (such as substance addiction, medication, or other medical conditions), nor is it caused by significant depression, bipolar disorder with psychotic symptoms, or another psychotic disorder like schizophrenia or catatonia.

According to the case report, Mrs. CS was diagnosed with a brief psychotic disorder after a complete psychiatric history and mental status examination. Postpartum psychosis can be diagnosed because this disorder occurs after delivery. The diagnosis of postpartum psychosis is still included in the short psychotic disorder in the DSM-5 because there is no specific classification for this disorder.

The phenomenological condition known as postpartum psychosis has a wide range of possible causes. An individual is more likely to develop it if they already have bipolar affective disorder, have had postpartum psychosis in the past, or have a history of major depressive disorder or a related condition. However, a patient without such a history may develop this disorder, which is usually associated with another risk factor, such as pre-eclampsia, that may require different treatment [3, 4].

The disorder is consistent with the existing definition of postpartum psychosis: sudden onset of psychotic illness within two weeks of delivery, with hallucinations, delusions, disorganized thoughts, alienation from the child, and associated strange behavior. According to the Donkin Psychosis diagnosis, the illness was also associated with pre-eclampsia. This case shows some of the typical features of postpartum psychosis, such as young age, primiparity, and other conditions like known psychotic disorders in her family [4, 10].

Pharmacological treatment is always required in postpartum psychosis due to the severity of symptoms. Low socioeconomic status and acute stress increase a woman's risk for postpartum psychosis [5]. In this case, the seumumbo ritual and a sick child were the triggers or acute stressors which increased the patient's risk of postpartum psychosis. Furthermore, the seumumbo ritual is not the cause of this disorder but one of the risk factors that triggered the emergence of postpartum psychosis in this patient.

Postpartum psychosis needs to be treated right away. A newborn should never be left alone with its mother in the early stages; instead, they should be protected. To increase breastfeeding and mother-infant bonding, prompt therapy is vital. Electroconvulsive treatment (ECT) is therefore frequently employed, especially if the mother is not getting enough nutrients. Although ECT and antipsychotics are common treatments in the community, there are no controlled studies on their usage in the treatment of postpartum psychosis. Low-resource nations frequently run out of medicine. In a study, antipsychotics that have the recommendation to be acceptable to used in breastfeeding are olanzapine and quetiapin. It is said that the use of olanzapine or quetiapine showing no increase in adverse infant effect and it suggest that it is least excreted in breast milk [4].

4 Conclusion

This case report offers early proof that the biological effects of stress and stress may contribute to the development of postpartum psychosis. Additionally, it provides an intriguing framework for additional research into how stress and immune responses function in this clinical group. Additionally, for high-risk women, stress management therapies similar to those used to treat other mental disorders can lessen their chances of developing postpartum psychosis.

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