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MENTAL RETARDATION AND ITS HOMOEOPATHIC APPROACH



Prof. (Dr.) L.K. Nanda

M.D. (Hom.), F.N.E.S.H. (U.S.A.)

H.O.D., Materia Medica,

Dr. A.C.H. Medical College & Hospital.

DEFINITION:

It is a condition characterised by limitations in performance that result from significant impairments in measured intelligence and adaptive behaviour and also social status that can be more handicapping than the specific disability itself.

1992-American association of mental retardation defines as ;

1. Valid assessment considers cultural and linguistic diversities.

2. Limitations in adaptive skills occurs within the context of community environments typical of age peers and indexed to individualized needs for supports.

3. Adaptive limitations coexist with strength.

4. With appropriate and sustained supports life functioning of individuals with mental retardation will generally improve.

It is a condition in which psychological ability, that constitute intelligence like – sensory motor ability, different aspects of perception, comprehension and understanding, speech vocabulary and communication, thinking and reasoning - don't attain their full development as per age.

EXTENT OF PROBLEM IN INDIA:

➤ Incidence — 3-5%

➤ Out of which —

Profound/severe—1-1.5%

Moderate—5-7%

Mild-rest - 13.5 million

➤ Severely retarded in industrialised country - 3-4%

AETIOLOGY

1. Pre-conceptual:

➤ Single gene abnormality - inborn error of metabolism
Neurocutaneous disorder

➤ Chromosomal -x-linked disorders

Translocation

Fragile x

2. Early embryonic:

➤ Chromosomal dysfunction: Trisomies, mosaics

➤ Infections: cytomegalo virus, Rubella, Toxoplasma, HIV.

➤ Teratogen: Alcohol, Radiation.

➤ Congenital CNS malformation.

3. Foetal brain insult:

- Infection—Toxoplasmosis, Cytomegalo virus, Herpes simplex, HIV
- Toxin- Alcohol, cocaine, lead, maternal phenyl ketonuria.
- Placental insufficiency/ Intra - uterine malnutrition.

4. Perinatal;

- Extreme prematurity
- Hypoxic ischaemic injury.
- Intra cranial haemorrhage.
- Metabolic disorder (Hypoglycaemia, hyper bilirubinaemia)
- Infection (Bacterial meningitis, Herpes simplex)

5. Post natal Brain Insult :

- Infections—Encephalitis, Meningitis.
- Trauma - Severe Head injury.
- Asphyxia - Near Drowning, prolonged apnoea suffocation.
- Metabolic disorder- Hypoglycaemia , Hypematraemia.
- Toxin – lead.
- Intra cranial Haemorrhage.
- Malnutrition.

6. Postnatal Experiential Disruption:

- Poverty and family disorganisation.
- Dysfunctional Infant – Care Giver Interaction.
- Parental Psycho – Pathology.

- Parental Substance Abuse.

7. Unknown Influence.

PRE DISPOSING FACTORS:

- Low Socio – Economic Strata.
- Low Birth Weight.
- Advanced Maternal Age.
- Consanguinity Of Parents.

EARLY DIAGNOSIS OF MENTAL RETARDATION :

1. History : Presence of High Risk Factors.

2. Clinical Features :

- Mental Retardation from or before birth-

Delay in milestone of development.
Rarely - Loss of sphincter control.
More Retarded in speech.
Lack of Interest , Concentration ,
Alertness and Promptness of
response.

- Mental Retardation From Or Soon after Birth –

Excessive Sleep
Feeding difficulties – Failure to
demand feed , drowsy, suckling
Defect, easy regurgitation.

Not active.

Does not cry.

Late in smiling and taking notice of others.

Delayed motor development.

Takes no notice of surrounding , Late in
follow through eyes –

Blindness is suspected
falsely.

- Late in responding to sound.
- Late in chewing – Feeding difficulty.
- Casting – Deliberate throwing of object to floor persist after Sixteenth month.
- Slobbering persist after one year.
- Teeth grinding when awake.
- Altered vocalisation and cry.
- Lack of interest and concentration.
- Fleeting Interest of toys.
- Lack of alert expression and easily distracted.
- Aimless over activity.

PHYSICAL FINDINGS:

- Presence of congenital anomalies.
- Signs of Cerebral palsy.
- Abnormal size / shape of skull.
- Facial features.

ATYPICAL PHYSICAL FEATURES:

- Hair- Double whorl /fine, friable prematurely gray or white lock / sparse or absent.
- Eyes – Micro-ophthalmia / hyper telorism /hypotelorism upward and outward or downward and outward slag, inner or outer epicanthal fold / coloboma of iris retina / brushfield spots / eccentrically placed pupil/ nystgmus.
- Ears – Low set pinna / simple or abnormal helix.
- Nose – Flat bridge / small size / upturned rare.

- Face – Increased length of philtrum / hypoplasia of maxilla or mandible.
- Mouth – Inverted V-shape upper lip / wide or high arched palate.
- Head – Microcrania / macrocrania.
- Hand – Short 4th / 5th – metacarpals / short, stubby fingers long, thin, tapered finger / broad thumb clinidactyly / abnormal dermatoglyphics transverse palmar crease / abnormal nail.
- Feet – short 4th / 5th metatarsal / overlap toes short, stubby toes / broad, large big toe / deep crease from angle of first and second toe / abnormal dermatology.
- Genitalia – Ambiguous / micropenis / large testicles.
- Skin – CAFE-AU-LAIT spot / depigmented naevi.
- Teeth – Abnormal enamelogenesis / odontogenesis.

LABORATORY ASSESSMENT :

1. Chromosomal karyotyping.
2. Serum amino / organic acid.
3. Urine mucopolysaccharides.
4. Urine reducing substance.
5. Plasma ammonia.
6. Urine ketoacids.
7. Blood lead.
8. Serum zinc.
9. Serum copper and ceruloplasmin.
10. White blood cell, lysosomal enzyme analysis.

11. Skin biopsy.
12. Urine vanil mandelic acid.
13. Serum uric acid.
14. Serum very long chain fatty acids.
15. Viral titre for congenital infection.
16. Electro encephalogram.
17. CAT scan / MRI

WHO classification of Mental Retardation

- Mild mental retardation – IQ – 52 to 67
- Moderate mental retardation – IQ – 36 to 51
- Severe mental retardation – IQ – 20 to 35

Profound mental retardation – IQ – < 20 – completely dependant.

DIFFERENTIAL DIAGNOSIS:

- i) Delayed milestone.
- ii) Cerebral palsy
- iii) Sensory defect – vision / hearing / dysphagia / dyslexia.
- iv) Effect of emotional deprivation.
- v) Schizophrenia.
- vi) Autism

PROGNOSIS:

A. Risk :

- More with maternal age more than 30 – 1:800.
- Both parents mentally retarded – 14% children will have normal intelligence.
- One partner mentally retarded – 27% children normal.

- When one sibling mentally retarded :
 - Autosomal dominant – risk 50%
 - Autosomal recessive – risk 25%
 - Idiopathic – under 5%

B. Unexpected improvement – confined to 1st year.

C. IQ 50 and physically not handicapped – able to earn living.

D. Some mentally retarded adults – good in arithmetic, music, memory.

E. Deterioration – if epilepsy associated.

F. IQ and behaviour determined outcome.

G. Quiet child better managed than hyperactive.

H. Supportive family will make a better achievement.

PREVENTION:

I. Primary :

- Better care pre-postnatal.
- Special care for preterm
- Genetic counselling.
- Prevention of kernicterus.
- Teen pregnancy and late pregnancy (prime gravida above 30) should be avoided.
- Hypo/hyper thyroidism.

II. Secondary :

- New born screening – phenyl ketonuria, galactosemia, congenital hypothyroidism, detection of alpha feto protein.

-Carrier identification – Taysachs disease.

III Tertiary :

- Early intervention.
- Supportive services.

MANAGEMENT :

1. Parental Counselling :

- Diagnosis to be fully explained.
- More emphasis on ability than disability.
- Prognosis should be given.
- Home situation should be analysed.
- Mentally retarded children should be given warmth, love and appreciation and criticism and discipline if required.
- Short term goal objectives prepared.
- Plan for structuring learning by step wise method should be made.

2. Physiotherapy

3. Institutionalisation :

- Institutionalisation should be avoided.
- Day care school.
- Integrated school.
- Vocational training.
- Sheltered workshop / farms.

4. Community based :

- Trained the parents.
- Village rehabilitating assistance has to identify – carry out early infant stimulation programme.

➤Monitor and evaluate the improvement.

HOMOEOPATHIC TREATMENT :

Treatment of mental retardation is like treatment of other diseases according to Homoeopathic principles. Medicines selected depending on totality of symptoms is always the effective medicine to cure the case.

While drawing the totality of symptoms emphasis should be given to mental symptoms of the child, the environment in which the child is brought up e.g., over care, under care, suppressed emotion, family history, past history, reaction to heat and cold, desires and aversions should not be given more emphasis in comparison to mental symptoms.

Any stressful condition to the mother during the carrying stage should be properly elicited as regards – persistent emotional upset, addiction to drugs, intake of drugs and any adverse surrounding atmosphere.

Similarly history of any stressful condition during labour is to be properly evaluated for which specific drugs in Homoeopathy can also be administered.

For example :

- i) Prolonged difficult birth due to instrumental delivery – Arn., Nat.s., Cicuta, Nat.m., Hyp.
- ii) Anoxia at birth – Ant.t., Lauro., Camph., Arn., Bell, Op., Chin., Aco.
- iii) Icterus of new born – Lupulus, Merc.d., Moringa.,

Cham., Aco., Bov., Chin., Nat.s., etc.

Drugs which are frequently useful in practice according to the age of the Child :

1.Children of the age group 0-1 year (Infancy) – Aeth., Absinth., Arn., Nat.s., Kali.b., Calc., Calc.p., Sil.

2.Children at the age of toddler – Tub., Kali.p., Thyroid., Agar., Zinc.m.

3.Children of school going age – Pic.ac., Bar.c., Anac., Bufo., Gels.

INDICATIONS OF THE DRUGS :

A. Aethusa : (convulsive and severe mental retardation)

- Symptoms of nervous system connected with G.I. disturbances.
- Intolerance of milk
- Inability to think and fix attention.
- Brain fag.
- Great weakness, child cannot stand and unable to hold the head.

B. Absinthium :

- Cerebral irritation and infantile spasm.
- Sleepless and restlessness in children.
- Kleptomania
- Loss of memory, forgets what has recently happened.
- Wants to do nothing.
- Frightful visions and hallucination.
- Spasmodic facial twitchings (Myg., Lauro.)

C. Agaricus :

- Sings, talks, does not answer.
- Loquacity.
- Delirium characterised by singing shouting, mottering rhymes and prophesies.

D. Anacardium :

- Brain fag
- Impaired memory.
- Absent minded.
- Easily offended.
- Lack of confidence.
- Suspicious.
- Hypochondriac with tendency to use violent language.
- Irresistible desire to curse and swear.

E. Arnica :

- Fears touch or approach to anything.
- Indifference.
- Inability to perform continuous active work.
- Agarophobia.
- After traumatic injury.
- Wants to be left alone.

F. Baryta carb :

- Memory deficient, forgetful, inattentive.
- Aversion to strangers.
- Milestone development delayed.
- Prone to tonsil affection.

➤ Mentally and physically dwarf.

G Bufo :

- Feeble minded child.
- Desire for solitude.
- Handles genitalia (Aco., Hyos., Merc., Stram.,)
- Propensity to bite.
- Convulsions during sleep at night.
- Howling, impatient, nervous.

H Calcarea carb. :

- Fear of dark, insects, animals, ghosts, death, height, misfortune.
- Apprehensive, worse towards evening.
- Forgetful, confused.
- Delayed milestone development.
- Profuse head sweat < during sleep.

I Calc.phos :

- Delayed milestones in all respect.
- Rachitic.
- Neck weak, unable to support the head (Aeth., Mang.ac., Op., Puls., Sulph., Ver.alb.)
- Peevish, forgetful.
- Always wants to go somewhere.
- Slow comprehensive.

I Gelsemium :

- Dullness, dizziness, drowsiness.
- Stage fright.
- Startles and grasps nurse and screams as if afraid of falling.

➤ Complete relaxation and prostration.

➤ Thirstlessness.

K. Kali bromatum :

- Profound melancholic delusions, restless in bed.
- Loss of memory.
- Night terrors.
- Somnambulism.
- Repeated convulsions.

L. Kali phos :

- Conditions arising from want of nerve power.
- Indisposition to meet people, shyness, disinclined to converse.
- Very nervous.
- Starts easily, irritable.
- Slight labour seems as if heavy task.
- Brain fag.
- Night terrors.
- Loss of memory.

M. Natrum sulph :

- Mental trauma ,after injury to head during bath .
- Inability to think .
- Dislikes to speak or to be spoken to .
- Susceptible to cold .
- Dislikes music and T.V.
- Periodical attacks of mania .

N. Picric acid :

- Brain fag .
- neurasthenia.
- Lack of will power ,disinclined to work .
- Dementia with prostration , sits still and listless .

O. Thyroidinum :

- Cretinism.
- Infantile wasting ,rickets.
- Arrested development in children.
- Great hunger, losses flesh.
- Craves sweet, thirst for cold water.

P. Tuberculinum :

- Mentally deficient and nervous children.
- Very susceptible to changes in the

weather.

- Fear of dogs, animals especially.
- Desire to use foul language.
- Desire for cold milk.

Q. Zincum met. :

- Hydrocephalus.
- Forehead cool, base of the brain hot.
- Child repeats every thing said to it
- Convulsions with pale face and no heat.
- Incessant and violent fidgety feeling in feet or lower extremities, must

move them constantly.

- Brain fag.
- Rolls the head from side to side.

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or for our neglect of the means of health.*