

Effectiveness of homoeopathy in cases of mentally retarded children in age group of 5-15 years

Dr Sonali Rohom (PG Scholar) & Dr. F.F. Motiwala (Guide)

Abstract

Background: The various levels of severity are defined on the basis of adaptive functioning, and not IQ scores, because it is adaptive functioning that determines the level of supports required. Moreover IQ measures are less valid in the lower end of IQ range. Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. Although MR is not treatable, many associated impairments are amenable to homoeopathic intervention and therefore benefit from early identification.

Objectives:

1. To study different clinical presentations of mental retardation.
2. To evaluate the usefulness of homoeopathic medicines in the improvement of adaptive behaviors of mentally retarded children.
3. To evaluate the usefulness of homoeopathic medicines in the improvement of IQ of mentally retarded children.

Methodology:

30 cases taken from multiple disability centers, after taking consent from parents and school authority the case study was done and remedy given on symptom similarity and case were observed for 18 months. VSMS was applied 3 times during study before starting of study, during study and end of study there is marked improvement in adaptive behavior in each patient. T test was used to test the hypothesis of this study.

Result:

30 cases were taken for study among them all are improving at mental as well as physical level and in all patients there is marked improvement in their intelligence, they are using their intelligence for their routine work there is marked improvement in their adaptive behavior. The adaptive behavior is measured with help of VSMS. The psychologist said that there is no change in IQ in life but the social quotient i.e. adaptive behavior can be change. For statistical analysis t test was applied on VSMS score and with the help of that test the hypothesis was tested and the result was homoeopathy is effective in cases of mentally retarded children. The two tailed P value is less than 0.0001. By conventional criteria, this difference is considered to be extremely statistically significant. We should accept our alternative hypothesis

Code	Severity of MR	IQ level
317	Mild mental retardation	IQ level 50-55 to 70-75
318.0	Moderate mental retardation	IQ level 35-40 to 50-55
318.1	Severe mental retardation	IQ level 20-25 to 35-40
318.2	Profound mental retardation	IQ level below 20-25
319	Mental retardation, severity unspecified	When there is strong presumption of mental retardation but the person's intelligence is immeasurable.

table t value is less than calculated t value. Thus homoeopathy is effective in cases of mental retardation.

Conclusion:

- I. Homoeopathy is effective in cases of mentally retarded children.
- II. The adaptive behavior is significantly improved after homeopathic medicines.
- III. There is no significant change in IQ.

Key words: mental retardation, homoeopathy, IQ, VSMS, homoeopathic medicines.

Introduction:

Mental retardation also called as intellectual disability which is Significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behaviors and manifested during the developmental period that adversely affect a child's educational performance. Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. Childhood is a blissful state of innocence and joy but this is often not for the children who are disabled. When they play, laugh, they feel isolated as everyday in their life is big struggle. Disability is proven to be a big hindrance in the normal day to day life of a place of negligence, despair, and isolation.

Diagnostic criteria:

The most commonly used medical diagnostic criteria for mental retardation are those contained in the American psychiatric association's (APA's) diagnostic and statistical manual of mental disorders fourth edition, text revision (DSM-IV-TR)

- A. Significantly, sub average intellectual functioning an IQ score of ≈ 70 or below on an individually administered IQ test
- B. Concurrent deficits or impairment in present adaptive functioning (the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, self care, home living, social / interpersonal skill, work, leisure, health and safety.
- C. The onset is before age 18 years. Codes based on degree of severity reflecting level of intellectual impairment
- D

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The Vineland social maturity scale (vsms) :

The Vineland Social Maturity Scale measures social competence, self-help skills, and adaptive behaviour from infancy to adulthood. It is used in planning for therapy and/or individualized instruction for persons with **mental retardation** or emotional disorders. The Vineland scale, which can be used from birth up to the age of 30, consists of a 117- item interview with a parent or other primary caregiver. Personal and social skills are evaluated in the following areas: daily living skills (general self-help, eating, and dressing); communication (listening, speaking, and writing); motor skills (fine and gross, including locomotion); socialization (interpersonal relationships, play and leisure, and coping skills); occupational skills; and self-direction. (An optional Maladaptive Behaviour scale is also available.) The test is untimed and takes 20-30 minutes. Raw scores are converted to an age equivalent score (expressed as social age) and a social quotient.

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Materials and methods

Study setting:

30 cases selected for study from multiple disability centers

Study duration:

The study was carried out for 18 months, during the M.D. (Hom) course

Selection of sample: Simple randomized sampling.

Sample size: 30 cases taken for study.

Inclusion criteria:

- 1) Children from the age group of 5 to 15 years.
- 2) Children diagnosed as mild and moderate mental retardation.

Exclusion criteria:

- 1) Children suffering from other multi-systemic disorder
- 2) Severe and profound mental retardation with seizures and require continuous allopathic medicine support.

Study design: Experimental, non randomized, uncontrolled trial

Selection of tools:

- Case history
- RADAR software
- Vineland's social maturity scale

Brief of procedures

Samples selected from multiple disability centers on inclusion and exclusion criteria.

- After a brief explanation of the study a written informed consent taken from parents or

guardian.

□ After a detail case taking totality generated and homoeopathic medicine given, and patient observed every month.

□ Study done in 18 months, cases observed every monthly and evaluate every 6 monthly by VSMS and IQ tested before starting of the study and end of the study.

Outcome assessment:

Assessment is based on the improvement of the patient as per the various criteria and parameters for adaptive behaviour of the mentally retarded patients

Improved:- improvement in adaptive behaviour and IQ

Not Improved:-If there is no change in the condition of the patient and instead feels worse with definite deterioration in general health of patient

Statistical techniques and data analysis:

Paired T test has been used to analyze the data.

Ethical issues:

Ethical clearance has been obtained from the institution, the multiple disability centers, also a written and informed consent from the parents before the starting of study

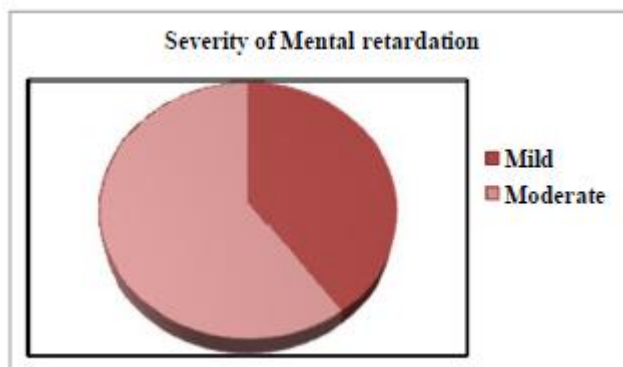
Expected outcome and usefulness:

The outcome expected form this study was to evaluate effectiveness of Homoeopathy in cases of mentally retarded patient using VSMS.

Observation & results:

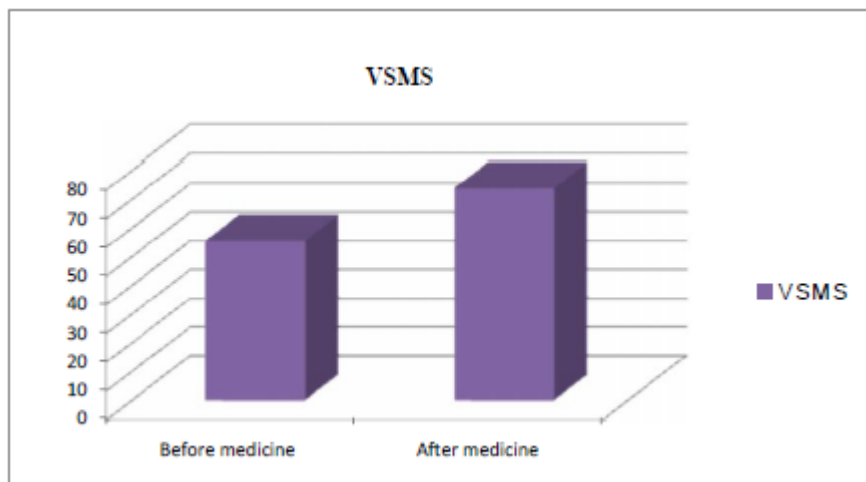
Out of 30 improvements seen in all cases, at mental and physical level VSMS is really helpful to assess the improvement in patient. The following observation were noted and analysis done-

Clinical presentation of mental retardation:

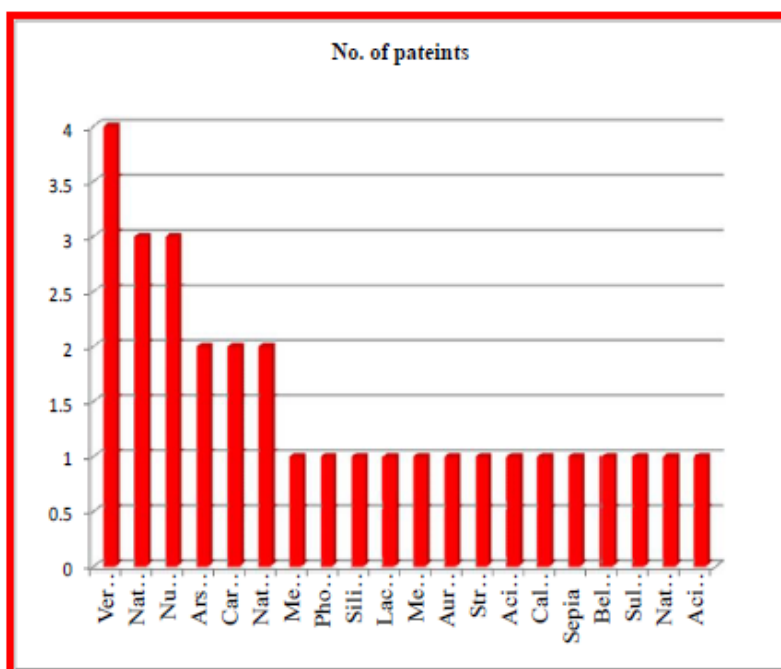


VSMS score before medicine and after medicine :

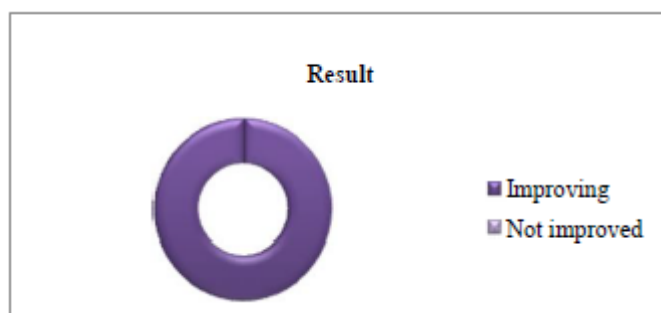
Mean taken of VSMS score before medicine and after medicine it was found that –



❖ Remedy were prescribed on the basis of totality of symptoms, and the remedies as follows



❖ Result:
There is improvement in each and every patient’s adaptive behaviour.



Analysis:-

The study was done to see the effect of homoeopathy in cases of mentally retarded cases, for that the VSMS was used to see the improvement in patient’s adaptive behaviour of patients and the paired T test was used as test of significance of this study.

Hypothesis:

Null hypothesis: Homoeopathy is not effective in cases of mental retardation

Alternative hypothesis: Homoeopathy is effective in cases of mental retardation

Review of Data:

Sr. no.	VSMS before medicine (x)	VSMS after medicine (y)	d = x-y	d - d -	(d - d) ²
	47	72.5	25.5	6.9	47.61
	66.5	85.5	19	0.4	0.16
	54.5	71.5	16.5	2.1	4.41
	65	81.5	16.5	2.1	4.41
	39	54.5	15.5	3.1	9.61
	61.5	83.5	22	3.4	11.56
	63.5	75	11.5	7.1	50.41
	26.5	44	17.5	1.1	1.21
	49.5	62	12.5	6.1	37.21
	46.5	57	10.5	8.1	65.61
	75	89	14	4.6	21.16
	47	68	16	2.6	6.76
	66.5	89	5	13.6	184.96
	54.5	88.5	9.5	9.1	82.81
	65	85	18.5	0.1	0.01
	39	87.5	20.5	1.9	3.61
	61.5	79.5	23	4.4	19.36
	63.5	71.5	25	6.4	40.96
	26.5	81	28	9.4	88.36
	49.5	66	21	2.4	5.76
	46.5	88	41	22.4	501.76
	75	84.5	28.5	9.9	98.01
	47	55.5	22.5	3.9	15.21
	66.5	63.5	17.5	1.1	1.21
	54.5	86	30.5	11.9	141.61
	65	64.5	10.5	8.1	65.61
	39	74.5	5	13.6	184.96
	61.5	65.5	23.5	4.9	24.01
	63.5	74	16.5	2.1	4.41
	26.5	77	17	1.6	2.56
		Total	560		1725.3

Mean of deviation = 18.6 Standard deviation = 7.58

Standard error = 1.385 Calculated value of t = 13.42

Degree of freedom = n-1= 29 Table t value at 0.5 = 2.02

13.42 > 2.02 i.e calculated t value is greater than table t value, and therefore we have to reject null hypothesis so, we will going to accept alternate hypothesis.

Result of t test:

The two tailed P value is less than 0.0001. By conventional criteria, this difference is considered to be extremely statistically significant. We should accept our alternative hypothesis as table t value is less than calculated t value. Thus homoeopathy is effective in cases of mental retardation

Summary:

30 cases were taken for study among them all are improving at mental as well as physical level and in all patients there is marked improved in their adaptive behavior, they are using their intelligence for their daily routine. The adaptive behavior is measured with help of VSMS. According to expert psychologist opinion we came to conclusion with the help of homoeopathic medicine we can improve patients adaptive behavior but IQ remain same i.e the severity remain unchanged. For statistical analysis t test was applied on VSMS score and with the help of that test the hypothesis was tested and the result was homoeopathy is effective in cases of mentally retarded children.

Conclusion:

- I. Homoeopathy is effective in cases of mentally retarded children.
- II. The adaptive behavior is significantly improved after homeopathic medicines.
- III. There is no significant change in IQ i.e. severity of mental retardation.

References:

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