

MANAGEMENT OF BEHAVIOURAL PROBLEMS WITH HOMOEOPATHIC MEDICINES IN MENTAL RETARDATION

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Introduction

Mental retardation (MR) is a condition marked by a deficiency in general intellectual abilities and inadequate coping skills. It can also be defined as a subnormal state of intelligence. Children who have this condition are called "Mentally Retarded".

The basic defect of the mentally subnormal children is that their intelligence level is sufficiently below the mean level which prevents them from being able to lead an entirely independent existence. Intelligence is an innate ability nourished by environment. The ability encompasses learning, memory and comprehension as well as verbal and numerical ability. The diagnosis of retardation is mainly but not entirely based on the IQ. But social and cultural deprivation are important influences as well as the emotional handicap imposed by the subject's awareness of his own deficiencies.

Types of Mental Retardation

According to the level of intelligence, MR can be classified into three groups.

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| 1. | Mild | When the mental growth of the child is more than half but less than three - quarters of what is expected at that age. |
| 2. | Moderate | When the mental growth is more than quarter but less than half of what is expected. |
| 3. | Severe | When mental growth is less than quarter. |

But the World Health Organisation classified MR as mild, non-specified MR and specified MR. The specified MR consists of mental retardation due to definite causes such as birth injuries, anoxia, chromosomal abnormalities, cerebral palsy etc.

Aetiology

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| Pre-natal | Poor nutrition in mothers, taking medicines without consulting doctor, infectious disease.
Children born to mothers above 35 yrs.
Exposure to X-Ray in first trimester. |
| Natal | Complications at the time of delivery e.g. delayed or prolonged labour, wrong use of forcep, excessive bleeding. |
| Post-natal | Poor nutrition in first two years., illnesses such as jaundice, fever with fits, untreated epilepsy. |

Role of Homoeopathy in Mental Retardation

There is a belief that MR can be treated with homoeopathic medicines, but what is treatable, is only the behavioural problems and the associated disorders. These are the two areas where treatment is necessary so that further deterioration can be prevented. Mental retarded child can be trained to utilise his existing mental capacity. So an early identification of the MR is necessary to give an early training to the child to prevent further deterioration, to treat the associated disorders if found and to help the parents to accept their child's condition and thus prevent them from spending further on magical cures.

Mentally retarded children may develop behavioural disorders and are frequently affected by associated disorders such as epilepsy, congenital heart disease, deafness, cold etc. Almost all behavioural problems and most of the associated disorders are amenable to homoeopathic treatment.

The CRI(H) Kottayam has undertaken a project to provide homoeopathic treatment to the MR children with behavioural problems and other associated disorders. The initial response is encouraging as many of these children have started showing improvement in their behavioural changes. It is very important to stress

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here that we do not expect any change in the retardation of the children under study.

Aims and Objectives

The aim of this project is to study various behavioural problems and associated disorders in MR and to explore the possibility of treatment of behavioural problems with homoeopathic medicines and also to find out the most efficacious remedies in the management of behavioural problems in mentally retarded children.

Material and Methods

Four hundred forty nine (449 - 226 males and 223 females) mentally retarded children selected from eleven schools for mentally retarded were studied. The age of the children ranged from 5 to 15 yrs. In these schools the children are trained to utilise their existing mental capacity. It is very essential to mention here that no means of behavioural therapy is given in these schools. But specific treatment is given for conditions such as epilepsy. These schools for Mental Retardation are visited once in a fortnight and the case histories of the children are recorded in the pre-coded sheets. The histories include informations from the parents, from the teachers, from reports of other doctors and by observing these children. During history taking importance is given to note in detail the behavioural problems and associated disorders of the patient. As observed, the various types of behavioural symptoms found in these children are mentioned below.

Common Behavioural Problems found in MR

Sexual excitement	Ravenous appetite
Salivation	Disorientation
Nervousness with anxiety	Bedwetting
Shyness	Screams and cries
Irritability	Aggressiveness
Lack of concentration	Lazy
Restlessness	Quarrelsome nature
Drinks Urine	Forgetfulness
Eats faeces	Fearfulness
Stammering	Disobedience
Talks and walks in sleep	Involuntary laughing
Changeability of mood	Spitting often
Involuntary stool	Howling & making
Mischievous	loud sounds
Hurts self	Sleeplessness
Cries loudly in sleep	Irrelevant talk
Destruction	Talks and laughs to
Hyperactivity	self

After case taking medicines are prescribed on the basis of (i) mental generals, (ii) physical generals, (iii) keynote and characteristics, (iv) constitution and (v) miasms. Medicines are given in the minimum dose usually in moderately high potencies along with placebo for 15 days. Subsequent doses are given only in the event of recurrence or aggravation. Assessment of the cases is done once in 15 days and is done not only for the improvement of behavioural problems but also for the associated problems. The associated problems which were found in the children are mentioned below.

Associated disorders commonly found

Epilepsy
Bronchial Asthma
Recurrent attacks of cold and tonsillitis
Otorrhoea
Congenital heart diseases
Deafness

The aetiological factors which predispose the mental retardation are also being studied.

Results

The treatment of behavioural problems with homoeopathic medicines selected according to the symptom - similarity has been found very successful in the sense that majority of the children have shown improvement in their behaviour. Though no control group was kept for the study, a comparison between the children who were prescribed homoeopathic medicines and those who were not under this therapy was done regarding their behavioural problems and it was noted that the former have shown more improvement than the others. The results obtained in the 449 cases in both Behavioural Problems and Associated disorders after the treatment are mentioned in Tables I and II respectively.

TABLE I

	Total cases	Symptoms Disappeared in no. of cases	Symptoms Mitigated in no. of cases	No change
Anxiety/nervousness	7	5	2	-
Aggression	27	11	10	6
Bedwetting	57	35	15	7
Cries loudly in sleep	4	2	2	-
Disobedience	53	29	17	7
Disoriented	35	8	17	10
Destructive	19	9	9	1
Drinks urine	3	2	1	-

Easily weeping	25	12	11	2
Eats faeces	6	2	4	-
Fearfulness	26	21	3	2
Forgetfulness	12	4	5	3
Gestures, makes	22	9	5	8
Hyperactive, howling & making loud sounds	16	6	5	5
Hurts self	15	7	6	2
Irritability	101	48	45	8
Irrelevant talk	20	5	12	3
Involuntary laughing	37	22	11	4
Involuntary stool	10	2	6	2
Involuntary urination	25	9	13	3
Laziness	32	16	10	6
Lack of concentration	58	30	20	8
Mischievous	6	2	4	-
Changeability of mood	17	5	8	4
Quarrelsome	31	16	11	4
Restlessness	63	24	31	8
Ravenous appetite	12	4	7	1
Stammering	5	2	2	1
Sleeplessness	34	9	19	6
Spits often	8	5	2	1
Salivation	56	29	17	10
Sexual excitement	9	4	4	1
Shyness	39	23	13	3
Screams & cries	20	9	6	5
Talkative	12	3	8	1
Talks to self and laughs	16	7	6	3
Talks and walks during sleep	13	6	7	-

TABLE II

	Total cases	Symptoms Disappeared in no. of cases	Symptoms Mitigated in no. of cases	No change
Bronchial Asthma	7	7	-	-
Recurrent chest infections	62	42	18	2
Convulsions and seizures	51	21	23	7
Otorrhoea	24	20	3	1
Recurrent attacks of tonsillitis	5	5	-	-

The results show that in many children these behavioural problems disappeared and in some cases a partial improvement was obtained. Drugs like Baryta carbonicum, Belladonna, Calcarea carbonicum, Cuprum metallicum, Cina, Chamomilla, Mercurius solubilis, Natrum muriaticum, Nitric acidum, Sulphur, Thuja, Tuberculinum, Stramonium and Tarentula hispanica were found effective.

Discussion

The vulnerability of the mentally retarded children to develop the behavioural problems depends on the personality factors of the individual. Prolonged dependence on others, communication difficulties etc. increase vulnerability. So problems such as aggression, irritability, and withdrawal anxiety frequently develop in these children. All these problems can be treated by a suitable similitum. While treating such cases one should not expect that the child will become normal.

Conclusion

The study of these 449 cases show that the major behavioural problems in the MR are irritability, restlessness, hyperactivity, lack of concentration, salivation, disobedience, involuntary laughing, involuntary urination and bedwetting, sleeplessness etc. The most common associated disorder is epilepsy and other convulsions.

Drugs such as Belladonna, Tarentula hispanica, Tuberculinum, Sulphur, were found more effective in hyperactive children and drugs like Baryta carbonica and Pulsatilla were more useful in shy and under active children. One of the frequent problems found in these children is nocturnal enuresis and drugs like Baryta carbonicum, Calcarea carbonicum, Cina, Mercurius solubilis, Nitric acidum, Sulphur and Tuberculinum were found useful in such cases.

The most frequent associated disorders in these children are recurrent chest infections and epileptic convulsions. Baryta carbonicum, Calcarea carbonicum and Tuberculinum were three drugs which have been found most effective for these conditions. Similarly drugs such as Calcarea carbonicum, Cuprum metallicum, Belladonna and Sulphur were found very effective in controlling the seizures in mentally retarded children.

In general it has been observed that with proper homoeopathic treatment, the behavioural problems and associated disorders in the mentally retarded children can be managed better without further damage to the vital organs of the affected children.