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**Dr. Nusrath Fatima H**

PG Scholar, Department of  
Psychiatry, Vinayaka  
Mission's Homoeopathic  
Medical College and Hospital,  
Salem, Tamil Nadu, India

**Dr. KS Lalithaa**

MD, Psychiatry, HOD & PG  
Guide, Department of  
Psychiatry, Vinayaka  
Mission's Homoeopathic  
Medical College and Hospital,  
Salem, Tamil Nadu, India

## An overall review on intellectual disability disorder and its homoeopathic management

**Dr. Nusrath Fatima H and Dr. KS Lalithaa**

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### Abstract

The Intellectual Disability Disorder is found as a one of the clinical manifestations of the rare disorders which occupies a total prevalence of about 6 to 8% globally. The rare disorder is found to cause many of the chronic disabilities in which the intellectual disability disorder is one of them which has a drastic impact on the individual who is affected and their families and includes the health care system. The onset period of the rare disorder begins from the prenatal period into the late adulthood and it is being assessed that about the half of the individual affected are children [1]. The prime and the only purpose of this study undertaken is to find the effectiveness of the homoeopathic medicine in the treatment of the Intellectual Disability Disorder and also to alter their intellectual and the adaptive functions of the affected individual. The homoeopathic medicine will remove the disease from the root cause.

**Keywords:** Homoeopathy, intellectual disability disorder, mental retardation, intellectual developmental disorder, neurodevelopmental disorder, mental diseases

### Introduction

Some children because of their mental nascent cannot attend their normal school, these children require special auxiliary schools and such group of children are termed as mentally retarded children. Intellectual disability disorder was previously called as “mental retardation. As per the “Diagnostic and Statistical Manual of Mental Disorders, 5th Edition”, Intellectual disability disorder is referred as the neurodevelopmental disorder that commens at the childhood and substantial limitations in the both the intellectual functioning as well as the adaptive behaviour of the individual [2].

Intelligence is the capacity to acquire, remember and use the knowledge. In the Intellectual Disability Disorder, the individual are less skilled to grasp abstract, concepts and they poor in connecting the information to new situation [3-6]. Tracing back to the DSM-V the word intellectual disability disorder is being replaced with the ‘Intellectual Developmental Disorder’ which signifies the importance of the other aspects providing wider range to look for the diagnosis of the disease. The term was changed not only with the intention to stigmatise the individual but also to consider the other aspects which should be taken into consideration [7, 8]. The most accepted definition widely and the system classification for the Intellectual Disability Disorder consider the adaptive functioning aspect in the series of the following order of conceptual domain, social domain and practical domain [9].

### Intellectual disability disorder (IDD)

The overall worldwide prevalence of the intellectual disability disorder contributes to about approximately 1 % globally [1, 9]. Mental retardation refers to the diminished intelligence below the standard deviation where the IQ is around <70.

The term “Mental Retardation” changed to “Intellectual disability” as given in the new version of DSM-5. This change mainly aims to remove the stigmatization and also to modify the diagnostic criteria. Now the IQ is no more major factor to define IDD or the severity, instead of that focusing on the broader clinical criteria and the neuropsychological evaluation. Larger importance being provided to the evaluation of individual's day to day activities [8].

The American Association on Intellectual and Developmental Disability (AAIDD) defines Intellectual Disability Disorder as a disability characterized by significant limitations in functioning (reasoning, learning, and problem solving) and in adaptive behaviour (conceptual, social, and practical skills) that emerges before the age of 18 years.

**Corresponding Author:**

**Dr. Nusrath Fatima H**

PG Scholar, Department of  
Psychiatry, Vinayaka  
Mission's Homoeopathic  
Medical College and Hospital,  
Salem, Tamil Nadu, India

The cause behind the intellectual disability disorder can range from environmental and the genetic factors which causes the cognitive and the social impairments together [1, 12, 13].

### Epidemiology

- Intellectual disability disorder is commonly found in racial, educational, cultural, social, religious, and socio-economic backgrounds.
- Commonly occurs in socio-economic groups [12].
- The highest occurrence of intellectual disability disorder is found in the school -age children, with age group around 10 to 14 years [11-13].
- Intellectual disability disorder is 1.5 times common in males compared to females [11, 13].
- Commonly occurs in impoverished individual and the non-Caucasian races [9].

### Aetiology

There are many factors which causes intellectual disability disorder which includes

- Environmental factors
- Genetic factors
- Malnutrition
- Maternal use of alcohol during pregnancy
- Drug and poverty [10-13].

### Clinical features of intellectual disability disorder

- The affected individual will have difficulty to make decisions, and solve the problems.
- Delay in talking or they have trouble with talking
- Delay in rolling over, sitting up, crawling or walking.
- Difficulty in remembering things
- Unable to connect action with consequences [14].
- IQ which is about 70 or under
- Deficits which is covering at least 2 areas of adaptive behaviour which is
- Communication
- Self-direction
- Social skills
- Self-care
- Learning
- They will have difficulty in language comprehension, delay in speech and they have strange use of language, delay in the pragmatic portion of language [15].

Intellectual Disability Disorder usually has a co morbidity with the following psychiatric illness namely;

- Attention deficit hyperactivity disorder
- Anxiety disorder
- Autism spectrum disorder
- Depressive and bipolar disorder
- Impulse control disorder
- Stereotypic movement disorder
- Major Neurocognitive disorder [16].

### DSM 5 criteria

#### Classification of intellectual disability disorder according to DSM-V

The intellectual disability disorder is divided according to DSM-V as

- Mild (F70)
- Moderate (F71)
- Severe (F72)
- Profound (F73).

The diagnosis of intellectual disability is based on both clinical assessment and standardized testing of intellectual and adaptive functions.

Intellectual disability (intellectual developmental disorder) is characterized by deficits in general mental abilities, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience. The deficits result in impairments of adaptive functioning, such that the individual fails to meet standards of personal independence and social responsibility in one or more aspects of daily life, including communication, social participation, academic or occupational functioning, and personal independence at home or in community settings.

- **Criterion A:** Refers to intellectual functions
- **Criterion B:** Deficits in adaptive functioning
- **Criterion C:** Onset of intellectual and adaptive deficits during the developmental period [16].

### Evaluation

- Sequin Form Board Test (SFBT)
- The Stanford-Binet Intelligence Scale, fourth edition, is preferred in the children from the age group of 2 years.
- For the children aging from the 2 ½ to 12 ½ years- The Kaufman Assessment Battery for children is used.
- For the age group from the 6 to 16 years, Wechsler Intelligence Test for children is preferred.
- For the adaptive behaviour-The Vineland Adaptive Behaviour Scales is preferred in the 18 years of age where it is based on the four domains [10-12].

### General management

- Self-determination and quality of life are important aspects which provide support to the people with the intellectual and developmental disabilities and help them to live, learn, work, and play in their communities.
- By being self- determined individual brings a lot of positive outcomes in his daily life where one of the important things is the enhanced quality of life and life satisfaction [17].
- Family therapy.
- Psychotherapy [18].
- Parental counselling [19].

### Homoeopathic management

Homoeopathy is based on the selection of the similimum which is referred to as the curative remedy in the genius of homoeopathy by start close is completely based on the totality of the symptoms taken from each individual patient, which even includes the probable causes of the disease aspect. The homoeopathic physician considers this together as the disease [20].

The aphorism 210 to 230 covers the mental diseases and its homoeopathic approach in which aphorism 210 is it being that all the mental disease fall under the psoric origin. As far as the mental disease are concerned, the changes observed in the state of the mind as well as the disposition to be taken into consideration [21].

### Therapeutics

#### Abrotanum

- Lack of capacity for thinking, easily worn out by the slightest conversation and any kind of mental effort [22].
- This remedy is also referred to as the *touch me not* as

the child does not like to be touched and keep repelling if anyone approaches to him <sup>[23]</sup>.

- Lack of comprehension present <sup>[24]</sup>.

### **Baryta carbonicum**

- Memory is very impaired the child has difficulty in remembering what is taught or said, forgetful, inattentive, threatened idiocy.
- Dwarfish child who does not grow rapidly, abdomen is swollen, frequently the child has attacks of colic, face is bloated, generally emaciated.
- Weakness mentally and physically present
- Individual is very confused, grief about the slightest matters, does not like strangers <sup>[25, 26]</sup>.
- The child has delay in the learning in talk, delay in taking on the activities and taking up the responsibilities, delay in doing their work <sup>[23]</sup>.
- They keep hidden behind the furniture when any strangers approach in, the child will be hiding the face feeling of the shame or due to afraid of something <sup>[23, 26]</sup>.

### **Calcarea carbonica**

- Fear about misfortune, contagious diseases, confused state, anxious state along with palpitation. Obstinate where smallest mental effort causes hot head <sup>[22, 26]</sup>.
- The child cannot be left all alone in the dark <sup>[22]</sup>.
- There is a general weakness present where the child has difficulty in climbing the stairs and with the exhaustive sweat more when talking <sup>[24]</sup>.

### **NUX Moschata**

- Delayed milestone is present.
- Omits the letters, uses different alphabets as per their wish.
- They cannot comprehend what they are reading and does not understand what they are reading.
- Irresolute is present.
- They are absent minded, unable to think, indifference to everything.
- Great weakness of memory <sup>[23]</sup>.
- Great changeability present, keeps laughing alternating with the crying, confusion in the thoughts <sup>[25]</sup>.

### **Tuberculinum**

- Cannot remain in a one place for a long time, patient has desire to travel <sup>[27, 28]</sup>.
- The mental symptoms are mania, they are melancholic in nature, irritability is present, depressed mood also present.
- Fear for dogs, having desire for cursing others and use the foul language, dreams are very vivid in nature <sup>[25]</sup>
- The child likes to changeability, changes one game to another <sup>[23]</sup>.

### **Rubrics used for intellectual disability disorder**

#### **Repertory of psychic medicine**

- Absorbed, inattentive when one speaks to him- Ambra grisea, Ammonium carbonicum, Ammonium muriaticum, Baryta carbonicum.
- Concentrate-repulsion to concentrate his mind, any effort to-Calcareacarbonica, Lycopodium clavatum.
- Confidence to onself- having very little-Anacardium, Baryta carbonicum, Petroleum, Rhus Toxicodendron,

Nux vomica, Staphysagria.

- Confidence want of Carbo veg, Ambra grisea, Opium, Veratrum album, Oleander, Staphysagria, Cantharis.
- Conversation (reply in monosyllables) - Phosphoricumacidicum, Veratrum album, Mercurius, Belladonna.
- Forgets Easily-Lachesis, Staphysagria, Veratrum album, Graphites.
- Idiots, mads, dements-Ammonium Carbonicum, Opium, Belladonna.
- Imbecility-Stramonium, Belladonna, Veratrum album, Helleborus, Pulsatilla.
- Intellectual, unfit for-Natrum carbonicum, Ambra Grisea, Alumina, Natrum Muriaticum, Causticum.
- Memory want of-Sulphur, Opium, Belladonna, Gelsemium, Veratrum album.
- Memory (Of general forms) want of Ambra Grisea, Lycopodium Clavatum, Sulphur, Staphysagria <sup>[29]</sup>.

### **Conclusion**

The homoeopathic medicine helps the child in adapting the day to day activities to some extent. By administration of the medicine along with behavioral therapy, some amount of the behavioral changes can be expected as outcome. Further study on the effectiveness of the homoeopathic medicine helps to create the awareness of the Intellectual Disability Disorder.

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