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Observational study of Mentally Retarded children in and around Village area of India.

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Abstract

Mental Retardation remains a serious problem particularly for developing countries. It is Estimated that the incidence of severe mental retardation is approximately 0.3 % of total population and in nearly 3 % the Intelligence Quotient (IQ) is under 70. About 0.1 % of those children require treatment, guidance and prolonged supervision throughout their life, retardation remains a dilemma, leading to anxiety for families and communities. The word *Jadata* mentioned in Ayurvedic texts can be correlated with Mental Retardation including mental sub-normally and related disabilities. Aim and objectives of this study was To identify the Prevalence of MR in and around Ashta and To identify *Dehika and Manasika Prakruti* and analyze the distribution of Physical and Mental Behavioral disabilities of the MR children.

Keywords: Mental Retardation, Anxiety, Prevalence, Dehik, Manasik

INTRODUCTION

Mental Retardation remains a serious problem particularly for developing countries. It is Estimated that the incidence of severe mental retardation is approximately 0.3 % of total population and in nearly 3 % the Intelligence Quotient (IQ) is under 70. About 0.1 % of those children require treatment, guidance and prolonged supervision throughout their life.retardation remains a dilemma, leading to anxiety for families and communities. The diagnosis, treatment, and its prevention for children with Mental Retardation remains indistinct [1]. Mental retardation is a result of pathologic process in the brain that illustrates the limitations of intellectual and adaptive function, but it is not a disease. Mental retardation may occur with or without disruption of mental or physical disorders [2]. Mental retardation is classified into three groups including Mild (IQ between 52-68 Binet scale), Moderate (IQ between 36-51 Binet scale), Severe (IQ between 20-30 Binet scale and <20 Binet scale) [3].

More than 120 million people all over the world are suffering mental retardation[4]. Prior studies in many countries revealed that the prevalence of mental retardation among mild and moderate groups aged 15 to 19 years is 3 to 4 person per 1000 people. In United State of America, 3 % of the population is having Mental Retardation, in Netherlands 2.6%, in Britain 1% to 8%, and 3 % of Asian population is suffering Mental Retardation[5]. In Indonesia, of 222 millions of total population, 2.8 million people (0.7 %) are disabled. Among them 290,837 are children with Mental Retardation (13.68 %), Physical Disabilities (33.74 %), and Blindness (15.93 %) [6].

Mental retardation is a condition of disability characterized by limitations in intellectual function and adaptive behavior, especially in conceptual, social and adaptive skills. Children with mental retardation have limited mental function, communication skills, ability to maintain themselves and independence of children during the period of development.[7-9] Children with Mental Retardation require intensive care by parents to optimize their developmental stages such as conducting medical examinations, counseling and coaching. Old (parents) and other family members are the most important part for children with mental retardation to be able to live their lives well.[7, 8, and 10]

Ayurveda categorizes such disorders as *Janma Bala Pravrt* or congenital ailments resulting into the impaired mental functioning with or without physical disabilities. Though *Ayurvedic* literature does not describe it clearly as a separate disease entity but it throws light on the presentation, along with prophylactic and some specific measures for management of such disorders in the context of terms like *Jadata / Jadtva /Jada* etc. The word *Jadata* mentioned in Ayurvedic texts *(K. Sa. Phakk. Chi17/5)* can be correlated with Mental Retardation including mental sub-normaly and related disabilities.

Amarkosa has referred this word for idiocy or idiots and literally originates from the root "*Jadati Ghani Dhawanti*" (*Amarkosa Ramasriya tika 3/1/38). Acharya Hem Chandra* in his book *Dhatu Parinam* has given the derivation of *Jadata* as below *Jalghatye, Ghatyama jadatvam, Ataiksyanyam Iti Arthah*. Word *jada* is derived from the root *jala,* means *ghatayay* which means *jadatvam* i.e sharpeners of brain. Etymologically the word *jada* has been formed by adding "Ach" suffix to the root jala ghatane. According to Sir. M. Monnir Williams (1970) in his dictionary, the word jada refers to cold or rigid and has been referred in the context of idiocy, stupid or unintelligent. According to *Amarkosha* a *Jada* person is unable to differentiate between good and bad things and feelings of happiness and sorrowness. Singh, R.H. in his book *Ayurvediya Manas Vijana* has mentioned *Amedhata* as the state of mental deficiency, the description of which stimulates *jadata*. He considers *Amedhata* as a psychiatric illness under the category of *manas prakrti vikaras* in the classification proposed by him Sushruta states that the variety and quality of the life of an individual predominantly due to the actions of is past life i.e. *Purvajanamkrt karmas(Su Sa 2/61)*[11].

Acharya Kasyapa the authority on *Kaumarabhritya* states that when a multi-gravida women with *vata* or *pitta* predominant endowment with salt (*lavana rasa pradhana*) breast milk, provides breast feeding to an infant the child becomes lame, dumb or *Jada* (*K, Sa, Phakk Chi 17/5)*[12]. According to astanga samgraha, pregnant women consuming vata aggravating substances uninterruptedly leads to vitiation of *vata* all over the body, ultimately *Rajasic* or dynamic nature of *vata* is converted into static process in uterus which ultimately affects the growth of the fetus, as a result the delivered child may become idiot *(jada),* deaf, dumb, hump, dwarf and develops similar other disorder.

ACKNOWLEDGEMENT

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Aims & Objectives

Primary

1) To identify the Prevalence of MR in and around Ashta.

Secondary

2) To identify *Dehika and Manasika Prakruti* and analyse the distribution of Physical and Mental Behavioral disabilities of the MR children.

Materials And Methods

Source of data:

34 diagnosed cases of MR of age group 8 to 16 Years selected from ***Abhinav Matimanda Mulanchi Shala,* Palus**.

Study Design:

Open Labelled

Study Period:

6 Months

Method of Collection :

A) Inclusion Criteria:

1. Children Age Group range from 8 to 16 Years.
2. Children displaying symptoms of mental retardation, like delayed milestones, speech disorders, hyperactivity and mental development and behavior not proportionate with chronological age.

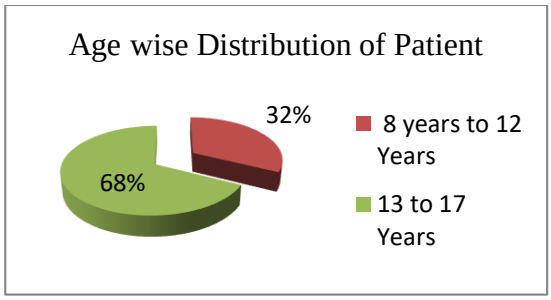
B) Criteria for exclusion:

1. Cases with uncontrolled epilepsy, hyperkinesis, psychosis and organic brain diseases, aminoaciduria and other inborn errors of metabolism, encephalitisetc.
2. Patients with other severe systemic disorders.
3. Patients in whom another investigational drug was used within 03 months prior to entry in this study.
4. Patient's guardian who could not be able to comply with the study procedures or unwilling to give informed consent.
5. The patient with a congenital or acquired severe immuno deficiency, a history of cancer or lympho - proliferative disease, or he/she has received total lymphoid irradiation.
6. History of major traumatic injury, malignancy

Observations Withdrawn From Study

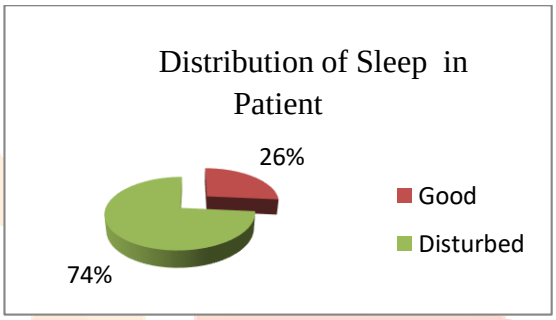
1. Age Wise Distribution of Patient

Classification	No. Of Patient	%
8 years to 12 Years	11	32%
13 to 17 Years	23	68%
Total	34	100%



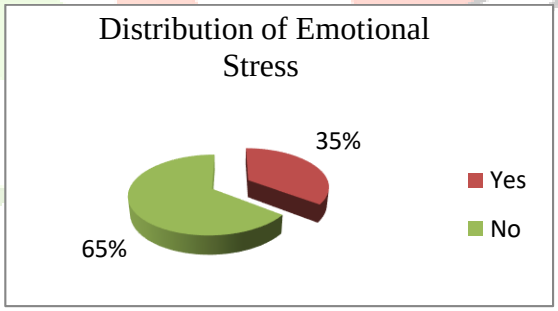
2. Distribution of Sleep in Patient

Sleep	No .Of Patient	%
Good	09	26 %
Disturbed	25	74 %
Total	34	100 %



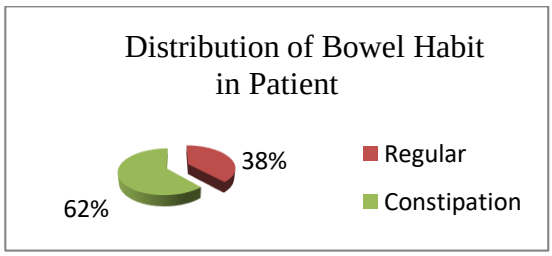
3. Distribution of Emotional Stress

Emotional Stress	No.Of Patient	%
Yes	12	35%
No	22	65%
Total	34	100%



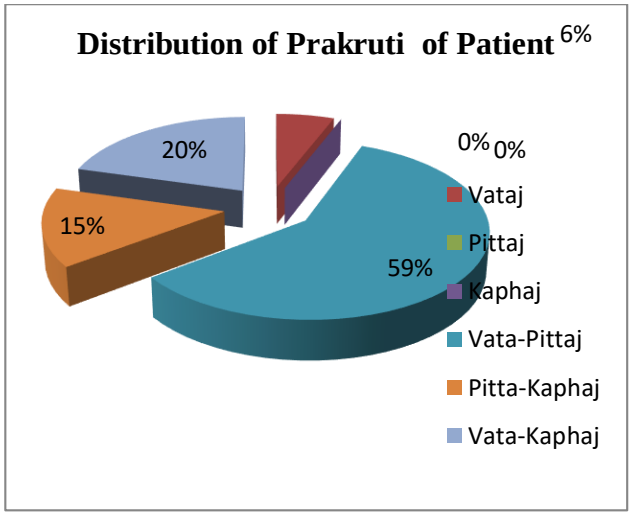
4. Distribution of Bowel Habit in Patient

Bowel Habit	No. Of Patient	%
Regular	13	38%
Constipation	21	62%
Total	34	100%



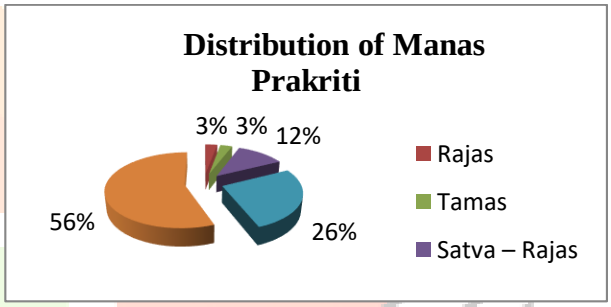
5. Distribution of Dehik Prakruti of Patient

Prakruti	No. Of Patient	%
Vataj	02	06%
Pittaj	00	0%
Kaphaj	00	0%
Vata-Pittaj	20	59%
Pitta-Kaphaj	05	15%
Vata-Kaphaj	07	20%
Total	34	100%



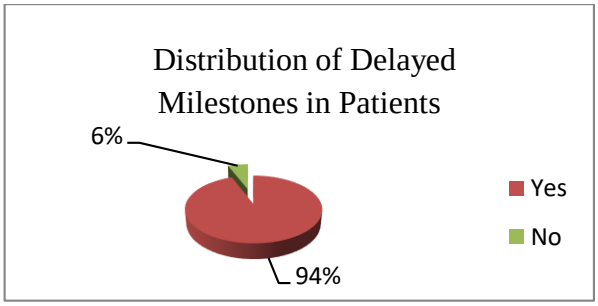
6. Distribution of Manas-Prakriti

Manas Prakriti	No. Of Patient	%
Rajas	01	3%
Tamas	01	3%
Satva – Rajas	04	12%
Satva- Tamas	09	26%
Raja- Tamas	19	56%
Total	34	100%



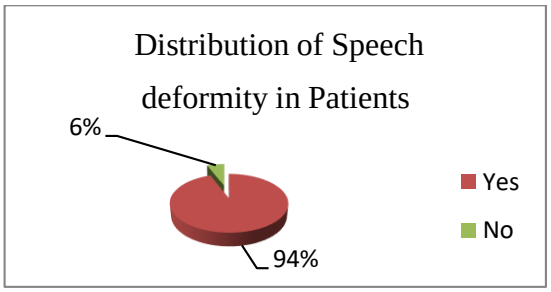
7. Distribution of Delayed Milestones in Patients

Delayed Milestones	No. Of Patient	%
Yes	32	94%
No	02	06%
Total	34	100%



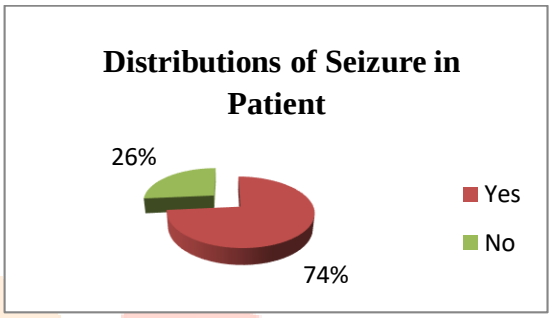
8. Distribution of Speech Deformity in Patient

Speech Deformity	No. Of Patient	%
Yes	32	94%
No	02	06%
Total	34	100%



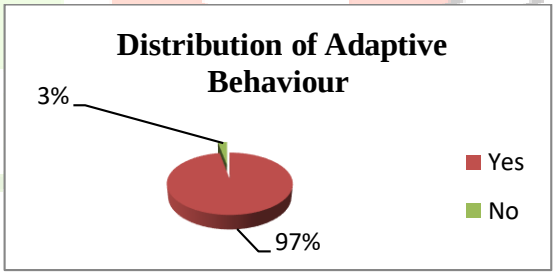
9. Distributions of Seizure in Patient

Seizure	No. Of Patient	%
Yes	25	74%
No	09	26%
Total	34	100%



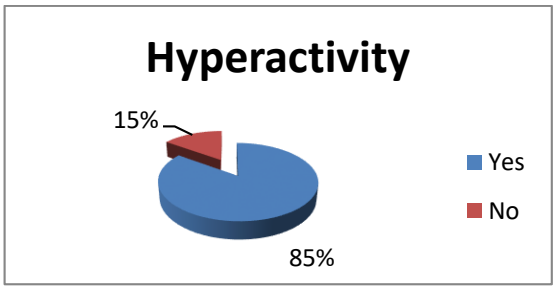
10. Distribution of Adaptive Behavior

Adaptive Behaviour	No. Of Patient	%
Yes	33	97%
No	01	03%
Total	34	100%



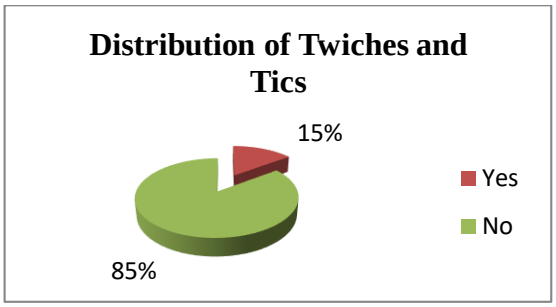
11. Distribution of Hyperactivity

Hyperactivity	No. Of Patient	%
Yes	29	85%
No	05	15%
Total	34	100%



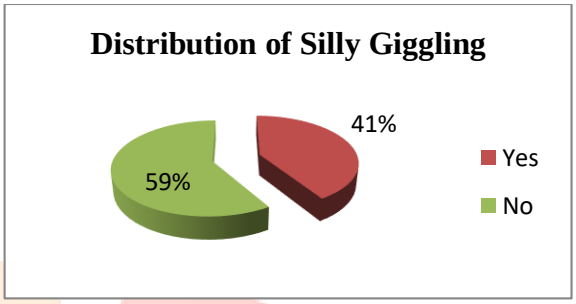
12. Distribution of Twitches and Tics

Hyperactivity	No. Of Patient	%
Yes	05	15%
No	29	85%
Total	34	100%



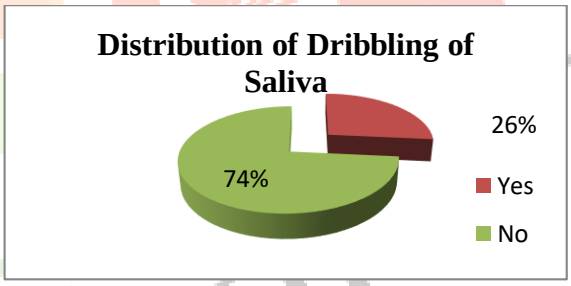
13. Distribution of Silly Giggling

Silly Gaggling	No. Of Patient	%
Yes	14	41%
No	20	59%
Total	34	100%



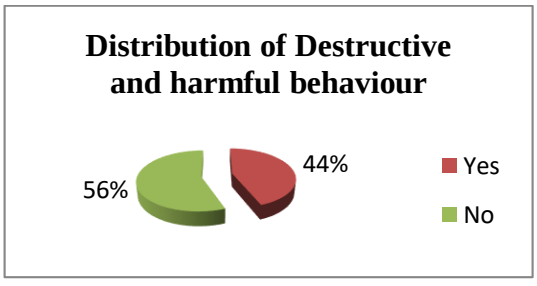
14. Distribution of Dribbling of Saliva

Dribbling of Saliva	No. Of Patient	%
Yes	09	26%
No	25	74%
Total	34	100%



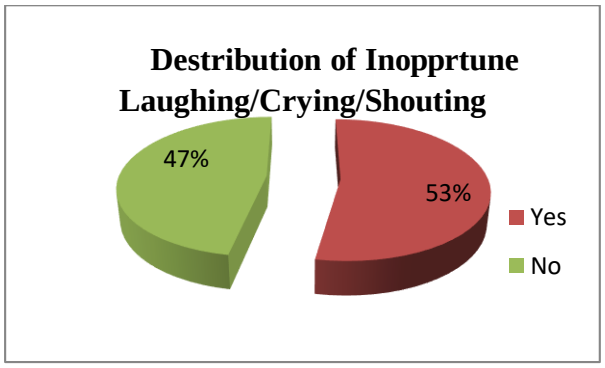
15. Distribution of Destructive and harmful behaviour

Destructive and harmful behaviour	No. Of Patient	%
Yes	15	44%
No	19	56%
Total	34	100%



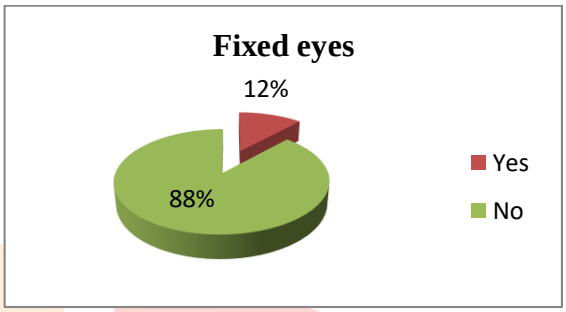
16. Distribution of Inopportune Laughing/Crying/Shouting

Inopportune Laughing/Crying/Shouting	No. Of Patient	%
Yes	18	53%
No	16	47%
Total	34	100%



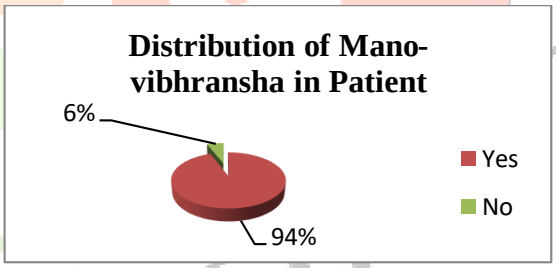
17. . **Distribution of Fixed eyes in Patient**

Fixed eyes	No. Of Patient	%
Yes	04	12%
No	30	88%
Total	34	100%



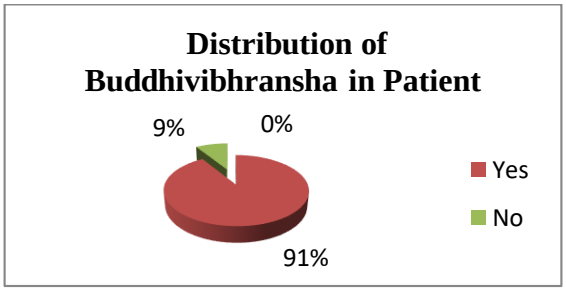
18. Distribution of Mano-vibhransha in Patient

Mano-vibhransha	No. Of Patient	%
Yes	32	94%
No	02	6%
Total	34	100%



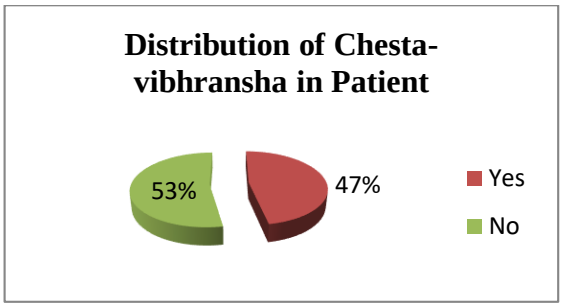
19. Distribution of Buddhivibhransha in Patient

Smriti-vibhransha	No. Of Patient	%
Yes	31	91%
No	03	9%
Total	34	100%



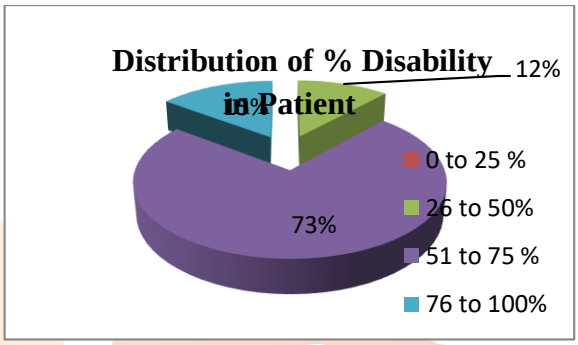
20. Distribution of Chesta-vibhransha in Patient

Chesta-vibhransha	No. Of Patient	%
Yes	16	47%
No	18	53%
Total	34	100%



21. Distribution of % Disability in Patient

% Disability in Patient	No. Of Patient	%
0 to 25 %	00	0%
26 to 50%	04	12 %
51 to 75 %	25	73%
76 to 100%	05	15%
Total	34	100%



Discussion and Conclusion

In this study total 34 patients were enrolled. Among them 32% pt were in 8 to 12 years age group and 68% pt in 13 to 17 years age group. All patients were male. 74% patients having disturbed sleep and 26% patients have good sleep. As in mental retardation there is dushti in Vata dosha sleep pattern get hampered.

35% patients have emotional stress whereas 65% patients have no stress as stress factor depends on surrounding environment it is observed that most of patient have good surrounding enviorment. 38% patients have regular bowel habits whereas 62% patients have constipation. It is observed that most of patients diet includes dry food, bakery items, irregular meal times which cause agnidushti which in turns cause indiagestion and constipation.

59% patients have Vatapittaj Prakruti and 20% patients have Vatakaphaj Prakruti whereas 15% patients have Pittakaphaj prakruti and 6% patients have Vataj Prakruti. It is observed that maximum patients were Vatapittaj prakruti.

In Mental retardation there is impaired brain development and due to which 94% patients have history of delayed milestones while 6% patients have no history of delayed milestones

94% patients have speech deformity and 6% patients have no speech deformity.74% patients have history of seizures and 26% patients have no history of seizures. 97% patients have Adaptive behavior and 3% patients have no Adaptive behavior. 85% patients have Hyperactivity and 15% patients have no Hyperactivity. 15% patients have twitches and tics and 85% patients have no twitches and tics. 41% patients have silly Giggling and 59% patients have no silly Giggling. 26% patients have Dribbling of saliva and 74% patients have no Dribbling of saliva. 44% patients have Distructive and harmful nature and 56% patients have no Distructive and harmful nature. 53% patients have Inopportune laughing and 47% patients have no Inopportune laughing. 12% patients have Fixed eyes and 88% patients have no Fixed eyes.

It was observed that56% patients have Raja-tamas prakruti and 26% patients have Satva-tamas prakruti and 12% patients have Satva-rajas prakruti. 3% patients have Rajas prakruti and 3% patients have Tamas prakruti.It is observed that most of patients have Raja-tamas prakruti. According to Ayurveda there is manovaha strotas dushti in Jadatva (Mental Retardation) so following findings were observed in this this study. It was observed that 94% patients have Mano-vibhransha and 6% patients have no Mano-vibhransha. 91% patients have Budhi- vibhransha and 9% patients have no Budhi- vibhransha. 47% patients have Cheshta- vibhransha and 53% patients have no Cheshta- vibhransha. It is observed that percentage of Mental disability was 73% patient have 51-75% disability, 15% patients have 76-100% disability and 12% patient have 26-50 % disability.

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