

Mental Retardation — a Case Study

Dr Geeta Rani Arora

Name: Jatin kumar

Age/Sex: 4½ years/M

Address: A-156, Prem Nagar III, Nangloi, New Delhi

Chief Complaints

- Gets sudden attacks of tremors with frothing in the mouth, unable to stand, usually occurs in morning when gets up, starts responding after few minutes and the condition of weakness lasts for 1½ - 2 hours. There is a lot of weakness during this time.
- Child mentally much below his age, does not respond to instructions for long time, sits in one corner. Hides behind curtains if some stranger or new guest comes.
- Bleeding per rectum for the last three months; stool hard for the last 5 months, blood sticks to the stool (blood present only occasionally)
- Recurrent boils on the head and face
- Child is very slow to respond; when asked something, will take a long time to answer.
- Sits alone and plays with toys, does not mix with neighbours.
- The teacher complaints that he does not respond to any question. Parents feel that the other child who is 2 year old is more active than him. The younger one talks and interacts with all people around him but he does not mix up and does not even talk at home. In the clinic also, he stood quietly. When asked as to what

was the complaint, he had a blank face with no expression and no reaction. He seemed confused as if thinking something else.

History

- Full term normal delivery (FTND) with meningitis
- Neck holding at the age of 3 months
- Walking at the age of 1½ years
- Talking: monosyllables
- Words: 1½ year
- Sentences: At the age of 3 years, very short sentences that too he will speak if he needs anything otherwise does not answer any query and does not interact.
- Teething: 6 months

EEG Record

Background and rhythm normal and bilaterally symmetrical. There is a focal or generalized epileptic seizure. The discharge is seen spontaneously as well as during intermittent photic stimulation.

Physical and Mental Generals

Appetite: Less, does not eat on his own, has to be fed

Thirst: Less; 2-4 glasses a day

Craving: Spicy++, salty++, banana+, grapes+

Aversion: Sweets++, milk++, green vegetables+

Stools: Desire+, hard, no pain, bleeding+, many times unable to evacuate, straining+, bleeding per rectum for last 3 months, getting bleeding off and

on, constipated for 6 months.

Urine: D:N:: 5:1, enuresis in winters

Perspiration: No information (parents cannot tell)

Sleep: On belly, restless, keeps changing position the whole night

Thermal: Hot, sensitive to heat in comparison to others

Bath: Tap water in summers, lukewarm water in winters, wants cold water

Sweater: In winters, 2-3, no cap, no socks, no sweater in October – November

Covering: Quilt in December – January, throws off often

Fan: On the highest speed

Fears: Cats++, runs away from them. If sees from inside, will not go out. Darkness, when alone, gets very scared of being alone.

Case Analysis

The case was repertorized and the following rubrics were considered as shown in the Radar Window.

Mental retardation was taken as an eliminative rubric.

Prescription — May 15, 2007

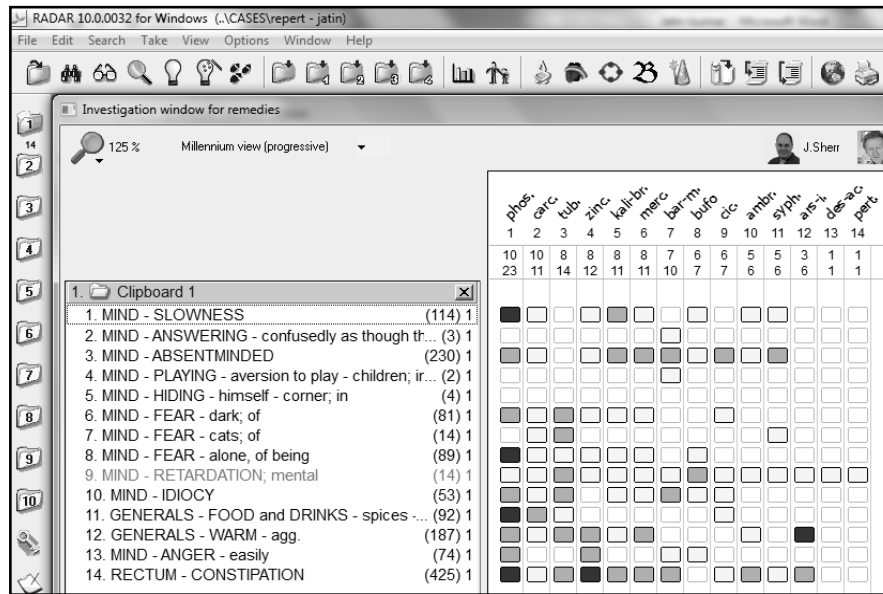
After analyzing the case from all aspects and considering the mental slowness and thermal reaction, the patient was prescribed *Baryta muriaticum* 30, one dose with sac lac for one month.

Follow up

Follow Up — June 17, 2007

Boils appearing but not persisting as

CASE STUDY



earlier. Bleeding per rectum was absent for the first 15 days but then started again. No episode of tremor attacks. Anger and stubbornness is much reduced. Cough for last 2 days. Thirst increased. Dry cough. On examination, the chest is clear. Tonsillitis grade 2.

Prescribed *Bryonia* 30 TDS for 2 days, advised to talk on phone if not better. SL QID for one month.

Follow Up — July 20, 2007

- No attack of tremors, cough better, therefore, the patient did not call
- Bleeding per rectum once a week
- Boils on face appears and go away on their own
- Chest – clear
- Child started mixing with other kids of the vicinity and started doing homework which was the major complaint from the school that has not been sorted and parents were very happy for this
- Prescribed SL for one month

Follow Up — August 18, 2007

- General Condition: Ok

- Cough: absent
- Bleeding per rectum
- Boils: Once in a while
- No attack of tremors
- Prescribed SL for one month

Follow Up — September 20, 2007

- General Condition: Ok
- Bleeding per rectum: Ok
- Cough: Ok
- Mentally, the child has improved but it is a standstill condition, therefore, one dose of *Bartya mur.* 30 was repeated.

Follow Up — October 21, 2007

- Activity better, no other complaint
- Prescribed SL QID for one month

Follow Up — November 18, 2011

- The child is improving day by day. His school grades are also improving, earlier teachers used to complain about him, now the teacher has given a good grade in his notebook. He has made

friends in the school and vicinity and also plays with his younger brother. He is still not very interactive with strangers.

Follow Up — December 22, 2007

- Better, but had rectum bleeding for the past one week
- *Bartya mur* 30, 3 doses

Follow Up — January 6, 2008

- Not better
- *Bartya mur* 200/1 dose

Follow Up — January 15, 2008

- Improved after 3 days
- Prescribed SL QID for one month

Follow Up — February 17, 2008

- No compliant, child is much better as compared to when came for the treatment
- Smiled at the doctor for the first time
- Prescription: SL QID for 1 month

Follow Up — March 20, 2008

- Better, no complaint
- Asked to take the medicine for one month and come back if any problem arises.

About the Author

Dr Geeta Rani Arora is a classical homeopathic practitioner with a clinical experience of 8 years. She is presently associated with the team of the journal "The Homeopathic Heritage". She has an experience of working in Homeopathic research for three years. She has done a certificate course from NIH, USA on Complementary Medicine. She loves her time of clinical practice for which she is very passionate.