Role of adjuvant homoeopathic medicines in the management of intellectual disability – A purposive, non-randomised, self-controlled, pre- and post-intervention pilot study

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Abstract
Background: Intellectual disability (ID) is characterised by below-average intelligence and a lack of skills necessary for day-to-day living. A study was conducted by our institute at a school for students of special needs. Objectives: The objectives of the study were to demonstrate the role of homoeopathic management in ID. Methods: A purposive, non-randomised, self-controlled, pre- and post-intervention study of 25 participants was done. The initial 6 months were the control period, thereafter, the same participants were treated for 18 months, with homoeopathy. Treatment outcomes were assessed using domains of Diagnostic and Statistical Manual-V-V. Scores of each domain were observed at 6 months interval and analysed. Results: A statistically significant difference (P < 0.001) was observed in adaptive functioning treatment scores for conceptual domain, social domain and practical domain. It justifies the clinically significant improvement in the features of ID, reflected in all domains of adaptive functioning, cognition, hyperactivity, behavioural dysfunction and communication difficulty. Furthermore, it was seen that the dosage of pharmacological medicines was gradually tapered off in most cases. Conclusion: The study has demonstrated the utility of homoeopathic treatment as an adjuvant in the management of ID, which is reflected through significant improvement in psychosocial adaptation of the subjects and improved their quality of life.

Acknowledgments and Source of Funding
Nil
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Abstract

Background: Intellectual disability (ID) is characterised by below-average intelligence and a lack of skills necessary for day-to-day living. A study was conducted by our institute at a school for students of special needs. Objectives: The objectives of the study were to demonstrate the role of homoeopathic management in ID. Methods: A purposive, non-randomised, self-controlled, pre- and post-intervention study of 25 participants was done. The initial 6 months were the control period, thereafter, the same participants were treated for 18 months, with homoeopathy. Treatment outcomes were assessed using domains of Diagnostic and Statistical Manual-V-V. Scores of each domain were observed at 6 months interval and analysed. Results: A statistically significant difference \((P < 0.001)\) was observed in adaptive functioning treatment scores for conceptual domain, social domain and practical domain. It justifies the clinically significant improvement in the features of ID, reflected in all domains of adaptive functioning, cognition, hyperactivity, behavioural dysfunction and communication difficulty. Furthermore, it was seen that the dosage of pharmacological medicines was gradually tapered off in most cases. Conclusion: The study has demonstrated the utility of homoeopathic treatment as an adjuvant in the management of ID, which is reflected through significant improvement in psychosocial adaptation of the subjects and improved their quality of life.

Keywords: Adaptive functioning, Conceptual, Social, Practical and individual domains, Diagnostic and Statistical Manual-V-V, Cognition

Introduction

Intellectual disability (ID) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains. Overall, males are more likely than females to be diagnosed with both mild (average male: female ratio 1.6:1) and severe (average male: female ratio 1.2:1) forms of ID. However, gender ratios vary widely in reported studies.[1]

ID is present in about 2–3% of the population. It can be defined as cognitive ability that is markedly below average and a decreased ability to adapt to one’s environment. ID comprises five general categories: Borderline, mild, moderate, severe and profound.[2] These various levels of severity are defined on the basis of adaptive functioning and not intelligence quotient (IQ) scores, because it is adaptive functioning that determines the level of supports required. To measure adaptive behaviour, professionals use structured interviews, with which they systematically elicit information about the person’s functioning in the community from someone who knows them well. There are many adaptive behaviour scales, and accurate assessment of the quality of someone’s adaptive behaviour requires clinical judgement as well.[1]

Adaptive functioning involves adaptive reasoning in three domains: Conceptual, social and practical. The conceptual (academic) domain involves competence in memory, language, reading, writing, math reasoning, acquisition of practical knowledge, problem-solving and judgement in novel situations, among others. The social domain involves...
awareness of others’ thoughts, feelings and experiences; empathy; interpersonal communication skills; friendship abilities and social judgement, among others. The practical domain involves learning and self-management across life settings, including personal care, job responsibilities, money management, recreation, self-management of behaviour and school and work task organisation, among others.[1]

In a study on 58 cases suffering from ID, 47 participants showed improvement with single homoeopathic remedy at a time.[4] A study regarding social development of children with ID, on a sample of 35 intellectually disabled children concluded that the social quotient (SQ) increases as level of ID decreases from profound to mild.[5] A study on 449 children in managing the behavioural problems with homoeopathic medicines in ID showed that drugs such as Belladonna, Tarentula hispanica, Tuberculinum and Sulphur were found to be more effective in hyperactive children and drugs such as Baryta carbonica and Pulsatilla were more useful in shy and underactive children.[6]

Mental health is vital for the growth and productivity of every society and for a healthy and happy life. Homoeopathy plays a key role in the treatment of psychological disorders.[7] Homoeopathy could be an important great supportive treatment modality in cases of ID. Homoeopathic medicines help in resolving negative traits and patterns of behaviour, assisting other therapies in action.[8]

The present study was undertaken with the following objectives:

- To evaluate the usefulness of homoeopathic therapeutics in managing adaptive functioning and neuropsychological dysfunctions in ID.
- To demonstrate the role of homoeopathic medicines in managing behavioural dysfunctions such as hyperactivity, impulsiveness, speech disorders, oppositional defiant disorder, autism and learning disorders in ID.

**Materials And Methods**

**Study design and setting**

The study was conducted from September 2017 to September 2019, at Gurukrupa Residential School for students of special needs. The study proposal was approved by the Institutional Ethics Committee of Shree Dr. V. H. Dave Homoeopathic Medical College (Approval number IEC/01/2017 dated 29.06.17). The study was conducted according to the standard of Good Clinical Practice of India, and all procedures were in accordance with the ethical standards of the responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2013.[9] The study was not registered with Clinical Trials Registry India since it was not mandatory at the time of initiation of this research project.

This study was a purposive non-randomised, pre- and post-intervention study wherein 6 months were a self-control period (washout) and 1 ½ years were the treatment period. Participants were initially kept on observation for 6 months without homoeopathic treatment and their scores were recorded before and after observation period. This was followed by the homoeopathic intervention with an observation period of 18 months during which the participants were evaluated every 6 months. The initial 6 months of observation were used as the control period (self-controlled) and the same participants were treated and compared for 18 months. They were asked to continue their pharmacological treatment for convulsions and other comorbid conditions during the entire period of study; with the plan to gradually decrease the doses as and when the participants improved with the homoeopathic treatment.

**Study population and recruitment**

The cases were enrolled from the project site that is, Gurukrupa Residential School for students of special needs. A series of workshops were held for parents to educate them.

Potential cases identified from the above sources were screened by the attending physicians for prominent symptoms of ID. Voluntary informed, written consent was taken from their parents/guardians before their enrolment into the study that is, before the observation period.

A detailed homoeopathic case was taken on a specially designed case record for ID and each case was processed through standardised protocol (case analysis, evaluation, totality formation, repertorisation, drug differentiation and arriving at simillimum).[10]

The participants from special school receiving occupational therapy were receiving therapy regularly. Some of them were also receiving brain stimulation therapies, physiotherapy, behavioural therapy and speech therapy. This mode of adjuvant therapeutic inputs received by the participants regularly or irregularly, during self-control phase of 6 months, was not disturbed during the intervention phase.

A quantitative study was carried out with respect to change in various scores. However, in addition to this, a qualitative observation was also made regarding changes in participant’s behaviour, social interaction, activities, interests and academic performance.

**Eligibility criteria**

**Inclusion criteria**

Participants were of any sex or age group, diagnosed as ID as per Diagnostic and Statistical Manual (DSM)-V and confirmed with disability certificate from health and family welfare department of Gujarat state government; while those suffering from any comorbid chronic infections like tuberculosis, or profound ID, with severe symptoms or history of severe and frequent violent exacerbations that required continuous allopathic medications and/or hospitalisation were excluded from the study.
Sample size
Study sample was selected by purposive sampling method. Individuals who fulfilled the inclusion criteria were selected.

Intervention
Study participants were given the homoeopathic medicine based on the totality of symptoms in each case. All participants were given medicine in centesimal scale. Symptomatology was reviewed periodically. When there was no further improvement, potency was raised. Changes in the symptomatology necessitated second prescription.

Outcome measures
The diagnosis of intellectual developmental disorder was made by homoeopathic physicians and psychiatrist. Diagnostic parameters were different domains of DSM-V; an intellectual developmental disorder patient presents with varying degree of cognitive disability. They were further assessed by SQ through Vineland Social Maturity Scale. IQ was measured through Stanford-Binet Intelligence scale. In addition, electroencephalogram, audiometry and genetic karyotyping were confirmed from previously done reports at the time of enrolment. The details of domains picked for analysis from DSM-V are given below.

Domains from DSM-V
Treatment response was evaluated through change in areas such as adaptive functioning, communication skills, socialisation, cognitive and sensory awareness and general behaviour.

Adaptive functioning was assessed by different domains such as conceptual, social and practical (taken from DSM-V). One more domain was added called individual domain which includes participant’s own symptoms based on homoeopathic concept of individualisation.

All the participants were assessed in all of the above four domains, at intervals of every 6 months, including control period and the score obtained. Improvement was assessed subjectively.

In variables of conceptual domain, increase in score shows improvement, while lower scores signify regression of skills. In social domain, a few variables show improvement with increase in score and other few with decrease in score, so both were assessed separately. Practical and individual domains both signify improvement with decrease in scores.

In all the domains, scores were marked as follows for each point:
1. Never
2. Occasionally
3. Often
4. Very often.

Improvement was based on the following criteria:
- In conceptual domain, increase in the baseline and pre-treatment score was taken as improvement, so if score remained 0, it was taken as status quo, if it increased from 0 to 1 then mild improvement, if it went to 2 then moderate improvement and if it reached 3 then significant improvement
- In practical and individual domains, decrease in the baseline and pre-treatment score was taken as improvement, so if score remained 3, it was taken as status quo, if it decreased from 3 to 2 then mild improvement, if it went to 1 then moderate improvement and if it reached 0 then significant improvement
- In social domain, a few points show improvement with increase in score and other few with decrease in score, so both were assessed separately and accordingly marked.

Assessment criteria
Primary outcome was change in the conceptual, social, practical and individual domains of DSM-V.

Secondary outcomes were adverse events if any, with tapering of allopathic doses, and changes in activities of daily living.

Statistical analysis
The statistical observations were made from the study data using R-Language software. Friedman test was used for comparison of scores taken at interval of 6 months in each domain. Pairwise comparisons of all domains were done using Bonferroni test. Resulting P-values are considered explorative, and P < 0.05 was considered statistically significant.

Results
Out of the 38 patients screened, 13 were excluded and 25 were enrolled as per the inclusion criteria.

A study flowchart showing that the number of participants at each stage of the study is provided in Figure 1. The project site is the residential special school where such patients reside, so there were no dropouts in this study.

Among the enrolled cases, 98% (n = 23) were male with age group ranging from 8 to 49 years, with positive family history in 36% (n = 9) participants. There were 28% (n = 7) participants on conventional antipsychotic treatment; occupational therapy 56% (n = 14), speech therapy 36% (n = 9), physiotherapy 48% (n = 12), behavioural therapy 16% (n = 4) and brain stimulation therapy 24% (n = 6). The baseline information is given in Table 1.

Adaptive functioning was assessed by different domains such as conceptual, social, practical and individual domains. Scores were taken at baseline, pre-treatment, after 6 months, after 1 year and after 1 ½ years of treatment which were obtained and compared. Friedman test was used for comparison of scores at interval of 6 months in each domain [Table 2].

A statistically significant difference was observed in adaptive functioning treatment scores at 1 ½ years compared with baseline scores. P value for all domains was found to be <0.001: Conceptual domain, social domain (points which show improvement with increase in score), for social domain (points which show improvement with decrease in score), for
practical domain and for individual domain; which justifies the clinically significant improvement in features of ID reflected in all domains of adaptive functioning.

This boxplot [Figure 2] shows comparison of mean, median and standard deviation of all domains. Maximum improvement was seen in practical domain of adaptive functioning and least in conceptual domain.

This graph [Figure 3] shows pairwise comparisons of all domains of adaptive functioning. Bonferroni test was used to compare all combinations of group.

Improvement was considered subjectively. This Table 3 shows specific number of cases in each domain showing status quo and mild, moderate or significant improvement.

In 25 participants of ID, total nine medicines were prescribed. Out of which, maximum cases were treated with T. hispanica and Calcarea carbonica which were prescribed in seven cases, B. carbonica was indicated in three cases, Hyoscyamus niger and Anacardium orientale in two cases and Natrum muriaticum, Nux vomica, Stramonium and Gelsemium sempervirens in one case each. Improvement status and indications of medicines are depicted in Table 4.

The allopathic drugs, namely sodium valproate, risperidone, clobazam, escitalopram, lamotrigine, carbamazepine, aripiprazole, quetiapine and olanzapine advised by the psychiatrist were prescribed singly or in varied combinations in few patients. The dosage of these medicines was tapered in 22 participants and withdrawn in six participants. The details of these are depicted in Table 5.

In neuropsychological complaints found in 25 participants of ID, significant improvement was seen in features such as restlessness, difficulty in concentration, difficulty in

Figure 1: Study flowchart

Figure 2: Comparison of mean, median and standard deviation in all domains
Arora: Role of homoeopathy in intellectual disability

**Table 1: Baseline distribution of subjects**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Subgroups</th>
<th>Number of subjects</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>&lt;17</td>
<td>16</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>&gt;17</td>
<td>09</td>
<td>36</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>23</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>02</td>
<td>8</td>
</tr>
<tr>
<td>Degree of ID</td>
<td>Borderline</td>
<td>02</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mild</td>
<td>05</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>14</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Severe</td>
<td>04</td>
<td>16</td>
</tr>
<tr>
<td>Associated diseases with ID</td>
<td>ADHD</td>
<td>05</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Autism</td>
<td>04</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Down syndrome</td>
<td>01</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>ODD</td>
<td>01</td>
<td>4</td>
</tr>
<tr>
<td>History of convulsions</td>
<td>Before diagnosis of ID</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>After diagnosis of ID</td>
<td>05</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>No convulsions</td>
<td>09</td>
<td>36</td>
</tr>
<tr>
<td>Adjuvant therapy</td>
<td>Occupational therapy</td>
<td>14</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>Speech therapy</td>
<td>09</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td>12</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Behavioural therapy</td>
<td>04</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Brain stimulation therapy</td>
<td>06</td>
<td>24</td>
</tr>
<tr>
<td>Family history</td>
<td>Present</td>
<td>09</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Not present</td>
<td>16</td>
<td>64</td>
</tr>
<tr>
<td>Allopathic treatment</td>
<td>Receiving</td>
<td>07</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Not receiving</td>
<td>18</td>
<td>72</td>
</tr>
</tbody>
</table>

ADHD: Attention deficit hyperactivity disorder, ODD: Oppositional defiant disorder, ID: Intellectual disability

**Discussion**

Although homoeopathy has been found useful for the patients of ID over the years, scientific evidence is lacking. The study demonstrated a significant reduction in features of ID in all the four domains. The maximum improvement was seen in practical domain followed by individual domain, and improvement ranked social domain. Lesser improvement is seen in conceptual and social domains. A study regarding social development of children with ID had found that the SQ increases as level of ID decreases from profound to mild.

Improvement in all domains shows changes in intensity of symptoms in all domains but category did not change at the end of intervention period. Possibly, further interventions are required to change the category of ID.

Improvement was observed in neuropsychological dysfunctions such as cognition, concentration, socialisation, communication and learning disability. A study also concluded that least improvement is seen in difficulty in reading and writing, difficulty in socialisation and poor cognitive abilities. In a study on the management of learning disabilities, the children under homoeopathic treatment with remedial education showed an early response to remedial inputs and a statistically significant change in the indicators of dyslexia and dysgraphia. About 53.12% of children needed Calcarea salts. The other significant remedies indicated in 9.3% of children were Medorrhinum, Argentum Nitricum, Calc-flour and Natrum salts; indicated in 6.25% of children. It is interesting to note that another study on 58 patients with mental disability showed some improvement in 47 patients with single remedy at a time.

Improvement was also observed in behaviours such as hyperactivity, impulsiveness, violent destructive behaviours, repetitive behaviour, shyness and self-injurious behaviours. Such behavioural problems are the most challenging task faced with ID in which homoeopathic intervention may prove to be a boon for the family and society. A study concluded that less improvement is seen in other behaviours such as defiant behaviour, involuntary laughing, shyness and self-injury. A study regarding managing the behavioural problems with homoeopathic medicines in ID of 449 cases showed that major behavioural problems in ID are irritability, restlessness, hyperactivity, lack of concentration, salivation, disobedience, involuntary laughing, involuntary urination, sleeplessness, etc. Drugs such as Belladonna, T. hispanica, Tuberculinum and Sulphur were found more effective in hyperactive children and drugs such as B. carbonica and Pulsatilla were more useful in shy and underactive children. In nocturnal enuresis, drugs such as B. carbonica, Calcarea carbonica, Cina, Mercurius solubilis, Nitricum acidum, Sulphur and Tuberculinum were found useful.

In 25 cases of ID, total nine medicines were prescribed; Tuberculinum, Syphilinum, Thuja occidentalis and Carcinosin were used as intercurrent remedies. As for acute complains, communication, mood swings, impulsiveness and activities of daily living. The details of these are depicted in Table 6.

In behavioural dysfunctions found in 25 participants of ID, significant improvement was seen in features such as restlessness, difficulty in concentration, difficulty in communication, impulsiveness, hyperactivity, anger and violent destructive behaviours and repetitive behaviour. The details of these are depicted in Table 7.
Table 2: Comparison of mean, standard deviation and $P$ value in all domains

<table>
<thead>
<tr>
<th>Domains</th>
<th>Baseline scores</th>
<th>Pre-treatment scores</th>
<th>Scores at 6 months</th>
<th>Scores at 1 year</th>
<th>Scores at 1½ years</th>
<th>$P$-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean±standard deviation</td>
<td>Mean±standard deviation</td>
<td>Mean±standard deviation</td>
<td>Mean±standard deviation</td>
<td>Mean±standard deviation</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Conceptual domain</td>
<td>1.6±2.58</td>
<td>1.6±2.58</td>
<td>2.64±2.94</td>
<td>4±4.08</td>
<td>4.44±4.6</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Social domain (points which show improvement with increase in score)</td>
<td>3.8±2.50</td>
<td>3.8±2.50</td>
<td>6.28±2.32</td>
<td>8.28±2.75</td>
<td>9.16±2.90</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Social domain (points which show improvement with decrease in score)</td>
<td>10.3±2.11</td>
<td>10.3±2.11</td>
<td>8.8±2.38</td>
<td>7.52±2.26</td>
<td>6.64±2.22</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Practical domain</td>
<td>45.3±7.99</td>
<td>45.3±7.99</td>
<td>40.3±7.45</td>
<td>34.8±7.38</td>
<td>32.6±7.82</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Individual domain</td>
<td>12.2±6.35</td>
<td>12.2±6.32</td>
<td>9.48±5.24</td>
<td>7.2±4.64</td>
<td>5.96±4.47</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Table 3: Distribution of cases according to the improvement in all domains

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Conceptual domain</th>
<th>Social domain (points which show improvement with increase in score)</th>
<th>Social domain (points which show improvement with decrease in score)</th>
<th>Practical domain</th>
<th>Individual domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status quo</td>
<td>06</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>Mild</td>
<td>12</td>
<td>07</td>
<td>06</td>
<td>04</td>
<td>06</td>
</tr>
<tr>
<td>Moderate</td>
<td>07</td>
<td>12</td>
<td>06</td>
<td>08</td>
<td>12</td>
</tr>
<tr>
<td>Significant</td>
<td>00</td>
<td>06</td>
<td>00</td>
<td>13</td>
<td>06</td>
</tr>
</tbody>
</table>

Table 4: Medicines found useful

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>Total number of patients prescribed ($n$)</th>
<th>Improvement status, $n$ (%)</th>
<th>Indications*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Tarentula hispanica</td>
<td>7</td>
<td>3</td>
<td>4 (57.14)</td>
</tr>
<tr>
<td>Calcarea carbonica</td>
<td>7</td>
<td>2</td>
<td>3 (42.8)</td>
</tr>
<tr>
<td>Baryta carbonica</td>
<td>3</td>
<td>1</td>
<td>2 (66.6)</td>
</tr>
<tr>
<td>Hyoscyamus niger</td>
<td>2</td>
<td>1</td>
<td>1 (50.0)</td>
</tr>
</tbody>
</table>

(Contd...)
acut...
improvement in intensity, exacerbation and complete cure of seizures with homoeopathic treatment.\(^{[13]}\) In a study by Manfred Mueller, he discusses three cases of children with organic brain pathology, apparently cured of seizures with homoeopathic treatment, indicating role of homoeopathy in seizures.\(^{[14]}\)

In the present study, the participants with age group below 17 years showed significant improvement as compared to those with age above 17 years. This is expected, as they are in developmental stage. Older age group showed obstinate features which were difficult to change.

Studies involving persons with ID often end up screening out potential participants due to severe language and communication difficulties. A third-party communication becomes essential in such cases, which takes the form of proxy data. However, it could also be misinterpreted.

Small sample size was a limitation of this study. Number of the participants suffering from borderline, mild, moderate and severe ID is not uniform nor large enough to study comprehensively differential impact on different types of ID. Furthermore, the scale used is an amalgamation of specific domains mentioned in DSM-V under ID and the concept of individualisation of homoeopathy. Even though both sources are authentic in nature, still it is an experimental, self-created scale, requiring validation, used to differentiate scope of homoeopathic medicines in different domains of ID. Initially, it was planned to find scope of homoeopathy in ID under three domains only, but prescribing in homoeopathy could not be done without individualisation and so one more, individual domain was added to the existing domains. The current study was a pilot study on ID providing platform for more extensive researches with larger sample size. Yet, it covered up the entire range of intellectual developmental disorder (except profound) borderline, mild, moderate and severe. However, more systematic, multicentric, self-controlled, non-randomised study is required. Furthermore, scope of studying of individual medicines in such cases could be further explored.

### Conclusion

The study has demonstrated the usefulness of homoeopathic treatment in the management of ID, which is reflected through significant improvement in adaptive functioning, cognition, hyperactivity, behavioural dysfunction, communication and learning difficulty. This pilot study was carried out to understand the challenges and improve the strategies followed in working with ID patients. The study also proves that tailoring the remedy according to the individual’s need serves the purpose even in cases of ID.

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Nil.
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Conflicts of interest
None declared.

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Papel de los medicamentos adyuvantomoeopáticos en el tratamiento de la discapacidad intelectual: un estudio piloto pre y posterior a la intervención con propósito, no aleatorizado y autocontrolado

Antecedentes: la discapacidad intelectual se caracteriza por una inteligencia por debajo del promedio y una falta de habilidades necesarias para la vida diaria. Nuestro instituto realizó un estudio en una escuela para estudiantes con necesidades especiales.

Objetivos: Demostrar el papel del manejo homeopático en la discapacidad intelectual. Métodos: Se realizó un estudio intencional, no aleatorizado, autocontrolado, previo y posterior a la intervención, de veinticinco participantes. Los primeros 6 meses fueron el periodo de control, a partir de entonces, los mismos participantes fueron tratados durante 18 meses con homeopatía. Los resultados del tratamiento se evaluaron utilizando los dominios del DSMⅤ. Las puntuaciones de cada dominio se observaron en un intervalo de 6 meses y se analizaron. Resultados: Se observó una diferencia estadísticamente significativa (p <0,001) en las puntuaciones del tratamiento de funcionamiento adaptativo para el dominio conceptual, el dominio social y el dominio práctico. Justifica la mejora clínicamente significativa en las características de la discapacidad intelectual, reflejada en todos los dominios del funcionamiento adaptativo, cognición, hiperactividad, disfunción conductual y dificultad de comunicación. También se observó que la dosis de medicamentos farmacológicos se redujo gradualmente en la mayoría de los casos. Conclusión: El estudio ha demostrado la utilidad del tratamiento homeopático como coadyuvante en el manejo de la discapacidad intelectual, lo que se refleja en una mejora significativa en la adaptación psicosocial de los sujetos y en la mejora de su calidad de vida.
Arora: Role of homoeopathy in intellectual disability

Rôle des médicaments homéopathiques adjuvants dans la gestion de la déficience intellectuelle – une étude pilote intentionnelle, non randomisée et autocontrôlée avant et après l'intervention

Contexte: Le handicap intellectuel se caractérise par une intelligence inférieure à la moyenne et un manque de compétences nécessaires à la vie quotidienne. Une étude a été menée par notre institut dans une école pour élèves à besoins spécifiques. Objectifs: Démontrer le rôle de la prise en charge homéopathique dans la déficience intellectuelle. Méthodes: Une étude intentionnelle, non randomisée, auto-contrôlée, pré et post-intervention, de vingt-cinq participants a été réalisée. Les 6 mois initiaux ont constitué la période de contrôle ; ensuite, les mêmes participants ont été traités pendant 18 mois, par homéopathie. Les résultats du traitement ont été évalués en utilisant les domaines du DSM-V. Les scores de chaque domaine ont été observés à 6 mois d’intervalle et analysés. Résultats: Une différence statistiquement significative (p< 0,001) a été observée dans les scores de traitement de la déficience intellectuelle, reflétée dans tous les domaines du fonctionnement adaptatif, de la cognition, de l’hyperactivité, du dysfonctionnement comportemental et des difficultés de communication. On a également constaté que la posologie des médicaments pharmacologiques a été progressivement réduite dans la plupart des cas. Conclusion: L’étude a démontré l’utilité du traitement homéopathique comme adjuvant dans la gestion de la déficience intellectuelle, ce qui se traduit par une amélioration significative de l’adaptation psychosociale des sujets et une amélioration de leur qualité de vie.
मानसिक अक्षमता के प्रबंधन में सहायक हॉम्योपैथिक दवाओं की भूमिका - एक सोडेश्य, गैर-यादृच्छिक, स्व-नियंत्रित, पूर्व एवं पश्च मध्यवर्तन प्रायोगिक अध्ययन

पृष्ठभूमि: मानसिक अक्षमता का औपचारिक से कम बुद्धिमत्ता तथा दैनिक जीवन में अपूर्वकरण अभाव से जिन्हें किया गया है। हुमायूं संस्थान द्वारा एक विश्लेषण में विशेष जज्ञातों वाले बच्चों हेतु एक अध्ययन आयोजित किया गया था। उद्देश्य: मानसिक अक्षमता में हॉम्योपैथिक प्रबंधन की भूमिका को दर्शाना। प्रणालियाँ: एक सोडेश्य, गैर-यादृच्छिक, स्व-नियंत्रित पूर्व एवं पश्च मध्यवर्तन अध्ययन 25 प्रतिभागियों का किया गया था। शुरुआती छह महीने का समय नियंत्रण अवधि थी तत्पश्चात्, इन्हीं प्रतिभागियों का उपचार 18 महीने तक हॉम्योपैथिक से किया गया था। डीएमएम व के जन्मशेषों का इस्तेमाल करके उपचार निष्कर्षों का मूल्यांकन किया गया था। प्रत्येक जन्मशेष के प्रायमांकों को 6 महीने के अंतराल पर अवलोकित एवं विश्लेषित किया गया था।

परिणाम: वैज्ञानिक जानक्षेत्र, सामाजिक जानक्षेत्र तथा प्रायोगिक जानक्षेत्र हेतु अनुकूलनीय कार्यशील उपचार प्रामांकों में सांख्यिकीय दृष्टि से एक महत्वपूर्ण भिड़ता (पी < 0.001) रेखा गई थी। यह मानसिक अक्षमता के लक्षणों में नैतिक व्यूह से महत्वपूर्ण सुधार को उचित ठहराती है, जो कि अनुकूलनीय कार्यशीलता, अभिज्ञान, अतिस्पर्धा, व्यवहारिक दुःख तथा वोलचाल संबंधी समस्या के सभी जानक्षेत्रों में प्रतिविषित होने लगी थी। साथ ही ये भी देखा गया था कि अधिकतर मामलों में औपपृष्ठ दवाओं की खुराक को ठोकरा कम कर दिया गया था।

निष्कर्ष: इस अध्ययन के मानसिक अक्षमता के प्रबंधन में हॉम्योपैथिक उपचार की उपयोगिता को सहायक के तौर पर दर्शाया है, जो कि विपरीत के सामाजिक अनुकूलन में हुए महत्वपूर्ण सुधार से प्रतिविषित हो रहा है तथा उनके जीवन में सुधार लाया था।