

Retrospective Study of Effectiveness of Homoeopathic Constitutional Remedies in Treating Children with Delayed Speech

Saira Mohammed Salim, V SathishKumar, Chandraja CV*, Sisir P R, Sugathan N V, Mohan C K

Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari District, Tamilnadu, India.

*Research Officer, Department of Medical Research, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari District, Tamilnadu, India.

ABSTRACT

Background: Speech is a valid conventional communication method, an action in which language is expressed with verbal symbols of language. Speech development is considered by experts to be a useful indicator of a child's overall development and cognitive ability and it is also related to school success. If not managed properly, speech delay may impact a person's life personally, socially, academically, and vocationally for years to come.

Objective: To demonstrate the efficiency of homoeopathic constitutional remedies in cases with delayed speech, to understand the other co-existing developmental and behavioural disorders, to understand commonly using remedies.

Method: The study was a retrospective study conducted in the host institution. Data are collected from Medical Records Department, cases reported between 2015-2019. The study population was selected by considering the OPD cases coming to the "Sarada Krishna Homoeopathic Medical College Developmental Screen Chart.

Results: Most reported cases were males and the most reported age is 4 years. Mostly prescribed medicine was Calcarea group medicine and almost all cases show good improvement. Mostly given potency is 200, based on the susceptibility of the children.

Conclusion: Some parents don't aware of the normal milestones of a child. If it is not managed properly it will affect the overall development of the child. Our homoeopathic remedies are very effective in treating these cases by individualising the person and by prescribing constitutional remedies.

Keywords: Delayed Speech, Delayed Development, Homoeopathic Constitutional Remedies.

Address for Correspondence Author

Dr. Chandraja CV; Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari District, Tamilnadu, India.

E-mail: chandrajarathish@gmail.com

Crossref Doi: <https://doi.org/10.36437/irmhs.2021.4.3.C>

Introduction

Children those who do not achieve the developmental milestone at the expected age are said to be having delayed milestone. In children who are not meeting the expected milestones for speech and language, a comprehensive evaluation is necessary.⁴

Speech is the verbal production of language whereas language is the processing of the communication. Atypical language development can be a secondary characteristic feature for other physical and developmental problems.⁵ Speech delay in

children can later lead to increased difficulty with reading, writing, attention, and socialization. Premature birth can also lead to delay in speech.⁶ Delayed speech in children is more prevalent due to the existence of a nuclear family and for the children those who are spending most of the time by watching television and computers which are non-interactive.³ It is also influenced by physical as well as environmental factors also.⁷ Speech delay was found among single children in a family as well as the first child in a family. Speech helps the children to get attention from others, to satisfy their needs, to influence the behavior of others, to develop social relations and as they grow, it plays an important role in their academic achievements.⁸ Homoeopathy plays a vital role in developmental delays, for not only creating delays but for treating the root cause too. Though all causes cannot be cured but can give improvement.⁹ As homoeopaths we treat a child by taking his mental, physical and emotional generals and particulars. Our master Dr. Hahnemann and Dr. Kent had laid stress in their teachings that the mental symptoms are most important.¹⁰ Diagnosis is not essential in using homoeopathy because it is the whole person, not a diagnosis that is being treated.¹¹ Homoeopathy is effective for children in all aspects. The job of homoeopathy is to match the symptoms or behaviour of a child to a remedy that has cured exactly the same state in others. It can be given once or repeated over a period of time. A remedy becomes constitutional when its homoeopathic fit approaches close similarity to a person needing it.¹²

Materials and Methods

Collection of Data

Study Setting: The research took place in Sarada Krishna Homoeopathic Medical College and hospital located in Kulasekharam, Kanayakumari, Tamil Nadu.

Sample Size: 30 selected case records treated in Sarada Krishna Homoeopathic Medical College Hospital using Sarada Krishna Homoeopathic Medical College Developmental Screening Test.

Study Design: Retrospective study.

Sample Technique: simple random sampling.

Tools Used: Sarada Krishna Homoeopathic Medical College Developmental Screening Test Chart.

Brief of procedure

The study was a retrospective study conducted in Sarada Krishna Homoeopathic Medical College. Data are collected from IPD, OPD, and peripheral centres. The data are analysed from case records reported from 2015-2019. The study population was selected by considering the "Sarada Krishna Homoeopathic Medical College Developmental Screen Chart". Approval of the institutional head was taken for study. The study sample was retrospectively selected from ages 6 months to 8 years of age from the case records of 2015-2019. Files of all the patients with delayed speech were traced from OPD, IPD, and peripheral records. Different patients with different accompanying diseases with their age and sex are recorded. And the treatment-related data such as selection of medicine, changes of medicines, follow-up a pattern, potency given were collected from available clinical notes. And also the duration of treatment they required to show improvement also noted. Clinical notes were reviewed from 2015-2019. A total of 30 patients' case records is verified. And the outcome is recorded by noticing the improvement showing by the patient with the help of case records. Analytical and graphical representation done.

Inclusion Criteria:

- Individuals diagnosed with delayed speech using Sarada Krishna Homoeopathic Medical College Developmental Screening Test Questionnaire.
- **Age:** 6 months to 8 years old.
- Individuals undergone with homoeopathic treatment.

Exclusion Criteria:

- **Age:** Below 6 months and above 8 years.
- Individuals who are undergone with other conventional method of treatment.

Observation and Results**Graphical Representation****Distribution of Case According to Sex**

SL. No	Sex	No of Cases	Percentage
1	Male	17	56.66%
2	Female	13	43.33%

Table: 1 Distribution of cases based on sex

SL. No	Age	No of Cases	Male	Female
1	Age (6months to 1year)	0	0	0
2	Age 2	1	1	0
3	Age 3	4	2	2
4	Age 4	7	4	3
5	Age 5	5	2	3
6	Age 6	4	2	2
7	Age 7	6	4	2
8	Age 8	3	2	1

Table2: Distribution of Case According to Age

SL. No	Cause	No of Cases	Percentage
1	Mobile, television addiction	7	23.33%
2	Down syndrome	2	6.66%
3	Autism	3	10%
4	ADHD	3	10%
5	Developmental delay	5	16.66%
6	Without any cause	10	33.33%

Table3: Distribution of Case According to Cause

SL. No	Cause	No of Cases	Percentage
1	Maternal disfault	3	10%
2	Gestational problem	4	13.33%
3	Delivery problem	5	16.66%
4	Nil	18	60%

Table4: Distribution of Cases According to Other Causes

SL. No	Duration	No of Cases	Percentage
1	1 month	0	0%
2	2 months	0	0%
3	3 months	2	6.66%
4	4 months	1	1%
5	5 months	2	6.66%
6	6 months	2	6.66%
7	7 months	4	13.33%
8	8 months	5	16.66%
9	9 months	3	10%
10	10 months	4	13.33%
11	11 months	2	6.66%
12	12 months	1	1%

Table5: Distribution of Cases Based Upon the Duration Taken for Improvement

SL. No	Results	Number of Cases	Percentage
1	Improved	17	66.66%
2	Moderately improvement	9	30%
3	No improvement	4	13.33%

Table6: Number of Cases According to Improvement of the Cases

SL. No	Medicine	No of Cases	Percentage
1	Calc carb	7	23.33%
2	Calcphos	6	20%
3	Silicea	4	13.33%
4	Phosphorous	1	1%
5	Hyoscyamus	1	1%
6	Nuxvom	2	6.66%
7	Natrummur	3	10%
8	Sulphur	2	6.66%
9	Baryta carb	3	10%
10	Lycopodium	1	1%

Table7: Distribution of Cases According to Medicine Prescription

SL. No	Potency	No of Cases	Percentage
1	30 potency	8	26.66%
2	200 potency	12	40%
3	1M potency	10	33.33%

Table8: Distribution of Cases According to Potency

Statistical Analysis

Calculation method

- At first we have to calculate the actual age of the child with their date of birth in years and months.
- After that look at the appropriate age limit of the child in this screening test.
- Then ask questions from the top to the age limit and tick the milestones attained by the child.
- Calculate the no of ticks in each age specifies with the year and months.
- Divide it with the actual age into 100 to get the percentage.
- If the percentage is below 80% we can consider it as delayed development.
- Improvement can be understand by further calculation after the treatment.

SL. No	X (%)	Y (%)
1	60.23	70.32
2	78.23	79.67
3	79.21	80.9
4	69.22	77.98
5	73.98	78.09
6	75.40	75.41
7	72.34	74.12
8	70.11	80.32
9	65.98	67.00
10	71.68	80.1
11	67.8	68.98
12	62.32	64.3
13	76.89	78.32
14	66.32	68.49
15	79.43	80.54
16	70.3	70.3
17	75.32	77.30
18	67.00	67.80
19	66.60	73.21
20	62.41	65.31

21	77.3	80.2
22	71.56	77.90
23	76.80	78.90
24	70.32	79.41
25	64.8	64.9
26	68.98	71.55
27	75.6	85.4
28	73.40	73.40
29	68.3	70.20
30	72.90	81.20

x=percentage obtained before treatment (in percentage)

y=percentage obtained after treatment (in percentage)

d= difference between before and after treatment (in percentage)

t-Test: Paired Two Sample for Means		
	Variable 1	Variable 2
Mean	71.02433	74.71733
Variance	27.28621	33.83355
Observations	30	30
Pearson Correlation	0.806426	
Hypothesized Mean Difference	0	
Df	29	
t Stat	-5.81141	
P(T<=t) one-tail	1.34E-06	
t Critical one-tail	1.699127	
P(T<=t) two-tail	2.68E-06	
t Critical two-tail	2.04523	

Paired sample T-test, using T distribution (DF=29) (two-tailed) (validation)

1. H₀ hypothesis

Since p-value < α , H₀ is rejected.

The p-value equals 0.002129, ($p(x \leq T) = 0.001065$). It means that the chance of type1 error (rejecting a correct H₀) is small: 0.002129 (0.21%). The test statistic T equals -3.3722, which is not in the 95% region of acceptance: [-2.0452 : 2.0452].

$x = -0.99$, is not in the 95% region of acceptance: [-0.598 : 0.598]. The standard deviation of the difference, S' equals 0.292, is used to calculate the statistic.

Discussion: Children hit milestones at different times, and many factors can influence how much or how clearly a child speaks. Now days it is one of the common complaint facing by the children and it is progressively increasing in number. This study focus on determining the improvement showed by homoeopathic constitutional remedies for the children those who are having delay in their speech. It also aid to throw light on the importance of homoeopathic treatment in coming years for this kinds of conditions there by giving focus to improve the quality of life of children in a community. The findings from the study are as follows.

Sex: In the study conducted, there are total of 30 cases, among them the most reported case was males. It is 17 in number and the remaining 13 were females. It was found that the male children are more prone to suffer the delayed speech problem.

Age: The study was conducted from children having 6months to 8 years. It is found that no cases are there with children up to 1 year. It can be a reason that parents are not aware about the delay in their speech or they didn't take it as a serious matter. Only a single case reported in age 2 and there are 4 children in

age 3. The most reported cases are in age 4, it is 7 in number. 5 cases are there in age 5. 4 cases are there in age 6. There are 6 cases in age 7 and 3 cases in age 8.

Cause: Among 30 cases mobile or television addicts are 7 in number. There are 2 cases with Down syndrome. 3 cases are there with autism spectrum disorder. 3 cases with ADHD. 5 cases with children having developmental delay and the most reported cases do not have any causes. They don't have any associated diseases or any other issues.

Other Causes: Includes maternal default, gestational problem, delivery problem. There are 3 cases with maternal default. 4 cases with gestational problem. 5 cases with delivery problem and most cases about 18 cases does not have any problem.

Duration of Treatment: The improvement of these 30 cases are categorized according to duration of the treatment taken by the patients. From this study no results are found within 1 month and 2 month. 2 cases showed improvement within the 3rd month. 1 case show improvement with in 4 months. 2 cases show improvement with in 5 months. 2 cases within 6 months. 4 cases show improvement within 7 months. The most result show improvement within 8 months, there were 5 cases. 3 cases within 9 months. 4 cases were show improvement within 10 months. 2 cases show improvement with in 11 months. and 1 case within 1 year.

According to Improvement: The improvement of the cases were classified according to result. 17 cases showed good improvement. 9 cases with moderate improvement and 4 cases does not have any improvement. From this result most of the cases are well improved.

Medicine: Study was made according to prescription of the medicine. It was based on constitution of the child. Individualization of a each cases are done well. Calc carb is the mostly given medicine, it is given to 7 cases. Calcphos were given to 6 cases. Silicea were given to 4 cases. Phosphorous, Hyoscyamus were given to each individuals. Nux vomica were given to 2 children, Natrummur for 3 cases. Sulphur for 2 cases, Baryta carb for 3 cases and Lycopodium for one case.

Potency: Study was made according to potency. 8 cases were given 30 potency. 200th potency is mostly given for 12 cases and 1M for 10 cases. It was made according to susceptibility of the children.

Results

From this study, it is concluded that children those who have delayed speech was found more in male children. Some parents don't aware about the normal milestones of a child. Some does not take it as a serious matter and ignore it. Some may think that according to child, milestones varies and some children take more time to achieve their milestones. So that the complaints among 1 and 2 year child are less. Most of the children having 3 to 4 years. At that time parents are more aware about the milestones and parents compare their child with others and it makes them more noticeable. Study about the causes of this condition is that the some children have delayed speech associated with other complaints like ADHD, Autism, Down syndrome. 5 children have overall developmental delay, so that the child also delay in their speech also. Mobile and television addicts are much more increasing now a days and this also leads the children delay in their speech because they are not interacting their valuable time with their parents or their relatives. So child will delay

in communication and it will be difficult for interacting the child with public. Most of the children does not have any cause, they attain their other milestones at their proper time and delay in their speech only. So this study helps me to understand how to manage this type of complaints which does not have any cause. Study also made according to maternal disfault, gestational problem and delivery issue. Study says that most of the cases does not have any issue. By using constitutional remedies the children improve their condition. Here most the child was given Calcarea carb and second most was calcareaphos. Prescription was based on constitution only. Duration of improvement was noted. The most improvement shown within 8 months. With in 6 months the improvement shown by the children are comparatively low and with in 1 year every children show a good result. By further classification of result, most of the cases showed good improvement. Other cases show improvement but moderately and only 4 cases does not show any improvement. According to potency 8 cases were given 30 potency, 12 cases with 200 potency and 10 with 1M Potency. So our homoeopathic constitutional remedies are very much helpful for patients suffering from delayed speech which is progressively increasing now days. So the scope in homoeopathy for treating these kinds of complaints is increasing.

Conclusion

- In this study it was found that most children are males affecting the delayed speech.
- Most commonly reported cases are from age 3 to 4 years.
- The more reported cases have delayed speech without any cause. There are cases delayed speech associated with ADHD, Autism, down

syndrome and developmental delay also.

- The most reported cases does not have any maternal disfault, gestational or delivery issues.
- Duration taken for improvement of the children are more seen within 8 months of treatment.
- Most of the cases show good improvement. 4 cases does not show improvement.
- Most given medicine according to constitution was calcarea group medicine, Calc carb and Calcphos.
- Mostly given potency is 200, based on susceptibility of the children.

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How to cite this Article: Saira Mohammed Salim, V SathishKumar, Chandraja CV, Sisir P R, Sugathan N V, Mohan C K; [Retrospective Study of Effectiveness of Homoeopathic Constitutional Remedies in Treating Children with Delayed Speech](#); Int. Res. Med. Health Sci., 2021; (4-3): 14-24; doi: <https://doi.org/10.36437/irmhs.2021.4.3.C>

Source of Support: Nil,

Conflict of Interest: None declared.

Received: 8-4-2021; **Revision:** 16-6-2021; **Accepted:** 18-6-2021