



HOLISTIC REHABILITATION FOR PEOPLE WITH MENTAL RETARDATION

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ABSTRACT

Mental retardation/ Deficiency (MR) affects 1-3 per cent of the population. WHO, defines MR as intellectual function significantly lower than average, with an intelligence quotient (IQ) equal to or less than 70, and poor adaptive skills in at least two of the following areas: communication, self care, social/interpersonal skills, self-guidance, school performance, work, leisure, health and safety, with the onset of symptoms before the age of 18 yr. The presently limited scope of rehabilitation in the management of MR, with utilization of rehabilitation as mainly a conventional measure, reflects a missed opportunity on overall well being of the person with mental retardation for this complex condition need of the hour is to develop a holistic rehabilitation method by implementing the complimentary systems in to the traditional rehabilitation system.

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INTRODUCTION

Mental retardation/ Deficiency (MR) affects 1-3 per cent of the population¹. WHO, defines MR as intellectual function significantly lower than average, with an intelligence quotient (IQ) equal to or less than 70, and poor adaptive skills in at least two of the following areas: communication, self care, social/interpersonal skills, self-guidance, school performance, work, leisure, health and safety, with the onset of symptoms before the age of 18 yr¹. An IQ greater than 85 is considered normal, and individuals with an IQ between 71 and 84 are regarded as having a borderline. Individuals with an IQ of 50 to 70 have mild MR; those with an IQ of 35 to 50, moderate MR; those with an IQ of 20 to 35, severe MR²; and those with an IQ lower than 20, profound MR. Mild MR is seven to ten times more common than moderate or severe MR. Formal IQ assessment is not possible in children below 5 yr age, and the term developmental delay (DD) is used to identify children with a subset of developmental disabilities defined as significant delay in two or more of the following developmental domains: gross/fine motor, speech/language, cognition, social/personal, and activities of daily living³, the presently limited scope of rehabilitation in the management of MR, with utilization of rehabilitation as mainly a conventional measure, reflects a missed opportunity on overall well being of the person with mental retardation for this complex condition need of the hour is to develop a holistic rehabilitation method by implementing the complimentary systems in to the traditional rehabilitation system.

Physiotherapy for MR

Exercise programs appear to have the potential to positively affect the overall health of adults with Down's syndrome, which is typically associated with Mental retardation, thereby increasing the quality of life and years of healthy life for these individuals⁴. Research has pointed out that a disproportionate number of adults with MR carry a percentage of body fat which can be deemed to be unhealthy as it increases the risk of early onset of respiratory problems, hypertension, adult onset DM etc. There is also positive correlation between muscular strength and work performance.

Hence, the aims of physical therapies for MR are: (a) to reduce excess body weight, (b) to improve cognitive functions, (c) to improve body strength for valuable recreational of vocational activities, and (d) to upper body muscular and fine motor skills for better work performance through improved eye-hand coordination⁵.

Naturopathy and TCM for MR

Traditional Chinese Medicine offers a different paradigm of understanding Mental Retardation in terms of its anatomy, the genetic defects, and offers many useful management techniques for the functional integration which can be added on to the conventional methods⁶. Studies in acupuncture on mental retardation seem promising although more research is required before specific recommendations can be made. Drooling, a common sign seen in MR (especially in children) have responded positively to tongue acupuncture⁷. Various integrative therapies like hyperbaric oxygen, the Adeli Suit,

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patterning, electrical stimulation, conductive education, equine-assisted therapy, craniosacral therapy, Feldenkrais therapy have been experimented with children with Cerebral Palsy but these modalities have different degrees of published evidence to support or refute their effectiveness.⁸

Yoga & Ayurveda for MR

An integrated set of yoga therapy including Asanas, Pranayama, suryanamaskar, loosening practises and meditation (5 hour/week for 1 year) showed improvement in IQ and social adaptation behaviour parameters in 90 children with mental retardation of mild, moderate and severe degree as compare to control group.⁹ Significant decrease in visual and auditory reaction time after nine rounds of bhastrika followed by 10 minutes of normal activities in 34 mentally challenged adolescents (15.1 ± 0.806) once in a week for more than 3 years has been demonstrated.¹⁰

Ayurveda explains MR as vitiated Kapha and Vata Doshas ; altered functioning of these doshas(humors) along with taamasaguna leads to impairment in intellect which is referred to as Ajnaanatwam in Ayurveda.¹¹ Chawala DN showed the beneficial effects of Ayurveda drugs (vacha, Haridra, hungu and redraksha) on psychological factors such as cognition and mood in children with mental retardation.¹² Another study in mentally retarded children looked at the effect of kalyanaka churna and showed increase in intelligent Quotient and social quotient.¹³

CONCLUSION

Thus, it can be concluded that to address the complex issues of a mentally retarded person the present rehabilitation set up can be favorably modified by implementing evidence based complimentary therapies for people with mental retardation for an effective rehabilitation and overall wellbeing.

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Conflicts of interest

There are no conflicts of interest

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