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# A REVIEW ON SCOPE OF AYURVEDA IN THE MANAGEMENT OF MENTAL RETARDATION

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# **ABSTRACT**

Mental retardation (*Manasika mandatva*) is developmental disorder which come to existence in embryogenesis. It is defined as condition of subnormal intellectual functioning with defective adaptogenic behavior. 5 - 10 % of children are affected by mental retardation. In *Ayurveda* number of psychological disorders are described in details but regarding mental retardation it is lacking. After summarizing scattered references on mental retardation, it is clear that genetic factors (*beejadosha*), improper diet (*apathya*), suppression of natural urges (*vegadharana*) and gynecological disorders (*yonidosha*) during pregnancy play important role in the development of fetal disorder (*garbhavikrati*) & mental disorder (*manasik mandatava*). In Ayurveda it occurs due to vitiation of rational thinking (*dhee*), intellect / retaining power of the mind (*dhritti*), and memory (*smritti*) that causes imbalance of kala and karma which results into improper contact of the senses with their objectives (*Asatmendriyartha samyoga*). Currently available treatment in conventional system of medicine is palliative while in ayurveda medhya drugs (memory boosters & enhancers) are described for such disorders which are quiet safe and side effect free. In this review paper author did an effort not to highlight aetiopathogenesis but also management of mental retardation supported by various studies in the field of Ayurveda.

Key words: Manasika mandatva, Mental Retardation, Ayurveda.

#### INTRODUCTION

Mental retardation (MR) is a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Before 20<sup>th</sup> century mental retardation was known as Intellectual disability (ID) or general learning disability. It was historically defined as an intelligence quotient score under 70. Once focused almost entirely on cognition, the definition now includes both a component relating to mental functioning and one relating to individual's functional skills in their environment. As a

result, a person with an unusually low IQ may not be considered intellectually disabled. Syndromic mental retardation is intellectual deficits associated with other medical and behavioral signs and symptoms. Non-syndromic mental retardation refers to intellectual deficits that appear without other abnormalities. The term mental retardation is used by the World Health Organization in the ICD-10 codes, which has a section titled "Mental Retardation" [1] (codes F70–F79).

- F70 Mild Mental Retardation
- F71 Moderate Mental Retardation
- F72 Severe Mental Retardation
- F73 Profound Mental Retardation

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- F78 Other Mental Retardation
- F79 Unspecified Mental Retardation.

While in DSM IV presents 4 types of Mental Retardation reflecting the degree of intellectual impairment [2].

- Mild or Educable IQ between 50-70
- Moderate or Trainable IQ between 35 49
- Severe or Dependent IQ between 20-34
- Profound or Life support IQ below 20

Mental retardation affects about 2–3% of people.[3] Data obtained from National Sample Survey Organization (NSSO) under the Department of Statistics, Government of India indicate that the prevalence rate of mental retardation is about 20 per 1000 general population while the prevalence of developmental delays is about 30 per 1000 in the 14 year-old population. In rural areas, the incidence of mental retardation is 3.1% and in urban, it is 0.9%. The NIMH mentions that 2% of the general population is MR. Three quarters of them are with mild retardation and one-fourth is with severe retardation. [4]

In Ayurveda number of psychological disorders is described in details but regarding mental retardation it is lacking. After summarizing scattered references on mental retardation it is clears that genetic factors (*beejadosha*), improper diet (*apathya*), suppression of natural urges (*vegadharana*) and gynecological disorders (*yonidosha*) during pregnancy play important role in the development of fetal disorders (*garbhavikrati*) & mental disorders (*manasik madatava*)[5]. According to Indian thoughts, *mana* (mind) is one of the major operational concepts in the process of learning and the cause of *mandatava* (entanglement/attachment). Mana has dimension which is *anu* (beyond atom in its minutest aspect), and is capable of remaining *atindriya* (beyond sensory perception). [6]

Mana (Psyche) is an instrument of all our experiences. The chief functions of Manas are assimilation and discrimination. The strength of Indriyas is derived from the Mana. According to Chakrapani, the chief functions of the Mana are ichcha (desire), dvesha (hatred), sukha (pleasure), duhkha (pain) and prayatna (effort). [7]

According to *Charaka*, thinking, judgment, argument and conclusion are the objects of mind. The modern physiology also accepts these functions of mind, which is the aggregate of thinking, judgment and conclusion. It directs and controls the senses and helps to control one when one is getting away from right thinking, imagination and ideation.

#### **Etiological factors** (*Nidanas*):

As separate description of 'Manasik mandatva' has not been described in any of the classics, only indirect and scattered information about the etiology of this disease can be found. These causes can be classified as – Nija nidana (inherited cause) and Agantuja nidana (Acquired cause). Out of these Nija nidana (inherited cause) again

may be classified as *sahaja* (genetic), *garbhaja* (congenital) and *janmottara* (post natal).

- Sahaja nidana (Genetic factor) Acharya Charaka have described Buddhi (intelligence), medha and smriti (memory) as the properties of Atma, Satmya and Satva during describing six factor responsible to formation garbha (fetus). Out of these six factors above mentioned three factors influence the intelligence of a person. Defect in any of these three factors may adversely affect intelligence. [8]
- Garbhaja nidana(Congenital factor) These include all the factors affecting the fetus during its development in the womb such as mother's diet etc. Sushruta says that non-fulfillment of longing of pregnant women leads to vitiation of biological factors mainly vata dosha that give rise to specific features responsible for mental retardation.
- Janmottara nidana (Postnatal factor) During description of phakka rogas Acharya Kasyapa has mentioned jadata (mental insufficiency), panguta (lame) and Mooka (dumb) on consumption of vitiated milk by tridoshas.[10] He also describes that all these are features of various pediatric disorders.

# Agantuja Nidana (Acquired cause)

These may be classified under three headings as follows

- Sirobhighata (head injury): Sirobhighata is usually seen during forceps delivery. Though the incidence rate has decreased due to adaptation of caesarian section but unavailability of obstetrics surgeons in small cities and towns and training of the inexperienced house surgeons, still cause a lot of trauma to the fetal skull during its delivery by applying forceps. Fall over head is another cause of Sirobhighata.
- *Bhutavesaja* (Infections): *Bhutavesa* or infections to the structures inside the cranium is another cause for *buddhimandya* (mental retardation). e.g. tuberculous encephalitis, meningitis etc. When the infection subsides by treatment the affected part which is damaged will cause permanent disabilities of intellectual functions.
- *Visajanya* (**Toxic**): Poisons taken internally will affect the brain structures and cause impaired intellectual capabilities leading to *mandabuddhitva*. It has been proved that drugs like 'barbiturates, opium' etc. impairs mental as well as intellectual states. But the impairment is comparatively less in severity.

Thus, pathogenesis of mental retardation can be described as -

The *manas* and *buddhi* are derived from *atmaja* and *satvaja* Bhava. Their qualities depend upon the deeds of the previous birth and the ratio of *satva*, *rajas* and *tamas guna* at the time of fertilization. The higher concentration of *tamasa guna* either due to previous karma or other conditions at the time of fertilization can have an impact on the normal physiology of *buddhi*, resulting into its hypo functioning and the foetus affected is born

mentally deficient. This condition may also be possible in case of abnormality of *bija*, *bijabhaga or bijabhaga avayava* especially the part which is responsible for buddhi.

Various etiological factors like dishonored longings of a pregnant woman, excessive consumption of vata vardhaka ahara, intake of alcohol, excessive sleeping by a pregnant lady vitiate the doshas (the vata dosha mainly). This provoked Vata either directly reaches the fetal heart through umbilical cord or may form an avarana (covering) which vitiates Kapha present in fetal heart. Thus, Vata along with Kapha obstruct the functions of entities having their seat in the heart such as manas, buddhi, pranavayu, udanavayu, sadhaka pitta, alochaka pitta (buddhi vaisesika) and oja. The hypo function of all these entities and higher concentration of tamasa guna can manifest into the hypo functioning of buddhi. During delivery, if there is any trauma especially on head (seat of *Indriya*) it may cause hypo functioning of the *buddhi*. In the postnatal period, Kaphaj milk feeding to a child provokes the Kapha dosha and this aggravated Kapha creates obstruction in them manovaha srotas in the heart which is the seat of buddhi and its functional units. It results into the impaired genesis of knowledge causing mandabuddhitwa (mental retardation) in a child.

#### **CLINICAL FEATURES**

Failure to meet age-appropriate expectations such as delayed speech, language disabilities, and delayed motor milestones, constitutes the hallmark of clinical manifestations. Hyper activity, poor memory, poor attention, poor concentration, distractibility, emotional instability, sleep problems, impulsiveness and awkward (clumsy) movements and seizures are usually present in some combinations.

#### **DIAGNOSIS**

The diagnosis of Mental Retardation can be made through a careful history, a standard intellectual assessment and measure of adaptive behavior, which is below the expected level. A history and psychiatric interview are useful in obtaining a longitudinal picture of the child's development and functioning, on the basis of examination of physical stigmata, neurological abnormalities and laboratory tests. Besides these, psychological assessment is very important to evaluate the psychological level and brain damage. Intelligence assessment plays a major role in the diagnosis, prognosis and therapeutics.

# MANAGEMENT

In modern medicine line of treatment include counseling, psychotherapy, play therapy, occupational therapy etc while in *Ayurveda* management is divided in to two parts:

# **Preventive aspects**

They can be further subdivided into -

- **Before conception** In *Ayurveda*, the consanguineous marriage has been prohibited, not only by *Charaka* [11] and *Susruta*, [12] but even modern sexologists and biologists have described it. *Acharya Bhela* has clearly mentioned that to prevent the mental disorders the consanguineous marriage should be avoided. [13] Before going for conception the *Acharyas* have prescribed an extensive and exhaustive list of restrictions and rules for a woman which may affect the child psychology. [14] To have a healthy and intelligent progeny they should be followed strictly.
- Prevention during Pregnancy In the context of Garbhopaghatakara bhavas Acharya Charaka has advised to avoid various dietetic regimens, habits and trauma otherwise they can lead to absorption of birth of a child and various psychological disorders e.g. excessive sleep. <sup>15</sup> An excessive consumption of alcohol by a pregnant woman may deliver an idiot with poor memory or hyper activated or mentally impaired child. [15] In the fourth month of pregnancy, the fetus heart which is the seat of consciousness, becomes active hence it expresses its desires through the mother, this state is called dauhrda. [16] The wishes and desires of Dauhrdini if not honored and gratified may lead to various congenital abnormalities.
- **Prevention during Delivery** During the second stage of labour, *Susruta* has pointed out that on not following the instructions for bearing down the pains by an *Asannaprasava* women may lead to congenital abnormalities which will terminate into psychological abnormality.[17]
- Prevention during the neonatal period of child In this respect, in Ayurvedic Neonatology, there are two terms viz. Jatamatra (new born) and Jatakarma (ceremony). Just after birth first measure to protect child & his or her respiration by prana pratyagamana (resuscitation) method in the form of cleaning of mukha sleshama and physical stimuli along with prana vayu (oxygen) with the help of Krishana kapalika shurpa (hollow tube) with the aim to prevent the birth asphyxia which is a common cause for mental abnormality. [18] Further, the Acharyas have also described various other necessary methods to prevent the physical and mental disorders. They are raksakarma [19] (protective measure), dhupana karma [20] (fumigation) etc. Various dharana [20] drugs (ornamental medicine) have been mentioned to improve the ayu (age), medha (intellect) and smriti (memory). After establishment of the respiration in a neonate Jatakarma (ceremony) is performed with madhu (honey), ghrta and swarna (gold) in unequal proportion with chanting of the Vedic mantras to the child for promoting medha and bala. [21] The basic aim behind this Jatakarma (ceremony) is to stimulate the intellectual

ability & immune system of the child from the very neonatal period.

## **Specific Treatment:**

In Ayurveda, various remedies have been described by the *Acharyas* to improve the mental ability. *Acharya Charaka* mentions that *Mandukaparni*, *Guduchi*, *Yashtimadhu* and *Shakhapushpi* are wholesome for intellect and among them *Shakhapushpi* is the drug par excellence. [22] *Acharya Kasyapa* has mentioned some lehas viz. *Kalyanaka ghrta*, *Brahmi ghrta*, *Pancagavya ghrta*, *Samvardhana ghrta*.[23]

Acharya Vagbhatta has advocated four yoga's to promote the *medha* (intellect), *bala* (strength) and *varna* (color) of a child.[24] They are as under –

- Fine powder of Swarna with Ghrta, Vacha and Kusta.
- Matsyaksi, Swarna, Vaca, Ghrta with Madhu.
- Arkapuspi, Ghrta, Swarna and Vaca with Madhu.
- Swarna curna, Kaidarya, Swetadurva and Ghrta with Madhu.

Acharya Susruta opines that continuous practice of learning also improves medha and buddhi. This principle of Susruta can be very fruitful for the mentally deficient child in form of special education and teaching. Apart from these drug therapies there are certain other methods of improving the memory about which Acharyas

have discussed in different contexts such as *Abhyasa* (continue practicing), *samadhi* and *yoga*. All these sharpen the memory and elevate the level of buddhi. This principle of Susruta is very much important and is a fundamental factor behind all the learning processes.

#### **CONCLUSION**

On the above basis it is concluded that Ayurveda enumerates various etiological factor which on derangement at time of embryogenesis cause to develop mental retardation that manifests at the time of prenatal, natal, post natal stages. Mental Retardation refers to subnormal general intellectual functioning and is associated with impairment in either learning and social adjustment or maturation or both. Medical treatment of Mental Retardation has offered little hope for its total or even partial alleviation. Ancient Acharyas have laid much emphasis on the prevention of mental disorder & promotion of mental health under the topic 'Medhya Rasayana Therapy'. Under this therapy, they have classified many drugs like Vacha, Yashti madhu, Mandukparni, Shankhpushpi, to mention a few in promoting mental development and alleviating mental illnesses as well. By adopting such measure we can protect to our coming progeny. Thus, Ayurveda may play an important role in the management of Mental Retardation.

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