

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Learning Disability and it's Homoeopathic Management

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A learning impairment, also known as a learning disease, is a brain issue that makes it difficult for a person to absorb or process information. This does not preclude the possibility to learn in a different way given the "difficulty learning in a conventional fashion." Therefore, it is more accurate to refer to some people as having a "learning difference" to prevent any misconceptions about their ability to learn and potential unfavourable stereotypes. While issues like dyslexia and dyspraxia are typically referred to as "learning difficulties," the phrase "learning disability" mainly refers to an intellectual disability in the United Kingdom.

When the phrase "learning disorder" is employed, it refers to a range of conditions marked by the improper growth of particular academic, linguistic, and communicative abilities. The three main categories of learning problems are dyslexia, dyscalculia, and writing (dysgraphia).

The condition that impairs the brain's capacity to take in and process information is the unknown component. It may be difficult for someone with this illness to learn as rapidly or in the same way as someone without a learning disability. If left to their own devices or when being taught in a normal manner, people with learning disabilities have difficulty performing certain types of skills or finishing activities.

Interventions and modern technologies may be employed to assist the individual in learning skills that will support future success, depending on the type and severity of the handicap. While some interventions are sophisticated and difficult, others might be fairly simple. For modern technology to be useful in the classroom, students may need training. Together, teachers, parents, and schools can develop programmes that specifically personalise interventions and adjustments to help people become effective independent learners. A multidisciplinary team frequently contributes to the intervention's design and helps instructors and parents coordinate its execution. This team frequently consists of special educators, ESL instructors, literacy coaches, reading specialists, speech therapists (pathologists), occupational therapists, school psychologists, and psychologists.

Definition

The National Joint Committee on Learning Disabilities is made up of representatives of organisations dedicated to the education and care of people with learning disabilities (NJCLD).

Therefore, in the 1980s, NJCLD defined learning disability as: a broad set of problems characterised by severe challenges in learning and using the skills of listening, speaking, reading, writing, thinking, or mathematics. These conditions are personal to the person and are thought to result from CNS dysfunction. A learning disability may coexist with other disabilities (such as sensory impairment, intellectual disability, social and emotional disturbance), as well as environmental factors (such as cultural differences, inadequate or inappropriate instruction, and psychogenic factors), but it is not a direct result of any of these factors.

Effects

Individuals with learning disabilities may also face social difficulties, which is another consequence of having a learning disability or learning difference. The ability to accurately interpret social cues from peers might be impacted by neuropsychological abnormalities. According to researchers, people with learning disabilities suffer unfavourable consequences not just because of their learning differences but also because they are associated with a stigmatising term.

To determine the relationship between a learning handicap and self-esteem, numerous studies have been conducted. These research have demonstrated that a person's understanding of their learning disability has a real impact on their sense of self-worth. Regardless of their actual academic accomplishment, those who believe they are academically capable often have higher self-esteem than those who do not. Numerous additional elements, however, have also been demonstrated by research to have an impact on self-esteem. Self-esteem is enhanced by talents in extracurricular activities like sports and the arts. Additionally, it has been demonstrated that having a positive opinion of one's appearance has a positive impact on one's self-esteem. Another significant discovery is that individuals with learning impairments can discern the difference between intellectual ability and academic ability.

Causes

Genetics and heredity

Parents of children with learning challenges frequently experience the same difficulties.

Some kids have spontaneous mutations (i.e., ones that neither parent carries), which can result in learning impairments and other developmental issues.

According to one study, one in 300 kids have these spontaneous mutations, such as a CDK13 gene flaw that causes learning and communication problems in the affected kids.

Problems during pregnancy and birth

Learning disabilities can occur during pregnancy or after delivery as a result of disease, injury, or malformations in the developing brain. Low birth weight and foetal exposure to drugs or alcohol are risk factors (3 pounds or less). These kids are more likely to experience reading or math difficulties in the future. Learning disabilities are more likely to occur in kids who are born early, late, laboured for longer than normal, or had problems breathing.

Accidents after birth

Learning difficulties can also result from chemical exposure, starvation, or head injuries (such as heavy metals or pesticides).

Diagnosis

Through a combination of intelligence testing, academic achievement testing, classroom performance, social interaction, and aptitude, psychiatrists, speech language pathologists, school psychologists, clinical psychologists, counselling psychologists, neuropsychologists, and other learning disability specialists can identify learning disabilities in their patients. Perception, cognition, memory, attention, and language skills may also be evaluated.

When a student's cognitive ability is significantly greater than their academic performance, they are frequently identified as having a learning disability.

Response to intervention

A treatment-oriented diagnostic procedure known as response to intervention has been the subject of a lot of recent research (RTI). In order to implement such a paradigm, researchers advise early screening for all kids and enrolling those who are struggling in research-based early intervention programmes before waiting for them to reach diagnostic criteria. Their performance can be carefully watched to see if progressively intense intervention yields sufficient outcomes. Nobody will need to step in again if they answer. "Non-responders" are those who do not effectively respond to both a more intense intervention (commonly called a "Tier 2" intervention) and routine classroom training (typically called "Tier 1 instruction").

Reading disorder (ICD-10 and DSM-IV)

The most prevalent form of learning disability is a reading issue. [58] 70–80% of all students with particular learning difficulties have reading deficits. Many experts contend that there are other types of reading difficulties, of which dyslexia is one, despite the fact that the term "Developmental Dyslexia" is frequently used as a synonym for reading disability. Any aspect of the reading process can be impacted by a reading handicap, including word decoding, reading rate, prosody (oral reading with expression), accurate or fluent word recognition, or even both. Word blindness was the previous name for this learning issue before the term "dyslexia" gained popularity.

Phonemic awareness, or the capacity to separate words into their constituent sounds, and the ability to match letter combinations to particular sounds, are common signs of reading difficulties (sound-symbol correspondence).

Disorder of written expression (ICD-10 and DSM-IV-TR)

The DSM-IV-TR criteria for a disorder of written expression are writing abilities that are significantly below those expected based on the person's chronological age, assessed intelligence, and age-appropriate education, as measured by a standardised test or functional assessment (Criterion A). If a sensory deficiency is present, the difficulties with writing skills must be worse than those generally associated with the deficit. This difficulty must also significantly hinder scholastic accomplishment and tasks that demand for the generation of written material (Criterion B) (Criterion C). The word "dysgraphia" has been used by a number of organisations as a catch-all for all disorders of written expression.

Math disability (ICD-10 and DSM-IV)

A math disability, also known as dyscalculia, includes challenges with learning arithmetic concepts (such as amount, place value, and time), memorization of math facts, arranging numbers, and comprehending how problems are laid out on the page. People with dyscalculia are frequently described as having poor "numeracy".

Non ICD-10/DSM

Nonverbal learning disability: Nonverbal learning disabilities frequently show up as clumsiness in the motor system, poor visual-spatial abilities, trouble with social interactions, problems with math, and a lack of organisational abilities. These people frequently possess particular linguistic qualities, such as early speech, a broad vocabulary, early reading and spelling abilities, high rote memory and auditory retention, and expressive self-expression[additional citation(s) needed].

Disorders of speech and listening: Memory, social skills, and executive function problems frequently co-occur with learning difficulties (such as organisational skills and time management).

HOMOEOPATHIC MANAGEMENT -

The main rubrics related to learning disability (from homoeopathic medical repertory - Robin Murphy ND)

MIND- MISTAKES ,general , calculating , in

MIND- MISTAKES, general, differentiating of objects ,in

MIND - MISTAKES, general, reading, in

MIND -MISTAKES ,general, speaking ,in

MIND -MISTAKES ,general, writing, in

MIND -MATHEMATICS, general,

DISEASES- LEARNING, disabilities,

1) CALCAREA CARBONICA – People with scrophulous constitutions who are susceptible to the cold. a fatigued state, either mentally or physically. deep muscular abscesses, polyps, and exostosis. Children are prone to diarrhoea, have a craving for eggs, and consume dirt and other unpalatable items. Children of the chubby, flabby kind tend to develop quickly, sweat profusely on their heads, have huge heads, are forgetful, learn slowly, move slowly, are confused, obstinate, dislike work, and experience headaches from even minor mental activity. Confused and verbally illiterate. Mood that is melancholy or doubtful. aggravation brought on by anxiety, eyestrain, and mental exhaustion..

2) BARYTA CARBONICA – Particularly recommended in early childhood and elderly age. Children with swollen abdomens are more susceptible to colds and always have swollen tonsils. People with quinsy have gums that bleed freely and are susceptible to suppuration. Marasmic . Slow, foolish, and backward. Mindless, childish behaviour. Timid . Cowardly. weak, muddled mentality. growing mental sluggishness forgets her task or the word she was about to say. fearful of strangers. For scrofulous youngsters, who are mentally and physically dwarfish, do not grow and develop, they have memory loss, mental deterioration, self-confidence issues, confusion, forgetfulness, and inattentiveness. They are also at risk for idiocy and are unable to learn new things.

3) AGARICUS MUSCARIUS – They are connected to chorea, anaemia, and tubercular diathesis. Strong indicators include jerking, twitching, trembling, and itching. neuralgias and spasmodic affections in various types. Reading is challenging because the type seems to move or swim. dislike of communication. unable to conduct any type of work, especially mental work. Sings, talks but doesn't respond, is gregarious, dislikes labour, is indifferent, is fearless, and is restless. aggravation due to mental effort. uneasy and tense.

<u>4</u>) **<u>CHAMOMILLA</u>**- Chamomilla is empathetic, agitated, fiery, heated, and numb. oversensitivity brought on by drug and coffee misuse. Unbearable pain accompanied by numbness Sweats during night. whimpering unease. Peace of mind is a contraindication to Chamomilla. complaints borne of annoyance and rage. Extremely sensitive to every hurt; impatient; intolerant of being talked to or interrupted; and perpetually whiny. Peevish, angry, and snappish people are unable to respond politely. Aversion to speaking, responds snarkily. affections of speech. Stupidity. Mental obscurity. excludes words bad attitude agitated irritability Uncomfortably cross. too sensitive ugly, irate, argumentative, and uncivil.

5) TARENTULA HISPANICA – extremely agitated, frantic, and choreatic with chlorosis. feeling of formication and constriction. musical sensitivity dislikes company but wants someone there. Characteristics include the twitching and jerking of the muscles in the extremities. Additional motions and contractions. abrupt violence cunning and damaging. little IQ, bad memory. abrupt change in mood. uneasy and sensitive. She doesn't respond when questioned. The evening and right after a meal are better for mental symptoms.

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