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A review on dyslexia for school going children and its homoeopathic management

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Abstract

Dyslexia means trouble with words. Inability to read at the level normal for one's age or intelligence level. In India, schooling and scholastic presentation is an essential concern for families. The child is not working enough, people consider about dyslexic child.

Literacy skills are the prologue to didactic attainments and these revolve prop up admittance to profession opportunities and employment. However, even in urbanized educational systems, a generous number of children not succeed to learn to read their age levels. A precise hurdle to step forward is complexity in decoding print understand with reading i.e. initial step. Such difficulties with the expansion of decoding skills are referred as dyslexia.

Keywords: Dyslexia, reading disability, homoeopathy, school going children, disability, reading

Introduction

Dyslexia means trouble in learning how to read words and covenant in print. Early days, dyslexia as an outcome of brain damage. Dyslexia is a definite learning disorder, neurological in origin. It is characterized by difficulties in reading, accuracy, fluency, spelling and decoding abilities^[4].

Every individual is differ from another one. The enlargement of the vital energy in single person diverge from next member. Everyone hold unique personality, psychophysical construction due to distinctive interaction of hereditary tendencies and disease factors^[5].

Each one receive their materialistic energy for physical body, dynamic force through brain and spiritual vigor. These powers differ in their work. Any change in the harmonious flow of the liveliness or force outcome of disfigured or disturbed maturity of the entire human economy^[5].

Each dyslexic child is unique^[11]. "Dyslexia is a neuro-developmental condition, there is dazzling disparity among their potential and their performance. Mostly, dyslexic children are marked as slothful or unbiased in their own homes", Chandrashekhar explained^[6].

Dyslexia is a learning disability in one in each six school goers, whatever the monetary, language and geographic status, intelligence with an IQ of eighty five and higher^[19]^[8].

Dyslexia classification

Learning disabilities (LD) happen about 10 percent of school going offspring's, affects one or more cognitive skills. LD engage

- Reading (dyslexia and reading comprehension),
- Motor functions (dysgraphia, dyspraxia, Developmental co-ordination disorders (DCD), mathematics, writing composition, executive dysfunction, and attention (ADHD)^[8].

Epidemiology

- 2 million dyslexic children in Tamil Nadu^[9].
- Fifteen percent of school going children in India are recorded as being dyslexic. Children who are affected by the dysfunction have an above-average IQ of at least 115^[9]. Different unreliable degrees of learning disabilities (LDs) of about ninety million members, nearly 5 numbers of class students in school with LDs^[3].
- Three to seven percent of the English-speaking population, with more boys than girls affected^[11].

Risk factors

Table 1: In preschool and initial school years ^[9]

Growth stage	Risk factors
Birth	Hereditary
Preschool	Tardy talker, communication difficulties, unhurried to learn letters and colours
School entry	Meager data of alphabets, paltry rhyming or phoneme activities, meaningful speech different

- Age of the child. Diagnosis unattainable prior to 2 or 3 grade ^[8].
- Guy prevalence ^[1].
- A family history of dyslexia, Relative record ^[1]. Individual differences in the parts of the brain that enable reading ^[28].
- Drop out from school –forty percent, in adolescents.¹³
- Late intervention which is not giving essential treatment for an individual ^[10].

Aetiology

- Hereditary - Bhasha impede, Family history of language disabilities ^[9].
- During pregnancy, drug exposure, lead poisoning, prenatal, prenatal injury ^[13].
- Fetal alcohol syndrome ^[13].
- Chromosome – no 6 for phonological awareness, 15 for facility to categorize the words, mutilation in reading and spelling-1, 2, 3, 6, 15, 18, single word reading, phoneme awareness, generalist genes ^[13].
- Extreme low birth weight, severely premature children ^[13].
- Cerebral palsy, epilepsy ^[13].
- Right-visual field blindness due to postnatal brain lesions in the left occipital lobe. Lesions in the splenius of the corpus callosum that blocks the transmission of visual information from the intact right hemisphere to the language areas of the left hemisphere ^[13].
- Home environment regarding education and the teaching worth powerfully force the child’s reading ability. Multiple small genes that change reading development. These genes involve neuron migration, cortical morphogenesis, the outgrowth of neuritis, and the structure and function of cilia ^[14].

Diagnostic criterias

DSM V

- 315.00(F81.0) with impairment in reading.
 - a. Word reading accuracy
 - b. Reading rate or fluency
 - c. Reading comprehension ^[15].

ICD-10

- F81 - Specific developmental disorders of scholastic skills.
- F81.0 – Specific reading disorder.
- F81.1 – Specific spelling disorder ^[16].

Clinical features

Diagnosis can’t made earlier before the child enters the first grade.

Preschoolers may present with

- Rhyming trouble.

- Confusing words that echo same.
- Difficult learning the letters names.

Kindergarten and first graders express

- Incapable to learn letters.
- Strong analyst for reading ability.
- Can’t read words and obscurity spelling at the end of first grade.

Second grade and beyond may show

- Reduced school performance.
- Avoid the school.
- Physical complaints when ask to do school activity ^[14].
- Usually identified by the age of seven years (second grade) ^[13].
- Omissions, additions, distortions of words ^[16, 13].
- The child’s reading rate is slow, habitually with smallest comprehension ^[13, 16].
- Evade reading and writing.
- Confusion between right and left side ^[23, 17].
- Unable to remember what they read ^[16].
- Incapacity to get conclusions or inferences from matter read ^[16].
- The mirror image like the letter “b” appears as “d”, “p” mistaken for “b” or inverted image ^[13].
- The young individual resembles brighter than his reading or writing insisted ^[17].
- He build up stories based on illustrations not finding to written text ^[17].
- The youth is behind in learning how to interpret time or knot his shoelaces ^[17].
- Can’t keep in mind sequence of order like array of days, months and numbers ^[17].
- Usually left handed character ^[17].
- Using anagrams akin to tired for tried, united for nited, read for dear, pear for reap ^[17].
- Loud reader ^[17].
- Make syllables in wrong chain similar to buts-stop for bus-stop ^[17].
- Read rearward analogous to saw for was, on for no ^[17].
- Puts hassle on the erroneous syllables while reading, not even as talking ^[17].
- Ignore punctuation marks.
- Unsynchronized walking ^[17].
- Unfair at copying from class board ^[19].

Prognosis

Mild: Early administration of medicines, there is no need of medicine after 1-2 grades.

Moderate: must take medicines.

Severe: Should medicinal involvement ^[13].

Early detection, remedial treatment enhances the improvement ^[14].

Evaluation

Table 2: Components of a comprehensive diagnostic assessment for reading disorders ^[9]

Assemble	Trial
Reading	Solo express appraisal, non phrase reading (decoding), interpretation facility (mono formulate and continous transcript), accurate reading style.
Spelling	Solitary word spelling, in free writing.

Treatment

Basic reading program

Start by allowing whole words initially and then teach brood how to split them down and distinguish the sounds of the syllables and the separate letters in the word.

Bridge reading program

Aid with visual aids and by-passes the sounding out processes to recognize whole word^[13].

General management

Early intervention is good for the child^[12]. For Cognitive enhancement, increasing nourishments for growing brain^[23]. One to one counteractive teaching and parent contribution revamps long haul sequel^[1]. Screening is performed at the preschool level. During birth or first year, viewing should be done^[4]. Bio-psychosocial perspective. Special tutoring and computer-assisted techniques. Family, school support with Psychotherapy, parent education, and teacher consultation (Levine, 2003a, 2003b)^[12]. Underlying physical or psychiatric disorder. Correct placement of the tongue and mouth for improved articulation. Speech therapy^[20]. Psychotherapy or Cognitive behavior therapy^[17]. Parents or bystanders consist good memory, read aloud their stories or studies, they memorize the subjects or matters^[18].

Homoeopathic management

Ambra grisea

Appropriate to lean, skinny, emotional, panicky and frenzied kids^[21]. Vary in mental flaw and vicious passion^[21, 22]. Complicate to imagine^[22]. Understands with trouble what he reads^[22]. Wants to be alone, fear of people. Can do work in absence of others. Severe shyness, blushes easily. Music make weeping. Despair, abhorrence of life. Implausible illusions. Slow comprehension. Cannot sleep from worry; must get up. Anxious dreams. Coldness of body and twitching of limbs, during sleep. Mod.-Worse- music, presence of strangers, from any unusual thing, morning, reading or talking aloud, the presence of many people, after waking. Better- slow motion in open air, lying on painful part, cold drinks.

Ammonium carb

Speech tricky, accompanied with pain^[26]. Highly sensitive to cold air. Enormous aversion to water, cannot abide to touch it. Heaviness in all organs. Uncleanliness in bodily habits. Swelling of parts, glands, etc. Acid secretions. Prostration from trifles. Mind-Forgetful, ill-humored, gloomy during stormy weather. Uncleanliness. Talking and hearing others talk affects greatly. Sad, weepy, unreasonable^[26]. Bad temper for the period of bad weather^[22]. In speaking, making mistakes^[25].

Anacardium orient

Nastiness, blaspheme, forgetful. Past of speech, consciousness^[22]. Dislikes fruits, melons^[22]. Crampy pain in the muscles. Contraction of the joints. Band feeling or hoop about the parts. Plug Pain in several areas. Reduction of the senses (smell, sight and hearing). Sensitive to the draft of cold air. Periodicity of the symptoms. Itching of the skin, worse from scratching. Many symptoms appear after eating, during dinner. Aggravation when lying on the side, from rubbing, and from taking hold of anything^[24].

Baryta carbonica

Mistrust. Less self-confidence and hatred to strangers. Avoid playing. Aches in bones, the joints. Chillness with tearing in the limbs. Inflamed and indurate glands. Intricate learning in children, bloated face with emaciation and swelled abdomen. Great liability to catch cold (sore throat, stiffness of the neck, and diarrhea). Failure in confidence, loss of memory, forgets word, confusion^[25].

Calcarea OST

Feeble memory with aphasia. Stuttering when speaking.²² Inclination to become fat (in children and young person's). In children, puffiness of face, body with swollen abdomen. Great emaciation and swollen abdomen, the appetite being good. Aggravation in the morning on awakening, from exertion of the mind, after eating, in cold air and wet weather, from fasting, and in the evening and after midnight. Amelioration from rubbing, from drawing the limbs up, whilst lying on the back, in the dark and in dry weather^[24].

Causticum

Paralytic tension of the extensor muscles in the limbs. Lack of feeling about the single parts or the right plane of the body. In children, there is soreness, swelling in abdomen, effortless falling, and tardy learning to walk. Provocation in the evening, open air, following drinking coffee and whilst perspiring. Relieved from warmth. Misplay words or uses mistaken words while dialogue^[25].

Kali Brom

Speech hesitant.^[26] Forgets to talk, prior to spoke, memory loss^[25]. Tongue jerking^[26].

Conclusion

Though a child's learning period is essential for his /her future. Any difficulties facing during the period will affect the child. So early intervention needed to improve the current stage of the kid^[12]. Vitamins and minerals which enhance their energy level along with family, school support. There will be improvement in Dyslexia on school going children when Homoeopathic medicines are administered, based on the totality.

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