International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Role of Oenanthe Crocata in the Management of Global Developmental Delay in Adult

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ABSTRACT

Background: Global developmental delay is a term used when children are significantly delayed in two or more areas of development. It can be diagnosed when a child is delayed in one or more milestones, categorised into motor skills, speech, cognitive skills, and social and emotional development. Homoeopathy has a role in treating this kind of diseases where maternal history plays an important role in treatment and validation of medicine. Oenanthe Crocata from Umbelliferae family has an indication in GDD where the cause from maternal part.

Case summary: A case study demonstrated how OENANTHAE CROCATA worked for a patient who aged 43 was diagnosed with Global Developmental Delay during his childhood and the difference in his development after using a computerized repertory in accordance with the Materia Medica, homeopathic medicine was selected after conventional protocols for case taking and evaluation were followed. Oenanthae has been indicated in Epilepsy A/F: During Pregnancy. Improvement in this case suggests that homeopathy may be useful in the treatment of Global Development Delay even in their later stage of life.

Results: Oenanthae Crocata covers the pathology of the individual. Patient was administered with 30th potency Proper Diet and regimen Is also advised. They are documented through Assessment and Examination during follow up.

CONCLUSION: On the subsequent follow-up there was improvement on the symptoms of the patient's complaints both Mentally and Physically. Potency is selected on the basis of Susceptibility and Homoeopathic Principles.

Keywords: Global Development Delay, Oenanthae Crocata, Homoeopathy, Assessment scales.

INTRODUCTION

The term "global developmental delay" refers to children who are considerably delayed intwo or more ar eas of development.It can be diagnosed when a child falls behind in one orore milestones, including mot or skills, speech, cognitive skills, and social and emotionaldevelopment.This delay is frequently caused by a specific ailment such as cerebral palsy,Fragile X syndrome, or other chromosomal abnormalities. This condition is referred to asFailure to thrive, which focuses on a lack of weight gain andphysical deve lopment,Intellectual Disability, which focuses on intellectual deficits and thechanges they cause indevelo pment, and Developmental Disability, which includes both intellectual and physicaldisability.

CAUSES:

It may be caused by Learning Disabilities, which can be overcome with patience and help from physio therapists, occupational therapists, vision therapists, and speech and languagetherapists.
Other factors includeGenetic abnormalities such as Down syndrome, Fragile syndrome, and GLUT1 Def iciency syndrome, as well as childhood infections such as meningitis/encephalitis, and metabolic proble ms such as hypothyroidism, cause permanent developmental delays.
The child was born preterm (before 37 weeks).
Toxic drugs used during pregnancy, notably alcohol, can cause developmental delays if they influence th e baby neurological development, as in Foetal Alcohol Syndrome.

PATIENT INFORMATION:

A 43year old Male Patient came with the complaint of Development delay -Delayed Milestones since birth. A/F: Forceps Delivery with symptoms of Involuntary Defecation, involuntary urination, seizure attack, Speech- Meaningless and slurred, Aggressive Behaviour-Bites teeth together during anger, Slow to- respond, walk, to eat, Poor- understanding, memory leaves work incomplete. Fear of- Crowd, heights, climbing upstairs, smiles at seeing new persons. < New $Moon^{3+}$, $Full\ Moon^{3+}$

PAST HISTORY

- Medical history and Treatment history: At 18year of Age had Seizures was under Allopathic Treatment (Anti-epileptic medication)
- Family history – Father – Stroke, Type II Diabetic; Mother –Lumbar spondylosis

PHYSICAL GENERALS:

1. Appetite-Good hunger
2. Thirst-Good 3litres/day
3. Stool- Involuntary.
4. Urine-Involuntary
5. Sleep- only with medication.
6. Sweat- Generalized.
7. Reaction To:

Thermal relation - Hot patient
Season- Desire: Winter

Food Desires- Chicken, fish^{3+}
8. Physical make Up-
Carbo-Nitrogenoid constitution.
Phlegmatic Temperament.

MENTAL GENERALS:
After proper Life Space Investigation from patient, parents and through observation:
A. WILL AND EMOTIONS:
1. Easily Angered-Expresses by biting teeth, beating his mother.
2. Tears calendar, shouts at night.
3. Fear-crowds, places- doesn't eat in function
4. Fear of climbing upstairs.
5. Shy to look at girls.
6. Watches Wrestling in TV-Likes it.
7. Easily Angered-Expresses by biting teeth, beating his mother.
8. Tears calendar, shouts at night.
9. Fear-crowds, places- doesn't eat in function
10. Fear of climbing upstairs

B. UNDERSTANDING AND INTELLECT: Poor
C. MEMORY: Poor
PHYSICAL EXAMINATION
GENERAL EXAMINATION:
- CONSIOUS
- GENERAL APPEARANCE: Fair, Smiles always
- GENERAL BUILT AND NUTRITION: Well-built and nourished.
- HEIGHT-172cm: WEIGHT-68kg: BMI- 27.7Kg/m^2
- No Pallor, No Icteric, No Cyanosis, No Oedema, No Enlarged Lymph nodes.
- BP- 180/90 mm of Hg; Pulse- 85 beats/min;
- Temp- 98.6$^{\cdot}$F, Respiratory Rate- 15/ minute

SYSTEMIC EXAMINATION
- CVS- S1, S2 heard, No Murmurs.
- RS: The lung field is filled with the vesicular sound. No added sounds
- CNS:

1. HIGHER MENTAL FUNCTIONS:
1. Oriented to place, time and Person (9/10)
2. Appearance- Sluggish, smiles at new persons.
3. Behaviour- Does work on being insisted, leave work incomplete, doesn't do on his own.
4. Memory-Poor (2/5)
5. Understanding-Poor (2/5)
6. Concentration-Slightly Better (3/5)
7. No Delusion, No Hallucination.
8. Recall -1/3
9. Language-4/5

2. CRANIAL NERVE EXAMINATION:

1) **OLFACTORY NERVE**- Intact.

OPTIC NERVE	RIGHT	LEFT
VISUAL ACUITY	✓	✓
FIELD OF VISION	✓	✓
COLOUR VISION	✓	✓

2) OCCULOMOTOR, TROCHLEAR, ABDUCENT NERVE

Pupil size and shape- Normal
Pupillary Musculature- Normal
Pupillary light reflex- Intact

TRIGEMINAL NERVE	RIGHT	LEFT
SENSORY	✓	✓
MOTOR	5/5	5/5
CORNEAL REFLEX	✓	✓

FACIAL NERVE	RIGHT	LEFT
SYMMETRY	✓	✓
FROWNING	✓	✓
EYE CLOSURE	✓	✓
BLOWING	✓	✓

3) VESTIBULO-COCHLEAR NERVE:

- RHINNE'S TEST-Air Conduction> Bone Conduction
- WEBER'S TEST- Normal.

4) GLOSSOPHARNYEAL NERVE:

- Soft Palate Position: Normal.
- Gag Reflex- Intact.

ACCESSORY SPINAL NERVE:	RIGHT	LEFT
POWER OF STERNO CLEIDO MASTOID	5/5	5/5
POWER OF TRAPEZIUS	4/5	5/5

5) HYPOGLOSSAL NERVE:

- Tongue Position- Central

- Fasciculation of Tongue- 2/5
- Movement of Tongue- Normal.

3. MOTOR SYSTEM:

INSPECTION: No Scar, No Discolouration, No Fasciculation, No Tremor

GAIT: Unable to walk, Walks Slowly.

MUSCLE TONE:	**RIGHT**	**LEFT**
UPPER	NORMAL	NORMAL
LOWER	NORMAL	NORMAL

MUSCLEPOWER-UPPER	**RIGHT**	**LEFT**
SHOULDER ABDUCTION	5/5	5/5
SHOULDER ADDUCTION	5/5	5/5
ELBOW FLEXION	5/5	5/5
ELBOW EXTENSION	5/5	5/5
WRIST FLEXION		
WRIST EXTENSION		
FINGER FLEXION & ABDUCTION		

PROVISIONAL DIAGNOSIS:

ICD-10-CM F88 GLOBAL DEVELOPMENTAL DELAY

SELECTION OF MEDICINE:

A) NON-REPERTORIAL APPROACH:

- A/F: Forceps delivery
- Stares at everyone.
- **Mesmeric look**.
- Epileptic attack after Pregnancy.
- Maternal instinct.
- Delayed Milestones.
- Involuntary urination and defecation.

HOMOEOPATHIC MANAGEMENT:

PRESCRIPTION:(14.02.2025)

1. OENANTHAE CROCATA 30/1 DOSE
2. B. PILLS 3*TDS.
3. B.TAB 1*BD

B) REPRTORIAL APPROACH:

NO	SYMPTOMS	RUBRICS	EXPLANATION
1.	Beats friends during Anger	MIND-Anger-beating friends	Mental Generals.
2.	Bites during anger	MIND- Anger-bite: with desire to	Mental Generals.
3.	Dullness	MIND-Dullness	Mental Generals.
4.	Fear in crowd, public place.	MIND- Fear -Crowd, in a public place	Mental Generals.
5.	Fear of falling from ascending stairs	MIND- Fear- falling from ascending stairs, when	Mental Generals.
6.	Slow eating	MIND- slowness-eating, while	Mental Generals.
7.	Foolishly smiles	MIND-smiling, foolish	Mental Generals.
8.	Staring	MIND-staring, thoughtless	Mental Generals.
9.	Tearing things in general	MIND- Tearing -things in general	Mental Generals.
10.	Unconscious-Snoring	MIND- unconsciousness-snoring	Mental Generals.
11.	Involuntary stool	RECTUM-involuntary stool	Particulars

REPERTORIAL RESULT:

- HYOSCYAMUS 7/4
- ACONITE 6/4
- BELLADONA 6/4
- ARGENTUM NITRICUM 7/3
- OPIUM, PHOSPHORUS, PULSATILLA - 6/3

RESULT

In the above study, after going through the case and on reference with Materia Medica, Oenanthae Crocata covers the pathology of the individual. Patient was administered with 30th potency Proper Diet and regimen Is also advised. They are documented through Assessment and Examination during follow up

.

DATE	SYMPTOM(S) CHANGES	INFERENCE	PRESCRIPTION
15.2.2025 & 16.02.2025	K/C/O- GDD Involuntary urination Involuntary defecation H/O Seizures	 Persists Persists	R_x 1. Oenanthae Crocata 30/1 dose (Stat) 2. B. Pills 3*TDS

	Bp: 140/100 mm of Hg		3. B. Tab 1*BD
17.02.2025	K/C/O- GDD Involuntary urination Involuntary defecation H/O Seizures Bp: 130/90 mm of Hg Thirst: Decreased	 Better [25%] Better [25%]	R_x 1. Oenanthae Crocata 30/1 dose (Stat) 2. B. Pills 3*TDS 3. B. Tab 1*BD
18.02.2025 TO 10.03.2025	K/C/O- GDD Involuntary urination Involuntary defecation H/O Seizures C/O Pain in the back Thirst: Decreased Other generals: Good @ 8.15 am Bp: 180/120 mm of Hg @2.15pm Bp:160/80 mm of Hg @ 4.45pm Bp:156/94 mm of Hg	 Better Better New complaints	R_x 1. Oenanthae Crocata 30/1 dose (Stat) 2. B. Pills 3*TDS 3. B. Tab 1*BD
Re Admission 15.03.2025	K/C/O- GDD, H/O Seizures Involuntary urination Involuntary defecation Pain in lower back want to support with hand. Bp: 150/100 mm of Hg	 Better but Persist [60%] Better but persist [70%] Better [30%]	Rx 1. Oenanthae Crocata 30/1 dose (Stat) 2. B. Pills 3*TDS 3. B. Tab 1*BD
16.03.2025 to 31.03.2025	K/C/O- GDD Involuntary urination Involuntary defecation H/O Seizures Pain in lower back want to support with hand All Generals: Good Bp: 140/90 mm of Hg	 Better but Persist [60%] Better but persist [70%] Better [30%]	Rx 1. Oenanthae Crocata 30/1 dose (Stat) 2. B. Pills 3*TDS 3. B. Tab 1*BD
01.04.2025 to 10.04.2025	K/C/O- GDD Involuntary urination	 Better but Persist [60%]	Rx 1. Oenanthae Crocata 30/1 dose (Stat)

	Involuntary defecation H/O Seizures Pain in lower back want to support with hand All Generals: Good	Better but persist [70%] Better [30%] Bp: 140/80 mm of Hg	2. B. Pills 3*TDS 3. B. Tab 1*BD

Fig: 01 MINI MENTAL STATE EXAMINATION: DONE ON 14.02.2025, 01.03.2025, 14.04.2025

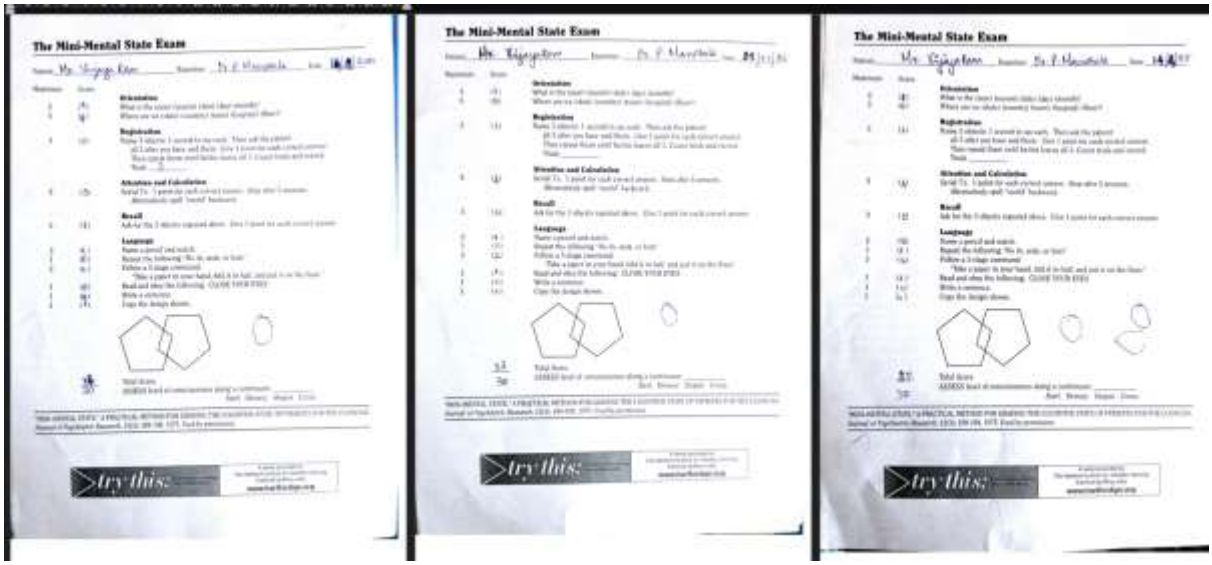


Fig: 02 DEVELOPMENTAL ASSESSMENT -14.02.2025

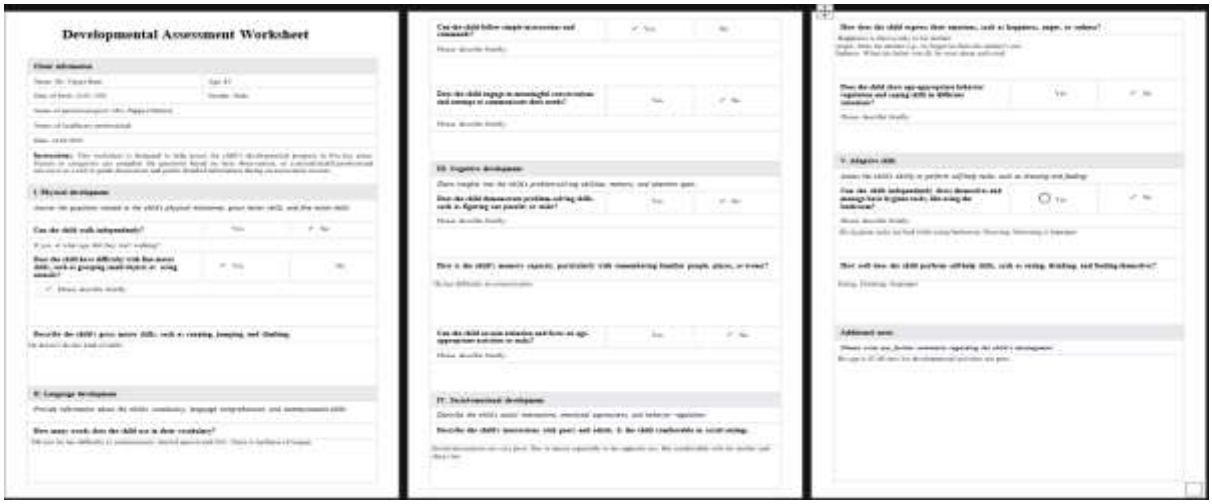


Fig: 03 DEVELOPMENTAL ASSESSMENT -01.03.2025

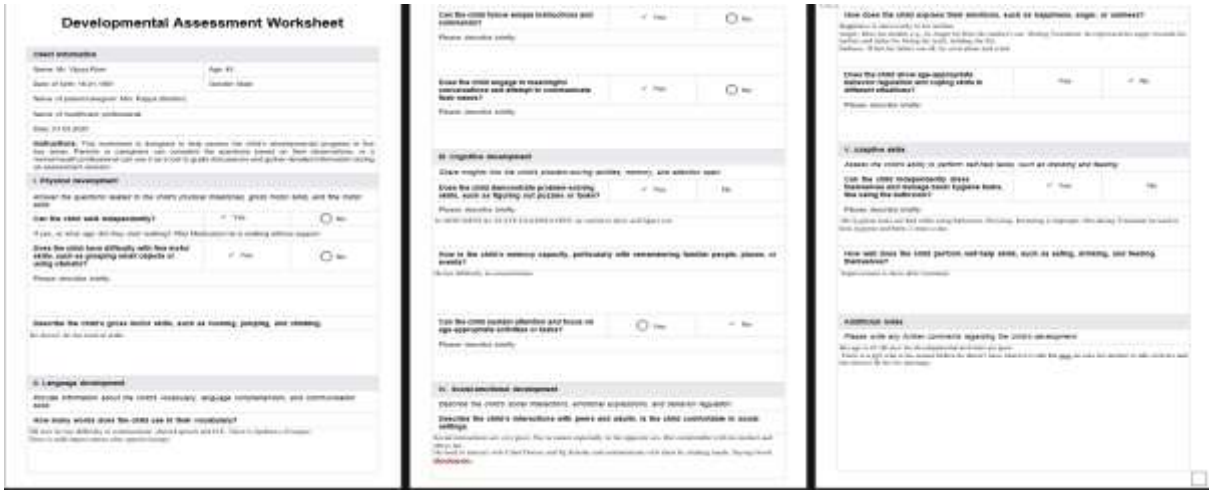
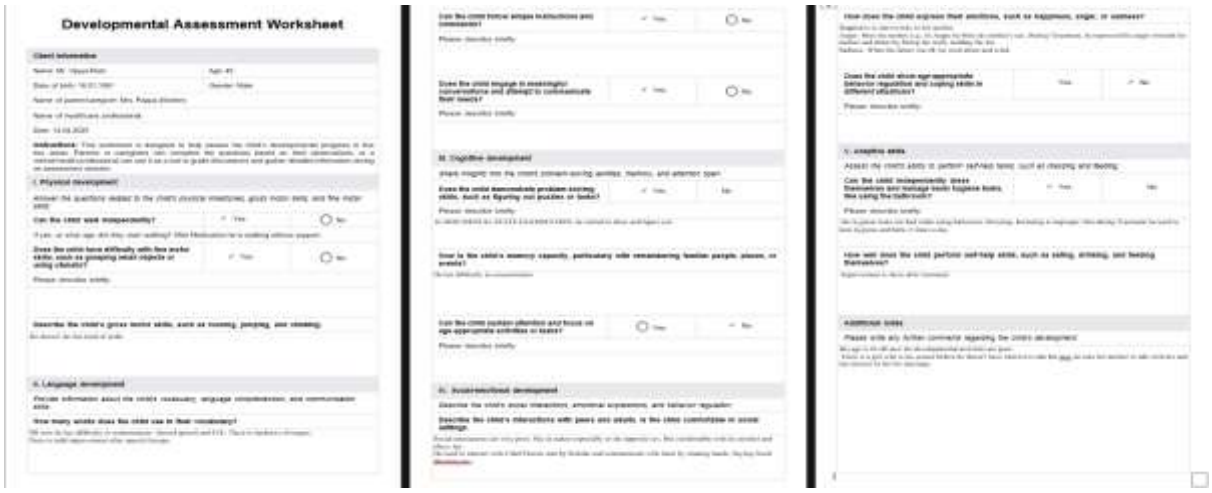


Fig: 04 DEVELOPMENTAL ASSESSMENT -14.04.2025



DISCUSSION:

Oenanthae Crocata remedy from Umbelliferae / Apiacea family [Carrot /Parsley family] has a common name of Water hemlock, its Active principle is OENATHETOXIN and this family undergoes shikimic acid pathway for aromatic nature. Common Sensation: Sudden Unexpected violence or attack, accidents, blows, followed by numbness, dullness, sleep. Physical Level: Stabbing, lancinating, Convulsion without aura. Passive Reaction: Sudden weakness, Paralysis, Dullness. Active Reaction: Convulsion, Violent, Fits of Emotion, Escape.

CONCLUSION:

On the subsequent follow-up there was improvement on the symptoms of the patients' complaints both Mentally and Physically. Potency is selected on the basis of Susceptibility and Homoeopathic Principles.

ACKNOWLEDGEMENT:

Throughout the case study, I am deeply grateful to Dr. C.R. Krishnakumari Amma,
Professor & Research Guide, Department of Materia Medica, Sarada Krishna Homoeopathic Medical College & Hospital, Kulasekharam, Kanyakumari District, Tamil Nadu.

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