

Clinical Research

Acupuncture at *jing*-well point combined with educational training for the treatment of children with severe mental retardation *

井穴针刺配合教育训练治疗重度智力低下儿童的临床研究 *

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ABSTRACT

Objective To observe clinical efficacy of acupuncture at *jing*-well point combined with educational training for the treatment of children with severe mental retardation. **Methods** Sixty children with severe mental retardation were randomly divided into *jing*-well point acupuncture plus simple special education and language training group (group A) and simple special education and language training group (group B) with 30 child patients in each group according to registration order. All the patients were treated once every other day, 10 times as a course of treatment. There were 20 days of interval between each course of treatment. Curative effect was analyzed after 3 courses of treatment. Gesell Developmental Scale test was conducted for all children before and after treatment. Development quotient at the functional area of social adaptability, large motor, fine motor, language skill and social behavior of individuals was recorded and compared between groups and before and after treatment to evaluate the curative effect. **Results** Social adaptability and fine motor of children were improved in the group B after treatment. And in the group A, social adaptability, fine motor, language skill and social behavior of individuals were improved after treatment. Meanwhile, the group A was superior to the group B in curative effect of overall social adaptability and language skill (both $P<0.05$). The overall response rate in group B was 23.3% (7/30) and in group A was 46.6% (14/30, $P<0.05$). **Conclusion** Acupuncture at *jing*-well point combined with educational training can effectively improve the intelligence level of children with severe mental retardation and its curative effect is better than that of simply education and training.

KEY WORDS: *jing*-well point; mental retardation; acupuncture therapy

Mental retardation (MR) is a common developmental disorder in children, mainly in low social adaptability, learning ability and self-help ability of daily living, with language skill, attention, memory, understanding, insight, abstract thinking, imagination and other mental activities significantly behind peers. MR is not just the most common symptom in

children with neurological disorders, but involves multiple disciplines, including pediatrics, obstetrics and gynecology, genetics, education, etc. and has become the biggest cause of children disability^[1]. In China, MR population accounts for 21.3% of all disabled people, which seriously affects the quality of our population^[2]. Currently, the treatment of MR in

rehabilitation medicine is mainly based on education and training, psychotherapy, behavioral therapy, etc.^[3] to train children's listening, sight, smell, movement, hand function and interpersonal communication and to guide parents with physical training, improving children's observation, memory, attention, thinking and the overall level of children with MR. There is no effective drug for the treatment of MR except some few drugs used in primary diseases such as congenital hypothyroidism, phenylketonuria and others. MR, a group of common syndromes of developmental disorders, is a social problem that has been widely concerned by international and waits to be resolved. Therefore, it is very necessary to actively explore effective therapeutic method. TCM acupuncture has become the world intangible cultural heritage and its efficacy based on unique theory and manipulation in treating various incurable diseases has been widely recognized. Now, acupuncture, such as scalp acupuncture, body acupuncture and point injection, has been widely applied in the treatment of children with MR. Studies have shown that acupuncture at points can significantly improve intelligence level of children with dementia, attention of mentally handicapped children, etc.^[4-5]. In recent years, acupuncture at *jing-well* point combined with educational training for the treatment of children with severe MR has achieved good curative effect in our department.

CLINICAL DATA

General data

Sixty children with severe MR treated in department of pediatric rehabilitation at Nanhai Maternity and Child Healthcare Hospital from August 2013 to December 2014 were randomly divided into *jing-well* point acupuncture plus special education and language training group (group A) and simple special education and language training group (group B) using Stata11.0 software according to registration order. There were 30 children in each group, of which, 23 males and 7 female in the group A at the age of 12 to 52 months; and 20 males and 10 female in the group B at the age of 12 to 47 months. Intelligence test was conducted for all children and the score at each functional area were obtained before treatment. *Chi-square* test was adopted for data analysis and *t* test was

applied for two independent samples. Difference was not statistically significant (all $P>0.05$). See table 1 for details. This trial was reviewed and approved by Ethics Committee of the hospital.

Diagnostic criteria

Referring to the *International Classification of Diseases*, version 10 (ICD-10) and *American Diagnostic and Statistical Manual of Mental Disorders*, version VI^[6] (DSM-VI), and complying with the following conditions: (1) patients at the age ≤ 18 years old; (2) patients with intelligence quotient (IQ) or developmental quotient (DQ) <40 points; (3) patients having social adaptability defects and social adaptability score <8 .

Inclusive criteria

(1) Patients complying with the above diagnostic criteria; (2) patients aged from 1 to 6 years old; (3) patients identified as severe intelligence backwardness through Gesell Developmental Scale test, Wechsler Intelligence Scale or adaptive behavior assessment system for children; (4) patients having no acute or chronic infectious diseases; (5) parents have signed the Inform Consent Form.

Exclusive criteria

(1) Patients didn't comply with the diagnostic criteria of severe MR; (2) patients aged less than 1 year or more than 6 years old; (3) patients suffering from intractable epilepsy, neurodegenerative disease, hydrocephalus, intracranial space-occupying lesion, etc. that may lead to disease aggravated progressively; (4) patients with moderate to severe malnutrition, severe congenital heart disease, and blood disease combined and in a seizure phase of epilepsy that were not suitable for acupuncture; (5) patients didn't comply with the inclusive criteria, didn't follow the scheduled treatment, with curative effect unable to be determined or patients with incomplete information, etc. that affected the judgment of curative effect or safety.

METHODS

Group B

Patients in the group B were treated with

Table 1 Comparison of general data between the two groups of children with mental retardation

Groups	Patients	Gender (cases)		Age ($\bar{x}\pm s$, months)	Intelligence Quotient score ($\bar{x}\pm s$, scores)				
		Male	Female		social adaptability	large motor	fine motor	language skill	social behavior of individuals
A	30	23	7	21.8 \pm 10.7	27.15 \pm 10.33	26.29 \pm 11.42	26.43 \pm 14.00	34.19 \pm 15.22	29.60 \pm 14.67
B	30	20	10	18.9 \pm 7.5	21.97 \pm 11.85	27.04 \pm 8.51	21.69 \pm 12.07	27.75 \pm 13.06	30.08 \pm 9.26

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