

# Stammering and Its Homoeopathic Management

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**Abstract:** *To observe the utility of Homoeopathic treatment in the management of Speech Dysfluency, as Homoeopathy treatment is well known for the Holistic approach in treating all the patients. Speech dysfluency is said to be as the Stammering or Stuttering. Stuttering is typically defined as involuntary dysfluency in verbal expression. Usually stuttering manifests as repetitions of sounds, Syllabus, or words or as speech blocks or prolonged pauses between sounds and words. Secondary behaviours associated with stuttering include eye blinking, jaw jerking, and head or other involuntary movements. Stuttering is considered to be as bothersome condition which has a major impact in the day to day life of the person. Homoeopathic medicines play a great role in the treatment of speech dysfluency in accordance with holistic and individualized approach must be chosen. Homoeopathic Repertory also helps us in individualizing and choosing the exact medicine.*

**Keywords:** Stammering, stuttering, speech fluency, Jaw jerking, verbal expressions

## 1. Introduction

Stuttering (dysfluency of speech) is common in children. Although stuttering usually resolves by the time a child reaches adulthood, it can cause significant anxiety in children and their families. When a child is learning to talk, repetition of sounds or words, prolonged pauses, or unusually long sounds in words are common. Secondary stuttering behaviours (e.g., eye blinking, jaw jerking, involuntary head or other movements) can further embarrass the child, leading to a fear of speaking. The cause of stuttering is unknown, but contributing factors may include cognitive abilities, genetics, the child's gender, and environmental influences. More than 80% of stuttering cases are classified as developmental problems, according to research, though stuttering can also be classified as a neurologic or, less commonly, psychogenic problem. The initial evaluation of stuttering patients considers the severity of dysfluency, secondary behaviours, and the impact of stuttering, such as patient distress. Additional testing can help determine whether therapy is required. There is no evidence that pharmacologic therapy improves stuttering. Stuttering can be reduced or eliminated by encouraging patients to speak slowly and using fluency-shaping mechanisms such as delayed auditory feedback devices to slow the speech rate. Controlled fluency or stuttering modification therapy may be beneficial for patients with persistent stuttering.

## 2. Definition and Concepts

Stuttering is commonly defined as involuntary verbal dysfluency. Stuttering typically manifests as repeated sounds, syllables, or words, as well as speech blocks or prolonged pauses between sounds and words. Secondary stuttering behaviours include eye blinking, jaw jerking, and head or other involuntary movements. These behaviours are learned strategies for reducing the severity of stuttering, and they can add to the patient's embarrassment and fear of

speaking. Adults and older children frequently develop additional secondary behaviours to conceal their stuttering. Word substitutions, interjections, and sentence revisions are examples of linguistic escape and avoidance behaviours.

### Classification:

Stuttering can be developmental, neurogenic, or psychological in nature. The most common type is developmental stuttering. It is first noticed in children aged three to eight years old and accounts for more than 80% of stuttering cases in the general population. 3 Within four years, approximately 75% of pre-schoolers with developmental stuttering spontaneously recover<sup>(2)</sup>. Patients with developmental stuttering have mild symptoms that resolve or progress to more severe symptoms with secondary behaviours.

Stuttering caused by a neurologic event, such as traumatic brain injury, stroke, or other brain damage, is known as neurogenic stuttering. Stuttering in the developmental form differs from acquired stuttering in that it occurs at the beginning of words and the secondary behaviours are more obvious than in acquired stuttering.

Psychogenic stuttering is uncommon and characterised by rapid repetition of initial sounds. It typically occurs in adults with a history of psychiatric problems following a psychological event or emotional trauma; no other known aetiology exists<sup>(4)</sup>.

### Aetiology:

A variety of factors can influence stuttering events, but the cause of the condition is unknown. Cognitive processing abilities, genetics, the patient's gender, and environmental influences are all possible contributors. The assessment of confirmed adult stutterers is typically included in research on the skills and behaviours of people who stutter.

It is common for children between the ages of 2 and 5 to stutter at times. This is a normal part of learning to speak for most children, and it improves on its own. Stuttering that persists, on the other hand, may necessitate treatment to improve speech fluency.

Researchers continue to study the underlying causes of developmental stuttering. A combination of factors may be involved.

Possible causes of developmental stuttering include:

- 1) Abnormalities in speech motor control. Some evidence indicates that abnormalities in speech motor control, such as timing, sensory and motor coordination, may be involved.
- 2) Genetics. Stuttering tends to run in families. It appears that stuttering can result from inherited (genetic) abnormalities.

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Stuttering resulting from other causes

- Speech fluency can be disrupted from causes other than developmental stuttering. *A stroke, traumatic brain injury, or other brain disorders can cause speech that is slow or has pauses or repeated sounds (neurogenic stuttering).*
- Speech fluency can also be disrupted in the context of emotional distress. Speakers who do not stutter may experience dysfluency when they are nervous or feeling pressured. These situations may also cause speakers who stutter to be less fluent.

Speech difficulties that appear after an emotional trauma (psychogenic stuttering) are uncommon and not the same as developmental stuttering.

### Cognitive Ability

According to recent research, some adults who stutter have different cognitive processing abilities than those who do not stutter (5,6). When presented with increasingly complex cognitive tasks, adults who stutter have longer reaction times than fluent speakers, according to one small study. 5 These cognitive processes involved more use of the right hemisphere of the brain in stuttered people than in fluent speakers.

Another study compared functional magnetic resonance imaging scans of stutterers to those who do not stutter and discovered that neural systems activate differently during speech generation and production (6). Stutterers required more ongoing processing attention and reduced the amount of "conceptual work" to limit their stuttering. There have been no studies of brain scans in stuttering children, so the link between cognitive function and childhood stuttering has not been established.

### Genetics:

A growing body of evidence points to a link between genetics and stuttering (7,8). In a twin study, genetics

explained nearly 70% of the variance in stuttering, with the rest explained by environmental factors (9).

The patient's gender clearly influences stuttering. Stuttering is more common in males than in females, even in young children (10). Stuttering resolution appears to be more common in girls than in boys by adulthood (2). In children, the male-to-female stuttering ratio is nearly 2:1, and it can reach 5:1 in adults (7). New research techniques are expanding traditional genetic and twin studies and confirming the male predominance of stuttering cases. However, the precise genetic aetiology is still unknown (11,12).

### Environment:

Environmental factors such as stressful social situations, phone conversations, and negative experiences with speaking may also contribute to the persistence of stuttering. The anxiety levels of people who stutter are unique to the communication situation (13). Preschoolers who stutter have higher emotional reactions and more difficulties controlling attention and emotion than preschoolers who do not stutter (14).

### Burdens of Stuttering:

Individuals with advanced forms of stuttering may fear speaking, which can have physical (e.g., tense muscles) and emotional consequences (e.g., embarrassment, frustration). Stutterers may also face social stigma and be perceived as less capable than those who do not stutter.

According to a study of more than 200 adults who stutter, more than 70% believed that stuttering harmed their chances of being hired or promoted, more than 33% believed that stuttering interfered with job performance, and 20% had declined a job or promotion due to stuttering. Stuttering can thus elicit strong emotions in people who have it, affecting their self-esteem, self-image, and academic and occupational relationships.

### Assessment:

Family physicians play an important role in the assessment of patients who stutter because they are often the first to address the condition with parents or patients. Although many cases resolve on their own, referral for therapeutic intervention is usually required if the stuttering is severe or lasts longer than six to twelve months, if the patient has a family history of dysfluency, or if the family or patient is overly concerned about stuttering behaviours. Table 1 is a checklist for determining whether or not a referral is required. 16 The most effective treatment for stuttering is early intervention.

Physician's Checklist for Referral (TABLE 1)

	The child with normal dysfluencies*	The child with mild stuttering*	The child with severe stuttering*
Speech behaviour you may see or hear:	Occasional (not more than once in every 10 sentences); brief (typically one half second or shorter) repetitions of sounds, syllables, or short words (e.g., li-li-like this)	Frequent (3 percent or more of speech); long (one half to one second) repetitions of sounds, syllables, or short words (e.g., li-li-li-like this); occasional prolongations of sounds	Very frequent (10 percent or more of speech); often very long (one second or longer) repetitions of sounds, syllables, or short words; frequent sound prolongations and blockages
Other behaviours you may see or hear:	Occasional pauses, hesitations in speech, or fillers such as "uh," "er," or "um;" changing of words or thoughts	Repetitions and prolongations begin to be associated with eyelid closing and blinking, looking to the side, and some physical tension in and around the lips	Similar to mild stutterers only more frequent and noticeable; some rise in pitch of voice during stuttering; extra sounds or words used as "starters"
When problems are most noticeable:	Tends to come and go when the child is tired, excited, talking about complex/new topics, asking or answering questions, or talking to unresponsive listeners	Tends to come and go in similar situations, but it is more often present than absent	Tends to be present in most speaking situations; far more consistent and non fluctuating
Child reaction:	None apparent	Some show little concern, some are frustrated and embarrassed	Most are embarrassed and some are also fearful of speaking
Referral decision:	Refer only if parents are moderately to overly concerned	Refer if stuttering continues for six to eight weeks, or if parental concern justifies it	Refer as soon as possible

**Impact on the Patient and Family:**

Regardless of severity, the doctor should determine whether stuttering is causing the patient or family anxiety or discomfort. Patients and families may benefit from referral to a fluency subspecialist or speech-language pathologist even if they have normal dysfluency or mild stuttering.

Differentiating between normal, mild, and severe stuttering can help determine the next step in the physician's assessment as well as the type and degree of counselling that should be provided. It is also critical to distinguish between neurogenic and developmental stuttering.

**Symptoms:**

Stuttering signs and symptoms may include:

- Difficulty starting a word, phrase or sentence
- Prolonging a word or sounds within a word
- Repetition of a sound, syllable or word
- Brief silence for certain syllables or words, or pauses within a word (broken word)
- Addition of extra words such as "um" if difficulty moving to the next word is anticipated
- Excess tension, tightness, or movement of the face or upper body to produce a word
- Anxiety about talking
- Limited ability to effectively communicate

The speech difficulties of stuttering may be accompanied by:

- Rapid eye blinks
- Tremors of the lips or jaw
- Facial tics
- Head jerks
- Clenching fists

How is stuttering diagnosed?

Some characteristics of stuttered speech are not as easy for listeners to detect. As a result, diagnosing stuttering requires the skills of a certified speech-language pathologist (SLP).

Factors that are noted by many specialists include the following:

A family history of stuttering or shuttering that has lasted 6 months or longer, as well as the presence of other speech or language disorders? The child or family has strong fears or concerns about stuttering. What stuttering treatments are available?

Speech Language Pathologists teach people who stutter how to control and/or monitor their speech rate. Furthermore, people may learn to say words more slowly and with less physical tension. They may also develop the ability to control or monitor their breathing. When learning to control speech rate, people frequently start by practicing smooth, fluent speech at much slower rates than normal speech, using short phrases and sentences. People gradually learn to produce smooth speech at a faster rate.

**Risk factors**

Males are much more likely to stutter than females are. Factors that increase the risk of stuttering include:

- **Delayed childhood development.** Children who have developmental delays or other speech problems may be more likely to stutter.
- **Having relatives who stutter.** Stuttering tends to run in families.
- **Stress.** Stress in the family, high parental expectations or other types of pressure can worsen existing stuttering.
- **Complications:**

Stuttering can lead to:

- Problems communicating with others
- Being anxious about speaking
- Not speaking or avoiding situations that require speaking
- Loss of social, school, or work participation and success
- Being bullied or teased
- Low self-esteem

**ICD Cassification:**

In ICD classification of disease the stuttering (stammering) is given under the Code F98.5: Stuttering [stammering]

You stutter. You keep repeating specific sounds, words, or parts of words when you speak. You may also draw out

particular sounds or arts of words too much. When you speak, you may pause or hesitate before saying something. As you speak or pause, there is a noticeable tension. As a result, your normal speech is disrupted. The individual is usually aware that their speech is not functioning normally. As a result, the person may avoid speaking much. Under stress, stuttering may worsen and speech may become more difficult to understand. When someone stutters, they may also make specific movements at the same time, or they may freeze.

### Homoeopathic Medical Repertory-By Robin Murphy

#### Speech,

**STAMMERING, stuttering, speech-BELL., CAUST., MERC., NUX-V., STRAM.,**

**Abdominal, complaints, with-** spig.

**Asthma, with-** CAUST.

**Certain letters, for –** lach

**Children, in-** bell., bov., caust., euphr., merc., nat-m., *sulph*

**Convulsions, during-** stram.

**Excitement- agar., caust., dig., dys-co**

**Exerts himself a long time before he can utter a word-** STRAM.

**Fast, talking, when –** lac-c.<sup>(17)</sup>

### BOGER BOENNINGHAUSEN'S CHARACTERISTICS & REPERTORY

#### MIND,

**TALK improper:** hyos., nux-m.<sup>(16)</sup>

### REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA BY J.T. KENT

#### MIND

**SPEECH, childish:** Acon., *arg-n.*<sup>(19)</sup>

**SPEECH, babbling:** *Hyos.*, plb.

Embarrassed: Atro., carb-s., merc., pall.

Hesitating: Absin., carb-s., kali-br., merc., morph., *nux-m.*, ph-ac., vip.

Incoherent: Absin., agar., amyg., ananc., arg-n., ars., bap., bell., Bry., calad., cact., camph., Cann-i., carb-s., cham., chel., chlol., crot-h., cub., cupr., cycl., dulc., ether., gels., hep., hydr-ac., Hyos., kali-bi., kali-br., kali-c., kali-p., Lach.

**SPEECH, incoherent.**

Merc., morph., nux-m., op., par., ph-ac., Phos., plb., Rhus-t., Stram., sulph., tanac., vip., visc., zinc.

Night: Ge's., kali-bi.

Dozing after: op.

Sleep, during: cub., gels., kali-bi., phos.

Waking, on: Cact., ign., op.

Monosyllabic: Ars., merc., meli., *nux-v.*, *ph-ac.*, *sul-ac.*, *thuj.*

#### MOUTH

**SPEECH, difficult**

Stammering: Acon., anan., arg-n., ars., ars-i., **Bell.**, benz-n., bov., *bufo.*, *cann-i.*, *cann-s.*, *carb-s.*, **Caust.**, cham., con., *cupr.*, dig., dulc., *euphr.*, glon., hell., hyos., iod., *kali-br.*, lac-c., *lach.*, *mag-c.*, *mag-p.*, **Merc.**, nat-a., *nat-c.*, **Nux-v.**, op., *phos.*, *plat.*, plb., *sec.*, *sel.*, *sep.*, *spig.*, **Stram.**, sulph., verat.

Coition, after: *cedr.*

dentition, during: Stram.

excitement: *Caust.*

exerts himself a long time before he can utter a word:

**Stram.**

Last words of the sentence: Lyc.

Quick, and : *Merc.*

Typhoid, in: *Arg-n.*, *lyc.*, *verat.*

Vexation, from: *Caust.*<sup>(19)</sup>

### Homoeopathic Treatment

- **Merc Sol** – Best homeopathic medicine for stammering and fast speech

When the patient speaks quite fast habitually and stammers at the same time, Merc Sol is one of the best homeopathic medicines for stuttering. There is increased salivation and the tongue is yellowish, heavy, thick and flabby. There may even be fetid odor from the mouth. Sweetish metallic taste. Salivary secretions greatly increased, bloody and viscid. Saliva fetid, coppery. Speech difficult on account of the trembling tongue. Gums spongy, recede, bleed easily. Sore pain on touch and from chewing. Whole mouth moist. Crown of teeth decay. Teeth loose, feel tender and elongated. Furrow on the upper surface of the tongue lengthwise. Alveolar abscess, worse at night. Great thirst, with a moist mouth<sup>(18)</sup>.

**Staphysagria** – Best homeopathic medicine for stammering with strangers.

It is one of the best homeopathic medicines for stammering when the stammering increases in presence of strangers. There is a separate nervous tinge in the person. He or she becomes irritable easily. The gums may be spongy and swollen.

**Agaricusmuscaris** – Best homeopathic medicine for stuttering during excitement

It is one of the best homeopathic medicines for stammering when the problem gets aggravated during excitement. There is internal trembling sensation with the person. The tongue seems to tremble or twitch.

**Causticum** – Best homeopathic medicine for stammering from vexation or anger

It is one of the best homeopathic medicines for stuttering when the problem starts because of vexation or getting angry. In some cases it is seen that the problem gets aggravated when the person is angry. There is muscular weakness in the patient. Children usually have late milestones; usually they are late learning to walk. Bites inside the cheek when chewing. Paralysis of the tongue with indistinct speech. Rheumatism of articulation of lower jaw (temporo-mandibular joint). Gums bleed easily<sup>(18)</sup>

**Stramonium** – Best medicine for stammering when the patient exerts himself for a long time before uttering a word.

It is one of the best homeopathic medicines for stammering when a person has to strain or exert a lot before he can get a word out. Risus sardonicus. Cannot swallow on account of spasm. Chewing motion<sup>(18)</sup>. The patient is usually a talkative one. He cannot bear solitude or darkness. He prefers to be in company and in sunlight

**Cuprum Metallicum (Copper)** - This remedy is useful in spasmodic affections, cramps, and convulsions. Stammering of speech and paralysis of the tongue. Constant protrusion and retraction of tongue, like a snake<sup>(18)</sup>.

**Ignatia (St. Ignatius Bean)** - This remedy is indicated for nervous and spasmodic affections arising from mental or emotional factors like grief and worry. Constant secretion of mucous and accumulation of acrid saliva in the mouth. Voice weak and tremulous with a tendency to biting the cheek when chewing or speaking.

**Opium (Dry latex of poppy)** - This homeopathic medicine for stammering is useful in persons who are sluggish and whose general nervous system lacks sensibility. It is indicated for stammering originating from fear or fright. The patient has difficulty articulating speech and swallowing. Blubbery of lips<sup>(18)</sup>.

**Lycopodium (Club moss)** - Complaints of this remedy arise out of weakness of nervous functioning. The patient is dull in nature with weak memory. Speaks and writes wrong words and syllables.

**Bovista (Puffball)** - This is a specific homeopathic medicine for stammering children along with tingling and numbness. The child is awkward, sensitive, and clumsy. Drops everything from hand.

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