

## New Medication to Treat Speech Delay

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## ABSTRACT

**Background:** Delay in language development, social communication, play skills, and behavior in kids can be attributed to a variety of factors. One common cause is genetic predisposition [1], as children with a family history of language or developmental delays are more likely to experience similar challenges themselves. Additionally, neurological factors such as brain injury or abnormalities such as Seizures can impact a child's ability to develop language and social skills [2,3,4].

The most common and effective treatments available include speech therapy, social skills training, occupational therapy and play therapy, which help children improve their abilities. However, none of these treatments are definitive.

**Case Presentation:** Here, we present a child who is currently 8 years old. At the age of three years and one month, Soren is a boy and he was evaluated in a clinic in Australia due to problems such as inability to establish verbal communication. The results of the evaluation showed concerns about the development of speech skills, social communication, behavioral skills, and playing. At the age of three years and one month, he was largely non-verbal and had significant speech impairments. Consulting and evaluation led to the conclusion that he needed speech therapy, occupational therapy, play therapy, and psychological counseling. Additionally, Ritalin medication was prescribed for him. According to his mother's statement, it did not have a good effect on him and only caused a loss of appetite followed by overeating and obesity in the child. In this case, we started a new medication for him once a day. We began this medication in December 2022, and the results were remarkable. He is now able to speak and form sentences. Let's talk a little bit about Soren's progress.

**Conclusion:** The inability to speak in children can have various causes such as genetic factors, brain impairments, etc. We examined a child who had experienced a lack of progress in speech and behavioral skills, and had also suffered from seizures at the age of fifteen months. A new medication was prescribed for him, which led to a significant improvement in his verbal communication and considerable progress in his behavioral skills. We believe that this medication has been able to activate more parts of the brain related to speech. Furthermore, with the use of this medication, it triggered the rearrangement of the neuronal DNA related to speech, enabling the child to speak.

**Keywords**

Treatment of inability to speak in children, Insufficient speech and behavioral skills in children, New medication effective on Neurons.

**Introduction**

Children's intellectual and language development delays have been a topic of concern for parents and educators for centuries. While

the understanding of these delays has evolved over time, the impact on children and their families remains significant. Historically, intellectual and language development delays were often attributed to external factors such as parenting style or environmental influences. However, as our understanding of child development has advanced, it has become evident that a combination of genetic, neurological, and environmental factors can contribute to these

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delays. The causes of intellectual and language development delays can vary widely from child to child. Genetic factors, such as chromosomal abnormalities or genetic disorders, can play a significant role. Additionally, environmental factors, including lack of exposure to language or cognitive stimulation, can also contribute to delays in development.

Treatment for children with intellectual and language development delays often involves a multidisciplinary approach, including speech therapy, occupational therapy, and early intervention programs. These treatments are designed to address the specific needs of each child and to help them reach their full potential.

While the understanding and treatment of intellectual and language development delays have come a long way, there is still much to be learned. By continuing to research and invest in early intervention programs, we can better support children with these delays and help them thrive.

### Case Presentation

A 8-year-old child, residing in Australia, started experiencing seizures and recurrent fevers at the age of 15 months. Subsequent medical examinations revealed no issues with his brain scans. The patient was referred to a physician due to delays in language development and social skills, difficulty in adaptive and cognitive abilities, global developmental delay, and autism. An evaluation was conducted at the age of 3 years and 1 month, and the results are as follows:

#### Speech, Language and Communication

Currently, he is still largely non-verbal and would request by taking an adult's hand to the location of the desired item. If something is out of reach he would retrieve it himself. It was felt that he can point with eye gaze referencing and at times he could get upset and cry in frustration. He does not show items of interest. When he is in public places such as the local shopping centre he would be curious about other children and would observe them rather than communicate or approach them for social exchange.

#### Gross Motor Skills

He can catch, kick and throw a small ball. In the playground he enjoys swings. He can go up and down stairs independently. He is not yet able to jump off the ground with both feet. He is not yet able to ride a bike with support wheels or stand on one leg yet. He can run with changes in directions without slowing down.

#### Fine Motor Skills

He is more right than left-handed and can scribble lines but is not yet drawing circles. He is not yet cutting with scissors. He can complete a 15 piece puzzle. He can feed himself with a spoon or a fork and drink from an open cup. He is not yet able to indicate that he has done a poo or a wee and is fearful of sitting on the toilet. He tends to wee in the shower and poo in the nappy. He brushes his teeth with supervision. He can undress his top and pants and can pull up his pants if helped halfway. He helps with dressing.

In terms of sensory symptoms, he tends to smell food before he eats. He enjoys playing with play dough and if he is excited would "punch" his parents. He enjoys playing with his mother's hair. He is very fearful of dogs but has recently started to pluck up the courage to pat them. He can be unknowingly a bit rough to a small dog. He flaps his hands when he is excited.

#### Bayley

Soren's development was assessed using the Bayley Scales of Infant and Toddler Development Third edition. Soren's cognitive skills were within the borderline range (2nd percentile, age equivalent 20 months). His combined language skills tested within the extremely low range (<0.1st percentile). Soren's receptive and expressive language skills showed an age equivalent of less than 6 months. Soren's combined motor skills tested in the extremely low range (0.3 percentile). His fine and gross motor skills age equivalent was 16 months.

#### Diagnostic summary

- DSM-5 Autism Spectrum Disorder - level 2 requiring substantial support
- Language Disorder: associated with Autism Spectrum Disorder
- DSM-5 Moderate Global Developmental Delay

Recommendations:

#### 1. Autism Specific interventions services

#### 2. Therapy Intervention

- Continue speech pathology intervention with a focus on language development and social communication. This can be accessed privately supported by the Chronic Disease Management Medicare items (accessed through your GP) or through early intervention services or other non-government services.
- Commence occupational therapy intervention with a focus on play skills and self-care. This can be accessed privately supported by the Chronic Disease Management Medicare items or Better Access to Mental Health Medicare items (accessed through your GP) or through early intervention services or other non-government services.
- Referral to psychologist for parenting strategies and intervention with a focus on challenging behaviours. This can be accessed privately supported by the Better Access to Mental Health Medicare items (accessed through your GP) or through early intervention services or other non-government services.

At the age of 4 years and 4 months, Soren underwent a reevaluation, which indicated that there had been no particular progress in his speech and language skills. The following is an excerpt from the relevant medical report: Soren responds to sounds and his parent's voice as well as some nonverbal communication such as pointing, facial expressions, and gestures, however, he does not yet consistently respond to his name when called. He understands about fifty words and the meaning of the words yes and no. He identifies basic body parts (eye, ears, mouth) but not yet everyday objects. He often responds appropriately to the tone of spoken words but he does not yet respond to questions beginning with

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what, where or when. Soren is beginning to make sounds and repeat some words but he mostly gestures to get his parent's attention. He does not yet say Mama, Dada or other words. Soren holds a book correctly for reading and recognises symbols such as the stop sign. He does not yet recognise letters of the alphabet or his name in print.

#### **The changes that occur after receiving the new natural medication (herbal medication):**

Soren was born on May 7, 2015, and he started taking our medication from December 2022. Considering that Soren had not started speaking until the age of eight, and based on our research on this new medication, since Soren miraculously began to speak after taking our medication and showed significant progress in speech, and at the same time, his motor, and behavioral skills have also improved after his speaking improvement. We suspect that our medication has affected the central speech neurons and also cause rearrangement of neuronal DNA [5]. Although further studies and research are needed to confirm and verify the exact mechanism of action of this medication, we are prepared to collaborate with researchers and scientific institutions in this regard. Currently,

Soren is able to speak and communicate effectively. He can say the names of his classmates, and his motor skills have also shown significant improvement.

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