

Treatment of a Child with Cat's Cry Syndrome

Elzbieta Cieplinska, MA, MNRI® Instructor, Gdansk, Poland



This article describes using the MNRI® program in treating a boy with Cri-du-Chat syndrome (Cat's Cry syndrome). This syndrome is caused by a rare genetic mutation where a portion of chromosome 5 is deleted or otherwise altered. The severity of expression of the syndrome can vary significantly in relation to the amount of genetic material affected. The syndrome is named as it is because the particular sound of an affected baby's crying is very similar to a cat meowing. The syndrome is also characterized by distinct facial features that include widely set eyes as well as an intellectual disability and developmental delays.

Keywords: MNRI® program, Cat's Cry syndrome, cri-du-chat syndrome

Primary Symptoms of Cat's Cry Syndrome

Cat's Cry syndrome presents itself in the first days of a baby's life in the characteristic sound the baby makes when it cries. A combination of high tones and monotone sounds are similar to a cat meowing. This results from a malformation of the larynx (it tends to be small, narrow, with a rhomboid shape), a small and limp epiglottis, as well as a disorder of the nervous system. This pattern of crying often passes after a couple of months, but may take as long as 10-15 months. A baby with this syndrome will often also have problems with sucking and swallowing, leading to problems with feeding. The baby is often unable to gain weight. An additional set of symptoms of the syndrome include heavy drooling and constipation from the first weeks of life. The syndrome is identified through genetic karyotype testing of a blood sample.

Other symptoms often presented by a baby with Cat's Cry syndrome are cleft lip and palate, cleft spine (spina bifida), heart defects, small retracted jaw, round asymmetric face, flat wide bridge of nose, short bridge of nose, short philtrum (the cleft beneath the nose running down to the lip), increased distance between the eyes, auricles (visible portion of the ears) set low on the head, pale color, improper arrangement of the intestines, kidney defects, inguinal hernia (protrusion of abdominal cavity contents through inguinal canal), lateral flaring of digits of hands and feet, and flat feet.

The Case of Wojtek Drozd

The pregnancy with Wojtek progressed normally until the twentieth week. At that time, a routine ultrasound showed presence of only a single kidney. The doctors assumed that there was no problem, merely that the kidney could not be imaged due to low levels of amniotic fluid. In the ninth month, Wojtek's mother was diagnosed with preeclampsia characterized by edema (swelling) and hypertension (high blood pressure). Based on the risk factors of preeclampsia, it was decided to deliver the baby through C-section without waiting for



Elzbieta Cieplinska



Wojtek at a MNRI® Camp.

the due date. Despite the level of discomfort felt by the the mother, 24 hours passed before the procedure was performed. The amniotic fluid was green and there was very little of it. Although Wojtek weighed a healthy 3,090 g. (6 lb. 13 oz.), he received only a score of 5 on the APGAR scale. He was therefore immediately moved to the Neonatal Intensive Care Unit. Wojtek presented with the following problems: significantly retracted lower jaw, difficulty breathing, absence of the Sucking Reflex, propensity for choking, low muscle tone, and microcephaly. His crying was distinctly different from that of other newborns.

A subsequent ultrasound was performed and his 'missing' kidney was found to be partially developed, but probably non-functioning and displaced in the direction of the other, healthy kidney.

After a karyotype genetic analysis was performed, Wojtek was diagnosed with the genetically-based Cat's Cry syndrome.

With occasional visits home, Wojtek spent the next 5 months in the hospital. He frequently caught a variety of infections, primarily those of the pulmonary and urinary tracts. He also had difficulty with swallowing due to the narrowing of his larynx. He developed an inguinal hernia that was operated on when he was 5 months old. Wojtek also had difficulties sleeping. The first time that he slept through the whole night was at the age of 3½ years.

Feeding and eating: Wojtek cried a great deal, had colic, and ate very little. He initially gained almost no weight. It was decided to feed him through a GI tube twice daily for a month. After a period of time, Wojtek's mother worked out a system that allowed him to finally breast feed. The period of breast feeding was very long and, as a consequence, the positioning of his lower jaw improved greatly. In his fourth month, Wojtek was introduced to blended or finely chopped baby food, fed with a spoon. He ate very slowly, as he often gagged or choked on the larger pieces. Incrementally, he was introduced to more coarsely chopped food and even larger pieces that he could bite off and chew. Currently, Wojtek is able to eat independently, using a fork or spoon.

Motor coordination: Wojtek has problems with both fine and gross motor control. One of his challenges is the abduction of the thumb. His mother observed, "Even though he can manipulate a spoon and, to a certain extent, a fork, he's unable to master several other skills. He can't point to objects with a single index finger nor can he coordinate his hands very well. He's unable to perform intricate movements. When he's done eating, the table looks like the aftermath of a bloody battle."

The individual stages leading to walking took a very long time to develop for Wojtek. His creeping, crawling, and sitting up were delayed and stayed on the same level for a long time before reaching the next developmental milestone. He was two years old before he was able to stand up with support and 5 years old before he began to walk.

Intellectual development: Wojtek's intellectual development always proceeded surprisingly well. He reacts to commands, understands the explanations of situations and interpersonal relationships, and he even laughs at jokes.

Sensory stimulation: Wojtek demonstrates a strong preference and need for sensory stimulation especially in the area of his head. His mother said, "My son's need for strong sensory stimulation can be seen in the joy he expresses when, for example, he's pushed hard on a swing, or he is jumping on a trampoline (with help, of course). He likes the sensation when he holds his head against spinning or vibrating toys and speakers. He likes to bite toys and other objects with a rough texture and likes to try foods with a strong, even spicy, flavor. Often, before going to sleep or in a quiet moment, he'll direct my hand to squeeze his head or feet. This calms him down and helps to put him to sleep. As he falls asleep, he often claps his hands loudly."



Wojtek learning to stand up anassisted.



Wojtek on a walk in the forest.

Results Using MNRI® Therapeutic Program

When Wojtek was three, his parents decided to enroll him exclusively in the MNRI® program, foregoing other forms of therapy. During this time Wojtek exhibited self-aggressive tendencies including: hitting his head against the ground, biting and furiously twiddling his fingers, as well as general aggressiveness, over-excitement, and hyperactivity. He moved around mainly by creeping on all fours. He stimulated his lips with various toys and objects and drooled excessively.

At the very beginning of our work with Wojtek, we used the MNRI® Tactile Integration program. Our sessions took place 4 times a week. By the end of the first session of working with the Tactile Program, Wojtek calmed down and fell asleep for a couple of hours, much to the surprise of his parents. This occurred repeatedly after each therapy session. Incrementally, we began to introduce other MNRI® programs: Dysfunctional and Pathological Reflexes, Oral-Facial, and Visual-Auditory Reflexes. The first time that he slept through the whole night, at the age of 3½ years, was after the MNRI® Tactile Integration program.

Through the application of Dr. Svetlana Masgutova's MNRI® method, we were able to stop a majority of Wojtek's aggressive behavior while also improving his fine and gross motor control, social relationships, and psychological and physical functioning. One of his physical challenges is the abduction of the thumb. After the application of the MNRI® program, that fine motor skill has greatly improved.

Wojtek initially presented with strong auditory sensitivity. He reacted with panic to normal household sounds, such as the dropping of a spoon, by grabbing at his ears, crying, and panicking. Today, he is in panic state much less than before we started the MNRI® program.

Wojtek had difficulties with visual and auditory coordination from the beginning. His ability for eye tracking and convergence was very weak. After application of the MNRI® Visual and Auditory Reflex Integration program, Wojtek's visual and auditory concentration were greatly improved.

Wojtek is now able to walk independently with good stability on an even surface. He eats independently, is able dress and undress with a small amount of help, is able to socialize, and is better able to concentrate. Additionally, even though he still can't speak, he is better able to communicate and react to commands. He has begun to play appropriately with his toys and is better able to demonstrate and execute his own needs. He exhibits almost no aggression nor self-aggression. His head is growing more rapidly. He attends an integrated special needs class at the local school.

Twice yearly he attends intensive rehabilitation camps overseen by Dr. Masgutova. Wojtek's mother, Mrs. Jowita Wallner-Drozdz, says, "With full conviction I can say that Dr. Svetlana Masgutova's MNRI® method is the most effective, holistic, and ever-evolving therapeutic method available in Poland that addresses neurological problems in people at various stages of development."



Wojtek attending school, shown here with his mother.



Wojtek, you are such a curious boy, with a determined mind, open for communication and friends. You have great a motivation to learn more about the world. We wish you success in continuing to develop at the same good speed, health, and strength! – Elzbieta Cieplinska & MNRI® the Polish Team