



Homoeopathic Approach to Dementia

ABSTRACT: This article is an amalgamation of the definition, the epidemiology, the etiology, the stages etc. As seen, the dementia becomes a difficult condition for many to treat, the homoeopathic therapeutics and posology would definitely help many.

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DEFINITION

Dementia can be defined as a progressive impairment of the cognitive functioning occurring in clear consciousness (in the absence of delirium). There is a chronic widespread dysfunction resulting in global impairment of intellect manifested by diffi-

culty with memory, attention, thinking and comprehension.

EPIDEMIOLOGY

With aging population, the prevalence of dementia is increasing. The prevalence of mild to severe dementia in different population groups is ap-

proximately 5% in general population of more than 65 years of age; 20-40% in general population of older than 85 years; 15-20% in OPD general medical practice and 50% in chronic care facilities.

ETIOLOGY

COMMONEST CAUSES: Alzheimer's disease-60%, vascular dementia-15% and mixed Alzheimer's and vascular-15%

OTHER: 10%-Puick's disease, frontotemporal dementia, NPH, alcoholic, infectious (HIV) and Parkinson's disease.

SOMETIMES: 5%- reversible conditions, metabolic abnormalities, (hypothyroidism), nutritional (B12 or Folic acid deficiency) or dementia syndrome, depression.

DIAGNOSIS

Diagnosis is made on careful history, clinical examination and selected diagnostic tests.

The complete history should include clinical history, social history including occupational exposure to toxins or heavy metals, substance use and HIV risk factors. Medical history: to include current medical conditions and their treatment. H/O head trauma, CVS illness, vascular risk factors, TIA, CVA needs to be evaluated in detail.

Family history of dementia is very important with respect to early onset Alzheimer's or other known genetically transmitted diseases like: Huntington's chorea.

Physical and neurological examination has to be thorough to rule out any other abnormality.

MENTAL STATUS EXAMINATION

Specifically the level of alertness, cognitive assessment: language (comprehension, fluency) and cognition should be carefully evaluated; for cognition-memory, orientation, reading, writing, speech production, calculation, abstraction, executive functions and constructional abilities are to be assessed.

Other areas depending on the history like fine sensory functions (graphesthesia and two point discrimination) and visuospatial skills (draw a clock at a set time (constructional apraxis and executive functions)).

INVESTIGATIONS

Hepatic functions, renal functions, electrolytes,

nutritional abnormalities, common endocrinal abnormalities, increased homocystine: risk for CVS and CVA (inadequate risk factors for Alzheimer's), S. levels- medication and toxicology (urine).

Various neuro-imaging consists mainly of MRI scanning reveals the structural changes in the brain. Hepatic functions, renal functions, electrolytes, nutritional abnormalities, common endocrinal abnormalities. Serum levels of a few drugs becomes important in specific conditions.

Clinical Classification And Staging Of Dementia

MILD STAGE: This is the initial stage of the illness and is predominated by consistent forgetfulness, more for recent events; inability to function effectively in areas of interest and more complex activity. The social judgment is apparently well preserved. In this stage the patient may require promptings to perform activities of daily living and he / she is able to complete these tasks independently.

MODERATE STAGE: The short term memory is poor while the long term memory is only slightly affected. The social judgement is affected; patients cannot function independently outside the home setting activities in the house is limited to simple chores and interest and severity

SEVERE DEMENTIA: This corresponds to the severe memory loss with severe deficit in the long term and short term memory, disorientation usually to time and place, inability to independently function or outside the house. Requires help with the activities of daily living.

PROFOUND DEMENTIA: The patient in this stage is generally unintelligible, unable to follow simple commands, incontinence. Unable to ambulate and perform purposeful tasks, they may be bed bound and are unresponsive, and may have swallowing difficulties.

COURSE AND PROGNOSIS

Varies according to the etiology and severity at time of presentation.

Correcting potentially reversible cause is crucial. Conditions like hypothyroidism, vitamin B12 deficiency, chronic sub dual or severe depression should be identified.

Most progressive cases have a poor prognosis poor



prognosis:

Modifying factors like hypertension add to the progress in vascular dementia.

Alzheimer's à diagnosis to death 8 to 10 years.

5 years survival for vascular dementia à 40% as compared to 75% in age control trials.

ETIOLOGICAL CLASSIFICATION

Alzheimer's Dementia

It is the most common type in the elderly. Clinical diagnoses are made by evaluating the course and history and by ruling out other causes of dementia.

Etiology is most likely to be multi-factorial with the interaction of genetic susceptibilities and the environmental factors.

The first symptom is usually deficit in the short term memory followed by executive functioning. The other features are described in the previous section.

VASCULAR DEMENTIA

It is the second most common type of dementia. It is diagnosed on the basis of cognitive deficits, significant decline in social functioning, and evidence of cerebro-vascular disease judged to be the etiology (evidence on neuroimaging) related to the symptomatology. This category can be further classified into four subtypes: with delirium, with delusions, with depressed mood and uncomplicated. A specific type may also be predominantly with behavioural disturbances.

Cognitive impairment is mainly due to cerebral infarction, anoxia or haemorrhage. Atherosclerosis and thrombo-embolism are the mechanisms of occlusion of the vasculature in the brain. Hypertension, diabetes, history of TIA, and cardiac disease are the most important risk factors.

The onset is generally sudden, presence of focal neurological signs, history of stroke and presence of other risk factors for cerebro-vascular disease. The symptomatology largely depends on the area and extent of the infarction.

On investigation: Frank infarction is mostly seen in patients with a history of stroke, deep white matter changes and periventricular changes are other significant findings, hypertension and age correlate with white matter changes and assume

causative significance only when they are wide spread and confluent

BINSWANGER'S DEMENTIA

There is a significant small vessel disease. It classically has a sub-acute onset with subcortical ischemic lesion. In addition to the symptoms of the dementia depressed mood, motor dysfunction, Parkinsonism, urinary incontinence, pseudo bulbar palsy can be present. This has to be differentiated from vascular dementia.

FRONTO-TEMPORAL DEMENTIA (PICK'S DISEASE)

Two definite pattern of this group of pathologies are seen as: a) gradual changes in personality and behaviour and, b) progressive language dysfunction. Behavioural dysfunction may be disinhibition, apathy, limited insight; irritability, inappropriate, potentially aggressive behaviour; perversions of words or actions, stereotyped behaviour, mental rigidity, inflexibility; hypersexuality, hyperorality and the need to touch and examine objects within reach. The language gradually and progressively deteriorates in the expression, word finding and naming. This may progress to impairment in word meaning, reading and writing. Speech may become perseverative, and echolalic, with elective mutism. The changes in the language occur much before the other functions deteriorate.

HOMOEOPATHIC APPROACH TO DEMENTIA

Clinico-pathological Co-relation And Interpretation Of Susceptibility

The assessment of susceptibility in the cases of dementia is one of the most important aspects in planning the approach to Dementia. The various pathologies and the mechanisms of development of Dementia result from different process in different conditions. A grasp of the cause in the particular case becomes most important task in understanding the susceptibility. The travel of the disease from minor functional impairment to a complete bed-ridden vegetative state suggests the progressive destruction of the susceptibility. Identification of the stage of the illness in between the extremes (of a particular cause) along with the presence of characteristic symptomatology, the pace of the progress collectively decides the assessment of the susceptibility. The presence of an ad-

ditional general medical condition like diabetes, chronic medical renal disease, etc. makes an additional impact on the state of the susceptibility.

MIASMATIC INTERPRETATION

As we have seen the evolution of the disease from functional to structural irreversible stage, it is clear that the condition passes through all the miasmatic states over a variable period of time.

In the mild cases discussed above there is minimal structural damage and is mainly a functional change which may be reversible (till a point) in certain conditions like electrolyte imbalance and nutritional deficiency or substance related dementia. These cases may have a Psoric activity predominantly till the time it goes in to the irreversible stage. The symptoms here would be more at the functioning of the brain and the personality would be intact. Gradually with the disease progressing to the irreversible stage with the long fixed gradually progressive stage the cases may show mainly Sycotic activity. This is also corroborated with the evidence of the neuro-fibrillary inclusions in the neurons in the CNS. The occurrence of any erratic pattern of behaviour of the personality like increased activity alternating with depression, appearance of lewd, lascivious, uninhibited behaviour may mark the activity of the tubercular miasm. In this state the brain is significantly affected by the degenerative process, seen as orbital atrophy and the symptomatology is disorganized. The syphilitic state is actually a more or less a vegetative state where in the characteristics of a personality is completely destroyed and only the body remains. The cognitive functions are markedly regressed and a complete loss of memory, language, executive functioning occurs. Marked disturbance in the motor system, like development of spasticity, loss of control over the sphincters, etc occur.

This miasmatic classification also should take in to account the pace of development of the signs and symptoms and the progress of the stages from mild to profound. In this the characteristic symptoms found against expectations in a particular stage become the most important prescribing symptoms.

HOMOEOPATHIC THERAPEUTICS

The basis of the therapeutic approach to the cases

of dementia is like that to any other nosological disease diagnosis, ie individualistic. The individualization may occur according to the various approaches laid down by the teachings of Dr Kent, Dr Boeninghausen and Dr Boger.

The Kentian approach will be applicable in the cases with symptomatology predominant at the level of the mind and physical generalities that are qualified in nature. Similarly the Boeninghausen's approach will be applicable in the cases with predominant complete symptoms and presence of physical general symptoms. A concomitant symptom or state may be even better for the suitability of this approach. This type of a symptomatology automatically suggests a better susceptibility and a Psoric-Sycotic miasmatic background. This automatically suggests its applicability in cases in the initial stages of the evolution where the cognitive functions are impaired (which may also show peculiar qualification) and the personality characteristics are intact. Here the role of the constitutional remedy may be the best as the symptomatology, the susceptibility and the stage of the illness may be more treatable than the later part.

The intercurrent or the anti-miasmatic remedy is required in cases where the miasmatic activity is identified to be high enough to make an impact on the course and behaviour of the illness. A significant load of fundamental miasm based on the past and the family history (mainly the Syco-Tub-Syphilitic) will decide the choice of the anti-miasmatic remedy. The causative or aggravating factors like a haemorrhage, infection, any systemic illness having direct impact on the condition, etc. will also contribute to the understanding of the dominant miasm in a particular case and hence in the decision for the use of anti-miasmatic remedy.

Phasic / Organ remedy: in the terminal part of the illness there is a significant deterioration of the personality and the behavioural characteristics and the disease symptoms takes over the individualistic symptoms. In these cases the causation, the evolution and the progression of the illness, the area involved and the faculty of the



brain involved assume individualizing status. Boger's approach is best suited in these cases. The susceptibility is at its worst as the body is almost assuming a vegetative state gradually going to a state of 'reaction poor'. A very high tuberculo-syphilitic activity is seen in such conditions. The use of anti-syphilitic remedies in such cases is recommended.

Some of the anti-syphilitic remedies that could be used are:

Aurum-metallicum

It suited to case with sclerosis of the arteries especially of the brain in people who are low-spirited, lifeless, weak memory, yet sensitive to pain. Hence it may be indicated for vascular dementia and the Alzheimer's dementia. It is precipitated due to bad effects of grief, fright, anger, disappointed love, contradiction, reserved displeasure, prolonged anxiety or unusual responsibility.

Mental depression, hopelessness, disgust for life. Intense suicidal thoughts predominate. Alternating states of brooding melancholy with irritability or moroseness. Weak memory. Vexed, changing moods.

BARYTA-CARBONICUM

The remedy for early senility when the degenerative changes occur in the old men begin in the brain and vascular system. Easy paralytic effects, in single parts. Vascular softening and dilatation, aneurysms, ruptures and apoplexy. There is a state of slow grasp, silly, absurd and backward behaviour. There is a significant regression in the personality and behaviour due to the degenerative process. Increasing mental weakness, beclouded state of the mind, bad memory – forgets her errands or the word in the mouth. Childish imbecile behaviour with loss of self confidence.

CONIUM-MACULATUM

Mainly affects the nerves and the muscles. There is an irregular development of symptoms. Progressive debility; in persons who become prematurely old. Bad effects of sexual suppression and also excess or abuse, injury and alcohol. There is depression of the mind with aversion to society and fear of being alone. Slow grasp and difficulty in understanding in understanding what he is reading,

weakness of memory and difficulty in sustaining attention. Periodical insanity, of alternating type. Trifles seem important, thinks that animals are jumping out of the bed. Sad and dissatisfied with his surroundings. Vertigo and imbalance could be a predominant feature.

PHOSPHORUS

Causes inflammation of the nerves and fatty degeneration (atherosclerosis) of the blood vessels. Tendency to hemorrhages, in nervous delicate persons who like to be magnetized. Ill effects of anger, fear, grief, worry, mental fatigue.

A state of amorousness, amative, will uncover his body and expose his genitals. laughing at serious things. Quickly prostatic.

PLUMBUM

It produces general sclerotic condition, mainly of the nerves and blood vessels. Small aneurysms all over the body. Symptoms appear slowly, progressively, with violent side-effects of very changeable character. Perception slow, comprehension is difficult, tremors followed by paralysis. Ill effects of repelled eruptions, sexual excess.

Taciturn, quiet and melancholy. Amnesic aphasia, weakness and loss of memory, increasing slowness and apathy.

POSIOLOGY

This is directly determined by the assessment of the susceptibility along with the staging of the illness, the level of correspondence of the selected remedy. As generally it is found that the susceptibility is in the lower range, structural change is almost invariably present at the tissue level, and the sensitivity is the first thing to be depressed. Lower potencies have a better role. The repetition of the remedy should be in an increasing order to assess the registration of the single dose to increasingly multiple doses.

Hence it can be concluded that the homoeopathic physician approaches dementia with a clear understanding of the cause; stage of the disease; the available characteristic or common symptomatology; the correct assessment of the susceptibility and miasm; selection of the appropriate constitutional, anti-miasmatic, phasic/organ remedy in the potency appropriate to the susceptibility. ●