

## AN AYURVEDA CONCEPT OF DEMENTIA ASSOCIATED WITH ALZHEIMER'S DISEASE

Dr. Sandeep S. Kamble\*<sup>1</sup>, Dr. Jinesh Jain<sup>2</sup> and Dr. O. P. Dwivedi<sup>3</sup><sup>1</sup>Reader, Dept. of Kayachikitsa, Rani Dullaiya Smriti Ayurved P. G. College and Hospital, Bhopal, India.<sup>2</sup>Reader, Dept. of Panchakarma, Govt. (Auto) Ayurveda College and Hospital, Rewa, India.<sup>3</sup>Professor & HOD, Research Guide, Dept. of Rachna Sharir, Govt. (Auto) Ayurveda College and Hospital, Rewa, India.

\*Corresponding Author: Dr. Sandeep S. Kamble

Reader, Dept. of Kayachikitsa, Rani Dullaiya Smriti Ayurved P. G. College and Hospital, Bhopal, India.

Article Received on 01/05/2017

Article Revised on 22/05/2017

Article Accepted on 11/06/2017

## ABSTRACT

Alzheimer's disease is a leading cause of dementia. The term "dementia" described as an acquired cognitive and behavioural decline associated with brain disease. There are various etiological factors associated with disease such as; aging, trauma, syphilis alcohol abuse, menstrual disorders, disappointed affections and shocks. Later, investigators described neuropathological correlation of dementia syndromes, for establishing the relation between brain disease and dementia. Ayurveda literature mentioned *Smriti* and its importance under *Pragyaparadh* concept where *Smritibhrinsha* also considered as leading cause of disease dementia.

**KEYWORDS:** Ayurveda, Dementia, *Smritibhrinsha*, *Pragyaparadh*.

## INTRODUCTION

Dementia is a disease arises due to the disorders of cerebral neuronal circuits and total quantity of neuronal loss. Dementia has many causes, but dementia associated with Alzheimer's and vascular dementia together represent 75% of all such cases. Modern management of dementias is difficult and troublesome. The disease involve dwelling on sense objects which leads to desire when this desire left unfulfilled, person acquired anger leading to confusion and impairment in memory. Memory impairment leads loss of intellect or reasoning which causes complete ruin of neuronal circuits. Memory and *Buddhi* are prime importance and the understanding of dementia by Ayurveda literature emphasized general physiology of *Manas* and *Buddhi*. Consideration of *Mana*, *Buddhi*, *Medha*, *Dhriti* and *Smriti* is very essential for understanding etiology and psychopathology of *Smritibhramsha*. Power that determines the nature merits and demerits of an object is *Buddhi*. *Buddhi* and *Mana* are associated with *Karyakarana Sambandha* in the process of evolution; *Buddhi* is the first *Tatva* which is responsible for the development of *Indriyas* and *Mana* (Vijayrakshita on Ma. Ni. 3/82). *Dhriti* is the power which controls the orientation of attitude; it is the regulator of the functions of *Mana*, while *Smriti* helps the mind to recollect the entire percept or objects on the basis of the concept made by past experiences. The mind behaves accordingly by remembering the *Tatvagyan* (ethics). *Medha* is the

power that grasps and retains the knowledge which is not possible without the conjunction of mind. *Chakrapani* has described excessive, weak or wrong conveyance of mental perception as *Chintya*. *Kama*, *Krodha* etc. are like *Manovighatakarabhavas* that derange all the circuits of the mind, which would be categorized in the group of '*Pragyaparadha*' as basic etiological factor for the all psychiatric disorders. The different etiological factors derange the normal mental pathways and ultimately result in the development of *Smritibhramsha*.

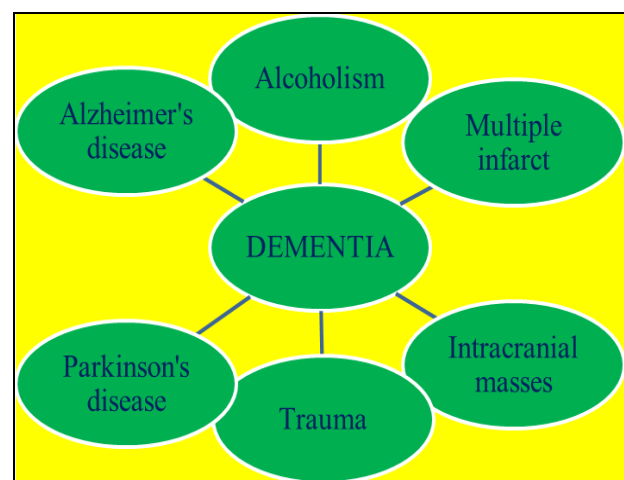


Figure 1: Causes of dementia.

**Smriti**

Different *Ahcaryas* described *Smriti* as follows:

- *Smriti* is the product of the traits of internal impressions produced by the union of experiences of the soul and mind (Vaisheshika Sutra 1/26).
- Capacity of recollect the past experienced knowledge; *Vachaspatyam* and *Asampramoha* of the internal impression in the mind about the moments of the past (Yoga Sutra 1/11).
- *Charaka* described that recollection of things directly perceived, heard or experienced earlier is called *Smriti*.
- *Smriti* is the mass product of the knowledge through the impression gathered in the mind.
- *Vijayarakshita* has described that remembrance of past experience is *Smriti*.
- *Sushruta* has mentioned *Smriti* as *Bhutartha Vijyana*; knowledge of past the experience.

**Bhramsha**

*Bhramsha* means conditions of derangement:

- Falling or slipping down.
- Decline/decay, ruin.
- Disappearance, loss, cessation.
- Straying or deviating from abandonment.

**Factors influencing the physiology of Manas**

**Atma:** it gives *Chetanatva* to the *Manas*, through which *Manas* attains its *Kartrtva*.

**Buddhi:** the characteristic of *Atma*; influences *Manas* through various dimensions such as:

*Dhee* (judgement), *Dhriti* (controlling power) and *Smriti* (memory) (Ca. Sha. 1). The functional dimensions of *Manas*; *Satva*, *Rajas* and *Tamas* also influence the mind physiology.

**Role of Dosha towards physiology of Manas**

1. **Vata:** control and stimulation of *Manas* is under the influence of *Vayu*.
2. **Pitta:** *Sadhaka Hrdgatam Pittam; Buddhi Medha Abhimanadyai* (A. Hr. Su. 12/3).
3. **Kapha:** Normal mental functions like concentration, tolerance, endurance are associated with normal functioning of *Kapha* (A. Hr. Su. 11/3). *Avalambaka Kapha* and *Tarpaka Kapha* are related with *Manas*.
4. **Prana:** *Buddhi Hridayendriya Cittadhrik* (A. Hr. Su. 12/4), the function described to the *Prana* is to hold the *Citta* and *Hridaya*.
5. **Udana:** *Udana* is responsible for the recollection of past experience i.e. memory thus it helps *Manas* to analyse the entire perception and action projected to *Karmendriyas* (As. H. Su. 12/56).
6. **Vyana:** Stability and concentration of *Manas* is dependent upon the normal condition of *Vyana* (Su. Ni. 1/17), [*Prayah Sarvah Kriyah* (A. Hr. Su. 12/6)].

**Role of Dhatus towards physiology of Manas**

**Rasa** : *Cintyanam; Aticintanat* (Ca. Vi. 5)

**Rakta** : Normal mental function; *Buddhi Karmanam*.

**Mamsa** : *Akshagani* (A. Hr. Su. 11).

**Meda** : *Sukhabhisanga, Alasya, Drdhata* (Su.Su. 15/5).

**Asthi** : *Srama* (Ca. Su. 17/67).

**Majja** : *Bhrama Murccha, Tamodarshana* (Ca. Su. 27/7) (Su. Su. 15/14).

**Sukra** : *Harsa, Samkalpa, Kama, Ananda*.

**Management of Dementia****Psychiatric management, psychotherapy and other psychosocial treatments**

- Establish and maintain an alliance with the patient and family.
- Monitoring the psychiatric status.
- Intervene to decrease the hazards of wandering.
- Advise the patient and family about activities that may put patient and other people at risk.
- Educational counselling of patient and family regarding the illness and available treatments of disease.
- Family guidance towards the financial and legal issues.
- Improvement of cognitive skills, mood or behaviour.

**Types of psychotherapies/treatments**

- (a) Behavioural approach
- (b) Emotion approach
- (c) Cognition approach
- (d) Stimulation approach

**Preventive Care**

- Consumption of low-fat and low-calorie diet.
- Consumption of cold-water fish since they possess high level of omega-3 fatty acids.
- Reducing intake of linoleic acid found in margarine, butter and dairy products.
- Use of antioxidants, such as vitamins A, E, and C may prevent damage caused by free radicals.
- Maintenance of normal blood pressure levels may reduce the risk for Alzheimer's disease.
- Hormone-replacement therapy stimulates growth of brain cells and improves blood flow in the brain.
- One should be mentally and socially active.

**Suggestive Lifestyle**

- A supervised walking program may improve communication skills and diminish the risk of wandering.
- Bright light therapy may control insomnia and wandering.
- Calming music may reduce wandering and restlessness, boosts brain chemicals and improve behaviour.
- Relaxation training and other exercises that require focused attention can improve social interaction and the ability to perform tasks.
- The one should follow specified diet plane and discipline daily life routine.

**REFERENCES**

1. World Alzheimer Report 2009. London, Alzheimer Disease International, 2009. Neurological disorders: public health challenges. Geneva, World Health Organization, 2006.
2. Mishra S et al, The effect of curcumin (turmeric) on Alzheimer's disease: An overview. *Ann Indian Acad Neurol*, 2008 Jan; 11(1): 13-9.
3. Involvement of Oxidative Stress in Alzheimer Disease: *Journal of Neuropathology and Experimental Neurology*, 1 July 2006; 65(7): 631-641.
4. Sharma PV, Editor, *Caraka Samhita Varanasi: Chaukhambha Orientalia*, Vol 1, su. 8/11, 2007.
5. Acharya Jt, Dalhana Commentary, Editor, *Susruta Samhita of Susruta Su2/3*, Varanasi: Chauhamba Surbharti Prakashan, 2003; 10.
6. *Charka Samhita Sutrasthana*. 1: 54-55.
7. Singh N, Pandey BR, Verma P. An overview of phytotherapeutic approach in prevention and treatment of alzheimer's syndrome and dementia. *Int J Pharma. Sci Drug Res*, 2011; 3(3): 162-72.
8. Jewart RD, Green J, Lu CJ, Cellar J, Tune LE. Cognitive behavioral and physiological changes in alzheimer's disease patient as a function of incontinence medication. *Am J Geriat Psychiat*, 2005; 13: 324-8.
9. Agnivesha. *Caraka Samhita with Chakrapani's Ayurveda Deepika Teeka*. Acharya YT, editor. Varanasi: Choukhamba Samskrita Samsthana, 1994; 38.