



Ayurvedic review of literature on dementia and its management.

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ABSTRACT-

Alzheimer's disease is the most prevalent form of dementia and is a slowly progressing neurological condition. Loss of behavioural and cognitive capacities, such as thinking, remembering, and reasoning, is a clinical symptom. It is unclear what causes this illness specifically. There is currently no known cure for Alzheimer's disease in modern medicine, while there are therapies that can help with the symptoms. Such a situation may be associated with *Jara janya Smrutibhramsha* and is primarily regarded in Ayurveda as a form of *Manas vyadhi*. Information on the idea of Alzheimer's disease, its *aetiology*, pathophysiology, signs and symptoms, as well as potential treatment choices, has been gathered from textbooks on Ayurveda and Western medicine, as well as from numerous websites and articles. The essay makes an effort to streamline the treatment of Alzheimer's disease and covers all facets of this condition using an integrated approach (Ayurvedic and modern medicine). The care of *Manas vyadhi*,

particularly with regard to dementia and Alzheimer's disease, will undoubtedly benefit from a holistic approach that incorporates a healthy lifestyle, *Panchkarma* purification, and integrated palliative medicine.

Keywords: *Rasayana*, Ayurveda, *Manas vyadhi*, *Smrutibhramsh*, Dementia, Alzheimer's disease.

INTRODUCTION-

In Ayurveda, Alzheimer's disease or Dementia condition is considered as a *Jara janya Smrutibhramsh* is type of *Vataj Manas vyadhi* seen in late middle age. Hence, the objective of treatment is focused on *Majja Dhatu*, *Satva* and *Manas* through *Aachar Rasayan*, *Shodhankarma* and *Dravyachikitsa* for maximum good results in Dementia¹. The purpose of integrated review is to give information from Ayurveda in view of *aetiology*, *patho*-physiology, and available treatment options as per stage of disease and details of contemporary texts of modern medicine related to Alzheimer's disease or Dementia.²

Ageing is a primary risk factor for dementia, a clinical neuro-degenerative condition marked by changed behavior, personality traits, and other cognitive dysfunctions, as well as memory loss and daily life impairments. Alzheimer type dementia (AD), vascular dementia, *Lewy* body dementia, and dementia brought on by conditions including stroke, AIDS, and multiple sclerosis are only a few of the dementias that have been observed in human patients.³ A major cause of dementia among these is Alzheimer's disease (AD), which is characterized by a progressive loss of memory as well as other cognitive deficits like poor judgment and decision-making and linguistic abnormalities. Vascular dementia, on the other hand, is defined as the loss of cognitive function brought on by ischemic, *hypoperfusive*, or *hemorrhagic* brain lesions.⁴ Elderly age, long-term consumption of "western" cuisine, lack of physical and mental activity, as well as epigenetic and environmental variables, are major risk factors for dementia. Cardiovascular and cerebrovascular issues, excessive alcohol use, social isolation, and traumatic brain injury are other dementia risk factors.⁵

AD having a prevalence of approximately 20% (prevalence is higher than 20%). It may be very hard to diagnose depression precisely in dementia.⁶ A patient's memory, insight, and comprehension may be affected, making it difficult for them to consistently report their symptoms. So while making a diagnosis, observations and a thorough history are crucial. Even in the absence of concurrent depression, depressive symptoms are frequently present in dementia patients. By

the year 2050, it is anticipated that there will be roughly 2.1 billion elderly people globally due to an increase in life expectancy.⁷

MATERIAL AND METHODS

In order to understand an integrated and holistic approach to managing Alzheimer's disease, contemporary texts of Ayurveda connected to *Manas Vyadhi* have been documented, with a focus on dementia and Alzheimer's disease. information gleaned from texts on modern medicine with regard to illness aetiology, pathophysiology, clinical symptoms, and standard management.

Alzheimer's Disease- Ayurveda Perspective

It can be categorized as a kind of *Vataj vyadhi* due to similarities in the pathophysiology and clinical signs of this degenerative condition. In order to prevent developing this Alzheimer's disease, we must take care of our *Majja Dhatu-Mashtishka* as well as *Satva* and *Manas*. It is a common form of dementia that typically develops in late middle age (between 40 and 60 years). Another characteristic of this illness is that it progresses rather than remaining static. As a result, management of the condition requires both measures to halt disease progression and to reverse it. However, reversing pathogenesis is very challenging because damaged nerve cells cannot regenerate.⁸

Satva Vichar - Our body is comprised of *Sharir*, *Satva* and *Aatma*. Further, *Satva* has 3 important factors-⁹

- *Dhee* (Original intelligence),

- *Dhriti/Dhairya* (Act according to process)
- *Smruti* (Memory).

Manas Vishay are *Chintya*, *Vichar* and *Uhya*. Similarly, *Manas lakshna* are *Jnyanasya Bhav* leading to *Dnyan prapti* and *Jnyan Abhaav*. Further, *Mann* controls both *Karmendriya* and *Jnyanendriya*.

Samprapti (Pathogenesis) of Dementia-

Vata (Pran, Udan, Vyan), *Pitta (Sadhak Pitta)*, and *Kapha (Tarpak, Avalambak, and Ras - Majja Dhatu* are predominantly vitiated) are the *Doshas* involved in man's activity; as a result, *Preenana* and *Chitta tushti* are crucial components in management. *Majja*, *Ojus*, and *Shukra Dhatu* are three more elements that contribute to the pathophysiology. *Vaya* and *Akalaj Jara* are the primary *Hetus* taken into account. *Margavarodh* and *Dhatukshay* are mostly to blame for the *vata's* vitiation. *Jeern Kshayaj Vyadhi*, including *Rajyakshma*, *Pandu*, *Aamvata*, *Sthaulya*, *Vataj Prameh*, and immuno-compromised individuals, are to blame for *Akalaj Jara*. While treating the majority of these illnesses (especially *Vataj Prameh*, *Sthaulya*, and *Aamvata*), a tight dietary regimen and a lot of *langhna* are frequently recommended, which can lead to *Jeern Kshay vikruti* and more *Vata vruddhi*, which might result in *Akalaj Jara*. *Akalaj Jara* is also the outcome of *Dhatu Kshay* and *Langhan Atiyog*, *Aticharan*, *Vyasana*, *Vish*, and *Anusangik Vyadhi*.

Avalambaka, *Kledaka*, *Bodhaka*, and *Tarpaka* are all types of *Vata* according to Ayurvedic theory, especially *Pranavrutta Vyan*, *Saman*, and *Udanavrutta Pran*. The *Samprapti Ghatak* involved in the *etiology*

of dementia and Alzheimer's disease include *Kapha*, *Rajas- Tamas*, *Bheej Bhav*, *Ras-Rakta-Majja Dhatu*, *Purisha*, *Mutra*, *Sved*, *Rasavaha*, *Majjavaha*, and *Manovaha Srotas*.¹⁰

Chikitsa Sutra-

A combination of *Shodhan* (purification by *Panchkarma*), *Shaman* (pacification by palliative drugs), and *Rasayan chikitsa* (tissue renewing therapy) can be used to treat *Manas vyadhi*, especially *Dementia / Alzheimer's disease*.

Acharya Charak noted the logic *Shodhan chikitsa* in the therapy of *Manas vyadhi*, and added that one should pick the *Shodhan chikitsa* wanted by the patient rather than subjecting all Alzheimer's disease patients to rigorous *Shodhan chikitsa*.¹¹

Rasayan purv Shodhan Yoga-

Before beginning *Kuti Praveshik Rasayan* therapy, which is intended to achieve *Jeern Sakrut Shodhan* (Bowel cleansing), *Acharya Charak* has recommended a highly specific *Rasayan purv Shodhan Yoga* (formulation). If patients receive this particular *Yoga* before receiving *Rasayan chikitsa*, it produces quite notable outcomes. Similarly, it lessens the effects of the therapy on *Matra* and *Kalavadhi*. Prior to *Rasayan chikitsa*, *Shodhan Yog—Haritaki*, *Saindhav*, *Aamalak*, *Gudam*, *Vacha*, *Vidang*, *Pippali*, and *Haridra Shunthi*—should be administered with lukewarm water. Patients with Alzheimer's illness should be offered this *yoga* as *Shodhan*, and once they have reached *Koshth Shodhan*, they can begin receiving treatment for *Smruti Sthapan* and *Rasayan chikitsa*. If you believe the person

shouldn't receive *Akalaj Jara*, you should pay close attention to *Jara*, *Jara vyadhi*, and *Akalaj Jara*.

Gana such as-

- *Sadnya sthapan Gana* – (*Hingu, Kaitay, Arimeda, Chorak, Vayastha, Golomi, Jatila, Palankashaa, Shok rohini*)
- *Vay sthapan Gana*- (*Amruta, Abhaya, Dhatri, Mukta, Swetjivanti, Atirasa, Madukparni, Sthira, Punarnava*) where in, the *Vay sthapan Gana* drugs maintain Tarunya- optimum

functioning, strength and capacity of all body elements.

According to Ayurveda, when choosing a course of therapy, one should take into account a number of patient-related aspects, including *Vaya, Bala, Kosht, and Prakruti*. As a result, we are unable to provide individualized or broad-based treatment. The prognosis will be better if the disease type is correctly identified (according to the prevailing Dosha) and a specific formulation or treatment method is chosen for the patient.¹²

<i>Vata</i>	<i>Pitta</i>	<i>Kapha</i>
<ul style="list-style-type: none"> • <i>Ashwagandha</i> • <i>Brahmi</i> • <i>Shankhapushpi</i> • <i>Mandookparnee</i> • <i>Shilajeet</i> • <i>Guduchi</i> • <i>Triphala</i> 	<ul style="list-style-type: none"> • <i>Triphala</i> • <i>Ashwagandha</i> • <i>Brahmi</i> • <i>Shankhapushpi</i> • <i>Guggulu</i> • <i>Haridra</i> • <i>Mandookparnee</i> 	<ul style="list-style-type: none"> • <i>Haridra</i> • <i>Ashwagandha</i> • <i>Brahmi</i> • <i>Mandookparnee</i> • <i>Triphala</i> • <i>Shilajeet</i> • <i>Guggul</i>

The most significant and effective *Panchkarma* for *Manas vyadhi* (Dementia/AD) is *Nasyakarma* (intra nasal drug therapy). This is because the drugs administered by *Nasya* directly reach into *Mashtishka* (Brain), eliminating the need for BBB crossing and providing prompt results. In *Manas Vyadhi/AD*, some of the potent formulations (medicated oils) employed for *Nasyakarma* are *Kshirbala Nasya, Mash Tail, Panchendriya Vardhan, Vacha, and Varanadi. Basti karma* (medicated Enema) is regarded as a major and effective therapy for *Vata vyadhi* (*Vata* diseases) in the *Panchkarma* system. Patients can receive

Bruhan, Yapan, Rajyapan, Yoga Basti, Ksheera Vasti, and Majja Basti, all of which have excellent effects. Similar to this, *Majja Basti* can also be tried, although according to our research, *Majja Basti* works better for conditions like *Sandhi Vata* (Osteo Arthritis), muscular dystrophy, and demyelinating disorders than for dementia or *Manas Vyadhi*.¹³

DISCUSSION

Since *Vata* and *Kapha* are the *Doshas* involved, treatments were developed to balance these *Doshas* as well as *Medhya* medications to stop future brain deterioration and aid restore neuronal health. The first

Deepana Pachana is crucial. Because *Smrti bramsha* causes dementia, it impairs *Buddhi*. *Rasayana* medications, especially *Medhya Rasayana*, help control this. Drugs from the *Medhya Rasayana* family act on the hypothalamus-adrenal axis (HPA axis) and normalize neurotransmitter production, including dopamine, serotonin, and acetylcholine, which can enhance mental functions. Furthermore, *Shodhana* is a must before *Rasayana* therapy. However, *Sodhana* is necessary before receiving *Rasayana* treatment.

Panchkarma-

Nasyakarma- After achieving *Koshth Shodhan*, the most important and effective *Panchkarma* is *Nasyakarma* (intra nasal drug therapy) because the drugs administered by *Nasya* directly reach into *Mashtishka*, wherein no need of crossing BBB and gives prompt result. Some of the effective formulations used for *Nasyakarma* in *Manas Vyadhi* are *Kshirbala Nasya*, *Mash tail*, *Panchendriya vardhan*, *Vacha*, *Varanadi* etc. *Basti karma* In set of *Panchkarma*, *Basti karma* is considered as *Ardhya chikitsa* of *Vata vyadhi*. *Bruhan*, *Yapan*, *Rajyapan*, *Yoga Vasti*, *Ksheera Vasti*, *Majja Basti* can be administered to patient which gives wonderful results. Similarly, *Majja Basti* can also be tried but, our observation reveals that *Majja Basti* is more effective in *Sandhi Vata*, muscular dystrophy and demyelinating diseases, but not in *Manas vyadhi* or dementia.

Rasayan therapy-

Rasayan chikitsa is supposed to be *Jara* and *Vyadhi- vidhvansi* (anti-ageing and immune modulator) particularly for *Smrti bhransh* patients. *Medhya Rasayana* drugs mentioned

in *Charak Samhita*, termed as *Neuroceuticals* which are effective in improving power of neurons or nervous system. These formulations can be given in particular patient, as per predominating *Vata*, *Pitta* and *Kapha Dosha*. such as-

- *Amrut Raspak- Bhallatak Rasayana*
- *Aamalaki swaras mixed with Madhu, Seeta, Ghrit*
- *Brahmi swaras with makshik*
- *Shatavari and dugdha*
- *Vacha with Dugdha*
- *Dadhi mastu*
- *Til tail*
- *Brahmi patra with Ghrit*

Bahyopachar-

There are certain external effective treatment modalities known as *Murdhni taila* which can be given to the patients suffering from *Manas vyadhi*. Procedures such as *Shiropichu*, *Shirobasti*, *Shirodhara* (Medicated oil irrigation), *Shiroabhyang* can be administered to such patients.

Abhyang- *Abhyang* or light massage is the best therapeutic procedure for *Manas vyadhi* because *Abhyang* is supposed to be *Jara-Shram Vatahar*.

CONCLUSION-

According to modern research, Alzheimer's disease is a degenerative illness with an unidentified cause. It is the most prevalent type of dementia and typically begins in late middle age or later in life. Because to the degeneration of brain neurons, particularly in the cerebral cortex, and the existence of neurofibrillary tangles and plaques containing beta amyloid cells, it causes thinking impairment, progressive memory

loss, disorientation, and changes in personality and mood. Memory loss and other serious mental impairments are caused by an illness that worsens over time and affects various mental processes, including language, judgment, and ADL. The widely used treatments for Alzheimer's disease have distinct side effects on the body and may make patients feel even more anxious. Therefore, effective and timely management is required. The patient's day-to-day functioning was aided by the current review of AD treated with Ayurvedic drugs and therapies since it led to alterations in the depressive and cognitive symptoms associated with AD. There is still room for improvement in the field of Ayurveda when it comes to treating such a disorder and improving the affected person's health status.

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