Dementia treated with individualized homoeopathy: A case report

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Abstract

Introduction: Dementia is a devastating neurodegenerative disorder that places a significant physical, emotional, and financial burden on patients, their caregivers and society. The global burden of dementia is growing alarmingly greater in the past few decades. There is an evidence base for the effectiveness of homeopathic medicines in certain psychiatric disorders, but literature is scarce on the usefulness of homoeopathy in dementia. **Case Summary:** A 72-year-old female patient was brought to the psychiatry outpatient unit with symptoms such as sleeplessness, irrelevant talking, irritability, weakness of memory, lack of personal hygiene, and wandering away from home. The case was diagnosed as unspecified dementia, assessed with mini-mental state examination (MMSE), and treated with *Ignatia* 200. MMSE score of 10 (severe cognitive impairment) at baseline gradually improved to 24 (no cognitive impairment) within 6 months and was maintained up to 12 months. Clinical improvement was also observed in cognitive functions, behaviour as well as the general condition of the patient. Causal attribution to changes after homeopathic intervention is evaluated through Modified Naranjo Criteria for homoeopathy.

Keywords: Concomitant symptom, Dementia, *Ignatia amara*, Individualized homoeopathy, Mini-Mental State Examination

Introduction

'Dementia' is an umbrella term for several diseases affecting memory, other cognitive abilities and behaviours that interfere significantly with the ability to maintain daily living activities.[1] Dementia is a devastating disease that places a significant physical, emotional, and financial burden on patients, their caregivers and society with an annual estimated cost of $172 billion.[2]

More than 50 million people worldwide have dementia, with male predominance.[3,4] For a definite diagnosis of dementia, neurocognitive symptoms must be present for at least 6 months.[5,6]

Although advancing age is its strongest known risk factor, dementia is not a normal part of ageing.[1] There is an increased risk for people with a first-degree relative having dementia, and more so if that relative developed dementia at a younger age (<~70).[1] The potentially modifiable risk factors for dementia are less education, hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, low social contact, excessive alcohol consumption, traumatic brain injury, and air pollution.[7]

The clinical presentation of dementia varies greatly among individuals. In addition to memory disturbances, dementia is commonly accompanied by neuropsychiatric symptoms such as agitation and aggression, depression and apathy, eating and appetite disturbances, and sleeping disorders.[8]

Diagnosis is based on clinical history, mini-mental state examination findings, as well as imaging techniques.[9] T1-weighted magnetic resonance imaging is the preferred modality to examine the focal loss of grey matter volume, usually indicated as atrophy, which is a common feature of neurodegenerative dementias.[10]

The mini-mental state examination (MMSE) is a cognitive test that is commonly used as part of the evaluation for possible dementia.[11] A score of 0–17 indicates the severe degree of

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impairment, 18–23 indicates mild cognitive impairment, and 24–30 indicates no cognitive impairment.[12]

Despite over a century of scientific endeavour, effective conventional treatment options for dementia are still lacking in conventional medicine. Homeopathic treatment has been reported to be useful in some psychiatric disorders such as Schizophrenia[13], Depression[14], attention deficit hyperactivity disorder[15], Autism[16], and obsessive compulsive disorder,[17] but there is a dearth of the literature in homoeopathy that shows usefulness in neurocognitive disorders such as dementia except for a series of three cases of elderly, institutionalized patients with problems relating to dementia which reported a good response to homeopathic medicines.[18] There are different approaches to homeopathic prescribing. The basis of prescribing for psychiatric cases in homoeopathy rests on the totality of constitutional symptoms, sector totality, concomitant symptoms, etc., depending on the features available at the time of case receiving.

Case Report

Patient information

A 72-year-old female patient was brought by her family members to psychiatry outpatient department of National Homoeopathy Research Institute in Mental Health, Kottayam on September 1, 2018.

Presenting complaints

The patient had sleeplessness, irrelevant talking, irritability, weakness of memory, lack of personal hygiene, and a tendency to wander away from home. Informants were sister and daughter and the information was fairly reliable.

History of present illness

Complaints started insidiously 15 years back and after a dispute with her husband regarding the land property issue; the husband gave all his properties to his son without informing her. That was a shock to her as she was not in a good relationship with her son and daughter-in-law. They used to ill-treat her and even physically hurt her. After that incident, she had abandoned feeling and developed a gradual, progressive decline of memory, sleeplessness, and irrelevant talk. The patient was physically and mentally restless with rapidly changing emotions, alternating gay and sad moods, laughing, and weeping without cause. Mental disturbances were reported to start with hiccoughs, followed by gestures with hands, murmuring, and irritability.

Mental generals

Before the onset of their illness, she was a very affectionate, independent, and hard-working person. She was reserved and used to sit alone and think a lot about trifles.

Physical generals

She had a poor appetite and was thirstless, and drank hardly 1–2 glasses of water per day. She had regular bowel movements. She hardly slept for 2–3 hours and had disturbed sleep with frequent waking in between. She hardly had sweat, even during exertion. She had no specific food cravings and had an aversion to spicy food. She was ambithermal but preferred to be under the fans as well as covered at that time.

Physical examination

The patient was lean thin, dark-complexioned, and poorly groomed. Nothing abnormal was detected on general physical examination.

MSE

The patient was unkempt, conscious, noncooperative, and reserved. Eye to eye contact was maintained. There was increased psychomotor activity and poor interpersonal relationship. There was an irrelevant speech with normal volume tone, reaction time, and rate. The effect was inappropriate, reactive (she was smiling while talking about sad events and weeping while telling positive things), labile, and incongruent. Her mood was subjectively sad but had no predominant effect objectively. The flow of thoughts was normal, but illogical. A second person auditory hallucinations were detected, but occasionally. The patient was disoriented to time, place, and person. Immediate, recent, and remote memory, here, impaired. She had poor general information and intelligence. Concentration could not be maintained. Abstract thinking was not present. Social judgment and test judgment were not adequate. She had no insight and was completely denying illness (Grade 1).

Diagnosis and assessment

The case was diagnosed as unspecific dementia (F03- as per ICD-10) by the consultant psychiatrist, as other criteria essential for the diagnosis of Alzheimer's disease such as rapid onset and progression or presence of aphasia, agraphia, alexia, acalculia, and apraxia were not met. As there was a progressive decline of cognitive functions over a long duration and there was no history of previous depression, pseudodementia (depressive) was ruled out. The possibility of conversion disorder was excluded based on the absence of symptoms or deficits affecting motor or sensory functions and the gradual onset of illness.

Assessment baseline at subsequent follow-ups visit was done with MMSE once a month up to 1 year. MMSE score at baseline was 10 (severe cognitive impairment).

Intervention

The totality of symptoms was erected and subjected to repertorisation with RADAR 10 (synthesis repertory) software [Figure 1]. Based on the totality of symptoms and strongly marked concomitant, that is, hiccoughs, a single dose of *Ignatia* 200-1 dose, was prescribed on the first visit. The medicine was procured from HOMCO (Kerala State Homeopathic Pharmacy) and dispensed from the institutional pharmacy.

Results

No homeopathic aggravation was reported after the administration of *Ignatia 200*. In the follow-up visits, as reported by the patient and the bystanders, there was a

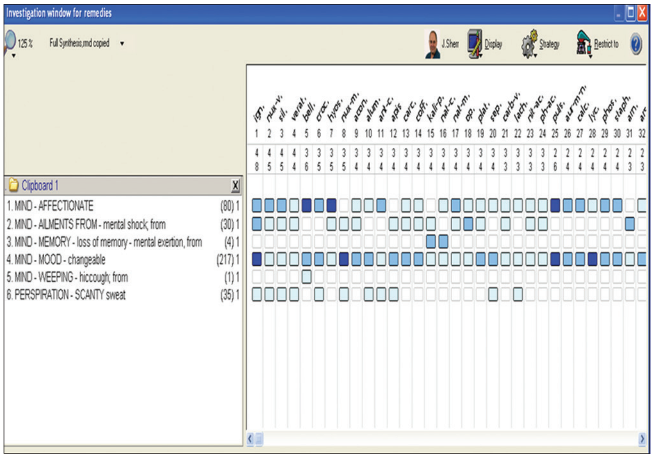

Figure 1: Repertorisation chart

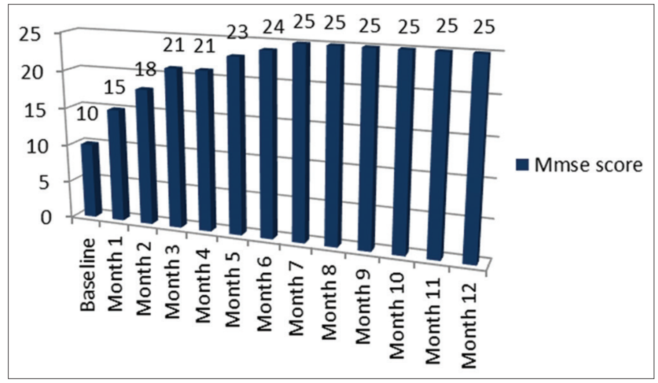

Figure 2: The changes in mini-mental state examination (MMSE) scores (improvement of cognitive abilities) for 1 year

remarkable improvement in her memory, sleep, attention, and concentration. The remedy was allowed to continue its beneficial action, after which an identical placebo was continued. *Ignatia 200* was repeated as and when there was a standstill in the improvement. The patient did not receive any other conventional or alternative medicine or any specific behavioural therapy except for general counseling from the conventional medicine physician. Causal attribution to changes after the homeopathic intervention is evaluated through Modified Naranjo Criteria for homoeopathy and a score of 7 shows a probable relationship.

The total score of MMSE was 10 at baseline and turned to 24 within 6 months. This score was maintained up to 12 months. There was a remarkable improvement after the very first visit and progress they sustained for a year. Apart from cognitive improvement, the emotional stability of the patient was restored and there was improved functionality with near normalcy and independence in daily, routine activities. The changes in MMSE scores over 1 year are represented in Figure 2. The follow-up of the case is shown in Table 1. Causal attribution to changes after homeopathic intervention as per Modified Naranjo Criteria for Homoeopathy[19] are shown in Table 2.

Discussion

Dementia has to be differentiated from depressive disorder, which may exhibit many of the features of early dementia, especially memory impairment, slowed thinking and lack of spontaneity; delirium; mild or moderate mental retardation; states of subnormal cognitive functioning attributable to a severely impoverished social environment and limited education; and iatrogenic mental disorders due to medication. Concomitant symptoms can help the practitioner in identifying the Similimum by seeking the totality and peculiarity of the case that is presented. A phase 2, prospective clinical study to assess the odds of cure when the homeopathic prescription will be based on concomitant symptoms concluded that homeopathic prescriptions based on basis of concomitant symptoms have great importance in the process of cure.[20] In this patient the concomitant symptom, ‘Hiccough’ has been given importance for prescribing *Ignatia amara*, which gave wonderful results. This also emphasizes stresses the importance of physical concomitants in treating mental disorders.

An animal model study to explore the effect of *Lycopodium clavatum* on learning and memory function and cerebral blood flow (CBF) in intracerebro ventricular administered streptozotocin-induced memory impairment in rats suggested that *Lycopodium* may be used as a drug of choice in the condition of memory impairment due to its beneficial effect on CBF.[21]

A systematic review conducted to evaluate the effectiveness and safety profile of homeopathic medicines used in treating dementia, as established by randomized controlled trials, concluded that the extent of homeopathic prescribing for people with dementia is not clear and so it is difficult to comment on the importance of conducting trials in this area, as no studies that fulfilled that the criteria were found.[22] Authors feel dementia must be a topic of focus for future research studies in psychiatry and homoeopathy.

Literature states that approximately 10% of dementia cases are potentially treatable through conventional medicine, though only less than 1% reverse partially or fully.[23] Hence, the scope and effectiveness of homeopathic remedies in this disorder have to be explored with well-planned rigorous research studies so that it could potentially benefit a higher proportion of the patients.

Application of Modified Naranjo Criteria in homoeopathy in cases of psychiatry is challenging yet demands special attention, especially in the domains related to Herring’s direction of cure like whether symptoms are disappearing in the reverse order of appearance or the symptom improvement from more destructive miasm to less destructive miasm or physical symptoms appearing after mental symptoms subside, etc. These things have to be addressed in the future case reports of psychiatry. Another limitation of this case report is lack of objective evidence like a video clip.

Table 1: Follow-up of the case

Date	Observation	Prescription	MMSE score	Remarks
01/09/2018	Sleeplessness, irrelevant talk, weakness of memory, and wandering away from home. Alternate moods, laughing, and weeping without cause. hiccough followed by gestures with hands, murmuring, and irritability.	*Ignatia* 200/2 doses. 1 dose stat and 1 dose SOS Sac lac- 1 month	10	Baseline
25/09/2018	Sleep improved, relevant answers to questions, memory improved, and hiccough reduced. Self-care maintained. Doing work at home.	1. Sac lac- 1 month 2. *Ignatia* 200/1 D [SOS- to be given if there is any worsening of bevioural symptoms]	15	Mild improvement* SOS was not taken last month
30/10/18	Mild improvement in memory Sleep-improved but disturbed on and off.	1. Sac lac- 1 month 2. *Ignatia* 200/1 D [SOS]	18	Mild improvement SOS given on 20/10/2018
4/12/18	Generally better. Sleep-improved. Memory-improved by 50%. Loquacity and Hiccough decreased.	1. Sac lac- 1 month	21	Moderate improvement SOS not taken
19/1/2019	Memory improved markedly. Restlessness and murmuring reduced. Better in general. 75%-improved	*Ignatia* 200/2D [1D Stat, 1D SOS]. Sac lac – 1 month	21	Marked improvement
23/2/2019	Better in general. Restlessness and murmuring relieved.	Sac lac – 1 month	23	Marked improvement
26/3/2019	General amelioration. Sleep improved. Memory – good.	Sac lac – 1 month	24	Marked improvement
23/4/2019	Generals- good. Better in general.	Sac lac –1 month	25	Marked improvement
28/5/2019	Better in general. Routine activities.	Sac lac – 1 month	25	Marked improvement
25/6/2019	Feeling better. Independent in daily activities.	Sac lac – 1 month	25	Marked improvement
30/7/2019	Better in general. Doing household work.	Sac lac – 1 month	25	Marked improvement
27/8/2019	Feeling better. Functionally well.	Sac lac – 1 month	25	Marked improvement
24/9/2019	Routine activities.	Sac lac – 1 month	25	Marked improvement

*Mild improvement - 25–50% improvement overall, Moderate improvement - 50–75% improvement, Marked improvement - more than 75%

Table 2: Modified Naranjo Criteria for causal attribution

Criteria	Yes	No	Not sure or N/A	Justification
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	−1	0	There was marked improvement in the symptoms
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	−2	0	Improvement in symptoms which were present over years started within 1 month after intervention
3. Was there a homoeopathic aggravation of symptoms? (need to define in glossary)	+1	0	0	No aggravation
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0	Patient also improved in generals
5. Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical, emotional and behavioural elements)	+1	0	0	Overall wellbeing of patient improved.
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	Not observed
6B. Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms: - From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?	+1	0	0	Not observed
7. Did "old symptoms" (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	No
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	−3	+1	0	No
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0	Not observed
10. Did repeat dosing, if conducted, create similar clin ical improvement?	+1	0	0	Yes

Conclusion

This case illustrates that although dementia is a potentially life-long disabling disorder, it is amenable to treatment with individualized homeopathic medicine, which helps in reducing cognitive dysfunction as well as behavioural issues. A long-term follow-up is required to assess any relapses. Well-planned, methodologically sound studies are necessary to assess the potential therapeutic benefits of homeopathic treatment.

Declaration of patient's consent

An informed consent was obtained from the patient's son and the patient after developing good insight consented voluntarily to publishing the case report. The patient's identity is not disclosed in any form based on ethical guidelines.

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Nil.

Conflicts of interest

None declared.

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Titre: Démence traitée par l'homéopathie individualisée : Un rapport de cas

Résumé: Introduction: La démence est une maladie neurodégénérative dévastatrice qui fait peser une lourde charge physique, émotionnelle et financière sur les patients, leurs soignants et la société. Le fardeau mondial de la démence a augmenté de façon alarmante au cours des dernières décennies. Il existe des preuves de l'efficacité des médicaments homéopathiques dans certains troubles psychiatriques, mais la littérature est rare sur l'utilité de l'homéopathie dans la démence. **Résumé du cas:** Une patiente de 72 ans a été amenée à l'unité de psychiatrie ambulatoire avec des symptômes tels que l'insomnie, des propos non pertinents, l'irritabilité, la faiblesse de la mémoire, le manque d'hygiène personnelle et l'errance hors de la maison. Le cas a été diagnostiqué comme une démence non spécifiée, évalué avec le Mini Mental Status Examination (MMSE) et traité avec Ignatia 200. Le score MMSE de 10 (déficience cognitive grave) au départ s'est progressivement amélioré pour atteindre 24 (pas de déficience cognitive) en 6 mois et s'est maintenu jusqu'à 12 mois. Une amélioration clinique a également été observée au niveau des fonctions cognitives, du comportement ainsi que de l'état général du patient. L'attribution causale des changements après l'intervention homéopathique est évaluée à l'aide des critères modifiés de Naranjo pour l'homéopathie.

Titel: Demenz behandelt mit individualisierter Homöopathie: Ein Fallbericht

Abstrakt: Einführung: Demenz ist eine verheerende neurodegenerative Erkrankung, die eine erhebliche physische, emotionale und finanzielle Belastung für Patienten, ihre Betreuer und die Gesellschaft darstellt. Die weltweite Belastung durch Demenz ist in den letzten Jahrzehnten alarmierend größer geworden. Es gibt eine Evidenzbasis für die Wirksamkeit homöopathischer Arzneimittel bei bestimmten psychiatrischen Erkrankungen, aber Literatur zum Nutzen der Homöopathie bei Demenz ist rar. **Zusammenfassung der Fälle:** Eine 72-jährige Patientin wurde mit Symptomen wie Schlaflosigkeit, belangloses Reden, Gereiztheit, Gedächtnisschwäche, mangelnder Körperpflege und Wegwandern in die psychiatrische Ambulanz eingeliefert. Der Fall wurde als nicht näher bezeichnete Demenz diagnostiziert, mit einer Mini Mental Status Examination (MMSE) beurteilt und mit Ignatia 200 behandelt. Der MMSE-Score von 10 (schwere kognitive Beeinträchtigung) zu Studienbeginn verbesserte sich allmählich innerhalb von 6 Monaten auf 24 (keine kognitive Beeinträchtigung) und wurde beibehalten bis 12 Monate. Klinische Verbesserungen wurden auch bei den kognitiven Funktionen, dem Verhalten sowie dem Allgemeinzustand des Patienten beobachtet. Die kausale Zuordnung zu Veränderungen nach homöopathischer Intervention wird anhand der modifizierten Naranjo-Kriterien für die Homöopathie bewertet.

शीर्षक: मनोभ्रंश व्यक्तिगत होम्योपैथी के साथ इलाज : विषय अध्ययन

सार: परिचय: मनोभ्रंश एक विनाशकारी तंत्रिका उत्पादक विकार है जो रोगियों, उनके देखभाल करने वालों और समाज पर, एक महत्वपूर्ण शारीरिक, भावनात्मक और वित्तीय बोझ डालता है। डिमेंशिया का वैश्विक बोझ पिछले कुछ दशकों में खतरनाक रूप से बढ़ रहा है। कुछ मनोवैज्ञानिक विकारों में होम्योपैथिक दवाओं की प्रभावशीलता के लिए एक सबूत आधार है, लेकिन मनोभ्रंश में होम्योपैथी की उपयोगिता पर साहित्य दुर्लभ है। **विषय सारांश:** एक 72 वर्षीय महिला रोगी को अनिद्रा, अप्रासंगिक बात करना, चिड़चिड़ापन, स्मृति की कमजोरी, व्यक्तिगत स्वच्छता की कमी और घर से दूर भटकने जैसे लक्षणों के साथ मनोचिकित्सा बाह्य रोगी इकाई में लाया गया था। विषय का निदान अनिर्दिष्ट मनोभ्रंश के रूप में किया गया था, सूक्ष्म मानसिक स्थिति परीक्षा (एमएमएसई) के साथ मूल्यांकन किया गया था और इग्नेशिया 200 के साथ इलाज किया गया था। आधार रेखा पर 10 (गंभीर संज्ञानात्मक हानि) का एमएमएसई स्कोर धीरे-धीरे 6 महीने के भीतर 24 (कोई संज्ञानात्मक हानि नहीं) तक सुधार हुआ और इसे 12 महीने तक बनाए रखा गया। संज्ञानात्मक कार्यों, व्यवहार के साथ-साथ रोगी की सामान्य स्थिति में नैदानिक सुधार भी देखा गया था। होम्योपैथिक से इलाज के बाद परिवर्तनों के लिए लक्षण का मूल्यांकन होम्योपैथी के लिए संशोधित नारंजो मानदंड के माध्यम से किया गया।

Título: Demencia tratada con Homeopatía Individualizada: Reporte de Caso

Resumen: Introducción: La demencia es un trastorno neurodegenerativo devastador que supone una carga física, emocional y financiera significativa para los pacientes, sus cuidadores y la sociedad. La carga global de la demencia está creciendo alarmantemente más en las últimas décadas. Existe una base de evidencia para la efectividad de los medicamentos homeopáticos en ciertos trastornos psiquiátricos, pero la literatura es escasa sobre la utilidad de la Homeopatía en la demencia. Resumen del caso: Una paciente mujer de 72 años fue llevada a la unidad de psiquiatría ambulatoria con síntomas como insomnio, conversación irrelevante, irritabilidad, debilidad de la memoria, falta de higiene personal y vagando lejos de casa. El caso fue diagnosticado como demencia no especificada, evaluado con Mini Examen de Estado Mental (MMSE) y tratado con Ignatia 200. La puntuación de MMSE de 10 (deterioro cognitivo grave) al inicio del estudio mejoró gradualmente hasta 24 (sin deterioro cognitivo) en 6 meses y se mantuvo hasta 12 meses. También se observó mejoría clínica en las funciones cognitivas, el comportamiento y el estado general del paciente. La atribución causal a los cambios después de la intervención homoeopática se evalúa a través de los Criterios Naranjo Modificados para la Homeopatía.

标题: 个体化顺势疗法治疗痴呆症：病例报告

摘要:简介：痴呆症是一种毁灭性的神经退行性疾病，给患者，他们的护理人员和社会带来重大的身体，情感和经济负担. 在过去的几十年中，痴呆症的全球负担正在惊人地增加. 在某些精神疾病中，顺势疗法药物的有效性有证据基础，但关于顺势疗法在痴呆症中的有用性的文献很少. 个案摘要: 一名72岁的女性患者被带到精神科门诊部，症状如失眠，无关紧要的谈话，烦躁不安，记忆力减退, 缺乏个人卫生和离家出走。 该病例被诊断为未指明的痴呆症，用迷你精神状态检查（MMSE）评估并用伊格纳提亚200治疗。 基线时10（严重认知障碍）的MMSE评分在6个月内逐渐改善至24（无认知障碍），并维持长达12个月. 在认知功能，行为以及患者的一般状况方面也观察到临床改善. 通过改良的纳兰乔标准评估顺势疗法干预后变化的因果归因.