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An overview of neuro-psychosomatic disorder and Alzheimer's disease

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Abstract
Alzheimer's disease is a type of early-onset dementia that involves significant shrinkage of the brain's cortex. It usually appears between the ages of 40 and 60. The condition often leads to reduced cognitive ability, speech difficulties (aphasia), diminished social awareness, and a lack of initiative. Emotional responses may also become impaired. Since dementia affects individuals in unique ways, symptoms can vary widely from person to person. Homeopathy, which takes a holistic approach to healing, focuses on treating the individual as a whole rather than just addressing isolated symptoms. Each case of Alzheimer's is assessed on its own merits, allowing for a tailored treatment approach. Some homeopathic remedies have been found to help with managing symptoms of Alzheimer's disease. However, there is no single cure that works for every patient. The most appropriate treatment can only be determined through a detailed evaluation of the individual case.

Keywords: Alzeimers, homoepathy, NIA-AA

Introduction

Alzheimer's Disease (AD) is the most prevalent form of dementia, accounting for approximately 60% to 70% of all dementia cases and affecting over 27 million individuals worldwide. Beyond its medical impact, AD significantly affects the lives of patients' families and places a substantial financial burden on society. In India alone, around 7.4% of individuals over the age of 60 are believed to have AD, suggesting that roughly 8.8 million people in the country are currently living with dementia.

The disease is classified into three stages mild, moderate, and severe based on symptom intensity and the level of functional impairment:

- **Mild AD:** Cognitive decline begins to interfere with everyday activities, but individuals are still capable of managing household tasks independently.
- **Moderate AD:** Mental deterioration becomes more pronounced, severely disrupting daily life and self-care routines.
- **Severe AD:** Cognitive deficits become profound, often leaving individuals unable to generate new ideas or function independently.

From a pathological standpoint, AD is marked by two hallmark features:

1. Neurofibrillary tangles formed by abnormally phosphorylated tau protein within neurons.
2. Senile plaques extracellular clusters composed primarily of β-amyloid protein (Aβ42). This protein can also accumulate in blood vessel walls, increasing the risk of intraparenchymal bleeding.

Behavioural symptoms such as depression, aggression, and apathy are commonly associated with these changes. Notably, some patients experience non-amnestic symptoms from the onset, meaning memory loss is not always the first or most obvious sign. Structural neuroimaging techniques often reveal atrophy in regions like the parietal lobe and hippocampus, aiding in diagnosis. A clinical diagnosis of AD typically requires excluding other conditions, such as vascular dementia or frontotemporal dementia, especially when typical signs are present. However, a definitive diagnosis can usually only be confirmed postmortem through histological examination showing neurofibrillary tangles and amyloid plaques. To meet diagnostic criteria, cognitive decline must show progressive worsening over time generally months or years and should not remain static.

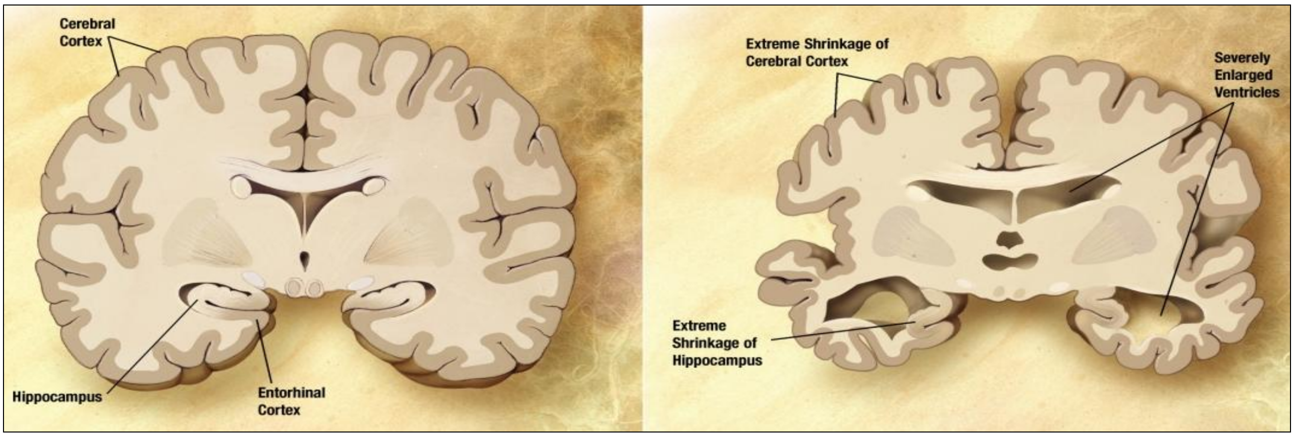

Fig 1: Brain changes in normal and Alzeimer's disease

Diagnostic criteria for Alzheimer's disease

Alzheimer's Disease (AD) is a progressive neurodegenerative disorder and the most common cause of dementia. The diagnosis of Alzheimer's is primarily clinical, supported by neuroimaging, biomarkers, and cognitive testing. Early diagnosis is important for treatment planning, family support, and potential participation in clinical trials. The National Institute on Aging-Alzheimer's Association (NIA-AA) and Diagnostic and Statistical Manual of Mental Disorders (DSM-5) offer established criteria for diagnosing Alzheimer's disease.
Here are the main diagnostic criteria for Alzheimer's:

1. Clinical diagnostic criteria (NIA-AA, 2011)

1.1 Dementia (Cognitive impairment)

The diagnosis of Alzheimer's disease requires evidence of cognitive decline that affects daily function. This decline must be documented through:

Cognitive assessment: Evidence of impaired memory and at least one additional cognitive domain (e.g., language, executive function, visuospatial ability).

Functional impairment: Difficulty performing daily activities, such as managing finances, cooking, or driving.

1.2 Insidious onset

The decline must occur gradually, over months to years, and not be due to another medical condition or traumatic event.

Progressive course

2. Biomarker evidence (NIA-AA, 2018)

Biomarkers are increasingly used to aid in the diagnosis of Alzheimer's disease, particularly in cases where clinical signs are subtle. The following biomarkers can support the diagnosis of Alzheimer's when available.

2.1 Amyloid imaging (PET scan)

Criteria: PET scans can detect amyloid plaques, which are characteristic of Alzheimer's. A positive amyloid PET scan may be used to confirm the diagnosis in patients with cognitive decline, particularly in research settings.

2.2 Cerebrospinal Fluid (CSF) biomarkers

Decreased levels of amyloid-beta (Aβ42) and increased levels of tau or phosphorylated tau in the CSF are associated with Alzheimer's disease. CSF analysis is used when necessary, but it is not yet routine in clinical practice.

2.3 Structural neuroimaging (MRI/CT)

Neuroimaging may show characteristic changes such as:
Medial temporal lobe atrophy, particularly the hippocampus. Widening of the ventricles due to cortical shrinkage. However, while these findings are suggestive, they are not diagnostic on their own, as they can be seen in other forms of dementia.

2.4 Functional imaging (FDG-PET)

Fluorodeoxyglucose PET (FDG-PET) imaging can show patterns of decreased glucose metabolism in areas typically affected by Alzheimer's, such as the posterior cingulate cortex and parietal-temporal junction.

3. Cognitive and functional assessment

3.1 Cognitive testing

Criteria: Cognitive impairment is often assessed using standardized tests, such as:

- Mini-Mental State Examination (MMSE)
- Montreal Cognitive Assessment (MoCA)
- Neuropsychological tests

These tests assess multiple cognitive domains including memory, attention, executive function, and language skills. Memory impairment, especially short-term memory (e.g., difficulty recalling recent events or learning new information), is a hallmark of Alzheimer's.

3.2. Functional assessment

Functional impairment is assessed using caregiver reports and standardized scales such as the Alzheimer's Disease Cooperative Study - Activities of Daily Living (ADCS-ADL) or Functional Activities Questionnaire (FAQ). Early functional decline may include difficulty with finances, driving, cooking, or managing medications.

4. DSM-5

Diagnostic Criteria for Major Neurocognitive Disorder (NCD) due to Alzheimer's Disease. The DSM-5 provides criteria for diagnosing Major Neurocognitive Disorder (NCD), which encompasses Alzheimer's disease when the cognitive impairment is primarily caused by Alzheimer's pathology.

4.1 Criteria for NCD due to Alzheimer's disease

Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (e.g., memory, executive function, language). The cognitive decline must interfere with independence in daily activities, such as managing finances, medication, or social interactions. Deficits are not better explained by another medical condition (e.g., cerebrovascular disease, frontotemporal dementia).

6. Staging Alzheimer's disease (Clinical Dementia Rating - CDR)

The Clinical Dementia Rating (CDR) is often used to stage Alzheimer's disease based on cognitive and functional impairment:

CDR 0: No dementia
CDR 0.5: Very mild cognitive impairment
CDR 1: Mild dementia
CDR 2: Moderate dementia
CDR 3: Severe dementia

The CDR helps clinicians monitor disease progression and guide treatment.

Homoeopathic management

With the help of homoeopathic medicines can be prevent the progressive of disease. But homoeopathic can be prescribed on the basis of totality of symptoms. Here are some homoeopathic which may help to improve the quality of life.

1. **Anacardium orientale:** Profound forgetfulness, suspicion, mental dullness, inner conflict (angel vs. devil).
2. **Baryta carbonica:** Senility, childish behavior in elderly, mental underdevelopment.
3. **Alumina:** Confusion of identity, slowness in answering, memory loss, constipation.
4. **Helleborus nige:** Apathy, staring blankly, picking at clothes, no reaction to surroundings.
5. ***Lycopodium clavatum*:** Loss of confidence, forgetfulness of names and words, premature aging.
6. ***Cannabis indica*:** Rapid forgetting, dream-like state, confusion, altered sense of time and space.
7. **Plumbum metallicum:** Advanced neurological degeneration, paralysis of mind and body.
8. **Ambra grisea:** Confusion, forgets mid-sentence, shy, memory fails during conversation.
9. **Vanadium:** It acts on the brain, destroying nerve cells… Mental weakness; easily tired. Increases amount of hemoglobin. Acts as a tonic in neurasthenia. Indicated in degenerative diseases
10. ***Falco peregrinus* disciplinatus (Trained falcon):** Used in newer approaches (Sensation Method) for loss of discipline, fractured identity, and fading memory.
11. **Sumbul (*Ferula sumbul*):** Obscure remedy with dream-like detachment and loss of connection to surroundings.
12. **Thiosinaminum:** Used for scar tissue; sometimes prescribed for brain degeneration or sclerosis.
13. **Natrum mur:** Dwells on past disagreeable occurrences. Averse to company but dreads being alone. Inability to recall words or thought.

Conclusion

Alzheimer's disease is a progressive and multifaceted neurodegenerative condition that profoundly impacts cognitive abilities, behavior, and overall quality of life. As the leading cause of dementia worldwide, it presents substantial emotional, societal, and financial burdens. Timely and accurate diagnosis utilizing clinical evaluation, cognitive testing, neuroimaging, and biomarker analysis is crucial for effective care planning and intervention. Pathologically, the disease is defined by the presence of amyloid plaques and neurofibrillary tangles, which drive the decline in mental and functional capacities. Emotional and behavioral disturbances such as apathy, depression, and irritability further complicate disease management, necessitating a comprehensive, multidisciplinary approach. Although conventional treatments primarily provide symptomatic relief, complementary approaches like homeopathy are increasingly considered for supportive care. Homeopathy focuses on the holistic and individualized assessment of symptoms, aiming to enhance well-being rather than offering a direct cure. Some remedies have demonstrated potential in improving quality of life and decelerating disease progression.

Considering the complex etiology of Alzheimer's disease, an integrated management plan that includes early diagnosis, lifestyle changes, caregiver education, conventional therapies, and personalized complementary treatments such as homeopathy may yield the most favorable outcomes. Continued advancements in research on diagnostic tools and alternative interventions are essential for deepening our understanding and refining the treatment of this debilitating disorder.

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