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Case Study

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MANAGEMENT OF SMRITI VIBHRAMSHA W.S.R. TO DEMENTIA -A CASE STUDY

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ABSTRACT

Dementia is a symptom of some neuro-degenerative diseases which are strongly linked with age. These are chronic diseases with progressive deterioration of cognitive function, and behavior leading to severe disability and death. The main symptoms are confusion, inability to speak, anxiety, memory loss, falling and personality changes. In Ayurvedic medicine, it is mainly co-related with Smriti vibhramsha. Menopause is the leading cause of dementia. After menopause the estrogen levels decrease dramatically in women. It is associated with increased risk of osteoporosis and cardiovascular diseases, and also have been hypothesized to be associated with increased risk of dementia. This can be life threatening for patients. Here an effort was

ade to treat the patient with multiple ayurvedic treatment modalities. At the end of 90 days, improvement was observed in patient.

KEYWORDS: Dementia, Cognitive function, Smriti vibhramsha, Menopause, Osteoporosis.

INTRODUCTION

Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with performing daily activities. Alzheimer's disease is the most common type of dementia. Though dementia mostly affects elder adults, it is not a part of normal aging.

This condition is not considered as a disease in the specific chapters of Ayurvedic classics. The etiology and pathophysiology of dementia related with Mana, Budhi, Medha, Dhriti and Smriti with each other, thus it is considered as Smriti vibhramsha. In this patient dhatukshaya occurs with age followed by menopause, which in turn followed by gradual asthi kshaya, associated with majja kshaya. Masthishka or Mastulunga are derived from Majjadhatu and is like semisolid Ghrita. It plays a vital role in the formation of Mana, Budhi, Medha, Dhriti and Smriti, which hampers normal functions of mind.

CASE STUDY

Aim and Objectives

A case study on Ayurvedic management of Smriti vibhramsha with special reference to Dementia

Case history

A female patient aged 59 years from Hyderabad, with occupation as house wife came with the below said complaints as out patient in Kayachikitsa Department, Govt. Ayurvedic Hospital, Erragadda, Hyderabad, Telangana.

Chief complaint

- 1. Impairment of memory (Smruti vibhramsha)
- 2. Poor self care, Social interaction (Aachara vibhramsha)
- 3. Lack of initiation for day to day activities since 7 months

Associated complaints

Disturbed sleep since 4 months

History of present illness

Patient was asymptomatic before 7 months. Often her relatives noticed that she was unable to recall their names, recognize them etc, and gradually she is not able to do daily activities like bathing, passing of micturition and stools. She consulted allopathic physician & took medications, got mild relief. For better treatment, she came to Government Ayurvedic Hospital.

History of past illness

There was History of Hypertension, since 3 years. She has been taking Modern Medicine regularly and it is under control.

Family history

Nothing particular

Personal history

Diet	Mixed	
Appetite	Moderate	
Sleep	Disturbed, Awakening	
	at night 4-5 times	
Micturition	Normal	
Bowel	Constipated	
Addictions	Nil	
Menstrual history	Menopause attained	

General examination

Built	Moderate
Nourishment	Moderate
Pallor	Absent
Cyanosis	Absent
Clubbing	Absent
Edema	Absent
Tongue	Uncoated
Consciousness	Moderate
Pulse	78 bp
Blood pressure	150/90 mmHg
Temparature	98.6 F
Respiratory Rate	18/ min
Heart sounds	S1 & S2 clear
Per Abdomen	Soft, Non tender

Astasthana pariksha

Nadi	Kapha vata, 78 bpm
Mutram	Prakruta, 4-5 Times / day
Malam	Baddham once in2 days
Jihva	Alipta
Shabdha	Spastam
Sparsha	Anushnasheetha
Drik	Prakruta
Aakruti	Madhyama

Dashavidha pariksha

Prakriti	Kapha vata	
Vikriti	Dosha : Vata	
	Dushya : rasa, asthi, majja	
Sara	Meda	
Samhanana	Madhyama	
Pramana	Madhyama	
Satmyam	Madhyama	
Satwah	Avara	
Ahara shakti	Abyavaharana shakti : Madhyama	
	Jarana shakti: Avara	
Vyayama shakti	Avara	
Vayah	Vridha	

Parameter

Mini mental status examination – 1 Point for each answer

1. Orientation

Year, month, day, date, season Country, county, town, hospital

2. Registration

Examiner names three objects [ex:- apple, pen, table] Patient asked to repeat objects

3. Attention

Subtract 7 from 100 then repeat from result, stop after five substractions

[Ans:- 93,86,79, 72, 65]

Alternatively if patient errors on substraction get them to spellword backwards [ex:- D L R O W]

Score best performance on either task

4. Recall

Ask for the name of the objects learned earlier

5. Language

Name a pencil and a watch Repeat: 'No if's and or but's

Give a three stage commands. Score one for each stage

[ex :- take this piece of paper in your right hand and fold it in half and place it on the table]

Ask patient to read and obey a written command on a piece of paperstating : 'close your eyes'

Ask patient to write a sentence. Score correct if it has a subject and a verb

6. Copying

Ask patient to copy intersecting pentagons.

Score as correct if they overlap and each has five sides

Examination

General appearance

Looks depressed

Dressing – Herself – Not appropriate

Self care – Poor [Such as daily ablutions]

Gait and posture - Sluggish, dull to look, apathetic

Motor activity - No involuntary movements

Cognitive functions

1. Orientation:

Time - Poor

Place - Good

Month - Good

Year - Poor

2. Attention:

Digit span – Average

Spelling words – Poor performance

3. Memory:

Remote memory – Impaired

Recent memory - Impaired

New learning – Poor

Registration - Impaired

Language

Quality of spontaneous speech – Fluent, effortless

Word comprehension - Moderate

Repetition – Impaired

Naming - Impaired

Reading comprehension – Impaired

Writing – Moderate

Higher cognitive function

Calculating ability – Poor

Abstract thinking – Absent

Drawing ability: Poor

Clock drawing is poor

Intersecting pentagons is poor

Simple circles

Rectangles can drawn

Differential diagnosis

Features	Dementia	Delirium	Depression
Onset	Months to years	Hours to days	Weeks to months
Course	Progressive	Fluctuating	Chronic
Duration	Months to years	Hours to weeks	Months to years
Consciousness	Usually clear	Altered	Clear
Psychomotor changes	Often normal	Increased or decreased	Slowed in severe cases
Reversibility	Irreversible	Usually	Usually
Attention	Generally good	Poor	Poor
Memory	Poor short and	Poor	Intact
	Long- term		
Mood	Neutral	Variable	Low
Self - awareness	Likely to hide or be	May be aware of	Likely to be concerned
	unaware of	changes in cognition;	about
	cognitive deficits	fluctuates	Memory impairment

Treatment

$Total\ duration-90 days$

Duration	Treatment	Observation
1 st 30 days	Ashwagandha churna, 3gms, BD Brahmi vati, 1 tab BD Manasa mitra vatikam 1tab BD	 Patient was unable to recall their names, recognize them etc, Not able to do daily activities like bathing, passing of micturition and stools. Disturbed sleep Constipation Walking time-20 steps/60 sec
Next 30 days	Manasa mitra vatikam 1tab BD Panchasakara churnam – 3 gmswith warm water at BT Kalyanaka ghritam – 1tsp with water, BF Brahmi tailam – thalam for 15 days Brahmi vati, 1 tab BD	 Patient was able to recall their names, recognize them etc, not able to do daily activities like bathing, passing of micturition and stools. Sleep improved Bowel regular Walking time-20 steps/40sec Joint pains
Next 15 days	Same Internal medications Except panchasakara churnam Rasnadi guggulu – 1tab BD	 Got mild relief Sleep normal Decreased joint pains Walking time – 20 steps/30 sec
Next 15 days	Same Internal medications Shiro dhara with Takra, Amalakichurnam for last 7 days Rasnadi churnam - thalam for last7 days	 Patient was able to recall their names, recognize them etc, Able to do daily activities like bathing, passing of micturition and stools. Walking time – 20 steps/20 sec Sleep normal Bowel regular BP – 130/90 mmHg

Diet

1. Pathya

Intake of leafy green vegetables, fruits, whole grains, berries, nuts, fish, low fat dairy products, Drink lukewarm water.

2. Apathya

Avoid heavy food, sweet, milk made products, curd, cheese, red meat, fermented food, stale food.

OBSERVATION AND RESULTS

	Before	After
1. Grooming	- Done by others	- Herself
2. Dressing	- Herself, not appropriate	- Appropriate
3. Orientation	- Time : poor	-Time : good
	-Year : poor	-Year : poor
4. Attention	- Digit span : average	- Digit span : good
	- Spelling words : poor	- Spelling words : average
5. Memory	- Recent memory: impaired	- Recent memory:
	- New learning: poor	average
	- Registration : impaired	- New learning: poor
		- Registration : average
6. Language	- Word : moderate	- Word : moderate
	- Repetition : impaired	- Repetition : impaired
	- Reading : impaired	- Reading : moderate
	- Writing: moderate	- Writing : good
7. Drawing ability	- Poor	- Average
8.MMSE Scoring	- 4/18	- 12/18.

CONCLUSION

After clinical assessment for 30 days with internal medicine, Brahmi thalam, Shirodhara and supportive treatment for a period of 60 days patient got relief and now patient is able to perform her regular activities.

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