DEMENTIA - BEYOND MEDICATION
AN INTERDISCIPLINARY, INTEGRATIVE MEDICINE PARADIGM
DEVELOPED & PRACTICED IN INDIA

FPOA-ASAD IN MELBOURNE

Dr. Ennapadam S. Krishnamoorthy
MD., DCN, PhD, FRCP (Lon, Glas, Edin), MAMS
Founder - Buddhi Clinic
What is Health?

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."  - WHO 1948

“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”  - WHO 2011

Ancient Indian wisdom advocates the addition of the ‘spiritual’ to ensure total well-being. ‘Life is an inextricable joining of the body, mind and spirit’

1000 BC

APA included ‘spirituality and religiosity’ in its diagnostic category in DSM IV where diagnostic assessment in these issues are involved.

– DSM- IV 1994, diagnostic category V 62.89
Complementary and Alternative Medicine (CAM)

• Is defined as “a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine”

• CAM includes:
  • Mind-body therapies
  • Biological therapies
  • Manipulation therapies
  • Alternative medical systems
    - Meditation
    - Herbal Extracts
    - Massages
    - Ayurveda
Use of CAM is not very Uncommon

More than 40% of adults with neuropsychiatric symptoms commonly observed in many diagnoses use CAM in USA

Maulik et.al, 2013

Includes Ayurveda, Yoga, Unani, Siddha, Homeopathy (AYUSH) & Naturopathy

Evidence for brain glucose dysregulation in Alzheimer's disease

Alzheimer’s & Dementia, March 2018, Issue 3 - lead author Madhav Thambisetty, Johns H
Ayurveda - oils, Medicated poultices, herbal preparations

Physiotherapy

Yoga Therapy

Naturopathy - Water, Mud, herbal preparations

Psychotherapy

Acupressure
Acupuncture
Reflexology

Symptom Focus:
Pain
Disability
Mental Health
Lifestyle Disorders

Drug Rx

Neuromodulation

AYURVEDA SPECIALITIES

ALLOPATHIC SPECIALITIES

NATUROPATHY SPECIALITIES
THE TEAM

- The Physician (Clinical Lead/ Holds Vicarious Responsibility) is supported by a team of experienced, well qualified, well trained and accredited care providers comprising of: 4 physicians presently (Geriatric Psychiatrist, Neurosurgeon, Family & Lifestyle Physician & self - Neuropsychiatrist)

- Physician- Ayurveda (5 years training similar to MBBS)
- Physician- Naturopathy & Yoga (5 years training similar to MBBS); also trained to perform acupuncture, acupressure, reflexology etc.
- Specialists: Physical & occupational therapy
- Specialists: Psychological therapy & counseling
- Specialists: Nutritionists
- Male and Female therapists- who deliver a range of massages, oil, water and mud therapies
VS WITH PROBABLE FTD PLUS SYNDROME

The Integrated Care Approach
A Brief History

- 76 year old homemaker, mother of two, normal until 2008.
- Insidious onset of slowness of activity, lost interest in activities like cooking, watching TV
- Compulsive & extravagant shopping from 2010.
- Memory difficulties, in identifying people, irrelevant talk, poor attention from 2010.
- In the 1 year before we met her: speaks little, emotionally labile, wanders out of the house, ADL dependant, forgets having completed her ADL’S.
- PREMORBIDLY : Active, social, religious, followed a rigid schedule.
- Diabetic and hypertensive, for 30 years.
On clinical examination

- Pt was conscious, emotionally labile, followed few commands
- Primitive reflexes present
- Global cognitive impairment
- Tremors of the chin
- Wide based gait, vitals normal.

Screening Psychological assessment:
Detailed Psychological Assessment

• Limited (nearly absent) speech; slowed reaction times
• Able to sing a bhajan (religious song); undergoing bhajan classes daily for more than a year; *has learnt some new bhajans and sings without any prompting*
• Unable to name the objects placed before her and cannot point to a specific object if asked. *She was able to perform the task accurately if a place card was placed before each object*

On the Neuropsychiatric Inventory the following scores were obtained. NPI- Total- 51.
Behavioural disturbances are present in Agitation/Aggression- F-2, S-2, D-2 Elation/Euphoria- F-2, S-2, D-2
Apathy/Indifference F-4, S-3, D-3
Disinhibition- F-3, S-2, D-2
Aberrant Motor Behaviour- F-4, S-2, D-3
Appetite/Eating changes- F-2, S-2, D-1
Medication

- Divalproex Sodium, Memantine & Amisulpiride - divided doses - introduced earlier to manage aggressive behaviours
- Rivastigmine patch
- Medication for DM/ HTN ongoing
- Statin, vitamins and stimulants
- Calcium & vit D3 supplementation
- *No reversible causality identified in detailed evaluation*
Integrated care & therapy program

• Lead by Cognitive Retraining- 10 sessions completed
• Tasks carried out with her were:
  • Attention Enhancement- Beading and Colouring
  • Perceptual Organisation- Object Assembly
  • Memory- Singing bhajans
• To improve communication focus has been on needs basis which is done through verbal and visual prompts (library of tools developed)
• Sessions have been focused on training the caretakers for home remediation programs and for environmental stimulation to be provided.
• The caretakers are able to carry out the different tasks effectively on the patient. She is cooperative for the different activities
Therapy

• Ayurveda – 7 sessions of Abhyangam (a whole body therapeutic massage using medicated, heated, oils)

• Acupressure & Reflexology – 14 sessions

• Physiotherapy – 15 sessions:
  • TENS, IFT, Gait training, Foot print walking, Proprioceptive Exercises

• Yoga – 1 session: pranayama was not taken forward as patient could not participate.
KRISHNA & his Footprints as therapeutic aids
Improvements at the end of first cycle of therapy

- **Physical Domain**
- Significant reduction in pain.
- Pedal oedema reduced
- Able to walk with narrow base of support
- Able to walk better with foot prints
- Proprioception and cadence has improved
- Caregivers trained on cognitive tasks; are able to follow through on daily routine
Home program

- Home based remediation book was provided to the caregivers
- Caregivers were trained to provide visual cues (by writing the word in their local language and also sticking a photo of the task) around the house.
- Training included corrective feedback by the therapy team including role plays
- Prior to each activity the patient was made to identify on the chart, what she was going to do.
- Daily schedule developed, including a fixed number of hours for CRT
- Activities such as cutting vegetables, making tea, reading and were incorporated
- The family were trained to break up each task into micro-tasks. The steps were to be stuck where the activity was to be performed. The patient practiced these steps during therapy.
- To concentrate on Foot print walking, gait training with narrow base of support, to improve ankle proprioception further
Patient Outcomes: On Clinical Global Impression Scales

- No relief: 0.049
- Improved: 0.659
- Much Improved: 0.293
Advantages

• Aces the 4A Test in Healthcare
  - Accessible/ Acceptable/ Accountable/ Potentially Affordable
• Addresses mind, body & spirit; improvements are physical, psychosocial & spiritual
• Addresses patient & caregiver simultaneously
• Leads to a home-based program giving the caregiver a framework to function within
Disadvantages

• Time & Labor intensive
• Applicability may be restricted to the more severe cases where families feel motivated to take action
• Requires committed caregivers and significant resources of time, energy and money

• Potentially expensive! Who should pay?!!!
Overcoming the Barriers

email— founder@buddhiclinic.com

Buddhi on Wheels

At the Buddhi Clinic we have a simple motto: “If you cannot come to us for treatment, we will come to you”. From assessments to treatments, the simple to the complex, the Buddhi on Wheels program brings every element of our care paradigm to your doorstep. Our unique innovation the Mobile Therapy Unit is an air-conditioned and sound-proofed ambulance equipped as our CAM Lab with Ayurveda and Naturopathy treatments. Our Mobility Lab (physical and occupational therapists), Med Lab (astute medical physicians across disciplines) and Mind Lab (clinical and counselling psychologists) all come to your doorstep, ferried by our Buddhi fleet of vehicles. At present we cover 5 Chennai zones and expect to cover 3 more by the end of this year. We also have an active social impact partnership with major organisations.

The Buddhi on Wheels service is currently available in Chennai and will expand elsewhere along with the Buddhi Clinic. While we strive to restore, rehabilitate and rejuvenate our clients, we also have learnt to provide comfort to those with progressive or terminal illness. We encourage you to join us in developing your care plan, drawing on our range of proposed therapies to create a unique blend, designed exclusively for you.