

**CONCEPTUAL UNDERSTANDING OF SENILE DEMENTIA - AN AYURVEDIC PERSPECTIVE.**Vedantam Vinay Vardhan<sup>1</sup>, Shrilatha Kamath.T<sup>2</sup>, Vijayendra G bhat<sup>3</sup>

1. Corresponding Author, PG Scholar, Department of Kayachikitsa and Manasaroga, SDM College of Ayurveda, Udupi.
2. Professor and HOD, Department of Kayachikitsa and Manasaroga, SDM College of Ayurveda, Udupi.
3. Associate Professor, Department of Kayachikitsa and Manasaroga, SDM College of Ayurveda, Udupi.

**Corresponding Author:** [vinaysdm23@gmail.com](mailto:vinaysdm23@gmail.com)<https://doi.org/10.46607/iamj0912112024>**(Published Online: November 2024)****Open Access**

© International Ayurvedic Medical Journal, India 2024

**Article Received:** 05/10/2024 - **Peer Reviewed:** 30/10/2024 - **Accepted for Publication:** 14/11/2024.**ABSTRACT**

Senile Dementia is a prevalent condition among the ageing population, characterized by a significant decline in cognitive functions that interfere with daily activities. Key cognitive areas affected include memory, visuospatial skills, language, and problem-solving abilities. It affects 5% of individuals over 65 and 33-50% of those over 85 years. There are 7.7 million new cases of dementia every year. Approximately 6% of the population above 60 years are suspected of dementia. Senile dementia can be understood as an alteration of *Smriti*(memory). In *Jara* (old), where a person faces difficulties in *Grahana*(Receiving), *Dharana*(Retention), *Smarana*(Remembrance), *Vachana*(Speech) and *Vijnanashakti* (Intelligence) is considered *Smriti Bhramsha* (Diminished memory). *Jara Chikitsa* is a branch that focuses on health management for ageing and addresses disorders related to old age. It is known as *Vardhakya Janya Vikaras*. *Vata* is the dominant *Dosha*, which gets vitiated along with *Rajas* and *Tamas*, leading to *Smriti Bhramsha* .

**Keywords:** *Smriti Bhramsha* , *Jara Chikitsa*, *Vata*, *Rajas* and *Tamas*.

## INTRODUCTION

Dementia is a deterioration of previously acquired intellectual abilities characterized by memory impairment and evidence of an underlying organic cause. It is a progressive syndrome, caused by the interplay between genomic, epigenomic, and environmental factors. Dementia affects each person differently, depending on the impact of the disease and their premorbid personality. Although dementia primarily affects older individuals, it is not a normal part of ageing. It reduces the ability to learn new things, reason, retain, or recall memories. Memory is the most commonly lost cognitive ability in dementia, which is defined as a global impairment of cognitive function that is progressive and non-reversible<sup>1</sup>. Dementia is a diagnostic term that describes a diverse set of diseases characterized by a progressive decline in cognitive function after a preexisting period of normal cognitive activity. It may occur due to both anatomical and biochemical changes in the brain. The behavioural and psychological symptoms of dementia include agitation, irritability, mood lability, anxiety, apathy, delusions, depression, disinhibition, euphoria, hallucinations, loss of appetite, and sleep disturbances. Common diseases include Alzheimer's disease (AD), vascular cognitive impairment, frontotemporal dementia (FTD), and dementia with Lewy bodies (DLB). Numerous other causes exist, not all of which are degenerative, and some of which are treatable. Neurodegenerative dementias have distinct neuropathological presentations. A unifying feature among these diseases is that many appear to have long (5-10 years) preclinical periods during which the disease is active but not readily clinically detectable. During these preclinical stages, the disease may manifest only through subtle changes detectable by biochemical, imaging or intellectual abilities characterized by memory impairment and evidence of an underlying organic cause. It is a progressive syndrome, caused by the interplay between genomic, epigenomic, and environmental factors. Dementia affects each person differently, depending on the impact of the disease and their premorbid personality. Although dementia primarily affects older individuals, it is not a normal

part of ageing. It reduces the ability to learn new things, reason, retain, or recall memories. Memory is the most commonly lost cognitive ability in dementia, which is defined as a global impairment of cognitive function that is progressive and non-degenerative, some of which are treatable. Neurodegenerative dementias have distinct neuropathological presentations. A unifying feature among these diseases is that many appear to have long (5-10 years) preclinical periods during which the disease is active but not readily clinically detectable. During these preclinical stages, the disease may manifest only through subtle changes detectable by biochemical, imaging, or behavioural studies. It has been suggested that multimodal methods combining genetic risk profiles with subtle changes in cognitive, biochemical, immunological, and neuroimaging biomarkers might be useful in detecting individuals in the early stages of these diseases. By assessing all these factors, one can understand the progression of the diseases and therapeutic responses. As a science of life, Ayurveda addresses various aspects of healthy living and remedies for disease conditions. Its two main objectives are *Swasthasya urjaskaram* (to maintain and promote the positive health of healthy individuals) and *Vyadhi vighatakaram* (to cure the diseased)<sup>2</sup>. The definition of *Swastha* emphasises spiritual, psychological, and physical well-being, with the metaphysical faculty in which *Manas* acts as the regulator<sup>3</sup>. *Sharira* and *Manas* are considered the seat of disease<sup>4</sup>. *Kala*, *Buddhi*, and *Asatmya Indriyartha Samyoga*<sup>5</sup> (disharmonious use of the senses) are the three causative factors that ultimately lead to the *prakopa* (vitiation) of *Sharira doshas* (*Vata*, *Pitta*, *Kapha*) and *Manasika doshas* (*Rajas* and *Tamas*)<sup>6</sup>, resulting in diseases. The concept of *Smriti* has been elaborately explained in various classical texts from different perspectives. *Smriti* is discussed as one of the eight *Aishwarya*. The concept is closely related to *Atma*, *Manas*, *Medha* (Grasping power), and *Buddhi* (Intellect). *Manas* plays an important role in knowledge retention and is also influenced by external environments. *Buddhi* is the entity that retains

specific knowledge gained through reading, listening, or repetition. *Smriti* helps the mind recollect references to objects based on past experiences. It denotes a broad range of higher intellectual faculties, including memory, cognition, and past sense perception, and is considered one of the fundamental aspects of *Buddhi*. *Sharira*(body) refers to the physical body and its transformation processes, including the inevitable disintegration over time. This transformation is influenced by several factors, including the depletion of *Dhatus* (body tissues) and *Indriya Bala* (strength of the senses).

#### MATERIALS AND METHODS:

The study accessed classical texts of Ayurveda, articles, modern textbooks, and webpages as sources of material.

#### DISEASE REVIEW

The Word Dementia has had distinctively different meanings throughout the ages. In the 1st century AD, Roman Encyclopedist Celcus first used the term Demantus to describe people showing the symptoms of dementia. In the 17<sup>th</sup> century, Pinel meant out of one's mind. In the 19<sup>th</sup> century, Dementia meant madness from all mental causes.

Dementia is derived from Demens, a Latin word for out of mind. De - Deprivation or loss, Ment - mind, Ia- state.

Dementia is defined as an acquired deterioration in cognitive abilities that impairs the successful performance of activities of daily living. Episodic memory, the ability to recall events specific in time and place, is the cognitive function most commonly lost.<sup>7</sup>

The clinical Course may be Progressive as in Alzheimer's static as in anoxic encephalopathy fluctuate from day-to-day minute to minute as in Lewy body dementia.<sup>8</sup>

The *Smriti* word is derived from the *Sanskrit* root *Smur* and *Ktin* suffix<sup>9</sup>. *Smur dhatu* means memory recollection and remembrance.

*Smriti -Anubhutartha samaranam*<sup>10</sup> (Recollection of previous experiences) the knowledge of past happenings or memories. *Manas* is seated in *Sarva Sharira*, mainly in *Shiras*. It is considered *Uttamanga* as all the *Indriyas* and *Prana* reside in head<sup>11</sup>. *Indriyas* per-

ceive their *Indriyarth* only in the presence of *Manas*. *Atma* and *Buddhi*, along with *Indriyas* *Indriyarth* and *Manas*, are responsible for indulging or restraining *Hita* and *Ahita*. *Smriti* is a recollection of previous experiences that are seen, heard or experienced directly. Eight factors are responsible for retrieving acquired knowledge, which helps attain the *Tatva jnana*<sup>12</sup>.

They are

1. *Nimitta*: By perception of cause.
2. *Rupagrahanat*: By perception of the form of an object remembering another object of the same form.
3. *Sadrishyat*: Knowledge of similarity.
4. *Saviparyayat*: Knowledge of contrast.
5. *Sattvanubandhat* Concentration of mind by which one can remember all the memorable things.
6. *Abhyasa*: By continuous practice.
7. *JnanaYoga*: Attainment of metaphysical knowledge may be called *Jnana yoga*, also called *Tattvajnanayoga* recollection of the past.
8. *Punah Shrutat*: Repeated hearing, even a slight hint or previous reference, can help you memorise that thing.

#### SMRITI and VAYA<sup>13</sup>

In *Balyavastha*, the *Dhatu*, *Indriya*, and *Bala* are in *aparipakaawastha* (premature)and are predominant with *Kapha Dosha*.

In *Madhyavastha* *Bala*, *Virya*, *Paurusha*, *Parakrama*, *Grahana*, *Dharana*, and *Smarana*, *Shakti* will be in *Pakwawastha* (mature) with the predominance of *Pitta Dosha*.

In *Jaravastha* (old), *Dhatu*, *Indriya*, and *Bala* gradually deplete, with *Vata Dosha* predominant. There is a diminishing of *Grahana*, *Dharana* and *Smarana* known as *Smriti Bhramsha* (Dimished memory).

#### RELATION OF DOSHA WITH MANAS

*Vata pitta kapha* are three essential components of the human body in a balanced state, maintain health, and in an imbalanced state, cause disease.<sup>14</sup>

1. *Prana vayu* gets vitiated in *Jara avastha*, which results in retardation or increased activity.

*Prana Vayu* maintains *Buddhi Hridaya Indriya* and *chitta*<sup>15</sup>—derangement of *Buddhi* results in *manasika vyadhi*.

2. *Udana Vayu* helps with the maintenance of *Vak Bala Varna Smriti*<sup>16</sup>. Derangement results in *smriti-bhramsa*.

3. *Vyana vata* being seated in *Hridaya* helps in the circulation of *Rasa Rakhta* Stability and Concentration.<sup>17</sup>

4. *Sadhaka pitta* – Responsible for mental faculties like *Buddhi, Medha Abhimana*<sup>18</sup>

5. *Tarpaka Kapha* – Nourishes and promotes the functions of *Indriyas* (senses)<sup>19</sup>

*Bhramsha* is declining or decreases by<sup>20</sup>. The term *Smriti Bhramsha* denotes loss of memory, which means an irreversible disease progress has occurred. Unable to recollect past happenings or get improper knowledge of previous experiences. *Rajas* and *Tamas* are the main *Dosha* involved in *Smriti Bhramsha*. *Prana, Udana Vyana Vayu Sadhaka Pitta* and *Tarpaka Kapha* also play a significant role in the pathogenesis of *Smriti Bhramsha* due to their function in *Manas*. Any impairment of *Rajas* and *Tamas*, along with the *Manovaha Srotas*, due to *Nidana Sevana* (indulging in causative factors that lead to disease) results in the *Dosha Prakopa* reaching the *Hridaya*, which causes the vitiation of the *Samjnavahi Srotas* and leads to *Smriti Bhramsha*<sup>21</sup>. It can be said that *Smriti Bhramsha* is a disease of the *Manas* developed due to provoked *Vata* along with other *Doshas Alpa Sattva, Rajas Tamas*. The person whose mind is weakened by all the stressful conditions is more prone to develop *Smriti Bhramsha*. In *Vardhakya Avastha Vata*, being the *Pradhana dosha*, central functioning related to perception takes in *Shiras* and *Hridaya*, which are said to be *Sthana* of *Prana, Vyana* which governs over *Buddhi Indriya citta Hridaya*, due to *Avarana* (occlusion) of *prana* with *Vyana* results in impairment of normal function. The regular consumption of the diet dominant in *Rajas and Tamas Gunas* increases the *Rajo and Tamo Dosha* in the mind, leading to *Smriti Bhramsha*.

## MANAGEMENT

In the management of diseases, threefold treatment modalities like *Sattvavajaya, Daiva Vyapashrya* and *Yukti Vyapashraya*<sup>22</sup>, which include *Panchakarma* therapies like *Sodhana*, lifestyle modification like *yoga* and *pranayama* oral formulations in the form of *shaman* have been explained. *Jara and Mrityu* (death) are Inevitable.<sup>23</sup> However, it is explained to avoid *Akalaja* and delay *Kalaja Vikaras Rasayana Chikitsa*. The way of attaining excellent *Rasadi Dhatus* is called *Rasayana*<sup>24</sup>. Management can be planned in two ways.

1. Preventive and promotive management, which includes following the rules of *Swastha vritta* (Healthy lifestyle), *Sadvritta* (Good conduct), *Ritucharya* (Seasonal regimen), *Dinacharya* (Daily regimen), *Medhya rasayana* are unique group drugs which work on memory and intellect by its *Prabhava* (unique potency). *Rasayana* therapy has a multidimensional approach to providing physical and psychological support. It interferes with brain ageing, regenerates neural tissues and enhances cognitive functions such as memory longevity, strength, intelligence, and learning skills. It also provides antistress and adaptogenic effects, which enhance the immune system and combat age-related decline. *Dravya*(drug) like *Mandukaparni* (*Centella Asiatic Linn*), *Yasthi Madhu* (*Glycyrrhiza glabra*), *Guduchi* (*Tinospora cordifolia*), *Shankapusphi* (*Convolvulus pleuricaulis*), proven effective in degenerative disorders.

2. Therapeutic management includes understanding *Nidana parivarjana* (Avoid disease-causing factors), *Ahara* (food), *Vihara* (Lifestyle), and *Aushadhi* (medicines) such as *Vidari Triphala Aswagandha, Guggulu, Lashuna, Pippali, Vidanga, Shaliparni, Kshira* and *Ghrilas*. Various formulations are utilised for treating *Manasika Roga* (mental disorders). Notable formulations include *Ashwagandharishta, Unmadagaja Kesari Rasa, Shiva Gutika, Vachadhi churna, Panchagavya Ghrita*.

## DISCUSSION

Ageing is inevitable, and it has to be faced by everyone. It is a different and challenging situation where we need special attention. *Jara* is a *Swabhavika*<sup>25</sup>

(natural), similar to *Trusna* (thirst), *Ksut* (hunger), *Nidra* (sleep), and *Mriyu* (death). Ageing is a natural phenomenon which manifests symptoms by the age of 40. It can occur due to *Swabhavika* (natural) and *Akalaja* (before the stipulated age). The ageing process is accelerated by factors such as *Asattmya* of *Indriyas*, including *Manas* and *Prajnaparadha* (Intellectual blasphemy). *SmritiBhramsha* emphasises the relationship between memory and overall mental health. *Smriti*(memory) is considered a vital component of cognitive function, influenced by various factors such as diet, lifestyle, and emotional well-being. *Smriti Bhramsha* (impaired memory) arises when the mind is occluded by *Rajas* (passion) and *Tamas*, leading to cognitive dysfunctions. The Ayurvedic perspective on memory also underscores the importance of balancing *Prakriti* (individual constitution), *Vaya* (age), and *Sara* (inherent qualities) to enhance cognitive abilities. Traditional practices such as dietary adjustments and yoga are recommended to reinforce memory function. *Medhya rasayana* (cognitive rejuvenation therapies) are particularly noted for their cognitive enhancing properties, while lifestyle practices promote overall mental clarity.

## CONCLUSION

Dementia, in Ayurvedic terms, is considered *Yapya vyadhi* (a palliative condition), emphasising the importance of early detection and timely intervention to halt disease progression. *Medhya rasayana* (cognitive rejuvenation therapies) and *Panchakarma* (detoxification procedures), *Yoga*, *Pranayama*, and *Sattvavajaya chikitsa* have proven effective not only in managing dementia but also in enhancing the quality of life for both patients and their caregivers. It suggests that Ayurvedic therapies can play a significant role in treating neurodegenerative disorders like dementia. The intricate relationship between *Smriti* (memory) and concepts such as *Atma* (soul), *Mana* (mind), *Buddhi* (intellect), and *Medha* (retentive faculty) is foundational in understanding mental processes within the framework of Ayurveda. Exploring memory encompasses cognitive functions and the holistic interplay of various mental faculties, emphasising how

they collectively influence perception, cognition, retention, and recollection.

In Ayurveda, memory is recognised as a critical component in addressing mental health issues, mainly through the lens of *Sattvavajaya Chikitsa*. This psychotherapeutic approach utilizes memory to facilitate healing in cases of *Manasika Vyadhis* (mental disorders). Conditions like *Smriti Bhramsha* (perverted memory) highlight the pathological aspects of memory disturbances, illustrating how confusion can severely impair cognitive functions. Furthermore, specific disorders such as *Unmada* (psychosis) and *Apasmara* (epilepsy) demonstrate the direct correlation between memory dysfunction and mental health challenges.

In conclusion, understanding *Smriti* is essential for enhancing cognitive functions and effectively diagnosing and treating memory-related issues within clinical practice. The rich insights from ancient texts such as *Charaka Samhita* provide a comprehensive framework for integrating memory enhancement strategies into modern psychotherapy. Acknowledging the multifaceted nature of memory and its critical role in mental health can better address the complexities of human cognition and well-being. Embracing these ancient principles offers a pathway toward holistic healing and improved mental health outcomes.

## REFERENCES

1. Walker BR, Colledge NR, Ralston SH, Penman ID, editors. Davidson's Principles and Practice of Medicine. 22nd ed. Edinburgh: Elsevier; 2014.p.250
2. Agnivesha. Charaka Samhita.Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.376.
3. Acharya JT. Sushruta Samhita with Nibandhasangraha commentary of Dalhana. Reprint ed. Varanasi Chaukhamba Sanskrit Sansthan; 2009; p.322.
4. Agnivesha. Charaka Samhita.Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.15.
5. Agnivesha. Charaka Samhita.Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.14.



6. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.16.
7. Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo (Editor). Harrison's Principles of Internal medicine:19<sup>th</sup> ed. Volume 1. New York: McGraw Hill Education; p.170.
8. Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo (Editor). Harrison's Principles of Internal medicine:19<sup>th</sup> ed. Volume 1. Network: McGraw Hill Education; p.170.
9. Monier-Williams, Reprint 2005, A Sanskrit-English Dictionary, Motilal Banarsidass Publishers, Delhi.P.1154
10. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.16.
11. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprinted.p.99.
12. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.301.
13. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.270.
14. Vagbhata. Ashtanga Hridaya, Commentary by Aruna Datta and Hemadri, Sutra sthana, Ayushkamyam adhyaya, 1/6-7 edited by Bhishagacharya Harishastri Paradkara Vaidya. Varanasi: Chowkhamba Sanskrit series office; Ninth edition 2005.p.6-7.
15. Vagbhata. Ashtanga Hridaya, Commentary by Aruna Datta and Hemadri, Sutra sthana, Dosha bhediyam adhyaya, 12 / 4 edited by Bhishagacharya Harishastri Paradkara Vaidya. Varanasi: Chowkhamba Sanskrit series office; Ninth edition 2005. p. 193.
16. Vagbhata. Ashtanga Hridaya, Commentary by Aruna Datta and Hemadri, Sutra sthana, Dosha bhediyam adhyaya, 12 / 5 edited by Bhishagacharya Harishastri Paradkara Vaidya. Varanasi: Chowkhamba Sanskrit series office; Ninth edition 2005. p. 193.
17. Vagbhata. Ashtanga Hridaya, Commentary by Aruna Datta and Hemadri, Sutra sthana, Dosha bhediyam adhyaya, 12 / 6 edited by Bhishagacharya Hari Shastri Paradkara Vaidya. Varanasi: Chowkhamba Sanskrit series office; Ninth edition 2005. p. 193.
18. Vagbhata. Ashtanga Hridaya, Commentary by Aruna Datta and Hemadri, Sutra sthana, Dosha bhediyam adhyaya, 12 /13 edited by Bhishagacharya Hari Shastri Paradkara Vaidya. Varanasi: Chowkhamba Sanskrit series office; Ninth edition 2005. p. 194.
19. Vagbhata. Ashtanga Hridaya, Commentary by Aruna Datta and Hemadri, Sutra sthana, Dosha bhediyam adhyaya, 12 / 17 edited by Bhishagacharya Harishastri Paradkara Vaidya. Varanasi: Chowkhamba Sanskrit series office; Ninth edition 2005. p. 195.
20. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.114.
21. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.474.
22. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.77.
23. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.298.
24. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Orientalia; 2020; reprint ed.p.376.
25. Acharya JT. Sushruta Samhita with Nibandhasangraha commentary of Dalhana. Reprint ed. Sutra sthana1/25 Varanasi Chaukhamba Sanskrit Sansthan; 2009; pp.322.

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Vedantam Vinay Vardhan et al: Conceptual Understanding of Senile dementia - An Ayurvedic perspective.. International Ayurvedic Medical Journal {online} 2024 {cited November 2024} Available from: [http://www.iamj.in/posts/images/upload/1988\\_1993.pdf](http://www.iamj.in/posts/images/upload/1988_1993.pdf)