

Management of Dementia (*Smriti Bhramsha*) Through a Holistic Treatment Protocol: A Case Study

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ABSTRACT:

Dementia is a syndrome of acquired intellectual impairment in which impairment of memory is the essential feature with associated impairment of cognition. Alzheimer's Dementia is the commonest type of Dementia in worldwide and the most frequent neurodegenerative disorders in the world. More than 60% people in worldwide are having Dementia conditions. According to Ayurveda, *Smriti Bhramsha* is the most related psychological disorder. It is mentioned in texts as *Smriti Bhramsha* is occurred due to derangement of *Rajas* and *Tamas doshas* (psychic humors) and *Thridosha*, mainly *Kapha dosha* (physical humors). In this case report a 57 years old female patient having severe memory and cognitive impairment with a history of thyroid dysfunction and Lithium intoxication. The management composed of *Shirodhara* (dripping medicated oil on forehead), *Shiropichu* (oil packs on head), *Nasya* (Nasal drop), *Vireka* (medicate purgation), *Hisa gellum* (head pack), *Pinda sweda* (foementation) with internal medicines which are specific to *Neelammahara* tradition along with several Acupuncture and Homeopathy treatments for 03 months. Results were assessed using Mini Mental Status Examination (MMSE) and Clinical Dementia Rating (CDR) Scale and both revealed 90% progression. The patient has shown a significant improvement in her memory and cognition with no adverse effects and it can be concluded that the followed treatment protocol is successful in the management of *Smriti Bhramsha*.

KEY WORDS: Alzheimer, Ayurveda, Dementia; *Smriti Bhramsha*

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INTRODUCTION:

Dementia is a syndrome that can be caused by a number of diseases which overtime destroy nerve cells and damage the brain, typically leading to deterioration in cognitive functions (thought process) beyond what might be expected from the usual consequences of biological ageing. It is characterized by intellectual impairment in which impairment of memory is the essential feature with associated impairment of abstract thinking and judgment, personality changes and other cortical disturbances. In poor or improper management, these patients may become helpless, incapable of remembering the names of close relatives, wander into hazardous situations, oblivious of their surroundings.^[1]

Alzheimer's dementia is the commonest type of dementia in worldwide especially among the senile age group and is the disease which has highest prevalence among neurodegenerative disorders. It is a progressive relentless loss of mental function characterized by degeneration of neurons and development of senile plaques and neurofibrillary tangles. Alzheimer's disease increases by 18% for every year.^[2] Vascular dementia, Front temporal dementia and Dementia with Lewy bodies are the other types of dementia followed by Alzheimer's dementia.

Currently more than 55 million people have dementia worldwide, over 60% of whom live in low- and middle-income countries. Alzheimer's dementia is the most common form of dementia and may contribute to 60-70% cases.^[2] Dementia is the seventh leading cause of death and one of the major causes of disability and dependency among older people globally. Women are

disproportionately affected by dementia both directly and indirectly.

In Ayurveda, term *Smriti Bhramsha* denotes loss of memory which means an irreversible progress of a disease has taken place and is the most related disease with Dementia. As per Caraka Shareera, *Rajas* and *Tamas* are the main *doshas* (humors) involved in *Smriti Bhramsha*.^[3] *Prana*, *Udana* and *Vyana Vayu*, *Sadaka Pitta* and *Tarpaka Kapha* also play a major role in the pathogenesis of *Smriti Bhramsha* due to the derangement of functions of *Manas* (Mind).

CASE HISTORY:

A 57 years old female patient admitted to the *Neelammahara Manasa* Ayurveda Hospital with sign and symptoms of Dementia. According to the guardian, she complains of unable to retain knowledge, poor concentration and disremembering since last 07 years. She was suffering from bipolar affective disorder and had taken Lithium and other medicines for 11 years continuously. During this period Lithium intoxication has been recorded in her medical reports on Serum Lithium concentration level. After few years of medication, she was identified as having thyroid disorder and memory impairment with a cognitive dysfunction. She has taken allopathic treatments for that condition and the condition has been aggravated after the death of her spouse since November, 2022. Under this condition she has admitted to the *Neelammahara* hospital.

Past Medical History: Bipolar affective disorder for 9 years, Thyroid disorder for 5 years.

Past Medication History: Lithium carbonate and other anti-psychotic and anti-depressive drugs, Thyroxin tablet

Family History: Her father has had a cognitive impairment in his late life

General Examination:

Weight: 51 kg

Height: 157 cm

BMI: 20.66 kgm²

Temperature: 36.8⁰C

BP: 130/80 mmhg

Physical activity: daily routine

Diagnosis of Dementia: According to the history especially on drug history of intoxication of Lithium, upon clinical features and examinations she was identified as having a dementia condition.

Assessment criteria:

- Mini mental status examination (MMSE) (Table 2)
- Clinical Dementia Rating Scale (CDR) (Table 1)

Table-1: Clinical Dementia Rating (CDR) Scale ^[4]

Section 1: Standard CDR					
Impairment					
Please enter scores below	None 0	Questionable 0.5	Mild 1	Moderate 2	Severe 3
1. Memory	No memory loss, or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; “benign” forgetfulness	Moderate memory loss, more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
2. Orientation	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships ; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time, often to place	Oriented to person only
3. Judgment & Problem solving	Solves everyday problems, handles business and financial affairs well; judgment	Slight impairment in these activities	Moderate difficulty in handling problems, similarities and differences; social	Severely impaired in handling problems, similarities and differences; social judgment	Unable to make judgments or solve problems

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	good in relation to past performance		judgment usually maintained	usually impaired	
4. Community affairs	Independent function at usual level in job, shopping, volunteer and social groups	Life at home, hobbies and intellectual interests slightly impaired	Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home	No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home
5. Home & hobbies	Life at home, hobbies and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests; poorly maintained	No significant function in the home
6. Personal care	Fully capable of self-care		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence
7. STANDARD CDR SUM OF BOXES					
8. STANDARD GLOBAL CDR					
SECTION 2: SUPPLEMENTAL CDR					
9. Behavior, comportment and Personality	Socially appropriate behavior	Questionable changes in comportment, empathy, appropriateness of actions	Mild but definite changes in behavior	Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant	Severe behavioral changes, making interpersonal interactions all unidirectional

				manner	
10. Language	No language difficulty or occasional mild tip-of-the-tongue	Consistent mild word finding difficulties; simplification of word choice; circumlocutions; decreased phrase length; and/or mild comprehension difficulties	Moderate word finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech; and/or reduced comprehension in conversation and reading	Moderate to severe impairment in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective.	Severe comprehension deficit; no intelligible speech
11. SUPPLEMENTAL CDR SUM OF BOXES					
12. STANDARD & SUPPLEMENTAL CDR SUM OF BOXES					


0: Normal

0.5 – 4: Questionable cognitive impairment

0.5 – 2.5: Questionable impairment

3-4: very mild Dementia

Table 2: Mini Mental Status Examination (MMSE) ^[4]

SN	Question	Maximum Score
1	Which is the year? Season? Date? Day of week? Month?	5
2	Where are we now: State? Country? Town/City? Hospital? Floor?	5
3	Names of three unrelated objects clearly and ask the patient to repeat them	3
4	Count backward from 100 by sevens (93,86,79,72,65) Stop after 5 answer	5
5	Told the name of three things to the patient and then asked	3
6	Show two simple objects such as wristwatch and pencil and ask to name them	2
7	Repeat the phrase: No ifs, ands, or buts	1
8	Ask the patient to take the paper in the right hand, fold it in half and put it on the floor	3
9	Please read this and do what it says (Written instruction is “Close your eyes”)	1
10	Make up and write a sentence about anything (Sentence must contain a noun and a verb)	1
11	Copy the design shown 	1
	Total score	30

30 - 26: Normal, 25 – 20: Mild, 19 – 10: Moderate, 0 – 9: Severe

THERAPEUTIC INTERVENTION:

Table-3: Timeline of case study

Date	Clinical events and Intervention	Time duration
02.01.2023	<ul style="list-style-type: none"> Patient was admitted to IPD Unit in <i>Neelmmahara Manasa</i> Ayurveda Hospital. On the basis of clinical findings and laboratory findings, procedure of main therapy including internal and external treatments was advised to continue as below. 	-
Internal Ayurvedic treatments		
03.01.2023	1. <i>Shreshta Nimba</i> Decoction ½ cup M/E 2. <i>Lunuvila 12 Kalan</i> Decoction ½ cup D/N 3. <i>Dashamul Kwatha</i> 30ml two times 4. <i>Panchatikta ghrita guggula</i> 02 two times	12 days
15.01.2023	1. <i>Dashamuli Balarasna</i> Decoction ½ cup M/E 2. <i>Dashamul Kwatha</i> 30ml two times 3. <i>Panchatikta ghrita guggulu</i> 02 two times	12 days
27.01.2023	1. <i>Rasna 18</i> Decoction 1/2cup M/E 2. <i>Wanari</i> powder 01 tablespoonful two times with ghee 3. <i>Yogaraja guggulu</i> 02 two times	12 days
08.02.2023	1. <i>Dashamul Jatamamsa</i> Decoction ½ cup M/E 2. <i>Kapikachchu</i> powder 5g two times with ghee 3. <i>Maduyashti</i> powder 5g two times with bee honey 4. <i>Kaishora guggulu</i> 02 two times	12 days
20.02.2023	1. <i>Gokshura guggulu</i> 02 two times 2. <i>Ekaweriya vati</i> 01 two times	14 days
External Ayurvedic treatments		
05.01.2023	1. <i>Shirodhara</i> with <i>Sattavadi</i> oil	9 days
14.01.2023	2. <i>Ushnodaka dhara</i> with Vetiver grass, Sandalwood, False Columba	9 days
21.01.2023	3. <i>Hisa gellum</i> with Sessile joyweed, Arjun leaves and cow's milk	3 days
24.01.2023	4. <i>Nasya</i> with <i>Anu</i> oil – 6 drops per each nostril	3 days
29.01.2023	5. <i>Vireka</i> <ul style="list-style-type: none"> Pre-operative procedures: <i>Sarvanga Abhyanga</i> with <i>pinda</i> oil and <i>Kuteera Sweda</i> for 04 days Main procedure: <i>Kiri vireka</i> in 5th day Post-operative procedures: <i>Samsarjana Karma</i> (Light diet) for 03 days 	7 days
01 day Interval		
05.02.2023	6. <i>Shiro pichu</i> with <i>Ksheera bala</i> oil	11 days
16.02.2023	7. <i>Shirodhara</i> with <i>Sattavadi</i> oil	4 days
20.02.2023	8. <i>Nasya</i> with <i>Anu</i> oil – 6 drops per each nostril	3 days
02 days Interval		
25.02.2023	9. <i>Ushnodaka dhara</i> with Vetiver grass and Sandalwood	7 days
04.03.2023	10. <i>Nasya</i> with <i>Ksheera bala</i> oil – 6 drops per each nostril and <i>Dhoomapana</i> with ghee and turmeric powder cigar	7 days
02 days Interval		

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13.03.2023	11. <i>Shirodhara</i> with <i>Ratulunu</i> oil	9 days
01 day Interval		
23.03.2023	12. <i>Shashtika shali pinda sweda</i>	7 days
Acupuncture treatments		
08.02.2023	Du 20, H 7, Ear <i>Shenmen</i>	1 day
09.02.2023	Du 20, Ex 6, H 7, Ear <i>Shenmen</i> , UB 62	1 day
10.02.2023	Du 20, Ex 6, H 7, Ear <i>Shenmen</i> , UB 62, <i>Anmion I</i> , <i>Anmion II</i>	1 day
11.02.2023	Du 20, Ex 6, H 7, UB 62, <i>Anmion I</i> , <i>Anmion II</i> , P 6, Ren 6, St 36, Sp 6, Ear <i>Shenmen</i> press needle for 3 days	14 days
25.02.2023	Du 20, Ex 6, H 7, UB 62, Ear <i>Shenmen</i> , <i>Anmion I</i> , <i>Anmion II</i> , P 6, Du 11, Ex 1	14 days
Mind Relaxing treatments		
From the beginning	<ul style="list-style-type: none"> Breathing exercises Meditation 	Continuously
29.03.2023	Patient was discharged and treated with OPD level	Follow up

Table-4: MMSE before and after the course of treatment


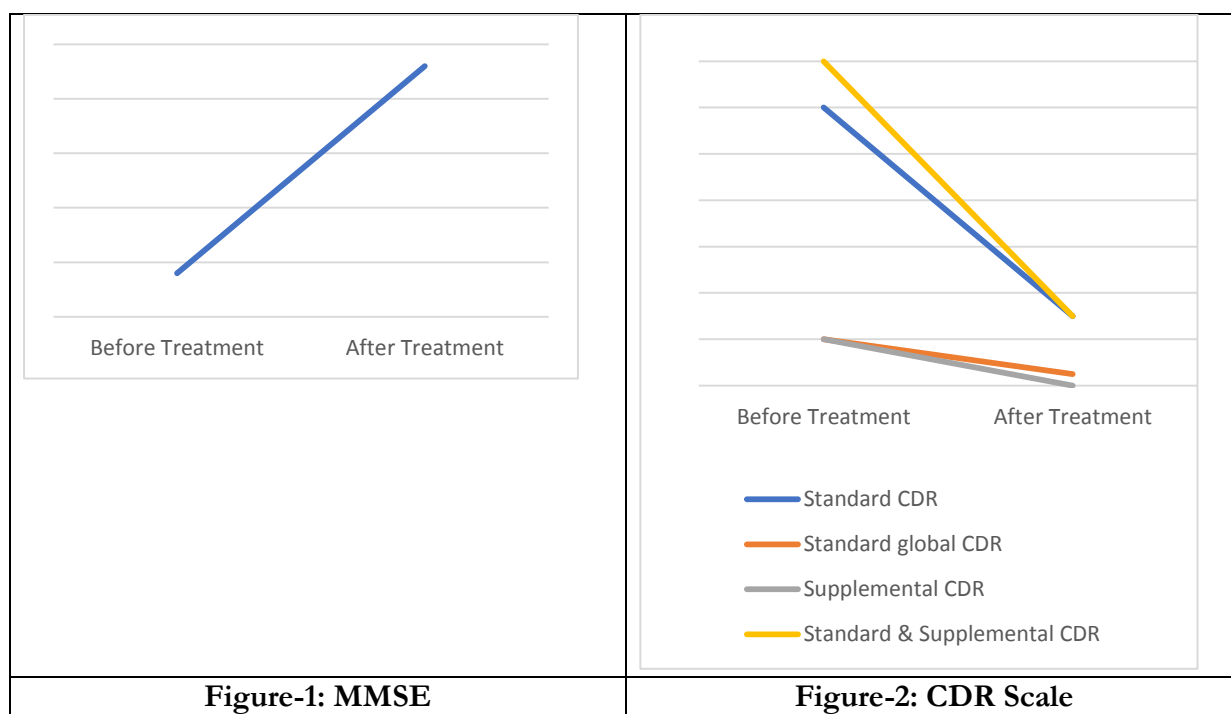
SN	Question	Before treatment	After treatment
1	Which is the year? Season? Date? Day of week? Month?	0	1
2	Where are we now: State? Country? Town/City? Hospital? Floor?	0	3
3	Names of three unrelated objects clearly and ask the patient to repeat them	0	3
4	Count backward from 100 by sevens (93,86,79,72,65) Stop after 5 answer	0	4
5	Told the name of three things to the patient and then asked	1	3
6	Show two simple objects such as wristwatch and pencil and ask to and ask to name them	2	2
7	Repeat the phrase: No ifs, ands, or buts	0	1
8	Ask the patient to take the paper in the right hand, fold it in half and put it on the floor	1	3
9	Please read this and do what it says (Written instruction is "Close your eyes")	0	1
10	Make up and write a sentence about anything (Sentence must contain a noun and a verb)	0	1
11	Copy the design shown 	0	1
	Total score	4	23

Table-5: Standard CDR Scale before and after the course of treatment

Criteria	Before treatment	After treatment
1.Memory	3	0.5
2.Orientation	3	0.5
3.Judgement and problem solving	2	1
4.Community affairs	1	0.5

5.Home and hobbies	2	0.5
6. Personal care	1	0
7. Standard CDR	12	3
8.Standard Global CDR	2	0.5
9. Behavior comportsment and Personality	2	0
10. Language	0	0
11. Supplemental CDR	2	0
12. Standard and Supplemental CDR	14	3



RESULT:

According to the score pattern of Mini mental state examination, the patient was under severe dementia before the treatment and it has been improved up to Mild dementia after the treatment. (Figure 1) As per the clinical dementia rating scale, a significant improvement was observed, reflected by a notable decrease in the CDR scale score. (Figure 2) Memory impairment is one of the common progressive degeneration problems which affects the quality of life and make them dependent on others for their daily routine activities.

According to Ayurveda sages, *Prajna* (Wisdom) is the knowledge, which is having three faculties as *Dhee* (Intellect), *Dhriti* (Self-control) and *Smriti* (Memory) which are directly connected with psychological disorders. *Smriti* is the ability to remember and *Kapha dosha* is the responsible *dosha* for the proper functioning of *Smriti*. *Smriti Bhramsha* or *Vibhramsha* means the state in which the memory is altered from its normalcy; either reduced memory or selective memory or total loss of memory.^[5] The treatment goals of *Smriti Bhramsha* or memory enhancing tools include *Nidana parivarjana* (avoid the causative factors in diet

and life style), *Daiva vyapashraya cikitsa* (spiritual therapy), *Yukti vyapashraya cikitsa* (biological therapy including cleansing and pacification), *Satvavajaya* (controls the mind), *Yoga* therapy and *Acharya Rasayana* (living with good ethics).^[6]

DISCUSSION:

The Folstein Mini- Mental State Examination (MMSE) is a 30- question assessment of cognitive function that evaluates attention and orientation, memory, registration, recall, calculation, language and ability to draw a complex polygon. (Table 4) Advantages of the MMSE include rapid administration, availability of multiple language translations and high levels of acceptance as a diagnostic instrument amongst health professionals and researchers.^[7] The Clinical Dementia Rating (CDR) scale, developed by Hughes et al. in 1982, allows to clinically detect the presence of dementia such as Alzheimer's disease and to assess its severity. (Table 5) The CDR allows to measure not only cognition, but also functional autonomy, which makes it more comprehensive than a purely cognitive assessment. The CDR is now widely accepted in clinical setting and medical research as a valid and reliable evaluation measure, and it is particularly useful for studies at early stages of Alzheimer's disease.^[8] Both MMSE and CDR of the patient has been assessed with clear records before and after the treatment protocol.

CONCLUSION:

Patient has improved both cognition and memory including her quality of life comparing with the previous clinical features. Mathematically, it was assessed using MMSE and CDR Scale which was revealed 90% improvement. Based on revealed data, it can be concluded that the

present treatment protocol is effective in the successful management of Dementia.

Limitation of study:

The retrospective data collection depended significantly on existing health records and caregiver accounts, which may contain insufficient information or be subject to recall bias.

Written informed consent:

The patient was fully informed about the treatment, and written informed consent was voluntarily obtained prior to the initiation of the study. As obtaining consent directly from the patient was insufficient due to her chronic memory impairment, cognitive dysfunction, and attention difficulties, written informed consent was also obtained from her guardian.

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REFERENCES:

1. Ritchie L, Tolson D, Danson M. Dementia in the workplace case study research: understanding the experiences of individuals, colleagues and managers. *Ageing and society*. 2017; 38(10): 2146-2175.
2. Clark CM. Alzheimer's disease core center. Pennsylvania, USA. 2nd edition.
3. Smriti bransha, alzheimer's disease. Central council for Research in Ayurvedic Sciences, Ministry of Ayush: India.
4. Kurlowics L. Mini mental state examination. *Journal of psychiatric Research*. 1999; 12(3): 189-198.
5. Chundawat A, Panda SK. Concept of smriti (memory), influencing factors and enhancing tools: a review. *International journal of Health Science and Research*. 2022; 12 (6): 140-146.
6. Jayakrishnan S, Narayana Prakash B, Shetty SK. Efficacy study of brahmyadi yoga in the management of Alzheimer's Disease (*Smriti Bramsha*). *International Ayurvedic Medical Journal*. 2013; 1(4):1-5.
7. Arevalo-Rodriguez I. etal Mini-Mental State Examination (MMSE) for the early detection of dementia in people with mild cognitive impairment (MCI). *The Cochrane database of systematic reviews*. 2021; 7(7):CD010783
8. Dauphinot V. et al Reliability of the assessment of the clinical dementia rating scale from the analysis of medical records in comparison with the reference method. *Alzheimer's research & therapy*. 2024;16(1): 198.