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Adjunctive Homoeopathic and Cognitive Interventions in Alzheimer's Disease: A Retrospective Observational Study

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Abstract

Background:

Alzheimer's disease (AD) is a chronic neurodegenerative disorder characterized by progressive decline in memory, cognition, and daily functioning. Conventional therapies offer limited disease modification and are often associated with adverse effects. Homoeopathy, with its individualized constitutional approach, may provide supportive benefits. Cognitive aided therapies, including memory exercises and structured activities, have been shown to enhance neuroplasticity and delay cognitive deterioration.

Objective:

To evaluate the clinical efficacy of individualized homoeopathic medicines combined with cognitive aided therapy in patients with mild-to-moderate Alzheimer's disease using the ADAS-Cog scale.

Materials and Methods:

A retrospective observational study was conducted on 50 patients diagnosed with mild-to-moderate AD, treated at Dr. Puri's Homoeopathy Clinic, India, between January 2022 and December 2024. Inclusion criteria were DSM-5–confirmed diagnosis and participation in both individualized homoeopathic treatment and cognitive aided therapy for at least six months. Pre- and post-intervention cognitive function was assessed using the ADAS-Cog scale. Statistical analysis was performed using paired t-tests.

Results:

Mean baseline ADAS-Cog scores improved significantly from 27.6 ± 4.9 to 20.1 ± 4.5 after six months ($P < 0.001$). The most frequently prescribed remedies were Anacardium orientale (n = 15), Phosphorus (n = 12), Hyoscyamus niger (n = 11), and Baryta carbonica (n = 12). Cognitive aided therapy contributed to improved orientation, language fluency, and short-term recall in the majority of patients. Sleep quality and daily functional scores also improved significantly.

Conclusion:

Individualized homoeopathic treatment integrated with cognitive aided therapy demonstrated significant improvements in cognitive performance and daily functioning in patients with mild-to-moderate Alzheimer's disease, indicating its potential as an effective adjunctive approach.

Keywords: Homoeopathy, Alzheimer's disease, ADAS-Cog, Cognitive therapy, Phosphorus, Hyoscyamus niger, Retrospective study

INTRODUCTION

Alzheimer's disease (AD) is the leading cause of dementia worldwide, responsible for approximately 60–70% of all dementia cases [1]. It is characterized by progressive loss of memory, impaired reasoning, language disturbances, and behavioral changes, ultimately compromising daily independence [2]. Current pharmacological therapies, such as cholinesterase inhibitors and NMDA receptor antagonists, primarily offer symptomatic relief. These drugs often have gastrointestinal, cardiovascular, or neuropsychiatric side effects and do not halt disease progression [3].

Given these limitations, complementary and alternative therapeutic modalities are being explored. Homoeopathy focuses on individualized remedy selection based on a person's physical, emotional, and cognitive constitution. Several remedies traditionally address cognitive dullness, memory loss, and behavioral disturbances in elderly patients [4–7]. Parallelly, cognitive aided therapies, including memory training, structured exercises, and lifestyle modifications, have been shown to stimulate neuroplasticity, potentially slowing disease progression [8].

The present study retrospectively evaluated the efficacy of **individualized homoeopathic medicines combined with cognitive aided therapy** in patients with mild-to-moderate Alzheimer's disease over a three-year period.

Objective

To assess the impact of individualized homoeopathic remedies and cognitive aided therapy on cognitive function in mild-to-moderate Alzheimer's disease, using the ADAS-Cog scale as the primary outcome measure.

Materials and Methods

Study Design and Setting:

A retrospective observational study was conducted at Dr. Puri's Homoeopathy Clinic, India, between **January 2022 and December 2024**.

Sample Size:

50 patients were included based on eligibility criteria.

Inclusion Criteria:

- Age between 55 and 80 years
- DSM-5–based diagnosis of mild-to-moderate Alzheimer's disease
- Baseline ADAS-Cog score between 18 and 35
- Received homoeopathic treatment and cognitive aided therapy for ≥6 months

Exclusion Criteria:

- Severe AD (ADAS-Cog > 35)
- Major psychiatric comorbidities or other neurodegenerative disorders
- Concurrent use of sedatives, antipsychotics, or investigational drugs

Interventions

1. **Homoeopathic Treatment:**

- Individualized prescriptions based on the patient's mental, emotional, and physical constitution.
- Potencies ranged from 30C to 1M, with dosage frequency tailored to individual response.

2. **Cognitive Aided Therapy:**
- Memory and attention exercises, word recall tasks, storytelling, puzzles, and orientation activities.
- Conducted twice weekly by trained therapists.
3. **Lifestyle and Family Counselling:**
- Structured daily routines, dietary adjustments, and caregiver guidance were provided to enhance therapy outcomes.

Outcome Measures

- **Primary Outcome:**

Cognitive function assessed using the **Alzheimer's Disease Assessment Scale – Cognitive Subscale (ADAS-Cog)** at baseline and after six months.

- **Secondary Outcomes:**
- Sleep quality (average hours/night)
- Orientation and recall ability
- Language fluency
- Daily functional independence (observational score 1–5)

Statistical Analysis:

Data were analyzed using SPSS v.25. Paired t-tests compared pre- and post-treatment values, with significance set at $P < 0.05$.

Results

Demographic Profile

Parameter	Value (n = 50)
Age (mean ± SD)	69.1 ± 5.4 years
Gender (M:F)	1:1.1
Duration of illness	2.2 ± 0.7 years
Baseline ADAS-Cog	27.6 ± 4.9

Primary Outcome

Outcome Measure	Baseline (Mean ± SD)	Post-Treatment (Mean ± SD)	Change (Δ)	t-value	P-value
ADAS-Cog Score	27.6 ± 4.9	20.1 ± 4.5	−7.5	6.88	<0.001

Secondary Outcomes

Parameter	Baseline	Post-Treatment	Change (Δ)	t-value	P-value
Sleep Quality (hrs)	5.0 ± 1.0	6.8 ± 1.1	+1.8	4.96	<0.001
Word Recall (0–10)	4.3 ± 1.1	6.7 ± 1.2	+2.4	5.82	<0.001
Daily Activity Score (1–5)	3.1 ± 0.6	4.5 ± 0.7	+1.4	4.55	<0.001

Frequently Prescribed Remedies

Remedy	No. of Patients	Improved (%)	No Change (%)	Worsened (%)

Anacardium orientale	15	80.0%	13.3%	6.7%
Phosphorus	12	75.0%	16.7%	8.3%
Hyoscyamus niger	11	72.7%	18.2%	9.1%
Baryta carbonica	12	66.7%	25.0%	8.3%

Effect of Cognitive Aided Therapy

Cognitive Domain	Improved (%)	Stable (%)	Declined (%)
Orientation	80%	16%	4%
Language & Fluency	72%	22%	6%
Visual-Spatial Tasks	70%	24%	6%
Short-Term Recall	74%	20%	6%

Discussion

The results indicate that individualized homoeopathic treatment combined with cognitive aided therapy produced statistically significant improvements in cognitive function in patients with mild-to-moderate Alzheimer's disease. The mean ADAS-Cog score improved by 7.5 points over six months, accompanied by better sleep quality, improved recall, and greater functional independence.

Therapeutic Role of Remedies:

- Anacardium orientale is classically indicated for absent-mindedness, weak memory, and indecision [4].
- Phosphorus is beneficial in mental fatigue, forgetfulness, and emotional sensitivity [5].
- Hyoscyamus niger addresses restlessness, incoherent speech, and disorientation, often seen in progressive dementia [6].
- Baryta carbonica suits premature senility, childish behavior, and cognitive sluggishness [7].

Aided Therapies:

Cognitive stimulation techniques target preserved neural circuits to strengthen recall and orientation [8]. These interventions, combined with individualized remedies, may enhance neuroplastic mechanisms and slow cognitive decline.

These findings align with broader literature advocating multimodal strategies in dementia management [9].

Conclusion

This retrospective study suggests that integrating **individualized homoeopathic remedies with cognitive aided therapy** may offer meaningful improvements in cognitive performance and functional outcomes in Alzheimer's disease patients. These non-invasive interventions could serve as valuable adjuncts to conventional treatment in early and moderate stages.

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