Dementia Case Report

[A] Diagnoses of Diseases and Patterns

Pattern/Syndrome Differentiation Analysis:

1) Definition of Dementia

Dementia is a cognitive impairment that can occur with certain diseases. It affects memory, thinking, language, judgment, and behavior. Most types of Dementia are degenerative, meaning they are nonreversible. Alzheimer's disease is the most common type of Dementia, but there are many forms this impairment can take. Some of the most common conditions that can lead to Dementia include Lewy Body Disease, Huntington's Disease, Multiple Sclerosis, Parkinson's Disease, brain tumors, chronic alcohol abuse, brain injury, and strokes (which lead to vascular dementia).

In addition to memory loss, there are several common symptoms that accompany Dementia. Change in sleep patterns, often waking up at night, forgetting details about current events, depression, agitation, or withdrawing from social contact are common side effects of this condition.

2) Analysis

a) Idiocy disease (呆病, Dai Bing)\(^1\)

- ‘Dai Bing’ is a kind of disease due to mental disorder. It’s causes are as follows; the function disorder of spleen and stomach due to liver qi stagnation; the obstruction to heart and spirit by dampness-phlegm which are generated from a wrong eating habit.
- The patient does not speak all day and is not willing to eat any food, and sometimes laughs or cries suddenly. Also he/she is not willing to put on clothes, willing to shut the door and stay alone. The patients murmur to themselves and cannot distinguish clean from dirty. They touch things that are considered dirty.
- In order to reduce the phlegm, we can use the formula, Zhan Dai Dan (轉呆丹) which consists of Ren Shen, Bai Shao, Dan Gui, Ban Xia, Chai Hu, Suan Zao Ren, Fu Zi, Shi Chang Pu, Shen Qu, Fu Shen, Tian Hua Fen, Bai Zi Ren.

[Note] The details of Dai Bing are as follows\(^2\):

- It is a disease which has a mental disorder and cannot distinguish things correctly. The Dai Bing patient is silent like an idiot and is spiritless like a starving person.
- Regarding as the aspect of Yi (意), depressive disorder (癲病) is going to happen, but isn’t going to happen. Also regarding as the aspect of Xin (心), manic disorder (狂病) is going to happen, but isn’t going to happen. This corresponds to dementia of Western medicine.
- Sometimes the patient sleeps and doesn’t wake for several days. Sometimes the patient gets up and doesn’t sleep for several days. They shut their clothes tightly, and sometimes steal other person’s things and hide. When they talk with others, their voices are very quick-tempered and their spirits are like floating. Also they turn their back on, and cry to others with a low voice like pleading when they talk with others. When other people give them food, they dislike it and are not willing to eat it. However, when other people don't give them food they eat things like charcoal as if it was very delicious. The cause of these symptoms is the abnormal fancy in the mind, but its real substance is the phlegm in their chest and abdomen. So that the key point of treating Dai Bing is just to reduce phlegm.
- Their symptoms are as following; don’t talk, eat and drink anything; suddenly laugh or sing
or are depressed or cry; refuse delicious food, and don’t refuse dirty feces, instead; are not willing to take on clean cloth, and like grasses or tree-leaves. These are Dai Bing, but we cannot treat them all.

- When Dai Bing occurs, there must be a cause. The disease is from liver qi stasis first, and then declination of stomach qi later.
- The treatment principles are to remove the stagnation and expel the phlegm, and to strengthen the stomach and unblock qi. So we can use Zhu Dai Xian Dan (逐呆仙丹), Xi Xin Tang (洗心湯), Huan Shen Zhi Sheng Tang (還神至聖湯) and Zhan Dai Dan (轉呆丹).
- In the case that their stomach qi were impaired and their heart were blocked by phlegm due to the irregular life, we need to use formulas which generate the stomach qi and reduces the phlegm, e. Qi Shen Jiu Wei Tang (啓心救胃湯), Zhi Mi Tang (指迷湯).

b) Manic-Depressive Disorder (癲狂證)\(^3\)
- Manic disorder (狂, kuang) and depression disorder (癲, dian) are all the diseases of mental disorder. Depressive disorder is characterized by silence-dementia, incoherent speech, and excess joy. Manic disorder is characterized by singing and making music without reason, and walking around heedlessly without rest, and railing and becoming easily angered. These two symptoms are not distinguished clearly based on their appearance. Also they change back and forth, so they are called the manic-depressive disorder (癲狂, dian-kuang).
- These diseases were wrote about in the Huang Di Nei Jing (黃帝內經) and their etiology, pathogenesis and treatment were described rather systematically. On Suwen (素問) 74, Zhi Zhen Yao Da Lun Pian (至真要大論篇), it is as follows; all manic symptoms, restlessness, roaring and crying belong to fire. On Suwen (素問) 46, Bing Neng Lun Pian (病能論篇); ‘Why does the patient become manic and angry? Qi Bai (岐伯) answers that it is generated from yang qi disorder.
- On Nan Jing (難經), the 59\(^{th}\) Difficult Issue, it was described about clinical symptoms of dian-kuang in more detail as follows; By what criteria can the illnesses of madness and falling sickness be distinguished? It is like this. During the initial development of madness, one rests only rarely and does not feel hungry. One will speak of oneself as occupying a lofty, exemplary position. One will point out one’s special wisdom, and one will behave in an arrogant and haughty way. One will laugh – and find joy in singing and making music – without reason, and one will walk around heedlessly without break. During the initial development of falling sickness, one’s thoughts are unhappy. One lies down and stares straight ahead. The yin and the yang movements in the vessels are full three sections.\(^4\)
- On He Jian Liu Shu (河間六書), Kuang Yue (狂越), in Jin-Yuan (金元) era, it was written as follows; ‘when does heart fire become more excessive, kidney yang becomes weak and the will soon disappeared, and then it becomes manic.’
- On Dan Xi Xin Fa (丹溪心法), Dian Kuang (癲狂), it is written as follows; ‘Dian belongs to yin, kuang belongs to yang. . . Because their cause is stagnation of phlegm between the heart and chest.
- So that the Etiology and Pathogenesis can be the disorder of yin and yang, the phlegmqi rising upward and harassing heart, qi and blood stasis. Among these, especially the causes of dian are the phlegm and qi stagnation, deficiency in both the heart and spleen. The causes of kuang are the phlegm-qi rising upward and harassing heart, and the excessive fire hurting yin.

Research Findings:
Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for 60 to 80 percent of cases. Vascular dementia, which occurs after a stroke, is the second most common dementia type. But there are many other conditions that can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

Dementia is often incorrectly referred to as ‘senility’ or ‘senile dementia,’ which reflects the formerly widespread but incorrect belief that serious mental decline is a normal part of aging.

[The points of view in TCM and Western Medicine]

1) The point of view in TCM – 1

Manic-Depressive Psychosis

Manic-Depressive Psychosis is a bipolar affective disorder characterized by severe alterations in mood that are usually episodic and recurrent. Mood fluctuates between depression and mania. In TCM, depressive psychosis, or dian (癲), is caused by qi stagnation complicated by phlegm misting the heart's orifice; it is characterized by depression, apathy, incoherent speech, dementia, subdued and non-violent behavior. In contrast, manic psychosis, or kuang (狂), is induced by phlegm-fire disturbing the mind; it is characterized by mental hyperactivity and manic behavior, manifesting with shouting, hostility and violent behavior. Clinically, dian and kuang are not distinct disease entities; they are two aspects of one disorder and their clinical manifestations may be interchangeable.

Etiology and Pathogenesis

Lack of equilibrium between the yin and yang: ‘As the yin is even and the yang is firm, the physical and psychological equilibrium is preserved.’ If the equilibrium between the yin and yang is disturbed, mental disorders occur. Preponderance of the yin or yang determines the clinical presentations of mental disorders. Both absolute and relative excess of the yang can lead to manic psychosis, or kuang; whereas absolute or relative excess of the yin can lead to depressive psychosis, or dian. Emotional factors (anger, joy, pensiveness, sadness, worry, fear and shock) can injure their corresponding internal organs and induce manic-depressive psychosis. Impaired spleen function results in inadequate production of the qi and blood, which leads to malnourishment of the heart and the mind. Deficient essence and blood due to injury to the liver and kidney lead to emptiness of the brain and marrow. Heart yin deficiency with hyperactivity of empty fire disturbs the spirit. Emotional change is closely related to mental and behavioral alterations, manifested by unusual behaviors, poor memory, and intellectual defects.

Turbid phlegm misting the heart's orifice hinders the heart's ability to govern the mind. The clarity of the mind is impaired and awareness of reality and the ability to form judgments are lost, leading to abnormal behavior and depressed demeanor. Turbid phlegm is the major pathogenic factor causing depressive psychosis. In the case of manic psychosis, turbid phlegm is further complicated by fire. The phlegm-fire complex obstructs the heart's orifice and also disturbs the mind, causing manic behavior.

Qi stagnation and blood stasis in the brain due to head injury obstruct the flow of qi and cause disassociation between the internal organs and the brain. The brain is one of the organs controlling
thinking and mental activities. When it is inadequately supplied with qi, it cannot properly manage the mind. This condition can retrograde into manic-depressive psychosis.

**Miscellaneous:** Influences from other contributing factors, including heredity and a person's constitution, should not be underestimated. Individuals with weaker constitutions are susceptible to and unable to cope with emotional stress. Imbalance of the yin and yang is more likely to occur and equilibrium is more difficult to restore. Therefore, a weak constitution is associated with a higher risk of occurrence of manic-depressive psychosis. Family history is also relevant to the occurrence of mental disorders.

Figure 1. The causes of Dian and Kuang.

**Practical Hints**
- ‘As the yin is even and the yang is firm, the physical and psychological equilibrium is preserved.’ A harmonious state between the yin and yang is the essential foundation for
normal mental function. Therefore, the ultimate aim of treatment is to readjust and restore equilibrium between the yin and yang. When the yang predominates over the yin in manic psychosis, clinical manifestations that are yang in nature, such as excitement, aggressive behaviors and heat signs, are evident. When the yin predominates over the yang in depressive psychosis, clinical manifestations that are yin in nature, such as apathy, withdrawal, subdued demeanor and cold signs, are present.

- Phlegm is the most significant factor in the development of manic-depressive psychosis. Phlegm misting the heart's orifice is the primary pathogenesis in this disorder. During treatment, in addition to transforming phlegm, it is equally important to break the cycle of phlegm production. Improper diet can injure the spleen and generate phlegm internally; emotional stress may lead to constrained liver qi overacting on the spleen. Therefore, proper diet and emotional coping mechanisms should be taught and encouraged as prophylactic measures.

- Family history and constitutional weakness are related to susceptibility. Emotional factors may be triggers for manic-depressive psychosis. Temporary disharmony between the yin and yang can be induced by any emotional stressor; in most people, psychosis is unlikely to result. However, individuals with a significant family history, or who have a weak constitution, have relatively inadequate coping skills; therefore, they are more susceptible to developing manic-depressive psychosis once triggered, and they experience more difficulties in recovering from this disorder.⁹

2) The point of view in TCM – 2

Manic-Depressive Disorder

- Depressive disorder is manifested by mental dejection, reticence or incoherent speech, while manic disorder by shouting, restlessness and violent behaviors. As described in The Classic of Difficult Issues (Nan Jing), depressive disorder is caused by excessive yin, while manic disorder by abundant yang.

- The most important etiological factor of manic-depressive disorder is emotional injury. Pathogenetically, phlegm plays the primary role. Depressive disorder is due to stagnation of phlegm combined with qi, while manic disorder is due to phlegm fire. Although they are difficult in symptomatology, they are related to each other. A prolonged depressive disorder, in which fire is produced by phlegm stagnation, may change into manic disorder, while a protracted manic disorder, in which the stagnated fire is gradually dispersed, but the phlegm is still existing, can change into depressive disorder. Therefore, they are termed together as manic-depressive disorder.

Etiology and Pathogenesis

a) Depressive disorder: In most cases it is caused by over-contemplation and emotional depression, which lead to dysfunction of the liver and spleen. There are stagnant liver qi and accumulated fluid due to impaired transportation, which turns into phlegm. Then the phlegm pervertedly goes upward to invade the mind.

b) Manic disorder: In most cases it is caused by anger that injures the liver, leading to its failure in dispersing. The stagnated qi transforms into fire, which evaporates the body fluid to produce phlegm fire. The phlegm fire pervertedly rushes upward and disturbs the mind.

In addition, this disease has a hereditary trend and often a positive family history.
Differentiation

a) Depressive disorder
- **Main manifestations:** Gradual onset, emotional dejection and mental dullness at the initial stage, followed by incoherent speech, changing moods, or muteness, somnolence, anorexia, thin, sticky tongue coating, string-taut thread or string-taut rolling pulse.
- **Analysis:** Over-contemplation and emotional dejection make the liver qi stagnated and the spleen qi fail to ascend. The stagnated qi combined with the phlegm disturbs the mind, leading to mental disorders. The stagnated phlegm in the middle energizer gives rise to anorexia and thin, sticky tongue coating. Sting-taut thread or string-taut rolling pulse is due to the accumulation of phlegm and qi.

b) Manic disorder
- **Main manifestations:** Sudden onset, irritability, being easy to anger, insomnia, loss of appetite, followed by excessive motor activity with increased energy and violent behaviors, yellow sticky tongue coating String-taut, rolling and rapid pulse.
- **Analysis:** Anger damages the liver. The liver fire flared up and agitates the phlegm heat of Yangming to disturb the mind. Therefore, the patient is irritable, unable to fall asleep and easy to anger. Because of the disturbance of the mind by the phlegm heat, violent behaviors take place. The limbs are the foundation of all the yang actions. Preponderant yang makes the limbs move energetic, thus, the physical strength and motor activity are increased. The combination of phlegm and heat, leads to yellow, sticky tongue coating, string-taut, rolling and rapid pulse.

Remark

The conditions described the above includes the depressive and manic types of Schizophrenia in modern medicine.6

Table 1. Tongue and Pulse

<table>
<thead>
<tr>
<th></th>
<th>Tongue</th>
<th>Pulse</th>
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<tbody>
<tr>
<td><strong>Depressive Disorder</strong></td>
<td>Thin, sticky tongue coating</td>
<td>String-taut thread or String-taut rolling</td>
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<tr>
<td><strong>Manic Disorder</strong></td>
<td>Yellow, sticky tongue coating</td>
<td>String-taut rolling and Rapid pulse</td>
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3) The point of view in Western Medicine

- Various degenerative diseases can result in destruction of neurons in the brain. This degeneration can progress to adversely affect memory, attention span, intellectual capacity, personality, and motor control. The general term for this syndrome is dementia.
- Alzheimer’s disease (AD) is characterized by dementia. Its characteristic lesions develop in the cortex during the middle to late adult years. Exactly what causes dementia-producing lesions to develop in the brains of individuals with Alzheimer’s disease is not known. There is some evidence that this disease has a genetic basis — at least in some families. A current theory is that more than one of the four or five different genes associated with AD has to be abnormal before AD occurs. Other evidence indicates that environmental factors may have a role. Because the exact cause of Alzheimer’s disease is still not known, development of an effective treatment has proven difficult. Currently,
people diagnosed with this disease are treated by helping them maintain their remaining mental abilities and looking after their hygiene, nutrition, and other aspects of personal health management.

- Huntington disease (HD) is an inherited disease characterized by chorea (involuntary, purposeless movements) that progresses to severe dementia and death. The initial symptoms of this disease first appear between ages 30 and 40, with death generally occurring by age 55. The gene responsible for Huntington disease causes the body to make the protein huntingtin incorrectly. In brain cells, the abnormal form of huntingtin apparently clings to molecules too tightly and thus prevents normal function.

- Acquired immune deficiency syndrome (AIDS), caused by HIV (human immunodeficiency virus) infection, can also cause dementia. The immune deficiency characteristic of AIDS results from HIV infection of white blood cells that are critical to the proper function of the immune system. However, HIV also infects neurons and can cause progressive degeneration of the brain – resulting in dementia.

- Diseases caused by prions*, pathogenic protein molecules, can also cause dementia. For example, **bovine spongiform encephalopathy** also known as BSE or 'mad cow disease' is a degenerative disease of the central nervous system caused by prions that convert normal proteins of the nervous system into abnormal proteins, causing loss of nervous system function, including dementia. **Creutzfeldt-Jakob Disease** (CJD) is another prion disease that similarly reduces brain function, causing dementia. These disease have caused controversy recently because animal brains (the tissue the carries prions to other organisms) were fed to other animals in the human food chain, increasing the risk of infecting large numbers of humans.*7*

- [note] *Prions **proteinaceous infectious particles** are proteins that convert normal proteins of the nervous system into abnormal proteins, causing loss of the nervous system function. The abnormal form of the protein may also be inherited. A newly discovered type of pathogen, not much is known about how the prion works to cause such diseases as **bovine spongiform encephalopathy or Creutzfeldt-Jakob Disease (CJD)**.8*


![Image of the prion](image_url)

**Figure 2. The prion**9).

**Remarks**10)

Dementia affects each person in a different way, depending upon the impact of the disease and the person’s pre-morbid personality. The problems linked to dementia can be understood in three stages:

- early stage - first year or two;
- middle stage - second to fourth or fifth years;
- late stage - fifth year and after.
These periods are given as an approximate guideline only - sometimes people may deteriorate more quickly, sometimes more slowly. It should be noted that not all persons with dementia will display all the symptoms.

Table 2. Common symptoms experienced by people with dementia syndrome.

<table>
<thead>
<tr>
<th>Early stage</th>
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<tbody>
<tr>
<td>The early stage is often overlooked. Relatives and friends (and sometimes professionals as well) see it as ‘old age’, just a normal part of aging process. Because the onset of the disease is gradual, it is difficult to be sure exactly when it begins.</td>
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<tr>
<td>• Become forgetful, especially regarding things that just happened</td>
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<tr>
<td>• May have some difficulty with communication, such as difficulty in finding words</td>
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<tr>
<td>• Become lost in familiar places</td>
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<tr>
<td>• Lose track of the time, including time of day, month, year, season</td>
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<tr>
<td>• Have difficulty making decisions and handling personal finances</td>
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<tr>
<td>• Have difficulty carrying out complex household tasks</td>
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<tr>
<td>• Mood and behavior:</td>
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<tr>
<td>- may become less active and motivated and lose interest in activities and hobbies</td>
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<tr>
<td>- may show mood changes, including depression or anxiety</td>
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<td>- may react unusually angrily or aggressively on occasion</td>
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<th>Middle stage</th>
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<tr>
<td>As the disease progresses, limitations become clearer and more restricting.</td>
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<tr>
<td>• Become very forgetful, especially of recent events and people’s names</td>
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<tr>
<td>• Have difficulty comprehending time, date, place and events; may become lost at home as well as in the community</td>
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<tr>
<td>• Have increasing difficulty with communication (speech and comprehension)</td>
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<tr>
<td>• Need help with personal care (i.e. toileting, washing, dressing)</td>
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<tr>
<td>• Unable to successfully prepare food, cook, clean or shop</td>
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<tr>
<td>• Unable to live alone safely without considerable support</td>
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<tr>
<td>• Behavior changes may include wandering, repeated questioning, calling out, clinging, disturbed sleeping, hallucinations (seeing or hearing things which are not there)</td>
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<tr>
<td>• May display inappropriate behavior in the home or in the community (e.g. disinhibition, aggression)</td>
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<tr>
<th>Late stage</th>
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<tr>
<td>The last stage is one of nearly total dependence and inactivity. Memory disturbances are very serious and the physical side of the disease becomes more obvious.</td>
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<tr>
<td>• Usually unaware of time and place</td>
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<tr>
<td>• Have difficulty understanding what is happening around them</td>
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<tr>
<td>• Unable to recognize relatives, friends and familiar objects</td>
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<tr>
<td>• Unable to eat without assistance, may have difficulty in swallowing</td>
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<td>• Increasing need for assisted self-care (bathing and toileting)</td>
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<tr>
<td>• May have bladder and bowel incontinence</td>
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<td>• Change in mobility, may be unable to walk or be confined to a wheelchair or bed</td>
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<td>• Behavior changes, may escalate and include aggression towards care giver, nonverbal agitation (kicking, hitting, screaming or moaning)</td>
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<tr>
<td>• Unable to find his or her way around in the home</td>
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*Western Differential Diagnosis*[^11]:

1) Alzheimer's disease
- Most common type of dementia; accounts for an estimated 60 to 80 percent of cases.
- **Symptoms:** Difficulty remembering recent conversations, names or events is often an early clinical symptom; apathy and depression are also often early symptoms. Later symptoms include impaired communication, poor judgment, disorientation, confusion, behavior changes and difficulty speaking, swallowing and walking.
- New criteria and guidelines for diagnosing Alzheimer's were published in 2011 recommending that Alzheimer's disease be considered a disease with three stages, beginning well before the development of symptoms.
- **Brain changes:** Hallmark abnormalities are deposits of the protein fragment beta-amyloid (plaques) and twisted strands of the protein tau (tangles) as well as evidence of nerve cell damage and death in the brain.

2) Vascular dementia
- Previously known as multi-infarct or post-stroke dementia, vascular dementia is less common as a sole cause of dementia than Alzheimer's, accounting for about 10 percent of dementia cases.
- **Symptoms:** Impaired judgment or ability to make decisions, plan or organize is more likely to be the initial symptom, as opposed to the memory loss often associated with the initial symptoms of Alzheimer's. Occurs because of brain injuries such as microscopic bleeding and blood vessel blockage. The location, number and size of the brain injury determines how the individual's thinking and physical functioning are affected.
- **Brain changes:** Brain imaging can often detect blood vessel problems implicated in vascular dementia. In the past, evidence for vascular dementia was used to exclude a diagnosis of Alzheimer's disease (and vice versa). That practice is no longer considered consistent with pathologic evidence, which shows that the brain changes of several types of dementia can be present simultaneously. When any two or more types of dementia are present at the same time, the individual is considered to have 'mixed dementia'.

3) Dementia with Lewy bodies (DLB)
- **Symptoms:** People with dementia with Lewy bodies often have memory loss and thinking problems common in Alzheimer's, but are more likely than people with Alzheimer's to have initial or early symptoms such as sleep disturbances, well-formed visual hallucinations, and muscle rigidity or other Parkinsonian movement features.
- **Brain changes:** Lewy bodies are abnormal aggregations (or clumps) of the protein alpha-synuclein. When they develop in a part of the brain called the cortex, dementia can result. Alpha-synuclein also aggregates in the brains of people with Parkinson's disease, but the aggregates may appear in a pattern that is different from dementia with Lewy bodies.
- The brain changes of dementia with Lewy bodies alone can cause dementia, or they can be present at the same time as the brain changes of Alzheimer's disease and/or vascular dementia, with each abnormality contributing to the development of dementia. When this happens, the individual is said to have "mixed dementia."

4) Mixed dementia
- In mixed dementia abnormalities linked to more than one type of dementia occur simultaneously in the brain. Recent studies suggest that mixed dementia is more common than previously thought.
- **Brain changes:** Characterized by the hallmark abnormalities of more than one type of dementia - most commonly, Alzheimer's and vascular dementia, but also other types, such as dementia with Lewy bodies.

5) Parkinson's disease
- As Parkinson's disease progresses, it often results in a progressive dementia similar to dementia with Lewy bodies or Alzheimer's.
- **Symptoms:** Problems with movement are a common symptom early in the disease. If dementia develops, symptoms are often similar to dementia with Lewy bodies.
- **Brain changes**: Alpha-synuclein clumps are likely to begin in an area deep in the brain called the substantia nigra. These clumps are thought to cause degeneration of the nerve cells that produce dopamine.

6) Frontotemporal dementia
- Includes dementias such as behavioral variant FTD (bvFTD), primary progressive aphasia, Pick's disease and progressive supranuclear palsy.
- **Symptoms**: Typical symptoms include changes in personality and behavior and difficulty with language. Nerve cells in the front and side regions of the brain are especially affected.
- **Brain changes**: No distinguishing microscopic abnormality is linked to all cases. People with FTD generally develop symptoms at a younger age (at about age 60) and survive for fewer years than those with Alzheimer's.

7) Creutzfeldt-Jakob disease
- CJD is the most common human form of a group of rare, fatal brain disorders affecting people and certain other mammals. Variant CJD ("mad cow disease") occurs in cattle, and has been transmitted to people under certain circumstances.
- **Symptoms**: Rapidly fatal disorder that impairs memory and coordination and causes behavior changes.
- **Brain changes**: Results from misfolded prion protein that causes a 'domino effect' in which prion protein throughout the brain misfolds and thus malfunctions.

8) Normal pressure hydrocephalus
- **Symptoms**: Symptoms include difficulty walking, memory loss and inability to control urination.
- **Brain changes**: Caused by the buildup of fluid in the brain. Can sometimes be corrected with surgical installation of a shunt in the brain to drain excess fluid.

9) Huntington's Disease
- Huntington's disease is a progressive brain disorder caused by a single defective gene on chromosome 4.
- **Symptoms**: Include abnormal involuntary movements, a severe decline in thinking and reasoning skills, and irritability, depression and other mood changes.
- **Brain changes**: The gene defect causes abnormalities in a brain protein that, over time, lead to worsening symptoms.

10) Wernicke-Korsakoff Syndrome
- Korsakoff syndrome is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). The most common cause is alcohol misuse.
- **Symptoms**: Memory problems may be strikingly severe while other thinking and social skills seem relatively unaffected.
- **Brain changes**: Thiamine helps brain cells produce energy from sugar. When thiamine levels fall too low, brain cells cannot generate enough energy to function properly.

**Western Medicine Disease Names**:  
1. Alzheimer's disease (ICD Codes: 290.13)  
2. Vascular dementia (ICD Codes: 290.40)

**TCM Patterns (Pattern/Syndrome Differentiation)**:  
1. Idiocy disease (呆病, Dāi Bìng) – Degenerative dementia  
   [Note] Degenerative dementia (Alzheimer dementia) is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

2. Manic-Depressive Disorder (癲狂證)  
   [Note] Vascular dementia is a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving brain cells of vital oxygen and nutrients.
TCM Patterns (Pattern/Syndrome Differentiation):

A. Identification of depressive and manic psychosis:
- **Dian:** With yin predominating, depressive psychosis presents clinically with depression, apathy, incoherent speech, dementia, quiet and non-violent behavior.
- **Kuang:** With yang predominating, manic psychosis manifests with mental and behavioral hyperactivity; shouting, hostility and agitation, and violent behavior might also be apparent.
  
  [Note]
  - Degenerative dementia (Alzheimer dementia) is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.
  - Vascular dementia is a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving brain cells of vital oxygen and nutrients

B. Differential diagnosis of manic-depressive psychosis and epilepsy:
- Manic-depressive psychosis is categorized as a psychological disorder. Epilepsy is a recurrent paroxysmal neurological disorder characterized by sudden, brief episodes of altered consciousness, motor activity or sensory perception. The symptoms of epilepsy are not evident during periods of remission.

Table 3.

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<th>Basic Patterns</th>
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<tr>
<td><strong>Depressive psychosis (dian):</strong></td>
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<tr>
<td>• Stagnated qi combining with phlegm</td>
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<td>• Heart and spleen deficiency</td>
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<td><strong>Manic psychosis (kuang):</strong></td>
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<td>• Phlegm-fire disturbing the heart</td>
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<td>• Excessive fire injuring the yin</td>
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[P] Treatment

**Differentiation and Treatment:**

Treatment principle:
- Manic psychosis: Sedate the heart, resolve phlegm, clear liver fire or nourish the yin and calm the spirit.
- Depressive psychosis: Soothe liver qi, resolve phlegm, open the orifices or nourish the heart and calm the spirit.

Table 4. Differentiation of Dian and Kaung
<table>
<thead>
<tr>
<th>Condition</th>
<th>Symptoms</th>
<th>Treatment</th>
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</table>
| **Stagnated qi combining with phlegm**        | Depression, apathetic expression, incoherent speech, subdued and non-violent behavior, suspicion, anxiety and mood swings.  
• S: Talking to oneself and no appetite.  
• T: Pale tongue with white greasy coating.  
• P: Wiry and slippery.  
Regulate the qi, release constraint, resolve phlegm and open the orifices.  
Xiao Yao San and Di Tan Tang  
• Chai Hu soothes the liver and releases constrained qi.  
• Dang Cui and Bai Shao nourish the blood, preserve the yin, and comfort and soften the liver.  
• Ban Xia and Ju Hong dry dampness and transform phlegm.  
• Dan Nan Xing, Zhu Ru and Zhi Shi resolve phlegm and descend the qi.  
• Shi Chang Pu transforms phlegm and opens the orifice.  
Phlegm misting the heart’s orifice with white greasy tongue coating, use Su He Xiang Wan first to open the orifices via its aromatic effect. |                                                                 |
| **Heart and spleen deficiency**               | Protracted course with disturbed thoughts, incoherent speech, depression, crying spells, and panic attacks with palpitations.  
• S: Pale complexion, fatigue, lassitude, dream-disturbed sleep, loss of appetite and loose stool.  
• T: Pale, flabby tongue with teeth marks and thin white coating.  
• P: Thready, weak and forceless.  
Strengthen the spleen, nourish the heart, benefit the qi and calm the spirit.  
Yang Xin Tang  
• Ren Shen greatly tonifies basal qi.  
• Huang Qi, Fu Ling and Can Cao benefit the qi and strengthen the spleen.  
• Dang Cui and Chuan Xiong nourish and invigorate the blood.  
• Suan Zao Ren and Bai Zi Ren nourish heart blood to calm the spirit.  
• Wu Wei Zi and Yuan Zhi augment heart qi and quiet the heart to calm the spirit.  
To enhance the effects of nourishing the heart and calming the spirit. + Can Mai Do Zoo Tang |                                                                 |
| **Manic psychosis (Kuang)**                  | Acute onset, rapid flushing of the face and eyes, manic and aggressive behavior, inability to sleep or eat.  
• S: Irritability, agitation, insomnia and distending headache before onset, dry mouth and throat, preference for cold drinks, and constipation.  
• T: Deep red with yellow greasy coating.  
• P: Wiry, rapid and slippery.  
Purge fire, eliminate phlegm, sedate the irritated heart and tranquilize the mind.  
Xie Xin Tang and Meng Shi Cun Tan Wan  
• Huang Lian and Huang Qin, bitter and cold, clear and drain fire from the heart and upper burner.  
• Da Huang drains fire, clears heat and relieves toxicity.  
• Meng Shi Gun Tan Wan strongly and aggressively eliminates phlegm and purges fire. It is the primary formula for phlegm-fire disturbing the heart.  
Heat trapped in the yang-brightness stage with constipation, dry yellow tongue coating, use Da Cheng Qi Tang first. |                                                                 |
| **Excessive fire injuring the yin**           | Following excessive fire or protracted manic psychosis, with emotional instability, nervousness, impatience, insomnia, anxiety, and panic attacks with palpitations.  
• S: Five-centers heat, emaciation, and scanty and dark urination.  
• T: Red tongue with scanty or no coating.  
• P: Thready and rapid; or wiry, thread and rapid.  
Nourish the yin, eliminate fire and calm the spirit. |                                                                 |
**Acupuncture Point:**

Table 5.

<table>
<thead>
<tr>
<th>Manipulation</th>
<th>Even method</th>
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<tbody>
<tr>
<td>Depressive psychosis</td>
<td>BL 15 Xinshu (calm heart &amp; spirit, regulate blood &amp; qi, clear heat) BL 18 Ganshu (benefit liver &amp; gall bladder, cool damp heat, move stagnant qi, benefit eyes) BL 20 Pishu (regulate spleen-qi and assist its transportation, eliminate dampness, harmonize blood and nourish qi) HT 7 Shenmen (calm the spirit, regulate heart qi, clear heart fire, deficient heat, and phlegm-fire, calm the mind) ST 40 Fenglong (transform phlegm and dampness, calm the spirit) PC 7 Daling (clear heart and calm the spirit, harmonize stomach, expand the chest)</td>
</tr>
<tr>
<td>Prescriptions</td>
<td></td>
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<tr>
<td>Manic psychosis</td>
<td>PC 8 Laogong (cool heart and drain heat, calm the mind) GV 26 Renzhong (clear the senses, cool heat, calm the spirit, benefit lumbar spine) GV I4 Dazhui (relieve exterior and open the yang, clear the brain and calm the spirit, regulate ying &amp; wei qi, tonify yang, clear heat) GV I6 Fengfu (eliminate wind, clear the mind, benefit the brain) PC 6 Neiguan (calm heart &amp; spirit, regulate qi, suppress pain, harmonize stomach, open chest, regulate &amp; clear the Sanjiao) ST 40 Fenglong (transform phlegm and dampness, calm the spirit) KI 4 Dazhong (strengthen the back, lift the spirit)</td>
</tr>
<tr>
<td>Prescriptions</td>
<td></td>
</tr>
</tbody>
</table>

**In case of my patient:**
- The number of times: 7.
- Acupuncture points:
  - LI 4 (disperse wind, relieve exterior, suppress pain, clear the meridian, tonify qi and consolidate, exterior, harmonize ascending and descending)
  - LV 3 (pacify LV, regulate blood, open the meridian, subdue LV-yang, subdue interior wind, calm the mind, calm spasms)
  - BL 15 (calm HT and the spirit, regulate blood and qi, clear heat)
  - BL 18 (benefit LV and GB, cool damp heat, move stagnant qi, benefit eyes)
  - BL 20 (regulate SP qi and assist its transportation, eliminate dampness, harmonize blood and nourish qi)
  - PC 7 (clear HT and calm the spirit, harmonize ST, expand the chest)
  - HT 7 (calm the spirit, pacify HT, clear the meridians, nourish HT-blood, open the orifices)
• ST 40 (transform phlegm and dampness, calm the spirit)
• DU 20 (clear senses, calm spirit, extinguish LV-wind, stabilize ascending yang, strengthen SP’s ascending qi, tonify yang)
• Si Sheng Cong (subdue interior wind)
• SP 6 (strengthen SP and transform dampness, spread LV-qi and benefit KD, nourish blood and yin, benefit urination, regulate uterus and menstruation, move blood and eliminate stasis, cool blood, stop pain, calm the mind)
• GB 39 (benefit essence, nourish marrow, eliminate wind)
- Herb: No prescription. Her husband wanted only acupuncture treatment.
- Result: N/A because the period and the number of times are all so small.

**Recommendations/Nursing/Lifestyle Advice**

- It is obligatory to protect a person with dementia from seriously harmful consequences, and it is equally obligatory to respect his or her competent decisions. Neither law nor ethics allow interference with a competent person’s choices.
- In general, respect for the autonomy, freedom and choice of the person with Alzheimer’s disease or a related dementia, to the extent possible, is ethically important and the appropriate alternative to unnecessary coercion.
- People with dementia should be allowed to exercise their remaining capacities for choice, consistent with their cultural expectations. Denying this free exercise challenges their independence and dignity.

**Remarks:**

Food Safety

- Ensure that basic food safety precautions are taken and that persons with dementia do not have access to foods that are harmful or not properly stored.
- Increase color contrast between food and plate, and plate and table to promote eating.

**References:**

5) Anshen Shi, 2003, Essentials Chinese Medicine Internal Medicine, Bridge Publishing Group, Walnut, USA, pp. 157-162.
29.)