



Review Article

DEMENTIA: REVIEW OF ITS UNDERSTANDING AND MANAGEMENT IN AYURVEDA

Piyush Verma^{1*}, Raghvendra Kaushik², Umar Khan³, Abhay Pandey⁴

¹Associate Professor, Department of Rachana Sharir, SRS Ayurvedic Medical College & Hospital, Agra (U.P.)

²Associate Professor, Department of Agad Tantra, Faculty of Ayurveda, Doon Institute of Medical Sciences, Dehradun (Uttarakhand).

³Assistant Professor, Department of Rachana Sharir, Saharanpur Ayurved Medical College, Saharanpur (U.P.).

⁴Assistant Professor, Department of Samhita Siddhant, Dronacharya Ayurvedic Educational Institute & Hospital, Saharanpur (U.P.), India.

Article info

Article History:

Received: 08-02-2026

Accepted: 16-03-2026

Published: 06-05-2026

KEYWORDS:

Alzheimer's Disease, Dementia, *Smritibuddhihrras*.

ABSTRACT

Dementia is a chronic progressive neurodegenerative brain disorder where there is impairment of several higher functions like memory, comprehension, thinking, learning, calculation, judgement, and language etc. The complex progressive process of neurodegeneration due to various risk factors like diabetes, cardiovascular disorders, genetic factors and oxidative stress etc leads to dementia. Dementia has been related to *Smritibuddhihrras* by Ayurvedic scholars and this is a disease of *Manovaha srotas*. There is a strong concept for management for this type of diseases in Ayurveda. The pharmacological and non-pharmacological therapies mentioned in Ayurvedic literatures and the good dietary and lifestyle measures can prove a turning point in management of these neurodegenerative diseases and dementia.

INTRODUCTION

Dementia is a chronic progressive neurodegenerative brain disorder where there is impairment of several higher functions like memory, comprehension, thinking, learning, calculation, judgement, and language etc. It has been characterized as a syndrome by the ICD-10 Classification of Mental and Behavioural Disorders (World Health Organization (WHO) 1992).^[1]

Dementia has been re-described by The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as a major neurocognitive disorder which has many causative subtypes and varying degrees of severity.^[2]

Epidemiology

WHO data shows that approximately worldwide 50 million people have dementia and 10 million are diagnosed every year.^[3]

It was estimated that in 2020, 5.3 million Indians who aged >60 years had dementia by the 'Dementia in India' report. By 2050 this number is projected to exceed 14 million.^[4] The increase in average lifespan and increase in prevalence of non-communicable diseases like cardiovascular diseases, diabetes and other metabolic disorders are increasing the disease burden in society.^[5,6] Women are at greater risk of dementia than men, 65% of people living with dementia are women and 35% are men.^[7]

Types & Pathophysiology of Dementia

The complex progressive process of neurodegeneration due to various risk factors like diabetes, cardiovascular disorders, genetic factors and oxidative stress etc leads to dementia.

Alzheimer's disease is known to be the commonest cause of dementia where insoluble 'plaques' of a fibrous protein called amyloid and twisted fibres called 'neurofibrillary tangles' are abnormally deposited in the brain.^[8] This causes damage to brain cells and deficiency of neurotransmitter acetylcholine. These results in deterioration of normal functioning of brain.^[9] In this memory loss and word finding difficulties most commonly occur.

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i2.2572>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

The second most common form of dementia is the vascular dementia in which neuronal dysfunction and brain cell damage occurs as the result of arterial diseases. These arterial diseases effects mostly the fine microvasculature of the brain. Cardiovascular diseases, hyperlipidaemia, and diabetes like metabolic defects are mostly responsible for this. Smoking and obesity are high risk factors for almost all types of dementia. Small vessel diseases causing stroke can also be followed by vascular dementia.^[10]

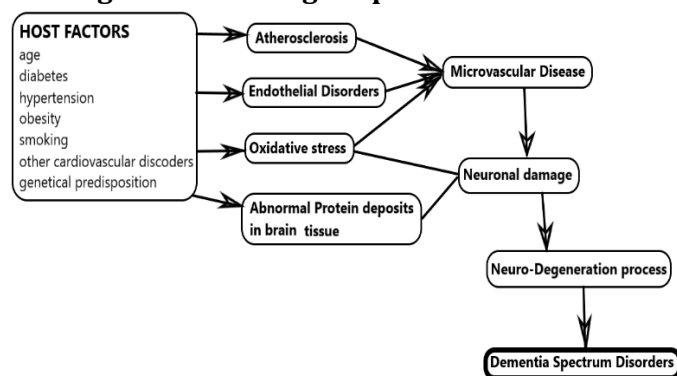
The third most common form of dementia is dementia with Lewy bodies which is mostly associated with Alzheimer’s and Parkinson’s disease. Here Lewy bodies (small aggregations of alpha-synuclein protein) are deposited in various areas of the brain. Its clinical features may vary from memory loss and disorientation as in Alzheimer’s disease to trembling

limbs and reduced facial expressions as in Parkinson’s disease. Visual hallucinations and disturbed consciousness level with recurrent fall are characteristic of this type.^[11]

Some other less common causes of dementia are- Frontotemporal dementia (consisting of mostly behavioural changes and primary progressive aphasia) and mixed dementia. Rare causes which include Huntington Disease (autosomal dominant inherited), cortico-basal degeneration (dementia with movements difficulties due to shrinking of brain), Creutzfeldt-Jakob disease (caused by infectious protein particles in the brain called prions), multiple sclerosis, normal pressure hydrocephalous, and human immunodeficiency virus related dementia.

We can summarize pathological process of dementia as follows- (Figure 1)

Figure 1: Pathological process of Dementia

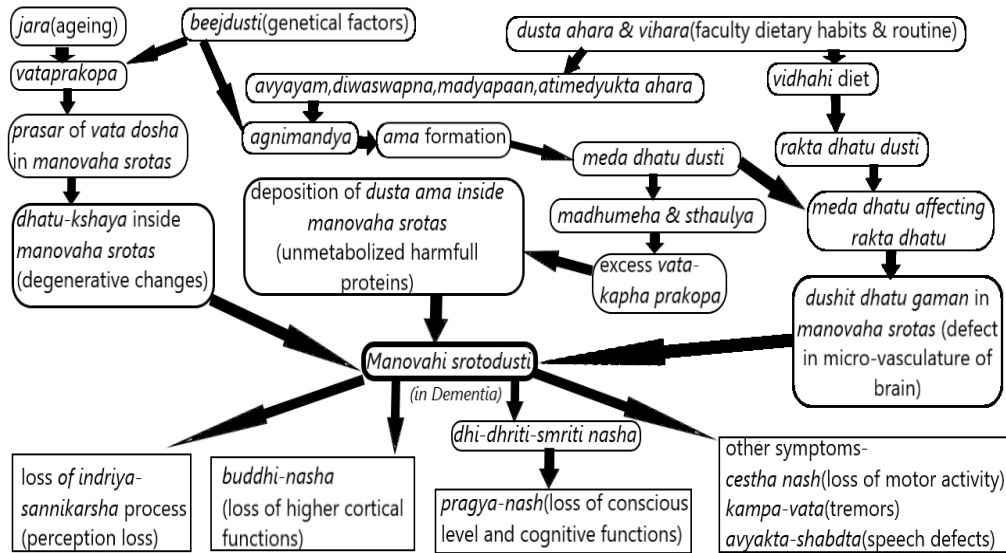


Dementia in Ayurveda

Dementia has been related to *Smritibuddhihras* by Ayurveda scholars and this is a disease of *Manovaha srotas*.^[12] *Smriti* is *Anubhavjanya gyan* that is acquired knowledge and *Buddhi* is *Nishchayatmaka* knowledge that is higher cortical functions of brain. In Ayurveda *Indriyas* and *Manah* are said to be formed from *Buddhi*. *Indriyas* are the sensory centres of perception in brain (*Mastishk*) which work in collaboration with *Indriya Adhishtan* (sense organs) *Indriyaarth* (subject of perception), *Manah* (higher centre controlling the *Indriyas/* sensory centre) and *Atma* (divine soul). After these all work in a path there is development of *Gyan* or *Uhya* (perception). This *Uhya* is responsible for *Dhi* (consciousness). According to this perception the organism is bound to do activity by motor pathway which shows its activity through *Karmendriyas*. *Jara* is the natural ageing condition where there is predominance of *Vata Dosha*. Although *Vata Dosha* has been related to neuronal commanding activity of aur

body but excess vitiated *Vata Dosha* results in faulty neuronal or sensory-motor activity. The vitiated *Doshas* by either *Jara* (ageing) or by dietary factors or *Beejdusti* (genetic factors) starts neuronal damage and degenerative process. Due to these degenerative processes inside brain the normal cognitive functions, memory and other activities get disturbed. Also, there is progressive lack of *Buddhi* (synchronized higher cortical functions). Due to this the patient presents in various forms of illness like lack of memory with difficulty in controlling postures, abnormal gait, aphasia etc. There is abnormal *Ceshta* (involuntary movements either localized or generalized) and the *Dhi* (consciousness level) and *Dhriti* (decision making determination or command taking ability gets disturbed. Due to this patient gets in state of confusion sometimes. Involvement of other *Doshas* namely *Pitta* and *Kapha* makes patient in state of *Bhrama* (delirium and hallucinations). (Figure 2)

Figure 2: Pathophysiological concept of Dementia in Ayurveda



Holistic Approach towards Dementia (Smritibuddhihrras in Ayurveda)

The first principle in Ayurveda by Acharya Charak is *Swasthasya Swasth Rakshanam* that is prevention of health of healthy individuals. So as the prevalence of dementia or *Smritibuddhihrras* is growing, our health policy should focus firstly on prevention of disease development in the society by reducing risk factors like alcohol, smoking etc and administering a concept of healthy lifestyle and dietary patterns in the society. The elderly individuals should be screened for any of the risk factors and development of symptoms of dementia. The population with risk factors and symptoms of dementia should be taken care of specially.

The science of Ayurveda believes in the *Samyavastha* (proper balance) of *Dosha*, *Dhatu*s and *Malas* which gets *Vikrit* (defected) in disease process. Thus, after removing the causative factors of dementia (*Nidan Parivarjan*) the patients should receive the pharmacological and non-pharmacological therapies for reducing the progression and making the *Doshas-Dhatu*s-*Malas* to normal form.

Pharmacological Therapies

- 1. Dravyabhoot Chikitsa-** Some drugs in Ayurveda like *Aswagandha* (*Withania somnifera*), *Vacha* (*Acorus calamus*), *Guggul* (*Commiphora mukul*) and *Medhya* drugs like *Brahmi* (*Bacopa monnieri*), *Sankhapushpi* (*Convolvulus pluricaulis*), *Mandukparni* (*Centella asiatica*) etc are being used from ages in disorders of *Manovaha Srotas*. These drugs either single or in combination should be used in patients and data should be recorded for future purposes.^[13]
- 2. Ghrita** has been said as *Vata shamak* or agent which normalize vitiated *Vata*. Certain medicated *Ghritas*

as *Brahmi Ghrita*, *Kalyanak Ghrita*, *Mahakalyanak Ghrita* has said to be having role in mental illness.

- 3. Use of Rasayana-** *Rasayan*s in Ayurveda are the compounds which act on body to strengthen the *Dhatu*s as whole. These *Rasayan*s are described in *Charak Samhita Chikitsa Sthan* and are being used since long time by the *Rishis* (classical scholars) as rejuvenating elements for body. In dementia there is neurodegeneration as can be related to *Dhatu Kshaya* (loss or degeneration of tissues) in Ayurveda. *Rasayan*s are ideal concept to treat the losing *Dhatu*.
- 4. Panchkarma-** The role of *Panchkarma* is vast. These purification and therapeutic techniques described in Ayurveda are used to treat a vast variety of illness. Here *Basti Karma* is believed to be the best for treating vitiated *Vata Dosha*. *Basti* along with *Swedana* and *Snehana* act on various *Vata* disorders. Apart from classical *Panchkarma* processes there are other techniques of *Panchkarma* which emerged in south India like *Shirodhara* etc which are used frequently in stress related disorders of mental illness. It is scientifically proven that reducing stress reduces the oxidative harm to the body tissues.
- 5. Ras-Aushadhis or herbo-mineral compounds** in Ayurvedic system of medicine is also a promising way to approach towards mental illness. In dementia various *Ras-Aushadhis* are being used since long time like *Smritisagar Ras*, *Kastooribhairav Ras*, etc and formulations of *Swarna Bhasma*, *Swarnamakshik Bhasma*, *Abhrak Bhasma*, *Tamra Bhasma* has been said to have good activities against mental illness in Ayurveda. Although lack of large randomized controlled trails and documentations are making its acceptance in scientific society a problem.

Non-pharmacological therapies

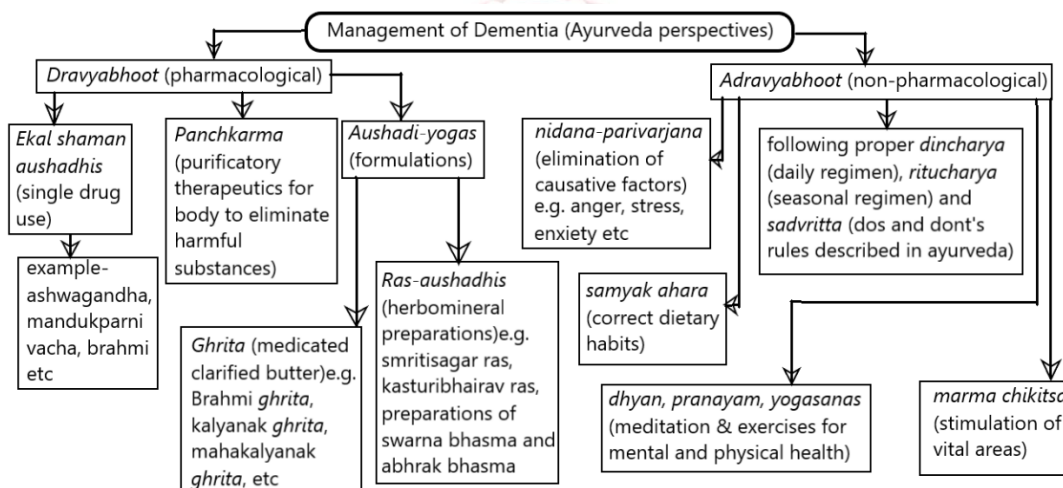
- 1. Ayurvedic concept of Ahara and Vihar-** The great concept of *Ahara-Vihar* in Ayurveda according to the *Prakriti* is the key to health. Ayurveda has been designed as a science for individual. Every individual should plan his dietary habits according to his or her *Prakriti* (nature), *Agni* (digestive power), *Desh* (geographical area where the person is residing), *Kaal* (time) and *Saatmya* (day today traditional dietary practices). Healthy *Vihar* or habits can be improved by following the concept of *Dincharya* (habits in day today life) and *Ritucharya* (habits in particular season) in Ayurveda. This planned and ideal dietary and living habits can prove as protective from disease occurrence and in slowing the progression of dementia.
- 2. Pranayama and yoga-** Pranayama is the process in yogic science where a person practices to control its *Pran* (life process) by commanding the *Vayu* or *Vata Dosha*. *Vata dosha* has been called as most prominent *Dosha* among the three *Doshas* and it controls the other two *Doshas*. *Vata Dosha* is also

said to be prominent in the elderly persons and cause the *Vata* related diseases in which dementia is one of them. Thus, controlling *Vata Dosha* can slow the process of disease progression. So, *Pranayama* can be very helpful for persons of mental illness including dementia. Besides *Pranayama* several other yogic techniques guide us to live a healthy life style. These should be regularly practiced.

- 3. Marma therapy-** This area of Ayurvedic system of medicine delas with the stimulation of vital parts of body in a controlled way to improve the physiological functions. *Marma* therapy is being practiced in various type of diseases to treat and improve the symptoms. *Marma* therapy has been found benefitting in stroke patients and with cardiovascular diseases like hypertension which are a great risk factors in developing dementia.^[14,15]

Thus the role of *Marma* therapy in geriatric patients' like of dementia should be explored. These therapies can prove significantly important in rehabilitative process of patients with dementia. (Figure 3)

Figure 3: Management of Dementia in Ayurveda



The purpose of this review study was to enlighten the concepts of dementia in Ayurveda. The primary outcome of this study showed that dementia can be well correlated to *Smritibhddhihrras* in Ayurveda. The various pathophysiological mechanisms causing the dementia can be well explained in terms of concepts given in Ayurveda. The secondary outcome of this study showed that Ayurveda can provide a systematic holistic approach towards management of dementia through its wide therapeutics. The strength of this study is that none such review study is done in past to correlate thoroughly the pathophysiological concepts of *Smritibuddhihrras* or dementia in Ayurveda with the modern concepts. The limitation of this study is that this is a review study and it needs be evaluated further with clinical trials to strengthen its concepts. This study can provide a guiding path to

work further in the direction of holistic approach of Ayurveda towards management of dementia, which is becoming a serious concern in today's elderly population.

CONCLUSION

As the mortality rate in the world is reducing, there is increase in the elderly geriatric population. With the increase in elderly population there is prominent increase in incidence of diseases of elderly population like dementia, Alzheimer's disease, etc. Currently in modern system of medicine also there is no definite cure or management of dementia. Only rehabilitative processes and some pharmacological therapies are being practiced and are not enough and certainly are not proving useful in a large population of dementia. There is a strong concept for management for this type of diseases in Ayurveda. The

pharmacological and non-pharmacological therapies mentioned in Ayurvedic literatures and the good dietary and lifestyle measures can prove a turning point in management of these neurodegenerative diseases and dementia. This holistic management view of ayurveda can surely benefit a large population on low effective cost.

REFERENCES

1. Denning T, Sandilyan MB. Dementia: definitions and types. *Nurs Stand*. 2015; 29(37): 37-42.
2. Dementia <https://en.wikipedia.org/wiki/Dementia>
3. World Health Organization. Dementia (WHO, 2021). Provides basic facts on dementia, including prevalence, symptoms, forms, treatment and impact.
4. Kumar, C. T. S., Shaji, K. S., Varghese, M. & Nair, M. K.C. (eds) Dementia in India 2020 (Alzheimer's and Related Disorders Society of India, 2019)
5. Hunter, D. J. & Reddy, K. S. Noncommunicable diseases. *N. Engl. J. Med.* 369, 1336-1343 (2013)
6. India State-Level Disease Burden Initiative Collaborators. Nations within a nation: variations in epidemiological transition across the states of India, 1990-2016 in the Global Burden of Disease Study. *Lancet* 390, 2437-2460 (2017).
7. Mathew R, Davies N, Manthorpe J, Iliffe S. Making decisions at the end of life when caring for a person with dementia: a literature review to explore the potential use of heuristics in difficult decision-making. *BMJ Open*. 2016 Jul; 6(7): e010416
8. Attems J, Jellinger K. Neuropathological Correlates of Cerebral Multimorbidity. *CAR*. 2013 Jul 1; 10(6): 569-77.
9. Piggott, Margaret Ann, 'Neurochemical pathology of dementia', in Tom Denning, and Alan Thomas (eds), *Oxford Textbook of Old Age Psychiatry*, 2 edn, Oxford Textbooks in Psychiatry (Oxford, 2013; online edn, Oxford Academic, 1 Oct. 2013):107-122
10. Attems J, Jellinger K. Neuropathological Correlates of Cerebral Multimorbidity. *CAR*. 2013 Jul 1; 10(6): 569-77.
11. McKeith IG, Dickson DW, Lowe J, Emre M, O'Brien JT, Feldman H, et al. Diagnosis and management of dementia with Lewy bodies: Third report of the DLB consortium. *Neurology*. 2005 Dec 27; 65(12): 1863-72
12. Tiwari R, Tripathi J. A critical appraisal of dementia with special reference to Smritibuddhihrass. *Ayu*. 2013; 34(3): 235
13. Farooqui, Akhlaq A., Farooqui, Tahira, Madan, Anil, Ong, Jolin Hwee-Jing, Ong, Wei-Yi, *Ayurvedic Medicine for the Treatment of Dementia: Mechanistic Aspects, Evidence-Based Complementary and Alternative Medicine*, 2018, 2481076, 11 pages, 2018. <https://doi.org/10.1155/2018/2481076>
14. Fox M, Dickens A, Greaves C, Dixon M, James M. Marma therapy for stroke rehabilitation - A pilot study. *J Rehabil Med*. 2006; 38(4): 268-71.
15. Gautam AS, Verma P, Kumar Pathak A. Blood pressure normalizing effect of Talahridaya marma therapy: A case report. *J Ayurveda Integr Med [Internet]*. 2021; 12(3): 553-5. Available from: <https://doi.org/10.1016/j.jaim.2021.05>.

Cite this article as:

Piyush Verma, Raghvendra Kaushik, Umar Khan, Abhay Pandey. Dementia: Review of its Understanding and Management in Ayurveda. *AYUSHDHARA*, 2026;13(2):375-379.

<https://doi.org/10.47070/ayushdhara.v13i2.2572>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Piyush Verma

Associate Professor,
Department of Rachana Sharir,
SRS Ayurvedic Medical College &
Hospital, Agra (U.P.), India.
Email: drpiyush623@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.