



Natural medicine
approaches for
cognitive decline



Maintain **Brain Health** *as You Age*

by AMY ROTHENBERG, ND

When Lisa first came to see me, she struck me as lively and engaging. At 60, she seemed quite on the ball and articulate. She did not search for her words or space out, she did not answer irrelevantly or oddly. Yet she had been diagnosed with mild cognitive decline. With her husband by her side, her MRI and neurologist reports in hand, she had come to see if I might be able to help slow the progression of her disease.

Lisa explained that she was profoundly aware of how her steady decline over the past four years was limiting her. She could no longer multi-task. She often forgot what she was supposed to be doing. She came into a room many times during the day and could not recall why she was there. She also had a shorter fuse, was more irritable with the people around her, and had less desire to spend time with her close group of friends and family. In general, Lisa felt like her energy was waning, and she just felt less engaged with life.

Her own mother had died of dementia some years before, and she recalled watching that process unfold with a kind of horror. Her biggest fears were not being able to do everything she wanted to do and being a burden to her family.

When memory begins to slip ...

Cognitive decline is a term that describes a decrease in mental capabilities—mainly in the areas of the brain that govern memory, language, problem solving, planning, and the capacity for appropriate judgment. These deficits are typically noticeable to the patient and their loved ones but may not be bad enough to severely disrupt activities of daily living. While cognitive decline is often age-related and runs in families, it can also result from a brain injury or any illness, deficiency, or medication that affects the brain. Of course, in many cases, no discernable reason can be found. For some individuals, the decline is precipitous, for others, it is gradual.

Cognitive decline is often progressive, eventually leading to dementia—but not

always. Dementia is an umbrella term describing a more advanced cognitive decline, when a person's deficits are so severe that they clearly interfere with daily life. Alzheimer's disease is the most common reason for dementia. The brains of people with Alzheimer's contain excessive amyloid plaques and neurofibrillary tangles, which accumulate and affect the brain's ability to function.

Cognitive decline and dementia are becoming increasingly common as the baby boomer generation ages. More than five million people in the U.S. have Alzheimer's. By 2050, that number will grow to 14 million. In my view and experience, homeopathic remedies along with other natural medicines are well poised to help and support both dementia patients and those who care for them.

Boost your brain health

There is much research on the prevention of cognitive decline. Experts suggest that perhaps one-third of dementia diagnoses worldwide might be sidestepped with better overall health care and intentional reduction of common risk factors. Besides genetics and age, the most common predisposing ailments are heart disease, diabetes, stroke, depression, and unmitigated stress. Simply put, addressing chronic illnesses and making healthier lifestyle choices help reduce the risk of developing cognitive decline and dementia.

If lifestyle, environmental, and genetic factors are the three most contributing causes, *remember that the first two are modifiable*. So, if you have dementia in your family, or you simply want to keep your brain in top shape, take good notes here. And consider working with a licensed naturopathic doctor or someone else trained to help you modify and reduce known risk factors and add the lifestyle habits and habits of mind that are known to be protective.

- **Stay in shape.** Getting regular exercise is one important part of preventing or slowing cognitive decline. Maintaining normal weight, especially later in life, is also associated with lower risk.
- **Monitor diet and blood sugar levels.** Doing what you can to decrease

overall inflammation and keep your blood sugar levels in a good range is also relevant. To keep inflammation at bay, be sure to eat plenty of colorful fresh vegetables and fruits; also include beans and nuts, whole grains, cold-water fish, and fresh herbs and spices in your diet. Choose whole, unprocessed foods over sugary, processed ones.

- **Consider natural medicines.** The botanical medicines Resveratrol, Bacopa monnieri, and Curcumin longa have all been shown to help with brain health. Likewise, research shows that very low doses of the mineral lithium in the range of 1 to 2 mg per day can be helpful.
- **Sleep well.** Poor or insufficient sleep is another common risk factor for developing dementia. Naturopathic doctors and homeopaths know how to help people sleep. We find the right remedy for the whole person at that moment in time—which also helps their sleep. This is certainly preferable to conventional sleep medications, since research shows that many of them, such as Ambien and Lunesta, actually contribute to a person's risk of developing dementia. Also linked to increased risk of dementia are the benzodiazepenes, such as Ativan, Valium, and Xanax, often taken for insomnia or anxiety. Risks appear to increase relative to the frequency and length of use.
- **Limit drug use.** Insomnia drugs are not the only pharmaceuticals linked to increased dementia risk, however. One of the top ten most prescribed classes of drugs—proton pump inhibitors used for heartburn or GERD, such as Prilosec, Prevacid, and Nexium—has been linked to increased dementia risk. Numerous other drugs have also been implicated, including commonly used Benadryl, Advil PM, and Dramamine. Again, it's the more frequent and long-term use that seems to correlate with increased risk of neurodegeneration.



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- **Stay social, stay sharp.** One of the most important pieces of advice I give my patients with cognitive decline and their loved ones is about the essential role of family and friends coming round and spending time together, and finding social things to do that are typical or preferably new. Some research has shown that learning to dance or taking Tai Chi classes provides benefits to dementia sufferers, as we might expect, since these activities cover both the exercise and social components, while also engaging the brain in learning something new. Being part of a larger social fabric helps with both preventing and slowing cognitive decline. We know that cognitive fitness and brain-training exercises can help, too!

- **Now hear this.** Hearing loss is another modifiable risk factor for dementia. According to one study, cognitive decline developed 30% to 40% faster in people with mild hearing loss. Being tested and then consistently wearing aids, when indicated, improves social interaction and may well have the capacity to slow cognitive decline to some degree. And recall, people are more at risk for hearing loss if they smoke or have diabetes or heart disease. Addressing these issues early and consistently helps to prevent cognitive decline.

- **Find the root cause.** Please remember that memory loss and cognitive decline may be caused by other disease processes or by drug side effects. That means the decline may be at least somewhat reversible if such causation is found and addressed. Attaining an accurate diagnosis, as in all of medicine, is central to commencing any appropriate treatment.

Freewheeling and fun

What struck me most about Lisa was her cheerful demeanor, her leaning in to share a thought, her easy laugh. She took up ample space in my consultation room, draping her coat on my exam table, plopping her purse on my desk; at one point



she took off her shoes and crossed her legs on the chair. She spoke freely about everything, from her relationship and sex life to garden variety issues her grown children had. She held forth about the state of politics and a recent TV series she enjoyed.

The more we talked, however, the more I saw the loose strands of her ideas heading in one direction and, like a leaf blowing in the wind, trailing off and away. It was not terrible and not every idea, yet noted. But Lisa's spirits were high, and she would simply say, "I am **so** sorry, where were we?" and then pick up from where she left off.

In all, Lisa was just a fun person to be around. This sort of kinesthetic experience of a patient does not lead me to prescribe any specific remedy, but it helps me rule some out. I knew immediately that she did not need a remedy most often associated with withdrawal or depression, such as *Aurum metallicum* or *Phosphoric acid*, or a remedy more commonly indicated for people who are introverted and shy, say, *Silica* or *Natrum muriaticum*, or a remedy for people who tend to be slow and absent-minded, such as *Bufo* or *Helleborus*.

Challenges and rewards

Lisa told me she'd had a tough upbringing with alcoholic parents who were not around much. She felt she had raised herself. She married young, a man she still likes well enough, and they built a life together. She enjoyed being a mother to three sons, and when the kids were young, she'd had a lot of energy to do all kinds of things with the family, from cooking to camping to having gatherings of friends at their home.

Lisa had loved her work teaching at the high school level. She liked the challenges she found there, the camaraderie with colleagues, and the rewards of a job well done. As a lifelong caregiver and teacher, Lisa amassed a community of colleagues, family members, acquaintances, and friends, which now gave her a tremendous feeling of support.

Lisa retired a few years early, as her symptoms of cognitive decline began, because she did not feel she could maintain her workload and feared she would make mistakes. This was one of the things that bothered Lisa the most: she hated to think that she could no longer contribute financially or just no longer contribute, period. This was the only time our conversation turned to sadness and the potential for even further loss. Lisa added that she often felt like she had something smart or clever to say, but it came out somehow diminished. "I don't have a command of the language I once did," she said.

General health

Besides the cognitive decline, Lisa tended to have higher blood sugar, which she controlled most of the time through diet. She was not the most disciplined person in the world but not the worst either. Her husband had helped her create all kinds of systems in the house—alarms and notes and clear places where things belong and must be returned to. As Lisa was never a tidy person or much of a housekeeper, the cognitive decline was hitting her hard in that vulnerable spot.

Her digestion was good, with a little tendency for loose stools when she got stressed. She slept well, was not often ill,

and did not complain of allergies or skin issues. She had no problems with her breathing or cardiovascular system.

The road ahead and a remedy

So while Lisa presented herself quite well in my office, with her husband by her side and sharing the realities on the ground, I grew to understand that indeed she was losing ground. We needed, if at all possible, to slow the cognitive decline and support her over the course of the coming years.

I went to work to find an appropriate homeopathic remedy. Right off the bat, I thought she needed one of the remedies most suited to an extroverted, chatty, gregarious person, such as *Lachesis*, *Belladonna*, *Phosphorus*, or *Sulphur*. But I saw none of the agitation or jealousy of *Lachesis*, nor did she have any circulatory problems as those who do well with *Lachesis* often have. She also had very few examples of inflammation, had no headaches, and was not ruddy the way we often see in patients who do well with *Belladonna* constitutionally. Lisa was well-nourished if a bit overweight, with thick features and an overall disheveled appearance, which led me away from *Phosphorus*, since people needing that remedy constitutionally tend to be thin and fine-featured. And she was nearly devoid of anxiety, whereas if she had needed *Phosphorus*, some level of anxiety would have been evident.

Lisa's general presentation—her outgoing nature, her heavier build, her ability to fill the room with her presence, her tendency towards being a little unkempt—made me want to give her *Sulphur*. The fact that she was actually cheerful and remained quite communicative, even with her serious complaint, supported that choice. People needing *Sulphur* constitutionally tend to have a lot of ideas and put other people at ease, as was true for Lisa. Also fitting the *Sulphur* type, Lisa was warm-blooded and full of life!

When I prescribed one dose of *Sulphur* 200c, she said, "That's funny, I'm allergic to sulfa drugs." This is something I often hear in practice, and I see it as a consistently good confirmatory symptom for a prescription of homeopathic *Sulphur*. (I also assured her that the homeopathic remedy *Sulphur* would not cause her the same reaction as sulfa drugs.)

I also made lifestyle and natural medicine recommendations for keeping her blood

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sugar levels in the normal range, similar to the ideas mentioned earlier in this article [under the subhead "Boost your brain health"]. I strongly encouraged her to embrace a regular exercise routine, I prescribed a number of supplements, and I asked her to have her hearing checked.

The right direction

When Lisa returned to see me two months later, she came into my office and gave me a big bear hug. She was very happy to report that she had no idea if her cognitive decline was any better, but she had **so much** energy—what did I give her?

Whenever a patient tells me they have more energy after taking a homeopathic remedy, I see it as a good sign that things are moving in the right direction. I think the person's vital force will take the energy and bring it where it needs to go. By the same token, a patient report like this one also has me holding my own hand—if the person has more energy and their symptoms are a little better (or even just the same), I am not going to give any additional homeopathic remedy doses.

I didn't see Lisa again until the six-month mark (she'd been out of town, I'd been out of town). She marched right in and started chatting me up. She and her husband said that she was the same and was holding her own. Her energy was good, and her cognitive decline symptoms had not gotten any worse. So, in my book, this is actually a good report, as she'd been in a steady decline for several years before she came to me. No change **is** change!

It is now four years since we first met, and Lisa continues to do well, meaning that her cognitive decline is not appreciably worse. I have repeated the dose of *Sulphur* on a few occasions when her cognitive symptoms took a dip, and she has responded well. *Sulphur* also helped when she had acute ailments after traveling out of the country, from diarrhea to a mild urinary tract infection. I also

gave her *Belladonna* once for an acute sinus infection, to good effect.

No change is change

In cases of such serious pathology as cognitive decline, if we can slow the disease progression, as we seem to be doing with Lisa, we are happy. Very happy. Over the years, I have had other patients with cognitive decline who have done well, too, especially using a whole person approach and having a committed support team. On occasion, we have even seen reversal of cognitive decline, but that is typically when we have found a specific cause, such as a medication during cancer care or a head injury. Of course, even when we find such a cause, the decline may not be entirely reversible, as it depends on predisposing health and genetics, length of treatment, intensity of trauma, and so on. Sorry to say, I have also had patients with cognitive decline who have quickly slipped into full-on dementia, where homeopathy does not seem as helpful.

Perhaps Lisa's cognitive decline was the type that was only going to get as bad as it is—we have no way of really knowing—but all her providers are quite happy for her, and they encourage her to continue all the approaches she is using.

I know that I will be seeing more and more people with cognitive decline in the coming years, just studying the demographics. Based on my experience with patients, I believe that homeopathy, in context with other natural medicine, is a very worthwhile approach.

ABOUT THE AUTHOR



Amy Rothenberg, ND, practices in Northampton, Massachusetts, where she spearheaded the effort to license naturopathic physicians (NDs) in the state. She is a founder and principal teacher for the New England School of Homeopathy, www.nesh.com. You can find her writing on *The Huffington Post*, *Elephant Journal*, *Thrive Global*, and *Medium*.