

Alzheimer disease

Background

Alzheimer disease (Alzheimer's disease, AD), the most common cause of dementia, is an acquired cognitive and behavioral impairment of sufficient severity that markedly interferes with social and occupational functioning.

Mortality/Morbidity

In the United States, Alzheimer disease is frequently considered a leading cause of death (sometimes ranked third after cardiovascular disease and cancer).

The primary cause of death is intercurrent illness, such as pneumonia, in a patient who has become severely demented from Alzheimer disease. Patients lose the ability to walk and swallow. Difficulty swallowing may lead to aspiration pneumonia.

Treatment

To date, only symptomatic therapies are available. All approved drugs for the treatment of Alzheimer disease modulate neurotransmitters - either acetylcholine or glutamate. Disease-modifying therapies would delay the onset of disease and/or slow the rate of progression. The standard medical treatment for Alzheimer disease includes cholinesterase inhibitors (ChEIs) and partial *N*-methyl-D-aspartate (NMDA) antagonists.

Psychotropic medications are often used to treat secondary symptoms of Alzheimer disease such as depression, agitation, and sleep disorders. These include antidepressants, anti-epileptic drugs used for their effects on behavior, and neuroleptics. Several studies have examined the efficacy of psychotropic drugs; most have demonstrated no or limited efficacy, but many issues make interpretation of data from these studies difficult.

Case Study

Male subject aged 86 (pictures are not available). Known history of progressive Alzheimer disease for over 8 years. Various symptomatic therapies and psychotropic medications were prescribed to treat secondary symptoms of Alzheimer disease such as depression, agitation, and sleep disorders.

Discussions

We observed his physical condition as follows:

- The patient is strong, can walk, good appetite.
- Mental condition: dementia, cannot remember names, recognize faces, dysgeusia (can mistake and eat soft paper tissue instead of food),
- Loss of control of general functions (urinary and fecal incontinence).
- Slurred speech and language impairment.
- Depression, quickly changed to agitation and aggressive behavior.
- Agitated during eye contact or close physical proximity, etc.

Ψ -TI diagnostics had demonstrated that the disease originated from cerebrocardiovascular accident that occurred after a dramatic incident followed by stress.

Due to the prolonged history of disease and its advanced condition, we attempted to slow down the progressive trend. We had little expectations from this case.

After 2 sessions of Ψ -TC correction the patient changed his pattern of behavior: he slightly relaxed and felt less agitated.

Mild recovery was observed after 5 sessions of Ψ -TC correction.

The patient became more relaxed and began to restore the control over his general functions, which was a great relief for the nurses and the family.

After 2-3 months the patient began to smile and became friendly during eye contact.

Ψ-TC sessions were continued 2-3 times a week for over two years with a slow but steady and positive progress:

The patient became friendly and likes to communicate with other people. Family is satisfied with this results.