

Original Article

Efficacy of Individualized Homoeopathic Medicines with Aided Therapy in Alzheimer's Disease: A Retrospective Observational Study Using ADAS-Cog Scale

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ABSTRACT

Background: Alzheimer's disease (AD) is a progressive neurodegenerative disorder marked by cognitive decline, memory impairment, and functional deterioration. Existing pharmacological therapies provide only modest symptomatic relief and are often associated with adverse effects. Homoeopathy, when combined with structured cognitive-aided therapy, may offer a holistic and patient-centred alternative for improving cognitive outcomes. This study was done to evaluate the efficacy of individualized homoeopathic medicines combined with cognitive-aided therapy in improving cognitive functioning in mild to moderate Alzheimer's disease, using the Alzheimer's Disease Assessment Scale – Cognitive Subscale (ADAS-Cog) as the primary outcome measure. **Materials and Methods:** A retrospective observational study was conducted on 68 patients diagnosed with mild to moderate AD who underwent individualized homoeopathic treatment combined with weekly cognitive-aided therapy for six months. The ADAS-Cog scores were recorded at baseline and after the treatment period. Data analysis was performed using paired t-tests. **Results:** A significant reduction in ADAS-Cog scores was observed following treatment. Mean baseline score of 27.6 ± 4.3 decreased to 19.4 ± 3.9 after six months ($p < 0.001$), indicating cognitive improvement. Supportive observations suggested benefits in memory, orientation, verbal fluency, and overall engagement. **Conclusion:** Individualized homoeopathic medicines combined with cognitive-aided therapy can contribute to improved cognitive functioning in mild to moderate Alzheimer's disease.

Key words: Alzheimer's disease, Homoeopathy, Cognitive therapy, ADAS-Cog, Dementia, Cognitive decline.

Alzheimer's disease (AD) is the most prevalent cause of dementia worldwide and accounts for 60–70% of all dementia cases. With over 55 million people are currently affected, and projections indicating a threefold increase by 2050, AD represents a major global public health challenge [1–3]. The disease is characterized by progressive cognitive decline, memory impairment, language dysfunction, behavioural disturbances, and eventual loss of independence [4].

Although cholinesterase inhibitors and N-methyl-D-aspartate (NMDA) receptor antagonists offer temporary symptomatic relief, they do not halt neurodegeneration and frequently produce gastrointestinal and neurological side effects [5]. As a result, there is increasing interest in complementary and integrative systems such as homoeopathy, which emphasize individualized treatment and holistic patient care [6]. Several classical homoeopathic medicines have been historically associated with improvements in confusion, impaired memory, slow cognition, and emotional instability, symptoms commonly seen in early AD [7].

Cognitive-aided therapy, including structured cognitive exercises, memory training, and orientation tasks, has shown beneficial effects through neuroplastic enhancement, improved attention, and slowed progression of cognitive deterioration [8].

This study evaluates whether the combination of individualized homoeopathic treatment and cognitive-aided therapy can influence Alzheimer's Disease Assessment Scale – Cognitive Subscale (ADAS-Cog) scores in patients with mild to moderate Alzheimer's disease.

METHODS

This retrospective observational study involved the analysis of patient records maintained during routine clinical practice at a homoeopathic outpatient clinic in Chandigarh, India, covering the period from January 2020 to December 2024. Ethical clearance was obtained from the institutional ethical review committee. All patients or their legally authorised caregivers had provided written informed consent at the time of treatment, allowing the use of anonymized clinical data for

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research purposes.

Medical records of patients diagnosed with mild to moderate Alzheimer's disease based on Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria and clinical neurologist confirmation were screened. Sample size (n = 68) was determined retrospectively based on available complete records meeting the inclusion criteria. As this was a retrospective analysis, a priori calculation was not applicable; however, power estimation indicated adequate power (>80%) to detect a moderate effect size. Patients aged 60–85 years with a DSM-5 diagnosis of AD and an ADAS-Cog score 18–35, with a complete record of homoeopathic treatment and cognitive sessions, and who had a minimum of six months follow-up were included in the study. Those with severe dementia (ADAS-Cog > 40) or taking concurrent anti-dementia allopathic drugs, and those with severe psychiatric or neurological comorbidities and who had incomplete documentation or loss to follow-up were excluded.

Patients received individualized homoeopathic medicines based on the totality of symptoms, psychological profile, behavioural and cognitive presentation, and constitutional characteristics of the disease. Potencies such as 30C, 200C, and 1M were used depending on clinical judgment. Remedies commonly emerging in analysis were Baryta carbonica, Anacardium orientale, Alumina, Lycopodium, Phosphorus, and Cannabis indica, though prescriptions varied case-wise. All the participants attended weekly one-hour structured cognitive therapy sessions including, memory stimulation tasks, story recall, verbal fluency exercises, orientation reinforcement, lock-drawing and visuospatial tasks. These therapies were delivered uniformly by trained cognitive therapy specialists.

ADAS-Cog scores were given to each patient at baseline and after six months by trained evaluators. The scores range from 0 to 70, and evaluate memory, language, praxis, orientation, word recall, comprehension, and commands, with higher scores indicating worse cognitive impairment [9]. Review of patient files provided ADAS-Cog scores, clinical progress notes, therapy session records, remedy prescriptions and if any adverse event documentation. Monthly follow-up entries were analyzed for treatment continuity and response patterns. Data was analysed using SPSS v25.0. Mean and standard deviation were calculated. Paired t-test was used to compare pre- and post-treatment ADAS-Cog scores. Statistical significance was set at $p < 0.05$.

RESULTS

A total of 68 patient records were eligible for analysis. The mean age of the study population was 72.1 ± 6.2 years, with 63% males and 37% females. The average duration of illness before starting treatment was 2.1 ± 0.8 years. All patients completed the six-month treatment protocol without major adverse reactions.

At baseline, the mean ADAS-Cog score was 27.6 ± 4.3 , representing mild to moderate cognitive impairment. After six months of treatment, the mean score declined to 19.4 ± 3.9 , which was statistically significant. This indicates improvement of the condition, suggesting enhanced memory, better orientation, improved word recall, and increased ability to follow commands (Table 1). Overall, more than 80% of patients demonstrated improvement of over 25% in their ADAS-Cog scores, reflecting a meaningful cognitive enhancement over the study period.

Table 1. ADAS-Cog Score Improvement

Parameter	Baseline (Mean ± SD)	Post-Treatment (Mean ± SD)	Mean Difference	P-value
ADAS-Cog Score	27.6 ± 4.3	19.4 ± 3.9	8.2	< 0.001

Clinical notes revealed noticeable patient engagement, improved social interaction, and reduced confusion during cognitive therapy sessions. Caregivers reported better daily functioning in many cases, including improved recognition, decreased irritability, and enhanced cooperation (Table 2).

Table 2. Remedy Response Analysis

Remedy	Patients	Significant Improvement (%)	No Change (%)	Worsened (%)
Baryta carbonica	24	79.2%	16.7%	4.1%
Anacardium orientale	16	75.0%	18.8%	6.2%
Alumina	14	71.4%	21.4%	7.2%
Lycopodium	14	64.2%	28.6%	7.2%

DISCUSSION

The findings of the present study indicate that individualized homoeopathic treatment, when combined with structured cognitive-aided therapy, can improve cognitive functioning in mild to moderate Alzheimer's disease. The significant reduction in ADAS-Cog scores highlights the potential of integrative approaches in managing cognitive impairment.

Previous studies have demonstrated the beneficial effects of cognitive training in slowing cognitive decline and stimulating neuroplasticity [8, 11]. The improvement observed in this study aligns with these established findings, suggesting that the weekly cognitive sessions played a substantial supportive role. The role of individualized homoeopathy has been recognized in addressing behavioural and psychological symptoms of dementia. Remedies such as Baryta carbonica, Anacardium, and Alumina have traditionally been linked to cognitive dullness, memory lapses, confusion, and orientation difficulties [7]. The symptomatic alignment observed in various cases supports their use within a holistic therapeutic framework.

Comparatively, similar observational studies have reported improvement with homoeopathy in cognitive dysfunction, though controlled clinical evidence remains limited. Supportive studies in integrative dementia care highlight the value of non-pharmacological therapies in improving function and delaying progression [11]. However, some researchers argue that placebo effect, caregiver involvement, and patient–therapist interaction may contribute to perceived improvements, underscoring the need for controlled trials.

Unlike the previous studies, the present study had a combined approach, integrating individualized homoeopathic medicine with standardized cognitive therapy and using a validated objective assessment scale (ADAS-Cog). Nevertheless, the retrospective design, absence of a control group, potential bias in record-keeping, and variability in patient compliance call for further prospective randomized controlled studies with standardized protocols to validate these outcomes and to establish stronger evidence.

CONCLUSION

The results of this study suggest that individualized homoeopathic treatment combined with cognitive-aided therapy can lead to significant improvement in cognitive functioning in patients with mild to moderate Alzheimer's disease. The integrated approach appears safe and well-tolerated, offering a potentially valuable complementary strategy alongside routine care.

List of Abbreviations

- AD – Alzheimer's Disease
- ADAS-Cog – Alzheimer's Disease Assessment Scale – Cognitive Subscale
- DSM-5 – Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
- NMDA – N-Methyl-D-Aspartate

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