

A NEW CENTURY OF HEALTH
Buddhism and the Art of Medicine
Senile Dementia [23]

Participants in this installment are: SGI President Ikeda, Soka Gakkai Women's Division Nurses Group General Chief Reiko Inamitsu, Vice Chief Kazuko Matsumoto and Secretary Akiko Kojima.

Ikeda: Our topic for today is senile dementia.¹ In conversation, people frequently say that people who are very forgetful are “senile.” How is that different from real senility, or senile dementia?

Inamitsu: Forgetfulness is one manifestation of aging. To a certain extent, it's unavoidable, just like wrinkles. In contrast, senile dementia is a degenerative disease that occurs mainly in the brain.

Matsumoto: Benign forgetfulness is characterized by forgetting some part of an experience. With dementia, however, you forget the entire experience and, in addition, you have no awareness even that you have forgotten anything.

Ikeda: The difference, I guess we could say, is that an elderly person who remembers that he or she ate breakfast but forgot what he or she had to eat is merely suffering from a decline in memory function, but that an elderly person who forgets that he or she has eaten breakfast altogether has symptoms of senile dementia.

Kojima: Yes, that's the distinction. Dementia makes it difficult to live a normal life. If left untreated, the forgetfulness becomes even worse.

Alzheimer's Disease and Multi-infarct Dementias

Ikeda: Alzheimer's disease² is a well-known form of senile dementia.

Inamitsu: Yes. The most common types of senile dementia are those caused by Alzheimer's disease and multi-infarct dementias,³ the latter being caused by stroke and other vascular disorders.

Matsumoto: Alzheimer's accounts for more than half the cases of senile dementia worldwide. The disease leads to changes in the brain cells themselves, but the cause is still unknown.

Kojima: In multi-infarct dementias, in contrast, blood vessels supplying the brain become blocked and impair the brain's function.

Ikeda: Is Alzheimer's named after the doctor who discovered it?

Matsumoto: Yes, it is. Dr. Alois Alzheimer, a German neuropathologist active in the early years of this century, first published a paper on the disorder in 1907.

The Symptoms of Dementia Can Be Ameliorated

Ikeda: Can benign forgetfulness caused as a result of old age be treated?

Inamitsu: If active measures are taken, the condition can be improved in most cases.

Ikeda: How about senile dementia? Can it be cured?

Matsumoto: In some cases, early treatment can lead to recovery. But unfortunately, at present there is no known cure for either Alzheimer's disease or multi-infarct dementias.

Inamitsu: But proper nursing can alleviate some of the more obvious symptoms and slow the progress of the disease. This, in turn, can result in a greatly reduced nursing load. Therefore, it is important to begin appropriate treatment and nursing at the earliest stage possible.

Ikeda: Does it sometimes happen that senile dementia occurs simultaneous with a decline in memory function that is the ordinary result of aging?

Kojima: Yes. They are interrelated in a complex way. Thus, though we may not be able to cure senile dementia at this point, by lessening the severity of the symptoms of reduced mental function that is the normal result of aging, the condition of those suffering from dementia can be significantly improved.

Ikeda: That means what we learn about how to approach and deal with dementia will also be of use in preventing and treating ordinary mental deterioration. Let's start by looking at the symptoms of senile dementia. What are they?

Matsumoto: Severe loss of memory function is perhaps most characteristic — especially forgetting where one has put things. Often the person can no longer perform simple calculations or mental arithmetic.

Inamitsu: Another common symptom is repeating yourself, or asking the same question again and again. The person begins to forget the names of people and things, and as a result the frequency of expressions such as "What's-his-name," "You know, that thing...what's it called?" starts to increase.

Kojima: Another symptom is a loss of interest in things that were once important to the person, like favorite TV programs or hobbies.

Inamitsu: When you notice any of these symptoms, along with significant changes in speech or behavior patterns, you should encourage that person to see a doctor without delay.

Ikeda: In such cases, I don't imagine people would take kindly to being told: "I think you have senile dementia. You should really see a doctor."

Kojima: Yes, that's one of the problems. Very few elderly patients in the first stages of

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senile dementia are aware that anything's wrong with them. They are certain they aren't sick. They may bristle when someone tells them what to do. If you tell them to see a doctor, they'll refuse.

Matsumoto: In such cases, try to persuade that person to get a general checkup, or have his or her usual doctor or someone they will listen to urge a medical examination.

Ikeda: I see. We must use our wisdom — wisdom is also an expression of love. It would be wonderful if we could all view aging and senility as the noble prices individuals have paid for working hard all their lives for the sake of others, their families and society, and give earnest thought to how we can make things easier and more comfortable for them.

If Senile Dementia Is Diagnosed

Ikeda: What do we need to pay attention to when someone in our family is diagnosed with senile dementia?

Kojima: First, look after that person carefully so that he or she remains physically healthy and doesn't fall ill from some other disease.

Matsumoto: The person's ability to concentrate will deteriorate, so special care must be taken to prevent household accidents, particularly falls. Drugs and other dangerous substances should be kept out of reach.

Inamitsu: Another point to consider is to avoid making sudden changes in the person's surroundings or daily routine. A change in the arrangement of a room, for example, can confuse them and exacerbate symptoms of disorientation. Nor should we alter their lifestyle drastically from the way it was before the onset of dementia. Depriving them of the chance to take care of themselves, for instance, can hasten their mental deterioration.

Kojima: We should encourage them to take care of themselves as much as they possibly can. Only help with the things they can't do on their own.

Matsumoto: Try to preserve a normal daily rhythm in the patient's life. Make a clear distinction between day and night, periods of activity and periods of rest. The elderly often lose the natural rhythms of sleep and drowse during the day. Then they can't sleep at night, and a vicious circle is set in motion.

Kojima: It is important to make sure that they are dressed in clean clothes at all times. Unless we take care to change their clothes frequently, they will not only get used to being dirty but their daily habits in general will become slovenly, and that, in turn, has a major effect on their mental and emotional state.

Inamitsu: If the person's symptoms are still mild, insisting that they eat properly, walk properly and greet others in a normal fashion will help contribute to their mental alertness.

Speak in Clear, Short, Simple Phrases

Ikeda: We should also pay attention to the way we communicate and interact with those

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suffering from senile dementia, shouldn't we?

Inamitsu: Yes. Start with the way you speak. Those with dementia have reduced memory and comprehension abilities, so speak to them in clear, short, simple phrases.

Matsumoto: Restrict each sentence to one topic. For example, instead of saying, "Let's take a bath, then change our clothes, then eat," parcel out the information. First, "Let's take a bath." After the bath, you can say, "Let's change our clothes." When that's finished, it's time to say, "Let's eat."

Kojima: And speak slowly, so the person can easily comprehend you.

Ikeda: Some people lose the power of speech as their disease progresses.

Inamitsu: Yes. When that happens, you can hold the person's hand, or sit or walk close beside him or her, and communicate through touch and gesture. With some people, you can communicate in writing, or through pictures.

Though Mental Abilities Decline, Emotional Life Persists Unchanged

Ikeda: What else should we be aware of?

Matsumoto: A person with senile dementia may say and do things that are difficult to understand. Nevertheless, it is important not to panic, not to get angry, and to always treat them with kindness and a smile.

Kojima: The forgetfulness and other things a senile person might do are not done on purpose. Remember, the person is suffering from a disease and can't help what is happening to them.

Ikeda: In other words, we mustn't scold or reproach them as if it were their fault.

Inamitsu: Precisely. We must also remember that in most cases the loss of memory and other mental capabilities is not accompanied by a loss of feeling or sense of personal dignity. Because of that, the patient is very sensitive to the emotions of those nursing them.

Matsumoto: It is a terrible mistake to think that someone who is senile doesn't understand what you say, or will forget it soon, so you can say whatever you like. Though the exact content of what you say may soon be forgotten, your critical tone of voice will be long remembered.

Ikeda: People with senile dementia still have feelings. So instead of arguing or trying to reason with them, we should be considerate of how they feel.

Inamitsu: Yes. We say that in nursing those with dementia, it's more better to go along with them than argue with them. Instead of trying to make patients understand what we want, we make an effort to understand what they want, and work from there.

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Ikeda: Yes. Although I'm sure that's much easier said than done, it's still extremely important to make such efforts. Those suffering from senile dementia are doing their best, afflicted as they are with a debilitating disease. There is very often some kind of reason or source for their different symptoms, such as anxiety or loneliness, or some personal trauma or emotion they have long endured or suppressed. There is an unheard inner cry seeking release. I think that good nursing starts with a desire to understand what is disturbing the patient and to heal their pain.

Unlike other types of nursing, I'm sure that caring for those with senile dementia can be disheartening at times. However devotedly you care for such patients, often they cannot express either gratitude or understanding. But the mind is truly mysterious. On the most profound level of life, the patient often really does understand, even though they may not appear to.

'My Wife's Senility Changed My Life'

Kojima: That reminds me of a story that appeared once in the *Seikyo Shimbun* (Oct. 3, 1990), recounting Mr. H.'s experience in caring for his wife who had senile dementia. Mr. H. first noticed that something was amiss with his wife when he was hospitalized. She tried to straighten up the things on his bedside table, and after an hour still did not finish. Not only that, but she could no longer find her way home.

Inamitsu: In other words, Mrs. H. was showing signs of senile dementia.

Kojima: That's right. An examination at the hospital revealed that she was suffering from multi-infarct dementia. Eventually she began to wander around for hours on end, as if looking for something, during both day and night.

It was no use locking her in the house. Once she tried to get outside through a second-floor window; she slipped on a ladder, fell and received a severe cut on her head. This is what Mrs. H. had come to. She had been a master teacher of flower arrangement and tea ceremony with over 500 students, but now she was completely lost.

His wife's illness made Mr. H. deeply ponder the meaning of marriage and of life, and that struggle for answers led him to join the Soka Gakkai. He prayed for his wife's recovery, and gradually his own attitude began to change. He watched his wife one night snoring away peacefully and thought how sweet she looked. He was startled to observe the changes that were taking place in his heart, as he experienced feelings he had never known before. He keenly realized how painful it was for a sick person to be unable to leave the house, so he began taking his wife outside, never missing a day.

Matsumoto: You can sense how much he loved her.

Kojima: Then, one day, when they were riding a train together, Mrs. H. turned to her husband and began to scold him: "How dare you take me to this kind of place? I'm going to tell everyone!" Such outbursts, of course, are characteristic of dementia. Mr. H. admitted that, as he endured the curious stares of his fellow passengers, for a moment he felt a shock of anger and shame.

He remained confused and upset. Then, while praying deeply, he realized: Had he ever asked himself what his wife was feeling as she scolded him? He strongly felt, he said, that life was made up of each passing moment. Since that was the case, he must make each

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moment of his wife's life truly precious. How could he do that? By bringing his wife, moment by moment, whatever joy or pleasure he could.

"At the core of my love for my wife, I sensed the great mercy and compassion of the Gohonzon," he related. "The more I prayed, the more my heart was purified, and the deeper my love for her became." From that time on, until his wife passed away, Mr. H. nursed his wife tirelessly, always making a conscious effort to know what she was feeling and thinking.

Six years after the onset of senile dementia, Mrs. H. passed away peacefully. In death, her face was so beautiful and serene. Indeed, so radiant and alive was her complexion, that it seemed she might still speak at any moment.

Mr. H. said: "In our 45 years of married life, it was only after my wife became sick that we really came to know each other. I truly believe that was our best time together as husband and wife."

Ikeda: What a beautiful story! Prayer does deepen our hearts. It is important in any relationship with others to polish the mirror of our heart so we understand others' thoughts and feelings as if they were our own.

As we saw in the story you just related, many patients suffering from senile dementia begin to roam about as their symptoms advance, don't they?

Matsumoto: Yes, various symptoms begin to appear, among them wandering, talking to oneself, irrational outbursts, delirium, paranoia, eating strange things, overeating and incontinence.

Ikeda: What are some practical approaches to dealing with these symptoms?

Kojima: Mr. H.'s wife began roaming about aimlessly. This is extremely dangerous. The patient can easily get lost or be involved in an accident. On the other hand, if you don't allow the patient to go outside, their condition often worsens.

Matsumoto: It is very useful to sew a tag onto their clothing listing their name and address as well as the telephone number of a family member or relative who can be contacted in case of just such an emergency. If possible, one should never leave the patient alone or unwatched. This will prevent accidents and provide a sense of security.

Inamitsu: It can also be helpful to let the neighbors know about the person's condition and ask them call you if they see the person out walking alone.

Ikeda: Some families are ashamed to have a senile family member, and keep them locked up in the house. Senile dementia is an illness. It is absolutely not something to be ashamed of. Rather, it is better to explain the patient's condition to your neighbors. Their understanding will put them at ease and it will also win you their cooperation in watching over the person.

Kojima: Yes. The help of neighbors can be indispensable in caring for those with dementia. In by far the most cases, bravely bringing the problem out into the open and telling your neighbors will be good for all concerned.

Ikeda: When Mrs. H. began scolding her husband in the train — is that what you mean

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by irrational outbursts?

Inamitsu: Yes. And when the patient starts making wild claims like “the house is falling down!” or “I’m going to be killed!” they are evidencing delirium. There is always a reason behind such behavior. If we react not to the words and actions themselves but to the feelings behind them, the symptoms are relieved and sometimes even cured.

Matsumoto: One of the characteristics of dementia is that the symptoms appear most strongly in front of people the patient trusts. People with this disorder say what they want freely to those who take care of them every day.

Kojima: In many instances, irrational outbursts and delirium occur because the past and the present are all mixed up in the patient’s mind. Something in the present triggers past feelings, such as a loud crash setting off memories of war, making the patient want to flee.

Be Accepting and Respectful

Ikeda: How can these episodes be handled successfully?

Kojima: Don’t panic. Stay by the patient’s side, going through the routine with them. Anxiety is what sets off most such attacks, so turn off the television, the vacuum cleaner, or the washing machine, and create a quiet environment. To ease their anxiety, hold their hand, comfortingly rub their back, and offer a sympathetic ear to what’s worrying them.

Matsumoto: Many people with senile dementia will ask right after finishing a meal, “When are we going to eat?” A nervous disorder makes them unable to feel full, or they forget that they have just eaten. The best approach to this problem is to ask, “What would you like to have?” and encourage the person to think about the kind of food they would like. Then ask how it should be prepared, and ask them to wait a while. This interaction is often enough to satisfy the patient.

Ikeda: Such nursing is really a tremendously challenging task, but the best thing to do is, as much as possible, to let the patient have his or her way. Nothing good will come of ignoring or making fun of them, or pointing out the contradictions in what they say. In fact, you can work on improving yourself as a person by always treating the ill person with respect and love. Find something that the patient was good at or proud of, even if a long time ago, and talk about that.

When the Patient Asks, ‘Who Are You?’

Ikeda: Some people with senile dementia suddenly announce “I’m going home,” even though they’re already there.

Inamitsu: Yes. The best approach to this is to humor them. You can ask, “Why don’t you stay one more night?” or offer to see them home tomorrow.

Kojima: If they still want to leave, offer to take them and then take a walk around the neighborhood for a while before returning home. Then everyone at home should say:

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“Welcome back! We were waiting for you.” This will usually set their mind at ease.

Ikeda: Many with senile dementia forget their family members’ names, don’t they?

Kojima: When a patient suddenly asks, “Who are you?” many family members are startled. But when you are asked this, you should address the person clearly and state who you are, for example, “Dad, I’m your son Jack,” including both your name and your relationship to them.

Inamitsu: Another good way of keeping the person in touch with reality is to talk to him or her about the time of day. In the morning, say, “Good morning, it’s time to get up!” Around midday, say: “It’s lunch time. Let’s eat.” And in the evening, “It’s night, so let’s go to bed.” Keep a calendar conspicuously displayed and cross out each day as it passes, so they know what day of the week it is.

Matsumoto: There are some drugs that are effective in alleviating certain symptoms of dementia. Though it’s not good to rely too much on drugs, temporary use may stabilize a patient’s condition and prevent further deterioration.

Using Public Health-care Services

Ikeda: Can families avail themselves of public health-care services to assist with the nursing of patients with senile dementia, as they can for the elderly?

Inamitsu: It depends upon the patient’s condition, but basically they can. It’s best to start by talking with your doctor or health-care worker.

In particular, if, while the patient’s symptoms are still mild, the family avails itself of day-care services, which teach patients to take care of their daily needs, or of short-stay services, where patients can be cared for on a temporary basis by professional health-care staff, it can help prevent the worsening of symptoms. This also gives the family the opportunity to confer with and seek advice from professionals specializing in this kind of nursing care.

Kojima: Senile dementia is going to be an increasing problem as Japan’s society ages, but we have yet to address the issue properly as a society.

The Prevention of Senile Dementia

Ikeda: How can dementia be prevented?

Inamitsu: In the case of multi-infarct dementia, by preventing strokes and other vascular diseases such as cerebral arteriosclerosis. The best way is to avoid a diet with too much salt and fat and monitor carefully for high blood pressure and diabetes.

Ikeda: Staying physically active — especially maintaining the physical dexterity of our hands and the mobility of our legs — as well as meeting and socializing with others also keep the brain young.

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Matsumoto: Yes. Creative hobbies such as painting or crafts, as well as writing, such as keeping a diary or writing letters, also keep the mind active. Using our voice — speaking, conversing with others and singing are also helpful.

Inamitsu: Moderate exercise is also indispensable in preventing senility. Walking is fine, but tasks that actually contribute to the family welfare, such as shopping, cleaning, and doing the washing, give the patient a sense of purpose and accomplishment.

Kojima: Moving residences or renovating the home of an elderly person can trigger the onset of dementia. Some might think it would offer a welcome change of pace and stimulus, but such major changes often confuse the elderly.

Ikeda: Yes, it is true that sudden changes in an elderly person's environment can lead to various abnormalities manifesting in their physical and mental conditions. It's like changing the water in a fish pond. The fish in the pond have gotten used to their water, and changing it can make them sick.

The human heart is a delicate thing, and the most unexpected things can cause a person to feel lonely and isolated. There are people who are glad to be living with their grandchildren, but then get depressed when the same grandchildren make fun of their infirmities. When given a nice new room with the best of intentions, some people aren't pleased and think instead that they are being deliberately separated from the rest of the household.

Matsumoto: The most important thing is to maintain warm communication. It provides the person with senile dementia with a sense of security.

Life after Retirement

Ikeda: Some traumatic experience or worry can eat away at a person and act as a trigger for senile dementia, can't it? In many cases, retirement often triggers senility, I've heard.

Inamitsu: Those who have made their jobs their lives are particularly affected in this way because they lose their social role, sense of purpose and satisfaction when they retire.

Matsumoto: Yes, senility is often caused by the loss of some useful role. In Japan, for instance, many elderly women who once used to manage their households begin to manifest signs of senility when they move in with a married son or daughter and no longer have such day-to-day responsibilities to perform.

Ikeda: If our school years are our first stage of life and the years after that our second stage, then our retirement years, when we put the finishing touches on our lives, are our third stage. Though our bodies may be weaker, as long as we set our minds to it we can still make our lives shine.

A positive attitude — “The future awaits me, I have new goals, and I'm going to meet them!” — stimulates the brain cells and gives us new energy. Tsunesaburo Makiguchi, first president of Soka Gakkai, was still studying English after the age of 50 and, in his 60s and 70s, his activities rivaled those of a youth in their passion and energy.

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Matsumoto: What wonderful spiritual strength!

Kojima: It is true that those who have a clear purpose in life tend to remain energetic even as they grow older.

Ikeda: As age exacts its toll, our memories may begin to fail us but our overall judgment, ability to understand others and knowledge about life are superior to young people. We reach the age when we can make the most of those abilities earned and honed by experience.

Old age is the time, more than any other period in our lives, when we must ask ourselves about our worth as human beings. Do we still have something of value in our hearts, apart from social prestige and positions? In that sense, prevention of mental deterioration and senility start while we are still young. I think we can say it has a deep relationship to how we live our lives as a whole.

Of course, senile dementia is a disease, and what I am saying does not apply to that.

It is said, however, that those who are less likely to become senile: 1) read newspapers and books, and continue to use their minds; 2) don't complain and fret about every little thing; 3) are not selfish and enjoy caring for others; 4) are warmly sensitive, able to rejoice and delight over things; and 5) have goals and a strong desire to improve themselves.

Matsumoto: Yes. I think that's why SGI activities can help prevent senility.

Ikeda: As members of the Soka Gakkai, every day we read the *Seikyo Shimbun* and other publications. We strive to surmount problems through the practice of faith. We talk to people about our experiences and exert ourselves tirelessly for the happiness of others. We are moved and inspired when we see how friends have revitalized their lives through faith. We taste life's joy and exhilaration. Our hearts, minds and bodies don't have time to rust.

At the basis of everything, of course, lies daimoku. There is no medicine more wondrous or effective than daimoku for revitalizing our lives. Nothing is ever wasted in our activities for kosen-rufu — such activities surely constitute the most excellent regimen for good health we can find.

Inamitsu: It's also said that people who have others to talk to are less likely to become senile.

Kojima: That's another wonderful thing about the SGI organization.

Ikeda: Exactly. I hope all our members will establish a daily rhythm conducive to good health within our shared rhythm of kosen-rufu and live cheerful and vital lives, true to themselves. I hope they will all live long and happily.

Buddhism teaches that we will grow younger and our good fortune will accumulate (*The Major Writings of Nichiren Daishonin*, vol. 5, p. 158). A new sun rises every day in the lives of those who practice the Mystic Law. A rich, vibrant life force surges forth within them. They burn with hope, eager to fulfill their mission throughout the three existences of past, present and future. Thus, their hearts grow younger with each passing year and their good fortune increases.

By living each day to the fullest to the very end, may we bring our lives to a magnificent close like majestic golden rays illuminating the sky in all directions at sunset.

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1. Senile dementia: a progressive, degenerative disease of the brain, the most common causes of which are Alzheimer's disease and multi-infarct dementia caused by high blood pressure or some other vascular condition such as cerebral arteriosclerosis.
2. Alzheimer's disease: a degenerative brain disease characterized by the death of nerve cells in the cerebral cortex, causing atrophy in the frontal and temporal lobes. It is the largest single cause of senile dementia.
3. Multi-infarct dementias: also known as vascular dementias. Caused by a serious impairment to the brain's cognitive functions due to arteriosclerosis-induced cerebrovascular disease.

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