



Treatment of Alzheimer's diseases in various system of medicine: In practice - an overview

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ABSTRACT

Alzheimer's disease (AD) is one of the fourth leading causes of death in developed nations after heart disease, cancer, and stroke. Alzheimer's disease is characterized by impairment of learning and memory capacity (Cognition) caused by neurodegeneration and formation of amyloid beta tangles in the brain. No cure for Alzheimer's exists and the drugs currently available to treat the disease have limited effectiveness. It is believed that therapeutic intervention that could postpone the onset or progression of Alzheimer's disease would dramatically reduce the number of cases in the future. Currently available treatments with different system of medicines are not a 100% cure the disease, whereas all are symptomatic relief. There is high demand to develop treatment, which target the molecular level to change the progression of the disease conditions; remove or inhibit the further formation of beta amyloid fragments in the central nervous system. This review summarizes the information of stable solution for AD treatment through biological and cellular activities. Clinical applications of various systems of the medicine in practice to provide sufficient baseline information, that could be used in treatment campaigns and patient improvement process, thereby providing new functional leads from different path for the treatment Alzheimer's disease.

Key Words: AD-Alzheimer's Disease, $A\beta$ - Amyloid beta, Ach – Acetyl Choline, AChE- Acetyl Choline Esterase; ChEI – Choline Esterase Inhibitors.

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INTRODUCTION

Ecological humiliation, increased industrialization, changes in life style and excessive use of pesticides, herbicides, fertilizer and other toxic chemicals in the production of food materials are serious threatening to human beings and posing health hazards. These toxic chemicals are producing neurotoxins which cause neurodegenerative disorders by affecting the transmission of the neurotransmitters in between the neurons. Alzheimer's disease (AD) is the most common disease among the different kind of neurodegenerative disorders. It's a common form of the dementia which generally occurs at the age of 60 years. Alzheimer's disease is an irreversible, progressive brain disorder that slowly abolishes the memory, intellectual skills and eventually decreases the ability to carry out the simplest tasks. The World Health Organization (WHO) declared that 5% of men and 6% of woman of those who above the age of 60 years are affected with Alzheimer's type dementia worldwide. WHO, reported that currently 5 million people affected in USA and 35.6 million people living worldwide in future will be further increased with dementia 7.7 million in USA and 65.7 and 115.4 million dementia in the year of 2030 and 2050 worldwide respectively. The principal pathogenesis of AD is known as loss of neurons in the hippocampus, cortex, and subcortical structures. Presently available curative agents for Alzheimer's disease have been disappointing and the drugs which currently available to treat the AD is address only its symptoms and with limited effectiveness. Recently many researcher looking for better drug from various system of medicinal practice like allopathic, siddha, Ayurveda, Homeopathy etc., Siddha and Ayurveda are similar way of treatment with natural source of drug substance. It shows good response in control of AD related symptoms with minimal side effects. (1-5)

MODERN MEDICINE FOR THE TREATMENT OF ALZHEIMER'S DISEASES

Abundant proof produced by researcher that an inter-relation between the cholinergic neurotransmitter system with cognitive performance and memory function. Acetyl cholinesterase (AChE) succeeded in being a reliable therapeutic target for Alzheimer's indicative progress. Pharmacologic approaches have been focused on neurotransmitters alterations which associated with AD diseases conditions to manipulate and provide normal life. The available treatment strategies are characterized as symptomatic or neuroprotective. In clinical trials the pharmacologic treatment is produced similar output in symptomatic and neuroprotective effects, the key difference in neuroprotective therapy is cumulative benefits will continue, after discontinuation of the treatment. At present practicable pharmacologic therapies, including cholinesterase inhibitors (ChEIs) and N-methyl-D-aspartate (NMDA) receptor antagonists are considered symptomatic treatments based on their ability to slow the clinical progression of cognitive, behavioral, and functional domains (6-10).

Centrally active Choline esterase inhibitors (ChEIs), which targeting acetyl choline esterase alone or affecting both AChE and butryl choline esterase, were the first class of drugs approved by the US Food and Drug Administration (FDA) for the treatment of Alzheimer's disease. The following therapeutic drugs are known choline esterase inhibitors include Donepezil hydrochloride (Donepezil), Galantamine hydrochloride (Galantamine), Rivastigmine tartrate (Rivastigmine), and Tacrine hydrochloride (Tacrine). The benefit of Galantamine is also acts as an allosteric nicotinic receptor modulator, which has been shown to stimulate the presynaptic release of Ach and other neurotransmitters. Because of their more promising therapeutic profiles, greater convenience and absence of hepatotoxicity, the second-generation ChEI agents (*i.e.*, donepezil, galantamine, and rivastigmine) largely have supplanted the first approved drug in this class, tacrine. Currently, memantine hydrochloride (memantine) is the only available drug for targeting cognitive symptoms via a putative glutamatergic mechanism (11-14).

Effectiveness of allopathic drugs in the treatment of Alzheimer's Diseases: (15-19)

Generic Name	Brand Name	Treatment Dose	Reported Adverse events	Effects on daily living	Comments/ special notes
Donepezil	Aricept	5 – 10 mg / day	Risk of muscle cramps and insomnia, Nausea, Insomnia, weight loss, Myasthenia and syncope	Very small effect	It may more effective at 10 mg/day than 5 mg/day
Galantamine	Razadyne	8 or 12 mg, b.i.d.	Nausea, vomiting, dizziness, tremor, abdominal pain, syncope	Very small effect	Act an allosteric modulator at presynaptic level to stimulate the presynaptic nicotinic receptors. The effective dose range between 16-24 mg/day
Memantine	Namenda	5 mg / day	Infrequent but can include headache, dizziness, confusion, somnolence, and infrequent Hallucinations.	Very small effect	Significant improvement is low as compared to Choline esterase inhibitors and it may have effects when long term treatment.
Rivastigmine	Exelon	3, 4.5 and / or 6 mg b.i.d.	Somnolence, vomiting, Nausea, anorexia, sweating, fatigue, asthenia, weight loss and sometime severe esophageal rupture	Very small effect	The transdermal formulation of Rivastigmine is better tolerated than oral and it avoid first pass hepatic metabolism
Tacrine	Cognex	Data not reported	Risk of liver toxicity	Data not reported	Rare use / not in use in current practice

Siddha & Ayurveda drugs for the treatment of Alzheimer's diseases

Indigenous practice of traditional medicines in Tamil Nadu, India knowingly Siddha & Ayurveda is used for various ailments from several millennium. Alzheimer's disease have become more popular in the recent years and the patients with Dementia may faster the brain's degeneration due Alzheimer's disease. The traditional treatments with siddha and Ayurvedha drugs, has drawn the attention of the scientific community. Many herbals from Siddha & Ayurveda treatments have been researched and the benefits of herbal treatments for Alzheimer's and Dementia have been very promising improvement. The uses of some medicinal herbs have been touted to beyond the modern allopathic drug treatment. So many natural compounds are no wonders the medicinal herbs may hold the key to cure this devastating disease. In addition, these herbs are inexpensive and can be easily obtained. Clinical research is being conducted around the world to test the efficacy of herbal medicines vis-a-vis prescription medicines in treating Alzheimer's or dementia patients. The results of herbal products are very promising and highly effective as prescription drugs but also with minimal side effects. Herbal supplements also used as substitute for pharmaceutical drugs or can be used in conjunction with the latter. In the present review, attempts have been made to present state of art of studies made on the role of few herbal medicines in the treatment and management of Alzheimer's disease (20-23).

List of drugs used in the treatment of Alzheimer's disease in Siddha & Ayurveda

Plant Name	Siddha & Ayurveda Name /Common Name	Indication & Medicinal Uses	References
<i>Acorus calamus</i>	Vasambu/Bach	Improve Memory Functions	24-27
<i>Albizzia julibrissin</i>	Cilavakai/Mimosa, Persian Silk Tree	Antidepressant	28-29
<i>Albizzia lebeck</i>	Indian Siris	Nootropic, Anxiolytic	30-32
<i>Anemarrhena asphodeloides</i>	Zhi Mu	Learning and Memory	33
<i>Amazonian herbal</i>	Marapuama	Nootropic	34
<i>Artemisia absinthium</i>	Macipattiri/Absinth, Green ginger	Improve memory & for the restoration of declining mental function.	35
<i>Bacopa monnieri</i>	Vallarai / Brahmi	Improve Memory	36-38
<i>Centella asiatica</i>	Mandookaparni	Improve Memory Functions	39-43
<i>Celastrus Paniculatus</i>	Malkangni	Improve Memory Functions	44-47
<i>Clitoria ternatea</i>	Butterfly Pea Memory enhancer,	Nootropic, Antistress, anxiolytic	48-50
<i>Commiphora whightii</i>	Guggul	Learning and Memory	51-52
<i>Cornus officinalis</i>	Dogwood fruit	Anti-amnesic	53
<i>Eclipta alba</i>	Bhringraj	sedative, muscle-relaxant, anxiolytic, Nootropic and anti-stress	54-55
<i>Evolvulus alsinoides</i>	Shankpushpi	Improve Memory Functions	21
<i>Foeniculum vulgare</i>	Bari Saunf	Improve Strengthening Effects, Improvement in certain psychomotor functions, Mental health	24-25
<i>Ficus religiosa</i>	Peepal Tree	Anti-amnesic	24-25
<i>Glycyrrhiza glabra</i>	Mulethi	Learning and Memory	56-57
<i>Hypericum perforatum</i>	St. Johnswort Nootropic,	Antiamnesic effects	58
<i>Leontopodium alpinum</i>	Edelweiss	Memory Enhancer	59
<i>Panax ginseng</i>	Ginseng, five fingers	Enhancing physical performance, Improved fasting blood glucose levels, Elevated mood.	60-63

<i>Passiflora actinia</i>	Passion flower	Anxiolytic	64
<i>Polygala tenuifolia</i>	Chinese Senaga	cognition-enhancing activity	65-68
<i>Prunus amygdalus</i>	Badam	Nerve Tonics	69
<i>Ptychopetalum olacoides</i>	Muira puama	Improve memory	70
<i>Pueraria tuberosa</i>	Indian Kudzu	Nootropic activity	71
<i>Rubia cordifolia</i>	Indian Madder	Antihyperglycemic, Antistress and Nootropic activity	72
<i>Tabernaemontana divaricata</i>	Crape jasmine	Preventing forgetfulness and Improving the memory	73
<i>Thespesia populnea</i>	Indian Tulip Tree	Alzheimer's disease	74
<i>Vitis vinifera</i>	Grape seed	Nootropic, Adaptogenic	75- 77
<i>Withania somnifera</i>	Ashwagandha	Improve Memory Functions	78-79

Homeopathy system of medicine for the treatment of Alzheimer's diseases

Homeopathy is known as a branch of medical sciences & therapeutics, practiced worldwide, which believes in treating the patient who disease and not merely diseased parts of the patients. The traditional objectives of the homeopathy treatment are to find the simillimum or the therapy that covers the most prominent features of the case. Homeopathy can slow the progression of the disease and ease symptoms, as shown by the Heel studies. There is no single remedy effective for the treatment of all patients. However, several remedies are often associated with this disease.

This holistic approach goes in a long way in the management of various chronic and deep-seated diseases, including Alzheimer's. The homeopathic medicines are formulated from natural substances and the therapeutic values exhibited through stimulating the body's own healing power. The efficacy of multi-drug formulations of homeopathic medicines is proved by effects on both relieving symptoms of Alzheimer's disease and influencing the reduction of the formation of amyloid plaques in the brains (80-81).

The role of homeopathic medicine for various diseases is 'probably do not talk of the 'cure' in real sense, but more of 'control' and 'relief'.

Alzheimer's disease is a condition approach to dementia care, which distinguishes the personal history, character; behavior and individuality of the person have a positive impact on the alzheimers's disease progression. Homeopathy system of medicines offers positive treatment if not cure, where homeopathy system of medicine had a major role on reduction of disease conditions.

List of Homeopathic medicines used in the treatment of Alzheimer's disease as known as Baryta Carb, Natrum Sulf, Nux Vomica, Alumina, Mercurius, Ignatia, Calcarea Carb, Lycopodium, Staphisagria, Chamomilla, Terentula and Conium (80-83).

CONCLUSION

The treatment strategies of Alzheimer's disease and its management for patients with chronic conditions will have to include a variety of interventions directed at multiple targets. The current treatment with modern medicines approved by USFDA and other regulatory authorities are not significant improvement in the treatment and cure of the diseases as well as produce numerous side effects which affect normal day to day life. Moreover, these drugs are symptomatic and do not alter the progression of the underlying disease. This warrants for the exploration of better therapeutics with least side effects for the treatment and management of the disease. Medicinal herbs are abundantly available throughout the world can help in the development of effective therapeutics for the disease.

The aim of this review is to highlighting the possible role of many herbs, which have shown the possibility of their effectiveness in Alzheimer's or memory related disorders in experimental models and human studies. This review gives sum herbal drug details from which scientists can get lead to work extensively to find out the technique and will further establish the authenticity to carry out advance research work in this field to find out the new molecule for future prevention and treatment of Alzheimer's & memory deficient CNS disorders. The available drugs for Alzheimer's disease strategies are everlasting. Since the

researches are need more anxiously for finding a definitive and permanent solution, which is still an unidentified decision that can be put forward.

CONFLICT OF INTEREST

We declared that we don't have any conflict of interest.

REFERENCES

1. Singh, N., Pandey, B.R. & Verma P. (2011). An Overview of Phytotherapeutic Approach in Prevention and Treatment of Alzheimer's Syndrome & Dementia. *Int. J. Pharmaceutical Sci. Drug Res.*, 3: 162-172.
2. Wimo, A. & Prince, M. (2010). The global economic impact of Dementia, 2010. Alzheimer's disease International, World Alzheimer Report.
3. Fratiglioni, L., Ronchi, D.D. & Aguero-Torres, H. (1999). Worldwide prevalence and incidence of dementia. *Drugs Aging*, 15: 365-75.
4. Rao, R.V., Descamps, O., John, V. & Bredesen, D.E. (2012). Ayurvedic medicinal plants for Alzheimer's disease: a review. *Alzheimer's Research & Therapy*, 4:22
5. Bredesen, D.E. (2009). Neurodegeneration in Alzheimer's disease: caspases and synaptic element interdependence. *Mol. Neurodegeneration*, 4: 27.
6. Nandagopan, G.L., Kishore, A., Manavalan, M. & Najeeb, M.A. (2013). Treatments for Alzheimer's disease: An over view. *Int. Res. J. Pharmacy*, 4:12-15.
7. Jayarajan, P., Nirogi, R., Abraham, R., Marimuthu, K., Kandikere, V., Bhyrapuneni, G., Saralaya, R., Ahmad, I., Reddy, N.S., Srinivas, V. & Rasheed, M.A. (2010). SUVN-90121: A selective nicotinic acetylcholine receptor (nAChR) ligand for the treatment of cognitive impairment and depression. *Alzheimer's & Dementia*, 6: S549.
8. Kumar, A., Singh, A. & Ekavali. (2015). A review on Alzheimer's disease pathophysiology and its management: an update. *Pharmacol. Rep.*, 67: 195-203.
9. Maelicke, A., Samochocki, M., Jostock, R., Fehrenbacher, A., Ludwig, J., Albuquerque, E.X. & Zerlin, M. (2001). Allosteric sensitization of nicotinic receptors by galantamine, a new treatment strategy for Alzheimer's disease. *Bio Psychiatry*, 49: 279-288.
10. Engedala, K., Soininenb, H., Verheyc, F., Waldemard, G., Winblade, B., Wimof, A., Wetterholm, A.L., Zhang, R., Haglund, A. & Subbiah, P. (2000). Donepezil improved or stabilized cognition over one year in patients with mild and moderate Alzheimer's disease *European Neuropsychopharmacology*, 10: S368.
11. Solomon, A., Mangialasche, F., Richard, E., Andrieu, S., Bennett, D.A., Breteler, M., Fratiglioni, L., Hooshmand, B., Khachaturian, A.S., Schneider, L.S., Skoog, I. & Kivipelto, M. (2014). Advances in the prevention of Alzheimer's disease and dementia. *J. Intern. Med.*, 275: 229-250.
12. Honig, L.S. (2012). Translational Research in Neurology: Dementia. *Arch. Neurol.*, 69: 969-977.
13. Zlokovic, B.V. (2008). New therapeutic targets in the neurovascular pathway in Alzheimer's disease. *Neurotherapeutics*, 5: 409-414.
14. EdD, R.N.N.L.K. & Williams S.N.B. (2004). Memantine - A new approach to Alzheimer's disease. *Perspect Psychiatric Care*, 40: 123-124.
15. Roger, B. (2001). Drug treatment in dementia. *Curr. Opin. Psychiatry*, 14: 349-353.
16. Bullock, R. (2002). New drugs for Alzheimer's disease and other dementias. *Br. J. Psychiatry*, 180: 135-139.
17. Won, H.W., Kenneth, S.S. & Yoo-Hun S. (2005). Therapeutic agents for Alzheimer's disease. *Current Medicinal Chemistry - Central Nervous System Agents*, 5: 259-269.
18. Wollen, K.A. (2010). Alzheimer's disease: the pros and cons of pharmaceutical, nutritional, botanical, and stimulatory therapies, with a discussion of treatment strategies from the perspective of patients and practitioners. *Altern. Med. Rev.*, 15: 223-244.
19. Schneider, L.S. (2013). Alzheimer disease pharmacologic treatment and treatment research. *Continuum (Minneapolis)*, 19: 339-357.
20. Mantle, F. (2002). The role of alternative medicine in treating postnatal depression. *Complement Ther. Nurs. Midwifery*, 8:197-203.
21. Sethiya, N.K., Nahata, A., Mishra, S.H. & Dixit, V.K. (2009). An update on Shankpushpi, a cognition-boosting Ayurvedic medicine. *Zhong Xi Yi Jie He Xue Bao*, 7:1001-1022.
22. Malik, J., Karan, M. & Vasisht, K. (2011). Nootropic, anxiolytic and CNS-depressant studies on different plant sources of shankpushpi. *Pharm Biol.* 49:1234-1242.
23. Vyoma, S. (2015). An ancient approach but turning into future potential source of therapeutics in Alzheimer's disease. *Int. Res. J. Pharm.*, 6: 10-21.
24. Howes, M.J., Perry, N.S. & Houghton, P.J. (2003). Plants with traditional uses and activities, relevant to the management of Alzheimer's disease and other cognitive disorders. *Phytother. Res.*, 2003; 17:1-18.
25. Preksha, D., Richa, S., Tabish, M.M. & Talha, J. (2012). A traditional approach to herbal nootropic agents: An overview. *Int. J. Pharmac. Sci. Res.*, 3: 630-636.
26. Dua, J.S., Prasad, D.N., Tripathi, A.C. & Gupta, R. (2009). Role of traditional medicine in Neuropsychopharmacology. *Asian J Pharm Clin Res.* 2:72-76.
27. Klemens, B.S.J. (2006). Herbs used for psychotropic or behavior modifying activity. *The online J. Am. Association Integrative Med.*, 1-9.

28. Dhanya, K., Satish, S., Hegde, K. & Shabaraya, A.R. (2016). Investigation on learning and memory enhancing activity of essential oil in *Albizia julibrissin* flowers in experimental mice. *Asian J. Biomedical Pharmace. Sci.*, 6: 11-15.
29. Zhang, H. & Setzer, W.N. (2013). The floral essential oil composition of *Albizia julibrissin* growing in Northern Alabama. *Am. J. Essential Oils Natural Prod.*, 1: 41-42.
30. Farag, M., Gamal, A.E., Kalil, A., Al-Rehaily, A., Mirghany, O.E. & Tahir, K.E. (2013). Evaluation of some biological activities of *Albizia lebbek* flowers. *Pharmacol. Pharmacy*, 4: 473-477.
31. Kasture, V.S., Kasture, S.B. & Pal, S.C. (1996). Anticonvulsant activity of *Albizia lebbek* leaves. *Indian J. Exp. Biol.*, 34: 78-80.
32. Sanjay, K. (2003). Saponins of *Albizia lebbek* in Alzheimer's and Parkinson's Disease," *Indian J. Natural Prod.*, 19: 42-48.
33. Ren, L.X., Luo, Y., F. Li, X. & Wu, Y.L. (2007). Antidepressant activity of sarsasapogenin from *Anemarrhena asphodeloides* Bunge (Liliaceae). *An Int. J. Pharm. Sci.*, 62: 78-79.
34. Figueiró, M., Ilha, J., Linck, V.M., Herrmann, A.P., Nardin, P., Menezes, C.B., Achaval, M., Gonçalves, C.A., Porciúncula, L.O., Nunes, D.S. & Elisabetsky, E. (2011). The Amazonian herbal Marapuama attenuates cognitive impairment and neuroglial degeneration in a mouse Alzheimer model. *Phytomedicine*, 15;18: 327-33.
35. Orhan, I.E., Belhattab, R., Şenol, F.S., Gülpinar, A.R., Hoşbaş, S. & Kartal, M. (2010). Profiling of cholinesterase inhibitory and antioxidant activities of *Artemisia absinthium*, *A. herba-alba*, *A. fragrans*, *Marrubium vulgare*, *M. astranicum*, *Origanum vulgare* subsp. *glandulosum* and essential oil analysis of two *Artemisia* species. *Ind. Crops Product*, 32: 566-571.
36. *Bacopa monniera*-Monograph (2004). *Alternative Medicine Review*, 9: 79-85.
37. Saraf, M.K., Prabhakar, S., Khandujam K.L. & Anand, A. (2011). *Bacopa monniera* attenuates scopolamine-induced impairment of spatial memory in mice. *Evid. Based Complement. Alternat. Med.*, doi: 10.1093/ecam/nej038. Article ID 236186, 10 pages
38. Russo, A. & Borrelli F. (2005). *Bacopa monniera*, a reputed nootropic plant: an overview. *Phytomedicine*, 12: 305-317.
39. Lee, M.K., Kim, S.R., Sung, S.H., Lim, D., Kim, H., Choi, H., Park, H.K., Je, S. & Ki, Y.C. (2000). Asiatic acid derivatives protect cultured cortical neurons from glutamate-induced excitotoxicity. *Res. Commun. Mol. Pathol. Pharmacol.*, 108: 75-86.
40. Singhal, A.K., Naithani, V. & Bangar, O.P. (2012). Medicinal plants with a potential to treat Alzheimer and associated symptoms. *Int. J. Nutrition Pharmacol. Neurol. Dis.*, 2: 84-91.
41. Dhanasekaran, M., Holcomb, L.A., Hitt, A.R., Tharakan, B., Porter, J.W., Young, K.A. & Manyam, B.V. (2009). *Centella asiatica* extract selectively decreases amyloid β levels in hippocampus of Alzheimer's disease animal model. *Phytother. Res.*, 23: 14-19.
42. Anekonda, T.S., & Reddy, P.H. (2005). Can herbs provide a new generation of drugs for treating Alzheimer's disease?. *Brain Res. Rev.*, 50: 361-376.
43. Kumar, M.H.V. & Gupta, Y.K. (2003). Effect of *Centella asiatica* on cognition and oxidative stress in an intracerebroventricular streptozotocin model of Alzheimer's disease in rats. *Clin. Exp. Pharmacol. Physiol.*, 30: 336-342.
44. Lekha, G., Kumar, B.P., Rao, S.N., Arockiasamy, I. & Mohan, K. (2010). Cognitive enhancement and neuroprotective effect of *Celastrus paniculatus* Willd. seed oil (Jyothismati oil) on male Wistar rats. *J. Pharm. Sci. Tech.*, 2:130-138.
45. Gattu, M., Boss, K.L., Terry, A.V.Jr. & Buccafusco, J.J. (1997). Reversal of scopolamine-induced deficits in navigational memory performance by the seed oil of *Celastrus paniculatus*. *Pharmacol. Biochem. Behav.*, 57: 793-799.
46. Kumar, M.H. & Gupta, Y.K. (2002). Antioxidant property of *Celastrus paniculatus* willd.: a possible mechanism in enhancing cognition. *Phytomedicine*, 9: 302-311.
47. Singh, A.K., Gupta, A., Mishra, A.K., Gupta, V., Bansal, P. & Kumar, S. (2010). Medicinal plant for curing Alzheimer's disease. *Int. J. Pharm. Biol. Arch.*, 1:108-114.
48. Zhang, Z.J. (2004). Therapeutic effects of herbal extracts and constituents in animal models of psychiatric disorders. *Life Sci.*, 75:1659-1699.
49. Rai, K.S., Murthy, K.D., Karanth, K.S. & Rao, M.S. (2001). *Clitoria ternatea* (Linn) root extract treatment during growth spurt period enhances learning and memory in rats. *Indian J. Physiol. Pharmacol.*, 45: 305-313.
50. Gupta, G.K., Chahal, J. & Bhatia, M. (2010). *Clitoria ternatea* (L.): old and new aspects. *J. Pharm. Res.*, 3: 2610-2614.
51. Lannert, H. & Hoyer, S. (1998). Intracerebroventricular administration of streptozotocin causes long-term diminutions in learning and memory abilities and in cerebral energy metabolism in adult rats. *Behav. Neurosci.*, 112: 1199-1208.
52. Rubio, J., Qiong, W., Liu, X., Jiang, Z., Dang, H., Chen, S.L. & Gonzales, G.F. (2011). Aqueous extract of black maca (*Lepidium meyenii*) on memory impairment induced by ovariectomy in mice. *Evid. Based Complement. Alternat. Med.*, Article ID 253958, p. 7 <http://dx.doi.org/10.1093/ecam/nen063>
53. Lee, K.Y., Sung, S.H., Kim, S.H., Jang, Y.P., Oh, T.H. & Kim, Y.C. (2009). Cognitive-enhancing activity of loganin isolated from *Cornus officinalis* in scopolamine-induced amnesic mice. *Arch. Pharmacol. Res.*, 32: 677-683.
54. Banji, O., Banji, D., Annamalai, A.R. & Manavalan, R. (2007). Investigation on the effect of *Eclipta alba* on animal models of learning and memory. *Indian J. Physiol. Pharmacol.*, 51: 274-278.

55. Lobo, O.J.F., Banji, D., Annamalai, A.R. & Manavalan, R. (2008). Evaluation of antiaggressive activity of *Eclipta alba* in experimental animals. *Pak. J. Pharm. Sci.*, 21: 195-199.
56. Dhingra, D., Parle, M. & Kulkarni, S.K. (2004). Memory enhancing activity of *Glycyrrhizaglabra* in mice. *J Ethnopharmacol.* 91: 361-365.
57. Sener, B. & Orhan, I. (2005). Discovery of drug candidates from some Turkish plants and conservation of biodiversity. *Pure Appl. Chem.*, 77: 53-64.
58. Trofiminuk, E., Walesiuk, A. & Braszko, J.J. (2006). St john's wort (*Hypericum perforatum*) counteracts deleterious effects of the chronic restraint stress on recall in rats. *Acta Neurobiol. Exp.*, 66:129-138.
59. Hornick, A., Schwaiger, S., Rollinger, J.M., Vo, N.P., Prast, H. & Stuppner, H. (2008). Extracts and constituents of *Leontopodium alpinum* enhance cholinergic transmission: Brain ACh increasing and memory improving properties. *Biochem. Pharmacol.*, 15: 76: 236-248.
60. Heo, J.H., Lee, S.T., Chu, K., Oh, M.J., Park, H.J., Shim, J.Y. & Kim, M. (2008). An open-label trial of Korean red ginseng as an adjuvant treatment for cognitive impairment in patients with Alzheimer's disease. *Eur. J. Neurol.*, 15: 865-868.
61. Lee, S.T., Chu, K., Sim, J.Y., Heo, J.H. & Kim, M. (2008). Panax ginseng enhances cognitive performance in Alzheimer disease. *Alzheimer Dis. Assoc. Disord.*, 22: 222-226.
62. Ahn, J.Y., Kim, S., Jung, S.E. & Ha, T.Y. (2010). Effect of licorice (*Glycyrrhiza uralensis* Fisch) on amyloid- β -induced neurotoxicity in PC12 cells. *Food Sci. Biotechnol.*, 19: 1391-1395.
63. Ho, Y.S., So, K.F. & Chang, R.C. (2010). Anti-aging herbal medicine-how and why can they be used in aging associated neurodegenerative diseases?. *Ageing Res. Rev.*, 9: 354-362.
64. Chen, F., Eckman, E.A. & Eckman, C.B. (2006). Reductions in levels of the Alzheimers amyloid beta peptide after oral administration of ginsenosides. *The FASEB J.*, 20: 1269-1271.
65. Akhondzadeh, S., Naghavi, H.R., Vazirian, M., Shayeganpour, A., Rashidi, H. & Khani, M. (2001). Passionflower in the treatment of generalized anxiety: a double blind and randomized trial with oxazepam. *J. Clin. Pharm. Ther.*, 26: 363-367.
66. Park, C.H., Choi, S.H., Koo, J.W., Seo, J.H., Kim, H.S., Jeong, S.J. & Suh, Y.H. (2002). Novel cognitive improving and neuroprotective activities of *Polygala tenuifolia* Willdenow extract, BT-11. *J. Neurosci. Res.*, 70: 484-492.
67. Jia, H., Jiang, Y., Ruan, Y., Zhang, Y., Ma, X., Zhang, J., Beyreuther, K., Tu, P. & Zhang, D. (2004). Tenuigenin treatment decreases secretion of the Alzheimer's disease amyloid betaprotein in cultured cells. *Neurosci. Lett.*, 367: 123- 128.
68. Chen, Y.L., Hsieh, C.L., Wu, P.H. & Lin, J.G. (2004). Effect of *Polygala tenuifolia* root on behavioral disorders by lesioning nucleus basalis magnocellularis in rat. *J. Ethnopharmacol.*, 95: 47-55.
69. Ikeya, Y., Takeda, S., Tunakawa, M., Karakida, H., Toda, K., Yamaguchi, T. & Aburada, M. (2004). Cognitive improving and cerebral protective effects of acylated oligosaccharides in *Polygala tenuifolia*. *Biol. Pharm. Bull.*, 27: 1081-1085.
70. Kulkarni, K.S., Kasture, S.B. & Mengi, S.A. (2010). Efficacy study of *Prunus amygdalus* (almond) nuts in scopolamine-induced amnesia in rats. *Indian J. Pharmacol.*, 42: 168-173.
71. Chakrabarty, M. & Thawani, V. (2011). Understanding phytotherapy of Alzheimer's disease: last decade and coming future. *Int. J. Life Sci. Pharm. Res.*, 1:44-51.
72. Rao, N.V., Pujar, B., Nimbale, S.K., Shantakumar, S.M. & Satyanarayana, S. (2008). Nootropic activity of tuber extract *Pueraria tuberosa* (Roxb.). *Indian J. Exp. Bio.*, 46: 591-598.
73. Patil, R., Gadakh, R., Gound, H. & Kasture, S. (2011). Antioxidant and anticholinergic activity of *Rubia cordifolia*. *Pharmacologyonline*, 2: 272-278.
74. Pratchayasakul, W., Pongchaidecha, A., Chattipakorn, N. & Chattipakorn, S. (2008). Ethnobotany & ethnopharmacology of *Tabernaemontana divaricata*. *Indian J. Med. Res.*, 127: 317-335.
75. Vasudevan, M. & Parle, M. (2007). Memory-Enhancing activity of *Thespesia populnea* in Rats. *Pharmaceutical Biology*, 45: 267-273.
76. Jang, J.H. & Surh, Y.J. (2003). Protective effect of resveratrol on beta-amyloid induced oxidative PC12 cell death. *Free Radical Biol. Med.*, 34: 1100-1110.
77. Russo, A., Palumbo, M., Aliano, C., Lempereur, L., Scoto, G. & Renis, M. (2003). Red wine micronutrients as protective agents in Alzheimer-like induced insult. *Life Sci.*, 72: 2369-2379.
78. Dhuley, J.N. (2001). Nootropic-like effect of ashwagandha (*Withania somnifera* L) in mice. *Phytother. Res.*, 15: 524-528.
79. Singh, N., Singh, S.P., Nath, R., Singh, D.R., Gupta, M.L., Kohli, R.P. & Bhargava, K.P. (2008). Prevention of Urethane-induced lung adenomas by *Withania somnifera* (L.) dunal in albino mice. *Int. J. Crude Drug Res.*, 24: 90-100.
80. Kelley, B.J. & Knopman, D.S. (2008). Alternative medicine and Alzheimer disease. *Neurologist*, 14: 299-306.
81. <http://www.auroh.com/alzheimer/homeopathic-treatment-for-alzheimer.php>
82. http://www.naturalnews.com/034416_Alzheimers_disease_homeopathic_remedies_treatment.html
83. <http://www.homeopathy-cures.com/html/alzheim>

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