

Examining Each Case Individually, Making Accurate Diagnoses, and Putting Smiles on Patients' Faces



At Nagoya Forest Clinic in Nagoya City, Aichi Prefecture, Doctor Kazuhiko Kono works closely with patients from throughout Japan, providing outpatient examinations and treatments for dementia. Doctor Kono says that, even when dementia is suspected, he starts by carefully confirming awareness levels in each patient before beginning treatment. He also makes use of the Ultra-Ma ultrasound machine for the head in clinic operations, so we talked with him about actual usages of this device among patients exhibiting dementia symptoms.

Dementia diagnosis starts with checking for possible awareness-related issues

Consciousness and awareness of one's surroundings are not binary, all-or-nothing matters; awareness levels vary across a spectrum. When people imagine a loss of awareness, they most likely envision someone in a full-on comatose state. However, even a perfectly healthy person would find it difficult, for example, to answer math problems after being abruptly woken up in the middle of the night, before they had time to regain their senses — this is a matter of mind clarity, or slightly foggy consciousness, that affects all of us at times. When somebody is not fully clear-headed or focused, they cannot be effectively tested, but when awake and alert they perform well on tests.

With dementia, a patient diagnosed with the disease is generally considered to have insufficient levels of certain neurotransmitters, which is why they are usually prescribed medicines designed for treating diseases such as Parkinson's disease, Alzheimer dementia and similar. However, at my clinic I first confirm and classify the level of patient awareness prior to assessing the degree of dementia. I think that most cases of dementia with Lewy bodies (DLB) are consciousness disorders, and one thing we need to be careful about with such disorders is epilepsy. As one of my clinical tests, I stack nine wooden blocks to create a three-dimensional structure, and then have the patient reproduce the same structure. Even if the patient has scored high on the Revised Hasegawa Dementia Scale (HDS-R), they may not be able to reproduce the wooden block structure on certain days, in

which case I suspect epilepsy. I have patients take the wooden block test on every one of their visits, and even if they find that they are unable to complete the block structure on their first attempt, they may complete it with flying colors after having a coffee break or taking some time to complete their CT scans and then trying again, in which cases I also suspect epilepsy. I have trained myself to identify epilepsy symptoms in patients in these types of ways. Such patients do not suffer from symptoms 24 hours a day, so EEG tests alone are not enough to make a judgment regarding epilepsy.



The Ultra-Ma awakens the patient from "hibernation"

Among my patients, 129 have made use of the Ultra-Ma, among which 85% had dementia and some others exhibited developmental disorders. Surprisingly, 62% of the patients experienced favorable changes after only a single use of the Ultra-Ma. I had not expected just one usage to have an effect on all users, and it amazed me to see positive changes in more than 60% of users. Among these, 9.3% said they experienced "significant improvement" that changed their lives dramatically. Moreover, this group included two patients who had scored a zero on the HDS-R and one patient who had scored a 1 — these were severely affected patients who had lost most of their hippocampus, which serves as the entry/exit point for memories. I'm not sure how the Ultra-Ma affected the patients with developmental disorders. Positive changes seen through use of this machine included increased energy and drive, increased speech, and better expression with the eyes, among others. Some people became overly excited or agitated after using the Ultra-Ma, but whatever the results it was clear that the device

was having an effect.

After initially checking the functions of the device, I had expected it to prove useful for treating apathy — lack of interest in life activities and interactions and a general loss of energy — but I found that, in actual usage, it has proven very effective in patients who have very high HDS-R scores yet suffer from poor frontal lobe health which brings about a general sense of absentmindedness. In many cases, the effects of a single ultrasound treatment using the device lasted for two to three days. In seven of the patients, these effects lasted for a month or more, which was quite impressive. In my view, the Ultra-Ma is a machine capable of waking the patient from a state of figurative "hibernation." Based on my treatment efforts using the device, I believe that 9% of patients in general will experience changes similar to those who saw dramatic improvements.

Among the three patients of my clinic that ended up purchasing their own Ultra-Ma, the first was suffering from DLB and confined to a wheelchair in day-to-day life. After buying the machine and using it three times per day, he experienced major improvements: once a man staring blankly ahead with a downtrodden expression

on his face, he now lives an enjoyable life just like everybody else thanks to the Ultra-Ma. His movements are sharp and firm, his smile brighter. He has become a normal person again, in the positive sense of the phrase. He understands and reacts when I make jokes now, and I am surprised to see just how handsome he looks when he rewards me with a refreshing laugh. His wife, who has devoted herself to his treatment and care, is very pleased with the results, and that makes me feel like I have done my job.

A certain care manager, who attended one of my lectures after developing an interest in the Kono Method, told me that they have had trouble with numerous dementia patients who refuse to take their baths. During the lecture, this care manager was surprised to hear me propose having such dementia patients take a sedative an hour before bath time, after which they would get in the bath without causing a problem. Dementia is a deeply complex disease, and there are no shortcuts when diagnosing and assessing it, nor is there any specialized drug we can use to cure it. We must work closely with each patient in order to provide personally tailored treatments.

View more information and videos on the Doctor Kono Dementia Blog!



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