YouTube Content from the 53rd Video of "Dr. Kono's Dementia Video Channel"

Lewy Body Dementia

Dr. Kazuhiko Kono Nagoya Forest Clinic

"Immediate Treatment Manual for Lewy Body Dementia (Revised Edition)"
Author: Dr. Kazuhiko Kono Published by: FujiMedical Publishing

"Ambulatory Impairment and Parkinsonism in Dementia Seen through the Kono Method"
Author: Dr. Kazuhiko Kono Published by: Japan Medical Journal

Hallucinations Are a Characteristic Symptom

Hallucinations are defined as "an experience involving the apparent perception of something not present." For example, some people may vividly see things or people that are not actually there. This hallucinatory symptom is observed in a high rate (about 80%) of patients with Lewy body dementia.

Hallucinations are caused by decreased blood flow in the occipital lobe (visual cortex). Decreased cerebral blood flow to the occipital lobe in cerebral blood flow scintigraphy (a test that examines the state of blood flow in each part of the brain) is one of the criteria for diagnosing Lewy body dementia. As the occipital lobe is less likely to atrophy when blood flow is reduced, it cannot be determined solely by examining the shape of the brain.

There is a theory that people who talk a lot during sleep are more likely to suffer from Lewy body dementia in the future. Other premonitory symptoms of Lewy body dementia are as follows:

(1) Behavioral disorders in REM sleep: The patient's muscles are tense while they sleep, and when they have a dream that involves fighting, their body moves and they yell as they visualize it in their dream.
(2) Smell disorders: Lewy bodies interfere with the odor transmission signals, which results in the patient losing their sense of smell.
(3) Other premonitory symptoms: Constipation, color blindness, depression, etc. These symptoms are the same as the premonitory symptoms of Parkinson's disease.

The onset of Lewy body dementia starts when a protein called "α-synuclein," the function of which is yet unknown, found in nerve tissue, forms a fiber bundle. While α-synuclein is difficult to agglomerate if it maintains a stable shape, when it is agglomerated, it becomes Lewy bodies. Depending on where the Lewy bodies build up determines whether an individual suffers from either Parkinson's disease or Lewy body dementia.

Considering Cognitive Functions in Lewy Body Dementia

There are four types of Lewy body dementia ([1] typical Lewy body dementia, [2] Alzheimer's type, [3] Parkinson's type, [4] psychosis type), and all four types have drug hypersensitivity. Arousal treatment works well for typical cases and psychosis type Lewy body dementia, while antioxidant treatment works well for typical cases and Parkinson's type Lewy body dementia.

In treatment, the most important thing is to cure the absent-mindedness in which the patient is zoned out. With the Kono Method, of the vitality classifications (arousing type, consciousness impairment type, ambulatory impairment type), I first supervise treatment to cure the ambulatory impairment type and consciousness disorder types of Lewy body dementia.

● Lewy Score

Check Item		Full Points	Score
Medical Questionnaire	Drug hypersensitivity (cold medicine, etc. was too strong)	2	
	Hallucinations (2points) Delusions (I feel like there are people present when they are actually not) (1point)	2	
	Sudden loss of consciousness (excluding overt epilepsy)	1	
	Sleep-talking at night (1point) Screaming (2points)	2	
	Dysphagia (choking while eating)	1	
	No hobbies and abnormally somber	1	
Medical Questionnaire Medical Examination	Daytime lethargy, nap for an hour or more	2	
	Resting tremors	1	
Medical Examination	Cogwheel phenomenon (2points) Fast and rigid (1point)	2	
	Body sometimes leans to one side when standing, walking or sitting (2points) Mild (1point)	2	
	Total	16	

Is There Suffering on Four Fronts?

If the "Lewy Score," which is a check item for Lewy body dementia, is 4 points or more, there is a greater chance that the individual suffers from Lewy body dementia.

The four fronts of suffering caused by Lewy body dementia are forgetfulness, ambulatory impairment, hallucinations/delusions, and depression.

Many people with dopaminergic ambulatory impairment lean to the right. Dopamine nerve cells are nerve cells that make the neurotransmitter dopamine, which the brain needs to command muscles throughout the body. In Lewy body dementia, dopamine deficiency prevents the transmission of movement commands to all areas of the body, resulting in impaired body movement. Why does a patient have hallucinations associated with excessive dopamine when he/she cannot walk due to lack of dopamine? There are four major dopamine pathways. A deficiency in motor system dopamine causes ambulatory impairment, and excessive cognitive system dopamine causes hallucinations. Even though it is still dopamine, the pathways are different, and that's why hallucinations occur.

First and Foremost, the Neural Pathways Have to Be Aroused

In treatment, the dopamine pathways have to be aroused. In the vitality classification, consciousness impairment type Lewy body dementia ranks first in order of the types to cure.

Unlike Parkinson's disease and Parkinson's dementia, which are also classified as types of Lewy body disease, Lewy body dementia is particularly sensitive to drug medication. Thus, low-dose multiple drug treatment is the only option. As a result, many doctors have had difficulty prescribing Lewy treatment. I realized that drug hypersensitivity means that the drug works well, so 1/3 of the typical dose may be sufficient for treatment.

Academic societies prohibit the prescribing pf multiple drugs to the elderly, but the reality is that Lewy body dementia cannot be cured without prescribing multiple drugs. Adjustments are required, however, such as reducing the prescription amount to 1/3 of what is common practice.

Depression Associated with Dementia

There is a state of depression that is associated with dementia. In young people suffering from severe depression, of the neurotransmitters acetylcholine, dopamine, and serotonin, only serotonin sees a drop in levels. Meanwhile, with regards to depression in the elderly, even though the level of serotonin does not see so much of a decrease, the condition is expected to be caused by the decrease of acetylcholine and dopamine as well as acetylcholine, dopamine, and serotonin all reaching vague levels. Therefore, it is not necessary to prescribe antidepressants because antidepressants alone reduce cognitive functions.

Long-term Battle with Lewy Body Dementia

I want to reverse the effects of aging and cure the condition as physiologically as possible. For this, I recommend (1) high-dose glutathione injections, (2) antioxidant supplements such as ferulic acid and taxifolin, and (3) low-power ultrasound.

China's National People's Congress announced in January 2019 that it will switch dementia treatment from oral medication to ultrasound. As a result of having 194 patients use low-power ultrasound once, 54% saw an improvement. Meanwhile, 9.3% of patients saw a significant improvement. The use of low-power ultrasound saw positive changes also occur in severely ill patients who scored 0 points on the Hasegawa dementia scale, and what's more, there are no side effects to this form of treatment. I am currently conducting a clinical trial on Lewy body dementia and I would like it to be covered by medical insurance.