

**MANAGEMENT OF GERIATRIC HEALTH ISSUES THROUGH
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Author****Dr. Kanchan Chowdhury**Assistant Professor,
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Study of the physiological and psychological changes which are incident in old age is called Gerontology and the care of aged is called clinical gerontology or Geriatric. India's older population will increase dramatically over the next four decades. 2010 and 2050, the share 65 and older is expected to increase from 5 percent to 14 percent, while the share in the oldest age group (80 and older) will triple from 1 percent to 3 percent. There are so many healthcare problems which need to be addressed by the society and medical fraternity. Older people differ from the younger ones in various aspects eg. they have a decreased physiological reserve, chronic (multiple) diseases, co morbidity, disability, frailty, and a few social issues like isolation,

familial detachment and psychological issues. Because of lack of alertness at different level, Ayurveda can play a crucial role in treating and preventing geriatric issues by providing a holistic care. Through active prevention, following Dinacharya, Ritucharya, and of course with Rasayana therapy we can manage the geriatric issues effectively. So Ayurvedic approach is essential to improve and implement suitable strategies meant to evaluate and manage frail elderly patients with chronic diseases, comorbidity and mortality.

KEYWORDS: Ayurveda, Geriatric Health, Management, Rasayana.**INTRODUCTION****“The best classroom of the world is in the feet of an elderly person”- Anonymous**

Study of the physiological and psychological changes which are incident in old age is called Gerontology and the care of aged is called clinical gerontology or Geriatric. No one knows when old age begins. The biological age of a person is not identical with his chronological

age. Certain disabilities and chronic diseases are most frequent among older people. Psychological problems, impaired memory, rigidity of outlook, and dislike of change are some of the mental changes found in the aged. Further, emotional disorders result from social maladjustment. The degree of adaptation to the fact of aging means happiness, failure to adapt can result in bitterness, inner withdrawal, depression, weariness of life and even suicide.

The aging population today have different medical and sociological problem. The physical deterioration due to chronologically advancing age makes a person 'aged'. There are both intrinsic as well as extrinsic changes in the individual. The intrinsic changes are those which take place within the functioning of body or genes. Extrinsic changes among the aged are the effects of disorganized social institutions, values and norms arising out of surroundings.

POPULATION DEMOGRAPHY

India's older population will increase dramatically over the next four decades. The share of India's population ages 60 and older is projected to climb from 8 percent in 2010 to 19 percent in 2050, according to the United Nations Population Division (UN 2011). By mid-century, India's 60 and older population is expected to encompass 323 million people, a number greater than the total U.S. population in 2012. This profound shift in the share of older Indians—taking place in the context of changing family relationships and severely limited old-age income support—brings with it a variety of social, economic, and health care policy challenges.^[1] India, now home to 1.2 billion people, is projected to overtake China in about a decade to become the world's most populous country. The United Nations Population Division projects that India's population ages 50 and older will reach 34 percent by 2050 (UN 2011). Between 2010 and 2050, the share 65 and older is expected to increase from 5 percent to 14 percent, while the share in the oldest age group (80 and older) will triple from 1 percent to 3 percent.^[2] By 2050, life expectancy at birth is projected to reach 74 years. Fertility rates in India have declined to 2.6 children per women, less than one-half the early 1950s rate of 5.9 children per woman.^[3] Arokiasamy and colleagues reported that the old-age dependency ratio—the number of people ages 60 and older per person ages 15 to 59—is expected to rise from 12 per 100 to 31 per 100 by 2050. By 2042, the share of Indians ageing 60 years and older is projected to exceed the children and youth ageing 14 and younger.^[4]

HEALTH CARE SCENARIO OF ELDERLY IN INDIA

There are so many healthcare problems which need to be addressed by the society and medical fraternity. Older people differ from the younger ones in various aspects. Like the have a decreased physiological reserve. We have noticed that, older people cannot run as fast as a younger people can do. This is absolutely because decreased physiological reserve and aging is responsible for it. Aging is responsible for slow deterioration of this reserve. The difference between a young person and an old person is how much is left “in the tank”, how much additional activity can be dragged out of organs before they become exhausted. We call this Physiological reserve and it is of core importance in geriatric care. They have multiple diseases and issues. Aging seldom comes alone; it is often accompanied by chronic (multiple) diseases, co morbidity, disability, frailty, and social isolation.^[5] It is unusual for elderly patients to have only one disease affecting only one organ or apparatus. Even though, for example, acute pneumonia may be the ultimate cause of hospital admission for an 80-year-old woman, she may very often also complain of, for instance, concomitant diabetes, heart failure, osteoporosis, anemia, and hypertension.^[6]

They also have lots of Social, familial and financial issues. They have communication difficulty, sensory and intellectual impairment. They are so much vulnerable to drug side effects. Adverse drug reactions are usually related to the established fact that elderly people are often frail and highly sensitive to pharmacotherapy, because of changes in pharmacokinetic and pharmacodynamic parameters^[7] and impairment in many organ functions. Almost 1/3 of drugs prescribed today are taken by elderly who represent only 12% of the population. It has been shown that 10-20% of hospital admission is due to drug reactions. Atypical presentation of disease processes is also a problem. Atypical presentation is defined as non-specific symptoms occurring outside of the normal rubric of traditional signs and symptoms, which may signify an impending acute illness in an older adult. Non-specific signs and symptoms may include: confusion, unexplained change in behavior or function, fall, incontinence, apathy, poor appetite, anorexia, dyspnoea, fatigue or excessive sleepiness etc. Atypical presentation of illness can include: vague presentation of illness, altered presentation of illness, non-presentation of illness.^[8] They also suffer from dual medical problems like communicable and non communicable problems. They usually delay in accepting ill health and also delay in seeking help from others. The five top diagnostic categories of problems generally affecting the elderly have been found to be: Cardiological, Psychiatric, Musculoskeletal, Eye, ENT and Hormonal.

WHY OLD AGE PROBLEMS ARE NEGLECTED

It is just because of lack of alertness at different level. Older people often think that, diseases that have occurred can be well managed by their own. Patients close relatives sometimes find it difficult to pinpoint the severity of the situation. Thus everybody takes a long to understand the gravity of the condition; like early tremors of Parkinson's are often undiagnosed and not addressed properly. Forgetfulness in dementia is attributed to a regular old age issues. Even a mild to moderate diarrhea should never be neglected. Unfortunately seldom they are left on their own to recover after a stroke or fall or cut injury etc.

WHY HOLISTIC APPROACH TO TREAT GERIATRIC PATIENTS

A general principle of geriatric medicine is that, diseases often present atypically. We can have non specific signs and symptoms. So many geriatric diseases are multifactorial in origin. Cardiac problems may be due to vitamin deficiency, GI upsets may be due poor dental hygiene etc. Not all abnormalities require detailed investigation as well as treatment. Poly pharmacy can cause so many problems. Ayurveda can play a crucial role in treating and preventing geriatric issues by providing a holistic care. Ayurveda always offers gentler and safer approaches to addressing various health issues of seniors, a significant concern when the challenges of medication use in older adults are considered. Ayurveda encourages Sadvritta (codes of conducts) to strengthen the body's defenses and healing abilities, which offer benefits beyond symptomatic management.

MANAGEMENT PROTOCOL

Ayurveda gives a holistic approach as to how to treat senile issues. Quality of health and severity of a disease depends on Agnibala, Srotabala, Ojabala, Dehabala, Manobala, Rogabala. So we need to protect all those vala to sustain a healthy life. Key for healthy aging in present day is a balance diet (organic food, green vegetables, low fat, fruits, fibers), regular physical activity (walking), to remove bad habits (avoid alcohol and smoking), no OTC drugs, good sleep, stress deterioration and socialization.

Ayurveda projects a unique concept of medicinal promotion of nutrition through its Rasayana tantra which forms one of the eight branches of Ashtanga Ayurveda. Rasayana represents a range of food supplements, medicinal nutrients and healthy life style practices which lead to improve quality of tissues in the body resulting in turn to enhanced immunity and longevity. All Rasayanas promote nutritional status, qualities of Dhatus and Ojabala.

Old age is mostly related to noncommunicable diseases like bronchial asthma, heart disease, diabetes mellitus, peptic ulceration, skin disorders, hypertension, arthritis etc. which can be managed well with Ayurveda as it can tremendously control them and eliminates the cause rather than symptoms. Ayurvedic approaches in most of the diseases are harmless as it has comparatively less or no side effects. Medicines are based on plants so that it is better tolerated by the body as the bio constitution is similar to the human body. Herbal medicines are very cost effective for which appropriate for most of the people.

CONCLUSION

Ayurveda can effectively control Geriatric issues especially the non communicable ones as it has both preventive and curative approaches. As old age population is gradually increasing, time has come that we can prepare ourselves for providing better care to them. Older people are more vulnerable not to tolerate disease load in comparison to the younger ones. According to Ayurveda, quality of health and severity of a disease depends on Agnibala, Srotabala, Ojabala, Dehabala, Manobala, Rogabala. So we need to protect all those vala to sustain a healthy life. Rasayana therapy effectively controls jwara (aging) and other health issues. There is a critical shortage of health care workers especially in the field of Geriatrics. Elderly nurses have been replaced by younger ones in the nursing homes. As India's population ages, the nation will face a shrinking pool of working-age people to support the elderly population. So Ayurvedic approach is essential to improve and implement suitable strategies meant to evaluate and manage frail elderly patients with chronic diseases, comorbidity and mortality.

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