



PROBLEMS OF GERIATRICS AND ITS CARE IN AYURVEDA- A REVIEW

KEYWORDS

Ayurveda, Geriatric, Rasayana, Swasthavritta, Panchakarma, Yoga.

Gupta Amit

M.D. Scholar, Professor & HOD, Reader, Lecturer, Post Graduate Dept. of Dravyaguna, Shri N.P.A Govt. Ayurved College, Raipur (Chhattisgarh)

Gupta Rakshapal

M.D. Scholar, Professor & HOD, Reader, Lecturer, Post Graduate Dept. of Dravyaguna, Shri N.P.A Govt. Ayurved College, Raipur (Chhattisgarh)

Joshi Pravin Kumar

M.D. Scholar, Professor & HOD, Reader, Lecturer, Post Graduate Dept. of Dravyaguna, Shri N.P.A Govt. Ayurved College, Raipur (Chhattisgarh)

Singh Rajesh Kumar

M.D. Scholar, Professor & HOD, Reader, Lecturer, Post Graduate Dept. of Dravyaguna, Shri N.P.A Govt. Ayurved College, Raipur (Chhattisgarh)

Rout Om Prakash

M.D. Scholar, Professor & HOD, Reader, Lecturer, Post Graduate Dept. of Dravyaguna, Shri N.P.A Govt. Ayurved College, Raipur (Chhattisgarh)

ABSTRACT

Ageing is a process of physical, psychological and social change in multi-dimensional aspects. The world's elderly population is increasing. By 2050, one-fifth of the world will be older than 65 years. In India, they will be about 113 million elderly by 2016. Jarachikitsa or Rasayana is a unique therapeutic methodology to delay ageing and to minimize the intensity of problems occurring this degenerative phase of one's life. Future aging can be reduced before the occurrence of old age. In fact the ideal time for treating the geriatric problems is youth. Adherence to discipline in youth keeps the geriatric problems away. By adopting a healthier lifestyle, the risk of noncommunicable chronic disease can be reduced. This paper deals with the geriatric management as per Ayurved i.e. Rasayana, diet and nutrition, Swasthavritta, Panchakarma, Yoga.

Introduction

The World population of the elderly is increasing and by the year 2050, adults older than 65 years will comprise 1/5th of the global population. In India 3.8% of the population are older than 65 years of age. According to an estimate the likely number of elderly people in India by 2016 will be around 113 million¹². The twenty-first century is witnessing a gradual decline in fertility, and with increase in life expectancy, the society will need to grapple with issues of longevity. The cause of morbidity and mortality world over is shifting from communicable diseases a few decades ago to noncommunicable diseases. The leading causes of mortality among aged people comprise respiratory problems, heart diseases, cancer and stroke. Significant causes of morbidity among this group is chronic inflammatory and degenerative conditions such as Arthritis, Diabetes Osteoporosis, Alzheimer's disease, Depression, Psychiatric disorders, Parkinson's disease and age related urinary problems^{3,6}. Ayurveda has the potential for disease prevention by health promotion and noncommunicable disease prevention. The focused branch Rasayana (rejuvenation) or Jarachikitsa promote healthy longevity. Jarachikitsa and Rasayana methodologically delay vrudhavashta (ageing) and reduce geriatric degeneration. Vrudhavashta begins at 60-70 years^{7,8}. It is the demand of the hour to develop an effective holistic protocol for geriatric care by combining Rasayana, Diet and nutrition, Swasthavritta, Panchakarma, Yoga.

Geriatric^{9,12}

The geriatric assessment is a multidimensional, multidisciplinary diagnostic instrument designed to collect data on the medical, psychosocial and functional capabilities and limitations of elderly patients. Various geriatric practitioners use the information generated to develop treatment and long-term follow-up plans, arrange for primary care and rehabilitative services, organize and facilitate the intricate process of case management, determine long-term care requirements and optimal placement, and make the best use of health care resources.

Physical disorders

The following are some very common physical disorders of the old age¹³:

- Cardiovascular - hypertension, MI, CCF
- Respiratory - asthma and bronchitis
- Musculoskeletal - osteoporosis, spasm, drooping shoulder
- Gastro-intestinal - dyspepsia and flatulence
- Genito-urinary - nocturia, prostate enlargement
- Locomotor system - osteoarthritis, rheumatoid arthritis, gout
- Endocrinological - diabetes is one of the major endocrinological problems found in old age.
- Ophthalmic - senile cataract and glaucoma are very common in old people
- Hearing - loss of hearing and hard hearing are the major hearing problems of old age
- Nervous - insomnia is commonly found old age problems
- Problems of hair - hair loss and baldness Cancer - Cancer incidence and severity increases with age
- Menopausal - in addition to all these, ladies experience menopausal health disorders

Psychological problems

Dementia is often noticed in old people. There are 24.2 million people living with dementia worldwide, with 4.6 million new cases every year¹³.

Social issues in elderly

Due to changing phenomenon in India like nuclear family system and urban migration of the people, the rural elderly people are the most sufferers due to absence of family support. In addition, physical abuse, psychological abuse, neglect, financial abuse are common on elderly patients, which further add to the agony. These changes may cause multiple problems with regard to physical, social, mental wellbeing¹³.

The geriatric assessment differs from a standard medical evaluation in three general ways:

- (1) It focuses on elderly individuals with complex problems,
- (2) It emphasizes functional status and quality of life, and
- (3) It frequently takes advantage of an interdisciplinary team of providers.

Whereas the standard medical evaluation works reasonably well in most other populations, it tends to miss some of the most prevalent problems faced by the elder patient. These challenges, often referred to as the "Five I's of Geriatrics", include intellectual impairment, immobility, instability, incontinence and iatrogenic disorders. The geriatric assessment effectively addresses these and many other areas of geriatric care that are crucial to the successful treatment and prevention of disease and disability in older people.

Performing a comprehensive assessment is an ambitious undertaking. Below is a list of the areas geriatric providers may choose to assess:

- Current symptoms and illnesses and their functional impact.
- Current medications, their indications and effects.
- Relevant past illnesses.
- Recent and impending life changes.
- Objective measure of overall personal and social functionality.
- Current and future living environment and its appropriateness to function and prognosis.
- Family situation and availability.
- Current caregiver network including its deficiencies and potential.
- Objective measure of cognitive status.
- Objective assessment of mobility and balance.
- Rehabilitative status and prognosis if ill or disabled.
- Current emotional health and substance abuse.
- Nutritional status and needs
- Disease risk factors, screening status, and health promotion activities.
- Services required and received.

Holistic approach¹⁴⁻²⁵

Rasayana Therapy

Ayurveda has a focused branch of medicine called Rasayana (Rejuvenation) which exclusively deals with the problems related to aging and methods to counter the same. Geriatrics or Jara cikitsa or Rasayana in Ayurveda is a method to control / slow down / arrest the aging process in the human being during the degenerative phase of one's life. Rasayana is normally advised during this degenerative phase which starts from around 45 yrs in both male and female. A holistic system like Ayurveda approaches this condition through two-fold methods. One is a radical approach in which it recharges the whole metabolic process of the body by eliminating the toxins from the system by a three to four months rigorous and organized process known as Kutipraveshika Rasayana. However, this process is seldom practiced due to the extreme intricacy of the physiological process involved and the need for utmost care to be taken by the physician and subject including the environment where the treatment is done. Hence this Kutipraveshika remains as a textual marvel of Ayurveda than a practical process of contemporary relevance. The second approach of Ayurveda, which is quite popular today, is called Vataatapika Rasayana – which can go along with the normal day to day life. This type of Rasayana is particularly important in the current scenario as it has a relatively easy mode of administration without any restrictive pre-conditions.

The main utility of Rasayana therapy is in functional and degenerative disorders that have a chronic or long standing nature. In such cases, in fact, rasayana is the only solution from the point of view of effective management in any system of medicine. Rasayana becomes more fruitful and effective, if it is preceded with suitable Panchakarma (purificatory therapy). The reason we see mixed results in many cases where Rasayana is employed is because of the

fact that, either this purification is not done or improperly done. Some evidence based research –

Single Rasayana drugs for some specific Disease conditions

Diseases of Eye: Jyotishmati (*Celastrus paniculata*), Triphala (Three myrobalans), Satavari (*Asparagus racemosus*), Yastimadhu (*Glycyrrhiza glabra*) and Amalaki (*Embllica officinalis*).

Diseases of Heart: Salaparni (*Desmodium gangeticum*), Arjuna (*Terminalia arjuna*), Guggulu (*Commiphora mukul*), Pushkaramula (*Inula racemosa*).

Skin diseases: Bhallataka (*Semecarpus anacardium*), Vidanga (*Embelia ribes*) and Bakuchi (*Psoralea corylifolia*)

Rasayana for overall Health: Guduchi (*Tinospora cordifolia*), Amalaki (*Embllica officinalis*), Aswagandha (*Withania somnifera*), Cow's milk and Takra.

Asthma: Sirisha (*Albezia lebbek*), Agastya (*Sesbania grandiflora*), Haridra (*Curcuma longa*), Haritaki (*Terminalia chebula*).

Arthritis: Rasona (*Allium sativum*), Sallaki (*Boswellia serrata*), Guggulu (*Commiphora mukul*), Aswagandha (*Withania somnifera*) and Sunthi (*Zinziber officinale*).

Neuropathies: Rasona (*Allium sativum*), Guggulu (*Commiphora mukul*), Bala (*Sida cordifolia*), Aswagandha (*Withania somnifera*).

Diabetes: Silajitu (*Black bitumen*), Amalaki (*Embllica officinalis*), Haridra (*Curcuma longa*), Tejpatra (*Cinnamomum tamala*), Methika (*Trigonella foenum graecum*).

Lipid disorders: Guggulu (*Commiphora mukul*), Haritaki (*Terminalia chebula*), Pushkaramoola (*Inula racemosa*), Vacha (*Acorus calamus*). Hypertension: Rasona (*Allium sativum*), Sarpagandha (*Rauwolfia serpentina*), Aswagandha (*Withania somnifera*), Jatamansi (*Nardostachys jatamansi*).

Brain and Memory Disorders:- Brahmi (*Becopa monnieri*), Mandooka parani (*Centela asiatica*), Jyotishmati (*Celastrus paniculata*), Kapikachhu (*Mucuna pruriens*), Tagara (*Valeriana wallichii*).

Some compound formulations

- Cyawanprasa
- Brahmi Rasayana
- Aswagandha Lehyam
- Mahatriphala Ghrita,
- Karisalai Legiyam
- Triphala Curna
- Aswagandha Curna
- Pranada Gutika
- Narasimha Rasayana
- Agastya Rasayana
- Amalaki Rasayana
- Ayajambeera Karpam
- Bavana Kadukkai
- Ayabringaraja Karpam

Diet and nutrition

With increasing age, people become more prone to malnutrition for many reasons including - Arochaka (Anorexia), Smritinash (Dementia), Manoavasada (Depression), Stroke, Kampavata (Parkinson disease) and other neurological disorders, delayed gastric emptying. The diet should be regulated taking into account the habitat, season, age, and according to one's digestive capacity. Following points may be considered while planning/advising dietary and other life style regimen.

- The food should be tasty, nutritious, fresh and good in appearance.
- Too spicy, salty and pungent food should be avoided.
- It should neither be very hot nor very cold.
- Liquid intake should be more frequent and in small amount.
- Heavy food can be prescribed in a limited quantity.
- Heavy food should not be given at night. The proper time for night meals is two to three hours before going to bed. After dinner, it is better to advice for a short walk.
- Heavy physical work should be avoided after meals.
- Mind should be peaceful while eating.
- Eating only whenever hungry and avoidance of over eating.
- Inclusion of sufficient amount of vegetables and fruits in diet.
- Daily intake of vegetable soup and fruit juices.

Panchakarma

Panchakarma is a bio-cleansing regimen comprising of five main procedures that facilitates better bioavailability of the pharmacological therapies, helps to bring about homeostasis of body-humors, eliminates disease-causing complexes from the body and checks the recurrence and progression of disease. The five fold measures comprehended in this therapy are Vamana (Therapeutic Emesis), Virechana (Therapeutic Purgation), Astapana Vasti (Therapeutic Decoction Enema), Anuvasana Vasti (Therapeutic oil Enema), Nasya Karma (Nasal administration of medicaments). Panchakarma procedures are preceded by Snehana (Therapeutic Oleation) and Swedana (Sudation) applications to make the body system conducive for elimination of bio-toxins and cleansing of channels. This is effective in managing autoimmune, neurological, psychiatric and musculo-skeletal diseases of chronic and metabolic origin.

Yoga

Yoga has found a place as an alternative medicine approach within geriatric and rehabilitation programmes in developed countries in Europe and in the US owing to its countless beneficial effects and it has started to be practiced to improve physical health, to inform, to cope with and to support in various supportive programmes; to help people on issues such as pain, fatigue, stress, nutrition, exercise, sleep and patient caring. The following longevity promoting yogic practices should be performed only under the guidance of qualified Yoga therapist. Asanas: Surya Namaskar, Pavanamuktasana, Ardha Matsyendrasana, Bhujangasana and Shavasana. Pranayama: Nadisodhana, Kapalbhata, Bhramari, Neti, Bhastrika and Tratak. Mudras: Khechari mudra removes diseases and old age problems. Dharana, Dhyana, Swadhyaya and Iswara Pranidhana.

Conclusions

Ayurveda, the Indian traditional holistic health science has got the potential for prevention of diseases by promotion of health and management of diseases occurring in old age. Multiple actions of Rasayana therapy include immuno-modulation, antioxidant action (prevents bio-oxidation thereby checking age related disorders, auto immune disorders, degenerative disorders), adaptogenic (anti-stress) affects and so on. Time-tested holistic and comprehensive remedies for on Nature's Laws can address the gaps in health care of old people. Lifestyle modulation (Swathavritta and Sadvritta) remains integral to the treatment. Most cost-effective; affordable by all sections of People. AYUSH systems have specialized therapeutic procedures for rejuvenation, health promotion and prevention & management of degenerative health problems. Panchakarma & Yoga are proven to be efficacious in neuro-muscular, musculo-skeletal, psychosomatic, metabolic and many chronic health problems of elderly people.

References

1. Ingle GK, Nath A (2008) Geriatric health in India: concerns and solutions. *Indian J Community Med* 33:214-218.
2. Dey AB (2007) *Handbook of Geriatrics*. (1stedn), Paras Medical Publisher, Hyderabad, India. Pg no: 118.
3. David E. Bloom et al., "Economic Security Arrangements in the Context of Population Ageing in India," *International Social Security Review* 63, no. 3-4, (2010): 59-89.
4. Somnath Chatterji et al., "The Health of Aging Populations in China and India," *Health Affairs* 27, no. 4 (2008): 1052-63.
5. Mansour Farahani, S.V. Subramanian, and David Canning, "Effects of State-Level Public Spending on Health on the Mortality Probability in India," *Health Economics* 19, no. 11 (2010): 1361-76.
6. Carl Haub and James Gribble, "The World at 7 Billion," *Population Bulletin* 66, no. 2 (2011).
7. Ambikadutta S (2007) *Sutra Sthan 35/35, Sushruta Samhita*. Chaukhambha Sanskrit Sansthan, Varanasi, India 1: 134.
8. Kashinath S, Gorakhnath C (2004) *Viaman Sthan 8/122, Charak Samhita, Part I*. Chaukhambha Bharati Academy, Varanasi, India. Pgno: 782.
9. *Standard Treatment Guidelines by Armed Forces Medical College* (2007), Pune
10. T.S. Dharamarajan, *Clinical Geriatrics* (2003), The Parthenon Publishing Group, London
11. E.C. Warner, *Savill's System of Clinical Medicine*, 14th Edition (1964), Edward Arnold Ltd., London
12. *Clinical Geriatrics (MME-0005)* (2003), Part 2-8, Indira Gandhi National Open University (IGNOU), New Delhi
13. Shukla R. Geriatric care in Ayurveda: evidence based review. *Journal of alternative, complementary & integrative medicine*, 2015, 1(1); 1-4.
14. G.D. Singhal, *Ayurvedic Clinical Diagnosis - 2, based on Madhava Nidana*, 1st Edition (1985), Chaukhamba Sanskrita Pratishthana, Delhi
15. Bhagwandash & Kashyap, *Diagnosis and treatment of diseases in Ayurveda, Part-1st Edition* (1982), Concept Publishing Company, New Delhi
16. Chandra Kavirtna and P. Sharma, *Charaka Samhita - 32nd Edition* (1996), Sri Satguru Publications, Delhi, India
17. Prof. K.R. Srikantha murthy, *Ashtanga hridayam, Part I & II*, 3rd Edition (1996), Krishnadas Academy, Varanasi
18. Kaviraj Kunjalal Bhisagratna, *Susruta samhita - I, II & III*, 1st Edition (1999), Chaukhamba Sanskrit Series Office, Varanasi
19. S. Srivastava, *Sharangadhara samhita with 'Jivanprada' Hindi commentary*, 1st Edition (1996), Chukhambha Orientalia, Varanasi
20. Prof. A.K. Sharma, *Kaya Chikitsa, Part - II & III*, 1st Edition (2007), Chukhambha Orientalia, Delhi - 110007
21. *The Ayurvedic Formulary of India, Part I & II*, Ministry of Health and Family Welfare, Govt. of India
22. *The Ayurvedic Pharmacopoeia of India, Part II, Vol. I*, 1st Edition 2008 & Vol. II, 1st Edition, 2009, Ministry of Health and Family Welfare, Govt. of India.
23. Stratton RJ, Green CJ, Elia M (2003) Disease-related malnutrition: an evidence-based approach to treatment. CABI Publishing, Wallingford, UK.
24. Tripathi B (2008) *Chikitsa Sthan 15/43, Charak Samhita Part 2*, Chaukhambha Surbharti Prakashan, Varanasi, India. Pgno: 367.
25. Chen KM, Wang HH, Li CH, Chen MH (2011) Community vs. institutional elders' evaluations of and preferences for Yoga exercises. *J Clin Nurs* 20: 1000-1007.