



ORIGINAL RESEARCH PAPER

Medical Science

GERIATRIC REHABILITATION AN INDIAN VIEW

KEY WORDS:

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INTRODUCTION

The old age can be expanded as an infection or sickness. It is a characteristic, typical, unavoidable process. The early idea does not hold great in Indian approach, we need to secure it and broaden it. We are having restoration administrations for the elderly people in India.

MATERIAL AND METHODS

Care of elderly in Indian has been evaluated uniquely in contrast to that in the western nations in light of the Indian conditions and social propensities which are as under:

- 1) Seventy six percent rural
- 2) Family measure.
- 3) Illiteracy.
- 4) Unemployment.
- 5) ten years of crevice amongst professional and situation.
- 6) Retirement age is least.
- 7) Less Life span
- 8) Lesser System
- 9) Propensity living or floor.
- 10) No previous history
- 11) No records/no checking.
- 12) No appropriate development
- 13) ADL movement are distinctive

Give us a chance to investigate the elderly issues. These are multifunction and multidimensional covering mental, physical, socio-cultural and financial viewpoint. Be that as it may, these issues are general in nature. Mental issue are intense. A specific level of natural relapse is an unavoidable associate of propelling years. A physical wellbeing goes down the mental inclination of entertainment, sensitivity, and acknowledgment develops higher, India has an alternate convention, custom and environment. The regard of matured, their sanctuary and care by the more youthful once are frailty in urban populace is to a great extent due to:-

- 1) Expanding nuclear family
- 2) High cost living
- 3) No advantages to mature
- 4) Social contrast

At our middle the restoration of the Geriatric patient have been on the above lines what's more the medicinal administrations rendered the administrations of government., deliberate and social organizations and in addition the family were as included.

We have attempted this approach and out outcomes were as per the following:-

- The inquiry were put to the family and their relatives as to their,
- 1) What is physical issue?
 - 2) What is mental attitude?
 - 3) On the off chance that it is any budgetary issue. ?
 - 4) What is every social change?

OBSERVATION

For every issue concerning physical, mental social and money related, three points were less from the score also three points were added to the score if there were no issue. In this manner a score-board was arranged as needs be from design.

62 percent cases communicated their financial frailty 20 percent of them had likewise some kind of social maladjustments. 48 percent

of them had physical issues and 27percent with mental concern.

TABLE:1 AGE AND SEX RATIO

AGE (years)	MALE	FEMALE
55-60	32	20
60-65	30	6
65-70	22	5
70-75	2	6
75(+)	1	
Total	86(69%)	38(31%)

TABLE-II SOCIO-ECONOMIC STATUS AND PERCENTAGE

INCOME IN MONTH	SOCIO-ECONOMIC STATUS	PERCENTAGE
Rs 0-1000	9	15%
Rs 100-1500	68	54%
Rs 1500-2000	40	32%
Above Rs 2000	8	6%
TOTAL	125 CASES	100%

TABLE:III STUDIED GROUP PERCENTAGE

STUDIED GROUP	PERCENTAGE
1) Mental problem	70%
2) Physical problem	62%
3) Financial Problem	66%
4) Social problem	24%

Average aged Indian goes under both restoratively and monetarily denied gatherings. Medicinally he is inclined to such infections, which if not perceived in time may progress toward becoming chronic in nature and without opportunity, acknowledgment and legitimate treatment may likewise bring about auxiliary inconvenience. In the wake of urbanization and industrialization move of the populace from provincial to urban zones and with separation of customary joint family framework to nuclear family framework it is getting to be noticeably basic that should begin arranging recovery administrations for the general population, will have identity entering the seniority to which now and again, we allude to as third age.

DISCUSSION

Throughout the hundreds of years elderly in our nation, all things considered have a position of respect in the general public. They are valuable resource for the nation. There is no National strategy on this imperative issue of incredible criticalness the obligation of the constitution of our republic. We are additionally gathering to the Vienna International arrangement of activity received by the United Nations world Assembly on aging. The standards and objectives set out in these records can be accomplished, if little exertion is made.

CONCLUSION

Therefore, it is recommended that the Indian approach to rehabilitation of the Geriatric should be as follows :-

All the senior citizens would be covered by comprehensive health care programme. This strategy shall be preventive, early diagnosis of diseases and integral health care system, with the primary health center, which is existing infrastructures for primary health care in rural areas.

- 1) Paramedical person can be imparted an orientation program to

deal with elderly at community level.

- 2) Home care or community support system should be adequately strengthened, its offers are cheaper and psychological, superior services when compared to institutionalized care.
- 3) Elders are given priority for protection and relief in times of distress and natural calamities.
- 4) To formulate and implement a comprehensive social security program both in the unorganized and organized sectors.
- 5) The national arrangement for the direction of organizations is expected to provide guidance to the emotional wellness administrations for the elderly. We don't have, what may be named as "exhaustive emotional wellness administer to the elderly." Instead, what we have is divided interwoven aggravated by various territorial and nearby developers (open and private) that have advanced with negligible thought of whether they are receptive to the psychological well-being needs.
- 6) Detailing and arranging about the monetary security of elderly as per expanding cost file and change in the post retirement annuity conspire.
- 7) Low maintenance work is given to such elderly who are generally physically fit and can productively contribute in number of exercises. This will build the financial circumstance and at a similar give a chance to stay occupied with some occupation.
- 8) Administrative security to arrange people with the goal that they are not left of the family.
- 9) Seniority benefits be upgraded and qualification criteria's for the same might be changed. A plan of protection ought to be presented in the disorderly parts keeping in mind the end goal to meet money related and wellbeing needs of elderly.
- 10) Unique day focus be given to matured to diversions, course, Writing, active recuperation and so on.
- 11) Proceeds with observation as the requirements of elderly individuals are probably going to increase and change. Usage procedure ought to be there through "National Board in Care of the matured". It ought to be determined to the lines of National Youngsters' Board with a specific end goal to seek after the National approach on the restoration of the elderly. It is similarly critical that the issues of the made mindful among arrangement, producers, overseers, organizers and paramedical work force. Mediums of classes, workshop and broad communications ought to be completely misused and a National day for the might be watched every year.

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