

GERIATRICS DISORDER IT'S HOMEOPATHIC

TREATMENT

Dr. A. Roy

*B.Sc. M.D.(Hom)
Psychiatry
Homoeopathic
specialist*



Good morning doctors. Today our subject is “Geriatrics disorder and it’s Homoeopathic Treatment”

At 1st we must know what is Geriatrics?

2nd what is Geriatrics disorder?

What is the cause of Geriatrics disorder?

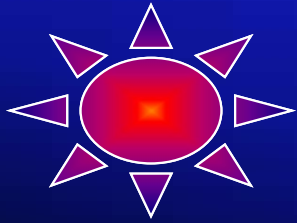
What is Geriatrics?

It is branch of medicine, which deals with the cure & study of disease related with the old people.

- The main aim of geriatrics me to promote the health of the older & to prevent and treat diseases they may encounter. The term Geriatrics was actually coined in the – 1909 by great scientist Ignatz. L. Nascher.

What is Geriatrics disorder?

Disorder- means a functional abnormality of disturbance, medical disorder. In old age biological, sociological & psychological changes are happen. More age related biological functions peak before age 30 and gradually decline linearly there after.



CAUSE OF GERIATRIC DISORDER

SELECTED PHYSIOLOGIC AGE-RELATED CHANGES

AFFECTED ORGAN OR SYSTEM

PHYSIOLOGIC CHANGE

CLINICAL MANIFESTATIONS

Body composition

Lean body mass

Changes in drug levels

Muscular mass

Strength

Creatinine production

Tendency toward dehydration

Skeletal mass

Total body water

Percentage adipose tissue (until
age 60, then until death)

Cells

DNA damage and DNA
repair capacity

Cancer risk

Oxidative capacity

Accelerated cell senescence

Fibrosis

Lipofuscin accumulation

CNS	<p>Number of dopamine receptors</p> <p>α-Adrenergic responses</p> <p>Muscarinic parasympathetic responses</p>	<p>Tendency toward parkinsonian symptoms (eg, muscle tone, arm swing)</p>
Ears	<p>Loss of high-frequency hearing</p>	<p>Ability to recognize speech</p>
Endocrine system	<p>Menopause, estrogen and progesterone secretion</p> <p>Testosterone secretion</p> <p>Growth hormone secretion</p> <p>Vitamin D absorption and activation</p> <p>Incidence of thyroid abnormalities</p> <p>Incidence of diabetes (insulin sensitivity or insulin resistance)</p> <p>Bone mineral loss</p> <p>Secretion of ADH in response to osmolar stimuli</p>	<p>Muscle mass</p> <p>Bone mass</p> <p>Fracture risk</p> <p>Vaginal dryness</p> <p>Changes in skin</p> <p>Tendency toward water intoxication</p>

Eyes	Lens flexibility Time for pupillary reflexes (constriction, dilation)	<u>Presbyopia</u> Glare and difficulty adjusting to changes in lighting
GI tract	Splanchnic blood flow Transit time	Visual acuity Tendency toward constipation and diarrhea
Heart	Intrinsic heart rate and maximal <u>heart rate</u> Blunted <u>baroreflex</u> (less increase <u>decrease in BP</u>) <u>Diastolic relaxation</u> <u>Atrioventricular conduction</u> <u>time</u> <u>Atrial and ventricular ectopy</u>	Tendency toward syncope Ejection fraction

Immune system	T-cell function B-cell function	Tendency toward some infections and possibly cancer Antibody response to <u>immunization</u> or infection but <u>autoantibodies</u>
Joints	Degeneration of cartilaginous <u>tissues</u> Fibrosis Elasticity	Tightening of joints Tendency toward osteoarthritis
Kidneys	Renal blood flow Renal mass <u>Glomerular filtration</u> Renal tubular secretion and <u>reabsorption</u> Ability to excrete a free-water <u>load</u>	Changes in drug levels with risk of adverse drug <u>effects</u> Tendency toward dehydration
Liver	Hepatic mass Hepatic blood flow Activity of P-450 enzyme	Changes in drug levels
Peripheral	<u>Baroreflex responses</u>	Tendency toward syncope

nervous system

β -Adrenergic responsiveness

Response to β -blockers

and number of receptors

Exaggerated response to

Signal transduction

anticholinergic drugs

Muscarinic parasympathetic

responses

Preserved α -adrenergic responses

Pulmonary system

Vital capacity

Likelihood of shortness of

Lung elasticity (compliance)

breath during vigorous exercise

Residual volume

if people are normally sedentary

or if exercise is done at high

FEV

altitudes

1

V/Q mismatch

Risk of death due

to pneumonia

Risk of serious complications

for patients with a pulmonary

disorder

Types of Geriatrics disorder

Alzheimer's disease	Falls
Arthritis	Gout
Cardiac disease	Hypertension
COPD	Parkinson disease
Constipation	Sleep disease
Dementia	Stroke
Anxiety disorder	Enlarge Prostate
Depression	<u>Hyper cholestrolemia</u>
<u>Syzophrenia</u>	Incontinence of urine
Menopausal Syndrome	Memory loss
Diabetes	Osteoporosis

PROGNOSIS:- Course Variable. Tendency to remission and relapses. Symptoms are often life long. Usually relapsed during stress

Diet, regiment & Management: -

The decline may be critical during stress but it generally has little or no effect on daily activities. Also functional loss of the organ is the primary cause during old age, but it may depend on life styles, behavior diet, or Environment. i.e. example aerobic exercise can prevent is partially decrease of aging, muscle strength, & glucose tolerance in health increase but sedentary old people can loss 5 to 6% muscle mass & strength each day (Sarcopenia) & the effects of bed rest alone can ultimately result in death.

HAHNEMANNIAN VIEW

- "Geriatrics disorder or any pathological changes are not actually diseases but ultimate or the result of disease. As Hahnemann said in "organ on of medicine" (sec.-11) "It is only the vital force deranged to such an abnormal state, that can furnish the organism with it disagreeable sensations , and incline it to the irregular processes which we call disease.".....And among the causes of the diseases, the real causes are the fundamental causes, which are generally due to chronic miasms i.e.. psora, sycosis, syphilis either acting alone or combined. The vital force of it self is a true potential and all it's processes should be creative for the interest of the economy but the when the vital force is imp regnant with the subversive force we get following changes.
- **Treatment** - should be given after analysis of the case ,after knowing the fundamental cause of the disease and on totality of the symptoms i.e cardinal principle of Homeopathic.
Anacardium Orientals, Ars. Album,Aconite Nap, Arg Nit, Aurum Met, Igantia, Nux Vomica, Phosphorus, Staphysagrian ,Kali Phos , Sulpher , Carb Veg Calc Carb , Carcinocin,

Chronic miasms

- Psora
- Syphilis
- sycosis

Dynamic force

Mind

**Defect within intracellular
Biochemical metabolism**

**Morbid physiology
i.e. functional changes**

**Morbid anatomy i.e.
structural changes**

Reversible

Irreversible changes

The pathological changes are the ultimates of the deranged vital force i.e. disease and through which the subversive force, the miasms could be diagnosed.