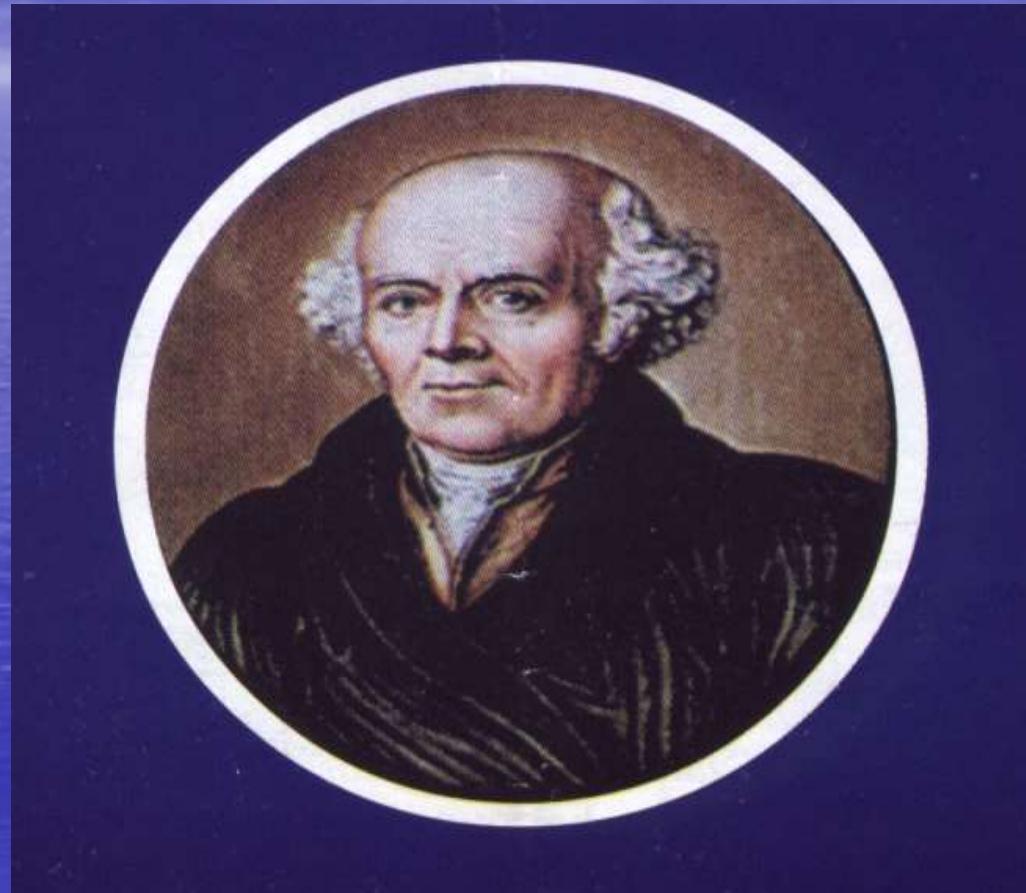


# Jai Kali Mata



# *“Geriatrics disorder and it's Homoeopathic Treatment”*



**JAYATU HAHNEMANN**



# GERIATRICS DISORDER IT'S HOMEOPATHIC

*TREATMENT*

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

**At 1<sup>st</sup> we must know what is Geriatrics?**

**2<sup>nd</sup> what is Geriatrics disorder?**

**What is the cause of Geriatrics disorder?**

## What is Geriatrics?

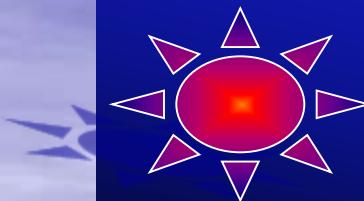
It is branch of medicine, which deals with the cure & study of disease related with the old people.

- 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 Muscular mass <u>Creatinine</u> production Skeletal mass Total body water Percentage adipose tissue (until age 60, then until death)	Changes in drug levels Strength Tendency toward dehydration
Cells	DNA damage and DNA <u>repair</u> capacity Oxidative capacity Accelerated cell senescence Fibrosis <u>Lipofuscin</u> accumulation	Cancer risk

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

Eyes	Lens flexibility Time for pupillary reflexes (constriction, dilation) Incidence of cataracts	Presbyopia Glare and difficulty adjusting to changes in lighting Visual acuity
GI tract	Splanchnic blood flow Transit time	Tendency toward constipation and diarrhea
Heart	Intrinsic heart rate and maximal heart rate Blunted baroreflex (less increase decrease in BP) Diastolic relaxation Atrioventricular conduction time Atrial and ventricular ectopy	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 tissues 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 load	Changes in drug levels with <u>risk of adverse drug 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	$\beta$ -Adrenergic responsiveness and number of receptors Signal transduction Muscarinic parasympathetic responses Preserved $\alpha$ -adrenergic responses	Response to $\beta$ -blockers Exaggerated response to anticholinergic drugs
Pulmonary system	Vital capacity Lung elasticity (compliance) Residual volume FEV V/Q mismatch	Likelihood of shortness of breath during vigorous exercise if people are normally sedentary or if exercise is done at high altitudes 1 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	Hyper <u>cholesterolemia</u>
<u>Syzizophrenia</u>	Incontinence of urine
Menopausal Syndrome	Memory loss
Diabetes	Osteoporosis

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

### **Diet, regimen & 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 impregnant 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



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.

# CASE NO.-1 27.11.20



A Lady, **Chand Kor**

Age – 64/Female

V.P.O. Mudal, Distt. Rohtak

**Case—**

**Renal Cell Carcinoma**

**A LADY, CHAND KAUR AGE 64 YEARS COMPLAINING OF  
BILLIARY VOMITING, PAIN IN DIFFERENT JOINTS, FEVER  
FOR ONE YEAR THEN PAIN IN LEFT ABDOMEN WITH  
SENSE OF HARDNESS ON ABDOMEN COUGH CAUSES  
PAIN IN ABDOMEN. PATIENT IS HOT; SUN INTOLERANCE  
; THIRST POOR; DESIRE FOR SOUR, MEAT, EGG; STOOL-  
HARD; OCC. BLEEDING PER RECTUM; FREQUENCY OF  
URINATION. SLEEP- INTERRUPTED DREAMS ON DEAD  
PERSONS; CHOICE OF DECUBITUS DURING SLEEP-  
LATERAL WITH FLEXION OF KNEE. PATIENT IS  
MILD, SYMPATHETIC, ONCE NEAT AND CLEAN IN EVERY  
RESPECT.**

**C.T.-SCAN OF LIVER AND KIDNEY - SMALL HEMANGIOMA  
RIGHT LOBE OF LIVER. LARGE SOL IN LOWER POLE OF  
LEFT KIDNEY? RENAL CELL CARCINOMA. ON THE BASIC  
OF MIASMATIC EVALUATION AND TOTALITY OF  
SYMPTOMS .**

**I PRESCRIBED CARCINOCIN 0/3/16 DOSES.**

12.01.2021

## HISTORY OF LEFT SIDED RADICAL NEPHRECTOMY

### HISTOPATHOLOGY REPORT

PATIENT'S NAME:CHAND KAUR;AGE:64;SEX:F;  
DATE OF RECEIPT:12.1.2021

**GROSS:NEPHERCTOMY SPECIMEN MEASURES 12X7X6 CM WITH URETER 6 CM.CUT SURFACE SHOWS A GROWTH 5X4 CM NEAR ONE POLE ENCROACHING THE PELVIS.THE OPPOSITE POLE APPEARS GROSSLY UNREMARKABLE. URETER(RESPECTED MARGIN)(A),GROWTH WITH CAPSULE(B),GROWTH NEAR PELVIS WITH ADJOINING NORMAL AREA(C),POLE OPPOSITE THE GROWTH (D),PERIRENAL FAT(E)**

MICROSCOPICAL EXAMINATION:SECTIONS SHOW A NEOPLASTIC LESION COMPOSED OF RENAL CELL WITH CLEAR CYTOPLASM,CENTRALLY PLACED NUCLEI(NUCLEAR GRADE II)IN SINUSOIDAL PATTERN.PERINEPHRIC FAT AND URETER ARE FREE FROM NEOPLASTIC PROCESS.

DIAGNOSIS:RENAL CELL CARCINOMA(CLEAR CELL TYPE)-NUCLEAR GRADEII.

PATIENT DOES NOT TAKE ANY CHEMO-THERAPY  
COMPLAINS REMAIN AS BEFORE  
CARCINOSIN- 0/4/14 DOSES A.D

**9.2.21-PATIENT FEELS BETTER THAN BEFORE, PAIN IN DIFFERENT JOINTS LESS THAN BEFORE, NAUSEATIC TENDENCY PRESENT STOOL CLEAR THAN BEFORE THIRST PRESENT, SLEEP INTERRUPTED,APPETITE POOR.**

**CARCINOSIN-0/5/14 DOSES A.D**

**14.3.21-PATIENT IS GRADUALLY IMPROVING APPETITE IMPROVED,SLEEP BETTER THAN BEFORE,STOOL CLEAR,URINE CLEAR**

**CARCINOSIN-0/6/14 DOSES A.D**

**20.04.21-NAUSEA PRESENT,OCC. VERTIGO,APPETITE AS BEFORE ,HISTORY OF CATCHES COLD WITH COUGH;FEVERISH SENSATION .**

**CARCINOSIN-0/7/14 DOSES A.D**

**17.5.21- NAUSEA STILL PRESENT,JOINT PAIN LESS THAN BEFORE,CAUGH LESS,NO FEVER,APPETITE LESS,STOOL NOT CLEAR,URINE CLEAR.**

**CARCINOSIN-0/8/14 DOSES A.D**

19.6.21-PAIN IN ABDOMEN WITH SENSE OF DISTENSION OF ABDOMEN,STOOL NOT CLEAR,APPETITE POOR,SLEEP INTERRUPTED. CARCINOSIN-0/9/14 DOSES A.D(WITH MORE DILUTION)

2.8.21-MEDICINE IS NOT CONTINUING PROPERLY,HISTORY OF VOMITING AFTER TAKING FOOD,FEELING OF WEAKNESS,CRAVING FOR WARM FOOD,THIRST PRESENT BUT TAKES LESS QUANTITY. ARSENIC ALBUM-0/2/16 DOSES O.D.

10.9.21-PATIENT FEELS BETTER ALL THE SUFFERINGS LESS THAN BEFORE  
ARSENIC ALBUM-0/3/16 DOSES A.D.

## ADVICE FOR:-\* **USG OF WHOLE ABDOMEN(S)**

- \* **BLOOD FOR T.C.,D.C.,E.S.R.,H.B.%**
- \* **R/E FOR URINE**
- \* **SERUM UREA ; CREATININE**

**30.10.21:-**

### **USG OF WHOLE ABDOMEN(S)**

**REVEALS-**

- **ESSENTIALLY NORMAL STUDY**
- **PROBE TENDERNESS OVER GASTRIC POINT**

**BLOOD FOR T.C.,D.C.,E.S.R.,H.B.%**

**H.B.-10.8 gm/100 cc**

**N:-75, E:- 2,B:-0, L:-23,M:-0 ,WBC:-10,600**

**ESR:-90**

**R/E FOR URINE**

**RBC:-NIL,P.CE LL:-4-5/HPF,E-2-3/HPF**

**SERUM UREA—28mg% ; CREATININE-1 mg%**

**Sour taste in mouth for all time, occ. fever, thirst less, patient feels better than before**

**R-ARSENIC ALBUM-0/4/16 DOSES A.D.**



THANK YOU