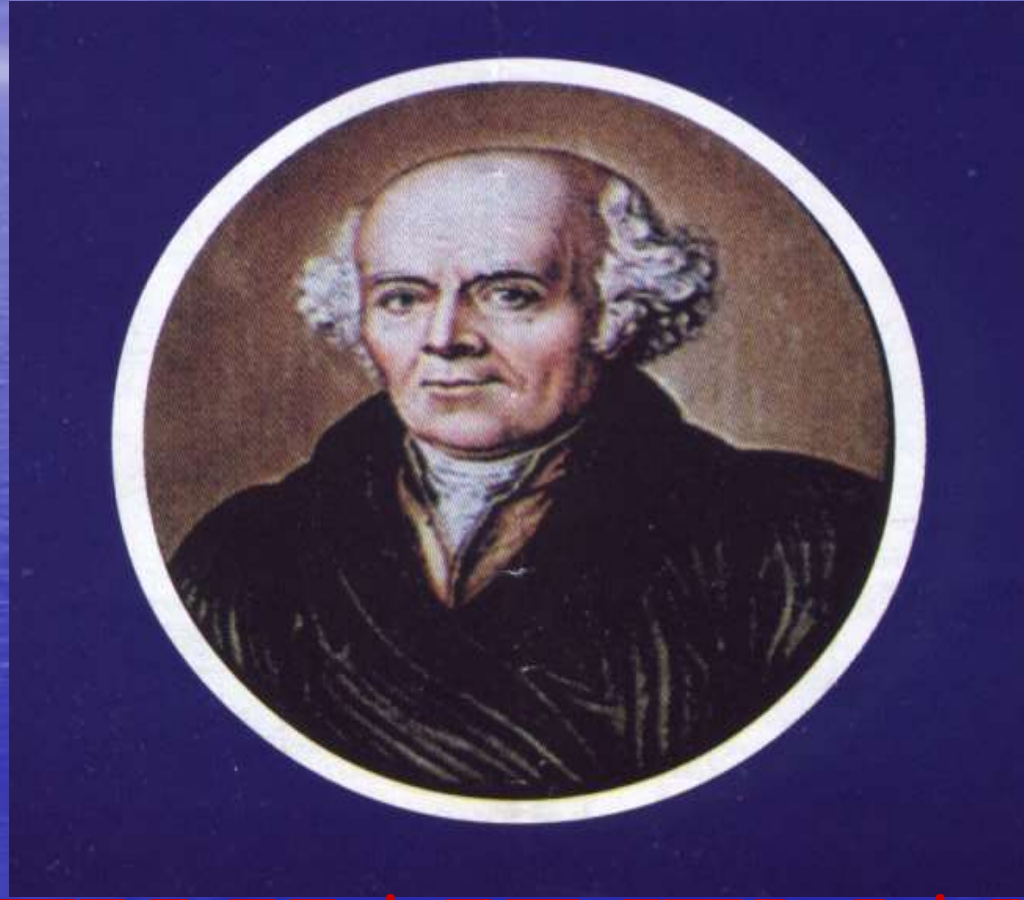


# Jai Kali Mata



# ***"Geriatrics disorder and it's Homoeopathic Treatment"***



JAYATU HAHNEMANN





# GERIATRICS DISORDER *IT'S HOMOEOPATHIC*

## *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?**

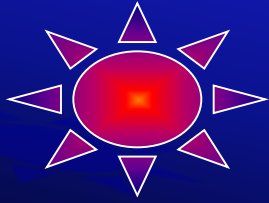
**It is branch of medicine, which deals with the cure & study of disease related with the old people.**

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

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

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



<u>nervous system</u>	$\beta$ -Adrenergic responsiveness <u>and number of receptors</u> Signal transduction <u>Muscarinic parasymphathetic responses</u> <u>Preserved <math>\alpha</math> -adrenergic responses</u>	Response to $\beta$ -blockers Exaggerated response to <u>anticholinergic drugs</u>
Pulmonary system	Vital capacity Lung elasticity (compliance) Residual volume  FEV  V/Q mismatch	Likelihood of shortness of <u>breath</u> during vigorous exercise if people are normally sedentary or if exercise is done at high <u>altitudes</u> 1 Risk of death due to <u>pneumonia</u> Risk of serious complications for patients with a pulmonary <u>disorder</u>

# 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>cholestrolemia</u>
<u>Syzophrenia</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, 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.**



# 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 BILIARY 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 INTOLARENCE ;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 HEAMANGIOMA 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**

### **HISTROPATHOLOGY 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.**



