

## **AYURVEDA AND GERIATRIC CARE**

**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 non-communicable 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.

**The biggest challenge with geriatric problem is that in most of the cases the condition cannot be attributed to a single cause or in certain conditions of neuro-psychiatric disorders like, Senile dementia, Alzheimer's depression, the structural cause is unknown.** In such cases the conventional medical therapy fails to come out with effective management plan and hence is severely compromised. Another challenge with conventional medical therapy is that it does not have health-promoting agents. Ayurveda on the other hand has interventions like chayavanaprasha, triphala that enhance physiological processes that influence metabolic and immunological status. Such interventions are significant in the context of geriatric care.

**Rasayana therapy of Ayurveda is a dedicated stream of medication for immune promotive, antidegenerative and rejuvenative health care and is known for preventing the effects of ageing and improving the quality of life of healthy as well as diseased individuals. Scientific studies have proven the efficacious role of Rasayana remedies in the management of chronic life style related diseases and degenerative changes.**

Rasayana is normally advised during the 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 Kutipraveeshika 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 Kutipraveeshika 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.

Describing the effects of Rasayana, the classical texts of Ayurveda say that from Rasayana one attains longevity, improved harmony and intelligence, freedom from disorder, youthful vigor, excellence of luster, complexion and voice, optimum strength of physique and senses, command over language, respectability and

brilliance. Ayurveda considers the physical structure to be composed of 7 dhatus starting from Rasa {Rasadi Dhatus} and Rasayana is the tool to create premium dhatus (body tissues). 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. 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), Asthapana 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.

**Ayurvedic treatment as such is very individualistic and one medicine found to be useful in a condition in a particular person might not work at all in another.** Hence it is a challenge to come out with generalized management solutions for a condition that would suit all. It is difficult to bring out management plans for a particular disease condition and implement the same on a large scale. It is important that we respect both holism of traditional medicine as well as reductionism of modern biomedicine because both are ways of looking at nature and depending on the purpose both the views can be extremely useful. Furthermore the whole and the part are certainly related but it is not a one-to-one relationship.

**The understanding that it is not one-to-one relationship and learning how to relate the whole perspective (the systemic theories of Ayurveda & Yoga) with part (structural theories of western biomedicine) is the outlook that should underline the implementation of trans-disciplinary research projects.** Today, nobody in the academic field has all the answers of how to combine and correlate part and whole perspectives in the context of clinical research design, clinical practice, content of courses on Ayurveda and Yoga, in the context of laboratory research in pharmacognosy and product development, and in assessment of community based local health practices. It is important to understand that drug trials for evaluating efficacy of Ayurvedic interventions is a reductionist approach and is an inappropriate design. Instead clinical trials should evaluate the efficacy of a whole management package which may consist of drugs, diet, Yoga, Panchakarma including differential diagnosis to identify the specific nature of tridoshic imbalance.

**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 million.**

**The biggest challenge in the contemporary application of Ayurvedic geriatrics would be to come up with protocols to document, diagnose in an integrative framework and manage geriatric problems.** This would require critical investment in establishing advanced research, treatment and teaching centers that have a state of the art facility to deal with geriatrics. It is essential that a multi-dimensional intervention be conceived that will involve a) trans-disciplinary research b) advanced treatment centers and c) specialized postgraduate education. There is a very urgent need to establish centers in the country that would engage in the kind of trans-disciplinary research that we are envisaging in order to take Ayurveda globally and also to bring the clinical services of Ayurveda into the mainstream. This would require a generous funding for undertaking such research and also establishing centers that would provide effective clinical services. There is also a need to support specialized trans-disciplinary PG researches in centres where PG in geriatrics is offered.

**Source and Courtesy:** <http://pib.nic.in/release/release.asp?relid=34779>