Swasthya Kalyan
Homoeopathic Medical College
& Research Centre
सर्वे भवन्तु सुखिनः

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Common Problems in Old Age & its Homoeopathic Management

Department of Practice of Medicine
Dr. Jagdish Thebar, HOD & Professor
Dr. Ravi Jain, Associate Professor
Dr. Mukta Mala, Associate Professor
Dr. Apurva Dixit, Assistant Professor
Dr. Kanika Agarwal, Assistant Professor

Abstract: Ageing is a natural process of development. Each and every individual grow old in their life. It is associated with a number of problems which causes great degree of morbidity & mortality. This is the age group with the highest burden of noncommunicable degenerative disease and related disability. Homoeopathy offers a great help in such cases leading the healthy and disease free life of an old age individual reducing the load on the family members emotionally and financially.

Keywords: Ageing, oxidative stress, protein modification, senescence, Homoeopathy

Introduction

Aging is easy to recognize but difficult to define. Ageing is defined as a progressive accumulation of random molecular defects that build up within tissues and cells, Eventually result in age-related functional impairment of tissues and organs.

It is a progressive process associated with declines in structure and function, impaired maintenance and repair systems, increased susceptibility to disease and death, and reduced reproductive capacity.

In India the population Age 60+ in 2009 was 88.6million and is expected to be 315.6 million by 2050[1]. Life expectancy at birth in 2009 was 62.5 and in 2050 it will be around 65 years[2].

The decline of mortality suggests that improvements in the standard of living, including increased and improved education and improved nutrition, coupled with improvements in public health.

Causes of Ageing

There are many factors that contribute to ageing. The factors includes: Genetic Factors, Nutritional and environmental factors. Other causes such as Oxidative stress, Protein modification by glycation and cell senescence also lead to ageing.

Physiological Changes of Ageing

Changes with ageing and their clinical significance -

- **Central Nervous System:** It causes Neuronal loss - Increased risk of delirium**,** Cochlear degeneration - high-tone hearing loss**,** Increased lens rigidity - Presbyopia/abnormal near vision**,** Lens opacification – Cataract**,** Anterior horn cell loss - Muscle weakness and wasting**,** Dorsal column loss - Reduced position and vibration sense**,** Slowed reaction times - Increased risk of falls.
- **Respiratory system:** Reduced lung elasticity and alveolar support: Reduced V C and PEF, Increased chest wall rigidity : Increased residual volume, Reduced inspiratory reserve volume, Increased V/Q mismatch : Reduced arterial oxygen saturation, Reduced cough and ciliary action : Increased risk of infection
- **Cardiovascular system:** Reduced maximum heart rate Reduced exercise tolerance, Dilatation of aorta Widened aortic arch on X-ray, Reduced elasticity of conduit/ capacitance vessels : Widened pulse pressure, Increased risk of postural hypotension, Reduced number of pacing myocytes in sinoatrial node: Increased risk of atrial fibrillation.
- **Endocrine system:** Deterioration in pancreatic β-cell function: Increased risk of impaired glucose tolerance.
- **Renal system:** Loss of nephrons: Impaired fluid balance, Reduced glomerular filtration rate Increased risk of dehydration/overload, Reduced tubular function: Impaired drug metabolism and excretion.
- **Gastrointestinal system:** Reduced motility: Constipation

- **Bones:** Reduced bone mineral density: Increased risk of osteoporosis, Some changes of ageing, such as depigmentation of the hair, are of no clinical significance.
- **Frailty and Disability:** Disability indicates established loss of function (e.g. mobility), while frailty indicates increased vulnerability to loss of function.

PRESENTING PROBLEMS IN GERIATRIC

The common problems related to old age that are discussed here includes falls, delirium, urinary incontinence, adverse drug reactions, dizziness and other problems in old age.

Falls

It accounts for around 30% of those aged over 65 years fall each year. Falls also lead to serious injury, hip fractures & loss of confidence and fear. Causes of falls includes-

- Due to *Acute illness – commonly* infection, stroke, metabolic disturbance and heart failure or any drug which precipitates falls.
- *Blackouts :* syncopal episode.

Risk factors of falls includes muscle weakness, history of falls, gait or balance abnormality, use of a walking aid, visual impairment, arthritis, impaired activity of daily living, depression, cognitive impairment, age over 80 years, psychotropic medication.

Intervention of fall

Individualised or group exercise training, rationalisation of medication. correction of visual impairment, home environmental hazard assessment and safety education, treatment of cardiovascular disorders.

Delirium

Delirium is an abrupt change in the brain that causes mental confusion and emotional disruption. It makes it difficult to think, remember, sleep, pay attention. It can be the first presentation of an underlying dementia. It is very common, affecting up to 30%.

Diagnostic criteria for Delirium

1. Disturbed consciousness with reduced ability to focus.

2. A change in cognition (e.g. memory, language, orientation) or the development of a perceptual disturbance(hallucinations) that is not accounted for by a pre-existing or developing dementia

3. Development of the disturbance over a short period (hours or days) and a tendency to fluctuate over the course of the day

4. Evidence from the history, physical examination or laboratory findings that the disturbance is caused by the direct physiological consequences of a general medical condition, or by substance intoxication or withdrawal.

Risk Factors of Delirium includes, old age, dementia, admission with infection or dehydration, surgery, e.g. hip fracture repair, alcohol misuse, severe physical illness, frailty, visual impairment, polypharmacy, renal impairment.

Clinical Assessment of Delirium

The clinical assessment is done by assessing the conscious level, pyrexia and any signs of infection in the chest, skin, urine or abdomen, oxygen saturation, signs of alcohol withdrawal, such as tremor or sweating, any neurological signs.

Management of Delirium

The management includes specific treatment of the underlying cause, environment should be kept well lit and not unduly noisy,patient's spectacles and hearing aids in place, good nursing care.

Urinary incontinence

Urinary incontinence is defined as Involuntary loss of urine. It is of following types :

Urge incontinence : due to detrusor overactivity and results in urgency and frequency.

Stress incontinence : exclusive to women and is due to weakness of the pelvic floor muscles, which allows leakage of urine when intra-abdominal pressure rises, e.g. coughing, sneezing etc.

Overflow incontinence : most commonly seen in men with prostatic enlargement in the elderly.

Assessment and Management of Urinary Incontinence in old age

Address contributory factors: UTI, severe constipation, drugs, e.g. diuretics, hyperglycaemia, hypercalcaemia, restricted mobility, acute confusion.

Management

Urge incontinence : Bladder retraining antimuscarinic drugs, e.g. solifenacin, tolterodine.

Stress incontinence : Pelvic floor muscle training. Kegel Exercise. Surgical intervention if unsuccessful.

Overflow incontinence : Surgical relief of obstruction, prostatectomy.

Adverse Drug Reactions

Adverse drug reactions are defined as "Any noxious and unintended effect of drug which occurs at doses normally used in man for the Prophylaxis, Diagnosis, or therapy of disease or for modification of physiological functions". These are the cause of around 20% of admissions in those aged over 65 years. Polypharmacy is common in old people and responses to drugs are much more variable. The clinical presentations of ADRs are diverse.

Common Adverse Drug Reactions

NSAIDs: gastrointestinal bleeding and peptic ulceration. renal impairment. **Diuretics:** renal impairment, electrolyte disturbance, gout, hypotension. **β-blockers:** bradycardia, heart block, hypotension. **Opiates:** constipation, vomiting, delirium, urinary retention. **Antidepressants:** delirium, hyponatraemia, hypotension,falls. **Anticholinergics:** delirium, urinary retention, constipation.

Management of Adverse Drug Reactions

Failure to recognise this may lead to the use of a further drug to treat the problem, making matters worse. ADRs are preventable. It is achieved by using as few drugs as possible, at the lowest dose possible in easy-to-take formulations. By ensuring that the patient

understands the dosage regime By reviewing medication regularly.Stop or reduce the dose of the offending drug or to find an alternative.

Dizziness

Dizziness is an impairment in spatial perception (relationship with surrounding environment) and stability. The term dizziness is imprecise, it can refer to vertigo, presyncope, disequilibrium or a non-specific feeling such as giddiness or foolishness.

Clinical Features

Lightheadedness, suggestive of reduced cerebral perfusion.Vertigo, suggestive of labyrinthine or brain-stem disease. Unsteadiness poor balance, suggestive of joint or neurological disease.

Management
Treatment of the cause. Rationalisation of medication. Correction of visual impairment. Treatment of cardiovascular disorders. Correction of dehydration.

Other problems in old age:
Other common problems in old age includes Hypothermia, Under-nutrition, Infection, Fluid balance problems, Heart failure, Hypertension, Atrial fibrillation, Diabetes mellitus Peptic ulceration, Anaemia, Painful joints, Bone disease and fracture, Immobility, Stroke, Dementia**.**

Rehabilitation

To improve the ability of people of all ages to perform day-to-day activities, and to restore their physical, mental and social capabilities as far as possible. It includes : **Assessment** of nature and extent of the patient's problems. **Goal setting** specific, realistic, and agreed between the patient and the rehabilitation team. **Intervention**: active treatments needed to achieve the established goals. **Reassessment:** progress towards the goals.

Multidisciplinary team and functional assessment includes Physiotherapist for correction of mobility, balance and upper limb function, Occupational therapist for activities of daily living (ADL), e.g. dressing, cooking, Dietitian for Nutrition related advise, Speech and language therapist for improvement in communication and

swallowing, Social worker for taking care of the needs, and Nurse for motivation and initiation of activities, Feeding, Continence, Skin care.

Homoeopathic Management of Old Age Problems

Homoeopathy offers great care to the individuals of old age. The complaints are cured in a rapid, gentle and permanent manner. The Homoeopathic medicines are given on Individualistic manner depending upon symptom similarity. Few commonly indicated Homoeopathic Medicines related to complaints of old age are mentioned below-

Homoeopathic Medicines for Delirium

Belladonna, Hyoscyamus, Stramonium, Veratrum album, Phosphorus, Cannabis indica, Arnica montana, Agaricus

Homoeopathic Management of Urinary Incontinence

- Ipecac, Causticum and Natrum Mur **– For Urine and Stress Incontinence**
- Cantharis, Pareira Brava, Staphysagria and Sulphur – For Urge Incontinence
- Clematis, Sarsaparilla, Zingiber and Kali Bichromium – For Overflow Incontinence
- Lilium Tigrinum, Sepia, Guaiacum and Senecio Aureus – For Incontinence due to Uterus Problems
- Baryta Carbonicum, Iodum and Prunus Spinosa – For Urine Incontinence due to Prostate
- Alumina, Alfa Alfa and Secale Cornutum – For Urine Incontinence in Elderly
- Equisetum Hymenale, Cina and Kreosotum – For Urine Incontinence in Children

Homoeopathic Medicines for Injury

Arnica Montana, Bellis Perennis, Calendula Officinalis,Hamamelis Virginica, Ledum Palustre, Hypericum Perforatum, Symphytum Officinale

Conclusion

Old age related problems are very common. The problems like Delerium, injury from falls, urinary incontinence, etc causes much trouble among the old age individuals. This causes lot of troubles in the life of people. Homoeopathy offers a great relief in such cases and

provides great help to the old age individuals in early recovery from the pain and sufferings and also in prevention of these complaints.

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