

**PSYCHOLOGICAL DISORDERS IN OLD AGE AND AYURVEDA****BANSODE CHITRKALA GULABRAO**

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Email Id-www.dhanvantaree@gmail.com; Mob.No.9021346268**ABSTRACT:**

According to modern concept aging is a physical, physiological, psychological phenomenon which is result because of inherent evolutionary changes occurring in the mind and body system. Hypertension, Ischemic Heart Disease, Diabetes, Senile Dementia, Alzheimer's disease, Parkinsonism, Degenerative Arthritis, Osteoporosis, Opportunistic Infections, Prostatic enlargement, degenerative eye diseases like Cataract which causes major morbidity in old age. In old age most commonly Psychological disorders are observed like senile dementia, Alzheimer disease, depression. *Ayurveda* describe aging is *Swabhava* of human body i.e. "*Shirayate Tata Shariram*". *Ayurveda Samhita* described that after sixty age function of brain decrease so psychological disorders are occur in this age. Aim of this subject is to enlighten the basic concept of mental disorder both in *Ayurveda* and Modern books and discussion on different views. In recent era we see technology increases in health science but life span of people decreases from 100 years to 60- 70 years. *Ayurveda* is science of life and longevity. *Ayurveda* give basic knowledge about age related problems. Conclusion made by comparing between *Ayurveda* and modern concepts of Psychological disorders.

Demographically India is the second largest country in the world with the largest number of aged persons (60+ years). Psychological disorders are big problem in old age, so for confirm diagnosis and treatment we need to enhance our knowledge.

Key Words: Aging, Psychological Disorders, Dementia, Depression, Anxiety Disorder, Delirium.

INTRODUCTION:

Psychological disorders are more commonly seen in old age. Mostly Psychological disorders are not detected and treated. Psychological disorders induced physical dysfunction, impaired regular functioning, loneliness, depression and morbidity. Geriatric patients we see multiple diseases, loss of function and strength and mental weakness to handle stress. Old patients really required rehabilitation and emotional and psychological support. Psychological disorders are mostly undetected and untreated so decrease quality of life of patients, their relatives and society.

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big problem in old age, so for confirm diagnosis and treatment we need to enhance our knowledge.

MATERIALS AND METHODOLOGY:

Psychological disorder and geriatric related all material collected from classic *Ayurveda* books and modern science books.

Modern view:

According to modern concept aging is multifactorial condition of body. Aging is a physical, physiological, psychological phenomenon which is result because of inherent evolutionary changes occurring in the mind and body system. Modern biosciences work hard to identify the cause of aging. A number of theories and observations have been projected such as genetic theory of aging, immunological theory, stress theory, free radical injury, hormonal involution theory etc ^[2]. But none of these have yet been proved. Recent few years we seen rise in the average life expectancy of the people in India and shift

towards increase in population-aging. Which effect on socioeconomic condition, health related problems also increase in the old-age dependency ratio? Hypertension, Ischemic Heart Disease, Diabetes, Senile Dementia, Alzheimer's Disease, Parkinsonism, Degenerative Arthritis, Osteoporosis, Opportunistic Infections, Prostatic Enlargement, Degenerative Eye Diseases Like Cataract, Neurodegenerative Diseases. These are most causes of Morbidity in Old Age.

Psychological disorders like dementia, depression, anxiety are commonly found in old age. Fact that Psychological disorders about 15% detected in hospitals other are not detected and treated. India is second largest country having people about 60 years of age. Due to this increase dependency ratio and affect socio-economic and health status of old peoples.

According to Berlin study of age result found that 96% of people older than 70 years suffer from at least one mental disorder. Most common Psychological disorders in old age are;

Table no:1 Psychological disorders

Sr.No.	Psychological disorders
1	Dementia
2	Depression
3	Anxiety disorder
4	Delirium
5	Panic disorder
6	Social phobia
7	Addiction

A. Dementia:

Dementia is most commonly found in old age patients. It has myth that in old age dementia is normal but it's not.

Dementia is secondary condition found due to brain damage. Dementia is defined as mental disorder having impaired memory and other cognitive functions. Dementia is loss of cognitive function effect especially

on memory i.e. decrease span of memory, loss of memory, decrease concentration, decrease decision making power. We can observe that doing job age limit is in between 58-65 years because of this loss of cognitive power.

DSM IV Give Criteria of Alzheimer's type of dementia;

A. Development of multiple cognitive deficits manifested by both:

- 1) Memory impairment
- 2) One or more of the following disturbances;
 - a) Aphasia
 - b) Disturbances in executive functioning (i.e. planning, organizing, sequencing, abstracting).

B. Cognitive impairments cause significant impairment in social or occupational functioning.

C. Loss of Focus, concentration.

D. Decrease span of memory.

E. Decrease cognitive power.

Older the population increase the incidences of dementia with Alzheimer.

Common Risk factors of dementia;

1. Age
2. Family History Of Dementia
3. Down Syndrome
4. Head Injury
5. Thyroid Diseases
6. Epilepsy
7. Hypertension

B. Depression:

Depression frequently found in old age especially like *dysthymia* or

subsyndromal depression. Late-life depression is a chronic and disabling illness. Therefore depression is unrecognized and untreated in old patients. About 10% old patients are diagnosed as depression and get treatment on it. In old age impaired functioning, reduced life quality, increased physical health problems, death of partner and anxiety disorders are most important risk factor for depression in old age. Depression is defined as a persistently dysphonic or sad mood, with loss of pleasure in usual past times. Mood change last for two weeks and accompanied by at least four of the following symptoms;

1. Poor appetite or weight loss
2. Insomnia or hypersomnia
3. Loss of energy or tiredness
4. Psychomotor agitation or slowing
5. Loss of pleasure in usual activities or decrease in sexual drive
6. Feeling of self approach or excessive guilt.
7. Diminished ability to concentration
8. Suicidal ideas or attempts.

Depression is associated with chronic diseases like diabetes, stroke, or Parkinson's disease. Other diseases with high depressive co-morbidity are Alzheimer dementia, coronary heart disease, cancer, and primary chronic polyarthritis. Persistent physical health problems are also strong predictors of chronicity of depression. Treatment of depression required not only medicine but counseling of patients and their relatives.

Depression is preclinical phase of Alzheimer. Depressive disorders often cause cognitive symptoms. They found common sign and symptoms are loss of interest, psychomotor disturbances, difficulties in thinking and concentrating.

C. Anxiety Disorders:



Detection of anxiety disorder only work in young patients. Women are more prone to anxiety disorders than men but this difference reduce with age. Anxiety disorder is previous stage of depression.

The Longitudinal Aging Study Amsterdam found incidences about Anxiety disorders:

1. Anxiety disorders=10.2 %.
2. Generalized anxiety disorder (7.3 %),
3. Phobic disorders = (3.1 %),
4. Panic disorder (1.0 %)
5. Obsessive compulsive disorder (0.6 %) was rare.

Factors affecting anxiety disorder are female sex, lower education level, Traumatic experiences, stresses commonly experienced by older adults like losses of family members and chronic somatic illness, and a smaller size of the social network appeared to be associated with anxiety disorders.

In Anxiety disorder increased anxiety is not restricted to specific situations or objects. Common symptoms found in anxiety is palpitation, heart pain, dyspepsia, constriction of throat, band like pressure around the hand and cold, Sweaty, tremulous extremities.

D. Delirium

Compare to chronic organic brain syndrome acute brain syndrome are under investigation and researches. Acute confusional state is synonymously called delirium. They increase mortality rate and affect on continue follow of treatment. Factors responsible for delirium are old age, prior cognitive impairment, underlying co morbidity, hearing or vision impairment and certain medications. They required additional procedure like rehabilitation services, home health care.

1. Main risk factor s of delirium is;

- Definite risk factors-

- Age
- High Medical Co morbidity
- Acute Structural Or Functional Brain Lesions
- Dementia

2. Possible Risk Factors-

- Somatic Social/Demographic Mental
- Poor Vision Depression Education
- Poor Hearing Anxiety Male Gender
- Low Serum Albumin Alcoholism Living Alone
- Kidney Or Lung Trouble
- High BUN/Creatinin Ratio

Table 6: DSM IV criteria of delirium (acute confusional state):

a. Disturbance of consciousness (i.e. reduced clarity of awareness of the environment) with reduced ability to focus, sustain or shift attention.

b. Changes in cognition (such as memory deficits, disorientation, language disturbance) or development of perceptual disturbance that is not better accounted for by preexisting, established, or evolving dementia.

c. The disturbance develops over a short period of time (usually hours to days) and tends to fluctuate during the course of the day.

d. There is evidence from the history, physical examination, or laboratory findings that the disturbance is caused by organic factors.

Ayurveda view:

Ayurveda has special bent towards the psycho spiritual aspects of life science and medicine. In *Ayurveda* mental status are represented as *Sattva*. The word *Sattva* is synonymous to the term *Manas*. i.e. *Sattva* is considering *Manobala* and has

three types *Pravara*, *Madhyama* and *Avara*. *Mana* is *Ubhayendriya* which stand between the five *Jnanendriya* and *Atma*. Consciousness is sign of presence of *Atma* but expressed through *Sattva* only. Mental faculties the mind is classified into three types *Suddha*, *Rajas* and *Tamasa*. Here *Tama* and *Raja* are *Dosha* and mind is *Sattva* is called *Shuddha*.

To determine three categories of *Sattva* standard parameters used for this purpose are;

Level of anxiety is;

1. Level of adjustment /maladjustments.
2. Immediate memory span.
3. Performance pattern.

4. Mental fatigue rate.

5. Correlation with *Prakriti* the entire psyche phenomenon of living being.

From this we categories *Sattva* or psyche in the view of degree of mental strength or *Manobala* viz *Pravara*, *Avara* and *Madhyama*. Determination of *Sattva* is not only important but is of great significance in planning the holistic management of clinical problems.

Acharya Sharangadhara has narrated decade wise decline conditions of body. Concept of *Shirayate Tata Shariram* was proved in this. The effect of aging are clearly noticeable in 5th decade of life when skin glow reduced, wrinkles on face and 6th decade we can see loss of vision. In 7th decade loss of strength and 8th decade loss of cognitive power described where we can see dementia, delirium are most common [3].

Table no:2 Changes in Body According to Decades		
.no	age	Changes in body
1	0-10	Loss of <i>Balyavastha</i>
2	11-20	Loss of <i>Vridhhi</i> (growth)
3	21-30	Loss of <i>Chhavi</i> (Complexion)
	31-40	Loss of <i>Medha</i> (intellectual)
5	41-50	Loss of(<i>Twak</i>) skin glow
6	51-60	Loss of vision
7	61-70	Loss of virility
8	71-80	Loss of strength
9	81-90	Los of cognitive power
10	91-100	Loss of locomotive power

According to *VagbhataSamgrahakara*, old age is *Vata Dosha* dominance. Old age of constant reduction of tissues, senses acuities and other virtues, connected with manifestation of wrinkles of skin, whitening of hair, cough, reduced digestion, dyspnoeaetc just like an old residence which will collapse

gradually by rain. During this phase, there is a raise of *Vāta* which manifest different symptoms like loss of power, flabbiness of muscle, joints and bones, irregularity of skin, bending of body [4].

In *Ayurveda* Psychological disorders are described as

ManovahaSrotaVyadhi. Unmad
(Psychosis), *Apasmar* (Epilepsy),
Attavanivesh (Obsessive Disorders, *Mada*,
Murccha(Fainting, *Bhram*(Vertigo),
(Insomnia), *Vishada*(Depression). *Vishada*,
Bhram And *Anidra* More Found In Old
Age.

Bhram:

In *Bhram Vata, Pitta, Padhan* and
Rajas Dosha are mainly affected. Clinical
feature of *Bhram* are hearing loss, tinnitus,
in coordination, clumsiness and loss of
consciousness.

Anidra:

In old due to *Vata Prakopa Anidra*
symptom occurs. It may see as *Vyadhi* or
symptom.

Vishada:

In *Ayurveda Vishada Rog* is
correlated with depression. *Vishada Rog*
causes are death of parents in young age,
negative thoughts, hereditary, sever form
of diseases like heart diseases, diabetes,
and loss in business and other form of
mental stress. Physical and emotional
malfunction, loss of excitement, loss of
sleep, loneliness and depend on other for
regular functions are seen in *Vishada Rog*.

RESULT AND DISCUSSION:

Modern way psychological
disorders commonly found are depression,
dementia, delirium, Anxiety disorder.
Increase incidences of mental disorder
burden on socio-economic state of country.
Most Psychological disorders in old age
are not detected and not treated. Reduce the
burden of old age diseases required detail
observation and treatment for this
correlation with *Ayurveda* must. *Ayurveda*
is science of life and longevity, offers a
treasure of geriatric Care. According to
Ayurveda 'Shasthi Buddhi Nathi' means
decrease memory power. We can see in
modern diseases like dementia .Above the
age 55 years loss of cognitive power, loss
of strength (physical and mental) mention
in *Ayurveda*. We can correlate with modern
diseases like dementia, depression, anxiety
and delirium. *Ayurveda* considers aging as
Swabhava of life and describes in details
the pattern of sequential losses of
biological strength with advancing age in
relation to the doctrine of *Tridosha* .which
compensates the age-related biological
losses in the mind-body system. There is a
need to generate awareness among the
masses about the consequences of
Population-Aging and about the strength of
Ayurveda in Geriatric health care.

Table No.3 Result Of Aging

	Ayurvedic view	Modern view
Old Age Above 60 Years	<ul style="list-style-type: none"> • <i>Vata Pradhanta</i> • Loss of vision 	<ul style="list-style-type: none"> • Joint diseases, Insomnia, Tremors, Parkinson Diseases. <p>More eye problems like cataract, glaucoma, loss of vision, blurred vision.</p> <ul style="list-style-type: none"> • Dementia, Depression, anxiety like Psychological disorders

	Loss of cognitive power <i>Shirayate Tatta Sharirum</i>	Loss of bone density, decrease memory power, physical and mental malfunction.
	Decrease of <i>Sattva</i>	Increase anger, low patience, difficult to adapt the situation, feeling loneliness.

Brief descriptions that give similarities between modern and *Ayurvedic* thoughts prove that *Ayurveda* is immortal of knowledge.

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