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Link Age

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Committed to serve

**A Monthly Journal for Service and
Advocacy to all Age Groups,
by Senior Citizens Bureau**

Bestow
unconditional love

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From the Editor

U3A WORLD CONFERENCE AT CHITRAKUT, MADHYA PRADESH



What is U3A? It is "University of Third Age". It is a World Wide Organization to provide a platform to acquire knowledge by mutual exchange of learning opportunities, with out any age bar. Our national body is known as ISU3A (Indian Society/U3A). In-depth info about U3A and ensuing World Conference in India, is provided elsewhere in this issue.

The last World Conference was held at China, three years back. The preparation for the next Conference at Chittrakut, from 8th to 10th Feb, 2010 and registration of the delegates from all over the world are gaining momentum. Senior Citizens Bureau and the other Senior Citizens Forums (SEFs) are affiliated to ISU3A. In my capacity as EC member of ISU3A, I invited the Vice President, representing the Southern Region/ISU3A, Mr. M.R. Rangaswamy from Bangalore, to interact with the MC members of TN State Federation of SCFs, at Chennai on Feb.21, 2009, about ISU3A and World Conference. There was a good response. It was covered in Mar '09 issue of LinkAge. I urge the members of all SCFs to participate in the world conference in large numbers to unite and empower globally.

It is the spirit and mind, to be part of an All India Organization. It is always good to join as many genuine organizations as possible, viz local SCFs, State Federation and All India bodies, in view of their different strength and capacity. If it is not pinching your pocket, it will be conducive further. For ISU3A, it is Rs.500/- to become a Life member and Rs.500/- is the delegate fee for the World Conference with free boarding, lodging and local sight-seeing. A group of 40 persons from Bangalore and Chennai is proceeding to Chittrakut on Feb 05, '10. You can down load the membership form and registration form from the web sites.

The founding President Prof. Dr. R.N Kapoor and his team have put in tremendous efforts to go in for such an

unimaginable large congregation of U3A members from all over the world, in such a short time of its existence, despite many constraints. They are net working day and night. The ID cards and accommodation details to the delegates are being dispatched. The agenda is ready. Welcome committees are in place at main Indian cities to receive the delegates from abroad. The Bureau is receiving 2 delegates (World War-2 veterans) from Ireland, on their way to Chittrakut via Delhi and also arranging an interactive meeting on 3rd or 4th Feb. The program will be published in Jan '10 issue of LinkAge.

With greetings and best wishes for the season, ❖

(Dr. M. SINGARAJA)

BE, PGDBM, FIE, FIV, MSc (Psy), Ph.D.

Invitation 98th Welfare Programme/SCB

LECTURE ON "NUTRITION IN OLD AGE"

Senior Citizens Bureau and Lupin Limited jointly
organizing a Lecture programme on

"Nutrition in Old Age"

on 12-12-2009 (Saturday) at 10.00 a.m.
at NIQR Hall, 1st Floor, Round Table House,
(above Kouton's Family Shop)
80 (69), Nungambakkam High Road, Chennai -34
(Near Apoorva Sangeeta Hotel,
Sterling Road Bus Stop).

Power point presentation and special lecture on
"Nutrition in Old Age" by
Miss. Nandhini,
Consultant Clinical Nutritionist.

All are Welcome

Dr. V.S. NATARAJAN

Geriatric Physician & Chairman

PS : Pneumoniccal Vaccine will be given at the function at 10.00 am. onwards. Injection Cost Rs.970/- (MRP Rs.1140/-)

Message from the Chairman RECENT ADVANCES ABOUT NUTRITION AND AGEING**Calorie restriction as an anti-ageing measure**

Experiments in animals have proved that calorie restriction seems to increase the life span. American Scientists of the Little Rock Laboratory conducted a research regarding food habits and longevity. The findings gladdened the hearts of researchers who are experimenting with ways to delay the ageing process. The researchers carried out the study using rats - 340 rats were continuously fed only 40% of the required calories. Renault Hurt, Director of the laboratory was astounded by the results. Normally, well fed rats die in 30 months. But the rats which were fed with only 40% of the required calories per day lived for 60 months. These rats proved to be strong, with quick reflexes and good immunity against diseases. This experiment proves that a low calorie diet will increase longevity.

Calorie restriction without any limitations on micronutrients and vitamins is the most diversified anti-ageing laboratory manoeuvre in the field of experimental gerontology. Well-recognised anti-ageing benefits of calorie restriction are (a) prevention of age-related functional deterioration (b) retardation of the onset and progression of age-related disease and (c) extension of both mean and maximum lifespan.

Vegetarian diet and longevity

The Vegetarian Society has endorsed that 117-year-old Canadian Marie-Louise was living proof of the benefits of being a vegetarian. Recent research supports this – life-long vegetarians visit the hospital 22% less often than meat eaters; and when confined to hospital, they spend a shorter time there. Vegetarians suffer 20% less premature mortality from all causes, compared to their meat-eating counterparts.

Fat restriction – retarding kidney damage

A series of experiments were carried out in rats, in which fat and mineral components of diet were restricted by 40% without limiting the calories. The results indicated that neither the fat nor the mineral restriction modulated the mean or maximum lifespan of rats. However, pathological analysis revealed that fat, and not mineral restriction showed some improvement in retarding the progression of nephropathy (kidney damage).

Overweight and dementia

Does being overweight lead to dementia? It may, say Swedish researchers, who compared brain atrophy and body mass index (BMI), an indicator of weight status that predicts the risk of disease, in 275 women. They found that a higher BMI (obesity) was associated with more temporal-lobe atrophy, shrinkage in brain volume that could cause dementia. The temporal lobe plays a key role

in functions such as language, comprehension and memory. As the study included only women, the effect of obesity on the male brain is still unclear. In any case, this research suggests that maintaining a healthy weight throughout life can slow atrophy.

**Role of antioxidants in old age**

Anti-oxidants are not prescribed to delay the ageing process. But these are very helpful in lending protection against diseases like heart attack, cataract and lung cancer. They contain vitamin E, beta carotene, vitamin C, selenium and zinc.

Patients ask these questions quite often. Supplementing the diet with natural antioxidants seems to be the safest approach.

Vitamin C - Citrus fruits, dark green vegetables

Vitamin E - Oils from soybean and sunflower, whole grains and nuts

Beta-carotene - Dark green leafy vegetables, yellow/orange fruits, papaya, mangoes, yellow/orange vegetables, carrots and pumpkins.

So, if the above fruits and vegetables are included in the diet regularly, the cost of treatment is less and there are no side effects. They can be eaten life-long and one can enjoy all benefits equivalent to antioxidant tablets.

The role of vegetables and fruits regarding Cancer prevention

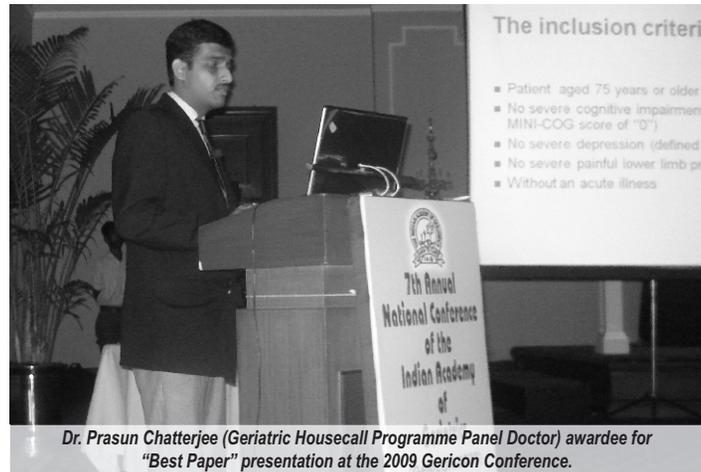
Antioxidants are interdependent. That act best as teams. Thus a diet that is rich in a wide variety of antioxidants as well as fibre is potentially more effective than single antioxidants alone in helping to reduce cancer risk. The studies show an inverse relation between consumption of vegetables, fruit and the risk of certain cancers. These include cancers of the mouth and pharynx, esophagus, lung, stomach, colon and rectum. A reduced breast cancer risk was often associated with the intake of carrots and green vegetables containing high levels of carotenoids. Intake of allium vegetables (garlic, onions), which contain antioxidant organosulfur compounds as well as relatively high levels of selenium in garlic, is associated with reduced gastrointestinal and prostate cancer risk. Green tea, which is rich in polyphenols, has been shown to significantly reduce the risk of breast cancer and ovarian cancer in Asian women. ❖


Dr. V.S. NATARAJAN,
MD, FRCP(Edin), D.Sc.(Hon)

GERICON -2009 – A BRIEF REPORT



Presentation of "Life Time Achievement Award" to Dr. V.S. Natarajan by Prof. Pradipkumar Deb, Vice Chancellor, the West Bengal University of Health.



Dr. Prasun Chatterjee (Geriatric Housecall Programme Panel Doctor) awardee for "Best Paper" presentation at the 2009 Gericon Conference.

The Indian Academy of Geriatrics held its 7th Annual National Conference (Gericon - 2009) on 14th & 15th November 2009 at the Oberoi Grand, Kolkatta. More than 300 doctors from all over India participated. The theme of the conference was "Ageing and Brain". Dr.V.S.Natarajan, as a patron of this Academy participated in this conference.

The highlights of this conference were Delivering of Dr.V.S.Natarajan's Oration, presenting Life Time Achievement Award to Dr. V.S. Natarajan & Participation of Dept of 'AYUSH', Ministry of Health & Family Welfare, Govt of India in the symposium on "Yoga, Ayurvedic & Related Drugs".

The conference was inaugurated by Prof.Soumendra Nath Banerjee, Director of Medical Education & Ex-Officio Secretary, Dept. of Health & Family Welfare. Govt. of West Bangal. Prof. PradipKumar Dep, Vice. Chancellor, West Bengal University of Health Sciences was the Chief Guest. H.H.Swami Sarbolokananda Secretary, Ramakrishna Mission Seva Pratishthan & Vivekananda Institute of Medical Science was the Guest of Honour. Prof. Tapas Das. Professor & Head, Dept of Medicine, Kolkata was the Secretary of the Conference. Dr. Arvind Mathur, Jodhpur, in his presidential address, stressed on the significance of "Geron Technology". Mobility Aids, Visual Aids and Aids to maintain day-do-day activities will be the future "Geron Technology", he categorically stated.

Dr.V.S.Natarajan's Oration was delivered by Dr.A.K.Majumdar, Former Prof & Head, Dept of Medicine Medical College & S.S.K.M.M. Hospital Kolkatta, on the topic "Immunesenescence-Can we Intervene". He advocated various means to improve the Immune System in Old Age, such as maintenance of ideal body weight, regular physical exercise, avoiding alcohol & smoking, control of co-existing diseases, Inclusion of fruits and vegetables in the diet, Usage of drugs like statins and anti oxidants and protection with vaccination as and when necessary. Dr. G.S. Shanthy and Dr. G. Usha Asst. Professors of Geriatric Medicine, Madras Medical College, Chennai, took active part in the panel discussion on "Frail Elderly". Nine free papers of 10 minutes

duration each were presented in the session shared by Dr.V.S.Natarajan and Dr.Jotideb Mukhopadhyay.

Dr. Prasun Chatterjee, P.G. Student from Chennai, presented a paper on "Study on Prevalence & Risk factors of Frailty Syndrome in elderly (above 75 years) population in a Tertiary Care Centre (Madras Medical College). This paper received the best paper acclaim of all the papers presented. In this presentation, he concluded that prevalence of Frailty (21%) & Intermediate Frailty (15%) is very high in the hospital setup, which needs immediate attention. Age is the most important risk factor for "Frailty" though all oldest old are not frail. Under-nutrition is considered as an important area of risk factor which is certainly preventable. It is definitely a diagnostic challenge to identify at the earliest Intermediate Frail population so as to prevent Irreversible Frailty.

Dr. N.Lakshmi pathy Ramesh, as one of the panel doctors of Senior Citizens Bureau, Chennai's Geriatric House Call Programme, presented a paper on all aspects of this programme. Dr.Priyadarshini got the second prize in the "Geriatrics" Quiz Programme. Dr.David Vijayakumar, Physiotherapist, Chennai presented the poster presentation on comparison between Balance Training and Strength Training for reducing the risk of fall in older adults. He concluded that the statistical analysis proved that Balance Training is more effective than Strength Training. There was discussion on other topics also viz.

Delirium in the Elderly, Diabetes in the Elderly,

Infection in the Elderly & Preventing adverse consequences of Hospitalization in the Elderly.

Prof. Pradipkumar Deb, Vice Chancellor, the West Bengal University of Health Sciences, Kolkatta, presented the "Life Time Achievement Award" to Dr.V.S.Natarajan in recognition of his pioneering role in the field of Geriatrics and continuing his yeoman Service to the cause of the Elderly for a period spanning over 3 decades. The conference concluded on 15th November 2009, as scheduled.

The next conference for the year 2010 is to be held at Varanasi. ❖

REPORT ON ACTIVITIES (97TH PROGRAMME OF SCB)**I. RELEASE OF TAMIL BOOK ENTITLED "MUDHIYOR NALAM" (Elder welfare).****II. INTERACTIVE LECTURE PROGRAMME ON UROLOGICAL PROBLEMS IN OLD AGE.**

Dr. R. Govindarajan, Urologist, talks about "Urological Problems in Old Age"

Senior Citizens Bureau, in association with M/S.PFIZER Ltd., organised an interactive lecture on "Urological Problems in OldAge" on 13.11.2009 (Friday) at Saraswath Association A/c Hall, Ormes Road, Kilpauk, Chennai-10. This interactive session was preceded by a Book Release Function.

Dr..V.S.Natarajan, Chairman, Senior Citizens Bureau, released a Tamil Book entitled. "MUDHIYOR NALAM" (ELDER WELFARE) authored jointly by Thiru.A.Kaliappan.M.A.B.T.D.Mag and Dr. K. Sampathkumar, R.I.M.P (Siddha) D.Mag. The first copy was received by Dr.Prof.Swaminathan Director of Medical Education (Retd) and he briefly outlined the various aspects of the book running to 240 pages with 20 chapters under 86 headings. He appreciated that all the physical, psychological problems pertaining to older persons have been dealt with in this book. The coverage of subjects is so exhaustive as to suggest to elders hobbies, the right attitude to cope up with generation gap, physical exercise, the right diet etc., He appealed to all elderly persons to follow the guidelines outlined in this book in all sincerity for their own benefits. On behalf of authors Dr.K.Sampathkumar explained the salient features of the book. He read out the message of felicitation received from his co-author Thiru.A.Kaliappan, as he could not make it to the function.

In his concluding remarks. Dr.V.S.Natarajan, as a further endorsement of his foreword in the book, appreciated the authors for bringing out an exhaustive and useful Tamil book in a simple and lucid style for the benefit of older persons. He recommended this book to all

members of Senior Citizens Bureau and their friends. The first session ended with a vote of thanks proposed by him.

The second session followed immediately with the introduction by Dr.V.S .Natarajan of the guest speaker Prof. Dr.R.Govindarajan.M.S.M.Ch(uro), Civil Surgeon,MMC, Consultant, Urologist, Andrologist. Dr.R.Govindarajan made a Power Point Presentation on "UROLOGICAL PROBLEMS IN OLDAGE"

He briefly explained the anatomy of Genito-Urinary System. The colour of urine of a healthy person should be either light yellow or white, if it is dark yellow or in some other colour, it needs attention. The function of the kidney was explained. About 1/4th of cardiac output is through the kidney. When minerals get deposited from the kidney due to various reasons (the main cause is generally insufficient water intake) urinary stone disease affects a person. Depending upon the site of the urinary stone various symptoms are felt by the patients, who invariably cry for fast relief from pain.

The methods of diagnosis are (1) Plain X-ray (2) Intravenous Urogram and (3) CT Scan of KUB. The treatment is offered either by medical or surgical methods. The medical method is tried by hydration. use of analgesics, narcotics, diuretics and specific drugs. Surgical methods include non invasive method like Extra Shockwave Lithotripsy, minimally invasive method with Laparoscopy URS etc and invasive method is by open surgery, depending upon the condition of the disease. It is generally advised to reduce consumption of diet items like cheese, paneer, tomato etc.

Benign enlargement of prostate for men above 50 years of age is common. This causes various problems. It affects free flow of urine and the bladder does not get emptied. Now a lot of drugs and combination of drugs is available to reduce the size of prostate. In unavoidable cases, relief is offered by surgery.

About 30% to 40% above 50 years of both sexes have overactive or unstable bladder. leading to incontinence. Now there are excellent medical facilities to mitigate this suffering. The speaker dealt with in detail the problem of Erectile Dysfunction for men. He informed that at present implants and injections are

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available to overcome this Dysfunction, under medical advice.

Dr. R. Govindarajan responded to the queries and doubts raised by members on various urological problems faced by them and offered appropriate advice.

In his concluding remarks. Dr. V.S. Natarajan informed that functioning of kidneys is reduced from the age of 70. At 80 years of age, only one kidney is

functioning due to loss of nephrons. He therefore advised senior citizens to watch the urinary output carefully. It should neither be scanty nor excessive. In either case, the patient should seek medical advice. Though the three limbs Appendix, Gall bladder and Prostate are not essential for life sustenance, the nuisance value of these limbs (if they get infected or enlarged) should be fully understood for taking timely medical help.

The meeting came to an end after a vote of thanks proposed by Dr.V.S. Natarajan. ❖

“முதியோர் நலம்” நூல் வெளியீடு



இடமிருந்து வலம் : டாக்டர் கே. சுவாமிநாதன், முன்னாள் மருத்துவ கல்வி இயக்குநர், டாக்டர் வ.செ. நடராசன், முதியோர் மருத்துவர், டாக்டர் K. சம்பத்குமார், சித்த மருத்துவர், திரு. முருகையன், மூத்த குடிமக்கள் மன்றம்

மூத்த குடிமக்கள் மன்றம் தனது 97வது மருத்துவ கருத்தரங்கத்தை, பைஸ்ஸ் மருத்துவ நிறுவனத்துடன் இணைந்து நவம்பர் 13ந் தேதி (வெள்ளிக்கிழமை) காலை 10.00 மணிக்கு சரஸ்வதி அசோசியேஷன், 28, ஆர்ம்ஸ் சாலை, கீழ்பாக்கம், சென்னை - 10ல் கொண்டாடியது.

அவ்விழாவில் திரு. சு. காளியப்பன் மற்றும் சித்த மருத்துவர் டாக்டர் K. சம்பத்குமார் அவர்கள் எழுதிய “முதியோர் நலம்” என்ற நூல் வெளியிடப்பட்டது. முதியோர் மருத்துவரும் மூத்த குடிமக்கள் மன்றத்தின் தலைவருமான டாக்டர் வ.செ. நடராசன் அவர்கள் நூலை வெளியிட்டார். முதல் பிரதியை டாக்டர் கே. சுவாமிநாதன், முன்னாள் மருத்துவ கல்வி இயக்குநர் அவர்கள் பெற்றுக் கொண்டார்.

இந்நூலை பற்றி டாக்டர் வ.செ. நடராசன் அவர்களின் மதிப்புரை:

முதுமையிலும் இளமையாக இருக்க பல வழிகளை இந்நூலாசிரியர் கூறியுள்ளார். உம் : விருப்பமான விழைபணி, முறையான உணவு, நோய்க்கு தக்க சிகிச்சை, உடற்பயிற்சி, சத்துணவு என்ற பல வழிகளில் இந்நூலில் கூறப்பட்டுள்ளன.

“ஒவ்வொரு நாள் காலையில் நான் இன்று முதியவன் ஆகிவிட்டேன் என்று சொல்லாமல் அதற்கு பதிலாக இன்று ஒரு நாள் இளமையாக உணருகிறேன்” என்று கூற வேண்டும் என்று ஆசிரியர் குறிப்பிட்டது நூற்றுக்கு நூறு உண்மை!

முதுமையில் காணும் எல்லா பிரச்சனைகளுக்கும் தீர்வு காண இவர் முயன்று இருக்கிறார். சித்த மருத்துவ நிபுணரான டாக்டர் சம்பத்குமார் அவருக்கு உதவி புரிந்த திரு. சு. காளியப்பன் அவரையும் எவ்வளவு பாராட்டினாலும் தகும். எல்லோருக்கும் புரியும் வண்ணம் எளிய நடையில் இந் நூலில் கூறப்பட்டுள்ள கருத்துக்கள் முதியவர்களுக்கு ஒரு ஊன்றுக் கோலாக அமையும் என்பதில் சிறிதும் ஐயமில்லை.

இந்நூலை பலரும் படித்து பயனடைய வேண்டுகிறேன். ஆசிரியரின் முயற்சிக்கு எனது பாராட்டுக்கள்!

இந்நூல் 240 பக்கங்கள் கொண்டது. நூலின் விலை ரூபாய் 125/-

மேலும் விபரங்களுக்கு அணுகவும் கைப்பேசி எண். 9444667462, 9710733613 ❖

Minutes of the Executive Committee Meeting held on 21-10-2009

The Executive Committee Meeting of the Senior Citizens Bureau for the month of October'09 was held on 21-10-09 at 'Adhi Parasakthi Clinic', Kilpauk, Chennai-10.

Dr. V.S.Natarajan, Chairman called the meeting to order and welcomed the members.

Minutes of the last two month's meetings (Aug'09 and Sep.'09) were read-out by Thiru.R.Madhavan, Sect.[Admn.] and were adopted by the E.C. Some points arising-out of the minutes were explained by the Chairman, Senior Citizens Bureau.

The Chairman mentioned in his speech that, in coordination with the Department of Social Works of Stella Mari's College for Women, Chennai, on 30th September 2009, the WORLD ELDERS DAY and WORLD ELDERS ABUSE AWARENESS DAY were celebrated in a grand manner & successfully. The Chairman appreciated the Vice-Chairman for the strenuous efforts and arrangements made by him in celebrating the above functions in a planned and satisfactory way.

I.D cards were issued to 31 Doctors under 'Geriatric House Call' Programme of Senior Citizens Bureau. Members mentioned that there was no mention about the 'Geriatric House Call' Programme of Senior

Citizens Bureau in its special issue titled 'Ageing Gracefully' in our in-house journal 'LinkAge'

'LinkAge' Special issues were sent to all new honorary members (Doctors etc.)

The Chairman informed the members that he will be attending the 7th Annual conference of the Indian Academy of Geriatrics at Kolkatta on 14th & 15th Nov.'09.

Treasurer Mrs. Vimala Rajaram indicated the approximate Income and Expenditure on account of WORLD ELDERS DAY and WORLD ELDERS ABUSE AWARENESS DAY held on 30th Sep.'09.

The Chairman informed the members that there will be a lecture programme on 'Urological problems in old age' during second week of Nov.'09, details of the programme would be publicized in the Nov.'09 issue of 'LinkAge'.

The Meeting was adjourned after vote of thanks proposed Secy.(Admn.) MrMadhavan. ❖



Dr. V.S. Natarajan
Chairman

Letter from Dr.K.R. Balasubramaniam, MBBS, MS(Ortho), Erode -9.

Dear Dr. Natarajan,

I am happy to inform you that I have learnt in detail about "Geriatric Housecall Project" from the book published on the occasion of the "1st Anniversary of the project(Received from you at your Home). The project is a very useful innovation and it will go a long way in mitigating the suffering of the elderly public. I wish all success to the project. Herewith I have written a Quote, by Lata Mangeshkar, Singer, from The Week, Dated October 11, 2009 for your kind perusal.

"It's always a charm to age gracefully" by Lata Mangeshkar, Singer after turning 80.

GERIATRIC GIANTS

The projections on life expectancy indicates that by 2020 there will be 470 million people aged 65 and above in the developing countries. As per the 2001 census data 75% of the elderly persons live in the rural areas. 48.2% of the elderly are women and among them 55% are widows.. A total of 73% of the elderly are illiterate and 1/3rd of them live below poverty line..90% of the elderly are from the unorganized sector and they have no retirement benefit .The number of centenarians in India are about 20,000.The data given above give a rough picture of the responsibilities that are likely to be faced by India while taking care of the elderly. The elders generally are subjected to different types mental, physical and emotional problems. Among them certain problems affect them deeply. They are poverty, loneliness and diseases. These, problems can be described as triple giants threatening the elders.

The problem of poverty

India does not have wider social security coverage. Many of the elders especially the rural elders have worked in the unorganized sector as agricultural labourers, cultivators, artisans and petty traders. They do not remain idle, even in old age because their family members are not economically sound and they do not want to be a burden to them. But in the ripe old age, they become totally

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Contd. from P-6

dependent on others. Many of them are not covered by the pension scheme and those who get the pension meant for the poor also find it inadequate to meet their expenses. Therefore the rural elders are affected by mal nutrition and fall a victim to all types of diseases. As per the NSS surveys, nearly 313/1000 elders in the rural areas and 297/1000 in the urban areas are totally dependent on others

But a considerable number of the urban elders have retired from organized sector and therefore get decent pension benefits. Hence most of them are partially dependent. But the urban families do not treat the elders with sympathy because there is no social control over them as it prevails in the rural areas and the general trend is to consider them as a liability, if they are not financially sound. But they manage to get some income through part time jobs, since such opportunities are available in the urban areas. Therefore poverty affects severely the rural elders than the urban elders. But in general, the poor elders do not get decent food, clothing and shelter and do not get adequate medical care. In old age, poverty affects them severely and makes them suffer mentally

Increase in the old age pension amount at least to the extent Rs. 1000 a month is the need of the time to protect the elders from the problems poverty and dependency. Those who retire from decent jobs should take proper care of the retirement funds and invest them with care and caution and should not fall a victim to cunning ways of the kith and kin.

The problem of loneliness

The elders seldom move out due to weakness, difficulty in hearing, partial blindness, and immobility. Due to lack of social interaction they suffer loneliness. They also suffer due to the feeling that they have become a liability, and hence are superficially respected. Therefore, they are withdrawn from the family members and relatives and suffer loneliness. Especially those elders who loose their spouses suffer deeper loneliness, since they have no one to share their happiness or sadness. The parents of NRI children too suffer loneliness since they know that, in times of need or crises their own children will not be with them to give them the moral support. They get scared, thinking of the last days and death which in turn, affect their physical and mental health status. House management and food management are difficult for them and there are security threats through service providers. All these factors affect their peace of mind.

The rural elders are not generally abandoned in spite of poverty because the village society will question and warn the family members if they are abandoned. But the urban elders have to suffer silently because, no body will come to their rescue when they suffer loneliness and neglect. In recent times we hear more number of assaults on senior citizens in the urban areas. But such cases are rare in the rural areas because the village community keep a general watch on them. The urban elders prefer to stay in the senior citizens home if they do not have reliable kith and kin who are willing to keep them with love and care. But in the old age homes too, they suffer loneliness, because, they miss the family atmosphere and hostel like restrictions are detested by them. Even the paid senior citizens homes are not run satisfactorily. Then we can imagine the situations in the free old age homes.

The government and the NGOs should open many more well run old age homes and regulatory and supervisory bodies are needed to monitor their functioning. The commercial attitude of the management of the old age homes should be curbed. Moreover, the elders, feel terribly lonely when the family members are away for various reasons therefore, day care centers should be opened in the rural and urban areas. Catering services for the single elders are inadequate in the cities and this is an area which requires attention. The senior citizens should also be helpful to the family and cooperate with them as much as possible, so that they are respected and taken care of. There is a need for change in the mental attitude of the elders, if they want to live with harmony with their families without feeling lonely and the children should be taught to treat the elders with respect and dignity.

The problem of diseases.

The rural seniors are affected generally by communicable and non communicable diseases due to mal nutrition, lack of personal hygiene practices, ignorance about symptoms of diseases, illiteracy and lack of facilities for preventive, promotive, curative and rehabilitative health care facilities. Poverty aggravates their medical problems.

The urban elders too, experience immunity and physiological changes and they too become easy victims to communicable and non communicable diseases. They experience visual impairment, locomotive disorder, neurological complications, cardio vascular diseases, hearing loss, respiratory disorder, psychiatric problem and hearing loss. They easily fall victims to emotional disorders due to social maladjustment resulting in, bitterness, withdrawal, depression and suicidal tendencies They are mentally stressed due to idleness and reduction or loss of income, resulting in dementia, mood disorder, personality disorder, delirium and mental psychosis. As the seniors advance in age, they are affected by degenerative problems, such as senile cataract, glaucoma, nerve deafness, osteoporosis, bronchitis, Alzheimer diseases and rheumatism. The chronic diseases that affect the elders are cancer, diabetes, diseases of locomotors system. The list is long and scary.

It should be remembered that 75% of the elders live in the villages. Geriatric health care is rare in the villages at the primary health care level, but available only at the tertiary level. They too need day care centers, counseling facilities, specially trained medical officer for geriatric care at the Primary, Taluk and District level. The primary health workers should be trained to identify geriatric health problems and refer them in time to the tertiary health units. The secondary and tertiary health units can allot one working day in a week, specially for the rural elders so that they can easily get the check up, review and counseling facilities. The involvement of the local governments is a must for better geriatric health care in the rural areas. They can arrange for mobile medical vans for immediate attention.

What is basically required for good quality geriatric health care is a comprehensive baseline morbidity survey and creation of data base on the health status of the elderly in India. This would guide the health administrators in the while formulation of health policy and programmes for the geriatric health care. A high power committee consisting of experts from various fields related to geriatric care should be formed to asses the geriatric programmes. The National Institute of Aging is sanctioned for Chennai and it should start functioning immediately. Research in geriatric and gerontology is needed to be enlarged. Universities like IGNOU has introduced post graduate diploma in geriatric medicine. Many other universities can follow this example. There is a need to give importance in medial and Para medical courses for geriatric care. Geriatric dentistry course can also be introduced in the dental colleges.

A review of India's five year plans reveal that very limited concern is shown to the elder's welfare in India. The only welfare measure until the seventh plan was running of old age homes. The 8th and the 9th plans incorporated comprehensive programmes for the rural elders through budgetary provision for seniors home, day care centers, medicare and institutional services. India's history has been a history of inadequate care for the elders.

The elders should learn to manage these three giants or villains boldly.

They should understand that 'you do not heal old age. You protect it, promote it and extend it.' By 2025, the world's population is expected to include more than 830 million people at an age of 65. The elders should understand that governments alone can not make arranging for the wellbeing of the elders of this number and they too should contribute their might. Worry, tension, doubt, anxiety and self distrust and self pity will, wrinkle the soul. They should strengthen their mental and physical status through healthy lifestyle, recreations, hobbies, interaction with family members, involvement with community work and spiritual practice, ❖

Courtesy :- **Dr. Prof. Rameeza. A. Rasheed, (Retd.)**

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3	23-12-1940	LM-257	Thiru.N. Krishnamurthy
4	26-12-1917	AM-601	Thiru.T.S.K. Rama Rao
5	31-12-1924	LM-50	Thiru.K.N. Siva Sankaran
6	31-12-1940	AM-533	Thiru.N. Srinivasan
7	3-1-1947	AM-444	Thiru.T. Dayalan
8	5-1-1935	JSLM-198	Thiru.M.N. Somayajulu
9	7-1-1944	LM-580	Thiru.A.K. Chakravarthy
10	8-1-1937	LM-428	Thiru.A. Siva Sankaran
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12	14-01-1937	LM-86	Thiru. P.S.C. Raja
13	14-01-1937	LM-305	Thiru.A. Joseph Vincent
14	15-01-1937	LM-03	Capt. Dr. M. Singaraja
15	15-01-1944	AM-525	Thiru.G. Vemana Reddy

National / International Days November

1	1-12-2009	World Aids Day	(I)
2	4-12-2009	Navy Day	(N)
3	7-12-2009	Armed Forces Flag Day	(N)
4	10-12-2009	Human Rights Day	(N)
5	23-12-2009	Kisan Divas	(N)
6	26-12-2009	Tsunami's Day	(N)
7	31-12-2009	New Year's eve / D addiction day/ Elderly day/ Measles day / Rabies day	(N)

Note : N = National I = International

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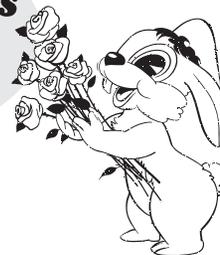
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