



# Newer Ways for Managing Multi-Morbidities in Elderly Patients: Including Diabetes Hypertension, and Coronary Artery Disease & Some More Problems

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**Submission:** September 16, 2017; **Published:** September 21, 2017

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## Introduction

As we continue to age morbidities may start manifesting, and consequently the elderly population is worst affected. Usually their individual soft-pedaling and uncaring attitude towards their own health during their middle years starts to catch up with aging. Unfortunately for the elderly, many lifestyle diseases, diabetes, hypertension and coronary artery disease start manifesting, and at times in various combinations. Then there are a whole lot of interrelated medical problems like hyperlipidemia, atherosclerosis, peripheral arterial disease, microvascular coronary artery disease that might be leading to coronary, carotid, or peripheral vascular compromise. All of this

appears as a surprise, as all this time these medical problems had remained sub-surface, like an iceberg. It is also the time when effects of aging and frailty are also catching up, when suddenly all these silent diseases may start making their presence felt. As has already been said elsewhere, the aged are more concerned to remain healthy and not become bed-ridden or dependent on anyone [1]. We believe that while dealing with the chronic medical problems, especially of the elderly, a more holistic view and the bigger picture needs to be kept in mind. If we can start doing that, maybe the end results will improve [2-5]. Try and make the initial assessment of fitness levels easy and simple [6].

## Hypertension

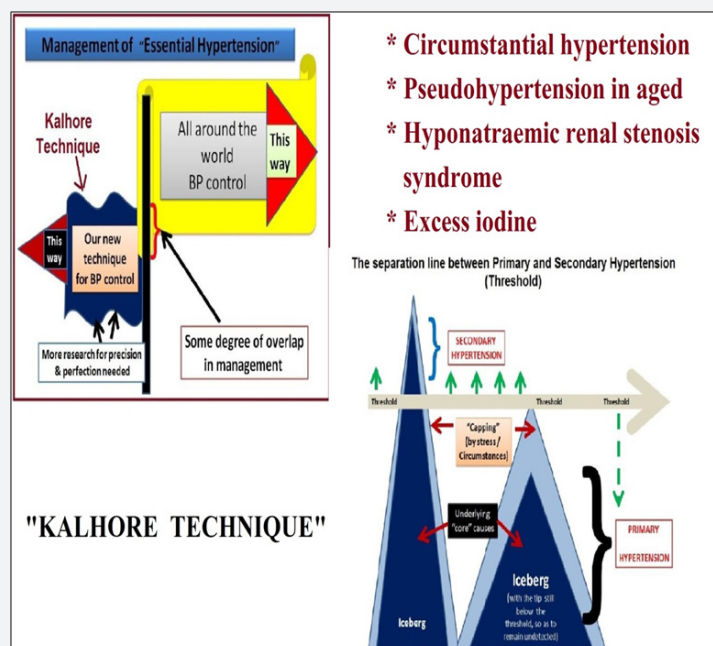


Figure 1.

Let us start by taking hypertension as an example. Primary or Essential Hypertension may have some underlying reasons and that is exactly what we have already tried to bring to the notice of the world. There can be such innocuous conditions like 'circumstantial' hypertension [7], excess of supplemental iodine [8-9], pseudo-hypertension [10], renal artery stenosis that could be leading to perpetual hyponatraemia and hypertension [11-12], and these are often missed or overlooked, and these might be leading to or aggravating hypertension. As already stated by us elsewhere, there could be an association between fortifications of common salt with iodine even in such geographical locations where there is no iodine deficiency. Use of fortified iodised salt in non-iodine deficient areas could be a cause of unexplained tachyarrhythmias [8-9]. Therefore in such cases exposure to

continuous use of fortified iodized salt must be stopped when not living in geographically defined iodine deficiency areas [8-9] (Figure 1).

Coming to management of primary hypertension, our totally innovative medical technique that we had named as "Kalthore Technique", which was presented at an international medical conference [12,13] and described in more details elsewhere as well [14], could be of help. However much more research would be needed before this technique can be used (Figure 1). That stated, we strongly feel that by looking deeper into the cause or causes of hypertension, and making appropriate adjustments for the aging changes, we can arrive at a diagnosis and plan appropriate management which could be beneficial for the patient [13,14] (Figure 1).



**Figure 2:** Diabetic complications.

### Type 2 Diabetes

Likewise we may have to start thinking afresh about the possible aetiopathogenesis of type 2 diabetes, that is such a common accompaniment adding to the morbidities [3,15]. Taking the example of this elderly female patient who was 76 year old, and poorly controlled type 2 diabetes patient with sugar levels in excess of 500 mg% and a markedly raised blood pressure which was in excess of 220 mm Hg Systolic (Figure 2). In this picture the non-healing ulcers and cellulitis is quite obvious, and are a pointer to pre-gangrenous stage of left lower leg. Loss of texture and deformity of nails will also be evident in this picture. This lady had severe dyspnea on exertion and had arthritis of hips and knees, and could barely walk with support. Her activities of daily living were very confined and dependent on care givers for several years. One of another accidental discoveries, the "Brij Pal Technique" [16,17] along with our "Betaa ka Naglaa Technique" [18-20] helped this patient recover to quite an extent.

### Arthritis of knees

It was quite heartening to see her recover, and start walking without support with another of our innovative medical technique that we had named as 'Asha Technique' [21-22], and

blood sugar levels and blood pressure well controlled (Figure 3).

### Management of Coronary Microvascular Disease

Again by informed consent, we had used another innovative technique that we had presented at international medical conference and which goes by the name that we had given to this new technique as 'Betaa Ka Naglaa Technique' (BKN Technique) which helped this elderly with quick and non-invasive management of coronary microvascular disease, which helped her to start feeling better and not feel dyspneic so easily anymore, and allowing her to gradually start performing her daily chores [18-20]. Guidance on activity, life style changes, self care, and on nutrition and diet was given, and a regular follow up was initiated.

### Lumbago

Painful back is such a common morbidity in elderly population. There can be previous injuries, but more common is the insidious nature. Elderly many have prolapsed intervertebral disc, nerve impingement by osteophytes, spondylosis or spondylolesthesis and varied degrees of lumbar canal stenosis as well, which may affect in locomotion. It has been our observation, in the patients that we have come across, that they will like to

avoid surgery and will continue to suffer pain and limitation of movement. Below is a picture of a 66 year old female patient, who had severe spondyloesthesis that would be quite apparent in the figure 4, and had multiple other morbidities (Figure 4). We have found one of the new non-invasive and painless medical technique that we have developed and modified that we have named as the 'Agra Technique' [23-26], can be quite helpful

especially in such elderly patients who refuse surgery. Here is another patient in picture who was not only managed effectively for her spondylolisthesis but also for her compromised cardio-pulmonary function (Figure 4). Her recovery was quite swift, and was so overwhelming as well for her, since this patient had started believing that no recovery was possible, and she was unwilling for any invasive procedures or surgery (Figure 4).

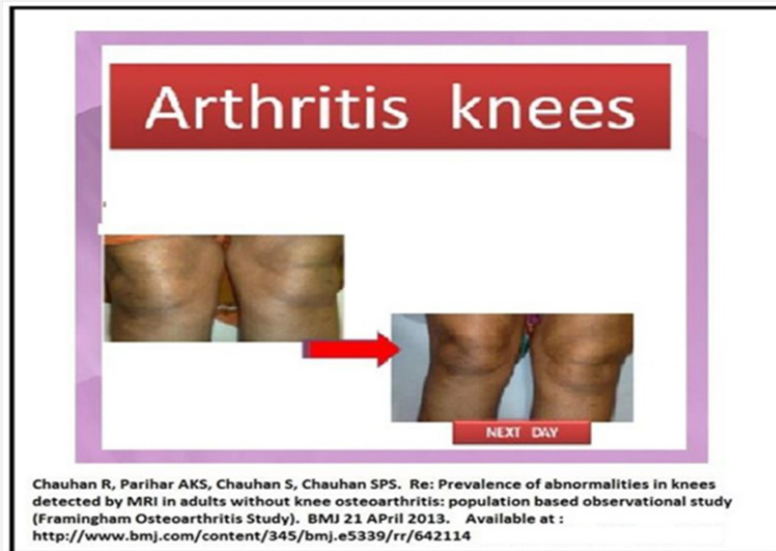


Figure 3.

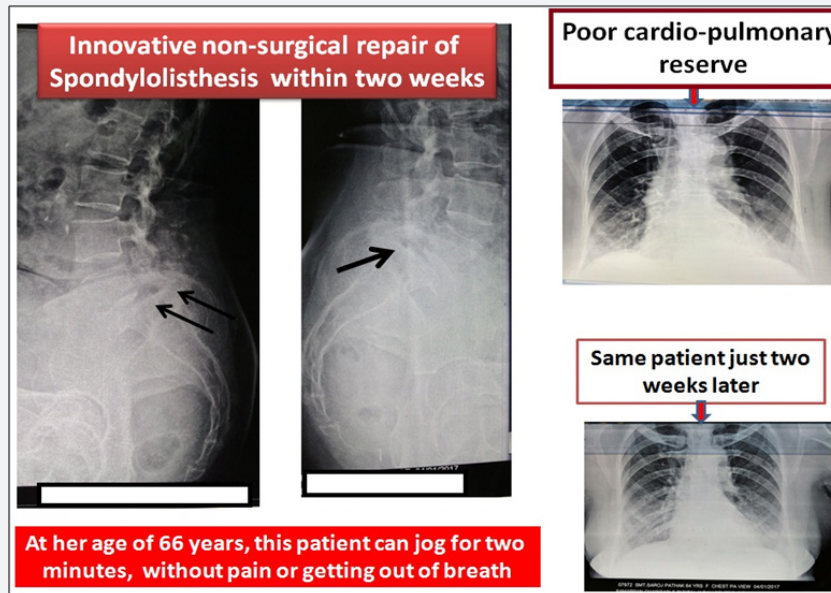


Figure 4.

### Migraine

Incidentally this female patient whose morbidities are described above had continued suffering from migraine, despite having crossed her menopause long ago. Another of our

innovative non-invasive and painless medical technique that we had presented at an international medical conference and described at other places had helped her recover considerably from migraine. We have been calling this technique of ours as

'Dhamna Technique' [27-31]. Like all other of our accidental innovative techniques, this technique too will require further refinement, more research and improvements for long lasting effects and safety.

### Plantar fasciitis, Frozen Shoulders, and age-related hearing loss (Presbycusis)

She also had plantar fasciitis and frozen shoulders, which were effectively managed by our painless and non-invasive technique that we have named as "Dr. Harendra Kumar Gupta" technique for plantar fasciitis [32-34], and by our "Dr. S. Arulraj's Technique" for managing frozen shoulders [35]. Restoration of normal hearing was swift and almost permanent by our new technique that also came by accidentally, and which could be helpful in restoring back normal hearing in age-related hearing loss (Presbycusis) [36-41].

### Conclusion

Managing morbidities in elderly patients can be so cheering, but then we have to start taking a bigger picture in consideration and be prepared to shift out from the established management dictates. Patients and their care givers need to be explained thoroughly, and all the available choices given, along with the pros and cons. All the innovative medical techniques described in the management of multiple morbidities in our patients will require in-depth research, refinement, precision, etc. For the well off and well cared elderly patients there seems to be no problem, as there are so many advanced treatment modalities and they have access to them. It is for the poor and the less endowed where our new innovative medical techniques can be more suitable, and in those who are unwilling for invasive procedures or surgery. It is not that everyone will benefit. There can be failures as well. We have been able to build these new innovative medical techniques, which are over 30 now, for the whole world from within our own limited means and without any help, encouragement, motivation, guidance, etc, from any individual, organization, governmental or non-governmental agencies, whatsoever. Let's put it this way that within our own personal resources we have been able to initiate a beginning of sorts, and it is up to the global scientific and medical fraternity to build up from here. World's attention is needed for the frail elderly (geriatric) population as well, who may be stuck with multi-morbidities and with gaps, insufficiencies, and inequities in care [42]. Finally, kindly do not let accidental discoveries go in vain [43-45].

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DOI: [10.19080/OAJGGM.2017.02.555596](https://doi.org/10.19080/OAJGGM.2017.02.555596)

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