

Ayurvedic Perspective on Geriatric Health: A Survey-Based Review and Development of Preventive Care Modules

Dr. Udai Raj Meena¹, Dr. Aparna S², Dr. Nisha Gupta³,
Dr. Abhijit Kumbhar⁴

¹P.G. Scholar, Samhita evam Maulik Siddhanta, National Institute of Ayurveda (Deemed to be university), Jaipur

²Phd Scholar, Samhita evam Maulik Siddhanta, National Institute of Ayurveda,(Deemed to be university) Jaipur

³Professor & HOD, Samhita evam Maulik Siddhanta, National Institute of Ayurveda,(Deemed to be university) Jaipur

⁴Assistant Professor, Samhita evam Maulik Siddhanta, National Institute of Ayurveda,(Deemed to be university) Jaipur

ABSTRACT

Background: Population aging is becoming a major global public health challenge. According to the World Health Organization, the number of people aged 60 years and above is increasing rapidly worldwide due to improved healthcare, better nutrition, and increased life expectancy.

Major Global Aging Problems

Chronic Diseases-Elderly people commonly suffer from hypertension, diabetes, arthritis, cardiovascular diseases, osteoporosis, and dementia.

Physical Decline-Aging leads to reduced muscle strength, weak immunity, impaired vision and hearing, and decreased mobility.

Mental Health Issues-Depression, anxiety, loneliness, memory loss, and cognitive decline are common among older adults.

Economic Burden-Increased healthcare expenses, dependency on caregivers, and reduced workforce participation create economic pressure on families and governments.

Social Problems-Social isolation, neglect, lack of family support, and elder abuse are increasing concerns globally.

Healthcare Challenges-Many countries face shortages of geriatric healthcare services, long-term care facilities, and trained professionals for elderly care.

Aging is a universal and inevitable biological, physiological process associated with progressive decline in physical, Mental and social functions. Globally, the geriatric population is rapidly increasing, leading to a higher burden of chronic diseases, psychological distress and dependency. In India, this demographic transition is further compounded by changing family structures and reduced traditional caregiving support, highlighting the urgent need for holistic and preventive geriatric care.

Aim (To Evaluate geriatric health and design modules): The present study aimed to evaluate the multidimensional health status of the elderly and to design practical Ayurvedic modules for the maintenance and promotion of healthy aging.

Methods (Survey study and literature review): A large-scale cross-sectional survey was conducted on 1000 elderly individuals using a validated questionnaire assessing physical, emotional, psychological, and lifestyle factors. In addition, a comprehensive literature review of classical Ayurvedic texts and contemporary research was undertaken to establish theoretical correlations.

Key findings: The study revealed a high prevalence of musculoskeletal disorders, cardiovascular diseases, sleep disturbances, anxiety, and cognitive decline. Adherence to Ayurvedic principles such as Dinacharya and Ritucharya was found to be inadequate. These findings reflect Vata predominance, Dhatu kshaya and lifestyle imbalance in old age.

Conclusion (Ayurveda role in healthy aging): Ayurveda offers a comprehensive framework for healthy aging through individualized diet, lifestyle, Rasayana therapy, and mental well-being practices. The developed modules provide practical, culturally adaptable strategies for improving geriatric quality of life and can serve as a foundation for integrative geriatric healthcare.

Keywords: Ageing (Jarā), Geriatric Health, Ayurveda, Dinacharya, Ritucharya, Rasayana Therapy.

INTRODUCTION:

Jara as a Specialty among Ashtanga Ayurveda

कायबालग्रहूर्ध्वाङ्गशल्यदंष्ट्राजरावृषान्

अष्टावङ्गानि तस्याहुश्चिकित्सा येषु संस्थिता ॥ A.H. Su, Chapter 1, Verse 5

Ayurveda describes eight major branches known as Ashtanga Ayurveda:

1. Kaya Chikitsa – Internal medicine
2. Bala Chikitsa – Pediatrics
3. Graha Chikitsa – Psychological disorders
4. Urdhvanga (Shalaky Tantra) – ENT and eye diseases
5. Shalya Tantra – Surgery
6. Damshttra (Agada Tantra) – Toxicology
7. Rasayana Tantra – Rejuvenation and geriatrics
8. Vajikarana Tantra – Reproductive health

Jara (Old Age)

Jara means aging or senility. It is a natural process in which the body gradually loses strength, memory, immunity, and functional capacity. According to Ayurveda, Jara is a Swabhavika Vyadhi (natural condition of life).

Among the eight branches of Ayurveda, Rasayana Tantra is mainly concerned with the prevention and management of Jara. Rasayana therapy helps in:

1. Delaying aging
2. Increasing longevity
3. Improving immunity
4. Enhancing memory and intelligence
5. Maintaining physical and mental health

Ayurveda explains that in old age, Vata Dosha becomes dominant, causing weakness, dryness, joint pain, tremors, insomnia, and degeneration of tissues.

Geriatrics is a specialized branch of medicine concerned with the health care, prevention, diagnosis, and management of diseases in elderly individuals, typically aged 60 years and above.ⁱ Ageing is a natural, inevitable and progressive phenomenon characterized by a gradual decline in physiological strength, functional capacity, and psychological resilience.ⁱⁱ With increasing life expectancy, ageing has emerged as a major global public health concern. The global burden of the ageing population is rising rapidly, with a significant increase in chronic diseases, disability, dependency and psychosocial challenges among the elderly.^{iii iv}

India is witnessing a remarkable demographic transition, with the geriatric population increasing from approximately 139 million in 2019 and projected to reach nearly 319 million in the coming decades.^v This transition, coupled with urbanization, industrialization and weakening joint-family systems, has led to increased social isolation, dependency and unmet healthcare needs among older adults. These changes highlight the urgent need for comprehensive and preventive geriatric care strategies.^{vi}

In Ayurveda, ageing (Jarā) is described as a natural process resulting from *kāla-pariṇāma* (time-dependent transformation). Classical texts explain that old age is dominated by Vāta doṣa, leading to *dhātu-kṣaya* (tissue degeneration), reduced vitality and increased susceptibility to diseases.^{vii viii} The fundamental aim of Ayurveda—“*svasthasya svāsthyarākṣaṇam āturyasya vikārapraśamanam ca*”—emphasizes the preservation of health and management of disease, making it highly relevant in geriatric care.^{ix} Preventive approaches such as Dinacharya, Ritucharya, Sadvritta and Rasayana therapy provide a holistic framework for maintaining health and promoting longevity.^{x xi}

Despite advancements in modern geriatric medicine, there remains a significant gap in addressing the holistic needs of elderly individuals, particularly in terms of preventive, lifestyle-based and individualized care. Moreover, there is limited integration of Ayurvedic principles into community-level geriatric health programs and a lack of population-based evidence correlating actual health status with adherence to Ayurvedic regimens.^{xii}

AIM

To evaluate the health status of the geriatric population and to design modules of guidelines for its maintenance as per Ayurveda.

OBJECTIVES

- To evaluate the health status of the geriatric population in terms of physical, emotional and psychological aspects from an Ayurvedic perspective.
- To assess the socio-demographic profile of the geriatric population.
- To design Ayurveda-based modules of guidelines for the maintenance and promotion of geriatric health.

MATERIALS AND METHODS

This study adopted a mixed-method approach combining a cross-sectional survey with a comprehensive literature review.^{xiii}

An observational, descriptive cross-sectional survey was conducted among the geriatric population of Jaipur district over a period of two years after obtaining institutional ethical approval. A total of 1000

elderly individuals aged ≥ 60 years (61–100 years) were included. The sample size was calculated using the standard formula ($n = Z^2p(1-p)/d^2$) with 95% confidence interval and was increased beyond the minimum required size ($n=388$) to enhance precision and account for non-response.^{xiv} Participants were selected using simple random sampling from OPD/IPD settings and medical camps in both rural and urban areas.^{xv}

Individuals of both sexes willing to participate and providing informed consent were included, while those below 60 years, critically ill, bedridden or unable to provide reliable responses were excluded.^{xvi} Data were collected through face-to-face interviews using a validated semi-structured questionnaire comprising 87 items. The tool assessed socio-demographic characteristics, physical health, emotional and psychological status, and social well-being, along with adherence to Ayurvedic lifestyle practices such as Dinacharya, Ritucharya and Adharaniya Vega.^{xvii xviii} The questionnaire was developed through literature review and expert consultation, translated into local language, and tested for validity and reliability (Spearman's $r > 0.85$).^{xix}

Statistical analysis was performed using SPSS and MS Excel. Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential analysis (chi-square test) were applied.^{xx}

For the review component, literature was retrieved from PubMed, AYUSH Research Portal, and Google Scholar using keywords such as “Ageing,” “Jara,” “Geriatric health,” “Ayurveda,” “Rasayana,” “Dinacharya,” and “Ritucharya.” Classical texts and peer-reviewed studies were included, while irrelevant and non-peer-reviewed sources were excluded.^{xxi xxii}

CONCEPTUAL REVIEW

Ayurveda View of Aging (Jarā)

In Ayurveda, ageing (Jarā) is described as a natural, inevitable, and progressive process resulting from *kāla-pariṇāma* (time-dependent transformation). Classical texts such as Charaka Samhita and Sushruta Samhita define Jarā as the stage of life characterized by gradual decline in structural integrity, functional capacity, and vitality. It is considered a natural phenomenon associated with degeneration of body tissues and diminished physiological functions.^{xxiii}

Ayurveda classifies ageing into two types: Kalaja Jarā and Akalaja Jarā.^{xxiv} *Kalaja Jarā* refers to natural, time-bound ageing occurring at an appropriate age due to chronological progression, whereas *Akalaja Jarā* denotes premature ageing resulting from improper diet, lifestyle, stress and environmental factors. The latter is considered preventable and manageable through appropriate Ayurvedic interventions.^{xxv}

Doṣa Involvement in Aging

According to Ayurvedic principles, life is divided into stages dominated by specific doṣas. Old age is predominantly governed by Vāta doṣa, This condition is responsible for impaired movement, degeneration and catabolic activities. The aggravation of Vāta in old age leads to dryness, weakness, reduced stability and increased susceptibility to degenerative disorders such as joint pain, neurological conditions and functional decline.^{xxvi}

Dhātu Kṣaya (Tissue Degeneration)

Ageing is marked by progressive dhātu-kṣaya, indicating depletion and weakness of body tissues. This includes reduction in muscle mass, bone density and overall strength, corresponding to modern concepts of sarcopenia and degenerative changes. Impaired dhātu nourishment further affects metabolic and structural integrity.^{xxvii}

Ojas Decline

Ojas, considered the essence of all dhātus and the basis of immunity and vitality, declines with advancing age. Reduction in Ojas leads to decreased resistance to diseases, fatigue, mental weakness and impaired overall well-being.^{xxviii} Preservation of Ojas through Rasāyana therapy and proper lifestyle is therefore emphasized in geriatric care.^{xxix}

OBSERVATIONS

Socio-demographic Characteristics-

A total of 1000 geriatric participants were included in the study. The majority belonged to the 61–70 years age group (72.8%), followed by 71–80 years (22.6%), indicating predominance of the younger geriatric segment. Males constituted 68% of the study population, while females accounted for 32%. Most participants were Hindus (88%), reflecting regional demographics.^{xxx xxxi}

A significant proportion (95.5%) were married, and nearly half (49.7%) resided with extended families, indicating continued reliance on family-based support systems.^{xxxii} However, 6% of participants lived alone and 3.7% resided in old-age homes, suggesting emerging social vulnerability.

Educational status revealed that 21% had no formal education, while only 7% had postgraduate qualifications. Economically, 56.5% depended on family support and the majority belonged to lower-middle (37.3%) and lower socioeconomic classes (30.1%).^{xxxiii xxxiv}

Morbidity Profile and Health Status-

Musculoskeletal disorders were the most prevalent (45.6%), followed by cardiovascular diseases (34.2%), endocrinological disorders (20.8%), and sensory impairments (21.9%). Neurological (13.3%), respiratory (5.5%), and excretory disorders (3%) were less common.^{xxxv}

Physical health assessment revealed a high burden of symptoms, with joint pain (49.5% often), fatigue (43.6% often), mobility difficulties (42% often), and sleep disturbances (38% often) reported frequently. Digestive issues were also common.^{xxxvi}

Emotional assessment indicated that anxiety or stress was experienced often by 31.6% of participants, while loneliness was reported often by 29.4%. Psychological evaluation showed that memory loss or confusion was common, with over 60% experiencing it at least intermittently. In contrast, engagement in meditation or breathing practices was low.^{xxxvii}

Social Support and Healthcare Accessibility-

Most participants reported good social interaction and communication; however, only 40.5% consistently received healthcare support, while a substantial proportion reported limited or no support, indicating a gap between accessibility and actual service delivery.^{xxxviii}

Ayurvedic Lifestyle Adherence-

Adherence to Dinacharya was partial, with basic practices like waking early and oral hygiene commonly followed, while practices such as Nasya, Abhyanga, and Gandusha were rarely practiced.

Suppression of Adharaniya Vega was observed occasionally, particularly emotional and physiological urges.

Adherence to Ritucharya was inconsistent across seasons, with most participants following seasonal guidelines only occasionally. Essential practices like dietary adjustments and detoxification were poorly adopted.^{xxxix}

Statistical Findings-Chi-square analysis revealed significant associations between socio-demographic variables and health outcomes, indicating that geriatric morbidity and lifestyle behaviors are influenced by social, economic, and demographic factors.^{x1}

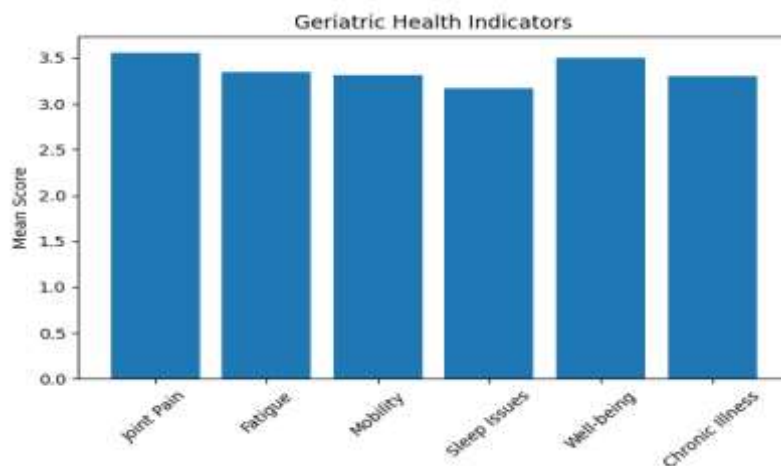
RESULTS

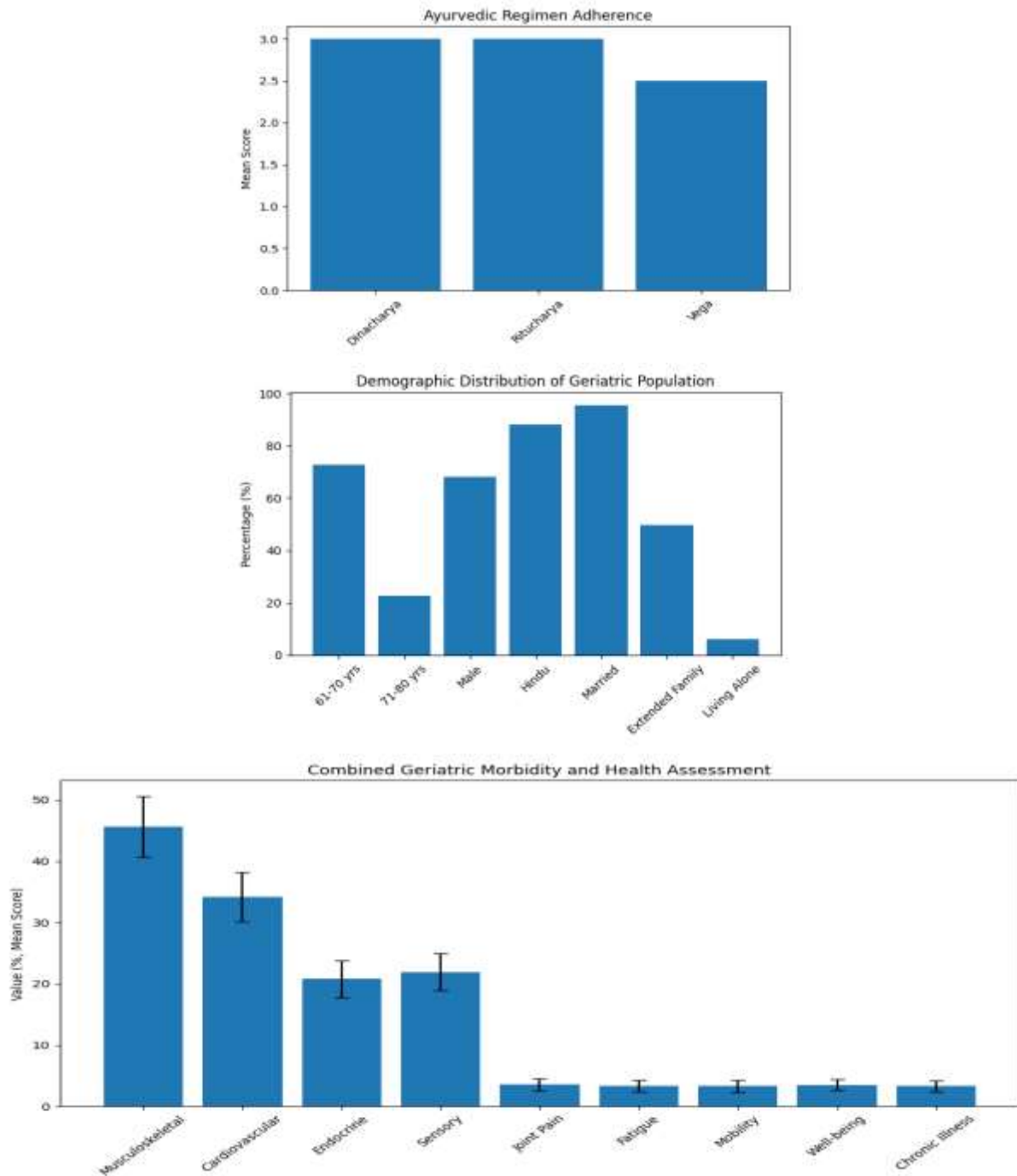
A total of 1000 geriatric participants were included in the study. The majority (72.8%) belonged to the 61–70 years age group, followed by 22.6% in 71–80 years, indicating a right-skewed age distribution. Males constituted 68% of the study population. Most participants were Hindus (88%) and married (95.5%), with nearly half (49.7%) residing in extended family settings, although 6% lived alone.

Musculoskeletal disorders were the most prevalent morbidity (45.6%), followed by cardiovascular (34.2%), endocrinological (20.8%) and sensory disorders (21.9%). Likert analysis revealed moderate-to-high physical health burden, with joint pain (mean 3.55), fatigue (3.34) and mobility difficulty (3.31) commonly reported. Overall well-being showed a moderate mean score (3.50), while chronic illness symptoms were frequently experienced (mean 3.30).

Emotional health assessment indicated moderate levels of anxiety (mean 3.03) and loneliness (2.88). Psychological findings revealed a moderate prevalence of memory impairment (3.01) with low engagement in meditation practices (2.44).

Adherence to Ayurvedic regimens was suboptimal. Basic practices like Dantadhavana (3.82) and waking early (3.74) were commonly followed, whereas Nasya, Gandusha, and Abhyanga showed low adherence. Ritucharya practices were inconsistently followed across seasons (mean ~2.8–3.3). Chi-square analysis demonstrated statistically significant non-uniform distribution across demographic and morbidity variables ($p < 0.001$).





Combined representation of prevalence of major morbidities and mean scores of physical health parameters with standard deviation (error bars) among the geriatric population

Emotional health assessment indicated moderate levels of anxiety (mean 3.03) and loneliness (2.88). Psychological findings revealed a moderate prevalence of memory impairment (3.01) with low engagement in meditation practices (2.44).

Mean adherence scores of selected Dinacharya and Ritucharya practices with standard deviation among the geriatric population

DISCUSSION

The present study provides a multidimensional evaluation of geriatric health, integrating empirical findings with classical Ayurvedic principles and contemporary gerontology. The predominance of the 61–70 years age group reflects the early phase of Vṛddhāvasthā, characterized by progressive Vāta doṣa predominance, consistent with classical descriptions of Jarā.^{xli xlii} Similar demographic trends have been reported in Indian geriatric surveys, indicating a growing “young-old” population with evolving healthcare needs.^{xliii}

The high burden of musculoskeletal (45.6%) and cardiovascular disorders (34.2%) aligns with global evidence linking ageing to degenerative and inflammatory processes such as sarcopenia and atherosclerosis.^{xliv xlv} From an Ayurvedic perspective, these conditions correspond to Asthi-Majjā kṣaya and impaired Rasa-Rakta circulation, driven by Vāta aggravation. Comparable studies have demonstrated that Ayurvedic constructs such as Vāta imbalance and Agni dysfunction closely parallel mechanisms of inflammaging and metabolic decline.^{xlvi}

Psychological findings, including moderate levels of anxiety, loneliness, and memory impairment, are consistent with previous reports highlighting the rising burden of geriatric mental health disorders and social isolation.^{xlvii} Ayurveda conceptualizes these as disturbances of Mānasika doṣas (Rajas and Tamas), often aggravated by Vāta instability. The notably low engagement in meditation and breathing practices reflects underutilization of Sattvavajaya Cikitsā, despite evidence supporting its role in cognitive preservation and stress reduction.^{xlviii}

A critical observation is the gap between awareness and adherence to Ayurvedic regimens. While basic practices such as Dantadhavana and early rising were commonly followed, essential preventive interventions like Abhyanga, Nasya and Vyayama showed poor adherence. Similar findings have been reported in community-based studies, where lifestyle modifications remain inadequately implemented despite strong theoretical frameworks.^{xlix} Inconsistent adherence to Ritucharya further suggests lack of proactive seasonal adaptation, contributing to Doṣa imbalance and disease susceptibility.

Socio-economic constraints, with a majority dependent on family support, significantly influence health behaviors and access to care. This underscores the importance of cost-effective, community-based and family-centered interventions, as recommended in both Ayurvedic and public health models.¹

Overall, the study demonstrates a strong concordance between Ayurvedic theory and observed geriatric health patterns, reinforcing the relevance of Ayurveda as a preventive and promotive healthcare system. The findings emphasize that geriatric morbidity is largely modifiable through structured lifestyle interventions, Rasayana therapy, and mental health strategies.

CONCLUSION

The present study demonstrates a substantial burden of physical, psychological, and socio-economic challenges among the geriatric population. A high prevalence of musculoskeletal, cardiovascular, and endocrinological disorders, along with frequent symptoms such as joint pain, fatigue, sleep disturbances and digestive issues, reflects the classical Ayurvedic understanding of Vāta predominance, Dhātu kṣaya and Agni dysfunction in ageing.^{liii}

Emotional and psychological vulnerabilities, including anxiety, loneliness, and memory impairment, coupled with low engagement in meditation and mind–body practices, highlight a critical gap in holistic self-care. Socio-economic constraints and dependency on family further influence health-seeking behavior and adherence to preventive regimens.^{liii}

Despite the strong theoretical framework of Ayurveda, adherence to essential practices such as Dinacharya, Ritucharya, and Adhāraniya Vega regulation was found to be suboptimal, indicating a disconnect between knowledge and practice.

The study successfully developed evidence-based, cost-effective, and culturally adaptable Ayurvedic modules focusing on Vāta pacification, mental well-being, seasonal adaptation, and family-centered care. These modules provide practical strategies for preventive and promotive geriatric healthcare.^{liv}

Overall, the findings emphasize the need for integration of Ayurveda-based lifestyle interventions into community health programs to promote healthy ageing and improve quality of life among the elderly.

FUTURE SCOPE OF STUDY

Future research should focus on longitudinal and interventional studies to evaluate the long-term impact of Ayurvedic lifestyle practices on geriatric health outcomes. Community-based trials assessing the effectiveness of Dinacharya and Ritucharya modules are warranted. Development of an Ayurvedic Geriatric Risk Index, incorporating Vāta status, Agni assessment and mental health parameters, is recommended.

Further qualitative studies are needed to identify barriers to adherence and improve practical implementation. Integration of digital health interventions, including teleconsultation and guided self-care modules, may enhance accessibility. Comparative studies between Ayurvedic and conventional geriatric care models can support evidence-based integration.

Additionally, community-level implementation, caregiver training, and interdisciplinary collaboration with national health programs are essential for scalability. Incorporating Ayurveda-based geriatric modules into public health policy may strengthen preventive and promotive elderly care systems.

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