



EDITORIAL

‘PRIORITIZE, REDEFINE, EVOLVE & TRANSCEND’

I happily realize that very soon, I will be entering into the seventh decade of existence and I can congratulate myself for doing pretty well!



We see a difference in the belief systems of aging in different countries. **The Hindu philosophy centers**

around a few core beliefs and values, such as, renunciation of worldly/materialistic desires to lead a simple life; **selfless service to society’s** welfare without desire for rewards; **transcending the self to higher levels** in pursuit of spirituality which will bring freedom and salvation from bondages. These fundamental principles are applicable even in modern times with variations.

The process of weakness will slowly set in within your senses, muscles, memory leading to slowness. **One of the principles of ageing therefore, is accepting reality as it unfolds itself.** Having a readiness for accepting the unknown with no control over it. One fine day, you notice a tremor in your hand and lo behold you will be declared with Parkinson’s!! A bolt out of the blue! Be prepared for another mouthful of tablets.

The second principle is being prepared to redefine your priorities in life and changing gears as naturally as possible without hue and cry. Priorities will always change with age- as you finish with your family responsibilities and the need to generate wealth/resources, you can **redefine your sense of identity and self-image.** Engage yourself in purposeful hobbies/humanitarian work, which you enjoy with no pressure to rush to targets/deadlines. Be relaxed and slow down and be free with schedules.

The third is prioritizing your sense of independence (emotional, financial) in all ways and taking care of your own self as your prime responsibility. **Cultivate ‘detachment’ and emotional maturity** and turn to nature and the higher reality.

These are not easy goals to achieve but they are not impossible either. They are practical and doable. They bring peace and contentment.

‘Growing old is mandatory, but growing up is optional’
-Walt Disney

**-Rita Aggarwal,
Editor**

PRESIDENT DR. PRATIKSHA MAYEE ROTARY CLUB OF NAGPUR DOWNTOWN

President of RC Nagpur Downtown Dr Pratiksha Mayee is serving as the Deputy General Manager (Research) at Ankur Seeds Pvt. Ltd., Nagpur. Her husband, Past President Dr Rishikesh Mayee is an Ophthalmologist. The couple is blessed with 2 lovely children- Idhant and Arohi.



In the morning, Dr. Pratiksha spends some cozy time with her kids, then exercises a little before setting out to do activities that she has planned for the day. She tries to maintain a body clock which suits her family and professional needs. She strictly follows fixed sleep and meal times.

She believes in taking short breaks every few months to rejuvenate.

She loves planning and travelling to new places. It keeps her happy and motivated. On an everyday basis she follows the mantra ‘With you or without you’. She is willing to follow her dreams and go ahead with a positive effort without expectations from others.

Till now, she along with her club members has done more than 100 needful projects. One of which is a visit to a home for mentally disturbed people where senior psychiatrist Dr Anand Khare, interacted with the inmates and counselled them as well as their care givers.

They have also carried out a program called AHA- Adolescent Health Awareness for school children where they tell the students about safe and unsafe touch and how to tackle unsafe situations and prevent trauma.

Dr. Pratiksha has served as the charter secretary of DAGMHI 3030. She is very happy to see the work getting spread across the globe. She says that this action group has inspired her and hopes that she joins the action again soon. She urged all the DAGMHI members to continue the good work.

**-Dr. Aabha Pimprikar
Co-Editor**

DISTRICT CONFERENCE RID 3030: 11 -12 JANUARY 2025 NAGPUR



1. A 40 - minute session on ‘Mental Health Initiatives’ was part of the first Day agenda in the Conference. PDG & Director (RAGMHI) Dr. Larry Kubiak, Florida, USA, was to be in conversation with Chair Elect (RAGMHI) Rita Aggarwal, from Nagpur. The exchange between the two covered important concerns about teen suicides, building resilience among Rotaractors and students, peer leadership and prevention of depression programs for the youth; the role of RAGMHI and its chapters. Larry

spoke of his visit to Jalgaon with his hosts Rtn Santosh Pradhan (USA) and Rtn Mario Pedro Moura (Portugal) and the impressive questions by school students on mental health!

2. The District Chapter of RAG on Mental Health Initiatives (DAGMHI 3030) set up a booth at the conference. The booth stood out as one of the busiest and most vibrant spots as it entertained the visitors with mental health awareness through posters on mental health; literature on its projects and printed copies of the newsletter Mind Matters. Those who enrolled as members were given DAGMHI pins/badges. A social media campaign on ‘Don’t Bottle it Up’ was a hit with 20 Rotarians posing with the bottle for the campaign.

EMBRACING DIGNITY AND AUTONOMY IN OLDER ADULTS

I visited Radha Amma, my 85-year-old grand aunt. Frail yet dignified, she welcomed me with a radiant smile. Over steaming filter coffee, she shared stories of her childhood, adventures in the paddy fields, and pride in nurturing three generations. Yet, beneath her cheerfulness lingered a longing for purpose and independence.

Over the conversation, she opened up about a chapter of her life that still weighed on her heart. Decades ago, when her husband was diagnosed with a serious illness, she vividly recalled sitting on the sidelines as decisions about his treatment and their finances were made entirely by the men (brothers and sons) in the family. Though she was the one caring for him day in and day out, her insights, opinions, and knowledge of his preferences were never sought.

"I wasn't even asked if I thought we could manage with the expensive treatments," she said, her voice tinged with the faintest hint of frustration. "They just assumed I'd adjust, as I always had."

Her role was relegated to that of a caretaker, not a partner. While she had gracefully accepted the expectations placed upon her, this exclusion from decision-making left her feeling invisible. Radha Amma described it as one of the first moments when she felt stripped of her autonomy—an erosion that deepened over the years as her children grew up, made their own choices, and moved on, often leaving her out of their conversations about her own future.

"What hurt wasn't that they decided for me— it was that they didn't think I mattered enough to ask," she shared, her words heavy with a sense of longing.

Radha Amma's words stayed with me long after our conversation ended. Her story mirrored those of countless elderly individuals whose mental health struggles are often overshadowed by their physical ailments. **This encounter reaffirmed my belief that dignity and autonomy must form the cornerstone of caring for older adults mental health.**

Principles of Dignity and Autonomy

1. Shared Decision - Making: Autonomy thrives when the elderly are involved in decisions about their care and diseases. Whether it's choosing a type of therapy or refusing chemotherapy, whether they would prefer home care or institutional care, what should be done with their money, and other aspects of life. Involving them can significantly enhance engagement and outcomes, quality of life.

2. Empathy - Driven Communication: Active and empathetic listening when the elderly are trying to say something, even though one may be in a hurry, will make them feel valued and heard. Instead of nodding head on the go, use non-verbal cues, such as maintaining eye contact and offering a reassuring touch, further reinforce respect and understanding.

3. Fostering Independence: Allowing the elderly to perform even small tasks independently of their choice and comfort boosts their confidence. Also encouraging activities that enhance mobility, cognitive function, and self-care skills will give them a sense of control and independence.

4. Creating Inclusive Environments: Social isolation is a silent predator of mental health in the older population. Group therapies, community engagements, and intergenerational programs can mitigate loneliness and

....Continued from page 1

There were jam sessions with music on the Ukulele (by Jayati) and dancing by all!! Mental health was fun indeed! The booth was coordinated by Shivangi Garg (Director on board of RAGMHI) and a dedicated team of Rotaract volunteers—Nidhi, Ramandeep, Astha, Sayali, Jayati, and Devika on both days.

- Shivangi Garg
Member, DAGMHI 3030



SIX SUGGESTIONS TO SENIORS FOR HAPPY FAMILY LIVING

Times have changed. The ancient wisdom of the '*Vanprastha ashram*' can be applied to modern times. According to it, old age is a '**period of transition**' and not just a stage of life. I would like to make some suggestions.

Seniors feel neglected by their children and feel hurt by it. My sincere advice to seniors would be to be silent at most times and not to whine unreasonably about such feelings of neglect. **The silence of seniors can play a reformative role and can maintain stability.** Learn to be quiet and silent at most times. **Practice the art of silence.** The second important thing to do is to create a separate space for yourself. **Find peace in your own space.** Thirdly, pass on the main responsibilities of the house to your children and let them take charge. **Let children be in charge of the home.**

Fourthly, reduce your expenses by lowering your desires and needs and save money for yourself. **Having your own savings** will give you comfort and a sense of autonomy and independence. If you have daughters (married/unmarried) they are your responsibility and not that of your son. **Do not expect your son to do things for your daughters-** this is an incorrect expectation. You can do for them as per your capacity. Fifthly, you can enjoy good health by **eating well, staying clean and hygienic, exercising daily, doing your own work yourself and staying mentally engaged** in activities that make you happy. Pray to God and have faith in his goodness and strength. Sixthly, **maintain friendships with your peers** and share with them. Help your children if they need your help and maintain cordial relations in the family. Rest all depends upon your karma and you will lead a life that you are destined to lead.

-Rajkumari Aggarwal
(93 years), Nagpur

foster a sense of belonging. Inclusive environments should also be age friendly, with accessibility adaptations that promote ease of participation. **The more they are involved in family functions, religious rituals and social get-togethers the happier they will be and maintain their sense of dignity.**

Caregivers, both professional and familial, should be trained in the above concepts besides the skills of compassion, patience, and cultural sensitivity. Public policies must prioritize funding, caregiver support, community initiatives, recognizing that dignity and autonomy improve health outcomes and reduce healthcare burdens.

Promoting dignity and autonomy in older adults is a fundamental human right. Let us ensure aging with dignity becomes the standard for all.

-Dr Sripriya Shaji Ph.D
Counselling Psychologist & Nutritionist,
Kozhikode



FEARS IN OLDER ADULTS

There are lurking fears in the mind of older adults which need to be understood and addressed by both the adult and the family. These fears can be very normal and general; but care must be taken to recognise them to stop the escalation of these fears into anxiety disorders.

1. Health concerns: One of the biggest associations with age is the decline in health. With age, their physical health starts to deteriorate. The possibilities of worsening health problems can be scary for them. They are often afraid to tell changes that they face in their physique. The Institute on Aging, USA reports 91% of seniors have one or more chronic conditions. 65% of seniors requiring long-term help rely on family and friends.

2. Financial fears: Old age people often fear running out of money and becoming a burden on their families. They often fear their medical expenses and savings etc.

3. Loneliness: Many seniors lose their friends and loved ones; they are unable to travel and hence reduction in social gatherings. The decrease in relationships can be tough for them. They then start to feel lonely and disturbed.

4. Losing independence: Losing independence means not being able to do things on their own which they used to and that is what they fear. With age their physical and mental abilities change, which becomes difficult to continue their day-to-day task.

5. Death of a loved one: Losing loved ones can be really hurting for old people. This sad fact reminds them of their mortality and creates a genuine sense of loss of relationships. For them, it is difficult to establish lasting relationships at that age. They often stress over losing caregivers as well.

6. Losing ability to manage daily tasks of living: Gradually losing ability to perform daily tasks can make old people feel the loss of control over their lives. Requiring help in bathing, dressing, and eating can make them feel they are not as capable as they used to be and accepting this reality can be difficult

7. Fear of falling or getting hurt: Aging people probably understand that they are not steady on their feet and if they fall or get hurt then consequences can be troublesome. Being bedridden and not able to move on their own can create a lot of stress on them.

8. Fear of living alone at home: Senior people often fear living alone at home. They have constant worries about something happening to them when no one is around or dealing with an emergency like situation, not able to get up on their own, not able to contact their caregivers etc.

These fears can be managed in many ways. Meditation, exercise, hobbies and self care will reduce their fears. Making new friends and being helpful to society in some ways will keep them happily engaged. Sharing their fears and concerns with the family will help the family understand. The family should view the situation with empathy, compassion, be more kind, generous to their faults, and ignore their mistakes. They have to be reassuring, softer and respond emotionally. In spite of this if the fears increase then seeking professional help from a psychologist/counsellor is important.

-Mrinmayee Salaskar
Counselling Psychologist

RISK FACTORS INFLUENCING MENTAL HEALTH IN THE OLDER ADULTS

The role of predisposing factors as determinants of mental health in the elderly can be viewed under the 'bio-psycho-social' model. Over the past century, numerous studies have identified risk factors for onset of depression or anxiety after the age of 60 years, and can be categorised into physical health risks, emotional factors, and challenges in the social domain.

PHYSICAL: Biologically, the risk of depression increases when a person has suffered from cardiovascular (heart attack) or cerebrovascular events (stroke and paralysis). The more the number of chronic health conditions, the higher the cumulative risk of depression in later life. Parkinson's disease, Alzheimer's dementia, and new onset medical illness are significant factors. Additionally, poor nutrition, low level of mobility or physical activity, impaired sleep, smoking, drinking alcohol, use of multiple somatic or psychotropic medication, impaired vision or hearing, obesity, and functional limitation/ disability, along with family history of psychiatric disorders and specific genetic factors, have also been seen to increase mental health risks.

PSYCHOLOGICAL: Certain personality traits contribute to poor mental health in old age – anankastic personality (perfectionism, micro-managing, inflexibility, scrupulousness, high morality principles and staunch religious beliefs), as well as traits like impulsivity, poor self-efficacy, dysfunctional coping mechanisms, low self-esteem or ego strength, low extraversion, external locus of control (poor inner motivation), and neuroticism (tendency to worry), can all make a person more vulnerable in later years. These factors, in combination with family history of psychiatric illness, or other social stresses can precipitate depression in geriatric population.

SOCIAL: On the social front, having a small network, less frequency of interactions, single/ widowed/ divorced status, not attending religious gatherings, and having no children are the most common risk factors. Many patients of geriatric depression share experiences of overprotective parenting in early life years, unsatisfactory emotional attachments with spouse, serious or recent negative life events (like bereavement). Caregiver burden, depression in spouse, low education status, older age, female gender, belonging to ethnic minority, urban settings, low economic strata, and living alone are additional risks.

Among them all, loneliness remains a major risk factor for poor wellness in elderly.

People can find themselves left alone due to many reasons (death/ separation, retirement, or loss of mobility). As social creatures, our connection to other human beings is key to our survival. With age, we are slowly left alone and vulnerable to social isolation and loneliness. **Sometimes, people feel lonely even when they are surrounded by family and friends.** Loneliness can be social – lack of belonging to a community, or emotional – lack of deeper connections to attachment figures (spouse/ friend). How prolonged loneliness leads to slow decline in health has been documented as reduced physical activity, followed by changes in molecular biochemistry, and eventually cognitive and emotional decline, further potentiating more loneliness and initiating a morbid vicious cycle.

How can we help alleviate loneliness? Engaging in meaningful, productive activities can make one live with a better sense of purpose. The role of providing care to grandchildren has been highlighted as a protective influence on grandparents. Group based interventions and social activities have a positive effect – including exercise and music events. Reminiscence therapy, reliving their good old days could bring back some positive memories and emotions. Supporting the elderly in home-based career options or volunteering can also help them feel alive and important.

-Dr. Bhakti Murke

Associate Professor in Psychiatry,

Geetanjali Medical College and Hospital, Udaipur

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- Rita Aggarwal : Editor
- Aabha Pimprikar : Co-Editor
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OLDER ABUSE AND NEGLECT

Neglect can occur when the family/caretakers are unable or unwilling to care for the older adult in all aspects, such as food, medical, emotional, social. It is also a type of abuse but not in gross or crude form, not active - rather passive.

Older abuse is the physical, emotional, sexual or financial abuse of an older adult, by family/caretakers. The act can be repeated or even done only once. It can result in harm or distress to the older adult. It is considered as a human rights violation.

Statistics (from WHO)

- A study from 2017, reviewed data from 28 countries and found that in the past year, 1 in 6 adults over the age of 60 years faced some form of abuse.
- Even though data for institutional settings is sparse, one study found 2 out of 3 staff members perpetrating some form of abuse in the past year.
- The rates of elder abuse in institutional settings are much higher than community settings as per data available with the WHO.
- Globally, the number of cases of elder abuse is projected to increase as many countries have rapidly ageing populations.

Older abuse can be:

- Physical - Physical force used to cause bodily harm resulting in pain, injury or disability.
- Emotional - Behavior with an older person causing them emotional trauma and distress. This can include shouting, intimidation, threatening or ridiculing them. It may also include ignoring or socially isolating them.
- Sexual - Involving an older adult in any form of sexual activity including viewing pornographic content or forcing them to undress without their consent.
- Financial - unauthorized use of an older person's funds or property or use under duress by threat or cheating.

Abuse and neglect can have traumatic consequences on the older adults. They can experience humiliation, insult, loss of confidence and self esteem, loss of dignity and autonomy, leading to anxiety, depression and post traumatic stress disorder.

**-Dr Rucha Sule Khot
MD Psychiatry Nashik**

Spotting the Signs of Elder Abuse

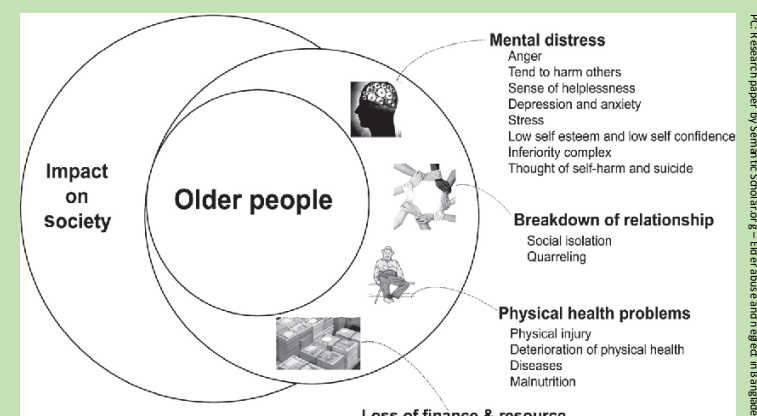
Each year, hundreds of thousands of adults over the age of 60 are abused, neglected, or financially exploited.

Here are signs that an older adult in your life may be experiencing abuse:

Physical	Emotional	Neglect	Abandonment	Sexual	Financial
Unexplained injuries or physical signs of punishment or restraint, such as bruises, scars, or burns	Depression, anxiety, or changes in behavior	Preventable health problems such as bedsores or unclean living conditions	Leaving an older adult who needs help alone without planning for their care	Changes in mood, becoming withdrawn, or other physical signs	Changes in banking or spending patterns

If you suspect an older adult is being abused, talk with them and report what you see to an authority.

Learn more at www.nia.nih.gov/elder-abuse.



SUPPORT GROUPS AND PREPAREDNESS

With India's ageing population is on the rise, support groups and proper preparedness for aged care play vital roles in promoting senior health and well-being. **Support groups can be a good strategy** to address the unique challenges faced by the elderly in India, such as isolation, mental health stigma, and limited healthcare access. They can provide social connection which helps combat loneliness due to migration, urbanization, or nuclear family setups. Emotional support which helps to create a safe space for seniors to share experiences and seek comfort. Rehabilitation aid which can encourage adherence to recovery routines after illnesses or surgeries. Awareness to share practical tips on chronic condition management and available healthcare resources.

Preparedness for Aged Care: It becomes the duty of the older adults and perhaps with the support of the family to prepare themselves for future quality of life. The important points to keep in mind are:

1. Health and Safety which includes health monitoring to ensure regular check-ups and vaccinations for conditions like diabetes, arthritis, and flu. The second one being to create safe environments by installing grab bars in wash rooms, ramps, and clutter-free living spaces to prevent falls.
2. Financial and Legal Planning which includes Will writing and asset distribution to avoid disputes. Living Will which outlines medical preferences for end-of-life care. This has been legalized in India in 2018, it ensures dignity in healthcare decisions.
3. Awareness and training for Caretaking (either the family/professional).
4. Mental Health Awareness for signs of depression or anxiety and seeking professional help. Encourage participation in group activities, hobbies, and cultural events for mental stimulation.

Resources and Helplines for Aged Care in India

1. Helplines

- HelpAge India Helpline: 1800-180-1253 (emotional, financial, and elder abuse support).
- Elder Line (Ministry of Social Justice and Empowerment): 14567 (Pan-India support for senior citizens).
- Nightingale's Medical Trust: (Bengaluru) Offers dementia care, helplines, and caregiver support.

2. Government Schemes and Programs

- Rashtriya Vayoshri Yojana: Provides assistive devices to senior citizens.
- Integrated Programme for Senior Citizens (IPSC): Supports NGOs to run old-age homes, daycare centres, and counselling services.
- Pradhan Mantri Jan Arogya Yojana (PMJAY): Health insurance coverage for the elderly under economically weaker sections.

3. NGOs and Organizations

- HelpAge India: Offers legal aid, elder abuse prevention, and senior support groups.
- Dignity Foundation: Runs dementia care programs and social engagement initiatives.
- Agewell Foundation: Provides counselling and connects seniors with essential services.
- Dementia India Alliance (DIA): National dementia support line +918585990990 www.dementia-india.org

4. Online Support Groups

- Platforms like Seniority.In, Facebook Elderly Support Groups and WhatsApp groups provide virtual spaces for social interaction and advice-sharing.

Proper aged care preparedness, coupled with support groups, ensures dignity, health, and emotional well-being for the elderly. Families and caregivers must work together to provide a safe, supportive, and fulfilling environment for senior citizens.

**-K. Sahithyaa Raghu
Counselling Psychologist, Chennai**

DEPRESSION & ANXIETY IN THE ELDERLY

By 2030 it is expected that one in 6 persons globally will be over 60 years of age. While most have good health, many are at risk of developing mental health conditions such as depression and anxiety disorders. As people age, they are more likely to experience physical as well as mental disorders at the same time. The most common mental health conditions for older adults are depression and anxiety. **Global health estimates 2019 shows that globally, around 27.2% of deaths from suicide are among people aged 60 or over.**

As a person ages, many life changes occur like decline in physical health, cognitive slowing which can trigger feelings of helplessness, hopelessness, loss of dignity, dependency and loneliness. If these symptoms are not identified and dealt with in time- they can result in depression and anxiety.

Depression in older adults is often missed as much attention may not be given to their emotional status. It is occasionally considered okay to feel a little 'down' at this age. Changes in sleep, food intake, physical activity and ability to concentrate are often attributed to physical ailments or age rather than depression. Elders often don't speak freely about their feelings thus avoiding seeking help for depression. Loss of a loved one or partner can cause profound grief leading to depression in this age group. **Experiencing unexplained physical symptoms, especially pain can be an important symptom of depression in the elderly.** Sometimes symptoms of dementia can mimic depression in the early stages.

Anxiety is a common illness among older adults, affecting as many as 10-20 percent of the older population. Phobia- the fear of specific situations or things is the most common form of anxiety. Depression and anxiety are often seen together compromising quality of life. The symptoms of anxiety are similar across the lifespan. **Symptoms often overlap with those of cardiac problems like palpitations, sweating, breathing difficulty and chest pain. Anxiety can cause forgetfulness, decreased concentration, racing thoughts and restlessness.**

Sometimes older adults resort to substance use to combat anxiety and depression. They may also consume prescription medications beyond prescribed doses especially tranquilizers (sleeping pills) which can be addictive.

It is important to identify subtle signs of depression and anxiety which can be overcome with self-motivation and action. Even after getting older it is necessary to keep learning new skills and finding joy in life. Working or volunteering for a cause keeps one busy and also helps in making life purposeful. Reaching out to friends and family can help avoid isolation and loneliness. Adopting a healthy lifestyle with good dietary habits, quality sleep and some physical exercise boosts up self-confidence beyond keeping one physically fit. In spite of trying hard and not being able to overcome mental health symptoms, one must seek professional help.

-Dr Shirish Sule
Senior Consultant Psychiatrist, Nashik

'Growing old gracefully is a thing of beauty when you have caregivers who love and support you' – **Unknown**

NOURISHING THE GOLDEN YEARS

When Girija aunty finished meditating and Raman uncle returned from his morning walk, aunty handed over to all of us 6 pre soaked almonds. I asked "Is this your breakfast?"

Uncle laughed, "I became a foodie post retirement."

Aunty sighed. "And will I ever retire from my kitchen? Cooking once felt joyful—now it's just a task."

Amrita aunty said. "Exactly! Cooking for just two... does it even matter?"

Vijaya arrived, frustrated. "My parents are worse than my kids! All they want is crispy pakoras, then complain about acidity!"

Uncle chuckled, "Ah, the **great battle between what we want to eat and what we should eat.**"

Gopal uncle joined, shaking his head. "No appetite at all! Just give me cups of chai, and I'm good."

I smiled.

Nutritional care in old age is as tricky as feeding children. The battlefield is different, but the battle is the same. Whether a child refusing vegetables or an elder craving deep-fried indulgences, **malnutrition exists at both ends of life.**

Making Food Nourishing, Enjoyable & Practical

1. Eating Alone is No Fun—Make Meals Social!

Many elders lose interest in food, not because of taste, but because they eat alone. Eat with family or friends when possible. If alone, try watching a show or video-calling someone while eating. Cooking in rotation with neighbors keeps food joyful.

2. Small Stomach, Big Nutrition

Digestion slows with age, so large meals feel heavy, but skipping meals leads to weakness. **Small, frequent meals** – Five smaller meals work better than three large ones. Early eating before 8 p.m would be ideal that is at least 3 hours before bed time.

3. **Protein boost** – Include dal, curd, eggs, or nuts in every meal. Ground nut chutney or hummus can make a tasty twist. Even a handful of roasted chana dal makes a great crispy snack which can also aid constipation.

4. **Soft foods** – Idlis, khichdi, soups, and porridges ease digestion. Go for more fermented and millet based foods.

5. The Great 'Taste vs Health' Debate!

Taste buds dull with age, making food seem bland, but too much spice or fried food causes acidity.

Crispy cravings? Try air-fried moong dal chillas or millet vadas. **Spice it right!** Ginger, jeera, and ajwain aid digestion without acidity.

6. 'No Appetite' Syndrome!

Loss of appetite due to aging or stress leads to nutrient deficiencies. Start with liquids – Buttermilk, soups, or coconut water wake up digestion. Use aromatic herbs – Coriander, mint, and curry leaves boost appetite. Gentle spices – Ginger and ajwain stimulate hunger naturally.

7. Food for the Mind and Mood!

Forgetfulness and mood swings are often linked to nutrient deficiencies. Keep adding seasonal fruits and vegetables without fail.

8. **Hydration** – Dehydration causes fatigue and confusion—drink enough water!

Final Thoughts: Cooking with Love, Eating with Joy

Girija Aunty sighed. "I used to cook with so much love for my children. Now, it feels like a chore." I gently held her hand. "Then cook for yourself with the same love, Aunty. You deserve that care too." She smiled. "You're right. Maybe it's time to start eating for my own happiness."

Because food isn't just fuel—it's **comfort, and wellness.** Whether we're **6 or 60, food should be eaten with joy and gratitude.**

So, let's **eat well, laugh more, and nourish our golden years—one meal at a time.**

- Dr Sripriya Shaji
Counselling Psychologist & Nutritionist, Kozhikode



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'Geriatric Mental Health' issue.

RETIRED OFFICERS WELFARE FORUM: A SOCIAL INITIATIVE

The ROWF, a friendship forum, was formed in the year 1997 under the leadership of Late Mr. V M Dua, Mr. P. K. S. Thakur and some more friends. **The objective was to enable senior retired officers from different organisations to lead a meaningful retired life by building new friendships and staying in sync with times and people. 'The OLDIES ARE GOLDIES' is the slogan of ROWF.**

The stated objectives are as below:-

- To provide for a common place for meeting of the members of Forum for the purpose of recreation such as arranging and playing party games, singing musical songs, religious bhajans, jokes etc.
- Common discussions for common problems and their remedies if any, by arranging guest lectures of eminent professionals on different types of concerns of senior citizens.
- To provide medical assistance and other major relief for the members and their families.
- Mutual assistance, protection of interest of the members.

The "ROWF" is a non-profitable association and the subscription collected from the members are spent for recreational activities of the members itself and has no earnings. The Forum has members retired from Central Government offices such as Railways, Ordnance Factories, CSIR, ICAR, Defense, Banks, Public undertakings, Income Tax, Coal India Ltd, MOIL, etc. At present there are 68 Members (Couple and Single Members) and monthly meetings of the Forum are held.

A cocktail of get-togethers like Games, Lectures, Picnics, Meetings and various ways of interaction are planned to knot the members in a web. 'A bird does not sing because it has an answer. It sings because it has a song'. Each of the men and women that we honor today has a song — literally, in some cases!. For others, it's a talent, or a drive, or a passion that they just had to share with the world. We also have a song in our heart and also want to keep that song alive through our activities. Every member of ROWF is the most important person in our functions. He or She is the purpose and part of it. Our Founder President Mr. Dua appealed to us "to stay plugged into ROWF" and the show must go on and on....The current team consists of President Shri. H. S. Prashad, Vice-President Shri. H. K. Dass, Secretary – Shri. N. G. Swarnakar.

-Dr. N. G. Swarnakar

Hon. Secretary, ROWF, Nagpur



MEMORY CLUB

'Memory Club' is a group of women in Nashik that was established 10 years ago with a different idea! The incidence of dementia is currently increasing. Although it is considered incurable, we can definitely try to delay the onset and the progress.

Such an effort was started in Pune a few years ago by the name 'Memory Clinic'. Inspired by that, we established the Memory club which now has over 80 members in the main club and a total of six clubs. The main objective is to preserve and promote memory.

The members meet twice a month. After initial rituals which include prayers and simple exercises like clapping 100 times; they play memory games. Each member is encouraged to create and conduct a game. This boosts their confidence and creativity. With the response of all the members, we have played seven to eight hundred innovative games till now. Every game is non-competitive and fun, so everyone participates in it wholeheartedly. There are solo games (eg. mathematical puzzles, word games etc.) and group games.

Apart from this, there are various activities for which invite experts from various fields like psychiatrists, neurologists and others. Few experts teach us handicrafts like origami, Braille script.

Since Corona we are online to benefit senior citizens who cannot leave their homes. We are in the process of starting such a club for the men too and forming a support group for Alzheimer's and caregivers. There are more plans for expansion and diversification.

-Vasanti Khadilkar (70 years)

Founder, Memory Club Nashik



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REHABILITATION FOR OLDER ADULTS: SUPPORTING INDEPENDENCE AND WELL-BEING

As we age, our bodies and minds go through natural changes. Some older adults remain active with only minor adjustments, while others may require rehabilitation to maintain independence and quality of life. Rehabilitation is essential for **mobility, cognitive health, and emotional well-being**, helping individuals adapt to aging-related challenges.

Understanding Rehabilitation Needs

Older adults experience age-related difficulties at **different levels**. Rehabilitation is often classified into three stages based on the severity of challenges:

1. Mild Challenges: Preventing Decline

Older adults who are still independent but notice **early signs of decline**. The common issues faced are occasional unsteadiness, forgetfulness, joint stiffness or reduced flexibility and emotional distress (loneliness, anxiety).

Rehabilitation would include simple **physical exercises** (walking, stretching) to maintain strength, **brain activities** (reading, puzzles) to improve memory, **balanced nutrition** for bone and muscle health, and **social engagement** to prevent isolation.

2. Moderate Challenges: Restoring Function

Older adults who **struggle with mobility or cognitive function** and require partial assistance such as holding hands, wheel chair in certain occasions. They may have frequent falls, Chronic pain (arthritis, joint issues), and difficulty in making decisions due to cognitive decline and depression and withdrawal from social life.

Rehabilitation would include **balance and strength training** to prevent falls, **Assistive devices** (walkers, grab bars) or supportive persons for safer movement, **Cognitive therapy** for memory support and **Counseling or group therapy** for emotional well-being. Such people can be easily maintained at home.

3. Severe Challenges: Ensuring Comfort and Care

Older adults who are fully dependent due to **advanced mobility restrictions, dementia, chronic illness and are bedridden**. The focus shifts from **recovery to comfort, safety, and emotional well-being**. They will have difficulty in walking or complete dependence on others for daily routine like feeding, and ablution, severe dementia (memory loss), increased incidence of bedsores and complications due to frailty and severe emotional distress (depression, anxiety).

Rehabilitation would include **gentle movement exercises** to prevent stiffness, **pain management and comfort care** for chronic illness, **sensory therapy** (music, touch therapy) for dementia patients, **support for caregivers** to ensure proper care at home or Institutional care would be required.

Aging is not about **losing abilities**—it's about **adapting smartly**. Early rehabilitation in the initial stages helps in maintaining **independence, and a good quality of life** as we age. It also **delays the progression of decline**. Whether through simple lifestyle changes or structured rehabilitation programs, older adults can continue to lead fulfilling lives with the right support.

-Dr Shaji Sreedhar K P

**Associate Professor in Biochemistry,
Govt. Medical College, Kannur**

TECHNOLOGICAL AIDS FOR OLDER ADULTS

Technological aids for older adults are designed to enhance their safety, independence, and overall well-being. Here are some key categories of assistive technologies for seniors:

1. Health Monitoring & Medical Support

- Smart Wearables:** Smartwatches (e.g., Apple Watch, Fitbit) with fall detection, heart rate monitoring, and emergency alerts.

- Telemedicine Platforms:** Apps like Practo, Teladoc, and Amwell enable virtual consultations with doctors.

- Medication Reminders:** Apps (e.g., Medisafe) and pill dispensers with alerts for taking medications on time.

- Blood Pressure & Glucose Monitors:** Digital home-use devices that sync with smartphones for easy tracking.

- AI-powered Hearing Aids:** Smart hearing aids (e.g., Oticon, Starkey) adjust to different environments.

2. Mobility & Safety Aids

- Fall Detection & Emergency Alert Systems:** Devices like Life Alert and Bay Alarm Medical notify caregivers in case of falls.

- Smart Canes & Walkers:** Canes with built-in sensors and GPS (e.g., iWalk Active Cane) for added stability.

- GPS Trackers:** Wearable GPS trackers for seniors with dementia or Alzheimer's (e.g., AngelSense, PocketFinder).

- Smart Home Sensors:** Motion-sensing lights, automated door locks, and voice-activated assistants (e.g., Alexa, Google Nest).

3. Cognitive & Mental Well-being

- Brain Training Apps:** Games and puzzles for cognitive stimulation (e.g., Lumosity, Elevate).

- Social Engagement Platforms:** Apps like GrandPad, Facebook, and WhatsApp help older adults stay connected.

- Virtual Reality (VR) Therapy:** VR headsets (e.g., Oculus) offer memory therapy and immersive travel experiences for seniors.

4. Smart Home Assistance

- Voice Assistants:** Amazon Echo (Alexa), Google Home for hands-free assistance with reminders, entertainment, and home automation.

- Smart Thermostats & Lights:** Automated systems (e.g., Nest, Philips Hue) for easy control of home settings.

- Robotic Companions:** AI-powered robots like ElliQ and Paro provide emotional support and reminders for daily tasks.

5. Assistive Communication Tools

- Speech-to-Text & Text-to-Speech Apps:** Tools like Dragon NaturallySpeaking for those with speech difficulties.

- Large-Button Phones & Tablets:** Devices like Jitterbug phones and GrandPad for easy communication.

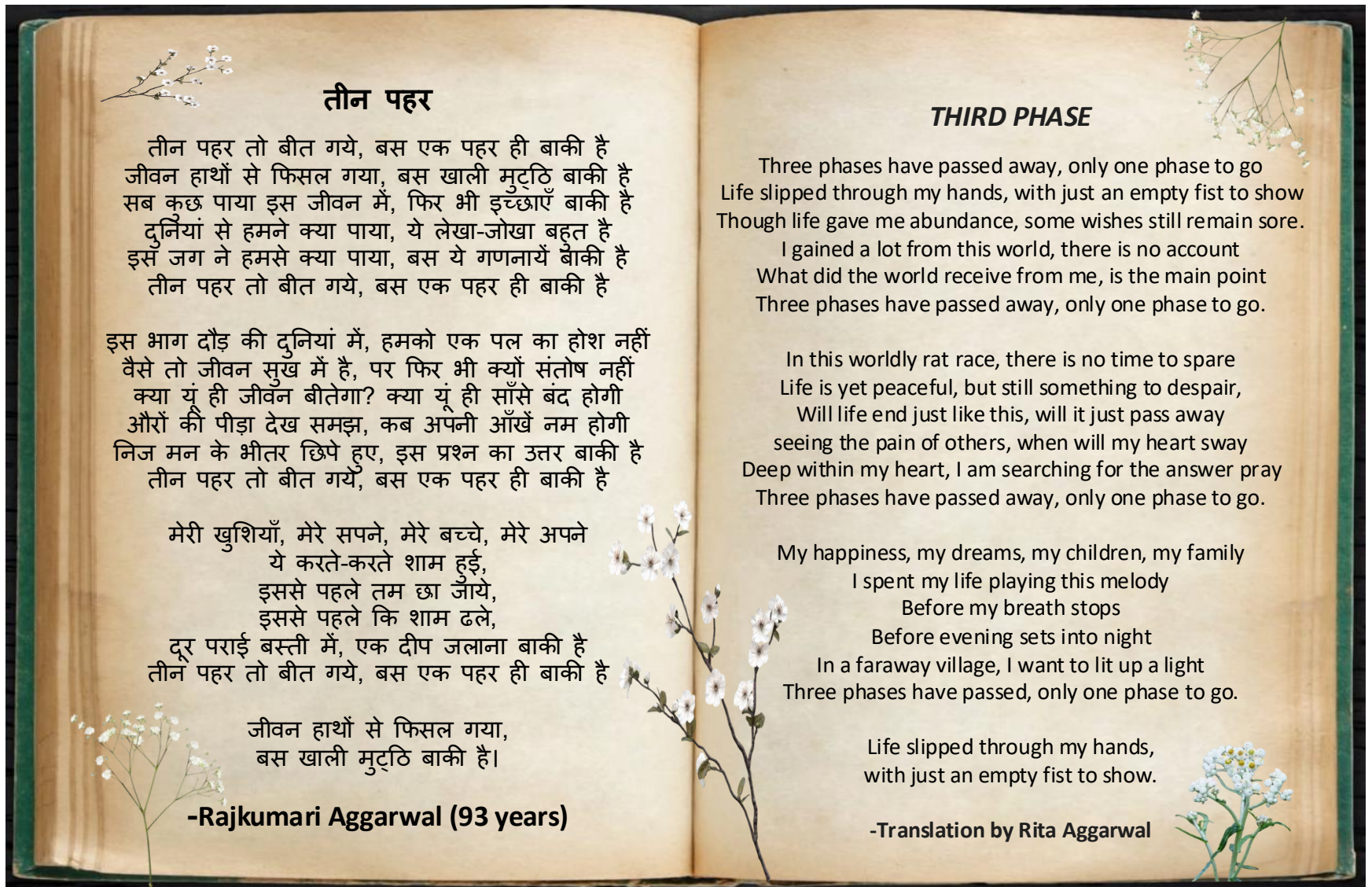
- Captioned & Amplified Phones:** Phones with real-time captions (e.g., CapTel) for the hearing-impaired.

-Compiled by: Sripriya Shaji, Co-Editor

GREAT GAMES FOR ADULTS

There are certain games and activities that are good for our well-being, whether played alone or as a team member. Here are few suggestions: Picture sudoku, number sudoku, jigsaw puzzles, cross-word, scrabble, trivia games, pictionary, UNO, chess, checkers, board games, bingo, charades, guess the food, mahjong, name that tune (advertisement songs etc.), build your story, chit for chat, jenga, dominos, spades, smile toss, fact or fiction, word search, antakshari (the game of the ending letter - you can play songs, names, surnames, city names, poems, etc.)

-Compiled by: Aabha Pimprikar, Co-Editor



तीन पहर

तीन पहर तो बीत गये, बस एक पहर ही बाकी है
जीवन हाथों से फिसल गया, बस खाली मुट्ठी बाकी है
सब कुछ पाया इस जीवन में, फिर भी इच्छाएँ बाकी है
दुनियाँ से हमने क्या पाया, ये लेखा-जोखा बहुत है
इस जग ने हमसे क्या पाया, बस ये गणनायें बाकी है
तीन पहर तो बीत गये, बस एक पहर ही बाकी है

इस भाग दौड़ की दुनियाँ में, हमको एक पल का होश नहीं
वैसे तो जीवन सुख में है, पर फिर भी क्यों संतोष नहीं
क्या यूँ ही जीवन बीतेगा? क्या यूँ ही साँसे बंद होगी
औरों की पीड़ा देख समझ, कब अपनी आँखें नम होगी
निज मन के भीतर छिपे हुए, इस प्रश्न का उत्तर बाकी है
तीन पहर तो बीत गये, बस एक पहर ही बाकी है

मेरी खुशियाँ, मेरे सपने, मेरे बच्चे, मेरे अपने
ये करते-करते शाम हुई,
इससे पहले तम छा जाये,
इससे पहले कि शाम ढले,
दूर पराई बस्ती में, एक दीप जलाना बाकी है
तीन पहर तो बीत गये, बस एक पहर ही बाकी है

जीवन हाथों से फिसल गया,
बस खाली मुट्ठी बाकी है।

-Rajkumari Aggarwal (93 years)

THIRD PHASE

Three phases have passed away, only one phase to go
Life slipped through my hands, with just an empty fist to show
Though life gave me abundance, some wishes still remain sore.

I gained a lot from this world, there is no account
What did the world receive from me, is the main point
Three phases have passed away, only one phase to go.

In this worldly rat race, there is no time to spare
Life is yet peaceful, but still something to despair,
Will life end just like this, will it just pass away
seeing the pain of others, when will my heart sway
Deep within my heart, I am searching for the answer pray
Three phases have passed away, only one phase to go.

My happiness, my dreams, my children, my family
I spent my life playing this melody
Before my breath stops
Before evening sets into night
In a faraway village, I want to lit up a light
Three phases have passed, only one phase to go.

Life slipped through my hands,
with just an empty fist to show.

-Translation by Rita Aggarwal

From her book भावों का तीर्थ खयालों का गुलदस्ता
(Pilgrimage of Emotions, Bouquet of Thoughts) published in 2024

MOVIE REVIEWS - I STILL HAVE MUSIC IN ME

The Intern, 2015 Netflix

The movie talks about Ben, a retired widower who is independent physically and financially. He is 'not an unhappy person'; but feels there is a hole in his life which needs to be filled. Thus, he starts working as a 'senior-intern' at a startup. He soon becomes popular with his co-workers because of his charm, wit, and helpful nature. With his observant and empathetic behaviour, the wisdom that he has gained due to his age and experience; he helps Jules (his boss and a harried entrepreneur) in her professional as well as personal life.

The film highlights that older adults can benefit the society – not only intellectually, but also physically and emotionally; at times even by just being there. The movie puts an emphasis on *generational wisdom, not judging people by their age (or anything superficial) and making the most of people's talents.*

Baghban (Gardener) 2003 – Amazon Prime

The Indian drama film was conceived by producer and co-writer B. R. Chopra when he visited a retirement home in Europe in 1960. Metaphorically, the film tells us that our family is a garden. It will thrive and flourish when you take good care. It will be like a parched unattractive piece of earth when you neglect it.

The film narrates the story of an elderly couple, Raj and Pooja who have spent all their earnings and retirement funds on their kids, even when Raj's colleague and friend warns him against this. After Raj's retirement, the couple is compelled to live separately as the sons treat them as a burden and do not want to take care of both the parents together.

Raj makes new friends who urge him to write about his love for his wife Pooja. Raj expresses his love for his wife and also the emotional pain they suffered due to the separation. One of his young friends publishes this as a novel which becomes a superhit, and receives a prestigious award. This gives Raj the money that is more than sufficient to support himself and his wife Pooja.

The movie talks about Raj's journey from emotional attachment to detachment and then enlightenment. It highlights the struggles of elderly caused by neglect. It also suggests ways to cope-up with the issue - companionship from the partner and support from friends as well as other family members (adopted son in this case). The movie indirectly tells us about the importance of independence - emotional and financial both. It calls for more empathy, understanding, and open communication between generations, focusing on the importance of emotional well-being in later life.

-Aabha Pimprikar

Co-Editor