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**EXPLORING THE HEALTH PROBLEM OF RETIRED WOMEN  
RESIDING IN G-9 MARKAZ AND THEIR COPING REMEDIES**



By

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**2015**

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**Thesis Submitted to the Department of Sociology, Quaid-i-Azam  
University, Islamabad, for the partial fulfillment of degree of Master  
of Science of Sociology**

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2015

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FINAL APPROVAL OF THESIS

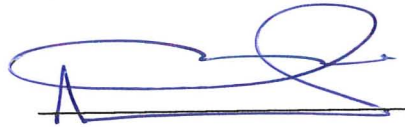
This is to certify that we have read the thesis submitted by Ms. Tehmina, it is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of "M.Sc in Sociology".

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## ACKNOWLEDGEMENT

All praises are due to ALLAH Almighty WHO is the most merciful and beneficent and holy Prophet (PBUH) the perfect and ever born on the surface of earth, which provided me spirit to complete my academic study and give me stamina to work. No one can claim that he or she may survive without the help of ALLAH Almighty or any other person and without the encouragement of his/ /her beloveds. Thus I am here to pay my hearty thanks, wishes and regards to all those who encourage me throughout my life.

I am grateful to Mr. Farhan Ahmed Faiz, my mentor, who was always guiding me at every step in this research undertaking throughout his charismatic spectrum of knowledge and spectacular dedication that opened up a wide new range of vistas of social discovery and intellectual delight for me.

I am indebted to my respected and cooperative Teachers. I am very thankful for all support and care provided by my beloved mother, father and brothers who helped me out very much in every phase. Moreover my mother was the lady who acted as a key informant in searching out the respondents for case study. I am also grateful to my beloved friends who supported me on every stage. Last but not the least I am highly indebted to my respondents who encouraged me, gave me new ideas and appreciated me whole heartedly.

*Tehmina*



## ABSTARCT

*In developing countries, the exploding population exerts pressure not only on natural resources but also on the human population itself, whose members strive to become successful and advance in society. In this struggle, both men and women strive to exploit the resources at maximum, but retirement, ceases this quest for manifold reasons. Retired women have many health issues like snoring, sleep apnea, dry mouth, obesity, heart disease. These health issues have serious consequences on retired women health and mostly cope their ill-health by herbals. The researcher used convenient sampling in methodology and snowball sampling techniques. The researcher made case study guide for interview. The researcher done 10 case studies for this research. The result from the research find that retire women believed on the use of herbs and they said that herbs have positive impacts on their health. Retired women have firm believed that herbs are natural and sometime they have immediate impact and some time they have slow impact but overall herbs have constructive impact on retired women health. The retired women get information about herbs through newspaper, friends, family, ancestors, and from neighbors. The retire women use herbs for beauty purpose, for hairs, for health, and acne etc. Hence, it had concluded that the herbs have great impact on the health of retire women and women believed according to their impacts.*

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## **Chapter No.1**

### **INTRODUCTION**

## 1.1 The Background

In developing countries, the exploding population exerts pressure not only on natural resources but also on the human population itself, whose members strive to become successful and advance in society. This leads to increased blood pressure, anxiety, obesity-associated lipid disorders, cardiovascular diseases and diabetes and most of these diseases become manifest at the age of retirement.

Some humans are active and vital at age 90, while others are frail at age 60. Why? What causes aging? Why is there so much variation in aging among members of the same species? Moreover, some older individuals perform as well as younger people on cognitive tasks, while others show significant deficits in cognitive functioning. Why? Is there a secret to avoiding memory loss, such as “keeping active”? Some social contexts and societies provide significant care for their aged, while others leave it to the individual and his or her resources. Why? Why is there so much variation in public policy about aging? Some older adults appear to have emotionally gratifying lives despite experiencing significant losses. How do they manage this? One probable response to this debate takes the reader to have a glimpse on the dynamics of ill-health among the elderly population especially of the women.

Despite technological developments, herbal drugs still occupy a preferential place in a majority of the population in the Third World in general and in Pakistan in particular. Herbal drugs, in addition to being



cost effective and easily accessible, have been used since time immemorial and have passed the test of time without having any side effects. The multi-target effects of herbs (holistic approaches) are the fundamental basis of their utilization. This approach is already used in traditional systems of medicine like *unani*, humeral etc, which has become more popular in the West in recent years. However, the integration of modern science with traditional uses of herbal drugs is of the utmost importance if one wishes to use ancient knowledge for the betterment of humanity.

## **1.2 Work Force Participation and Age of Retirement**

Population above the age of 10 is described as productive workforce and hence termed as “active population”. Labor force participation rate is a measure of participation of the economically active population. Basically, it is divided by the total population in the same age range employed and unemployed above a certain age.

Over the last 60 years in the US, the workforce size and structure changes can be attributed to three major trends. 1<sup>st</sup> Starting in the early 1960s, raising size of the workforce has begun to enter the workforce after the war was propelled by a number of children. 2<sup>nd</sup> Employment growth is the increase in the workforce numbers and the proportion of women, specifically married women. 3<sup>rd</sup> In the 1970s the sharp increase in the number of foreign-born workers. Between 1950 and 2010, the workforce grew faster than the overall population. Total US population increased by

102 percent in 60 years, while the corresponding increase in the civilian workforce size is 148 percent. The highest rate of labor force growth of the baby boom generation entered in the prime working age was seen in the 1970s. By the 1980s, the vast majority of baby boomers ages were working. The absolute size of the workforce continues to rise, while in the 1970s, decadal growth rate have declined. Total labor force non-Hispanic whites (70% in 2005) constitute a major part, but racial and ethnic composition has been changing workers. Labor force female participation in the latter half of the twentieth century, mostly grown steadily over. Female aged 16 years or older in 1948, 33 percent of working, by the turn of the century this figure to 60% (high all the time) had reached the reports, though. Female workers' return has increased over the twentieth century, after the inclusion of women in the labor market is the real cause behind.

The average of retirement age in the 34 countries of the Organization for Economic Co-operation and Development (OECD) is males 65 years and females 63.5 years, but the tendency all over the world are to increase the retirement age.

<b>Retirement Age</b>			
<b>Country</b>	<b>Men</b>	<b>Women</b>	<b>Year</b>
Albania	65	60	2012
America	63	63	2011
Australia	65-67	64.5-67	
Austria	65	60	2011
Azerbaijan	62	59.5	2012
Belarus	60	55	2007
Belgium	65	65	2009

Bosnia and Herzegovina	65	65	2011
Bulgaria	63	62	2011
Bulgaria	63	60	2011
Chile	65	60	
China	60	50-55	2011
Croatia	65	60	2011
Cyprus	65	65	2011
Czech Republic	63	59-63	2013
Colombia	62	57	2014
Denmark	65-67	65-67	2008
Estonia	63	62	2014
Finland	62-68	62-62	2008
France	62	62	2011
Georgia	65	60	2011
Germany	65	65	2008
Greece	67	60-67	2012
Hungary	62	62	2011
Iceland	67	67	2007
India	60	60	2012
Ireland	65-66	65-66	2008
Israel	67	60	2011
Italy	66	64	2014
Japan	55-65	55-65	
Kazakhstan	63	58	2011
Kosovo	65	65	2011
Kyrgyzstan	63	58	2011
Latvia	62	62	2011
Liechtenstein	64	64	2007
Lithuania	62.5	60	2011
Luxembourg	65	65	2011
Macedonia	64	62	2011
Malta	61	60	2008
Moldova	65	60	2011
Montenegro	65	60	2013
Nepal	58	58	2007
Netherlands	65-67	65-67	2009
New Zealand	65	65	2013
Norway	67	67	2011
Pakistan	60	60	2007
Poland	65-67	60-67	2013
Portugal	66	66	2014
Romania	64	59	2013
Russia	60	55	2011
Saudi Arabia	62	55	2011
Serbia	65	60	2011

Singapore	65	65	2012
Singapore	65	65	2012
Slovakia	62	62	2012
Slovenia	63	61	2008
Spain	65	65	2011
Sweden	61-67	61-67	2011
Switzerland	65	64	2007
Tajikistan	63	58	2011
Turkmenistan	62	57	2011
Turkey	60	58	2014
Ukraine	60	55-60	2011
United Kingdom	65	60	2011
United States	62-67	62-67	2013
Uzbekistan	60	55	2011
Vietnam	60	55	2011

**Source:** Wikipedia ([http://en.wikipedia.org/wiki/Retirement\\_age](http://en.wikipedia.org/wiki/Retirement_age))

Elderly persons are more respectful and honorable than the younger persons. The elderly people need more attention and care from their family.

### **1.3 Impact of Retirement on Women**

Women end up being subject to multifaceted and multilayered implications of retirement ranging from inflation, casual health care costs, and long-term care costs. However, today retired women are more financially independent than their mothers and grandmothers were used to be. Women live longer than men and have, on average, lower social security and pension benefits.

When women get retire they face many difficulties to adjust in home because their routines get disturbed. They do not sit idle. Women face depression in their home. Some women get retirement due their ill health so they need special care. If their family members do not provide

full care then retired women face depression and anxiety.

Sometimes retire women face adjustment with their family member like children. They need time to understand their children and other family member. When they spent little time with their family then moved toward the true life. Sometimes women faced financial problem after retirement because pension is less for them due to their home expenditure.

#### **1.4 Problems Faced by Retired Women**

The process of adjustment after retirement, which belongs to the every retiree, influence by gender. As compared to men, retired women face more problems in old age and other medical needs. Women faced health, financial and social problem. Retired women suffer a lot in their home, society, and family. They need time to adjustment. Sometimes their family does not understand the retired women that what they want and what are their problems.

#### **1.5 Bio-psycho-social Understanding of Healthy Aging**

Almost everyone today would agree that there is no single fundamental cause of healthy aging but rather a multiplicity of factors working together to facilitate optimal functioning well into later life. Healthy aging is fundamentally a bio-psycho-social process involving three broad contributing factors: (a) social structural influences (gender, socioeconomic status, race, age, and cultural context), (b) individual influences (psycho-social and behavioral), and (c) biological influences

(inflammatory and oxidative damage, damage to irreplaceable molecules and cells, and blood metabolic hormones). Three propositions can be extracted in order to understand the phenomenon:

- i. First is about health promotion: positive psychosocial factors predict better biological regulation.
- ii. Another is about resilience: positive psychosocial factors protect against the damaging effects of external adversity.
- iii. A third concerns recovery and repair processes: positive psychosocial factors facilitate the regaining of functional and biological capacities.

By the end of the 20th century, the life expectancy at birth was almost enough so that increased life expectancy and the number of elderly people was growing in the world, has doubled in the developed countries. Projection progressive countries is more than enough for the health and social policy implications of the new year by 2020, aged 65 and above will be 470 million people. The proportion of elderly people is increasing as the population's age structure is transforming. For an official servant retirement stage is important and emotional. Because, they can give rise to stress or painful experiences as well as the habits have to change the pattern of sudden life time.

## **1.6 Herbal Medicine**

According to Ahmad and Hussain (2008),

“Herbal medicine, sometimes referred to as botanical medicine or herbalism, involves the use of plants, or parts of plants, to treat injuries or illnesses. This field also covers

the use of herbs or botanicals to improve overall health and wellness. Herbal remedies have formed the basis of traditional medicine for millennia, and have formed the root of modern pharmacology. Herbalist, herbal medicine practitioners, traditional medical practitioners, and Ayurvedic, homeopathic, and naturopathic healers all use herbal remedies in their practices.”

Herbal medicine is still the mainstay of about 75–80% of the world population, mainly in the developing countries, for primary health care because of better cultural acceptability, better compatibility with the human body and lesser side effects. However, the last few years have seen a major increase in their use in the developed world. In Germany and France, many herbs and herbal extracts are used as prescription drugs and their sales in the countries of European Union were around \$ 6 billion in 1991 and may be over \$ 20 billion now. In USA, herbal drugs are currently sold in health food stores with a turnover of about \$ 4 billion in 1996 which is anticipated to double by the turn of the century. In India, the herbal drug market is about \$ one billion and the export of plant-based crude drugs is around \$ 80 million. Herbal medicines also find market as nutraceuticals (health foods) whose current market is estimated at about \$ 80–250 billion in USA and also in Europe. (Kamboj, 2000)

### **1.6.1 Women Perspective on Herbal Medicine**

Every culture has its own beliefs and practices according to its respective religion and environment. Ancient people relied on plants for food, shelter, medicine and other uses. Traditionally, these people were well informed about their regional specialty and local flora. In a long

history of trials and errors over many generations, the people of mechanical society tested many plants and herbal combinations to cure as well as prevent disease.

Some of the salient herbal home remedies used by the elderly women are are:

- i. Neem
- ii. Zeera
- iii. Alsi
- iv. Saffron
- v. Ajwaine
- vi. Sunf
- vii. Black seeds
- viii. Darchini
- ix. Haldi
- x. Aloe Vera
- xi. Kamarkas

### **1.7 Statement of the Problem**

The purpose of research was to identify the health problem of retired women and their coping remedies. When a women retired they



move toward to alternative healing practices because of they fed up from the allopathic medicine.

The research was measuring the benefits of herbals and alternative practices. Most of women have a strong believe on the herbalism and alternative healing practices. To check the behavior of women towards the healing practices, the present study was conducted.

### **1.8 Objectives**

- i. To study the Impacts of retirement on health.
- ii. To study the health problems of retired women.
- iii. To study the usage of herbal remedies by retired women for their diseases.
- iv. To see the relationship if any, between the health and usage of herbal remedies.
- v. To study why women prefer to use the herbal remedies.
- vi. To study herbal knowledge among women and modes of the said transmission of the said knowledge

## **1.9 Significance of the Study**

That is the most important topic to conduct research upon it. Research on health problem of retired women and their coping remedies is an important domain within the realm of medical sociology to research upon. Study will be very useful in many aspects as when women were being retired than they start healing practices and make stronger believe on healing practices. This research will be helpful in disclosing true behavior of women towards the healing practices. This research also reveals the mutual relationship of retired women and herbalism.

**Chapter No. 2**

**REVIEW OF THE RELEVANT LITERATURE**

## 2.1 Snoring and Sleep apnea

Gilason et al. (1993) argued in his survey that, there are women who are habitual snoring and daytime sleepiness. They estimated the lowest limit of sleep apnea syndrome (SAS) prevalence in women 2.5 % at the age of 40 to 59 years old women. SAS is a comparatively ordinary that it is concluded Occurrence in women, specifically, people post menopause and is firmly associated with high blood pressure. The study showed SAS ratio high in men then the women. However, the daytime sleepiness and snoring issue is high in women then the men. The study show strong association with the hypertension, stroke, and myocardial infection. There is high risk of snoring in women, after adjustment for age and obesity. Gilason et al. argued that the objective of the study to estimate the relationship of snoring with the hypertension, obesity, age and smoking habits. In addition, the aim of study is the relation of symptoms. In the study, 8.2 percent reported habitual complaints of daytime sleepiness. Some women are habitual of snoring. Some women have issue of snoring premenopausal and post menopausal. In study, they found a propositionally stronger association both between hypertension and SAS and between hypertension and snoring as compared with the previous studies on men. Women, usually, is rarely called for sleep Labs, perhaps because, in men Less often because their daytime sleepiness is noticed various jobs (few, truck drivers, etc.). In addition, Key signs, snoring, and not very feminine Therefore they may be more reluctant to seek clinical Consult. Having in mind the strong association with High blood pressure,

it is equally important to diagnose and the treatment of women men along.

Koskenvuo et al. (1985) argued in their study that, High blood Pressure highly significantly linked with snoring, relative risk among snorers and never used high blood pressure (RR) was 1.94 in men and 3.19 in women snorers. The when accommodate for body mass was felt association index. An important associations among angina pectoris and habitual snoring men (RR = 2.22) was observed. In Women the relative risk was not critical. The relative risk of myocardial Infarction and enrolled in hospital for addiction IHD snorers were unimportant. Obstructive sleep apnea syndrome virtually always linked with heavy snoring. A Sleep apneas gases medullar respiratory center perhaps mainly due to the hypo activity, and obstructive component and upper airway aspiratory muscles are attribute to the lack of synchrony among. Regulating the cardiovascular and respiratory control snoring attached to the surface of the central nervous system may be a sign of a pathophysiological process. There is association with hypertension and snoring.

Norton and Dunn (1985) argued in epidemiological survey that, 60 percent of men and 40 percent of women were found to be habitual snorers 40 percent of men and 28% of women in the seventh decade, with the increase in prevalence, snored. In an earlier study they snorers snore as 86 percent of the wives of their husbands and wives reporting their husbands snorers as 57 percent, occurred in more than half of the adult population is found. Snoring is linked with hypertension and sleep apnea. Both smoking

and obesity, high blood pressure and cardiovascular disease risk factors perceived and snorers and differences may be related to smoking and obesity among non-snorers snore and showed the largest differences are the. Snoring is linked with increased cardiovascular disease (especially high blood pressure) and most other common chronic medical conditions. Snoring, especially heart and other health problems, both of which were involved in the prevalence of obesity and smoking, are connected with. Such an association exists between snoring, heart, and other clinical situations that concluded. Snoring an increased risk for cardiovascular diseases, and is connected with high blood pressure is. Snored smoking, men, and we who were obese than non-snorers four times greater risk of hypertension was found.

Lindberg et al. (2006) explain in their study that, the purpose of this study snoring and excessive daytime sleepiness (EDS), obstructive sleep apnea syndrome (Osas's) main symptoms among women are attached with hypertension and diabetes. High blood pressure and type 2 diabetes are two ingredients of the metabolic syndrome. Except such as obesity, physical inactivity, and superfluous alcohol intake as well known risk factors, both disorders, obstructive sleep apnea syndrome (Osas's) are related to signal that there are data. Osas causally related to high blood pressure and diabetes Osas hypothesis that successful treatment of the reduction in blood pressure and insulin sensitivity improvement is supported by the fact that later. The women sleep (snoring) how disordered breathing, daytime sleepiness is taken into account, in the presence of

hypertension and diabetes is attached with the first Epidemiologic studies in the analysis is design. Snoring, daytime sleepiness results in the absence of diabetes and high blood pressure showed that harmful. Without daytime sleepiness and snoring does not affect the risk that, in the adult female population, the combination of snoring and EDS, hypertension pressure and diabetes as an independent risk factor for both.

Prichard (2004) argued in their research that, Complementary and alternative medicine (CAM) therapies type to appreciate the popularity of the traditional approach to medical treatment as an alternative styles is increasing patient awareness are becoming more easily available. Essential oils / herbal therapies hold huge promise for the treatment of clinical disease and have been the basis of many medicinal drugs. Snoring for both males and females is a major social problem. 40 percent of men and 25 percent of women aged 60+ snores. Gargle an essential oil / spray use, Helps Stop Snoring ' oropharynx apply. These oils, which may be different addresses lightly fragrant volatile substances, the petals, fruits, and roots of plants. Volatile oil, anti-inflammatory, anti-microbial and anti-viral actions have been reported to possess and help to stop snoring which contains *Mentha Arvensis* (Mint, cornmint), *Mentha Piperita* (Mint, peppermint), *Citrus Limonum* (Lemon), *Eugenia Caryophyllus* (Clove Oil), *Citrus Limonum*, *Melissa Officinalis* (Balm, lemon), *Pinus Mugo* var. *Pumilio* (Pine Oil), *Foeniculum Vulgare* (Fennel), *Salvia Officinalis* (Sage), *Thymus Serpyllum* (Thyme), *Cymbopogon Vinterianus* (Citronella), *Eucalyptys Globulus* (Eucalyptus), PEG-40 Hydrogenated Castor Oil,

Lavandula Angustifolia (Lavender), Pistacia Lentiscus (Mastic), Pinus Sylvestris (Pine, scotch) and Oil of Mastic. Even such an essential oil, which in turn expected to raise blood flow to the palate 'Hardness' and again a slight increase in flutter and reducing noise. Causes a reduction in snoring product, helps stop snoring, and plays a part of course is quite conceivable that a 'psychological propose effect' whether there is any.

Nowera et al (1991) argued that, snoring due to the vibration of the soft palate and adjacent structures and the site of the partial blockage of the upper airtight represents. In some cases, snoring, obstructive sleep apnea syndrome, aid that require frequent arousal intermittent upper airway obstructions caused by a condition associated with disturbed sleep. Obstructive sleep apnea has been developed for the treatment of a demand for medical regimen that requires surgery or procedure. Compliance, including continuous positive airway pressure, non-surgical therapy spite of its effectiveness, often lighter symptoms. Thus, it is not well borne by patients with a treatment that is a problem, that alternative therapies are effective and acceptable, particularly for the needs of patients with minor grievances. Mandibular teeth by means of a tool developed the top airway obstruction children with first mandibular hypoplasia treatment as was reported by Robin. Dental orthosis an acrylic polymer and is built with the patient's dental impressions. Orthosis safely attached to the top teeth and mandibular incisors when the teeth are estimated to be engaged by a projection, which is designed to advance jowl. The projection of the oral vent allows airflow. Tool to limit the size of the problem and salivation is



minimal. Without emphasis on temporomandibular joint as far as possible, to push jaw position relative to the projection was elected. 1.5 h after masseters pulsing with a TENS unit, during frequent opening and closing mandibular motion was monitored with an oscilloscope. Mandibular prior as greater admissible position was defined as advanced motions pendency of the jaw opening to closing time, which did not alter the relationship prior. In this case, a "cutting" effect was acquired, and patients dental model building and were described in the advanced position. They have shown that most patients with advanced or end of jaw by the report which reduces the intensity of snoring due to dental orthosis. Patients with moderate to severe sleep apnea often show add respiratory impairment in the supine posture since, by the effect of position of the body on the frequency of apnea is considered contrary. "Although limited, with orthosis improves our data indicate that due to orthosis is not the organized way change in position of the body, the position is less certain hypopnea frequency. This majority of research in snoring patients with medical issues can be better with dental orthosis is shown.

### **Analysis**

After examining the reviews, snoring and daytime sleepiness has high rate in men then a women but there is high risk of snoring issue if women have an obesity issue. Men and women do smoking they have high risk of snoring and hypertension issue. Women have issue of snoring in the age of 40 to 59. There is association with hypertension and snoring. High blood pressure linked with the snoring. Dental orthosis an acrylic polymer

and is built with the patient's dental impressions. Orthosis safely attached to the top teeth and mandibular incisors when the teeth are estimated to be engaged by a projection, which is designed to advance jawl. That jawl helps to stop snoring. Snoring linked with many diseases like, heart disease, hypertension, high blood pressure, and daytime sleepiness. Snoring, daytime sleepiness results in the absence of diabetes and high blood pressure showed that harmful. People use oil treatment for snoring, which made from plant and vegetable to help stop snoring.

## **2.2 Thrombosis**

Nygaard et al. (1941) argued that, thrombosis and embolism, injury, or iliac veins, ligation of the branches may be of the women pelvic limb; commonly occur after the operation was found. They have enough tissue injury or the intensity of the long-term operations is also common. If possible, the purpose of analysis, different types of surgical operation, predisposing factors of postoperative venous thrombosis and embolism was to determine the comparative cases, and patients who had this kind of accident. Thrombosis and embolism risk is greater in women than men, but the original pulmonary embolism, fatal or non-fatal, is a bit more generally in men. These complexities are rare under age 20 and the upper age groups show a tendency to increase. Obesity, blood diseases, heart disease, and peripheral veins contributory factors of the disease, but in about one third of cases have no predisposing cause. Thrombosis and embolism as early as the fifteenth of a second post-operative day late, but

the highest incidence is between the seventh and fourteenth post-operative day as can be. At necropsy, the femoral vein thrombosis of the legs 10 cm was found that in cases of careful measurement. To arm the carotid rotation, after the operation, approximately 50% higher than the average pre-operative value increased by the tenth day-to-carotid rotation foot, while Smith and Allen changed very little, have shown that. Heparinization thrombosis of blood clotting is to low the power. Thrombosis and embolism, which are the most dangerous and Risk very much an early thrombosis or embolism in patients who show signs of heparinization, can be reduced by. Thrombosis of the axillary vein thrombosis of the most common type is by far the best. It occurs most commonly in healthy individuals and on the right side. Thrombosis secondary to disease of the chest and axilla is undoubtedly important, but then there is the so-called basic or perhaps try to emphasize the greater frequency of thrombosis is required. Thrombosis of the cerebral veins is pre dominantly an accident of the puerperium.

Burke et al. (1998), argued, that the acute coronary disease in this study, with conventional risk factors and menopausal status in women who die suddenly of coronary artery thrombosis sudden death and autopsy found evidence of the procedures affect. The majority of acute coronary thrombi due to plaque erosion significantly elevated high levels of cholesterol, body mass index, or without glycohemoglobin, levels occur in young women smokers, smoking cessation is because of the group the most important risk factor identified for editing appears. Healed

myocardial infarction without the acute coronary thrombosis sudden coronary death in the setting of coronary mortality in this study constitutes 35 percent. This study also thrombus and extent of coronary disease at age-related differences in percent stenosis of Luminal evidence. This study also thrombus and extent of coronary disease at age-related differences in percent stenosis of Luminal evidence. Who died of coronary artery thrombosis and older women are often relatively the acute hypercholesterolemic coronary plaque ruptures with the Tung pass.

David Curb et al. (2006) argued that, the postmenopausal hormone therapy in observational studies and medical tests of secondary prevention of venous thromboembolism connected with a 2- to 3-fold increased risk was. Nearly 2% of women had a history of Venous Thrombosis. Older women had an absolute higher risk of Venous Thrombosis. Women without a uterus indicate increased risk of venous thrombosis, including development venous thrombosis. That is also caused by genetic. Risk of venous thrombosis is relatively less high-density lipoprotein cholesterol, women in physically active women may be more, check out the find, and the number of interactions could be attributed. Risk of venous thrombosis with oral estrogen and progestin oral estrogen increases. Venous thrombosis should be discouraged in the absence of ongoing anticoagulation therapy.

Engbers et al. (2010) argues, for venous thrombosis of aging strongest risk factor and is one of the most popular. A major risk factor for thrombosis aging is the more risk factors for elderly Thrombosis in the

venous thrombosis incidence of identity and age, Milan clear need for targeted preventive measures. The thrombosis is in venous system, i.e., deep venous thrombosis (DVT) or pulmonary embolism (PE) in thrombosis, is a multi-causal disease. Attributed to a higher risk of developing subsequent risk of VT (Vein thrombosis), because the older population has increased 80-time. Risk of thrombosis in a population of 90% of the cases can be attributed to aging, indicating more than 90 percent. The lifetime risk of VT (cumulative incidence) aged 90 to 15 percent, and nearly 60% of all VT events 70 years of age and older are found in. Age groups of women in the incidence of VT were added, indicating that it is similar for men and women, VT with the most elderly patients are women. The effect of a factor on the risk of thrombosis in the elderly compared with young and middle-aged population may be different. Hormone use increases the risk of complications associated with the publication of the study report, for example, breast cancer, post-menopausal hormone use declined by 50 percent.

Kyrle et al. (2004) argued, yearly cases of venous thromboembolism that they 1 to 2 cases per 1,000 people, and at the risk of the disorder 80 years older elders increased from 400 per 100,000 children less than 5 per 100,000 annual rate, rises to rapidly with age. First venous thromboembolism events to be similar between men and women think, but the risk among men in the same age group is higher than in women of childbearing age. 102 of 826 patients (12%) of the total (35 to 67 deep vein thrombosis and pulmonary embolism) was often the venous

thromboembolism. They were taking postmenopausal hormones, but the risk of recurrence among those who did not use hormone replacement therapy in women, the risk was not significantly different in their study, and 61 women had their first thrombotic event.

### **Analysis**

All reviews show that there is high rate of thrombosis women especially in elder women. Many therapies, which are, cause the venous thrombosis. Thrombosis disease grows with the age. In previous reviews, the elderly population prevalence of traditional risk factors for VT. VT associated with hormone use, the relative risk for middle-aged and elderly women was similar. Women in the elderly population sex ratio in favor of females, resulting in a higher life expectancy than men.

### **2.3 Cardiovascular**

Eaker et al. (1999) argued that, the growing population of aged women and heart disease risk, diagnosis and heart disease, stroke, and peripheral arterial illness are crucial for the treatment. Each year more than 236 000 women die from a heart attack, and more than 87,000 women died from a stroke. Heart Disease in Women age-adjusted death rate four times higher than in white women and breast cancer death rates are six times more than black women are. The illness in 1980 was suspended by the number of women with ischemic cardiac and more than 75 of the estimated 64% in women aged 55 to 55 years old, 36 percent were women. Women aged 55 to 64 years 62% of stroke survivors, some form of

disability and 75 years of age, 61% of those who had been disabled. Among older women, the prevalence of coronary cardiac is reasonable to order an exercise based test, many aged women in general reconditioning due to other diseases or are unable to exercise adequately. In the United States by the year 2015, almost half of all women will be at least 45 years, and a large contingent of coronary heart disease will be.

Kushi et al. (1996) argued that, there was little evidence that the intake of vitamin E from supplements was associated with a decreased risk of death from coronary heart disease, but the effects of high-dose supplementation and the duration of supplement use could not be definitively addressed. Intake of vitamins A and C did not appear to be associated with the risk of death from coronary heart disease. By contrast, the intake of vitamins A and C was not associated with lower risks of dying from coronary disease. This study of older women provides information that is important in planning intervention trials in the elderly. The observations with regard to vitamins A and C are similarly not definitive, but they suggest that increased intake of these vitamins is not likely to lower the risk of death from coronary heart disease. Vitamin E intake is also associated with a more healthful cardiovascular risk profile. The intake of other foods that provide vitamin E, including margarine and mayonnaise, also appeared to be inversely associated with coronary mortality in the present study.

Stampfer et al. (2000) argued that, in women, smoking, diet, exercise, and lifestyle guidelines include prevention of coronary cardiac is

a very low risk. Diet and lifestyle can also affect the incidence of coronary heart disease. Cigarette smoking is a major risk factor for coronary heart disease and stroke. Moderate alcohol consumption is associated with a lower risk of coronary heart disease and ischemic stroke but can raise the risk of hemorrhagic stroke. In this population of middle-aged women, cigarette smoking, those who were not overweight maintained healthful diet described above, for half an hour a day using moderately or vigorously, and the wine was moderately the incidence of coronary events was that the population consume 80 percent less than the maximum. Women who intake alcohols, doing smoking and other prohibited thing which are cause the high risk of heart disease.

Manson et al. (1999) argued that, Vigorous exercise in the prevention of coronary cardiac, compared to the walk, is debatable, and for female on the data are sparse. Epidemiologic studies, physical activity, reducing the risk of coronary cardiac have been associated with. These findings lend further support to current federal exercise guidelines, which endorse moderate intensity exercise for at least 30 minutes on most (preferably all) days of the week and then heart disease can b cure. Cigarette smoking, bodies mass index, myocardial infarction, his postmenopausal hormone use, alcohol consumption, diet, and family history of other coronary risk factors. At least four hours per week walking two recent studies among elderly women and men, with significant reductions in cardiovascular risk was associated. This moderate exercise and vigorous exercise an important role in reducing the risk of coronary it



is also biologically plausible. Compared with women who are sedentary, have increased their level of activity among women reduces the risk of coronary events, and a strong dose response gradient observed in the analysis of a causal relationship between physical activity that interpretation lend credence to the risk of coronary events and a low risk that it begins in adolescence is the time when, through increased activity may be modified.

### **Analysis**

In recent reviews 40% of all coronary events in women are deadly in the prevention of sudden death in women and 67% of those without a history of coronary cardiac in people are important, and heart attacks intense disability among women one of the main causes. More risk factors for heart disease in women are known about, but very few women are at risk reduction in these risk factors is known about the effect of the amendment. Heart disease death rates are declining, while the numbers of women who die from heart disease continue to increase each year. Women know, a healthy environment, access to health care is important, and that is efficient to reduce the risk of heart disease, prevent and needs. In reviews the results show in postmenopausal women vitamin E intake from food inversely with the risk of death from coronary cardiac and women without using vitamin supplements can reduce their risk suggest that it is connected. Brisk walking and vigorous exercise among the ladies in the incidence of coronary events are attached to a lack of adequate and indicate that.

## 2.4 Dry Mouth

Turner and Ship (2007), gives brief information in elderly patients the etiology, diagnosis, treatment of dry mouth oral sequelae. Dry mouth (salivary hypofunction, xerostomia) is a common problem among older people. It causes significant oropharyngeal disorders, pain and an impaired quality of life. Dry mouth for a plethora of medications and medical conditions, diseases of the salivary many reasons, it is. Treatment to correct the underlying cause and / or systemic conditions and stimulants that are designed to increase salivation with. Early intervention for problems of dry mouth disorders in elderly people helps prevent harmful consequences. This can result in impaired food and beverage intake, host defense and communication. Turner and his colleagues estimated that approximately 30 percent of the population 65 years and older experience this fry mouth disorders. The vast majority of older adults that causes the salivary hypo function least being treated with a drug because of drug-induced dry mouth, is the most common cause. Many older reasons the salivary disorders are the most common cause of dry mouth for a variety of prescription and nonprescription medicines have experienced.

Scully (2003) said Saliva secreted by mechanisms that are independent consists of two components. The ions are added to a liquid component, parasympathetic stimulation and sympathetic stimulation, mainly released in response to a second protein component mainly caused by. Various hormones may modulate the composition of salivary gland salivary secretion, mainly in control of the autonomic nervous. Many

drugs used daily dry mouth, which was more prevalent among hospitalized patients. In a large survey of 3311 evaluable questionnaires, 21.3 percent of men and 27.3% women, dry mouth, according to statistics women than men reporting a higher prevalence of dry mouth. Age was significantly related to dry mouth and dry mouth and also the reported prevalence of pharmacotherapy was not a strong co-morbidity. Starting treatment or increasing the dose of the drug, and a close temporal relationship between experiencing dry mouth usually there.

Thomson et al. (1998) argued that, the purpose behind the development of the Xerostomia Inventory was to enable an estimate of xerostomia to be made (on an ordinal scale) for each individual so that it could be included as a continuous covariate in the modeling of coronal and root surface caries incidence among elderly participants in the South Australia Dental Longitudinal Study. In this way a continuous scale measuring symptoms of xerostomia conditions as with previous attempts to measure, based on an arbitrary cut-off point 'xerostomic' are labeled as the misclassification error which may occur is to reduce the risk. Objective measure of symptoms of xerostomia early efforts have been relatively crude, and the first, there was a discrete xerostomia confirm dimensions and was actually being measured, and second, is recognized (and are satisfactory), which is employed on an analytical approach, consisting appear to condition the broader constellation of symptoms.

### **Analysis**

Turner and Ship (2007), gives brief information in elderly patients

the etiology, diagnosis, treatment of dry mouth oral sequelae in their journal. The vast majority of older adults that causes the salivary hypo function least being treated with a drug because of drug-induced dry mouth, is the most common cause. C Scully CBE said, many drugs used daily dry mouth, which was more prevalent among hospitalized patients. Murray Thomson et al (1998) explain, Xerostomia Inventory coronal and root surface caries goal behind the development of a continuous covariate in the model can be added as events among the elderly xerostomia estimated for each individual (an ordinal scale) should be made to enable participants in South Australia for dental longitudinal Study.

## **2.5 Obesity**

Elia (2001) explain that, in developed countries, body weight and BMI started to decline when 60 years of age, body weight and age, with the body mass index (BMI), a general rise, is there. Obesity is increasing rapidly and now as a major global public health problem is recognized. Therefore, this age group compared with obesity among older quantitatively different effects on morbidity and mortality, especially as it seems, more attention has been paid to the problem of obesity in the elderly that probably is amazing. For mutual understanding of these complex, it is first necessary to consider changes in weight, that occur with increasing age, body mass index (BMI), and body composition. The effects of obesity on mortality may be more difficult to demonstrate. People who suffer complications of obesity are more resistant to the

effects of obesity are already those who are left behind, may have died.

Manson *et al* (1990) said that, from the data of coronary heart disease in women as a factor stressed the importance of obesity. Coronary heart disease risk adiposity and unfavorable influence of obesity on coronary risk factor status of a well-established association is still controversial. Obesity, diabetes mellitus, hypertension, and lipid abnormalities are a cause. Strong link between obesity and atherogenesis despite the biological plausibility, Epidemiologic studies have confirmed an association constant. Several investigators to explain this apparent paradox testing protective factors associated with adiposity is proposed. With the total amount of excess fat several studies listed, the pattern of body fat distribution or somatotype significant effect on the risk of coronary heart disease that may be suggested. Stomach and upper part of the body most frequently collected blood pressure, glucose tolerance; serum lipid levels have been associated with abnormalities.

Villareal *et al.* (2004) objective of study is that, Body composition, physical function, and community residents obese elderly (OE) quality of life of individuals to assess the weaknesses and mutual coverage. Obese elderly in the United States (OE) quickly because of the number of people who are obese elderly population increases and the percentage of elderly people is increasing. This can lead to weakness and loss of independence which age-related decline in physical function worsens obesity in the elderly has important functional implications. In fact, obesity seniors in the single leading cause of disability and nursing home admissions may be

associated with increased rates. Aging skeletal muscle mass and reduce body fat is associated with increased. Diminished muscle mass to perform normal daily activities causes a failure occurs when the disability. However, because of disability lean body mass and fat very exact relationship between the conflicting data from different studies is not clear; others suggest that fat mass is the most important while some studies, sarcopenia functional limitations have resulted in a significant predictor. Moreover, very little excess body fat because muscle mass and muscle in the face of age-related decline in the quality of disability may be particularly at risk of disability in people who contribute to the OE that may change in body components, is about to go.

Zoico et al. (2004) present the Active spectrum of high-end residential community, in a sample of elderly women, muscle strength, functional limitations, body composition measurements, and indexes association between sarcopenia. In the old days, the overall mortality related considered independently. Disability is a huge social and personal implication, and great effort function with age may contribute to poor lower body to understand the structural changes have been made in the last few years. New Mexico Elder Health Survey, Baumgartner ET al first lower relative muscle mass and functional statement for an association between disability and impairment. Overall, our study obesity independently functional limitation and disability in the elderly is associated with the shows. On the other hand, our results support a relationship between functional limitations and not overweight. Study, the

population of different body composition parameters and indexes trying to test, high fat and high BMI values at the high end of the spectrum of active functional limitation in the elderly female population was more likely to be associated with shows.

Ranjbar et al. (2009) focus that, in the management of obesity in humans and animals efficacy and safety of herbal medicine effective. Search terms "obesity" and ("herbal medicine" or "plant", "plant medicine" or "traditional medicine") to restrict or limit the search to elements were without. Such body weight and waist, hips, body fat, the amount of food intake, anthropometric measures, and changes in appetite as key findings on the effects of herbs were added to human and animal research. The lifestyle intervention and / or drug therapy to treat obese people from both is essential. In some cases, use of pharmacologic therapies and surgical interventions are not always appropriate. Unfortunately, despite the advantages of short-term treatment of obesity drugs, often rebound weight gain after cessation of drug use, drug side effects, and drug use is associated with the ability to be used. Pharmacologic options sibutramine, orlistat, the Phentermine, diethylpropion, or bupropion and fluoxetine are included. What Phentermine and diethylpropion have the potential for abuse and are approved for use only short term. In the treatment of obesity drugs approved for long-term use, however, these agents in patients with a history of cardiovascular disorders should be used with caution sibutramine and orlistat, are. Public herbs, vitamins, nutritional supplements, and meal replacement for weight loss, including preparations

for uses other methods. Rigorous scientific studies have been done on these products, and in many cases safety and efficacy take a back seat to marketing. Complementary and alternative therapies have long been used in the Eastern world, but recently these therapies are being increasingly used worldwide. Traditional medicines efficaciously as obesity and chronic diseases without adverse events and fails to remedy the situation when many people seek unconventional therapies, including herbal medicines. The number of randomized trials of complementary therapies has doubled every 5 years and the Cochrane Library, 100 systematic reviews of interventions including unconventional though, none of these studies specifically mentioned in obesity herbal remedies. Management of obesity in this review of the efficacy and safety of herbal medicines aimed to evaluate the current science. *Arachis hypogaea* on lipid absorption inhibitory mechanism proposed, in association with increased intestinal lipid excretion of body weight, liver triglyceride content and decreased liver size. Phillyrin, garlic victorialis, pomegranate leaf, *Kochia scoparia*, *Panax japonicus*, Oolong tea, and had the same effect Blume from *Aesculus turbinata*.

### **Analysis**

All reviews there are one thing common that obesity is a cause of many diseases. Elia (2001) explains that decline in age when 60 years body weight increase. Manson et al (1990) argued that obesity is cause heart disease and associated with body fat distribution, tolerance, glucose and blood pressure. Obesity increase high rate of disease in human body.



These diseases are very dangerous. Obesity is a higher risk factor of coronary disease in old women. Villareal et al (2004) assessed OE and lean body composition and physical weakness and physical function in adults and elderly men and women, the relationship between the effects of obesity on quality of life. Ranjbar et al (2009) argued, Anti-obesity drugs currently available in three different ways to attack body fat dilemma. They affect serotonin, suppress appetite, boost metabolism can, or they can hinder the digestion of fats. In this review, we can divide the effects of herbal medicines target so. They focus on herbal medicines, such fruits and vegetables, whole grains; various types of fibers, omega-three fatty acids or the photochemical such as flavonoids were omitted for functional food ingredients and dietary intervention on consumption. Lifestyle modification is still inducing a permanent weight loss is the most safe and efficacious.

## **2.6 Depression and Anxiety**

Hughes et al. (2004) argued, a type of depression in the population is a risk factor for morbidity and mortality, and mortality risks in patients with cardiac complications have been associated. Dysfunction of the autonomic nervous system may be involved in this risk. The main objective of this research is depression and anxiety, and 24-hour urinary catecholamine excretion level relationships between self-reported symptoms were evaluated. In the last 10 years, depression in general medical patients, mortality, community-dwelling older men and women

and of post myocardial infarction (MI) patients have emerged as a risk factor. Several studies also anxiety that is related to mortality in cardiac patients is reported. Depression- and anxiety-related mortality is not responsible for the identification mechanisms, though, deregulation of the autonomic nervous system, increasing evidence suggests may be involved. When compared with non-depressed CAD patients, for example, clinically depressed coronary artery disease (CAD) patients with ventricular tachycardia, is an increased prevalence. Moreover, depression and frequent premature ventricular contractions post-MI patients with signs frequent premature beats with no depressive symptoms than patients are at high risk of cardiac death. Excessive sympathetic activation provoke cardiac arrhythmias and sudden cardiac death is known, and also vascular injury and promotion of normal healing through inhibition may lead to an increased risk of morbidity and mortality.

Smoller et al. (2004) focused Subclinical depression, often clinically unrecognized, and may pose an increased risk of heart disease. A few studies related to future cardiovascular events depression in older women is investigated. We generally healthy postmenopausal women between the symptoms of depression prevalence of subsequent cardiovascular events, cardiovascular correlate, and explain the relationship. With time growing association between depressive symptoms and cardiovascular events increases many interpretive possibilities: Increased depression can be caused by cardiovascular event, or an impending cardiovascular event is a manifestation of the growing

depression is, subclinical symptoms can be responsible for, or some third unknown set of factors account for both the event and can be symptoms of depression. This depression on cardiovascular risk factors related to cardiovascular events independently or whether the effect is not known through the works. With the reported results in the period from September 1993 through December 1998, women enrolled in cardiovascular-related and correlates of depression and consequently an independent risk factor for cardiovascular events as depression provide data on a prospective investigation of older women represent the largest contingent. A large number of older women as well as control of established CVD risk factors, the risk of CVD death rates are related to the All- abuse level report symptoms of depression. Early recognition and treatment of CVD risk will reduce subclinical depression remains to be determined whether the medical tests.

Copeland et al. (2004) argued that, EURODEP Consortium initiative in the European Community BIOMED program for the formation of collective action has been brought together in Europe held in centers independent of depression in older people, community-based study, consisting of a number of have been. The growing proportion of older people in the population of Europe, the most popular one is the mental illness of depression level, lending urgency to the need to know. First, the life (age 55+) community-based study of the prevalence of depression in the world, a systematic review of the literature was undertaken. Thirty-four studies for depression prevalence rates of 0.4-35 percent, with a range,

were eligible for inclusion. All considered clinically relevant depressive syndromes while 13.5 per cent, 1.8%, and 9.8% for major depression, minor depression revealed a weighted average. A high rate of prevalence of depression among women and poor socio-economic conditions among older people was a constant search.

Barry et al. (2008) argued that, Major depression in community dwelling older persons affects only 1 or 2 percent. Often "depressed mood" or "depression," clinically significant depressive symptoms, 8% and 20% of the population is between the impact and the patient is referred to as. The burdens of depression, however, in older women than men are disproportionately high. Depression in older women than men more loads more permanent depression and a lower probability of death, once depressed, depression is a serious threat and is attributed. Additional research strategies more effective detection and management of depression in this population can be developed to ensure that these sex differences is needed to determine the cause. This is a common and costly disability and chronic obstructive pulmonary disease, myocardial infarction, and stroke among those with negative results, including re-hospitalization and death, late-life depression is associated with a significant clinical and public health problem is.

### **Analysis**

Smoller et al (2004), the subclinical depression is related to cardiovascular risk factors and cardiovascular co morbidity that is a prevalent condition that, to date older women in the largest multiethnic

cohort of volunteers is found. This especially diabetes or high blood pressure at a lower level than those who have no history of CVD, and BMI, income, education, race, or at a higher level than generation, subsequent cardiovascular is an independent risk factor for death. Will reduce the risk of those with no history of CVD treatment with antidepressants whether this question in a randomized clinical trial remains to be determined. Barry et al (2008) Among older people, the burden of depression in women than men and more persistent depression and a lower probability of death, and a greater risk of depression, which seems to be attributed to depressed once.

**Assumptions:**

1. Snoring linked with the hypertension, high blood pressure, smoking, drugs, heart disease and many more. Snoring and daytime sleepiness is high risk in women than men and results in the absence of diabetes and high blood pressure showed that harmful.
2. The women sleep (snoring) how disordered breathing, daytime sleepiness is taken into account, in the presence of hypertension and diabetes is attached with the first Epidemiologic. Essential oils / herbal therapies hold huge promise for the treatment of clinical disease and have been the basis of many medicinal drugs.
3. Multiple alternative measures use for snoring like traditional oil, jowl equipment, and nose clip. Thrombosis is most dangerous

diseases and rate of thrombosis is high in women than men.

4. Thrombosis is a serious disease and its caused sudden death in women. Thrombosis could be genetic disease. There is high and dangerous risk factor of venous thrombosis in elders.
5. There is high rate of thrombosis in age 70 and Comparison show high-risk rate in elder then Younger. Thrombosis incidence increase with age in women.
6. If women do any therapy which caused the high-risk rate in women than men. Thrombosis is also connected with the hormone. Increasing age is positively associated with the prevalence of various chronic disorders of venous thrombosis. The venous thromboembolism recurrence rate of 10% per year is
7. Heart disease is the leading cause of disability in women. Most coronary heart disease occurs in elderly women. Intake of vitamins A and C did not appear to be associated with the risk of death from coronary heart disease.
8. Smoking and depression are the risk factor of heart disease. Exercise can cure the heart disease. There are 15 percent of all deaths from coronary heart disease.
9. Drugs with anticholinergic effects of dry mouth and decreased saliva production are most likely to generate complaints. Chemotherapeutic agents also have been associated with salivary disorders.
10. Dry mouth problems lay clinically significant adverse effects on

health and common complaint in the elderly.

11. Obese elderly (OE) a relative weakness in the muscle mass and reduce muscle quality is created by both. The aging is associated with a decrease in muscle quality, though, our results also elderly subjects Obesity is associated with a small muscle torque is proposed.

**Chapter No. 3**

**THEORETICAL FRAMEWORK**



Theoretical frame work refers to how the researcher not only question, but ponders and develops thoughts or theories on what the possible answers could be. Then these thoughts and theories are grouped together into themes that frame the subject. It is the process of identifying the core set of connectors within a topic and showing how they fit together.

### **3.1 Symbolic Interactionism**

Interactionist sociology rose to prominence in the 1960s and 1970s, quickened by the loss of credibility of Parsonsian structural functionalism and by the search for 'a more humanistic sociology related to the emerging political scene of the 1960s' (Gerhardt, 1989: 75). But its origins go further back, most notably to the teachings of George Herbert Mead (Published posthumously in 1934).

Many interactionists have resisted the designation of their work as a 'theory', preferring instead to think in terms of a 'loosely structured cluster of fundamental idea' (Lindesmith and Strauss, 1969:1). At the core of this 'cluster of ideas' is the proposition that, even though there is a biological base which underlies experience, selves are essentially social products which develop out of interaction with others (Mead,1972 [1934]). We are able cognitively to step outside ourselves and to see ourselves as others see us through the 'looking-glass self' (Cooley, 1981). The self develops through role-taking, its legitimacy dependent upon the attitude of other, Language is crucial in this process since it provides a vehicle for self-reflection, no other gesture or symbol being so successful in affecting the

individual in the same way that it affects others.

Since the self is a product of social experience, It is not fixed, but emergent or socially constructed. Axiomatic to the interactionist position is the dialectic between the individual actor and social environment. With the capacity for self-reflection individuals are self-directive with the ability to select, interpret and bestow meaning upon their interaction with others. But, by virtue of the very fact that this takes place in the presence of others (either actual or envisaged, individuals or groups), self-direction is always limited. Constraints come into play-others may not view us in the way that we view ourselves: they may not act towards us in the way that we expect, and the prior actions (which we may not be aware of, or may be aware of but are powerless to modify) may set up barriers to our action. As a result of this we are called upon to be 'artful' in our everyday lives by becoming engaged in a process of 'negotiation' impression management, and meaning creation. These processes-the ways in which individuals give meaning to social events (such as childbirth, surgery, and death); the ways which they manage changing identities in ill health; and the 'negotiation' that takes place informal and informal health-care setting-are the subject-matter of interactionism.

It is apparent that interaction contexts must be conceived as both the seedbed of human agency and the obstacle to its growth. Tucked away all too neatly in this statement is an unresolved struggle which extends over almost three decades to understand the exact ways in which the individual

both modifies and is modified by the social environments which surround health illness and health care.

### **3.2 Application of theory**

Aged women are self reflected. They can dictate but do not want if someone dictate them. There is self reflection in aged women and mostly they go to different quacks and consult with their elders about their health issue and their coping remedies. It leads to selection of different herbal medicine. Herbs interpretation which they perceived. Herbs have no side effect and women attach the meanings. Mostly women used ginger, garlic and green tea for obesity. They have a strong believe on these herbal medicines. Women are major part of every society and must apply each and every thing and also try to found new solution.

Women used fennel seed (sunaf), fennel powder (sunaf Powder), fennel water, rose water (Arq-e-Gulab), and joshanda for their fitness. Women think that herbal medicines have no side effect and allopathic medicine can destroy their body internally. Whenever women get aged they moved toward herbal medicine and avoid the allopathic medicine. Mostly aged women consult with different quacks and used their remedies at home for diseases. Women get fed-up from allopathic medicine in old age. After retirement from any sort of job women used more herbal medicine for health issue. They get free and easily can make herbal remedies at their home. Many women learned herbal remedies from their elders and they transfer the knowledge of herbal medicine one generation to other



### **3.3 Proposition**

1. Aged women are self reflected they can dictate but do not take others directions.
2. Self aged women go to quack and talk about their health problems.
3. They perceived the herbs as best source of cure of any disease instead of bio medicine.

**Chapter No. 4**

**CONCEPTUALIZATION AND OPERATIONALIZATION**

## 4.1 Conceptualization

Conceptualization means to define variables very precisely.

Following variables were conceptualized:

### 4.1.1 Health

1. A person's mental or physical condition: bad health forced him to retire figurative a standard for measuring the financial health of a company.

(Online Oxford Dictionary: Language matter)

2. The state of being free from illness or injury

(Online Oxford Dictionary: Language matter)

3. The condition of being sound in body, mind, or spirit; especially: freedom from physical disease or pain

(Online Merriam Webster)

4. Physical and mental wellness or a condition of well-being freedom from disease, pain, or defect; normalcy of physical and mental functions; soundness.

(Online Your Dictionary)

5. It is a "State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity." Health is a dynamic condition resulting from a body's constant adjustment and adaptation in response to stresses and changes in the

environment for maintaining an inner equilibrium called homeostasis.

World Health Organization (WHO)

#### 4.1.2 Retirement

1. Withdrawn from or no longer occupied with one's business or profession.

(Online Dictionary.com)

2. Throwing away a machine or human after it is decided that they are so worn out or used up that there is no value left. The human gets a small pension that is not enough to live on, the machine is junked.

(Online Urban Dictionary)

3. The act of ending your working or professional career: the act of retiring.

(Online Merriam Webster)

4. A female person associated with a particular place, activity, or occupation: one of his sophisticated London women.

(Online Oxford Dictionary: Language matter)

5. An act of retiring: the state of being retired; especially: the leaving of one's job permanently.

(Online Merriam-webster dictionary)



### 4.1.3 Herbalism

1. The study or use of the medicinal properties of plants.

(Online Dictionary.com)

2. The use of certain plant for medical purposes, now called phytotherapy. An herb is usually defined as a plant whose stem does not become woody and persistent, but dies down to ground level after flowering.

(Online the free Dictionary by Farlex)

3. The study or practice of the medicinal and therapeutic use of plants, now especially as a form of alternative medicine.

(Online Oxford Dictionary: language matters)

4. the study or practice of using herbs as medicines.

(Online Macmillan Dictionary)

5. Also referred to as phytotherapy or botanical medicine, is one of the earliest systems of medicine known. It is the practice of making or prescribing plant based herbal remedies for medical conditions. Practitioners of herbalism may be licensed MDs, naturopaths, or osteopaths. They may also be unlicensed. Interested consumers should seek out knowledgeable, and preferably licensed, herbalists.

(Online Medicine Net.com)

## **4.2 Operationalization**

Operationalization refers to measuring the variables in the respective tool for data collection. In the present research the variables were operationalized in the case study guide as follows.

### **4.2.1 Health**

- 13. Did you get retirement due to your ill health?
- 16. Do you have a snoring issue?
- 23. How do you maintain your health and fitness after retirement?
- 24. Have you a these fitness problems before retirement or after retirement?
- 25. Do you play any games for your fitness?
- 26. Enlist your health problems and what remedies you use for it?

### **4.2.2 Retirement**

- 10. Impact of retirement on you (stress, depression, frustration, anxiety, tension .....)?
- 12 Do you do regular exercise in your daily life after retirement?

### 4.2.3 Herbalism

27. Do you visit to any herbal shop?

28. Do you believe herbal treatment?

34. Enlist the herbals which you use in your daily routine?

38. Do you have interest in herbals?

39. If somebody told about herbal benefit knowledge and ask you to follow then what will be your reaction?

40. Should you take herbal tonics?

**Chapter No. 5**

**RESEARCH METHODOLOGY**

Methodology in research is process, logics, systematic knowledge, key points, and techniques for getting enough knowledge about research, which a researcher wanted to conduct. Qualitative research design used to obtain in depth information from the respondents.

### **5.1 Universe**

The locale chosen for this research was Islamabad, which is capital of Islamic republic of Pakistan. The universe for this research was G-9/2 Sector Islamabad Pakistan. The research conducted in G-9/2 Islamabad.

### **5.2 Target Population (Unit of Analysis)**

Targeted population was the retired women from the Government Jobs. The topic of the research specified a target population to only retired women because most women preferred the herbal medicine and ignore the bio-medicine.

### **5.3 Sampling Technique**

In the present research, there are two techniques used in this research

1. Purposive technique
2. Snow ball technique

Purposive sampling technique was used because:

1. Retired women

2. Ignorance of bio-medicine
3. Less time consuming and not expensive
4. Negative impact of bio-medicine
5. No side effect of herbal medicine
6. After retirement women intension towards the herbal medicine

Purposive sample was selected for the representation of the population because every woman did not use herbal medicine and to reach the target purposive method of sampling was used by the researcher.

The other sampling technique used snowball technique because it is very difficult to approach all retired women so all retired women have a contact with each other. They know very well that where they are living.

#### **5.4 Sample Size**

The sample size was 10 case studies. As the approach used by the researcher was qualitative in which every phenomenon was deeply explained and studied by the researcher. Thus 10 case studies were enough to evaluate exploring the determinants of health problem of retired women in residents in the area.

#### **5.5 Techniques for Data Collection**

The researcher used two techniques for data collection.

1. Face to face technique

The researcher went to respondent home on time given by respondent and done the interview.

## 2. Telephonic technique

Some respondent want to give interview on telephone so researcher used this technique.

### **5.6 Tools for Data Collection**

The researcher designed an interview guide for data collection. Interview guide was an important instrument used to collect in-depth information from the respondents. It was a detailed chart used for collection of in-depth information.

### **5.7 Pre-Testing**

To know the understand ability and initial responses of the respondents, pre-testing of one case study conducted on health problem of retired women and their coping remedies. On the base the irrelevant and unclear variables or topics of the case study guide were omitted from the tool.

### **5.8 Data Analysis**

The researcher used qualitative data coding technique for analyzing data. When the process of coding became completed, researcher merged related codes with each other. The research used thematic analysis., which the researcher collected from different individuals through in-depth interviews.

## **5.9 Opportunities and Limitation of the Study**

During research, the researcher faced many problems; main problem was that to search out the retired women and approach to these retired women then to get time from these women. The researcher also faced many difficulties while collecting data because she was unaware about this sensitive issue. There was possibility of asking direct questions and it would break the relation between researcher and the respondent. In some cases, the researcher was strictly bound to avoid record, just use pen and pages to write answers of the respondents.

## **5.10 Ethical Concern**

While the study settings were inhibiting the daily routine work of the respondents, therefore the researcher has come across many ethical dilemmas. As during daytime retired women, busy in their daily routine work, like reading newspapers job domestic work etc. Moreover prior to set interviews the researcher assured the respondent about the pretext of this research and affirmed confidentiality of her name and detail.



## **Chapter No. 6**

### **RESULTS**

**CASE STUDY TABLE**

S/No.	Age	Children	Marital Status	Herbal Interest	Belief on Herbs	Health Issues	Usage of Herbs
1.	61	4	Married	Constructive	To some Extent	Blood Pressure and Diabetics	<i>Joshanda</i> , garlic <i>chutne</i> , fennel seed, powder, water (sunaf), rose water, Haldi
2.	60	4	Married	Not Using	To Some Extent	Blood Pressure, Snoring,	Ginger Tea, Honey, Green Tea
3.	52	3	Married	Constructive	To Great Extent	Joint pain, heart disease, sleep disorder	Ginger tea, carrot, Flax seed, Honey, kaskas, ajwain, ginger, garlic honey, black pepper, white pepper, long pepper, bay leaf, Jahfal, Elaichi, javitri, curry leafs, Badiyan kay Phool, Meithi, suanf, zera Kalongi and jam-e-shirin.
4.	65	3	Widow	Constructive	To Great Extant	Cholesterol problem, Heart Disease	Adrak, Haldi, Suanf, Green tea, Ajwain, Dar Cheni Dry fruits, Aloe Vera, Alssi Long pepper, Maithi, Basil Leaves (Tulsi)
5.	60	3	Married	Constructive	To Some Extent	Sleep apnea, teeth grinding, Thyroid and Gastric	Suanf, ajwain Hald, green tea Honey, clove cashew nut, bay leaf, black salt Barley, basil Almond, gram flour,

							Kasoori methi, olive, castrol oil (erandi), sabz alaichi.
6.	68	2	Widow	Not Using	Not at all	diabetics	Nil
7.	63	Nil	Un-married	Constructive	To Great Extent	Astma	Panjeri , Mint (podina), bignomia (padhal), Cinnamo tamala (teaz paat), Ispaghool, garden and crees (haloun), basil seeds (tulssi), common sorrel (amalbeed), black basil (kali tulssi), Margosa tree (neem)
8.	65	5	Widow	Constructive	To Great Extent	Snoring	Alsi, Chamomile (babona), Alerian (baalchar), castrol oil (erandi)
9.	58	2	Married	Constructive	To Great Extent	Migraine, Blood Pressure	Barley (jau), basil (tulsi), bay leaf (tez patt), bean (lobia), black salt, butter, cabbage (bad gobhi), cashew nut (kaju), fennel powder (suanf powder), carom seeds (Ajwain), Green tea (Sabz Chaiye), honey (Sehad), parsley (Dania), ginger (Adrak), garlic (Lehsan).

10.	65	4	Widow	Constructive	To Great Extent	Obesity, sleep apnea	Cashew nut (kaju),fennel powder(suanf powder),carom seeds(Ajwain), Adiantum nigrum (sumbal),Mint (podina),Garlic (Lassan),cinnamon(d aarcheeni),cinnamon tamala (teazpaat),Ispaghul, green tea, aloe Vera, Adiantum nigrum (sumbal), Mint (podina).
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Case No: 6.1 **Pre testing**

**6.1.1 Demographic Profile:**

Age: 61

Marital status: Married

Education: B.A & BLC (bachelor of library science)

Children: 4

Ethnicity: Punjabi

Belong: Rawalpindi

**6.1.2 Family and Employment Background**

The respondent was teacher at secondary school and not doing any job now. She had 4 children 2 daughters and 2 sons. She retired before one year. She had filled her time span of job and retired on grade 18. Respondent pension was about 30,000. Her husband was alive. She used half pension at home and half pension she used to save in bank. She was living in nuclear family setting.

**6.1.3 Retirement and Health**

The respondent did not get retirement due to health. She had completed her service time. Now she was happy that she did not take retirement due to her ill health.

#### **6.1.4 Health issues**

##### *6.1.4.1 Psychological Issues*

The respondent did not take any tension and depression of retirement because she thought it is the requirement of job. Some harsh and worst moment came in her life. Which also influence our mind in a form of tension, depression, or anxiety and for this; she did not use any remedies to overcome these psychological issues.

##### *6.1.4.2 Biological Issues*

The respondent had blood pressure issue and diabetics. She had snoring issue but she never took any herbal treatment for snore and she was not taking any drugs. She did not do exercise in her daily routine after retirement. She had not any obesity issue and sleep apnea. Respondent had not any fitness issue just ate fresh food and meal. She did not play any games.

#### **6.1.5 Usage of Herbal Remedies for Disease**

The respondent was using herbal remedies at home but she was not getting any special herbal treatment from somewhere. She was using *joshanda* for flu. Only she made garlic *chutne* at home for her blood pressure. She thought there is no side effect of herbal remedies on her health.

#### 6.1.5.1 Belief on Herbal Remedies

The respondent believed on herbal treatment. She believed on herbs to use with allopathic medicine both treatments will work together. She had maximum believe on herbs and recommend to other. She asked if somebody told me about new herbs, she also practice it at home. She preferred herbals remedies for smaller health issue and major health issue her preference were to go to doctor because smaller issue we can solve at home and bigger health issues us cannot handle with herbs at home. The respondent said that there is no side effect of herbal remedies on our health. She always went to doctor but she said we should take herbal tonics. She did not use tricky herbal treatment for health disease. The respondent knew that allopathic medicine had a side effect on her health.

#### 6.1.6 Source of Herbal Knowledge

The respondent got knowledge of herbal treatment from her friends, books, and newspaper. Sometime her friends told about new herbals and their benefit. She used these remedies at home because she knew there was good effect of these herbs.

#### 6.1.7 Herbs Name

The respondent used different herbs for health issues like garlic, garlic *chutne*, fennel seed (sunaf), fennel powder (sunaf Powder), fennel water, rose water (Arq-e-Gulab), and joshanda. She mostly visited to herbal shop.

### **6.1.8 Other Information of Herbalism**

The respondent knew the herbal remedies like green and ginger tea for obesity issue. She asked if we get tired then drink tea it makes us fresh. Turmeric (Haldi) works as a powerful natural painkiller to ease chronic pain, muscle aches, back pain, toothaches, and arthritis pain.

### **6.1.9 Analysis**

The researcher aim was to study the health problem of retired women and their herbal usage for health issue. The other objective was to study the herbals usage and their effectiveness on their health and respondent believe on herbs. After conducting the case the researcher found that, the respondent believed on herbal medicine and knew that there is no side effect of herbal medicine. She knew that herbal is very effective for good health. The respondent also recommend the herbal medicine to others and sometimes respondent practiced it in their home. She used herbal medicine with allopathic medicine. She mostly visited to herbal shop.

### **6.1.10 Thematic Analysis**

The thematic analysis table shows that frequency of the term domestic usage of herbals is 7 which constitute 19 percent of the total frequency which is high frequency in all terms in the table. The term with no side effect of herbal medicine is 6 in frequency and 18 in percentage 18 shows that respondent thought there is no side effect of herbal remedies. The



respondent used herbal medicine with allopathic medicine so side effect of allopathic medicine in frequency is 5 and 14 in percentage.

**Table-1**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	7	19
Practice of herbal medicine	5	14
No side effect of herbal medicine	6	18
Domestic use of herbal medicine	7	19
Believe on herbal medicine	3	8
Interest in herbal remedies.	3	8
Side effect of allopathic medicine	5	14
<b>Total</b>	<b>36</b>	<b>100</b>

Case No: 6.2

### **6.2.1 Demographic Profile:**

Age	60
Marital status	Married
Education	M.A, LLB, B.Ed.
Children	4
Ethnicity	Pattan
Belong	Azad Kashmir

### **6.2.2 Family and Employment Background**

The respondent was teacher in school and not doing any job. She had a 4 children 1 daughter and 3 sons. She retired before 6 months she had fulfilled her Job time span. The respondent scale was 18. Respondent pension was about 35.000. Her husband was alive. She used her pension in home expenditures because there is high expensive so she could not saved her pension. She was living in nuclear family setting with her children.

### **6.2.3 Retirement and Health**

The respondent did not retire due to health. She had completed her service time period. She was satisfied from her retirement because she had completed her whole service. The respondent was happy to complete

safety her teaching job.

## **6.2.4 Health issues**

### *6.2.4.1 Psychological Issues*

There is no impact of retirement on respondent. She was fully happy that she had completed her job time span. She had no impact of retirement so she was not using any herbal medicine.

### *6.2.4.2 Biological Issues*

The respondent had blood pressure issue. She had a snoring issue. Because her children told to her that mom you do snoring at night some times. That time she thought when she gets tired to much at then snores. So sometimes she had a snoring issue. She was not taking any drugs. She said before retirement working people have good physical fitness and she thought there is no need of any regular exercise. She was totally free after retirement, sometimes she did exercise. She had not any obesity issue and sleep apnea. Some time in her tired routine respondent want to sleep at day time. She was doing walk in sometimes and doing domestic work so did not have any fitness issue. Blood pressure issue started before her retirement. She was not playing any games.

## **6.2.5 Usage of Herbal Remedies for Disease**

The respondent asked some extent she used herbal remedies for health issue like respondent had blood pressure so she used to drink ginger

tea to control her blood pressure. She was not using any herbal treatment but she thought tea make her fresh so she could not leave tea in her daily routine. She had never ever used any remedies for snoring. As she asked she had no obesity issue so she was not using any herbal remedies. If she had an issue of obesity then her preference would green tea for obesity. Respondent had a blood pressure issue and she was using tablets and multi vitamins tablet for it and also some time was using ginger tea. The respondent wants to avoid allopathic medicine because it has a strong side effect on her health.

#### *6.2.5.1 Belief on Herbal Remedies*

The respondent believed on herbal treatment to some extent. She thought herbal have no side effect on mental or physical health. The respondent said that herbal medicine had no side effect it knew everyone. She did not visit to herbal shop just for herbals. If respondent visited to herbal shop she had bought dry fruits there and some spices which used in cooking. She did not use any herbal remedies at home because she had no time to prepare it. She said may be she would follow, if these herbals available to me at her home. If these herbs are not available in her home then she will never go to herbal shop to buy it due to her laziness. She said she should to take herbal tonics. She thought there is no need to her to use herbs because she was fit. The respondent knew that there is side effect of allopathic medicine but they were compelled to use it due to their illness.

### **6.2.6 Source of Herbal Knowledge**

The respondent got knowledge of herbals and there treatment from TV, news paper, ex-colleagues and friends. Whenever she sat with her friends and family members then if someone told to her about the any remedies she save the knowledge of these remedies in her mind. She also got the knowledge of herbals treatment and usage from her mother and other family members.

### **6.2.7 Herbs Name**

Green tea (Sabz Chaiye), honey (Sehad), parsley (Dania), ginger (Adrak), garlic (Lehsan) in herbal then she used these in her daily routine in cooking specially not used it for health issue except ginger tea. Green tea, honey, parsley, ginger, garlic but in cooking. Garlic and ginger had very strong effect on health. She asked that she used it in her daily foods items it removes digested problem in their body also helps them to digest meal easily.

### **6.2.8 Other Information of Herbalism**

The respondent only used ginger and ginger tea hah no side effect on her health. Her preference was allopathic because she believed was less on herbal or homeopathic medicine. She was not preferring herbal or homeopathic treatment but if, she will use herbs in her life then on this reason that there is no side effect of herbals and homeopathic. She had interest in herbals and their treatment. Turmeric has been used to fight

inflammation, promote detoxification, repair tissues, relief pain, and improve overall health. Garlic and long pepper for toothaches, ear infections, and arthritic pain. She said that allopathic medicine had a side effect on health but it recovers the person in less time. There is no side effect of herbal medicine. She had a believed on herbal medicine but did not use.

### **6.2.9 Analysis**

Norton and Dunn (1985) Said that, Both smoking and obesity, high blood pressure and cardiovascular disease risk factors perceived and snorers and differences may be related to smoking and obesity among non-snorers snore and showed the largest differences are the. Snoring is linked with increased cardiovascular disease (especially high blood pressure) and most other common chronic medical conditions. Nowera et al (1991) argued that, snoring due to the vibration of the soft palate and adjacent structures and the site of the partial blockage of the upper airtight represents. Gilason et al. (1993) argued in his survey that, some women are habitual of snoring. Some women have issue of snoring premenopausal and post menopausal.

The respondent used herbal remedies but gave preference to allopathic medicine. She knew that there is no side effect of herbal remedies because it is natural. She had less time to use it. If someone gave herbal medicine to respondent then she applied in home. She said it is little time taking process. The respondent had a less believe on herbal and homeopathic

medicine. The researcher objective was to study the women intension toward the herbal remedies.

#### 6.2.10 Thematic Analysis

**Table-2**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	4	13
Practice of herbal medicine	4	13
No side effect of herbal medicine	4	13
Domestic use of herbal medicine	8	27
Believe on herbal medicine	3	10
Interest in herbal remedies	5	17
Side effect of allopathic medicine	2	7
<b>Total</b>	<b>30</b>	<b>100</b>

The respondent used herbal medicine in their home. She did not get information to much or searching from any source. The above thematic analysis table shows that frequency of the term domestic usage is 8 which constitute 25 percent of the total frequency. The term less believes is the no side effect of herbal medicine with 3 frequencies and 8 percentages. The very low frequency 2 is show side effect of allopathic medicine 7 in percentage. It shows that there is less side effect of allopathic medicine on respondent health.

Case No: 6.3

### **6.3.1 Demographic Profile:**

Age	52
Marital status	Married
Education	Matric, PTC
Children	3
Ethnicity	Punjabi
Belong	Rawalpindi

### **6.3.2 Family and Employment Background**

The respondent had served herself as a teacher in school. She had 3 children 1 daughter and 2 sons. She was not doing any job after retirement. She had not fulfilled her Job time span. She had only done 10-year service. The respondent scale was 10 at the time of retirement. Her pension was about 10,000. Her husband was alive. She lived in nuclear family setting. She saved her pension in saving in bank for her children future. She was living in nuclear family setting.

### **6.3.3 Retirement and Health**

The respondent retired due to her ill health. Her illness was joint pain and could not write on black board. Doctor asked to her get retirement. She did not want to get retired before her full service time



period. Her interest was zero in retirement because she loved to teach children and waited daily for morning that when will be sun rise and when she goes to school. Doctor told her if you will not take retirement on medical board then doctor not responsible for her bad health condition.

#### **6.3.4 Health issues**

##### *6.1.4.1 Psychological Issues*

The medical board retirement affected her mental health a lot. She took stress all the time after retirement. She cried all the time and thought what I do now. Her aim was not with her and illness snatched passion from her. At that time, she had not used herbs or herbal treatment for mental health. She recited the Quran. Few years later, she got busy herself in stitching and dress designing for her daughter and sisters.

##### *6.3.4.2 Biological Issues*

The respondent had joint pain problem. Sometimes respondent thought that she had a heart disease because she felt pain in my left hand side and arm. Respondent eyes side was very weak. She had not any snoring issue and obesity. Respondent had sleep disorder but not sleep apnea. She slept at night only 4 to 5 hours. She was not doing any exercise. She had played many games in her life but not playing after retirement. When the respondent was in school and participated in all games until her marriage.

### **6.3.5 Usage of Herbal Remedies for Disease**

She used herbal in daily routine food items and for health. Ginger tea used for body fitness, flax seed in winter to warm up body. Honey for stomach problem used carrots for her eyes side. She used different type of herbs and their remedies in her daily routine. She had a strong believe on herbal remedies.

#### *6.3.5.1 Belief on Herbal Remedies*

The respondent used herbs in her cooking it make her meal taste very delicious. She thought herbs also help her in healing practices. Herbs have a good effect and with no side effect. Herbals help them in growth. She did need herbs tonics for her illness because her disease was major in her view that can solve only doctor. She said that allopathic medicine have a side effect but it is necessary to used because she had a major health issue a allopathic medicine can work on her health. She had a interest in herbal remedies and their usage.

### **6.3.6 Source of Herbal Knowledge**

Respondent got the knowledge of herbals treatment and usage from her mother and other family members. She also got knowledge from TV, news paper, and her ex-colleagues and friends. Some time her daughter told about herbs usage.

### 6.3.7 Herbs Name

Flax seed (Alsi k Beaj), poppy seeds (kaskas), carom seed (ajwain), ginger (Lehsan), garlic (Adrak), honey (Shehad), black pepper (Qali Mirch), white pepper (Safaid Mirch), long pepper (long), bay leaf (Tez Patt), nutmeg (Jahfal), cardamom (Elaichi), javitri, curry leafs (Curry Patta), Illicium verum (Badiyan kay Phool), Malayalam (Meithi), fennel seeds (suanf), cumin (zera) fenugreek (Meathi), Panch phoran (Kalongi) and jam-e-shirin.

### 6.3.8 Other Information of Herbalism

Respondent preference was allopathic because her believed was less on herbal in the treatment of major health issues and not believed on homeopathic medicine. She used herbs in her life on this reason that there is no side effect of herbals if treated with minor health issues and homeopathic. She thought if doctor will give poison, she eats with closed eyes. Carom seed (Ajwain) on fish to make tasty. Poppy seeds (Kaskas) use in *koftay*. Blueberries (Nela Ber) are the best natural remedy to treat and prevent urinary tract infection. Turmeric (Haldi) had been used to fight inflammation, promote detoxification, repair tissues, relief pain, and improve overall health. Garlic used for toothaches.

### 6.3.9 Analysis

Eaker et al. (1999) argued that, the growing population of aged women and heart disease risk, diagnosis and heart disease, stroke, and peripheral

arterial illness are crucial for the treatment. Kushi et al. (1996) argued that, there was little evidence that the intake of vitamin E from supplements was associated with a decreased risk of death from coronary heart disease, but the effects of high-dose supplementation and the duration of supplement use could not be definitively addressed. Stampfer et al. (2000) argued that, Diet and lifestyle can also affect the incidence of coronary heart disease. Manson et al. (1999) argued that, Vigorous exercise in the prevention of coronary cardiac, compared to the walk, is debatable, and for female on the data are sparse. The respondent was interested in herbalism. She used more herbals in her daily routine and strong believed on herbal medicine. She used herbal medicine with the allopathic medicine.

#### 6.3.10 Thematic Analysis

**Table-3**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	1	2
Practice of herbal medicine	15	44
No side effect of herbal medicine	3	9
Domestic use of herbal medicine	7	21
Believe on herbal medicine	2	6
Interest in herbal medicine	3	9
Side effect of allopathic medicine	3	9
<b>Total</b>	<b>34</b>	<b>100</b>

The respondent practiced herbal remedies and medicine at home in frequency of 15 and in percentage 44. The respondent asked about side effect of allopathic 3 frequencies and in percentage 9. She had an interest in herbal remedies frequency 3 and in percentage 9.

Case No: 6.4

#### **6.4.1 Demographic Profile:**

Age	65
Marital status	Widow
Education	M.A (Private), B.A, B.Ed., K.G (Kinder Garden) training
Children	3
Ethnicity	Punjabi
Belong	Faisalabad

#### **6.4.2 Family and Employment Background**

The respondent was teacher at secondary school and she was doing job at private school after retirement. She had 2 daughters and 1 son. She retired on grade 18. Her pension was about to 24,000. Her husband was not alive. She used all pension in her home and social work. She was living in joint family system.

#### **6.4.3 Retirement and Health**

The respondent had done her teaching 26 years only then she retired on her heart wish. She wanted to Hafiz Quran and after that wanted teach in Islamic school where only Quran education prevail with other content.

#### **6.4.4 Health issues**

##### *6.4.4.1 Psychological Issues*

Respondent did not take any tension and depression of retirement because it was her own decision. Some moments give her mental stress but she was not using any herbal remedies for these health issues like stress and depression.

##### *6.4.4.2 Biological Issues*

Respondent had high cholesterol problem which was genetically. That issue she had received from her parents. That cholesterol issue was her family issue. She had not snoring issue and not taking any drugs. Due to cholesterol issue, she always walked in her daily routine. She had not any obesity issue and sleep apnea. She had not any heart issue but in 2006 her doctor told that your heart wall is not curve so your heart was not strong. She had played many games in her school and college level. Now she had not any time to play any games.

#### **6.4.5 Usage of Herbal Remedies for Disease**

Respondent used Ginger (adrak) for flu, Turmeric powder (haldi) adds in milk for obesity and for stronger bones. She was using only Vitamin C medicine, which her brother brought for her from abroad. She did not any believe on allopathic so she wanted to solve her any disease with herbs firstly. She ignored the doctor.

#### *6.4.5.1 Belief on Herbal Remedies*

She believed on herbals medicine, because just to keep she in running condition to avoid allopathic medicine. In addition, these herbs were not expensive. She said if we grow plant in our home then there is not cost. Whenever she came to school for teaching, if saw any herbs in outside of some one home or street she plucked the herbs.

#### **6.4.6 Source of Herbal Knowledge**

She got knowledge from different books and magazine like Shifa News and Ilmo-Aagahi. She liked to collect the knowledge of herbs so she always searched knowledge of herbs. She did not know how to run the computer like children so she got the knowledge from newspaper and books. She wanted to search knowledge of herbs from internet also.

#### **6.4.7 Herbs Name**

She used Fennel seeds (Suanf), fennel powder (suanf powder), carom seeds (Ajwain), Green tea (sabz chaiye) , Long pepper (long), Cinnamon sticks (Dar Cheni), Fenugreek (Maithi), Ginger (adrak), Turmeric (Haldi), Basil seed (tulsi k beej), Basil Leaves (Tulsi), Flax seeds (Alssi), Panjiri, Vinegar (sirka), Dry fruits, Garlic (lehsan) , Aloe Vera.

#### **6.4.8 Other Information of Herbalism**

She had also the plant of aloe Vera and basil (tulsi) in her home. These both are useful for cholesterol. She made “Panjiri” for her children to make them healthy and to stop the coldness in winter. She also used



vinegar and garlic for cholesterol. Respondent said if we leave to stay garlic in vinegar for night and I used it; help her to control her cholesterol level. She said that allopathic medicine had a strong side effect on human health. The respondent asked firstly we should use herbal medicine and ignore the allopathic medicine. She said herbal remedies and medicine is a natural. She used herbal tonics and medicine.

#### **6.4.9 Analysis**

Eaker et al. (1999) argued that, Heart Disease in Women age-adjusted death rate four times higher than in white women and breast cancer death rates are six times more than black women are. Kushi et al. (1996) argued that, there was little evidence that the intake of vitamin E from supplements was associated with a decreased risk of death from coronary heart disease, but the effects of high-dose supplementation and the duration of supplement use could not be definitively addressed. Stampfer et al. (2000) argued that, in women, smoking, diet, exercise, and lifestyle guidelines include prevention of coronary cardiac is a very low risk. Manson et al. (1999) argued that, Vigorous exercise in the prevention of coronary cardiac, compared to the walk, is debatable, and for female on the data are sparse. The respondent used herbal remedies for their health issue. She had strong believed on herbal medicine although she grew many herbal plants in her home. Most of time respondent search different herbs. She ignored the allopathic medicine and respondent preferred herbal remedies.

#### 6.4.10 Thematic Analysis

Table-4

Terms	Frequency	Percentage
Herbal medicine	5	14
Practice of herbal medicine	8	22
No side effect of herbal medicine	5	14
Domestic use of herbal medicine	6	17
Believe on herbal medicine	4	11
Interest in herbal medicine	5	14
Side effect of allopathic medicine	3	8
<b>Total</b>	<b>36</b>	<b>100</b>

The respondent practiced herbal remedies and medicine in high frequency is 8 and in percentage is 22. She said 3 frequencies with 8 that allopathic medicine had strong side effect on health. She ignored the allopathic medicine. The term use of domestic herbal medicine in frequency 6 and 17 in percentage. The term no side effect of herbal medicine is 5 frequency and 14 in percentage.

Case No.6.5

### **6.5.1 Demographic Profile:**

Age	60
Marital status	Married
Education:	B.A, B.Ed.
Children	3
Ethnicity	Punjabi
Belong	Sargodha

### **6.5.2 Family and Employment Background**

The respondent was teacher at school. She had 3 children 2 daughter and one son. Her grade was 18 at time of retirement. She was not doing any job. Her pension was 38,000. She was spending her pension in home expenditure. Her husband was alive and she lived in nuclear setting.

### **6.5.3 Retirement and Health**

The respondent did not get retirement due to health. She had completed her service time. Now she was happy that she did not take retirement due to her ill health.

### **6.5.4 Health issues**

#### *6.5.4.1 Psychological Issues*

The respondent had not faced any type of stress, depression etc. She had known that one day she will leave this job. The respondent said there was some issue in her family but she did not take ant stress and sought out easily without any tension. She did not take any herbals remedies for any type of stress. She did not get retirement due to her ill health she fulfilled her job time period.

#### *6.5.4.2 Biological Issues*

She did not do regular exercise in her daily life after retirement. She did not any snoring issue and sleep apnea issue yet. Before few years later, she had a problem of sleep apnea. She had only teeth grinding issue. She did not take any drugs. She did not have any obesity issue. She was not playing any games for your fitness. Just playing cards with her children for keep them happy. Respondent ate only healthy food and clean food in her daily routine. She had not any fitness problems before retirement or after retirement.

#### **6.5.5 Usage of Herbal Remedies for Disease**

Respondent practiced herbal respondent remedies for health issues. She had thyroid and gastric problem. She was using (suanf) (ajwain) for her health. Respondent was using home remedies, reviling usage and preparation of herbal remedies as if she was using Turmeric (haldi) in milk daily. In morning, she ate honey 2 spoons and gave to her children. Sometimes she was using green tea after meal to digest easily. The respondent was using these remedies at home. She said these remedies

easily she can made in her home.

#### *6.5.5.1 Belief on Herbal Remedies*

She had strong believed on herbals. She asked that there is no side effect on her health of herbal. Respondent thought that if we go to doctor we know that doctor will give medicine to us and medicine have also side effect on our health. She said if ever she used any herbal remedies knew that there is no harm of herbals remedies. She mostly visited to herbal shop.

#### **6.5.6 Source of Herbal Knowledge**

She was getting knowledge from her family member because were using herbals remedies. In addition, she was getting knowledge of herbal remedies from her father. Her father knew many herbal treatments and their benefit. Sometimes respondent got knowledge from television and apply it in home. .

#### **6.5.7 Herbs Name**

Ginger (adrak), garlic (leshan), green tea (sabz chaiye), almond, honey, aleo (Kuar Gandhal), Alum (Phitkari), Barley (jau), basil (tulsi), bay leaf (tez patt), bean (lobia), black salt, butter, cabbage (bad gobhi), cashew nut (kaju), clove (long), thymol (ajwain ka phool), black pepper, curry leaf (curry patta), castrol oil (erandi), gram flour (beshan), Green cardomom (sabz alaichi), olive (zehtoon), rose water, mint (pudina), Dry fenugreek leaves (Kasoori methi).

### **6.5.8 Other Information of Herbalism**

Respondent preferred for health issue herbals and allopathic medicine. She had less interested in homeopathic treatment. She thought that herbal had no side effect and had a strong believe in herbal treatment. Her father made her interest in herbals. If some body told about herbal benefit knowledge, she followed in her home. A heaping helping of curry could relieve your pain. Cinnamon packs a one-two punch for people with type 2 diabetes by reducing related heart risks. Basil saves us from cancer. The respondent said that there is side effect of allopathic medicine but allopathic can work good on her health. She had a believed on herbal remedies and used in her daily routine. Herbal remedies have no side effect and allopathic medicine had a. she want to ignore allopathic medicine. The respondent asked herbal remedies work slowly.

### **6.5.9 Analysis**

Gilason et al. (1993) argued in his survey that, there are women who are habitual snoring and daytime sleepiness. They estimated the lowest limit of sleep apnea syndrome (SAS) prevalence in women 2.5 % at the age of 40 to 59 years old women. There is high risk of snoring in women, after adjustment for age and obesity. Koskenvuo et al. (1885) argued in their study that, Obstructive sleep apnea syndrome virtually always linked with heavy snoring. Lindberg et al. (2006) explain in their study that, the purpose of this study snoring and excessive daytime sleepiness (EDS),

obstructive sleep apnea syndrome (Osas's) main symptoms among women are attached with hypertension and diabetes.

#### 6.5.10 Thematic Analysis

**Table-5**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	1	5
Practice of herbals	3	18
No side effect of herbal medicine	4	24
Domestic use of herbal remedies	2	12
Believe on herbal medicine	3	18
Interest in herbal remedies	1	5
Side effect of allopathic medicine	3	18
<b>Total</b>	<b>17</b>	<b>100</b>

The above table show that respondent did not used herbal medicine because frequency is 1 and percentage is also 5. She said the term no side effect of herbal remedies or medicine 5 in frequency and 29 in percentage. The term believes on herbal medicine or remedies are 3 in frequency and 18 in percentage so that show she had a believed on herbal remedies and medicine.

Case No: 6.6

### **6.6.1 Demographic Profile:**

Age	68
Marital status	Widow
Education	BSC, B.Ed.
Children	2
Ethnicity	Punjabi
Belong	Rawalpindi

### **6.6.2 Family and Employment Background**

The respondent occupation was teacher. Her scale was 19 at the time of retirement. She had 2 children 1 daughter and 1 son. She was not doing any job after retirement. She completed her job time span. Her pension was 40,000 above. Her husband was not alive. She was living in nuclear family setting. She was using her pension in house expenditure and on children study.

### **6.6.3 Retirement and Health**

The respondent did not get retirement due to health. She had completed her service time. Now she was happy that she did not take retirement due to her ill health.

### **6.6.4 Health issues**



#### *6.6.4.1 Psychological Issues*

The respondent did not any Impact of retirement on in a form of stress, depression, frustration, anxiety, tension etc. she was happy from her retirement so she did not take any tension etc. she was not using any herbal remedies for her mental health.

#### *6.6.4.2 Biological Issues*

She had a diabetics issue so she avoided herbals remedies and homeopathic treatment. She thought herbal can increase her diabetic's issue. She had not any snoring issue, sleep apnea and obesity. She was not taking any drugs. Before retirement, she was doing regular exercise in her daily life. After retirement, she got busy with her children after the death of her husband. She was doing housework, which makes her healthy and fit. Before retirement she was doing walk and exercise for fitness. She was not playing any games for her fitness.

### **6.6.5 Usage of Herbal Remedies for Disease**

She did not practices any herbal remedies at home especially for health disease. She was also not getting any herbal treatment.

#### *6.6.5.1 Belief on Herbal Remedies*

Respondent said that remedies can side effect on her health. She was not interested in herbal remedies. Herbal remedies could increase her diabetic issue. She did not believe on herbal treatment. Herbal remedy was

useless in her view.

#### **6.6.6 Source of Herbal Knowledge**

Respondent had an interest in herbal remedies just for increasing her knowledge that why people using their remedies at home and what they think. She got the knowledge of herbal remedies from her friends and television.

#### **6.6.7 Herbs Name**

She did not visit to herbal shop for herbs. Respondent was not using any herbal remedies at home.

#### **6.6.8 Other Information of Herbalism**

The respondent referenced allopathic medicine. She ignored the homeopathic medicine and allopathic medicine. She was not using any herbal remedies in her homes. Respondent response was not effective because she was not practicing any herbal remedies at home. She said she should not take any herbal tonics. She said allopathic medicine had a side effect but herbal remedies are also not affected. She said that she knew that there is no side effect of herbal remedies but also herbal remedies do not work on health.

#### **6.6.9 Analysis:**

The researcher objective was to study the health problems and their coping remedies. The researcher match the case with objective of study so

researcher found that in this case, the respondent had no believed on herbal remedies and ignores herbal remedies.

#### 6.6.10 Thematic Analysis

**Table-6**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
No side effect of herbals	6	50
Interest in herbal medicine	1	8
Side effect of allopathic medicine	5	42
<b>Total</b>	<b>12</b>	<b>100</b>

The respondent has in interest in herbal medicine and she did not used herbal medicine in her home. She knows that herbal medicine have no side effects frequency is 6 and percentage is 50. She had a believe on allopathic medicine and used it because frequency is 5 and percentage is 42.

Case No: 6.7

### **6.7.1 Demographic Profile:**

Age: 63

Marital status: Unmarried

Education: B.Ed., Diploma teaching as foreign

Children: No

Ethnicity: Punjabi

Belong: Chakwal

### **6.7.2 Family and Employment Background**

The respondent was teacher at school. She was doing job at private school as a teacher. Her scale was 18 at the time of retirement. Respondent pension was 40, 000. She got retirement at the age of 58. She did not complete her services fully. She did not get married and she was living with her brother. She was living in joint family system. She used her pension on her self and some pension she used on social welfare.

### **6.7.3 Retirement and Health**

Her mother was very ill so she took retirement for her mother health care. She did not want to get retired but her mother was very ill. Due to it she got retirement for mother health care and she wanted to give time to her mother.

#### **6.7.4 Health issues**

##### *6.6.4.1 Psychological Issues*

There was effect of retirement on respondent mental health. She faced mental stress and tension. She did not want retirement before her service completion date.

##### *6.7.4.2 Biological Issues*

She did regular exercise in her daily life after retirement. She did not get retire due to her ill health. She did not have snoring issue and sleep apnea. She was not taking any herbs for snoring and sleep apnea issue. The respondent was not taking any drugs. She had not any obesity issue because she was very active and takes care of her health. She had only one issue of asthma. The respondent maintained her fitness issue after retirement. She did not have any fitness issue before retirement because she took care of her health. She was not plying any games for her fitness issue. Only she was doing walk in her daily routine with exercise.

#### **6.7.5 Usage of Herbal Remedies for Disease**

The respondent was practicing herbal remedies at home. She was getting herbals treatment for her skin care. She was using daily one cup of green tea to control her weight. Mostly she made Panjeri at home for her fitness and healthy. Basil used for chest pain. If she felt swelling then she used bignomia (padhal). Cinnamo tamala (teaz paat) used for cure stomach problems. Mint (podina) used for vomiting issue and cough.

#### *6.7.5.1 Belief on Herbal Remedies*

Respondent preference of herbal remedies because through these remedies we can do self-medication. These are not dangerous and biomedicine we cannot used by self-medication and dangerous. It is easy to available at home. There is no need to go to doctor after herbals remedies. Respondent had too much interest in herbal remedies and mostly apply it in home and shared the knowledge with her other family member.

#### **6.7.6 Source of Herbal Knowledge**

She learned some tips from morning shows. Some times she got knowledge of herbals remedies from TV, her sisters, and friends. She also used skin care remedies, which she learned from morning show. Mostly she bought books of herbal remedies from bookshop and hawkers.

#### **6.7.7 Herbs Name**

Ispaghul, green tea, alo vera, Adiantum nigrum (sumbal), Mint (podina), Garlic(Lassan), cinnamon (daar cheeni), cinnamon tamala (teaz paat), bignomia (padhal), Margosa tree (neem), garden and crees (haloun), black basil (kali tulssi), basil seeds (tulssi), common sorrel (amalbeed).

#### **6.7.8 Other Information of Herbalism**

She prepared home remedies for different health issues. She did not feel any side effect of these remedies oh her health. She mostly visited to herbal shop. She believed on herbal treatment. These remedies easy to

available at home all the time. If she felt any health issue she went to her kitchen and ate the herbs. If some body told about herbal benefit knowledge and ask me to follow she must follow it in home. Respondent said that she should take more herbal tonics. The respondent said that allopathic medicine had a side effect on health and makes more disease in human health.

#### **6.7.9 Analysis**

The researcher objective was to study the health problem and their coping remedies. To study the herbal perspective and women view about the herbalism and their usage. The respondent used more herbal than the allopathic medicine and ignored the allopathic medicine. She believed that to keep our health healthy we should use more herbals and their usage.

#### **6.7.10 Thematic Analysis**

The respondent had a strong believe on herbalism in 3 in frequency and 18 in percentage. The highest frequency is 4 with 28 percentages that show the respondent relation with the herbalism. As in above table the term of no side effect of herbal medicine or remedies with 2 frequencies and 12 percentages.

**Table-7**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	1	5
Practice of herbal remedies	3	18
No side effect of herbal medicine	2	12
Domestic use of herbal medicine	2	12
Believe on herbal medicine	3	18
Interest in herbal medicine	4	23
Side effect of allopathic medicine	2	12
<b>Total</b>	<b>17</b>	<b>100</b>



Case No: 6.8

### **6.8.1 Demographic Profile:**

Age	65
Marital status	Widow
Education	B.Ed.
Children	5
Ethnicity	Kashmiri
Belong	Kashmir

### **6.8.2 Family and Employment Background**

She was teacher at school. She was not doing job after retirement. She had 5 children 4 daughters and 1 son. The respondent completed her job. Her scale was 18 at the time of retirement. Her pension was 42,000. Respondent husband was not alive. She was living in joint family system. She used her pension in children education.

### **6.8.3 Retirement and Health**

The respondent did not get retirement due to health. She had completed her service time. Now she was happy that she did not take retirement due to her ill health.

### **6.6.4 Health issues**

#### *6.6.4.1 Psychological Issues*

There was little impact of retirement on respondent mental health because her husband died before her retirement and she did not know how to hold house and children. She used herbal remedies to overcome the psychological issue. These herbal remedies were very effective and overcome her psychological issue.

#### *6.8.4.2 Biological Issues*

She did not do regular exercise in her daily life after retirement because she was busy in her home. She completed her service time. She was ill before her retirement but she did not take retirement. She had a snoring issue but not done any herbal treatment. She did not take any drugs in her life. She did not using any herbal remedies for snoring issue. She considered snoring is not a big issue and we cannot solve snoring issue with herbals. She had a little obesity issue. For obesity issue she used sugar less black and green tea. She did not eat sweets. Respondent did not maintain her health after retirement. Before retirement, she was doing exercise in her daily routine. She had not any fitness problems before retirement. She did not play any games for sake of fitness.

#### **6.8.5 Usage of Herbal Remedies for Disease**

She practiced herbal remedies at home for health issue. She was not getting any herbal treatment from somewhere. She used linseed (Alsi) on wounds and cure cough. Chamomile (babona) used for treatment of

stomach and used for painkiller. Alerian (baalchar) used for hair growth and castrol oil (erandi) used for hair growth.

#### *6.8.5.1 Belief on Herbal Remedies*

She visited most of time to herbal shop. She also believed on herbal treatment. She was using home remedies, reviling usage and preparation of domestic herbal remedies\ingredients etc. herbal remedies have no side effect on her health. She was using more herbals before retirement. After retirement, she used less herbal due to less time. Most of times she practice herbal remedies at home for any type of illness. She said herbals have an organic benefit because it made from natural products like plants and seeds.

#### **6.8.6 Source of Herbal Knowledge**

She was getting knowledge of herbals from her father. Her father and brother was an herbalist. Some times, she learned the herbal remedies from morning show on television. She also got knowledge from her friends and colleagues. She also got the knowledge of herbal from newspaper and books. She also told to her daughter to follow these remedies at home.

#### **6.8.7 Herbs Name**

linseed (Alsi), chamomile (babona), Alerian (baalchar), mint (podina), carum (zeera), saffron (zafraan), fennel fruit (sounaf), omum seeds (ajwain desi) parsely (ajmood), holy basil (tulsi), fennel powder (sounaf powder), fenugreek (methi), margosa (neem), cinnamon tamala

(teaz paat), mint (podina), garlic (lassan), cinnamon (daar cheeni), liquorice (malthi), turmeric (haldi), honey, castor oil (erandi), gram flour (beshan), Green cardamom (sabz alaichi), olive (zehtoon).

#### **6.8.8 Other Information of Herbalism**

These remedies are not expensive and easy to make. Respondent said that she could afford it. Biomedicines are expensive and useless. The respondent preferred for health issue herbal medicine. She did not believe on allopathic medicine. If some body told about herbal benefit knowledge and ask her to follow then she must followed it. Respondent said that she should take herbal tonics.

#### **6.8.9 Analysis**

Gilason et al. (1993) argued in his survey that, there are women who are habitual snoring and daytime sleepiness. Koskenvuo et al. (1885) argued in their study that, High blood Pressure highly significantly linked with snoring, relative risk among snorers and never used high blood pressure (RR) was 1.94 in men and 3.19 in women snorers. Norton and Dunn (1985) argued in epidemiological survey that, 60 percent of men and 40 percent of women were found to be habitual snorers 40 percent of men and 28% of women in the seventh decade, with the increase in prevalence, snored.

### 6.8.10 Thematic Analysis

**Table-8**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	5	14
Practice of herbal medicine	8	22
No side effect of herbal medicine	5	14
Domestic use of herbal medicine	6	17
Believe on herbal medicine	4	11
Interest in herbal medicine	5	14
Side effect of allopathic medicine	3	8
<b>Total</b>	<b>36</b>	<b>100</b>

The above table shows the different term of herbal medicine and their usage. The respondent used herbal medicine 5 in frequency and 14 in percentage. The respondent interest in herbal medicine is 5 in frequency and 14 in percentage.

Case No: 6.9

### **6.9.1 Demographic Profile:**

Age	68
Marital status	Married
Education	B.Ed.
Children	2
Ethnicity	Panjabi
Belong	Faisalabad

### **6.9.2 Family and Employment Background**

Respondent was teacher at school. She had 2 daughters. She was running her own a private school. She fulfilled her job time span. Her scale was 19 at the time of retirement. Her husband was alive. Her pension was above 50,000. Her residential patterns were nuclear family setting. She spent her pension in own private school expenses.

### **6.9.3 Retirement and Health**

The respondent did not take retirement due to ill health and she was satisfied from her job. She was happy that she had full filled her jobs time span.

**The respondent did not take retirement due ill health.**

## **6.9.4 Health issues**

### *6.9.4.1 Psychological Issues*

Respondent said that she did not feel any stress, tension or etc. she was satisfied from her retirement. After retirement, she wanted to run her own school. When she retired she opened the school in her own house.

### *6.9.4.2 Biological Issues*

Respondent had not any snoring, sleep apnea and obesity issue. Respondent was doing exercise daily after retirement. She did not get retirement due to her ill health. She was not taking any drugs. She was doing exercise and eating healthy food to maintain her health and fitness. She did not play any games for fitness. She had only issue of migraine and blood pressure.

## **6.9.5 Usage of Herbal Remedies for Disease**

She was using garlic for blood pressure and bignomia (padhal) for headache. Some time she used garlic and ginger tea to make her fresh and health. Garlic and ginger also make digested system healthy and help to digest the meal easily.

### *6.9.5.1 Belief on Herbal Remedies*

She practiced herbal remedies at home. She was not getting any herbal treatment from anywhere. She believed on herbal treatment and remedies. She visited to herbal shop every month. She had a strong interest

in herbal remedies.

#### **6.9.6 Source of Herbal Knowledge**

She got the knowledge from newspaper, books television, and her family members. Her family had interest in herbal remedies. Most of women in her family practice home remedies at their home and told to her home remedies benefit. Her colleagues also told her home remedies.

#### **6.9.7 Herbs Name**

Barley (jau), basil (tulsi), bay leaf (tez patt), bean (lobia), black salt, butter, cabbage (bad gobhi), cashew nut (kaju), fennel powder (suanf powder), carom seeds (Ajwain), Green tea (Sabz Chaiye), honey (Sehad), parsley (Dania), ginger (Adrak), garlic (Lehsan).

#### **6.9.8 Other Information of Herbalism**

She did not prepare any remedies at home. She thought herbal remedies have not side effect. These remedies have no side effect and it is also pure and safe. She was very busy women after retirement and she said that she brought easily. She preferred herbal remedies for health issues. She did not go to doctor because she did not believe on doctor and bio-medicine. If some body told about herbal benefit knowledge and ask her to follow she must follow it. She should herbal tonic because there is no side effect of herbal medicine. Allopathic medicine has a side effect on health. One side allopathic medicine work and other side there is side effect of allopathic medicine.



### 6.9.9 Analysis

The researcher objective was to study the impact on health and their usage. The other objective was to conduct that research to find out the measures and reason to use herbal medicine. The respondent had a strong believe on herbalism. Respondent asked about side effect of allopathic medicine and used herbal medicine and remedies at home. She had a interest in herbal medicine.

### 6.9.10 Thematic Analysis

**Table-9**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	5	14
Practice of herbal medicine	8	22
No side effect of herbal medicine	5	14
Domestic use of herbal medicine	6	17
Believe on herbal medicine	4	11
Interest in herbal medicine	5	14
Side effect of allopathic medicine	3	8
<b>Total</b>	<b>36</b>	<b>100</b>

The respondent asked about no side effect of herbal remedies in frequency 5 and 14 in percentage. The respondent believed in herbal medicine 5 in frequency and 14 in percentage. The term domestic use of herbal medicine 6 in frequency and 17 in percentage.

Case No: 6.10

### **6.10.1 Demographic Profile:**

Age	55
Marital status	Widow
Education	B.Ed.
Children	4
Ethnicity	Urdu speaking
Belong	Karachi

### **6.10.2 Family and Employment Background**

Respondent was teacher at school. She was not doing any job after retirement. She had 4 sons. She completed her job time. Her husband was died. Her scale was 18 at the time of retirement. Her pension was 45,000. She spent her pension in children education and home expenditure. She lived in nuclear family setting

### **6.10.3 Retirement and Health**

The respondent did not take retirement due to ill health and she was satisfied from her job. She was happy that she had full filled her jobs time span.

#### **6.10.4 Health issues**

##### *6.10.4.1 Psychological Issues*

She completed her service time span. She did not have any impact of retirement on her mental health. She was satisfied from her retirement. She wanted to take rest in her life. She did not use any herbal remedies for mental health issue

##### *6.10.4.2 Biological Issues*

She was not doing exercise in her daily routine after retirement. She was also not doing exercise in her routine before retirement. She did not get retirement due to her ill health. She had not any snoring issue an obesity issue. Sometimes she felt sleep apnea issue. She practiced herbal remedies for her issue. She was getting herbal treatment from a healer. She ate healthy food to maintain her health and fitness issue. She did not play any games for fitness.

#### **6.9.5 Usage of Herbal Remedies for Disease**

The respondent said that she used lemon for the treatment of pimples. She said that she experienced that the use of lemon was very effective. She used Turmeric (haldi) and olive oil in her foods. The respondent used olive oil for hair growth and body massage. Olive oil removes dandruff from hair also help to stop the hair loss.

##### *6.9.5.1 Belief on Herbal Remedies*

She visited most of time to herbal shop. She also believed on herbal treatment. She was using home remedies, reviling usage and preparation of domestic herbal remedies\ingredients etc. herbal remedies have no side effect on her health. She was using more herbals before retirement. Most of time she practiced herbal remedies at home for health issues. She said herbals have an organic benefit because it made from natural products like plants and seeds.

#### **6.9.6 Source of Herbal Knowledge**

She got the knowledge of herbal tonic from her mother in law. She learned the herbal remedies from morning show on television. She also got knowledge from her friends and colleagues. She also got the knowledge of herbal from newspaper and books. She also told to her daughter to follow these remedies at home.

#### **6.9.7 Herbs Name**

Cashew nut (kaju), fennel powder (suanf powder), carom seeds (Ajwain), Adiantum nigrum (sumbal), Mint (podina), Garlic (Lassan), cinnamon (daar cheeni), cinnamon tamala (teaz paat), Ispaghol, green tea, aloe Vera, Adiantum nigrum (sumbal), Mint (podina).

#### **6.9.8 Other Information of Herbalism**

She prepared any remedies at home. She said that herbal remedies have not side effect and non-expensive. She was very busy women after retirement and she said that she brought easily. She preferred herbal

remedies for health issues. She went to doctor but also practiced herbal tonic with the biomedicine. If some body told about herbal benefit knowledge and ask her to follow, she practiced it in her home. She said that she should use herbal tonics.

#### **6.10.9 Analysis**

Elia (2001) explain that, in developed countries, body weight and BMI started to decline when 60 years of age, body weight and age, with the body mass index (BMI), a general rise, is there. Obesity is increasing rapidly and now as a major global public health problem is recognized. Villareal et al (2004) assessed OE and lean body composition and physical weakness and physical function in adults and elderly men and women, the relationship between the effects of obesity on quality of life. Ranjbar et al (2009) argued, Anti-obesity drugs currently available in three different ways to attack body fat dilemma. They affect serotonin, suppress appetite, boost metabolism can, or they can hinder the digestion of fats. In this review, we can divide the effects of herbal medicines target so. They focus on herbal medicines, such fruits and vegetables, whole grains; various types of fibers, omega-three fatty acids or the photochemical such as flavonoids were omitted for functional food ingredients and dietary intervention on consumption. Lifestyle modification is still inducing a permanent weight loss is the most safe and efficacious.

#### 6.10.10 Thematic Analysis

**Table-10**

<b>Terms</b>	<b>Frequency</b>	<b>Percentage</b>
Herbal medicine	4	13
Practice of herbal medicine	4	13
No side effect of herbal medicine	4	13
Domestic use of herbal medicine	8	27
Believe on herbal medicine	3	10
Interest in herbal remedies	5	17
Side effect of allopathic medicine	2	7
<b>Total</b>	<b>30</b>	<b>100</b>

The respondent used herbal medicine in their home. She did not get information to much or searching from any source. The above thematic analysis table shows that frequency of the term domestic usage is 8 which constitute 25 percent of the total frequency. The term less believes is the no side effect of herbal medicine with 3 frequencies and 8 percentages. The very low frequency 2 is show side effect of allopathic medicine 7 in percentage. It shows that there is less side effect of allopathic medicine on respondent health.

## **Chapter No. 7**

### **DISCUSSION, CONCLUSION AND SUGGESTIONS**

## 7.1 Discussion

The present sociological study was conducted in G-9/2 Islamabad. The topic under the study oh herbalism and their usage for health issue among retired women. The target population of study was relatively aged women in G-9/2 Islamabad. Main areas of the study were: health problem of retired women, origin of herbal usage, reasons behind herbal medication.

The retired women mostly fed up from the biomedicine and move toward the herbal remedies for health issue. The retired women of G-9/2 adopted herbal practice to a great extend. They have high knowledge of herbals and their remedies. They assume and believe in the safety and efficacy of natural herbs. Biomedicine has a side effect on health and natural herbs have no side effect on health.

Herbal remedies and biomedicine were both being practiced in G-9/2 Islamabad. They prefer herbal medicine for health issue. Women feel comfortable and satisfied intake of herbs. They think herbal remedies are safe, natural, and healthy. They believe in reliability of herbs more than the allopathic medicine. They assert the biomedicine weakness the immune system and stomach problem in human body. Some women believed that herbs also practiced in Holy Prophet (SAW) time and practiced.

Most women get knowledge of herbals remedies from TV



channels, in morning show. Some women get knowledge from books and newspaper. Some women learn herbal knowledge from their parents and transfer generation to generation. Herbal remedies are practicing in our society at the peak level. People believe very much on herbal medicine and practice it in their homes. Women learn the knowledge from news paper, TV channels, books, parents. Women have more interest in the herbal medicine. Some women do not believe on herbal remedies because of they think that doctor can solve their problem and herbal do not biggest health issue. Most of women said in this study that they do not follow the doctor and if they go to doctor they must used herbal remedies at home before going to doctor or with bio-medicine.

## **7.2 Conclusion**

A retired woman is the phenomena which are related those women who are retired from jobs. When this phenomenon exists then women after their retirement to solve their health issue used herbal medicine. This phenomenon has psychology and biological impact on women health. The main reason why psychological phenomenon effect on retired women because, they are isolated from the family. Another reason was when these women faced economical and social burden psychological phenomenon hit to these retired women. The main reason why biological phenomenon effect women because they already suffer from many disease and after their retirement they moved to the herbal medicine for the cure of their diseases. The main health issues which retired women faced is obesity, dry

mouth, heart disease, snoring, sleep apnea, thrombosis. The retired women believed on herbal medicine but some women said that they have immediate effect and some said they have slow effect. The retired women said that herbal medicine have positive effect because these herbs are natural. Hence, it had concluded that herbs had positive effect on retired women health and women believed on the use of the herbs.

### **7.3 Suggestions**

Since the larger population of G-9/2 Islamabad believes in herbal efficiency. Most of women visited to herbal shop to buy herbs on monthly basis. There is responsibility of herbalist that make herbs medicine in neat and clean environment. Herbalist should learn the proper knowledge of all herbs from some professional place. The herbal medicine must be examined thoroughly in laboratories.

In depth, study for the reason of promotion of herbalism should be under taken. Most educated women move toward to herbal medicine from biomedicine.

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## **Annexure**

## Case Study Guide

### Health problems of retired women and their coping remedies

#### Demographic profile

Age, Marital status, Education, Children, Ethnicity, Belongs

#### Family/job Background

1. What was your occupation before retirement?
2. Are you doing any job now?
3. Do you retired on your own choice?
4. If you retired before at the age of retirement what was the reason?
5. What was your scale?
6. How much is your pension now?
7. Is your husband alive?
8. What is your residential pattern?
9. Where you use your pension?

#### Health Issues

#### Psychological Issue

10. Impact of retirement on you (stress, depression, frustration, anxiety, tension .....)?

11. Do you use any herbal remedies to overcome psychological issues?

**Biological Issues**

12. Do you do regular exercise in your daily life after retirement?

13. Did you get retirement due to your ill health?

14. Do you practice herbal remedies for health issues?

15. Are you getting herbals treatment?

16. Do you have a snoring issue?

17. Are you taking any drugs?

18. Which remedies do you use for the snoring?

19. Do you have obesity issue?

20. Which herbal remedies do you use for obesity?

21. Do you have problem of sleep apnea?

22. Are you getting any herbal treatment for sleep apnea?

23. How do you maintain your health and fitness after retirement?

24. Have you a these fitness problems before retirement or after retirement?

25. Do you play any games for your fitness?