SUMMARY AND CONCLUSION

We studied the community dwelling sample of apparently healthy 50 males and 50 females in age range between 60 and 80 years, meeting the inclusion and exclusion criteria; for clinical profile related to hematological, and cardio respiratory condition and performed the assessment of anthropometric, hematological and cardio-respiratory parameters by objectively assessable scientific technique and after preparing the statistical data, analyzed it statistically appropriate methods to determine the existence and extent of homeostenosis (Decrease in functional reserves) in aging state of senior citizens of Vadodara city by comparing their health status with 15 (in ratio of <than 4:1) apparently healthy comparable young adults between age of 17 and 20 years dwelling in Vadodara city, in comparable environment for consistently admissible duration.

In conclusion, candidate arrived at an impression that there is homeostenostic state in aging senior citizens, both, males and females, of Vadodara city.

By studying the different anthropometric variables, hematologic and cardio-respiratory variables it suggests that there is noteworthy degree of homeostenosis is in blood and respiratory state of females of Vadodara city as compared to male senior citizens.

The impression made is that presently in the studied population of females the hematological parameters are more suggestive of iron deficiency anemia, and also there is mild but debatable tendency to mild stage I COPD in selected cases of critically affected elderly females.
The sample being small this can only give the cue and more such assessments with larger sample size critically selected without selection bias from cross section and studied longitudinally should be encouraged. By exclusion and inclusion criteria, the population consisted of participants in both male and female groups, the age specific healthy and natural aging individuals and probably as such the changes are limited and milder in nature.

The smart city of Vadodara having good senior citizen circles with plethora of health related reformative, recreational and health related activities and health conducive programs conducted by medical fraternity, have perhaps significant contribution in regulating the homeostenosis in senior citizens here and although changes are seen in small proportion of female population, with regards to blood and lung, they are not of grave dimension to herald worries; yet, monitoring health care management and lifestyle modification can help these changes of homeostenosis such that the aging comes closer to natural and healthy aging, barring the irreversible downhill course of inevitable issues like co-morbity or progressive senile immune deficiency, or molecular misfiring or issues related to genetic nature, and longevity enhancement drives have scope here.