

Impact of the COVID-19 Pandemic on Ayurveda Practice and Research

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Abstract

Impacts of diseases can be assessed through various changes in society after a resurgence of new disease. It remarkably influences the existing system and can be interpreted as positive, negative or neutral based on the sensible variables. Although negative impacts are noted in terms of lock down of Ayurveda hospital and Ksharasutra and panchakarma centers. There is a significant drop of OPD strength due to lock down and shut down process. IPD services of most of Ayurveda hospital is closed down. There is a mass drop out/partial drop out of subjects from ongoing clinical trial and new patients' recruitment is not possible for close down of clinical laboratories. But positive impact is more as it creates awareness to opt Ayurveda kwatha, nasya, pranayama and yagasana to prevent COVID-19 which already reached every house of India.

Keywords: Positive impact; Negative impact; COVID-19; Sanjeevani app; AYUSH advisory

Introduction

Impact is the remarkable influences on the existing system by forced invade of a new think as like-pandemic disease. This impact can be interpreted as positive, negative or neutral based on the sensible variables. It is an essential exercise to assess impact of serious illness in pandemic form for its negative and positive influence on the economy, society, public policy, preventive, promotive and curative health, quality of life, environment and to allocate research project for maximum benefit with minimum waste of funds and manpower [1]. Health Impact Assessment (HIA) is a combination of procedures, methods, and tools used to evaluate the potential health effects of a policy, program or project. Using qualitative, quantitative and participatory techniques, HIA aims to produce recommendations that will help decision-makers and other stakeholders make choices about alternatives and improvements to prevent disease/injury and to actively promote health [2]. Covid-19 pandemic has a significant remark in many areas which are reflected in Wikipedia. But its impact on Ayurveda practice and research is not found either in Wikipedia or another search engine in internet platform. Therefore, an attempt was taken to assess the impact of Covid-19 pandemic in Ayurveda practice & Research.

Ayurveda is a live traditional system of health care with an unbreakable practice for 3000 years. Ayurveda gained importance in its own country where it was originated after the establishment of Department of AYUSH in 2003. Then National Rural Health Mission (NRHM) includes Ayurveda (one of the components of AYUSH) as alternative therapy option to integrate with western medicine to serve the people of India in better way in 2005. Ayurveda health care is more focussed after the establishment of AYUSH ministry in 2014 [3]. Central council of Research in Ayurveda Sciences (CCRAS) has also intensified the specific research-based programme and project and renamed its institute as specific system based to create more data on practice of Ayurveda & initiate research in 2016. Herbal medicine is used by 75%-80% of the world population, mainly in developing countries for primary health care [2]. But only 6.9% of Indian population favoured AYUSH system of medicine as evident in NSSO survey in 2014 [4]. Many committees recommended that more awareness and research are required to popularize the system. Many patients prefer Ayurveda after dissatisfied or frustration with

contemporary medicine, low cost of Ayurveda medicine in comparison to allopathy, easy access to Ayurveda physician, last option and less side effect [5]. More over some patient choose Ayurveda primarily based on their personal experience and strong recommendation of other people [6,7]. The Ayurveda diagnostic process is subjective and patient oriented, some of diagnostic tools such as Prakruti (Constitution) assessment and Nadi Pariksha (Pulse diagnosis) are also patient centric. The treatment always personalized and classified as Sodhana (Purificatory) and Samana (Palliative). The Sodhana therapy is also called as Panchakarma therapy or detox therapy where snehana (oleation) and swedana (Sweating) are preparatory therapy which need personal contact of panchakarma technician and Ayurveda physician. Ksharasutra, leech therapy and uttara vasti are para surgical procedures mostly practice in Ayurveda hospitals. The researches in Ayurveda are academic research in post graduate centers and special research in Research centers. Some of the academia and Institutes have been conducting clinical trial, animal experiments and other researches like Clinical epidemiology, Pharmaco epidemiology etc., [8,9].

Impact of COVID-19 Pandemic

COVID-19 Pandemic impact on almost all sectors of India and lock down impact on supply chain, decrease government income, collapse tourism, reduce consumer activities and raised unemployment. Government has announced variety measures and release extra budget to handle the impact from food security to health care sector. COVID-19 Pandemic has political, educational, religious, psychological impacts and found increase of domestic violence. The positive impact of covid-19 on environment is that 25% reduction of carbon emission and 50% reduction of nitrogen oxide emission which save COPD patients from excretion [10].

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If health care sector is considered, then various clinical guidelines are issued for management of COVID-19 patients as well as normal patients. Research Councils under the Ministry of AYUSH, Government of India have also issued advisory based on the Indian traditional medicine practices i.e., Ayurveda, Homeopathy and Unani before the outbreak in India. A consensus statement in Ayurveda management and prevention was developed for COVID-19.

Impact on Ayurveda Practice: In the first and 2nd phase of lock down, many Ayurveda hospital discharged their IPD patients. The Panchakarma hospitals and message centers completely closed down which was depend on tourism. All para-surgical procedures and invasive panchakarma procedure are stopped due to outbreak of COVID-19. In this stage more asymptomatic cases and carriers are found, which would amplify the chances of infection, therefore Ayurveda doctors managed the research and general cases by wearing surgical mask, hand wash by sanitizers. After that PPE kit was provided to some doctors those are doing COVID duty. Ayurveda doctors postponed the wellness therapy and non-urgent cases. IPD services of most of Ayurveda hospital is closed down. In the Unlock process, some of the Ayurveda hospital and Medical colleges converted to COVID hospital by its State government. Some of AYUSH doctors sacrificed their life also.

The impact on Ayurveda Research is also noted in many centers, the trial subject cannot continue the clinical trials. There is a mass drop out/partial drop out of subjects from ongoing clinical trials and new patients' recruitment is not possible for close down of clinical laboratories.

In the midst of the Pandemic, MoHW, in collaboration with Niti Aayog, released Telemedicine Practice Guidelines enabling Registered Medical Practitioners to provide healthcare in remote settings using telemedicine. These guidelines recognized by some of the Ayurveda hospitals. The patient's attendance dropped upto 80% of most of Ayurveda hospitals. The clinical trials cases dropped out the trial due to lock down process. Whereas new trials on COVID-19 was encouraged and more positive impacts were generated when Prime Minister Narendra Modi endorsed traditional ways to boost the immune system, directing people to follow the guidelines issued by the Ayush ministry to avoid contracting Covid-19. The prime minister also asked those practicing traditional medicines to utilise the platform of tele-medicine and reach out to the people to generate awareness in the fight against the Covid-19 pandemic. Phyto therapeutic agents containing higher concentration of sesquiterpene, polyphenols and flavonoids have inhibited the production of inflammatory cytokines and prostaglandin which are more produced in COVID-19. Yastimadhu, Gilay and Aswagandha have equal effect on cough as codeine. The Anu taila nasya has special power to prevent COVID-19. More than 70% of Indian population has been using Ayurveda Kadha (Decoction), Haldi milk and practice Yogasana and pranayama for prevention of Covid-19.

Clinical research studies on Ayurveda interventions as prophylaxis and as an add-on to standard care to Covid-19. A Collaborative clinical study was proposed as a joint initiative of Ministry of AYUSH, Ministry of Health and Family Welfare (MoHFW) and the Ministry of Science &

Technology through Council of Scientific & Industrial Research (CSIR) with technical support of ICMR. The Interdisciplinary Ayush R&D Task Force has formulated and designed clinical research protocols for prophylactic studies and add-on interventions in COVID-19 positive cases through a thorough review and consultative process of experts of high repute from different organisations across the country for studying four different interventions viz. Ashwagandha, Yashtimadhu, Guduchi+Pippali and a polyherbal formulation (AYUSH-64) developed by CCRAS.

Ayush Sanjivani application-based study for impact assessment of acceptance and usage of AYUSH advisories in its role in the prevention of Covid-19 is initiated in all Ayurveda Institutes and hospitals. The Ministry of AYUSH has developed Ayush sanjeevani mobile app, for generating data of large population with a target of 5 million people. The Researchers are worked hard to reach to expected outcomes include to generate data on acceptance and usage of AYUSH advocacies and measures among the population and its impact on the prevention of COVID-19.

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