

AYUSH: International Research Journal of Ayurveda Teachers Association



Journal Home Page: www.airjata.org



Editorial

3D Approach of Ayurveda to Combat COVID-19: Prevention, Intervention, and Rehabilitation (PIR)

Kiran Tawalare

Assistant Professor, Dept. of Kriya Sharir, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India. Email- drkirantawalare@gmail.com

Ayurveda emphasizes personalized medicine. An individual has different prakriti (body constitution), saatmya (suitability), satva (mind), deha bala (body strength), vihara (habits). Though, how can a single epidemic inflict the persons at the same time? For this Agnivesha's question Aatreya Punarvasu replied splendidly that even though the persons are differed by entities like body constitution and all, there is a common factor due to the derangement of which the disease has a similar period and symptoms arise and destroy the whole community. These common factors are vayu (air), jala (water), desh (territory), and kala (time). vayu, jala, desh, and kala have the capacity of generating indispensability in progressive order. This means derangement of kala produces the worst disease condition among all these four factors. Pradnyaparadh is considered the primary cause for janpadodhwansa.[1] Presently we are facing a similar situation of janapadodhwansa in the form of COVID-19 disease. COVID-19 caused by a coronavirus named SARS-Cov-2 was discovered in orbit Wuhan and Hubei of China in December 2019.[2] WHO declared the SARS Cov-2 epidemic as a public health exigency in January $2020.^{[3]}$

Ayurveda stated that maintain health first, and cure the diseased condition (later if they occur). [4] Prevention, intervention, and rehabilitation through the Ayurveda strategy can help to combat COVID-19 entirely in three dimensions. Preventive measures as AYUSH Kadha is introduced by the AYUSH system. But other than this for intervention and rehabilitation post-COVID-19, Ayurveda can suggest options combat COVID-19. It needs to be included in the mainstream guidelines for COVID-19. So that these treatment modalities can reach the public

domain and fulfill their needs regarding prevention, intervention, and rehabilitation.

The guidelines provided by AYUSH are followed by people to develop immunity against the COVID-19. AYUSH Kadha plays a vital role in the prevention of the disease. Similarly nasya, kawal-gandush, tarpan, karnapuran, abhyanga are the procedures, that can provide better strength to the nasal mucosa, buccal mucosa, eye membrane, ear, and skin respectively. Yoga, dhyan, dharana, samyak ahar, samyak nidra can help to maintain general health. Rasayana aushadhi like guduchi, amalki, ashwagandha can boost up the immune system. The use of rakshoghna dhoopan can cleanse the household environment.

The shortage of crucial medicine used in COVID-19 created a big crisis in India during the second wave. In such circumstances, Ayurveda can offer a better plan. An intervention plan for Ayurveda medicine is reported by the study. [5] The use of herbal medicine, as well as rasaushadhi, does have a significant role. Mahasudarshan kadha, arogyavardhini vati, sanshamani vati, sanjivani vati, suwarna malini vasant, sidhamakardhwaja, bruhatvatachintamani rasa - these medicines can play a vital role in the treatment of COVID-19. Apart from these medications, many vaidvas used their own preparations which were not reported. The effectiveness of sadvovaman, virechana is experienced by Ayurveda physicians but a trial is needed to be carried out and prove the effectiveness scientifically. Charak has mentioned the use of hot water in jwar (fever) conditions of janapadadhwansa except in jwar with pitta dosha and atisaar (diarrhea).

India faced the gut-wrenching experience in the second wave of COVID-19. Brutal fear of death is experienced by everyone on seeing the death of near ones or by watching the post-covid complications. Rehabilitation plays a vital and primary role in the recovery of the patient. Upon understanding the importance of rehabilitation China showed prime concern for physical and psychological rehabilitation issues of COVID-19 patients with their Chinese traditional medicine^[6] and successfully won over this outbreak. COVID-19 patients have had reported a wide range of symptoms ranging from mild to severe illness, pain, fatigue, anxiety, depression, decreased endurance to physical activity, sleep disorder, loss of appetite, loss of memory, apathy, etc.^[7] Some serious complications can be listed as respiratory dysfunction and chest pain. An older adult with heart disease, autoimmune disease, diabetes seems to be at higher risk for developing more serious complications of COVID-19 like heart attack, multiple organ dysfunctioning, and mucormycosis.

Post Intensive Care Syndrome (PICS) term suggests the post-covid complications of COVID-19, observed in the patient after discharge from ICU. By seeing the list of post-COVID-19 complications and range, it can be categorized as physical, psychological, and cognitive dysfunctions, which leads to poor quality of life^[8] and sometimes the threat of death. Memory, cerebral hypoxia, verbal learning and fluency, concentration, processing speed, execution of an idea can be categorized as cognitive ones. Depression, worry, anxiety, fear, stress, sleep disorder as a psychological and fatigue, endurance, resistance to flexibility, pain as a physical issue.

For the post-covid complication of physical category, one can be offered with vyayam, snehan, sweden, lavan tail abhyanga, asana, pranayama, etc according to the condition and requirement of the patient. To overcome psychological complications, we can offer treatment modalities like shirodhara, shirobasti, murdhni tail, nasya, dhyana, dharana, satvavajay chikitsa, etc. For cognitive impairment different combinations of *medhya*, rasayana dravya can be used as per rationale. The use of panchakarma therapy according to the condition of the patient can become beneficial for general health recovery as stated in janapadodhwansa adhvava. [9] It would be a bigger challenge for AYUSH doctors to elaborate PIR plan as per symptoms, severity, age group of patients. 3D approach PIR through Ayurveda may help to combat COVID-19.

REFERENCES

- 1. Charak Samhita, Vimansthna, Janapadadhwansa Adhyaya, 3/5,6,10,11,20 edited by Priyavrat Sharma, reprint, Varanasi: Chaukhambha Orientalia; 2011. p. 316.
- SARS-CoV-2: an Emerging Coronavirus that Causes a Global Threat [Internet]. [cited 2021 Jun 1].

Available

from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7098030/

- Cucinotta D, Vanelli M. WHO Declares COVID-19 a Pandemic. Acta Biomed. 2020 Mar 19;91(1):157– 60.
- Sushruta samhita, Sutra Sthana, Vedotpatti Adhyaya, 1/22, translated by Prof. K. R. Srikantha Murthy, Volume 1, Varanasi: Chaukhamba Orientalia; 2008. p. 6
- Rastogi S et al., COVID-19 pandemic: A pragmatic plan for Ayurveda intervention, J Ayurveda Integr Med, https://doi.org/10.1016/j.jaim.2020.04.002
- 6. The International Multiprofessional Steering Committee of Cochrane Rehabilitation REH-COVER action, Ceravolo MG, Arienti C, de Sire A, Andrenelli E, Negrini F, et al. Rehabilitation and COVID-19: the Cochrane Rehabilitation 2020 rapid living systematic review. Eur J Phys Rehabil Med [Internet]. 2020 Nov [cited 2021 Jul 8];56(5). Available from: https://www.minervamedica.it/index2.php?show=R3 3Y2020N05A0642
- Rehabilitation needs of the first cohort of post-acute COVID-19 patients in Hubei, China - European Journal of Physical and Rehabilitation Medicine 2020 June;56(3):339-44 [Internet]. [cited 2021 Jul 8]. Available from:
 - https://www.minervamedica.it/en/journals/europamedicophysica/article.php?cod=R33Y2020N03A03 39
- Kemp HI, Corner E, Colvin LA. Chronic pain after COVID-19: implications for rehabilitation. Br J Anaesth. 2020 Oct;125(4):436–40.
- Charak Samhita, Vimansthna, Janapadadhwansa Adhyaya, 3/13, edited by Priyavrat Sharma, reprint, Varanasi: Chaukhambha Orientalia; 2011. p. 316.

How to cite article:

Tawalare K. 3D Approach of Ayurveda to Combat COVID-19: Prevention, Intervention, and Rehabilitation (PIR). AYUSH: International Research Journal of Ayurveda Teachers Association. 2021;1(1)1-2.