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## **LEVERAGING AYUSH IN THE TIME OF COVID-19**

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### **ABSTRACT**

The Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy collectively known as AYUSH constitute of almost half of the healthcare resources of India. The public health emergency preparedness for COVID-19 needs to be inclusive of these complementary systems of medicine. The Ministry of AYUSH has initiated certain public health training for practitioners of AYUSH, and disseminated immunity boosting protocol to sensitize communities. There is ample scope for these systems of medicine to be better utilized for their prophylactic strength during this pandemic. The Ministry of Health and Family Welfare and AYUSH Ministry have initiated few preventive and clinical studies. There is need to expedite treatment avenues suggested in AYUSH systems to manage COVID-19.

**Keywords:** AYUSH, COVID-19, Health Policy, Ayurveda, Homoeopathy

## INTRODUCTION

The Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy collectively known as AYUSH constitute one of the major pillars of public healthcare system in India. These indigenous systems( alongside Homoeopathy) are deep rooted in the culture and traditions of health seeking behavior in India and their importance is burgeoning with the increasing lifestyle diseases and globalization. Given the backdrop, the Ministry of AYUSH was formed (in 2014) to develop, propagate and mainstream the AYUSH systems of healthcare.

Global experiences suggest that traditional systems of medicine are gaining significant attention in global health debates. For example, in China, traditional herbal medicine played a prominent role in the strategy to contain and treat severe acute respiratory syndrome (SARS). Reportedly, over eighty per cent of African populations use some form of traditional herbal medicine. [1] As per the WHO Global Report on Traditional and Complementary Medicine 2019, over forty percent of the member countries have a national programme, and a national research institute for traditional and complementary medicine. Nearly sixty percent of the WHO member countries use herbal and traditional medicines. Homoeopathy is used by over fifty percent, and forty two percent member countries use Unani. [2] Such facts highlight that traditional and complementary medicine has paved new found way into mainstream healthcare.

### **Strengthening integrated health system preparedness**

The public health emergency preparedness for a pandemic cannot be overemphasized, and the plan should consider all major existing healthcare systems leveraging their strength in prophylactic, treatment or rehabilitative services. The traditional health care systems have much to offer in this area. Ayurveda, for instance, consistently talks about considering the disease management in the continuum of host and the pathogen with significant emphasis on subjects like *Swasthavrita* as a health promotion and disease prevention branch. [3] The prophylactic and therapeutic potential of traditional and complementary medicine systems such as Ayurveda and Yoga needs to be considered with increased vigour during this COVID-19 crisis. [4] Homoeopathy prophylaxis has also recorded preventive success stories from being used during epidemics of Chikungunya, Dengue Fever, Japanese Encephalitis and Cholera. [5] Efforts have also

been made to establish AYUSH epidemic cells in states like Tamil Nadu and Kerala which are using AYUSH services for prevention and control of epidemics. [6]

It has been well reiterated that the health infrastructure and doctor patient ratio is deficient in India. According to the Medical Council of India (in 2014), there are 932 thousand allopathic and 680 thousand AYUSH doctors across India. [7] Under mainstreaming of AYUSH component as on 30th June 2019, 7620 PHCs, 2758 CHCs and 495 DHs have been co-located with AYUSH facilities, thereby making AYUSH treatments available to the public in different parts of the country. This implies that almost half the health work force may be a squandered resource if optimal utilization of the human resource is not well integrated in health system response to any public health challenge. There is ample evidence that integrative medicine is becoming part of current mainstream medicine. Now on the horizon is a more pluralistic, pragmatic approach to medicine that is patient-centered, that offers the broadest range of potential therapies, and that advocates not only the holistic treatment of disease but also prevention, health, and wellness. [8] It is imperative for policy makers to understand the importance of medical pluralism in the current context.

### **Public Health Response from AYUSH**

The Ministry of AYUSH has risen to the COVID-19 pandemic and displayed a mature public health response in preventive and research directives alongside the treatment carried out by allopathic system in hospitals. The Ministry has invited practitioners and AYUSH institutions (institutions may include colleges/ universities, hospitals, research institutes, manufacturers, associations etc. from AYUSH Sector) to submit their proposal around activities that could restrain the spread of the COVID -19 pandemic, or manage the disease. The Ministry has also constituted an Interdisciplinary AYUSH Research and Development Task Force for initiating, coordinating and monitoring the research and development activities in the AYUSH sector related to COVID-19. This has facilitated considering promising ayurvedic medicines for clinical drug trials so that scientific data may be generated from AYUSH systems that can help improve the immune system and control the disease. [9]

The Ministry of AYUSH has also directed the States to implement interventions from different systems of AYUSH that support evidences for promoting immunity and help improve respiratory symptoms with in similar diseases. The AYUSH approach to

manage the outbreak broadly comprises of: (i) Preventive and prophylactic; (ii) Symptom management of COVID-19 like illnesses; and (iii) Add on Interventions to the conventional care based on potential & strength of AYUSH systems supported by evidences for promotion of immunity and help in improving the respiratory symptoms in similar diseases and as per the recommendations from the research councils.

The autonomous AYUSH institutes have taken measures to reach out with sensitization initiatives like the Central Council of Research in Homoeopathy have put out important factsheet like 'Homoeopathic Perspectives in COVID-19', and the All India Institute of Ayurveda has organized an international webinar on "Integrated Approach to Combat COVID-19'. The Health and AYUSH Ministry have formally taken measures to address the COVID 19 pandemic problem in the country through clinical studies (prophylactic and add-on interventions) of AYUSH systems and also studying the impact of AYUSH based prophylactic interventions in high risk population. The ministry is also studying the impact of AYUSH advocacies and AYUSH measures for prevention of COVID 19 among the population. [10]

Mass training sessions have also been conducted by the Ministry of AYUSH on sensitization, preparedness, response and containment for COVID-19 for AYUSH faculties, medical officers and post-graduate scholars. The cascade training method was used, where master trainers further trained the AYUSH personnel at district and block levels. The Ministry has also been putting out behavioral change communication messages, which is one of the primordial aspects of public health, to promote immunity boosting measures such as practice of Yogasana, Pranayama and meditation for at least 30 minutes, and intake of spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) are recommended in cooking.

The immuno-boosting protocol developed by the Ministry was also integrated into the Aarogya Setu app, which is a COVID-19 tracking mobile application developed by the National Informatics Centre, reaching out to over 75 million people and counting. Special care has also been taken by the Ministry of AYUSH to prevent misinformation and false claims among the people during the COVID-19 outbreak by giving orders to regulatory authorities in the States/Union Territories to stop and prevent publicity and advertisement of AYUSH-related claims for COVID-19 treatment in print, television and electronic media.

In conclusion, to bridge the gap in providing a robust public health response to emerging diseases such as COVID-19 the interdisciplinary coordination in all systems of medicine needs to be put first. This is keeping in mind that COVID-19 is a new challenge posed equally to the allopathic as well as AYUSH systems. The AYUSH systems need to be integrated and leveraged more for their prophylactic importance so that a delayed response may be averted. There is also need to expedite practices and treatment avenues suggested in AYUSH systems to be tested through double blinded clinical trials. Further the systems may be used to oversee and evaluate the risk communication and community engagement to detect and respond to concerns, rumours and misinformation.

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