COVID-19 Management: Ayurvedic Perspective

Dr. E. C. Sreevalsan *

Introduction

A virulent form of Coronavirus infection was first reported in 2019 as an epidemic from China, and has been designated as COVID–19. Despite vigorous and rigorous management, there has been no appreciable reduction in morbidity and fatality. Now, it has become a pandemic. Here, I am submitting a conceptual management, based on the symptoms, which needs to be followed up by trials to confirm efficacy.

This viral infection is designated as ‘Aaganthuja Jwara of Bhootha Variety’ from the Ayurvedic (academic) standpoint. Bhoothanaashana Drawyas (anti-microbials) have to be administered to change the internal milieu, so that, they cannot thrive and get destroyed.

Ayurvedic Perspective (Ayurveda is Based on the Tri-Dosha Theory)

Ayurveda, the oldest medical system still relevant in current times, is based on The Tri-Dosha Theory. Accordingly, the body is composed of Doshas (3), Dhatus (7) and Malas (innumerable) and the body is in a state of health (arogatha),[1] when they are in balance (dosha-Saamyam). When doshas are vitiated (dosha-vaishamyam), due to faulty diet and activities, disease (rogam[2] Nija & Aganthuja[3]) is produced. Similarly, when dhatus are affected, as in this case. The dhatu is affected by bhoothas[3] (microbes) - aaganthuja rogam is produced and medicines are given, to change the internal milieu and for this purpose, bhootha-naashana drawyas (anti-microbials) are given to correct and control the disease.

Jwara (rogam) is divided into two types – Nija and Aganthuja (extraneous), the former based on Doshas – 7 types (single-3, two combinations-3 and 1, all three combined [Sannipatha] and the latter 25 - based on Dhatus [tissues]). As the disease progresses, both doshas and dhathus are involved together (the classification given above, becomes immaterial, from the academic angle, but, nevertheless, significant from the clinical angle) and becomes difficult to treat, all the more so, in aganthuja origin, wherein the tissues are damaged extensively and it is important, therefore, to prevent san-nipatha (13 types) from setting in, when the condition becomes, near incurable and one will be forced to use powerful kashayams (bhootha naashana drawyas – anti-microbials) and hope for the best. Therefore, one must medicate, while stressing, on correction of the causes of disease, simultaneously.

The disease manifests as a fever, running nose and anosmia, throat infection, lung infection, respiratory distress needing ventilatory support. Patients, having co-morbid conditions, are highly vulnerable.

Management

Prevention

Prevention is better than cure is a dictum approved by all systems of medicine and of which, we are lucky to have five, namely, Ayurveda, Siddha, Unani, Allopathy and Homeopathy (according to seniority in history of prevalence in our country). The majority of our population lives in villages, where allopathy is not freely available, and have always been catered to, by the indigenous systems.

Wearing masks properly, social distancing is a must, if one is contemplating containment of spread.

Treatment

All systems of medicine commence with symptomatic treatment and after relevant tests, they change over to specific treatment.

The Full Regime consists of 3 segments:

1. Preventive and Therapeutic

* Obs. & Gyn. Consultant, A. G. Hospital, Chromepet, Chennai
2. Therapeutic
3. Auxiliary

Preventive and Therapeutic:

   1 teaspoonful thrice daily after food.
   1 tablet twice daily, after food.
   1 tablet twice daily after food.
   1 teaspoonful immediately after brushing teeth, on empty stomach and nil oral, for 1 hour.
5. Ashokarishtam (Bhaishajyaratnavali Streerogadhikara) – Tones up the uterine muscular system.
   1 teaspoonful diluted with 1 teaspoonful of lukewarm water, 1 hour, after dinner.

While on these four compounds, the changes in the body are noted.

It helps the clinician, to leave those who respond, into the first category - to continue and get well, needing no other treatment, other than watchfulness and allowing the clinician to concentrate their attention on the others (second and third categories), who are likely to deteriorate fast.

All health workers must be put on this course, simultaneously – if response is satisfactory.

If response is not satisfactory, the therapeutic regime may be started, as our prime aim is, to prevent 'sannipatha' state from setting in, when treatment is difficult and results not guaranteed. The above method, will reveal, whether the medicines are acting, in the shortest of time.

Therapeutic

1. Yogaraja Guggulu (Sarangadhara Samhita: Madhyama Kanda) – Used in chronic infections and 1 tablet twice daily after food with Saribadiyasava (Bhaishajyaratnavali: Pramehadhikara) / lukewarm water - 1 tablespoonful twice daily.
   1 teaspoonful mixed in 4 teaspoonful of lukewarm water and swallowed, ½ hour before retiring to bed.
   1 teaspoonful twice daily after food.
4. Gokshuradi Guggulu (Sarangadhara Samhita: Madhyamakhand) – Diuretic and antidiabetic.
   1 tablet twice daily after food.
5. Sithopaladi Choornam Tablets (Yogaratnakara: Rajayakshma Prakarana) – Anti-inflammatory, anti-infective and carminative.
   1 tablet twice daily after food.

Note: A combination of single drug remedies, of repute, to establish normalcy.

Auxiliary (if indicated)

The third category will manifest respiratory tract symptoms and for them, the next line of treatment is reserved.

   A few drops, instilled into both nostrils as required.
2. Arimedadi Thailam (Bhaishajyaratnavali: Mukharogadhikara) – Antibacterial and antiseptic.
   A few drops in lukewarm water for gargling as required.
   To be applied over thorax all round.
   1 tablet twice daily after food.
5. Chyavana Prasha Lehyam (Charaka Samhita, Chikitsa Sthana: Rasayana Pada) – Used effectively in pthisis, bronchitis and asthma.
   1 teaspoonful ½ hour after food, twice daily, with milk.
1 teaspoonful at bedtime.

*Note:* The above drugs are guardians of the respiratory tract and help in the excretory function of the body.

The advantage of this sequential order, is that the second and third categories will get better attention (and they can be brought back, from the brink) and their prognosis can be rapidly made out. This will also, restrict further deterioration of the condition.

**Ancillary**

1. Diet – Avoid curd.


3. Periodic, relevant tests to assess progress.

4. Appropriate nursing care.

   Once the patient tests negative, taper the medicines over a period of 3 weeks.

   Specific tests, which are being used now, may be employed, to assess progress.

   These cases will have to continue treatment, even after full recovery.

   Now, let us consider the situation, wherein Sannipatham has set in. Once Sannipatham sets in, one is facing an uphill task and result will depend on individual luck, since the individual doshas in sannipatham, may be at different levels (more or less dominant) and this cannot be assessed and hence, the difficulty in assessing prognosis.

The management of Sannipatham is further divided into Saadyam (curable) – 5, Kricchira-saadyam (difficult to cure) – 5, and Asaadyam (incurable) – 3; and for each of these varieties, different Kashayams are mentioned. There are three Kashayams (most powerful) - Bharngyaadi, Bhoo-nimbaadi and Shringyaadi, which can be given in all the thirteen varieties, as a treatment.

At this stage, the factors that determine the end result, will be mainly the individual’s luck, the care given by the physician (never give up attitude) and his team, as well as availability of drugs.

**Summary**

1. Fever, being the presenting symptom, Antipyretics are first given to control the fever and it will naturally generate well-being, with start of therapy.

2. Next, Anti-infective Compounds, known for their anti-infective properties (as per formulary) are given and they will exhibit synergism and act along with the first compound.

3. Drugs, which are known for bringing down deranged doshas (dosha-hara-saamyam), are given next, ‘eka mooliga drawyas’ (single drug remedies) to potentiate the actions of the drugs, in a sustained manner.

4. Drugs, powerful enough to combat many conditions, simultaneously, are then given (co-morbid).

5. In women, drugs which will regulate their menstrual rhythm, as well as guard the generative tracts, are given, since the well-being of a woman is directly related to her hormones.

**References:**


