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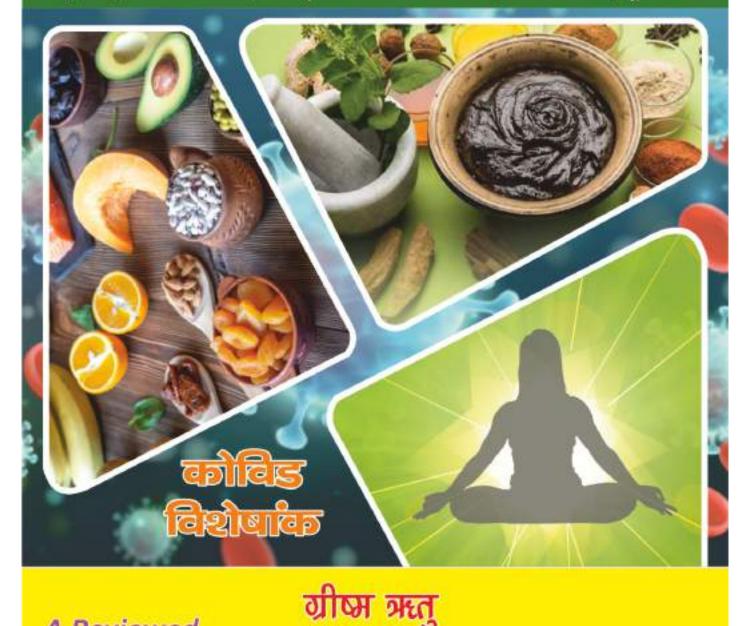
मई-जून 2020

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कोविड शैनिकों के लिए शिरीषामृतादि कवाथ वितरण एवं जनजागरूकता महाभियान













कोविड शैनिकों के लिए शिरीषामृतादि ववाथ वितरण एवं जनजागञ्ज्कता महाभियान















विश्व आयुर्वेद परिषद् के लिए प्रोफेंसर सत्येन्द्र प्रसाद मिश्र, संरक्षक, विश्व आयुर्वेद परिषद् द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखनऊ से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखनऊ-226010 से प्रकाशित।

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र



विश्व आयुर्वेद पशिषद पशिका Journal of Vishwa Ayurved Parishad

मई-जून 2020 ज्येष्ठ-आषाढ़ वर्ष - 17, अंक - 5-6 संरक्षक ः **Contents EDITORIAL** 1-2 डॉ० रमन सिंह (पूर्व मुख्यमंत्री, छत्तीसगढ़) आयूर्वेद की दृष्टि में कोविड–19 2-प्रो० योगेश चन्द्र मिश्र —प्रेमशंकर पाण्डेय 3 (राष्ट्रीय संगठन सचिव) 3-READING COVID-19 THROUGH AYURVED- A REVIEW प्रधान सम्पादकः - Akshaya Ghanshyam Patil 18 प्रो० सत्येन्द्र प्रसाद मिश्र 4-UNDERSTANDING OF ETIOPATHOGENESIS OF सम्पादकः COVID-19 THROUGH AYURVEDA - A REVIEW - Neelam Singh 29 डॉ० अजय कुमार पाण्डेय सम्पादक मण्डल ः कोरोना–एक आगन्तुक निदान 5-डॉ० ब्रजेश गुप्ता –श्वेता अग्रवाल, संजय अग्रवाल 37 डॉ० मनीष मिश्र 6-IS "AYUSH KWATHA" A JUDICIOUS FORMULATION डॉ० आश्तोष कुमार पाठक FOR PROPHYLAXIS & MANAGEMENT FOR अक्षर संयोजन ः COVID-19?: AN ANALYSIS बुजेश पटेल - Shivani Ghildiyal, Kajal, Vishal Kumar 42 प्रबन्ध सम्पादकः 7-COVID-19: A DISEASE TARGETED DRUG REVIEW OF डॉ० कमलेश कुमार द्विवेदी PLANT ORIGIN IN AYURVEDA - Binay Sen 51 सम्पादकीय कार्यालयः 8-ROLE OF AYURVEDIC IMMUNO - MODULATORS TO विश्व आयुर्वेद परिषद् पत्रिका MANAGE COVID -19 IN CHILDREN 1/231. विरामखण्ड. गोमतीनगर - Snehalatha Dornala, Maneri Balaji 63 लखनऊ - 226010 (उत्तर प्रदेश) 9-A REVIEW ON MANAGING MENSTRUATION DURING लेख सम्पर्क- 09452827885, 09336913142 COVID-19: A UNIQUE CHALLENGE - Anuradha Roy 68 E-mail - drajajpandey@gmail.com 10- YOGA AND LUNG'S LOCAL DEFENCE SYSTEM dwivedikk@rediffmail.com WSR TO COVID-19: A PERSPECTIVE vapjournal@rediffmail.com - Usha Dwivedi 74 manish.arnav@gmail.com COVID-19 AND ITS IMPACT ON MENTAL HEALTH 11rebellionashu@gmail.com - Vaidya Awanish Pandey 78 सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक 12-ROLE OF UNANI SYSTEM OF MEDICINE IN THE है। पत्रिका के लेखों में व्यक्त विचार लेखकों के हैं। सम्पादक MANAGEMENT OF COVID-19 एवं प्रकाशक का उससे सहमत होना आवश्यक नहीं है। - Ghulamuddin Sofi, Mohd Zulkifle 82 आपके सुझावों का सदैव स्वागत है। 13- समाचार 92

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अतिथि सम्पादक.

अथातो ज्ञानजिज्ञासा आज समस्त विश्व एक अतिसूक्ष्म पदार्थ से जिसे सामान्य भाषा में करोना वाइरस कहा जा रहा है, भयाक्रांत है। यह पदार्थ मनुष्य के प्राणमय कोष को दूषित करने की क्षमता रखता है। कुछ मनुष्य उस के प्रभाव से दम तोड़ रहे हैं। क्या भय का यही एक मात्र कारण है? कतई नहीं। सभी प्रौढ़ जन जानते हैं कि मृत्यु अटल है। एक न एक दिन हम सब को उस के सम्मुख जाना है। तो फिर भय का वास्तविक कारण



क्या है? कारण है हमारा अज्ञान। इस पदार्थ के स्वरूप को जान कर, पहचान कर उस का तोड निकालने तक, हम हमारे अज्ञान वश भयाक्रांत रहेंगे। ऐसी मुश्किल घड़ी में हमें कहाँ से राहत मिल सकती है। राहत मिल सकती है अपनी ज्ञान साधना से। "अथातो ज्ञान जिज्ञासा", यही एक मंत्र हमें सभी प्रकार की बेचैनी से बचा सकता है। फर्ज कीजिए। इस बीमारी से क्या दूषित होता है? इस जिज्ञासा से हम अध्ययन करना शुरू करें कि हम भारतीय है, इसलिए हमारे पास प्राचीन काल से उपलब्ध ज्ञान को हम प्राथमिकता दे सकतें हैं। हमारे पूर्वजों ने सजीव के शारीर रूप को पाँच कोशों के माध्यम से व्याख्यायित किया है। अन्नमय, प्राणमय, मनमय, विज्ञानमय और आनंदमय। इस में से प्राण को उपनिषदों में बहुत महत्व दिया गया है। "प्राणो हि भूतानामायूरूश्" तैत्तिरीय उपनिषद में प्राण को ही सब सजीवों का जीवन माना है। कई उपनिषदों में प्राण का पूरे शरीर से क्या वास्ता है, इसे अनेक तर्कों से और उदाहरणों से स्पष्ट किया है। इसी ज्ञान को आयूर्वेद ने आगे बढ़ाया और प्राण और शरीर के अन्तः सम्बन्धों को समझा। आज फिर एक घड़ी आयी है, जब हमारी पूरी ज्ञान मीमांसा प्राण तत्व के इर्द गिर्द घूमने के लिए मजबूर हो गयी है। श्वासोछवास की सभी स्थूल और सूक्ष्म क्रियाएँ विवेचना का विषय है। एक अत्यंत क्षुद्र रूप पदार्थ ने हमें चुनौती दी है। आइये फिर एक बार उस महान ज्ञान परंपरा को दृढ़ करें। अपने आप को जाने, पहचाने, शरीर से, आत्मा से संवाद करें। स्थूल सुक्ष्म की सही परिभाषा समझने की कोशिश करें ।

तत् सत्!

—प्रोफेसर बिंदा परांजपे इतिहास विभाग सामाजिक विज्ञान संकाय काशी हिन्दू विश्वविद्यालय, वाराणसी

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आयुर्वेद की दृष्टि में Covid-19 परिचय, निदान, प्रतिरक्षण एवं चिकित्सा

— प्रेमशंकर पाण्डेय¹, नरेन्द्र कुमार पाण्डेय² e-mail : drpspandey1@gmail.com

परिचय –

कोविड–19 एक आगन्तुक विषाणु (वाइरस) जनित संक्रामक रोग है, जिसका प्रथम रोगी चीन के हुवेई प्रान्त के वुहान शहर में 31 दिसंबर 2019 को देखा गया। विश्व स्वास्थ्य संगठन द्वारा यह कोरोनावाइरस डिजीज–19 (COVID-19) के नाम से नामित किया गया है। इस रोग का आधिकारिक नाम SARS-CoV-2 (Severe acute respiratory syudrome- coronavirus disease-2) है। संप्रति यह संपूर्ण विश्व में जनपदोद्ध्वंस एवं मरक (Pandemic) का कारण बन कर चिकित्सा वैज्ञानिकों तथा अधिकांश राष्ट्रों के लिए चुनौती बना हुआ है। चूंकि यह **प्राकृतिक** रूप से उत्पन्न या **कृत्रिम** रूप से निर्मित नये विषाणु से होने वाला नवीन रोग है, इसलिए आयुर्वेद के ग्रंथों में इस नाम से इसका उल्लेख नहीं मिलता। जैसा कि हमारे आचार्यों नें निर्देशित किया है कि, वर्तमान में अदृष्ट या भविष्य में होने वाले सभी विकारों का नाम से उल्लेख नहीं किया जा सकता, इसी कारण ग्रंथों में इसका नाम ढूढ़ना व्यावहारिक नहीं है । इसलिए लक्षणसमूहों के मूल कारणभूत दोषों, उनके संश्रयस्थान तथा प्रकोपक कारणों का विचार करके उनके नामकरण एवं चिकित्सा में यथाशीघ्र प्रवृत्त हो जाना चाहिए'।

अतएव हमनें इस रोग का नाम सुप्रचलित होने के कारण **कोविड–19** ही स्वीकार किया है ।

प्रस्तुत लेख में इसके संचय, आदि षट्क्रियाकालों, निदान, संप्राप्ति, लक्षण, आयुर्वेदिक ग्रंथों में वर्णित रोगों एवं स्थितियों से तुलनात्मक विवेचन, प्रतिरोधात्मक उपाय तथा चिकित्सा पर विमर्श प्रस्तुत किया जायेगा ।

निदान –

विप्रकृष्ट, बाह्य तथा उत्पादक कारण – अद्यावधिक अध्ययनों के अनुसार इस रोग का मूल कारण 2019 novel corona virus, है । चूंकि सर्वप्रथम इसकी पहचान दिसंबर 2019 में चीन के वूहान शहर में की गई थी, इसलिए इसे **वूहान** कोरोनावायरस या 2019-nCoV के नाम से भी जाना जाता है ।

विप्रकृष्ट, बाह्य तथा व्यंजक कारण –

- कफ–वात वर्धक काल हेमंत एवं शिशिर ऋतु जिसमें कफ का संचय होता है या वसंत ऋतु जिसमें कफ का प्रकोप होता है ।
- कफ एवं वातवर्द्धक आहार विहार ठंडा, बासी, शीतप्रकृति वाले, शीतल पेयपदार्थ, मांसाहार उपवास, शीत एवं तीव्र हवा का सेवन आदि ।

¹शास्त्री, बी०ए०एम०एस०, एम०डी०(आयु०), अध्यक्ष (वि०आयु०प०,काशीप्रान्त) ²बी०ए०एम०एस०, पी०जी०पी०पंचकर्म (पूनावि०वि०), एम०डी०आयुर्वेद, संहिता (अध्येता NOI k0e0fo0fo0clkui j)

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- 3. कृत्या, अभिशाप एवं रक्षःक्रोध ²— असंतुष्ट एवं क्रोधित राष्ट्रविरोधी प्रशासनिक लोगों या अत्यधिक उत्पीड़ित विद्वानों, निस्पृह आध्यात्मिक गुरुओं, बुद्धिजीवियों या राक्षसी प्रवृत्ति वाले शक्तिशाली एवं दुष्टात्मा व्यक्तियों या शत्रुराष्ट्रों द्वारा किसी राष्ट्र के विनाश हेतु जनपदोद्ध्वंस— कारक विषाणु के राष्ट्रव्यापी संक्रमण के लिए किया गया प्रयत्न ।

सन्निकृष्ट तथा आभ्यन्तर कारण –

- आगन्तुक विषाणु का मुख एवं नासारंध्र में प्रवेश तथा उसके द्वारा कफ एवं वात का अचयप्रकोप
- पोषणहीनता, तमकश्वास, हृदयरोग, ग्रहणी, मधुमेह, जीर्ण वृक्करोग आदि के कारण व्याधिक्षमत्व में कमी ।

संक्रमण—प्रसार के स्रोत —

आयुर्वेद वाङ्मय में संक्रामक रोगों के प्रसार के पांच स्रोत बताए गये हैं ⁶—

- 1. गात्रसंस्पर्श के प्रसंग से
- 2. निःश्वास के प्रसंग से
- 3. एक साथ भोजन के प्रसंग से
- 4. एक साथ सोने के प्रसंग से
- 5. वस्त्र माला लेप आदि के प्रसंग से

कोविड—19 का संक्रमण मुख्यतः **स्पर्श एवं** निःश्वास के प्रसंग से होता है ।

1. स्पर्श –

संक्रमित व्यक्ति के खांसने, भस्त्रिका के समान दीर्घश्वसन करने या छींकने (छींकने की प्रवृत्ति बहुत कम रोगियों में होती है) से निकलने वाली अतिसूक्ष्म द्रवबिन्दुओं के साथ असंख्य कोरोना–19 विषाणु निकलते हैं। इनमें से अधिकांश आकार में >5 माइक्रान तथा भारी होने के कारण हवा में अधिक दूर तक नहीं जा पाते और अधिकतम एक मीटर की दूरी तक या इससे पहले ही किसी वस्तु के तलपष्प्ठ पर गिर कर स्थिर हो जाते हैं, किंतू कुछ अत्यन्त सूक्ष्म <5 माइक्रान होते हैं और किसी तलपृष्ठ पर गिर कर स्थिर होने से पहले हवा में एक मीटर से अधिक दूरी तक भी जा सकते हैं।7 किस तलपृष्ठ पर ये कितने समय तक क्रियाशील रहते हैं, इसका निश्चयात्मक ज्ञान अभी नहीं हो पाया है, किंतु अभी तक के अध्ययनों से ज्ञात हुआ है कि ये हवा मे उड़ने वाले सूक्ष्म कणों पर दो घण्टे, खुरदरे तल पृष्ठों पर लगभग चौबीस घण्टे तथा चिकने एवं कठोर तलपृष्ठों पर तीन दिन तक

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जीवित रह सकते हैं।⁸ आयुर्वेद के संहिता ग्रंथों में बताया गया है कि, वायु द्वारा लाये गये विष तत्व से देश (स्थान/तल) आक्रान्त (संक्रमित) हो जाता है।⁹ आक्रान्त देश के संपर्क में आने पर, किसी भी दोषप्रकृति वाला, बलवान या दुर्बल तथा किसी भी आयु वर्ग का हर व्यक्ति उस विष तत्व से संक्रमित हो जाता है।¹⁰ यह ध्यान रखना चाहिए कि, प्रवर/सामान्य व्याधिक्षमत्व वालों में विषाणु का प्रभाव नहीं होता, या अत्यल्प होता है।¹¹ यदि कोई व्यक्ति उस संक्रमित तलपृष्ठ को हाथ या अन्य भाग की त्वचा से स्पर्श करता है तो विषाणुओं का समूह संपर्क में आयी हुई त्वचा पर चिपक जाता है। हाथ या अन्य संक्रमित अंग से नाक या मुंह या आंख का स्पर्श होने पर विषाणु नाक, मुंह या आंख के रास्ते गले में पहुंच जाते हैं।

2. निःश्वास –

संक्रमित व्यक्ति के खांसने, भस्त्रिका के समान दीर्घश्वसन करने या छींकने पर उसके सामने का वातावरण विषाणु युक्त हो जाता है और उसमें बार–बार श्वास लेने वाला स्वस्थ व्यक्ति के भी संक्रमित होने की संभावना बन जाती है।¹²

3. नवजात शिशु में भी संक्रमण –

12— 5—2020 को स्वरूपरानी नेहरू हास्पिटल प्रयागराज में एक नवजात शिशु भी संक्रमित पाया गया है । यहां संक्रमण—प्रसार के स्रोत पर अध्ययन चल रहा है ¹⁴।

संक्रमण प्रसार के लिए अनुकूल स्थितियां– ओजोविस्रंस करने वाले रोगों जैसे – मधुमेह, उच्चरक्तचाप, हृद्रोग, मेदोरोग, ग्रहणी, तमकश्वास, वृक्क अक्षमता आदि के रोगियों एवं 10 वर्ष से कम और 60 वर्ष से अधिक आयु के स्वस्थ व्यक्तियों में भी सामान्यतः रोग प्रतिरोधी क्षमता कम रहती है, इसलिए इनमें संक्रमण–प्रसार की संभावना अधिक रहती है।

संप्राप्ति –

संचय— चूंकि यह आगन्तुक रोग है, इसलिए इसमें दोषों का संचय न होकर अचय / आकस्मिक प्रकोप होता है।

प्रकोप प्रसर एवं स्थानसंश्रय – आगन्तुक रोगों में पहले निमित्तकारणों का स्थानसंश्रय होता है फिर उनके द्वारा दोषों का प्रकोप प्रसर एवं स्थानसंश्रय ।

नोवेल कोरोना वाइरस–19 द्वारा प्रकुपित दोषों का प्रसर एवं स्थानसंश्रय इस वाइरस के प्रसर एवं स्थानसंश्रय पर निर्भर होता है, इसीलिए यह विषाणु कोविड–19 रोग का सहकार्यनियतवृत्ति निमित्त कारण तथा कोविड–19 रोग इसका यावन्निमित्तकारण व स्थाईकार्य होता है।

रोगोत्पादन (Incubation) काल¹⁵ – नवीन अध्ययनों के अनुसार इसका रोगोत्पादन (Incubation) काल 1 से 14 दिन का है। प्रवर क्षमता वाले कई रोगियों में स्थानसंश्रय होने के बाद भी यह रोगोत्पादनसमर्थ नहीं बन पाता और बिना लक्षण उत्पन्न किये ही नष्ट हो जाता है।

ये मुख या नासारंध्र से प्रविष्ट होकर नासाग्रसनिका की श्लैष्मिककला पर संसृत हो जाते हैं और वहां पर स्वयं की संख्या और बल बढ़ाते रहते हैं, जैसे ही इनका बल रोग— प्रतिरोधकक्षमता के बल से अधिक होता है इनके द्वारा कफ और वायु का संयुक्त रूप में अचय

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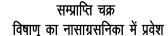
प्रकोप प्रारंभ हो जाता है। इस समय परीक्षण करने पर विषाणु–रिपोर्ट धनात्मक (Positive) आती है ।

इस स्थिति में, आक्रान्त व्यक्ति में दोष प्रकोप का स्तर निम्नवत् रहता है –

व्याधिक्षमत्व का स्तर	नोवेल कोरोना वाइरस-19 द्वारा प्रकुपित दोष का बल			
प्रवर	निर्बल			
मध्यम	मध्यम			
हीन	प्रबल			

सारिणी 1

प्रकुपित कफ+वात द्वारा उत्पन्न क्षोभ के परिणामस्वरूप पित्त भी प्रकुपित हो जाता है और तीनों दोष रस धातु के साथ मिल कर वातश्लैष्मिक विषम ज्वर उत्पन्न करते हैं।¹⁶ ज्वर के कारण अग्निमान्द्य होने से प्रकुपित वायु का पक्वाशय में तथा प्रकुपित पित्त का आमाशय एवं ग्रहणी में भी स्थानसंश्रय हो जाता है।व्याधिक्षमत्व के दुर्बल होने की स्थिति में नासाग्रसनिका में स्थानसंश्रित विषाणु, समुचित उपायों से भी शान्त नहीं हो पाते और श्वासनलिकाओं तथा फुफ्फुसों में प्रसर करके वहां संश्रित होकर दोषों को तीव्र, तीव्रतर या तीव्रतम रूप में प्रकुपित करके विविध लक्षण उत्पन्न करते हैं।



प्रवर सामान्यव्याधिक्षमत्व 🛛 → 🕇 →	विषाणु प्रभावहीन 🛶 कोई लक्षण नहीं
मध्यम सामान्यव्याधिक्षमत्व 🔶 🔶	विषाणु का प्रभाव सामान्य ->अल्प कफवातप्रकोप -> श्रम क्लम -> अलाक्षणिक
मध्यम सामान्यव्याधिक्षमत्व 🔶 🔶	विषाणु प्रभावी 🛶 कफवात +पित्त का मध्यम प्रकोप 🔶 नासाग्रसनिका में स्थानसंश्रय →
मघ्यम∕हीन सामान्यव्याधिक्षमत्व–ूर्म्	→ उसमें प्रदाह एवं क्षोभ → प्रारंभिक विषाणु अत्यधिक प्रभावी → त्रिदोष का विकृतिविषमसमवेत रूप में तीब्र प्रकोप →
	श्वासनलिकाओ तथा फुफ्फुसों में स्थानसंश्रय → फुफ्फुस कोशों में प्रदाह, → घनता, → श्वसनक (Pneumonia) सौत्रिकता (Fibrosis) उरस्तोय (Pleurisy)→ आत्ययिक

> परीक्षण -

1. विषाणु परीक्षण—¹⁷

मुख्यतः – नासाग्रसनिका पिचु से विकल्प में – मुखग्रसनिका पिचु से या श्वसनिकाफुफ्फुसकोशीय स्नाव से

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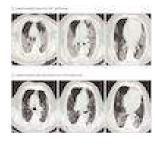


1-Radiology description

- Ground glass opacities, crazy paving pattern and consolidation in bilateral lobes are common findings (Radiology 2020 Feb 13 [Epub ahead of print])
- These CT findings peak 10 days after onset

Radiology images - Chest CT images

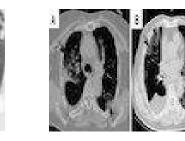
crazy paving pattern



Ground glass opacities



- 1. श्रम (शारीरिक थकान)
- क्लम (मानसिक थकान)
- **3.** अंगमर्द,
- 4. शीतजकम्प
- 5. गले एवं मुख में चुभने जैसी पीड़ा
- 6. गले के अंदर खुजली(खांसने की इच्छा)



consolidation in bilateral lobes

(ज्वर	के ¹⁸)
(कास	के ¹⁹	')

🕨 लक्षण

अलाक्षणिक – कई संक्रमित रोगियों में, श्रम दुर्बलता क्लम आदि पूर्वरूप, लक्षण के रूप में भी विद्यमान रहते हैं, किंतु प्रबल व्याधिक्ष्मत्व के कारण शुष्ककास, ज्वर, प्रतिश्याय आदि उपस्थापक लक्षण नहीं खाई पड़ते इसीलिए इसे अलाक्षणिक वातश्लैष्मिक विषमज्वर की श्रेणी में रखा गया है ²⁰ ।

प्रारंभिक – विषाणु के नासाग्रसनिका में स्थानसंश्रित होने के पश्चात् प्रकट होने वाले श्रम क्लम के साथ शुष्ककास, प्रतिश्याय, ज्वर आदि उपस्थापक लक्षणों से युक्त अवस्था ।

त्रिदोषोल्वण सन्निपात जन्य आत्ययिक – अलाक्षणिक एव प्रारंभिक रोगियों में यदि विषाणु श्वसनलिकाओं तथा फुफ्फुसों में प्रसर करके वहां संश्रित हो जाता है तो, तीनों दोषों का तीव्रतम प्रकोप होकर त्रिदोषेल्वणसन्निपात जन्य आत्ययिक लक्षण उत्पन्न हो जाते हैं ।

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ज्ञानसौकर्य की दृष्टि से इन तीनों प्रकारों के लक्षणों को निम्न सारिणी के रूप में प्रदर्शित किया जा रहा है :--

कोविड–19 के अलाक्षणिक, प्रारंभिक एवं आत्ययिक स्थिति में लक्षण :–

(सारिणी 2)

क्र0सं0	लक्षण 21		अलाक्षणिक	+ प्रारंभिक	आत्ययिक / मारक
				81%	14% 5%
1.	श्रम	38%	+	+	++
2.	क्लम	38%	+	+	++
3.	शुष्ककास	67.7%	_	++	++
4.	तीब्र / मध्यज्वर	87.9%	—	+	++
5.	प्रतिश्याय	4.8%	Ι	+	+
6.	कण्ठशूक	13.9%	1	+	+
7.	शीतजकम्प	11 .4%		<u>+</u>	<u>+</u>
8.	मंदज्वर	2.1%		+	_
9.	तीब्र अंगमर्द	14.8%		<u>+</u>	<u>+</u>
10.		13.6%		<u>+</u>	<u>+</u>
11.	छिन्न/ऊर्ध्व श्वार		-	—	++
12.	वाग्ग्रह			—	++
13.	उत्कोठ			<u>+</u> -	<u>+</u>
14.	गंधाज्ञानता			—	<u>+</u> <u>+</u> +
15.	रसाज्ञानता			—	
16.	वक्षशूल / ग्रह		_	_	++
17.	रक्तष्ठीवन	0.9%	—	+	<u>+</u>
18.	रक्तनेत्रता	0.8%	_	<u>+</u>	+
19.	हल्लास / वमन		_	<u>+</u>	<u>+</u>
20.	अंगुल्यंगुष्ठाग्रकृष	णता	_	-	<u>+</u>
21.	अतिसार	3.7%	_	<u>+</u>	<u>+</u> +
22.	रक्तष्ठीवन	0.9%		_	<u>+</u>

– अनुपस्थित संकेतक :--- प्रबलतः उपस्थित

– सामान्यतः उपस्थित ++

– किसी में उपस्थित किसी में नहीं

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कोविड—19 के लक्षणों और आयुर्वेद में वर्णित कुछ आपदाओं तथा रोगों के लक्षणों का तुलनात्मक अध्ययन

(सारिणी 3)				
लक्षण	कोविड19 ²¹	जनपदोद्ध्वंस 24(सुश्रुत)	वातश्लैष्मिक ज्वर 22	त्रिदोषोल्वणसन्निपात ²³
श्रम	+	+	+	+
क्लम / तंद्रा	+	+	+	+
शुष्ककास तीब्रज्वर	+	+	+	+
	+	+		+
प्रतिश्याय	+	+	+	+
कण्ठशूक	+			+
शीतजकम्प	+	+	+	+
मध्य / मंदज्वर	+		+	
तीब्र अंगमर्द	+	+	+	+
शिरःशूल	+	+	+	+
वाग्ग्रह / मूकता	+			+
छिन्न/ऊर्ध्व श्वास	+	+		+
उत्कोठ	+	+		+
गंधाज्ञानता	+	+		
रसाज्ञानता	+			+
वक्षशूल / ग्रह	+			+
सर्वसर	+			
रक्तनेत्रता	+			+
वमन	+			
अंगुल्यंगुष्ठाग्रकृष्णता	+			
अतिसार	+			
भ्रम		+		+
मसूरिका		+		
बाधिर्य				
मूर्छा	+			+
रक्तमिश्रितकफ	+			+
निद्रानाश				+

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संख्या	लक्षण	कोविड19 प्रारंभिक	वातश्लैष्मिक ज्वर
1	श्रम	+	+
2	क्लम	+	+
3	शुष्ककास	++	+
4	तीब्रज्वर	+ 12%	
5	प्रतिश्याय	+	+
6	কण্ठशूक	+	
7	शीतजकम्प	<u>+</u>	+
8	मध्य / मंदज्वर	+ 88%	+
9	तीब्र अंगमर्द	<u>+</u>	+
10	शिरःशूल	<u>+</u>	+
11	छिन्न⁄ऊर्ध्व श्वास	_	
12	वाग्ग्रह	_	
13	उत्कोठ	<u>+</u>	
14	गंधाज्ञानता	_	
15	रसाज्ञानता	-	
16	वक्षशूल / ग्रह	-	
17	सर्वसर	<u>+</u>	
18	रक्तनेत्रता	<u>+</u>	
19	वमन	<u>+</u>	
20	अंगुल्यंगुष्ठाग्रकृष्णता	-	
21	अतिसार	<u>+</u>	

इन सारिणियों के अध्ययनोपरांत कहा जा सकता है कि, कोविड—19 की प्ररम्भिक अवस्था जनपदोद्ध वंस कारक वातश्लैष्मिक विषम ज्वर के समान होती है, किन्तु यदि विषाणु श्वासनलिकाओं तथा फुफ्फुसों में प्रसर करके वहां संश्रित हो जाता है तो तीनों दोषों को तीब्रतम रूप में प्रकुपित करके वतश्लैष्मिक ज्वर युक्त त्रिदोषोल्वणसन्निपात के रूप आत्ययिक अवस्था उत्पन्न कर देता है । देखें (सारिणी 3)। यह अवस्था कृच्छूसाध्य या असाध्य होती है ।

Some common symptoms that have been specifically linked to COVID-19 include:

- ➤ shortness of breath
- ➢ having a cough that gets more severe over time
- ▶ a low-grade fever that gradually increases in temperature
- ➤ fatigue

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Less common symptoms include:

- Chills
- repeated shaking with chills
- sore throat
- headache muscle aches and pains
- loss of taste loss of smell

These symptoms may become more severe in some people. Call emergency medical services if you or someone you care for have any of the following symptoms:

- trouble breathing
- blue lips or face
- persistent pain or pressure in the chest
- confusion
- excessive drowsiness

The Centers for Disease Control and Prevention (CDC)Trusted Source is still investigating the full list of symptoms

🕨 चिकित्सा :--

चिकित्सा दो उद्देश्यों को ध्यान में रख कर की जाती है :- 1. प्रतिरक्षण 2. प्रतिकार ।

1. प्रतिरक्षण :--

स्वस्थ व्यक्ति को संक्रमण से बचाने के उद्देश से किये जाने वाले सभी प्रकार के उपाय इसी श्रेणी में आते हैं । इन उपायों को दो वर्गों में बांटा जा सकता है।

- (क) शरीर से बाहर किये जाने वाले उपाय, (बाह्यप्रयोग)
- (ख) शरीर के अन्दर किये जाने वाले उपाय (आभ्यंतर प्रयोग) –

(क) बाह्यप्रयोग – सर्वप्रथम निदान परिवर्जन की दृष्टि से ऐसे उपाय किये जाते हैं जिनके द्वारा संक्रमण को, स्वस्थ व्यक्ति के पास पहुंचने से रोका जा सके सुश्रुत संहिता में कहा गया है कि – "सङ्क्षेपतः क्रियायोगो निदानपरिवर्जनम्।" सु0उ01 / 25 ।

इस दृष्टि से आयुर्वेदिक संहिताओं में निम्न उपायों का निर्देश किया गया है :--

स्थानपरित्याग²⁴ – (Lockdown) संक्रमण की संभावना वाले किसी भी बाहरी स्थान पर न जना। संक्रमित व्यक्तियों से दूर एकांत स्थान में निवास करना और किसी से सम्पर्क न रखना।

शान्तिकर्म²⁴ – शान्ति अर्थात् मन पर नियन्त्रण। एकान्तवास करते हुए मन को नियन्त्रित करके मरक के शान्त होने तक राष्ट्रहित के अनुकूल व्यवहार करना तथा सम्पूर्ण जनता के स्वास्थ्य के उपायों का चिंतन करना ।

प्रायश्चित्त²⁴ – प्रायः अर्थात् तप और चित्त अर्थात् निश्चय। दृढ़निश्चय के साथ स्वयं या संबंधियों द्वारा किये गये सामाजिक या राष्ट्रीय स्तर के अधार्मिक एवं अनैतिक कार्यो का प्रतिकार करने के लिए तप (मन को नियन्त्रित करने का यथा संभव प्रयत्न) करना।

′′प्रायो नाम तपः प्रोक्तं, चित्तं निश्चयमुच्यते। तपो निश्चय संयुक्तं, प्रायश्चित्तमिति स्मृतम्।।'' —सु0सू06 / 20 पर डल्हण

बाह्यमंगल²⁴ – स्वयं को संक्रमण से बचाने के लिए रत्नधारण आदि बाह्य प्रयोग । आदि से मास्क, ग्लब्स, पीपीई किट आदि को ले सकते हैं ।

जप²⁴ – जनपदोद्ध्वंस को शान्त करने के लिए स्वयं की आस्था के अनुसार **ऊँ** के साथ वेद मन्त्रों या अन्य धर्मग्रंथों के उपदेशों का जप / पाठ करना चाहिए। इससे वातावरण में अनुकूलश क्तिदायिनी तरंगें उत्पन्न होती हैं, जिससे व्यक्ति की अनुकूल चिंतन शक्ति (आत्मबल) बढ़ जाती है और

वह स्वयं को स्वस्थ अनुभव करने लगता है ।

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होम²⁴ — जलती हुई आम की लकड़ी पर गुग्गुलु, देवदार, अश्वगंध, राल, इलायची, निम्बपत्र, करंज, तुलसी, काला तिल, पलाशबीज, जौ, चंदन, बेल की छाल, मोथा, घष्त तथा गुड़ के मिश्रण का हवन। इससे घर के वातावरण में या सतह पर फैले हुए अनेक प्रकार के संक्रामक जीवाणु या विषाणु तथा अनेक हानिकारक गैसें नष्ट हो जाती हैं।

यज्ञ 24 – यह होम का ही बड़ा स्वरूप है। इससे काफी बड़े क्षेत्र का वातावरण शुद्ध हो जाता है।

उपहार ²⁴ – मरक काल में आर्थिक दर्षष्ट से विपन्न, असहाय तथा जनसेवा में लगे हुए लोगों को अन्न, वस्त्र, औषधि या अन्य आवश्यक वस्तुओं का उपहार देना ।

अंजलि ²⁴ – 1.यथाशीघ्र संक्रमण समाप्त हो इसके लिए हाथ जोड़कर ईश्वर से प्रार्थना करना 2. संक्रमण फैलाने वालों से ऐसा न करने तथा आमजनता से नियमों का पालन करने के लिए हाथ जोड़कर अनुरोध करना ।

नमस्कार ²⁴ – भावी रोग के प्रतिकार हेतु अपना आत्मबल बढ़ाने के लिए अपने इष्ट, गुरु या श्रेष्ठ लोगों को नमस्कार करके उनका आशीर्वाद लेना ।

तप ²⁴ — एकान्तवास, नियन्त्रित भोजन तथा प्राणायाम आदि यौगिक विधियों द्वारा इन्द्रियों एवं मन को वश में रखने का प्रयत्न करना ।

दया ²⁴ — संक्रमण काल में, दुर्बल दुखी एवं भूखप्यास से व्याकुल जनों के प्रति कृपा भाव से उनकी सहायता के लिए प्रयत्नशील रहना ।

दान ²⁴ — संक्रमण काल में, आपदाप्रबंधन में लगे राष्ट्र / राज्य या अन्य विश्वसनीय संगठनों के सहयोग हेतु यथाशक्ति दान करना ।

दीक्षा ²⁴ — जनपदोद्ध्वंस के लक्षणों तथा उनसे बचाव के बारे में अधिकाधिक जानकारी प्राप्त करना तथा लोगों को शिक्षित करना ।

अभ्युपगम 24 – उक्त दीक्षा को अंतःकरण से स्वीकार कर तदनुरूप व्यवहार करना ।

(ख) – शरीर के अन्दर किये जाने वाले उपाय (आभ्यंतर प्रयोग) –

संक्रमण होने पर भी, शरीर में उसके प्रभाव को निष्कृय करने के उद्देश्य से शारीरिक एवं मानसिक शक्ति के साथ ही सामान्य व्याधिक्षमत्व बढ़ाने के उपाय। जैसे –

आभ्यंतर मंगल 24 –

आयूष मन्त्रालय भारत सरकार द्वारा निर्देशित काढ़ा –

0	
तुलसी –	1ग्राम
गैलोय –	1ग्राम
मधुयष्टी —	1ग्राम
दालचीनी–	1ग्राम
अश्वगंधा—	1ग्राम
मुनक्का –	1ग्राम
पिप्पली –	250 मिलीग्राम
कालीमरिच—	250 मिलीग्राम

एक मात्रा प्रातः —– सायं

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एक मात्रा जौकुट चूर्ण 200 मिली लीटर पानी में उबाल कर 50 मि0ली0 शेष रहने पर छानकर पीयें।

- च्यवनप्राश १०ग्राम प्रातः —– सायं ।
- हरिद्रा चूर्ण 5 ग्राम प्रातः सायं 250 मिलीलीटर दूध में मिला कर ।
- नींबू, सलाद, हरी सब्जियों के साथ सुपाच्य एवं रुचिकर भोजन ।

 मानसिक क्षमता बढ़ाने के लिए मंडूकपर्णी का स्वरस, दूध के साथ यष्टीमधु का चूर्ण, गुडूची के पंचांग का स्वरस तथा शंखपुष्पी के पंचांग को पीस कर दूध के साथ सेवन करना चाहिए²⁵ ।

नियम 24 –

अपनी दिनचर्या तथा ऋतुचर्या का पालन । न्यूनतम सात घण्टे की नींद लेना, आधी शक्ति से नियमित एवं निरंतर व्यायाम, तथा योगासन, करना चाहिए। आयुर्वेद में बताए गये सद्वृत्त तथा आचार रसायनों के साथ जनपदोद्ध्वंस काल में केन्द्र या राज्य सरकारों द्वारा जारी दिशानिर्देशों का मन से अनुपालन करना चाहिए।

प्रतिकार :–

जैसा कि सुविदित है कि, इस विषाणु की कोई सुपरीक्षित औषधि अद्यावधि नहीं बन पाई है । आयुर्वेद में किसी **नवज्ञात** रोग की चिकित्सा के लिए कुछ मानक निर्धारित किए गये हैं ²⁶। जैसे :–

रोग का मूलकारण – वात पित्त या कफ कौन सा दोष किस अंश में प्रकुपित हुआ है ?
 वह प्रकृतिसमसमवेत है या विकृतिविषमसमवेत ?

• प्रकुपित दोष का अधिष्ठान – प्रधानिक निमित्तकारण के साथ प्रकुपित दोषों का स्थानसंश्रय किस अंग में हुआ है?

- विशिष्ट कारण दोषों को प्रकुपित करने के विशिष्ट निमित्त कारण कौन से हैं?
- दूष्य (धातु) दोष का स्थानसंश्रय किस धातु में हुआ है?

कोविड—19 के संदर्भ में —

रोग का मूल कारण – प्रारंभिक अवस्था में, कफ+वात, का विकृतिविषमसमवेत प्रकोप किन्तु विषाणु का स्थानसंश्रय श्वासनलियों या फुफ्फुसों में हो जाने पर कफ+वात+पित्त का विकृतिविषमसमवेत प्रकोप ।

अधिष्ठान – प्रारंभ में नासाग्रसनिका, किन्तु आत्ययिक अवस्था में श्वासनलियां तथा फुफ्फुस । विशिष्ट कारण – 2019-nCoV इस रोग का यावत्कार्योत्पत्यवस्थाई निमित्त कारण है । दूष्य – रस धातु ।

उक्त विमर्श के आधार पर कहा जा सकता है कि इस रोग की चिकित्सा के तीन आधार होंगे –

क्षमता वर्धक – इसका वर्णन प्रतिरोधात्मक उपायों में किया जा चुका है ।

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विषाणु नाशक – जिसकी सुपरीक्षित औषधि अद्यावधि नहीं बन पाई है । 2. 3. वातश्लैष्मिक, विषम एवं सन्निपातज्वर की चिकित्सा – प्रारंभिक अवस्था में – वातश्लैष्मिक + विषम ज्वर की औषधियां । षडंगपानीय²⁷ 50 मि0ली0 प्रातः – मध्याह्न – रात्रि । 2. सितोपलादि चूर्ण 2 ग्राम त्रिभुवनकीर्ति रस 200 मिलीग्राम शतपूटी अभ्रक भरम 75 मिलीग्राम टंकण भरम 200 मिलीग्राम चंद्रामृत रस 100 मिलीग्राम 2 ग्राम मधु + 1 ग्राम घृत मिला कर प्रातः – मध्याह्न – रात्रि । 3. सप्तपर्ण घन वटी 2 -2 प्रातः – मध्याह्न – रात्रि । एलादि वटी 1–1 प्रातः – मध्याह्न – रात्रि चूसें । 4. 5. द्राक्षासव १०मि०ली० + मध्र १० मि०ली० प्रातः – मध्याह्न – रात्रि । आत्ययिक अवस्था में – विषम ज्वर + सन्निपातज्वर की औषधियां । 1. टैबo सी20 गोल्ड किट (Tab C20 Gold kit) 1 प्रातः – मध्याह्न – रात्रि । प्रातः – मध्याह्न – रात्रि । सप्तपर्ण घन वटी 2 –2 2 प्रातः – मध्याह्न – रात्रि चूसें एलादि वटी 1–1 3. 4. द्राक्षासव 10मि0ली0 + मधु 10 मि0ली0 प्रातः – मध्याह्न – रात्रि । अचेतावस्थामें 1, 2 एवं 3 को पीसकर 4 में मिला कर आमाशय नलिका द्वारा दिया जा सकता है। जनपदोद्ध्वंस जन्य विषम त्रिदोषोल्वण एवं तन्द्रिक सन्निपात ज्वर नाशक अनुभूत योग – Tab C20 Gold kit – (टैब0 + सहपान + अनुपान) 1. पारद भरम 0mg 2 (5.6%) (Mercury) 2. शूद्ध गंधक (Sulphur) 40mg (11.1%) 3. स्वर्णमाक्षिक भरम (Copper pyrite) 20mg (5.6%) 4. मुक्ताभरम (Pearl) 10mg (2.7%) 5. अभ्रक भरम (Mica) 25mg (6.9%)

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6. लौह भस्म	(Iron)	20mg (5.6%)
7. स्वर्ण भस्म	(Gold)	5mg (1.4%)
8. टंकण भस्म	(Borex)	50mg (13.8%)
9. ताम्र भस्म	(Copper)	15mg (4.2%)
10.शुद्ध वत्सनाभ	(Aconitum ferox)	50mg (13.8%)
11.गोदन्ती भरम	(Gypsum)	50mg (13.8%)
12. शुद्ध मनःशिला	(Realgar)	20mg (5.8%)
13. जावित्री	(Myristica fragrens)	25mg (6.9%)
14. धत्तूर बीज	(seed of datura metal) 5mg	g (1.4%)
15. विधारा बीज	(seed of Argyreia spesiosa)	4mg (1.1%)
16. कर्पूर	(Cinnamomum camphora)	1mg (0.

भावना द्रव्य –

1. तुलसी पत्र ((Ocimum sanctum)	स्वरस / क्वाथ 1.5 ml (2	25%)
2. भूम्यामलकी ((Phylenthus niruri)	क्वाथ 1.5ml (2	25%)
3. सप्तपर्ण	(Alstonia scholaris)	क्वाथ 1.5ml (2	5%)
4. गिलोय	(Tinospora cardifolia)	क्वाथ 1.5ml (2	5%)
मात्रा –			
Tablets — 40	0mg 1 tab. या 200 mg 2 t	tablets प्रातः – मध्याह्न – न	रात्रि
सहपान –			
सितोपत	लादि चूर्ण २ ग्राम +	मधु (Honey) 5gm	
अनुपान –			
सुदर्शन चूर्ण क्वाश्	थ 50ml		
	।। आयुर्वेद	ो विजयतेतराम् ।।	

संदर्भ :–

1. अ०ह्व०सूत्रस्थान 12/64,65,66 |

2. (a)कदाचिदव्यापन्नेष्वपि ऋतुषु कृत्याभिशापरक्षःक्रोधाधर्मैरुपध्वस्यन्ते जनपदाः, विषौषधिपुष्पगंधेन वा वायुनोपनीतेनाक्रम्यते यो देशस्तत्र दोषप्रकृत्यविशेषेण कासश्वासप्रतिश्यायगंधाज्ञानभ्रमशिरोरुग्ज्वरमसूरिकादिभिरुपतप्यन्ते.....। सु०सू०६ / 19 एवं इसी पर डल्हण की नि०सं० टीका ।

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- (b) **코**0वि03 / 22,23
- 3. (a) सु0सू06 / 19 एवं इसी पर डल्हण की नि0सं0 टीक (b) च0वि03 / 20
- 4. च0वि03/20
- 5. सु0चि033/3 पर डल्हण
- 6. सु0नि05 / 33-34
- 7- (a) Burke RM, Midgley CM, Dratch A, Fenstersheib M, Haupt T, Holshue M, et al. Active monitoring of persons exposed to patients with confirmed COVID-19—United States, January–February 2020. MMWR Morb Mortal WklyRep.10.15585/ mmwr.mm6909e1external icon

(b) Chan J, Yuan S, Kok K et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. Lancet 2020 doi: 10.1016/S0140-6736(20)30154-9

- 8. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet 2020; 395: 497–506.
- 9-10- सु0सू06 / 19 एवं इसी पर डल्हण की नि0सं0 टीका ।
- "न च सर्वाणि शरीराणि व्याधिक्षमत्वे समर्थानि भवन्ति" (च0सू028 / 7)।
 व्याधिक्षमत्वं व्याधिबलविरोधकत्वं व्याध्युत्पादप्रतिबन्धकत्वमिति यावत् (उक्त पर चक्रपाणि)
- **12.** Liu J, Liao X, Qian S et al. Community transmission of severe acute respiratory syndrome coronavirus 2, Shenzhen, China, 2020. Emerg Infect Dis 2020 doi.org/10.3201/ eid2606.200239
- 14. दैनिक जागरण प्रयागराज 16 5 2020 पष्ट्व 2 ।
- 15- The incubation period of the virus is the time between the exposure and the display of symptoms. Current information suggests that the incubation period ranges from 1 to 12.5 days (with median estimates of 5 to 6 days), but can be as long as 14 days <u>F. No. 7-NT(72)/2014 Date: 20.03.2020 DGS Order No. 04 of 2020 Subject: Instructions to all major and minor ports for dealing wi www.mohfw.gov.in ></u>
- 16. च0नि01/26
- (a) Nasopharyngeal swab is recommended for the specimen; oropharyngeal swab, sputum and bronchoalveolar lavage may be used alternatively (CDC: Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19) [Accessed 31 March 2020])

(B) Definite diagnosis is based on detection of viral RNA by real time RT-PCR via many available **laboratory tests** (CDC: Information for Laboratories [Accessed 31 March 2020]

- 18. सु0उ039/25
- 19. च0चि018/5

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- 21. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) The signs, symptoms, disease progression and severity Symptoms of COVID-19 are non-specific and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death. As of 20 February 2020 and 12 based on 55924 laboratory confirmed cases, typical signs and symptoms include: fever (87.9%), dry cough (67.7%), fatigue (38.1%), sputum production (33.4%), shortness of breath (18.6%), sore throat (13.9%), headache (13.6%), myalgia or arthralgia (14.8%), chills (11.4%), nausea or vomiting (5.0%), nasal congestion (4.8%), diarrhea (3.7%), and hemoptysis (0.9%), and conjunctival congestion (0.8%). People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days). M
- 22. च0चि03/86-87
- 23. **코0**चि03 / 103-108
- 24. सु0सू06 / 19 एवं इसी पर डल्हण की नि0सं0 टीका ।
- 25. च0चि0 1.3 / 30-31
- 26. अ०ह्व०सूत्रस्थान 12/66-67
- 27. च0चि0 3/145

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READING COVID-19 THROUGH AYURVED- A REVIEW

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ABSTRACT:

In view of the emerging threat in the country due to COVID-19 outbreak, it is imperative to apply and implement various measures for maintaining public safety in all aspects. While there is no medicine for COVID-19 as of now, it will be good to take preventive measures to boost our immunity to fight against the corona virus, according to AYUSH. While doing this the foremost thing is to understand the disease from Ayurvedic perspective. We have tried to relate the primordial cause of diseases manifested in the real, of Epidemiology. Acharya Charaka focuses on Pradnyaparadha, which is the primordial cause of disease manifestation in Janpadodwansa along with other factors. Acharya Charak describes communication of disease via other factors like air, water, etc. Acharya Sushruta describes the communication through contacts; Combating this diseases is to be done at various levels i.e. stopping the progression, building immunity against disease using various means and treating them. In this review, we highlight the symptoms, epidemiology, transmission, and pathogenesis and future directions to control the spread of this fatal disease from Ayurvedic perspective.

Keywords: Covid-19, Janpadodwansa, Pragnyaparadha

INTRODUCTION

A pandemic is defined as "an epidemic occurring over a very wide area, crossing international boundaries, and usually affecting a large number of people. Public health measures may include quarantine, which involves the restriction of movement, or separation from the rest of the population, of healthy persons who may have been exposed to the virus, with the objective of monitoring their symptoms and ensuring early detection of cases.

Considering the reviews provided by WHO, The virus which causes COVID-19 most probably has its ecological reservoir in bats, and transmission of the virus to humans has likely occurred through an intermediate animal host – a domestic animal, a wild animal or a domesticated wild animal which has not yet been identified. While the zoonotic source of the virus is currently unknown.

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Origin of Pandemics: The third chapter, Janapadodhvansaniya Vimana, of Charaka Samhita deals with the prevention of various epidemic disorders caused due to polluted Vayu(air), Aap (water), desh and kaal (season). Pandemics are largescale outbreaks of infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. Evidences suggest that the likelihood of pandemics has increased over the past century because of increased global travel and integration, urbanization, changes in land use, and greater exploitation of the natural environment. Pandemics can cause sudden, widespread morbidity and mortality as well as social, political, and economic disruption. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

Origin of virus: Corona viruses (CoVs) are a large family of viruses, several of which cause respiratory diseases in humans, from the common cold to more rare and serious diseases such as the Severe Acute Respiratory Syndrome (SARS) and the Middle East respiratory syndrome (MERS), both of which have high mortality rates and were detected for the first time in 2003 and 2012, respectively.

Genetic makeup of the SARS-CoV-2 virus: All SARS-CoV-2 isolated from

humans to date are closely related genetically to corona viruses isolated from bat populations, specifically, bats from the genus Rhinolophus. SARS-CoV, the cause of the SARS outbreak in 2003, is also closely related to corona viruses isolated from bats. These close genetic relations suggest that they all have their ecological origin in bat populations. Bats in the Rhinolophus genus are found across Asia, Africa, the Middle East, and Europe. SARS-CoV-2 is not genetically related to other known corona viruses found in farmed or domestic animals. The analysis of the virus genome sequences also indicates that SARS-CoV-2 is very well adapted to human cell receptors, which enables it to invade human cells and easily infect people.

NIDAN OF COVID-19: To truly heal, one must understand why one has the disease or imbalance to begin with, and then unravel the cause so that it doesn't keep happening. Let's begin with the primordial cause, since that's where everything begins.

Trividha Hetus:

धीधृतिस्मृतिविभंशः सम्प्राप्तिः कालकर्मणाम् । असात्म्यार्थागमश्चेति ज्ञातव्या दुःखहेतवः ।।

─च. शा. 1⁄98

1. Asatmyendriyartha Samyoga (Abnormal contact of the Indriyas, i.e., sensory and motor organs): Excessive utili-

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zation, underutilization or improper utilization of sensory and motor organs with their objects is called as Asatmyendriyarth Samyoga.

2. Pragyaparadha (intellectual errors): The errors in one's dhee (intellect), dhriti (restraint) and smriti (memory) lead to improper activitites. These result in improper activities of body, mind and speech leading to vitiation of dosha.

3. Parinama (changes in the timings and in age): Changes in weather conditions or climate could lead to changes in environment that cause disease. Also, as one ages, exposure to environmental elements could afflict a person adversely. These are collectively termed parinama.

The improper use of the intellect (pragyaparadha), improper contact of the senses with their respective objects (asatmyaidriyarthasamyoga) and seasonal variations (kala or parinama) are the three main reasons to the causation of disease according to Acharya Charaka. These factors can all lead to conditions where disease can be generated, as they create an imbalance in the Tridosha. Pragyaparadha is root of all diseases, according to Ayurveda Improper diet and wrong behavioural patterns (Pragyaparadha) are generating unhealthy effects on the body and mind, disability of sense organs is one of them. Pragya means "wisdom" or "intelligence", and Aparadha means "offence".

So meaning of Pragyaparadha is "an offence against wisdom" i.e. doing things without discriminating as to whether it is favorable or harmful for the body or mind. These actions may be verbal, mental or physical.

Ayurvedic perspective of Aupsargic rog

Aupsargic disease i.e. contagious disease or spread of disease through contacts. Charaka Samhita describes Vayu (air), Udak (Water), Desha (soil & area), Kala (Time) are the factors responsible for Janapadodhwansa – epidemics. Acharya Charka's description is more of the infectious disease, and narrates contamination of physical, chemical & biological factors in occurrence of disease. The contaminations of these four factors are the basic cause of higher mortality rate in an area. The social hygiene plays an important role. The lifespan and its gradual decrease according to change in era is predicted in Charaka samhita in the reference of Janpadodhwansa. Acharya Sushruta, one of the proponents of Ayurveda, has depicted different modes of communicable disease transmission in his classical treatise Sushruta Samhita. He says by physical contact (Gatrasansparsat), expired air (Nihsvasat), eating with others in same plate (Saha bhojanata), sharing a bed (Sahasayyasanachchapi), using clothes, garlands, and paste (Vastramalyanulepanat) infectious diseases spread from person to

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person. These concepts are very much relevant with the mode of transmission of COVID-19 today. Moreover, the modern texts of communicable disease epidemiology describe similar modes of disease transmission. Migration also poses the risk of further spreading an outbreak. Fast changes in temperature are probably may produce a number of physiological changes in the body. Rapid drops may affect blood pH, blood pressure, urination volume, and tissue permeability

Epidemiological triad: The main infection components are host, agent and environment. The vector is frequently related to all components making it a hub node in the transmission network, and hence a good target for infection control approaches. Transmission process and disease manifestation are the result of an interaction between the infective agent (pathogen) and a susceptible host in a given environment.

The host is any organism capable of being infected by the agent. Vectors are defined as organisms merely transmitting the infectious agents, without being the intended host for the parasitic pathogen. Another role that participants of this interaction process can play is the role of pathogen reservoirs, e.g. animals, plant, soil or inanimate matter

• Agent: Corona virus disease (COVID-19) is an infectious disease caused by corona virus. Novel corona virus (such as SARS-CoV), have caused large epidemics and pandemics.

- Host factor: The host is any organism capable of being infected by the agent. Human corona virus most commonly spread from an infected person to others through respiratory droplets produced when an infected person coughs or sneezes, close personal contact (such as caring for or living with an infected person), or touching an object or surface with the virus on it and then touching mouth or eyes before washing hands. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. Three human corona viruses (SARS-CoV, MERS-CoV and 2019-nCoV) are also thought to spread from infected animals to people through contact.
- Environmental factors: Vector-borne diseases may be associated with an ecological landscape profile, where host, vector, pathogen and reservoir share the same geographic location, the habitat, over some time (Reisen, 2010). Hence, in order to apply effective preventive measures and to drive health policy strategies relevant geographic locations, such as countries, regions or micro-environments where

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the infection takes place need to be described as mentioned in Ayurvedic texts. The Factors causing Janpadodhwansa viz vayu (air), jaal (water), desh (soil/area), kaal (seasonal changes) comes under environmental factors amongst epidemiological triad.

Criteria of diagnosis

The COVID-19 virus affects different people in different ways. Most people infected with the COVID-19 virus experience mild to moderate respiratory illness.

Common symptoms include:

- The most common symptoms at onset of COVID-19 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, haemoptysis, diarrhoea, dyspnoea, and lymphopenia. However, COVID-19 showed some unique clinical features that include the targeting of the lower airway as evident by upper respiratory tract symptoms like rhinorrhoea, sneezing, and sore throat. fever (jwara), dry cough (shuska kaas), fatigue, aches and pains
- Dyspnoea (shortness of breath): kricha shwas is the cardinal symptom of pranvaha strotodusti. In Ayurveda types of Shwas Vyadhi are described viz. Maha Shwas, Urdhava Shwas, Chinna Shwas, Kshudra Shwas, Tamak Shwas. Vayu mildly aggravated in the Koshta

on account of exertion and unctuous regimen causes Kshudra Shwas (mild dyspnea) .it does not cause much discomfort in the body. The body is not too much afflicted thereby. It is not painful as other forms of Shwas. It does not obstruct the proper movement of food and drink. It does not cause any pain or complication in sense organs. This variety of dyspnoea is curable. This can be correlated with Dyspnoea on Effort. Dyspnoea is defined as difficulty in breathing disorder or inadequate breathing, uncomfortable awareness of breathing and is experience of breathlessness which may be either acute or chronic. It is Mild Dyspnoea. Common disease with dyspnoea are jwar(fever), hrudroga, aatisar, prameha, galganda, gulma.

• People who have underlying medical conditions and those over 60 years old have a higher risk of developing severe disease and death. The early death cases of COVID-19 outbreak occurred primarily in elderly people, possibly due to a weak immune system that permits faster progression of viral infection.

SAMPRAPTI (PATHOGENESIS) OF COVID-19

Corona virus is one of the major pathogens that primarily target the human respiratory system. To understand the samprapti of COVID-19 it is essential to

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understand how Pranavaha & Rasavaha strotas are correlated to heart, lungs and other structures like pulmonary artery and pulmonary vein. According to modern science this correlation of Pranavaha & Rasavaha strotas can be called as cardiopulmonary system.

Pranavaha Strotas: Pranavaha strotas is important & main strotas of the body. It consists from nose to alveoli via external nares, nasal chambers, pharynx, larynx, trachea, bronchus & bronchioles, which carry oxygen to lungs. From lungs these gases are transported to heart by pulmonary veins. From heart oxygen is supplied to all body cells. Then gases exchange occurs in tissue cell level. In this process heart plays an important role so heart is mentioned as mulsthana of the pranavaha strotas. The gases path and exchange occurs nose to alveoli, alveoli to heart by pulmonary veins, heart to all cells of body by arteries, all body cells to again heart with the help of veins. This total path includes in pranavahini dhamanya. Pranavaha strotas is Darun Strotas with respect to other Strotas. And this Strotas can be compare with Respiratory system. Shwas Vyadhi is one of the disease manifests in Pranavah Strotas hence Shwas Vyadhi is involved in pathohysiology of respiratory system. Though Shwas is said to be disease of Pranavaha strotas, it's also mentioned as Aamashayodhbhava. Mahastrotas is the Moolsthana of Pranavaha strotas. Hence, it is found to be beneficial to use the drugs acting on Rasavaha strotas.

Rasavaha strotas: Rasvaha strotas is very important because it's the dhatu which provides the nutrition to all of the other dhatus. It is also very important for the other strotas. The mulasthan of Rasavaha strotas are hruday and dhamani. Chakrapani has desribed Mulam as-"Mulamiti Prabhava Sthanam", meaning thereby that Mula of a srotas is the anatomical seat of the respective strotas, the main seat of the pathology of that channel, the principal seat of manifestation of disease. Rasavaha strotas carry nutrient and other important material which serve important role in normal physiological functioning of tissue. Rasavaha strotas perform vital functioning of body related to circulatory process and physiological disturbances to their functioning may leads some pathological manifestations like anorexia, fever; the thermostat of body is maintained by appropriate circulatory process of Rasavaha strotas. The assimilation and digestion of ahara take places with the help of biochemical process of Rasa which transport through Rasavaha strotas. Rasavaha strotas contributed towards immune response of body. The healing and defensive mechanism of body act at the site of injury with the help of Rasavaha strotas.

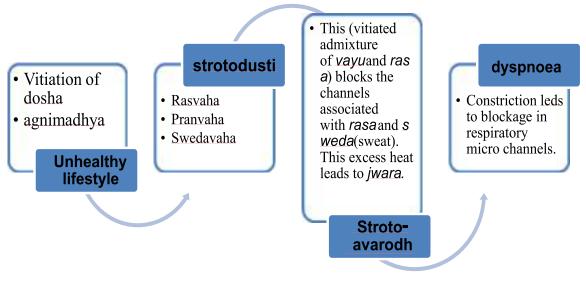
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Probable samprapti of COVID-19

This vitiated vayu, when it gets into the amashaya (stomach), afflicts agni and vitiates the first dhatu (rasa) created through this vitiated digestion process. The vitiated pitta enters the amashaya and gets mixed with the initial dhatu formed in the process, rasa, along with the digested food. This improperly formed rasa causes sluggish circulation and further block the micro channels of rasa and sweda. The core digestive agni gets displaced out of its original site (pakti sthana), spreading out through the body. Due to blocked channels of sweat, heat dissipation is adversely affected, causing the temperature to rise all over the body and manifest as paittika jwara This (vitiated admixture of vayu and rasa) blocks the channels associated with rasa and sweda (sweat), adversely affecting the digestive processes and moving that heat out of its locus into other parts of the body. This excess heat leads to jwara.



Probable samprapti of clinical features of COVID-19

CHIKITSA OF COVID-19

Chatushpada are Bhishag (physician), Upastha (Medical Attendant), Rogi (patient) and Dravya (medicine). These four factors are mutually dependant on each other. These four pillars are considered mandatory to provide relief to the patient. Chatushpada are Bhishag (physician), the Upastha (Medical Attendant), Rogi (patient) and Dravya (medicine). These four factors are mutually dependant on each other. These four pillars are considered mandatory to provide relief to the patient. The Major factors re-

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quired for effective treatment are patients with good immunity, Chikitsa chatushpad (vaidya, aushadh, paricharika, rugna), proper diet and following daily regimen.

Nidanparivarjan: The best way to prevent and slow down transmission is well informed about the COVID-19 virus, the disease it causes and how it spreads. Protection from infection by washing hands or using an alcohol based rub frequently and not touching face and stay isolated.

- Deepana and Panchana to enhace agni and to achieve niraam avastha.
- Pranavaha srotus dusthi chikitsa should be given to arrest lung damage.
- Balya chikitsa is essential to prevent from remission and relapse. More over it is advocated that body's immunity system is of more importance than the infective organisms. It is mentioned that Bija (seeds) soaked in Bhoomi (land) flourishes only in correct time (atmosphere), and Doshas vitiates (microorganism ought to vitiate Doshas) Dhatus if Dhatus Bala (immunity) depleted and in correct time. Increasing immunity by various means against these ailments is required.
- **Rasayan Chikitsa:** Rasayan is the branch of Ayurveda which aims at preventing or removing degenerative processes eliminating diseases and prolonging life i.e. Rejuvenation. "Urjaskara" is the synonym of Rasayan which give strength to the body.

Apunarbhava means it does not allow recurrence of the disease. Hence, Rasayana chikitsa in Ayurveda may play a significant role while treating COVID-19 patients. Rasayana which are specifically mentioned to have their action on Pranavaha Strotas like Pippali, Bhallataka, Amalaki, Maricha are found to be useful in patient with Shwasakshtata (dysponea). As mentioned in Charaka samhita Vardhaman Pippali Rasayana, Bhallatka rasayana, Amalaka rasayana can be effective in this state. As Rasayana is that which attains Rasa etc. dhatus with affluence or the means of attainment of longevity, strength energy and firmness and sustaining youthfulness as effects of Rasa, Virya, Vipaka located in drugs is Rasayana. The function of Rasayana is to remove diseases, refresh body cells and accelerate the various systems of body, thus giving strength to every organ enhancing the physical resistance and providing immunity against disease.

• Immunisation: Immunization is an essential health service which may be affected by the current COVID-19 pandemic. Immunization is a core health service that should be prioritized for the prevention of communicable diseases and safeguarded for continuity during the COVID-19 pandemic, where feasible.

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- Nasya karma: Nasa is commencement of pranavaha strotas. The incidence of COVID -19 has been seen from March to May .As per Ayurveda Vasant ritu constitutes the months from mid-march to mid-may. This season leads to Prakopa (Increase) of Kapha in the body and leads to many diseases, for the same in this ritu to diminish the ill effects of kapha treatment modality Teekshna Nasya (Nasal medication) can be advised.
- The drugs acting on Annavaha strotas, Rasavaha strotas, Pranavaha strotas and Rasayan viz. Bhallatak ksheer, Bhallatak Kshoudra, Vardhaman Bhallatak rasayan, stimulates digestive system and can break strotorodha due to vitiated kapha and ama, ultimately results in Sampraptibhaga of COVID-19
- Aahar kalpana (Diet management): If a person doesn't follow rules mentioned by Ayurvedic Acharyas it leads to several pathogenesis, which ultimately produced different Vyadhi and this manifest due to Asatmya Aahar sevan. The patients of Covid 19 were epidemiologically linked to a seafood and wet animal wholesale market in Wuhan, Hubei Province, China While the potential animal reservoir and intermediary host(s) are unknown at this point, studies suggest they may derive from a recombinant virus between the bat corona virus and an origin-unknown corona virus; however, this is yet to be

confirmed. As a general recommendation, sick animals should never be slaughtered for consumption; dead animals should be safely buried or destroyed and contact with their body fluids should be avoided without protective clothes. It is advised to have easily digestible foods which are low in calories during the spring season as the digestion is slow. Ayurveda believes that all the diseases are primarily due to a faulty digestion. It has now been proved that the Gastro intestinal system is a major organ of Immunity. The reason for this being that the defence of the body is vested largely in the lymphatic system and its lymphocytes. And a substantial part of the gastrointestinal tract is occupied by lymphoid tissue. The interaction between these cells of the lymphatic system and the threatening agent is the basis of defence in the gastrointestinal tract. Drinking warm water stimulates hunger, it play an important role in panchan (digestion). It relieves hiccup, aggravation of vata and kapha. It is ideal for those suffering from new fever, cough, dyspnoea, coryza and pain in flanks. A few Herbs which could be used to reduce kapha and fight the allergies during spring season are spices, which can be added to your food such as coriander, cumin, turmeric, onions and horseradish. Fresh ginger tea prepared by boiling fresh ginger in water also re-

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duces the kapha, honey could be added to this tea.

• Vihar (lifestyle modifications)-Rutucharya (seasonal regimen) of Vasant rutu which lasts from month of March to May. The disease was in its peak level with higher incidence of cases that were recorded during this month.Kapha prakopak avastha is seen in Vasant rutu. During spring the Climate gets warmer and the heat reduces the digestive power of body, As a result Kapha increases leading to various diseases like Cough, Cold, Allergies, Sinusitis, and Indigestion. The disease pattern of COVID-19 shows that the system which gets affected primarily is respiratory system. Regular Exercise and Avoid Sleeping in daytime can prevent kapha accumulation. Exercise appears to have the advantage of being able to jump-start the immune system. Avoiding exposure to direct Air is said to reduce kapha and also reduces the chance of being exposed to pollen and other allergen's. Yoga postures benefit the immune system by increasing the circulation of blood cells, decreasing stress hormones, and stimulating the lymphatic system. A recent study suggests yoga may even strengthen an immune response at a genetic level.

DISCUSSION

Disease profile:

Dosha-Amayukta vata,kapha

- Dushya-Ras
- Stroas-Pranavaha, Rasavaha : Pranavaha strotas and Rasavaha strotas are important strotas, which carry Prana and Rasa all over body. By studying these strotas mulasthana, vidha laxanas & vahana, pranvaha & Rasavaha strotas etc. idea of these strotas can be explained, and how they are related to respiratory & cardiovascular system.
- Vyadhi prabhava- Jwarapradhana, Amapradhana, Affects all kapha stanas.
- Rogmarga-Abhyantara and Madhyama

Treatment principle:

- Ampachana
- Agni deepana
- Rasaprasadana
- Dhatuposhaka
- Rasayan chikitsa-Prevention of further infection by building immunity.
- Jwara and angamarda is the product of Rasdushti. Kapha carried by vata is the main dosha related event. Ama is invariably seen along with kapha.Ura is the main seat of kapha and hridaya. To conclude, take care of kapha,vata ,ama and ras in the management.
- According to World Health Organisation (WHO) the interim objective should be, to provide guidance on Infection Prevention and Control in Long-Term Care Facilities (LTCF) in

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the context of COVID-19 and to prevent COVID-19-virus from entering the facility, spreading within the facility, and spreading to outside the facility.

• Environmental cleaning and disinfection procedures must be followed consistently and correctly. Cleaning personnel need to be educated about and protected from COVID-19 and ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period.

CONCLUSION

- Strotas parikshan has its special importance while treating COVID-19. Dushti of Pranvaha Strotas, Rasavaha strotas may disturb the physiological activity of body. Ayurvedic medicine viz herbal compounds, Rasaaushadhi along with nonpharmaco-logical therapy like diet, lifestyle, yoga etc., can be also highly effective in treating COVID-19 with less complication.
- To overcome this out break factors causing janapadodhwansa should be understood efficiently and also preventive measures should be adapted to avoid recurrence.
- Immunization delivery strategies may need to be adapted and should be conducted under safe conditions, without undue harm to health workers, caregivers and the community.

REFERENCES

- Vaidya Jadavaji Trikamji Acharya, 1981, The Charakasamhita of Agnivesha, with Ayurveda Dipika commentary, new Delhi, Munshiram Manoharlal Publishers Pvt. Ltd.
- Vaidya Yadavaji Trikamji Acharya, 1997, Susrutsamhita of Susruta, with the Nibandhasangraha commentary, Varanasi, Chaukhamba Orientalia publication.
- World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. (Accessed 16 March 2020).
- World Health Organization. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts: interim guidance, 17 March 2020. Geneva: World Health Organization; 2020 (accessed 17 March 2020).
- World Health Organization. Global Surveillance for human infection with coronavirus disease (COVID-19): interim guidance,
- Barley MLA Immune Receptors Directly Interfere with Antagonistically Acting Transcription Factors to Initiate Disease Resistance Signalling





UNDERSTANDING OF ETIOPATHOGENESIS OF COVID-19 THROUGH AYURVEDA – A REVIEW

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ABSTRACT:

Covid -19 is an ongoing pandemic which is caused by a new coronavirus named as severe acute respiratory syndrome Coronavirus (SARS-CoV-2). As the outbreak continues to spread in different parts of worlds. The knowledge about its etiology, pathogenesis, behaviour and management is also increasing day by day. The symptoms are fever, dry cough, malaise which resolve in a few days in most of the cases; but may progress to respiratory distress and organ failure. Researches are being continued to develop effective vaccines and medicines for the disease, but no specific treatment or vaccine is available. Preventive and control measures for communicable diseases may target the reservoir of infection, the mode of transmission, or the susceptible host. In Ayurveda this condition has been clearly mentioned under the context of Janpadodhwansa vikara and Aupsargika vyadhi. Covid- 19 infection may be correlated with Vata Kaphaja Jwara (a type of fever). In Ayurveda during an epidemic apart from isolation and

quarantine, three measures are of utmost *importance*, (*i*) *purification of vikrut* vayu(contaminated air) and desh(place/ region), (ii) health promotion and immune modulation, and (iii) use of health protecting and symptoms specific herbal or herbomineral drugs. In Ayurvedic text Rasayana (Rejuvenating herbs) along with sadvrittapalan is recommended in epidemic condition. **Objectives:** The main aim of study is to review ancient's classical and recent modern literature for understanding the Ayurvedic perspective of covid-19, etiopathogenesis, Ayurveda approch toward infectious diseases and to interpret the epidemics/pandemics and Janapadodwamsa.

MATERIALS AND METHODS

All the relevant literatures including classical Ayurvedic texts with their commentaries and recent modern literature, journal, their electronic data base including Google scholar, PubMed, different government health agencies websites, Google search were searched

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to collect the relevant data by using the key words- corona virus disease, COVID-19 and Ayurveda, COVID-19 and immunity, Janapadodhwansa, Aupsargika Roga, Traditional medicine, WHO, etc.

Classical Ayurveda, recent modern literature and journals were reviewed for etiopathogenesis of disease.

Keywords: Ayurveda, COVID-19, etiopathogenesis, Janapadodwamsa, Jwara, Aupasagika roga.

INTRODUCTION

COVID -19 is caused by novel corona virus 2, now called as Severe Acute Respiratory Syndrome Corona Virus -2 (SARS CoV 2). Corona virus is a new virus first identified in Wuhan, Hubei province, china. A pneumonia of unknown cause detected in Wuhan, china on 31st December 2019.The outbreak was declared a public health emergency of international concern on 30th January 2020. On 11 February 2020, WHO announced a name for the new corona virus disease: covid-19 and on 11 March 2020 WHO has declared it a pandemic¹.

The current covid-19 outbreak is rising continuously day by day, the cumulative number of confirmed cases in India has reached 1,65,799 with 89,987 active cases(54.27%),71,106(42.88%)cured/ discharged cases and 4706(2.84%) deaths as of 29th May 2020, and no specific drug or vaccine has been discovered for COVID-19 till date. However, a number of clinical practice a showed that Indian system of medicine play significant role in the prevention of COVID-19, bringing new ray of hope for the prevention and control of COVID-19².

Coronavirus is one of the major pathogens that primarily target the human respiratory system. The symptoms of COVID-19 infection appear after an incubation period of approximately 14 days. The period from the onset of COVID-19 symptoms to death ranged from 6 to 41 days with a median of 14 days. This period is dependent on the age of the patient and status of the patient's immune system. It was shorter among patients >70-years old compared with those under the age of 70. The most common symptoms at onset of COVID-19 illness are fever, cough, and fatigue, while other symptoms include sputum production, headache, haemoptysis, diarrhoea, dyspnoea, and lymphopenia, Person-to-person transmission occurs primarily via direct contact or through droplets spread by coughing or sneezing from an infected individual³.

Ayurveda adopts a holistic principle, for elaborating the details of the diseases rather than focusing on the microbiological entity. Ayurveda has a three pointed approach in the elaboration

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of an unknown disease (i) The natural history of the disease (Vikara prakrti), (ii) The site of the pathological process (adhishtanam) and (iii) Etiological features (samuthaana visesham)⁴.

Ayurveda has clearly mentioned the epidemics under the janpadodhwansa vikara (conditions that devastate the human settlements on large scale) in the chapter of janpadodhwansa⁵ and under the context of aupsargika vyadhi(Contagious diseases) in kusthanidana adhyaya.

In Janapadodhwamsa pollution of air, water, climate and environment is responsible for the spread of diseases on a large scale. In classics causes of vitiation of air, water, climate and place along with characteristics have been their enumerated⁶. Improper disposal of waste, distribution of polluted water, air pollution, and indulgence in unhealthy and unwholesome activities, failure of judgment and misunderstanding of situation resulting in reasonable damage to the health of the society, leading to Janapadodhwansa⁷.Such conditions will manifest the symptoms like cough, breathlessness and fever etc. In Ayurveda, its manifestation can be comparable to agantuja jwar (fever caused by external factors may be like virus etc.)⁸, with special reference to one of the type of Bhutabhishangaja jwara (microbial etiology). Diagnosis of modern science related to corona virus is microbial and seat of disease is respiratory tract. Therefore it's *agantuka* or *grahajanya*. Its clinical picture resembles Sannipataja Jwara and has close relationship with grahottha vyadhi. Hence carries similar drugs and other management. Sannipataja Jwara chikitsa, shwasa chikitsa, achara rasayana, nasya and rakshoghna dhoopa (herbal fumigation) are the line of treatment. The concept of herbal fumigation commonly called as dhupana which will be very effective during the current epidemic.

In progression of the disease, it vitiates the doshas in body and gets converted into Nija Vyadhi (endogenous diseases), it may resemble to Vata-Kaphaja Sannipataja Jwara with the symptoms like feeling of cold, cough, anorexia, drowsiness, thirst, burning sensation and pain⁹. Uncontrolled conditions further may be complicated by dyspnea and high fatality rate, which occurs in advanced stage of COVID-19 resulting in Sannipataja Jwara¹⁰.

DISCUSSION

As the virus is responsible for the massive destruction, which is in Ayurveda mentioned under the context of Janapadodhwansa. Rasayana therapy is recommended for this epidemic condition¹¹. The management of Aagantuja

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vikara follows the principles of nija vikara. Hence, identification of the suitable pathological model with the associated features is important.

Vikara Prakrti(Natural history of disease)

Referring to the details available from the places where the Covid-19 has maximally affected, and especially from China, almost 40% of the cases were very mild with no related respiratory symptoms, another 40% of the cases were having moderate symptoms with mild pneumonia, 15% were having very severe symptoms and 5% were critical. Generally 98% patients were having mild to moderate fever (Jwara), 76% were having cough (Kasa), 44% with myalgia (Angamarda) and fatigue (Tandra). Among those who developed pneumonia, 99% were having fever (Jwara), 70% were having fatigue (Tandra), 59% dry cough (Vataj kasa), 40% anorexia (Aruchi), 35% myalgia (Angamarda), 31% dyspnoea (swasa) and 27% were having wet cough with sputum (Kaphaja kasa)¹².

In another report, from CDC, People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Symptoms were, Fever (*Jwara*), cough (*Kasa*), difficulty breathing (*Shwasa*), fatigue (*Tandra*), myalgia (*Angamarda*),

headache (*Sirahshula*), loss of taste or smell (*Rasa or gharnanasha*), Sore throat (*Kantharoga*), Congestion or runny nose (*Pratishyaya*), Diarrhoea (*Atisara*) and nausea (*Chhardi*). As the condition progresses, emergency warning signs of covid-19 appears, like trouble breathing (*Srama shwasa*), persistent pain or pressure in the chest (Urovedana), mental confusion (Moha), inability to wake (*Sangyanasa*), bluish lips/face /cyanosis (*Aasya syavata*)¹³.

Many patients reported with fever, dry cough and minimal respiratory distress. Later the fever subsided, but the respiratory distress became severe and same died.

Considering all these factors, covid-19 can be considered as a kapha-vata sannipataja jwara¹⁴, with pitta association¹⁵ in the beginning, considering and comparing with the clinical features mentioned in classics. As the condition progresses in certain subset of patient population, it acquires the status of a sannipataja jwara¹⁶.

Geriatric patients and those with existing co-morbidities belongs to high risk group. In that group the clinical course can be charted as symptomatic mild illness initially, leading to moderate to fatal illness.

The patients who are having no comorbidities are having an overall case

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fatality rate of 0.9%. The case fatality rates of those above 60 years are, (i) 60-69 years-3.6%, (ii) 70-79years-08% (iii) >80 years- 14.8%.

The case fatality rates of those with comorbidities is, Cardiovascular diseases– 10.5%, Diabetes mellitus–7%, Respiratory diseases, hypertension, malignancies– 6%¹⁷.

Another sequencing of the clinical course is mild illness, Pneumonia, Acute Respiratory Distress Syndrome (ARDS), Sepsis, Septic shock¹⁸.

Clinical course analysis can lead to the following conclusions

- 1. The subsets of patients, who are getting worsened progressively, are those having a deteriorated state of Rogi bala already due to old age or due to comorbidities.
- 2. The co-existing pitta, even if very mild, will be causing syandana and shoshana¹⁹ in the chest progressively, which cannot be resisted by the body due to the already compromised rogi bala.
- 3. This process can be technically described as a dhaatupaaka a dysregulated host response, from the context of *sannipataja jwara*²⁰. This results in the rapid instability of oja leading to septic shock.

Because of the *syandana* and *shoshana* property of intervening pitta, the

jwara may end up in the fatal forms of sannipataja jwara, of which two special fevers worth mention- Vata predominant *sannipataja jwara* known as *vispharakam*²¹ and Vata –kapha predominant *sannipaataja jwar* titled as *shighrakari*²². Along with the change in the nature of jwara, shwasa which was a feature previously, now will be become evident as an upadrava (complication of disease).

Samuthana-vishesha (Etiology)

The occurrence of a vata- kapha sannipataja jwara, as a janapadodhwansa in vasanta ritu occurs due to vitiation of Vayu (air), Jala (water), Desha (soil or state or continent) and Kala (time or climate)⁶. Involving the either of these factors are more lethal from one to another respectively²³. These factors are mainly vitiated due to Adharma (sinful acts).²⁴ Pragyaparadha is one of the most important causes for the epidemic, and the death of large population occurs due to invasion of Bhutas²⁵. The Janapadodhwansa is common cause for manifesting disease to many people with common signs and symptoms ²⁶. In this context, the word 'Marak' also specified in classics, which means destruction and occurs due to intake of contaminated water and medicines ²⁷. Even in the normal seasons due to sinful acts, Bhutas, non-religious acts and breakdown of living culture may lead to destruction of Desha (states/

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countries). Furthermore, the air may get contaminated due to presence of Visha (toxins/ bacteria/ viruses) and may cause diseases like cough, breathlessness, vomiting, common cold, headache and fever irrespective of Desha (geographical area), Dosha and Prakriti (body constitution)²⁸. In this context, the concept of Sansargaja (contagious) and Upsragaja (infectious) diseases ²⁹ is emphasized in Ayurveda, which are transmitted directly from infected person to healthy persons and these diseases may cause epidemic. The mode of transmission of these diseases includes physical contact, exhaled air, eating with others in same plate, sharing bed and using other's clothes, ornaments and cosmetic products etc ³⁰.

Pathogenesis (Samprapti)

As per Ayurveda, the COVID-19 pandemic can be caused due Vikriti (Contamination) of Vayu and Desha. Further, COVID-19 infection may be considered as a Upasargika Roga (communicable disease), which can be included under Abhishangaja Jwara and it is one among four types of Agantuja Jwara (fever caused by external factors may be like virus etc.)³¹. In progression of the disease, it vitiates the Doshas and gets converted to Nija Vyadhi (endogenous diseases), it may resembles Vata-Kapha Sannipataja Jwara with the symptoms like feeling of cold, cough, anorexia, drowsiness, thirst, burning sensation and pain ³². Further, it may be complicated by symptoms like dyspnea, with high fatality rate which occurs in advanced stage of COVID-19³³.

Adhishtana (Site)

The adhishtana of covid 19 can be suspected as *Koshtha* (Digestive system) itself, but clinical manifestation appears in uras (Respiratory system), which itself is a predominant site of kapha dosha. Many a time, it has been found that pitta dosha exerts a significant pathological influence on Kapha. The ushna guna of pitta, in combination with the sasneha and drava guna will exert a pathological effect on kapha, thereby making it asthira (unstable) and abadha (unbounded). Pitta dosha can trigger this pathological cascade leading to the syandana and shoshana which resulting in dhatupaka and death.

Ayurveda Clinical Profile of Covid-19

From Ayurveda perspective COVID-19 can be understood as Vatakapha dominant Sannipataja jwara of Agantuja origin with possibility of Pittanubandha.

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S. No.	Etiopathogenetic factors in Ayurveda	Clinical Profile/ Features						
1.	Agantuja	Contact with virus is necessary to initiate disease process						
2.	Vatakapha	Cough, Dyspnoea, Rhinorrhoea, Myalgia, Anorexia, Headache, Nausea, and Mild to moderate Fever						
3.	Pittanubandhatva	Sore Throat, Haemoptysis, Diarrhoea, Skin Eruptions, Dizziness						
4.	Sannipataja	Signs of derangement of all dosas are seen, Oja is depleted, Evolves to critical stage rapidly.						
5.	Marmagatatva	Pneumonia, ARDS						
6.	Visatva-	Sepsis and Septic shock						
7.	Sthana	Amaśaya, Uras, Śiras						
8.	Risk Factors	Vata vrddhi (as in old age, hypertension), Kapha duști (as in diabetes)						
9.	Favourable Factors	Prakṛta kapha (children), Ojas						

Table 1-	Etiopathogenetic	factors	in	Ayurveda
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Conclusion

This review paper may help in understanding the etiopathogenesis of disease and make a diagnosis through Ayurveda principles for prevention of disease and treatment of infected persons based on the severity/stage of the diseases, which potentially will help in reducing the disease burden.

References

- 1. Available from: https://www.who.int/ emergencies/diseases/ default - source/ novel-coronaviruse-2019/events-as-theyhappen, accessed on 29.05.2020.
- 2. COVID-19 INDIA as on: 29 May 2020, 8:00 IST (GMT+5:30), Available from: https://www.mohfw.gov.in
- 3. Hussin A.Rothan^aSiddappa N.Byrareddy, The epidemiology and pathogenesis of

corona virus disease (COVID-19) outbreak, Journal of autoimmunity, vol109, May 2020, 102433, link address, accessed on 29th may 2020, <u>https://doi.org/10.1016/</u> j.jaut.2020.102433.

- 4. Ashtamga Hrdayam, Sutra sthaanam, 12/66
- Charaksamhita, edited by yadunandan upadhyaya, gangasahay pandeya, chikitsa sthana 1/20, Choukhambha Sanskrita Sansthan, Varanasi, 5th ed. 1977, pg.4.
- Dr.Brahmanand Tripathi. Vimansthana 3/1-10. Charaka Samhita with "Commentary of Charak chandrika".Part1.Chaukhamba Surabharati Prakashan, Varanasi, Reprint, 2004. p.678
- Dr.Brahmanand Tripathi. Vimansthana 3/20. Charaka Samhita with "Commentary of Charak chandrika". Part1.Chaukhamba Surabharati Prakashan, Varanasi, Reprint, 2004. p.680

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- 8. Vaidya Yadavji Trikamji, with Acharya Chakrapnitika, Charaka samhita, Varanasi, Chowkhamba Prakashan, 2010, p.613-614.
- 9. Shri. Satya Narayana Sastri, with Vidyotini Hindi Commentary, Agnivesha's Charakasamhita, Part 2, Varanasi, Chowkhamba BharatiAcademy, 2006, p.118.
- 10.Shri. Harihar Prasad Pandey, Bhavaprakasha, with Vidyotani Hindi Commentary, Varanasi, Choukhamba Sanskrit Pustakalaya, 1941, p.58.
- Yadunandan upadhyaya. Gangasahay pandeya. Vimansthana 3/14-18. Charaksamhita. Part1. Choukhambha Sanskrita Sansthan, Varanasi. 5th ed. 1977. p.695.
- Huang C et al, Clinical features of patients infected with 2019 novel corona virus in Wuhan city, China, Lancet, January 2020
- 13. www.cdc.gov/corona virus
- 14. Ashtamga Hrdayam, Nidaana Sthaanam, 2/25
- 15. Ashtamga Hrdayam, Cikitsaa Sthaanam, 1/16
- 16. Caraka Samhitaa, Cikitsaa Sthaanam, 3/103
- 17. www.cdc.gov/corona virus
- 18.Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance V 1.2., World Health Organization
- 19. Ashtamga Hrdayam, Cikitsaa Sthaanam, 2/36
- 20. Ashtamga Hrdayam, Nidaana Sthaanam, 2/60
- 21. Maadhava Nidaanam, Parishishtam, Saamaanya-sannipaata jwara bhedam, 4-6
- 22. Maadhava Nidaanam, Parishishtam, Saamaanya-sannipaata jwara bhedam, 13-14
- 23. Shri. Satya Narayana Sastri, with Vidyotini Hindi Commentary, Agnivesha's Charakasamhita, PartI, Varanasi, Chowkhamba Bharati Academy, 2005, p.694.

- 24. Shri. Satya Narayana Sastri, with Vidyotini Hindi Commentary, Agnivesha's Charakasamhita, PartI, Varanasi, Chowkhamba BharatiAcademy, 2005, p.695.
- 25. Shri. Satya Narayana Sastri, with Vidyotini Hindi Commentary, Agnivesha's Charakasamhita, PartI, Varanasi, Chowkhamba BharatiAcademy, 2005, p.696.
- 26. Vaidya Yadavji Trikamji Acharya Chakrapnitika, Charaka samhita, Varanasi, Chowkhamba Prakash, 2010, p.240.
- 27. Kaviraj Ambikadutta Shastri, with AyurvedaTattva-Sandipika Hindi Commentary, Sushruta's Sushrutasamhita, Part-I Varanasi, Chowkhamba Sanskrit Sansthan, 2007, p.22.
- 28. Kaviraj Ambikadutta Shastri, with AyurvedaTattva-Sandipika Hindi Commentary, Sushruta's Sushrutasamhita, Part-I, Varanasi, Chowkhamba Sanskrit Sansthan, 2007, p.22.
- 29. Kaviraj Ambikadutta Shastri, with AyurvedaTattva-Sandipika Hindi Commentary, Sushruta's Sushrutasamhita, Part-I, Varanasi, Chowkhamba Sanskrit Sansthan, 2007, p.101.
- 30. Kaviraj Ambikadutta Shastri, with AyurvedaTattva-Sandipika Hindi Commentary, Sushruta's Sushrutasamhita, Part-I, Varanasi, Chowkhamba Sanskrit Sansthan, 2007, p.251.
- 31. Vaidya Yadavji Trikamji, with Acharya Chakrapnitika, Charaka samhita, Varanasi, Chowkhamba Prakash, 2010, p.613-614.
- 32. Shri. Satya Narayana Sastri, with Vidyotini Hindi Commentary, Agnivesha's Charakasamhita, PartII, Varanasi, Chowkhamba Bharati Academy, 2006, p.118.
- 33. Shri. Harihar Prasad Pandey, Bhavaprakasha, with Vidyotani Hindi Commentary, Varanasi, Choukhamba Sanskrit Pustakalaya, 1941, p.58.

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कोरोना – एक आगन्तुज निदान

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अर्थात् युग—युग में क्रम से धर्म का एक एक पाद कम होता चला जाता है और पंचमहाभूतों के गुणों से भी एक एक पाद न्यून होता जाता है, इस प्रकार आयुर्वेद शास्त्र में रोगों की प्रथम उत्पत्ति का कारण अधर्म कहा गया है।

आस्मिनषास्त्रे पंचमहाभूतषरीरि समवायः पुरुष

इत्युच्यते तद् दुःखः संयोगाव्याधय इत्युच्यते।। –(सु. सू. १)

पचंमहाभूत और आत्मा का समवाय ही पुरुष है और उसमे किसी भी प्रकार दुख का संयोग होना ही रोग है। इसी प्रकार–

विकारो धातुवैषम्यं साम्यं प्रकृतिरूच्यते। सुखसज्ञंकमारोग्यं विकारो दुःखमेव च।। –(च.सू. 9/4)

अर्थात् धातुओं की बिषमता ही रोग है और उसकी समता प्रकृति (स्वस्थावस्था) है। आरोग्य का नाम ही सुख है और विकार ही दुःख है। ये रोग प्रकृति, अधिष्ठान, लिंग, आयतन इनके विकल्प से अपरिसंख्येय होते हैं। सक्षेप में आचार्य चरक ने सभी को तीन प्रकार के रोगों में समाहित किया है।

त्रयो रोगा इति– निजागन्तुमानसाः। तत्र निजःषारीरदोषसमुत्थः आगन्तुर्भूत विषवाय्वग्नि – संप्रहारादिसमुत्थः, मानसःपुनरिष्टस्यालाभाल्लाभा च्चानिष्टस्योपजायते।

–(च. सू. (11⁄45)

सारांश –

आजकल भारतवर्ष ही नहीं सम्पूर्ण विश्व कोरोना नामक महामारी से जूझ रहा है और इसका कारण है– एक वायरस जिसे आयूर्वेद की दृष्टि से आगन्तूज निदान के अंतर्गत रखा जा सकता है किन्तु इस आगन्तुज कारण से सभी मनुष्य समान रूप से सक्रांमित नहीं होते, कुछ में इसके संक्रमण का प्रभाव नहीं होता, कुछ में होता भी है तो अल्प लक्षणों वाला यद्यपि कुछ शरीरों में इसके भयंकर लक्षण देखने को मिलते हैं। इसे आयुर्वेद के सिद्धांतों द्वारा सरलता से समझा जा सकता है तथा शरीर के बल का प्रमाण भी दशविध परीक्षा का उपयोग करते हुए अनुमानित किया जा सकता है। यह व्याधिक्षमत्व अथवा शरीर बल निज व आगन्तुक दोनों प्रकार की व्याधियों के विपरीत कार्य करता है किन्तु प्रस्तुत लेख में आगन्तुज कारण को दृष्टिगत रखते हुये, किस प्रकार शरीर बल वृद्धि करते हुये स्वयं को बचाया जा सकता है, इस विषय पर मंथन किया गया है।

सां के तिक शब्द – निज, आगन्तुज, दशविध परीक्षा, व्याधिक्षमत्व ।

प्रस्तावना –

युगे युगे धर्मपादः क्रमेणानेन हीयते। गुणपादश्च भूतानामेवं लोकः प्रलीयते ।। –(च. वि. 3/25)

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अर्थात् जो रोग शारीरिक दोष – वात पित्त कफ के विकृत होने से उत्पन्न होते हैं वे निज रोग हैं। जो रोग भूत प्रेत (बीजाणु) विष वायु अग्नि आघात से उत्पन्न होते हैं वे आगन्तुज रोग हैं तथा जो रोग मन के अनुकूल वस्तु न प्राप्त होने पर तथा अप्रिय वस्तू प्राप्त होने पर होते हैं वे मानस रोग हैं। यहाँ अगर हम तीनों रोगों में परस्पर सबंध देखें तो वह इस प्रकार होगा कि निज व आगन्तुज रोग शरीर का आश्रय कर शारीरिक होते हैं. जबकि मानस रोग मन का आश्रय करने से मानसिक होते है। शरीर व मन परस्पर एक दूसरे के आश्रित होने से अर्थात शारीरिक रोग पहले शरीर को पश्चात मन को कष्ट देते हैं तथा मानसिक रोग पहले मन को पश्चात शरीर को कष्ट देते हैं इसी प्रकार निज रोगों में पहले दोष प्रकोप होता है बाद में कष्ट होता है तथा आगन्तूज में पहले कष्ट होता है बाद में वे दोष प्रकुपित करते हैं। इस प्रकार आगन्तूज रोग भी बाद में निज सम लक्षणों वाले हो जाते हैं। आजकल corona covid–19 को देखें तो इस व्याधि का सन्निकृष्ट कारण भी एक virus है। अतः इसे भूतजन्य आगन्तुज व्याधि के अन्तर्गत रखा जा सकता है, किन्तु देखा जाता है कि निदान समान होते ह्ये भी यह रोग किसी को होता है किसी को नहीं होता है अथवा किसी को अल्प लक्षणों वाला होता है – क्योंकि कहा भी गया है – न च सर्वाणि शरीराणि व्याधिक्षमत्वे समर्थानि भवन्ति ।

- (च सू 28 / 7)

अर्थात् सभी शरीरों का व्याधिक्षमत्व समान नही होता है। याधिक्षमत्वम् व्याधिबलविरोधित्वं व्याध् युत्पादप्रतिबन्धकत्वमिति यावत् ।

- (चक्रपाणि च. सू. २८ / ७)

यह व्याधिक्षमत्व व्याधि के बल का विरोध करने वाली तथा व्याधि के उत्पन्न होने का विरोध करने वाली शरीर की प्रतिरोधक शक्ति है, अतः शरीर का वह बल जो व्याधि को उत्पन्न ही न होने दे अथवा उत्पन्न हुई व्याधि का भी प्रतिरोध करे उसके बल को कम करें, शरीर का व्याधिक्षमत्व है। प्रत्येक व्यक्ति का यह बल अलग अलग होता है।

त्रिविध बल– शरीर मे तीन प्रकार के बल पाये जाते हैं – 1 सहज 2 कालज 3 युक्तिज सहज बल जन्म से ही उत्पन्न होता है, जिस प्रकार के माता–पिता से शरीर की उत्पत्ति होती है, उसी प्रकार से शरीर व मन के अनुसार प्राणी में बल स्वाभाविक रूप से होता है वही सहज बल है। जो बल आदान विसर्ग ऋतुओं के अनुसार अथवा बाल्य, युवा, वृद्धावस्था के अनुसार शरीर के अनुसार प्राप्त होता है वह कालज बल है तथा पौष्टिक आहार, व्यायामादि चेष्टाओं, रसायन सेवन से उत्पन्न बल युक्तिकृत बल हैं। (च॰सू. 11 / 36) तीनों दोषों में से प्राकृत कफ को ही इस शरीर का बल कहा गया है ।

प्राकृतस्तु बलं श्लेष्मा विकृतो मलं उच्यते। स चैवोजः स्मृतः काये स च पाप्मोपदिश्यते ।। – (च. सू. 18/117)

अर्थात् प्राकृत कफ को बल कहा गया है और विकृत कफ को मल कहा गया है । इसके अतिरिक्त प्राकृत कफ ही ओज है और विकृत कफ पाप (दोष) है। ओज और बल समान गुणधर्मी होने से पर्यायवाची ही है ।

रसादिशुक्रान्तानां धातूनां यत् खलु परं तेजः तत् खल्वोजः तदेव बलमित्युच्यते।

– (सु. सू. 15)

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अर्थात् रसादि सात धातुओं का जो परम तेज है वही ओज है, वही बल है ।

ओजः शरीरे संख्यातं तंन्नाशान्ना विनश्यति। —(च. सू. 17 / 74)

इस ओज के नष्ट होने पर शरीर भी नष्ट हो जाता है ।

आचार्य चरक के अनुसार जो शरीर अतिस्थूल, अतिस्निग्ध है जिस शरीर में मांस, रक्त, व अस्थि सुसंगठित नहीं है, दुर्बल शरीर, असात्म्य अहित आहार से जो पोषित हो, अल्प आहार वाला हो, अल्प सत्व वाला हो तो वह रोगों को सहने में असमर्थ होता है इसके विपरीत शरीर उत्तम व्याधिक्षमत्व वाला होता है। इन्हीं अहितकर आहार, दोष और शरीर की भिन्नता के कारण रोग की मृदु (mild), दारुण (severe) ,शीघ्र (acute) उत्पन्न होने वाले और देर से उत्पन्न होने वाले (chronic) होते हैं । –(च. सू. 28)

आचार्य चरक ने अपने इसी कथन को निदान स्थान के चौथे अध्याय मे प्रमेह रोग के उदाहरण स्वरूप पुनः समझने का प्रयास किया है जिसे एक सामान्य सिद्धान्त के अनुसार सभी रोगों के लिए समझा जा सकता है –

इह खलु निदानदोष दूष्यविशेषेभ्यो विकार विघातभावाभाव प्रतिविशेषा भवन्ति।

—(च. नि. 4)

अर्थात् शरीर में निदान, दोष, और दूष्य की विशेषता से (न्यूनाधिकता) से विकारविघातभाव (रोगों की उत्पत्ति न होने में) तथा विकारविघाताभाव (रोगों की उत्पत्ति होने में) विशेषता (न्यूनाधिकता) होती है। इस प्रकार निदान, दोष, दूष्य के बलानुसार 4 प्रकार से विशेषता हो सकती है –

- 1. विकारजननं– रोगों का सर्वथा न होना
- 2 चिरेण च विकारजननं देर से रोग की उत्पत्ति होना ।
- 3 अणुविकारजननम् सूक्ष्म रूप में रोग का प्रादुर्भाव होना
- 4 असर्वलिंगविकारजननम् रोगों के अल्प लक्षणों का ही प्रकट होना ।

यह सिद्धान्त निज व्याधियों के लिए है यदि आगन्तुज रोगों के लिए समझा जाय तो निदान आगन्तुज ही होगा तथा उसका शरीर पर प्रभाव होगा अथवा नहीं होगा अथवा कितना होगा यह शरीर बल द्वारा ही निश्चित होगा। वर्तमान समय मे यदि corona व्याधि के लिए समझें तो corona virus ही आगन्तुज निदान (हेतु) है यहाँ हेतुबल अर्थात Viral load कितना है यह महत्वपूर्ण है इसके अतिरिक्त कोरोना व्याधि शरीर मे उत्पन्न होगी या नही यह Viral load और पुरुष बल के परस्पर सयोग से निश्चित होगा ।

निदान (Viral load) यदि बलवान है और पुरुष बल अल्प है, तो व्याधि उत्पन्न होगी और बलवान होगी और दुश्चिकित्सीय होगी इसके विपरीत यदि निदान अल्प है और पुरुष बल उत्तम है तो व्याधि उत्पन्न ही नहीं होगी इसी प्रकार मध्यम अवस्था को भी समझना चाहिए ।

अब यहाँ Viral load (निदान) निर्भर करता है कि पुरुष कितना मगचवेमक है संक्रमण के लिए साथ ही यदि पुरुष निदान से दूरी बना ले तो यह हेतु स्वतः नष्ट हो जाता है, जो व्याधि उत्पन्न न होने में कारण है। किन्तु यदि पुरुष इस अदृश्य

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निदान के सम्पर्क में आता भी है तो पुरुष बल निर्धारण करने के लिए दशविध परीक्षा को समझा जा सकता है। अर्थात प्रकृति, विकृति, सत्व, सार, संहनन, सात्म्य, आहार शक्ति, व्यायामशक्ति, वय और प्रमाण ।(च. वि. 8)

हालांकि आचार्य चरक द्वारा इस दशविध परीक्षा का उल्लेख रोग रोगी बल ज्ञानार्थ ही किया गया, जहां विकृति परीक्षा रोग बल की परीक्षा है शेष 9 रोगी बल के ज्ञानार्थ ही है। यहाँ विकृति परीक्षा के अंतर्गत हम निदान को समझ सकते हैं। इसके अतिरिक्त शेष 9 प्रकृति आदि परीक्ष्य भाव स्वस्थ पुरुष के शरीर के बल का ज्ञान भी कराते हैं। दशविध परीक्षा

प्रकृति परीक्षा – गर्भ शरीर शुक्र और आर्तव प्रकृति की, काल और गर्भाशय प्रकृति की, माता के आहार–विहार प्रकृति की, महाभूत विकार प्रकृति की अपेक्षा रखता है अतः प्रकृति जिस जिस दोष के आधिक्य से हो तो, उन्हीं दोषों से गर्भ भी सम्बन्धित हो जाता है इसके बाद गर्भकाल से ही लेकर मनुष्य की जो प्रकृति बनती है उसे दोष प्रकृति कहते हैं और उसी के आधार पर उसका बल निर्धारण होता है –

कफ प्रकृति पुरुष – बलवान पित्त प्रकृति पुरुष – मध्यम बल वात प्रकृति पुरुष – अल्प बल वाले होते हैं ।

सार परीक्षा— पुरुष के बल का प्रमाण जानने के लिए 8 प्रकार के सार बताए गए हैं— त्वचासार, रक्त्सार, मांससार, मेदसार, अस्थिसार, मज्जासार, शुक्रसार एवं सत्वसार। इन सब सारों से सम्पन्न पुरुष अत्यधिक बलवान होता है, जरा देर से आती है एवं रोग अल्प होते हैं। असार पुरुष विपरीत लक्षणों वाले होते हैं। संहनन परीक्षा— जिनके शरीर में अस्थियाँ सम व अलग अलग उचित रूप से विभक्त हो, संधियाँ दृढ़ हों मांस व रक्त समस्थित हों, इस प्रकार के शरीर को सुसंगठित कहा जाता है। सगंठित शरीर वाले मनुष्य बलवान होते हैं व हीन सहंनन से हीन बल तथा माध्यम संहनन से मध्यम बल वाले होते हैं ।

प्रमाण परीक्षा— अपनी अपनी अंगुलि के प्रमाण से शरीर के अंगों के अवयवों का अलग—अलग प्रमाण बताया गया है। यह शरीर आयाम और विस्तार में शरीर के बराबर हो तो उसे समशरीर कहा जाता है। सम शरीर में आयु बल आजे आदि उत्तम होते हैं, हीन और अधिक होने पर बलादि भी हीन व मध्यम होते हैं।

सात्म्य परीक्षा— जो मनुष्य सभी रसो ंको सात्म्य कर चुके हैं वह बलवान है, जिन्होनें एक ही रस को सात्म्य किया है वह अल्प बल वाले हैं तथा जिन्होंने दो तीन रसों को सात्म्य किया है वे मध्यम बल वाले हैं।

सत्व परीक्षा— सत्व मन को कहा जाता है। वह बल भेद से तीन प्रकार का होता है— प्रवर, मध्यम, अवर। सत्वसार मनुष्य निज व आगन्तुज कारणों से उत्पन्न होने वाली व्याधियों से नहीं घबराते, मध्यम सत्व वाले दूसरों का सहारा लेकर स्वयं को अवलंबित करते हैं तथा अल्प सत्व वाले छोटी विपत्ति को सहन करने में भी असमर्थ होते हैं।

आहार परीक्षा— आहार शक्ति की परीक्षा भोजन करने की शक्ति और उसे पचाने की शक्ति देखकर की जाती है ।

व्यायाम परीक्षा– कार्य करने की शक्ति से अनुमान किया जाता है कि शरीर मे उत्तम, मध्यम,

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हीन कौन सा बल है। अधिक कार्य करने कि शक्ति से उत्तम बल, मध्यम कार्य करने से मध्यम बल एवं अल्प कार्य करने की शक्ति से हीन बल समझना चाहिए ।

वय परीक्षा— स्थूल रूप से भेद करने पर वय तीन हैं — बाल, मध्य, जीर्ण । मध्यावस्था बल के अनुसार उत्तम है व बाल्यावस्था व जीर्णावस्था अल्प बल वाले है।

अवलोकन – इस प्रकार विकृति को छोड़कर शेष दशविध परीक्षा मनुष्य के प्रवर, मध्यम, अवर बल का ज्ञान कराती है। जैसा कि पहले ही कहा गया है कि बल त्रिविध होते हैं – सहज, कालज, युक्तिकृति तथा विकृति को छोड़कर शेष दशविध भावों को इन तीन बालों के अंतर्गत समाहित किया जा सकता है –

सहज बल – प्रकृति, प्रमाण परीक्षा, कालज बल – वय परीक्षा, युक्तिकृति बल – सत्व, सार, संहनन, सात्म्य, आहारशक्ति, व्यायामशक्ति ।

निष्कर्ष –

उपरोक्त अवलोकन से स्पष्ट है कि केवल युक्तिकृत बल है, जिसे हम अपने उत्तम हितकर आहार—विहार, व्यायाम, रसायन सेवन से वृद्धि कर सकते हैं। बल वृद्धि होने पर आगन्तुज निदान का प्रभाव भी स्वतः कम हो जाता है, अतः युक्तिकृति बल वृद्धि के कुछ उपाय निम्नवत हो सकते हैं –

 सत्व गुण बढाते हुये मन की गति अध्यात्म की ओर करनी चाहिए, सुविचार धारण करना चाहिए। सदैव सद्वृत का पालन करना चाहिए व सज्जनों का साथ व दुर्जनों से दूरी बनानी चाहिए। यहाँ दुर्जन से संक्रमित पुरुष समझा जा सकता है, अतः संक्रमित पुरुषों से दूरी बनानी चाहिए।

- सत्व गुठा प्रधान भोजन करना चाहिए— जो लघु, मात्रावत, हितकर तथा धातुओं के अनुकूल हो, हमारे शरीर का सार, संहनन, सात्म्य आहार के अपेक्षित है।
- प्रमाण बल आंशिक सहज व आंशिक युक्तिकृत समझा जा सकता है, जो आहार शक्ति व व्यायाम बल के अपेक्षित है।
- नित्य सामर्थ्य के अनुसार व्यायाम व योगाभ्यास करना चाहिए। ये पुरुष के व्यायाम बल को बढ़ाते हैं।
- 5. वे सभी भाव जो निज रोगों से शरीर की रक्षा करते हैं, वे सभी आगन्तुज रोगों के विपरीत इस शरीर का बल बढ़ाते हैं जिनमे सर्वप्रथम है अधारणीय वेगों का धारण नहीं करना चाहिए, यथासमय मल का शरीर से निष्कासित होना शरीर के स्वस्थ होने के लिए आवश्यक है। दिनचर्या, रात्रिचर्या ऋतुचर्या का पालन करना चाहिए।
- 6 इसके अतिरिक्त अनेक रसायन औषधियों का वर्णन आयुर्वेद में किया गया है, जिसका सेवन शरीर का बल बढ़ाकर (भूतादि) आगन्तुज निदान से शरीर की रक्षा कर सकता है इनमें गिलोय, पिप्पली, तुलसी, अश्वगंधा, दालचीनी, मरिच, यष्टिमधु आदि प्रमुख हैं।

संदर्भ ग्रन्थ सूची –

- 1. चरक संहिता चौखम्भा भारती अकादमी वाराणसी
- चक्रपाणिदत्त कृत आयुर्वेद दीपिका टीका च०स०, वैद्य विक्रम जी आचार्य, चौखम्बा प्रकाशन
- सुश्रुत संहिता, यादव जी विक्रम जी आचार्य, चौखम्बा ओरिण्टेलिया, वाराणसी

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IS "AYUSH KWATHA" A JUDICIOUS FORMULATION FOR PROPHYLAXIS & MANAGEMENT FOR COVID-19? : AN ANALYSIS

ABSTRACT:

COVID-19 is a severe acute respiratory syndrome (SARS) caused by novel corona virus (CoV-2). It has become a pandemic affecting large population across the globe. The infected individual shows flu-like symptoms i.e. throat, fever. sore mvalgia. breathlessness, headache. There is no specific treatment or vaccine available till now. Hence, preventive approach by distancing, practising social maintaining personal/social hygiene and immunity-boosting measures are being adopted to combat the deadly virus. Ministry of AYUSH released advisory for immunity boosting during COVID-19 outbreak. Along with various measures it includes intake of Ayush kwatha, which consist, of four herbs, Tulasi (Ocimum sanctumL.), Tvak (Cinnamomum zeylanicum Blume), Shunthi (Zingiber officinalis Roscoa) and Maricha (Piper nigrum L.). This is not a classical Ayurvedic formulation but a rational combination advised as per the need of scenario. However, the ingredients included are well narrated - Shivani Ghildiyal¹, Kajal², Vishal Kumar³ e-mail: drshivanighildiyal@gmail.com

in Ayurvedic classics and scientifically evaluated. But the entire formulation is not evaluated for its pharmacodynamic and pharmacokinetic attributes. In the present paper an attempt has been made to analyze the rationality and science Ayush kwatha and their behind relevance in the management of COVID-19 based on Ayurvedic fundamentals and reported pharmacological their activities. Review was done from Avurvedic literature and relevant published researched papers. It was found that the herbs of Ayush kwatha have Katu, Tikta rasa and Ushna veerya .They are advocated for management of Jwara, Shwasa and Kasa. They are effective in balancing Tridosha and have pharmacological activities like immunomodulatory, anti-pyretic and anti-tussive, which can play an important role in COVID-19. The formulation seems to work through its Hetu vipreeta, Vyadhi vipreeta and Ubhayavipareeta attribute. The herbs of the formulation also have anti-viral and anti-microbial activities thus; may also work through Pratighata(killing) of the virus.

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Key words: Ayush kwatha, COVID-19, Ayurveda

INTRODUCTION:

The exponential spread of novel coronavirus (2019-nCoV) or the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have become a major threat to the world. As of 8 June 2020, WHO confirmed that the outbreak has affected 69,31,000 people and proved fatal to 4,00,857 cases.¹ The first case of covid-19 was detected in Wuhan, China which was reported to WHO on 31st December 2019. Later, on 30 January 2020, it was declared as public health emergency of international concern. The clinical presentation of corona virus is quite diversified, ranging from asymptomatic to acute respiratory distress syndrome (ARDS) and multi-organ failure. Common symptoms include fever, sore throat, cough, headache, myalgia and breathlessness.²It was witnessed that mostly persons associated comorbidities and elderly reach the fatal stage due to development of pneumonia, ARDS or multi-organ dysfunction.³ Global restrictions and guidelines were produced to combat this highly contagious virus. Despite rigorous efforts of the authorities, scientists and health care providers, the situation is becoming very critical with cases rising every day. There is no specific antiviral treatment or vaccine till date.⁴

In the absence of definite cure, people are widening their approach towards prevention and boosting their immunity. Ayurveda, our traditional system of medicine has tremendous potential in preventive and curative aspects. Rasayana chikitsa is one of the eight specialities of Ayurveda which aims at providing optimum nourishment to Dhatus.^{5,6} Acharva Charaka described that the herbs which stabilise the age, promote life span, intellect, strength and also alleviate the diseases are termed as Rasayana.⁷ Rasayana drugs also possess pharmacological activities like antioxidant. immuno-modulatory, rejuvenatory and anti-ageing.⁸

Keeping this fact in mind Ministry of AYUSH has released certain self-care routine measures to boost immunity on the basis of Ayurvedic literature. Ayush kwatha (Ayurvedic tea or decoction) a combination of four herbs is one among them.⁹ This polyherbal formulation, has Tulasi (Ocimum sanctum L.) basil leaves, *Tvak* (*Cinnamomum zeylanicum* Blume) Cinnamon bark, Shunthi (Zingiber officinalis Roscoa) (Dry ginger rhizome) and Maricha (Piper nigrum L.) Black pepper fruits, in the ratio of 4:2:2:1 respectively. The idea behind Ayush kwatha is the easy availability and cost effectiveness and provided to be beneficial for immunity boosting and managing the sign and symptoms of COVID-19 as per Ayurveda.

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Therefore, an effort has been made in this review to understand the Modus-Operendi of *Ayush kwatha* on the basis of pharmacological activities, pharmacodynamic attributes of its herbs, Ayurvedic doctrine for disease prevention and management. This effort may help to understand the rationality of herbs in *Ayush kwatha* and its applicability in management of COVID.

MATERIALSAND METHODS:

Ayurvedic literature was explored to gather pharmacodynamic attributes and therapeutic properties of all the four herbs mentioned in *Ayush kwatha*. Published research papers available on PubMed were searched using Latin name of each herb to congregate pharmacological activity (antiviral, anti-microbial, antiinflammatory, immunomodulatory, antitussive and antipyretic) beneficial to prevent and manage symptoms of COVID-19. The entire information was critically analysed and presented in systematic manner to establish rationality and applicability of *Ayush kwatha* to break pathogenesis of COVID -19.

OBSERVATIONS AND RESULTS:

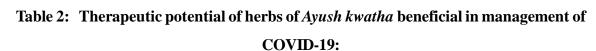
Pharmacodynamic	Name of herbs			
attribute	Tulasi	Tvak	Shunthi (Zingiber	Maricha (Piper
	(Ocimum	(Cinnamomum	Officinale Roscoe)	nigrum L.)
	`		Officinale Roscoe)	nigrum L.)
	sanctum L).	zeylanicum		
		Blume)		
Rasa (taste)	Katu	Tikta(bitter)	Katu (B.P.N.	Katu (B.P.N.
	(pungent),	(B.P.N.	Haritakyadivarg	Haritakyadivarg
	Tikta (Bitter)	Karpuradivarg	42)	45-46)
	(B.P.N.Pushpv	57)		
	arg 51)			
Guna (properties)	Ruksha (dry)	Laghu (Light)	Snigdha	Ruksha, Tiksha
	(B.P.N.		(unctuous), Laghu	(sharp)
	Pushpvarg 51)		(B.P.N.	(B.P.N.
			Haritakyadivarg	Haritakyadivarg
			42)	45-46)
Veerya (potency)	Ushna (hot)	Ushna (M.N.	Ushna	Ushna
	(B.P.N.	Karpuradivarg	(B.P.N.	(B.P.N.
	Pushpvarg 51)	28)	Haritakyadivarg	Haritakyadivarg
			42)	45-46)
Vipaka	Katu	Katu	Madhura (sweet)	Katu
(biotransformatio	(pungent)		(B.P.N.Haritakyadi	(B.P.N.
n)	(B.P.N.Pushpv		varg 42)	Haritakyadivarg
	arg51)			45-46)

Table 1: Pharmacodynamic attributes of herbs of Ayush kwatha

B.P.N.- Bhavprakasha Nighantu, M.N.-Madanapala Nighantu

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Therapeutic	Herbs of Ayush kwatha								
potential	Tulasi	Tvak	Shunthi	Maricha					
	(Ocimum	(Cinnamomum	(Zingiber	(Piper nigrum L.)					
	sanctum L).	zeylanicum	Officinale						
		Blume)	Roscoe)						
Jwara (fever)	Juice of Tulasi	-	Decoction	-					
	with powder of		(B.P.Ci.1.831)						
	Maricha(S.G.2								
	.1.10)								
Kasa (cough)	Juice of Tulasi	-	Decoction	Powder of Pippali					
	with honey		(B.P.Ci.1.831)	with honey, ghee or					
	(CS.Ci.18/117)			sugar (C.S.Ci.22)					
				(S.S.U.52/21,					
				A.S.Ci.4.57-58,					
				A.H.Ci.3/47)					
Shwasa	Shwashara	-	Powder with	Maricha powder					
(respiratory	Mahakashaya		jaggery	with Yavakshara					
diseases)	(Group of ten		(A.H.Ci.4.46)	(A.S.Ci.6/34)					
	Anti-dyspnoeic								
	drugs)								
	(C.S.Su.4/37)								
Rasayana	-	Shukrala	Vrishya	-					
(immunomodulator)		(semenogague),	(Aphrodisiac)						
		Balya	(B.P.N.						
		(Increases	Haritakyadivarg						
		strength)	42)						
		(B.P.N.							
		Karpuradivarg							
		57)							
	1	1	1						

S.G.-Sharangdhara Samhita, C.S.Ci.-Charaka Samhita Chikitsa-sthana, B.P.N.-Bhavaprakasha Nighantu, B.P.Ci. -Bhavaprakasha Samhita Chikitsa-sthan, A.H.Ci.- Ashtanga Hridya Chikitsa-sthana, S.S.U.- Sushruta Samhita Uttar-sthana, A.S.Ci.- Ashtanga Sangraha Chikitsa-sthana.

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Table 3: Reported pharmacological activities of herbs of Ayush kwathavaluable in management of COVID-19:

Pharmacological	Drug								
Activity	Ocimum	Cinnamomum	Zingiber	Piper nigrum					
	sanctum L.10	zeylanicum	officinale	L. ^{19,20}					
		Blume ^{11,12,13,14}	Roscoe ^{15,16,17,18}						
Anti-viral	+	+	+	-					
Anti-microbial	+	+	+	+					
Anti-	+	+	+	+					
inflammatory									
Immuno-	+	+	+	+					
modulatory									
Anti-tussive	+	-	+	+					
Anti-pyretic	+	-	+	+					

DISCUSSION:

In a compound formulation the modusoperandi are contributed by its each ingredient. However, the ultimate effect of the formulation may be explained on the basis of their Pharmacodynamic attributes (Rasa, Guna. Veerya, Vipaka & *Prabhava*) or it may differ from the effect of individual component.²¹ The ingredients may enhance the activity of other ingredient through synergistic effect and additive effects. Few of them may help to mitigate adverse effects of other ingredients and some help in balancing of Tridosha. Few of them work by virtue of Rasa, few by Veerva or Vipaka and some by Prabhava.²² Infact, the explanation of ultimate pharmacodynamic of herbs or

combination is done on the basis of *Karma* (reported activity).²³

On the basis of above Ayurvedic principle, the rationality and applicability of herbs in Ayush Kwatha states that Tulasi, Shunthi, Pippali have Katu rasa and Tvak is Tikta rasa. Thus, the combination has Katu rasa balanced by Tikta rasa of Tvak. Further Katu vipaka of Tulasi, Pippali and Tvaka is balanced by Madhura vipaka of Shunthi. In this way, Kaphadosha is manageable with Katu, Tikta rasa and Ushnaveerya. While Vata dosha is manageable by Ushna veerya and Pitta by Madhura vipaka and Tikta rasa. Therefore, the combination has Tri-dosha shamaka property. Tikta²⁴ and Katu²⁵rasa also has Kriminashana (anti-microbial) property.

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Further, Acharya Charaka has emphasized that medicine work in three ways namely Hetu-vipreeta (against the cause), Vyadhi-vipreeta (against the sign and symptoms of disease) and Ubhayavipreeta (against cause, sign and symptoms of disease).²⁶ Vyadhi pratyaneeka (against sign and symptoms of disease) potential i.e. Jwarahara (Anti-pyretic) and Shwasa-kasahara (Anti-dysnpoeic/ Anti-tussive) effect. of herbs in Ayush kwatha may be helpful to mitigate sign and COVID-19. symptoms of Here pharmacological activities of ingredients support the mechanism of these drugs.

Additionally while describing chikitsa of Krimi (macro and micro pathogens) Acharya Charka has described three principles to deal with Krimiroga (worms & microbes) among them Adrishyakrimi Prakriti-vighata is one way.²⁷ The concept of Adrishyakrimi Prakriti-vighata can be correlated with anti-microbial, antibacterial and antiviral activity. Further, Katu-tikta-kashaya rasa and Ushna dravya are useful for Prakriti vighata. Thus, we can say that Katu-tikta rasa and Ushna veerya of Ayush kwatha help in Prakriti vighata, which is supported by anti-microbial potential of its ingredients. This potential may help in management of COVID-19. Anti-viral drugs are choice for viral infections. The formulation has the combination of anti-viral herbs which can play an important role against the viral infection.

In addition to this potential,*Tridosha* shamaka attribute of the combination may help in *Dosha pratyaneeka* action (against the *dosha* of disease). The main symptoms of COVID-19 include fever (*jwara*) which is *Vata-kapha pradhana* sannipatika jwara.²⁸

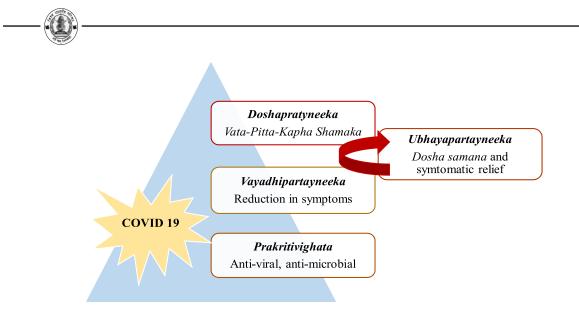
Further, the disease is a result of inflammatory response with higher proinflammatory markers in plasma.²⁹ The herbs mentioned in *Ayush kwatha* are reported for their anti-inflammatory activity. (Table-3)

The immune system is an important protective system of human body from invasion of various pathogens such as virus, bacteria and allergens and help to control pathogenesis.³⁰

The ingredients of *Ayush kwatha* have immunomodulatory action (Table-3) which is an important factor to protect from flourishing of pathogen and help to combat from diseases. Therefore, immunomodulatory potential may be beneficial in prevention and control of COVID-19 pathology.

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CONCLUSION:

Ayush kwatha is a judicious combination of herbs, which are easily available and cost effective. The review reflects that it may work through its Doshpratyaneeka, Vyadhipratyaneeka or Ubhayapratyaneeka pharmacodynamics. It also has *Prakritivighata* potential which may help to limit viral load. The therapeutic potential of herbs and reported pharmacological activities indicates towards Vyadipratyaneeka action of the combination. Further, immune boosting attribute of Ayush kwatha may help in early recovery. Therefore, it may be stated that Ayush kwatha is a thoughtful compound formulation advised by Ministry of AYUSH for prophylaxis and management of COVID-19.

References:

- 1. <u>https://covid19.who.int/</u>lastaccessed on 9 June 2020 at 10.00 AM.
- 2. Tanu Singhal. A Review of Coronavirus Disease 2019 (COVID-19).*Indian J Pediatr.* 2020 Apr; 87(4):281-86.
- Ye Yi, Philip N.P. Lagniton, Sen Ye, Enqin Li, Ren-He Xu. COVID-19: what has been learned and to be learned about the novel coronavirus disease. *Int J Biol Sci*. 2020; 16(10): 1753-66.
- 4. Tarek Mohamed Abd El-Aziz, James D. Stockand. Recent progress and challenges in drug development against COVID-19 coronavirus (SARS-CoV-2) - an update on the status. *Infect Genet Evol.* 2020 Sep; 83: 104327.
- Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Aacharya. Sutra

Journal of Vishwa Ayurved Parishad/May-June 2020





Sthana. Ch. 30, Ver. 28. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 189.

- Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Aacharya. Chikitsa Sthana. Ch. 1(1), Ver. 8. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 376.
- Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Aacharya. Chikitsa Sthana. Ch. 1(1), Ver. 7-8. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 376.
- Balasubramani SP, Padma Venkatasubramaniam, Bhushan K Patwardhan, Plant based Rasayana Drugs from Ayurveda, *Chin J Integr Med* 2011 Feb; 17 (2): 88-94.
- 9. <u>https://www.mohfw.gov.in/pdf/</u> <u>ImmunityBoostingAYUSHAdvisory.pdf</u>last accessed 8 June at 11.30 AM.
- Cohen MM. Tulsi Ocimum sanctum: A herb for all reasons. J Ayurveda Integr Med. 2014;5(4):251 259.
- Abdel-Hameed, Mohamed &Helmy, Samah&Nakhriry, Marwa. The Anti-viral and Immunomodulatory Activity of Cinnamon zeylanicum Against "NDV" Newcastle Disease Virus in Chickens. *International Journal of Sciences: Basic and Applied Research (IJSBAR)*. 2017; 32. 251-262.

- 12. Ranasinghe P, Pigera S, Premakumara GA, Galappaththy P, Constantine GR, Katulanda P. Medicinal properties of 'true' cinnamon (Cinnamomumzeylanicum): a systematic review. *BMC Complement Altern Med.* 2013;13:275.
- 13. Hong JW, Yang GE, Kim YB, Eom SH, Lew JH, Kang H. Anti-inflammatory activity of cinnamon water extract in vivo and in vitro LPS-induced models. *BMC Complement Altern Med.* 2012;12:237.
- Lee BJ, Kim YJ, Cho DH, Sohn NW, Kang H. Immunomodulatory effect of water extract of cinnamon on anti-CD3-induced cytokine responses and p38, JNK, ERK1/ 2, and STAT4 activation. *ImmunopharmacolImmunotoxicol*. 2011;33(4):714 722.
- 15. Chang JS, Wang KC, Yeh CF, Shieh DE, Chiang LC. Fresh ginger (*Zingiberofficinale*) has anti-viral activity against human respiratory syncytial virus in human respiratory tract cell lines. J Ethnopharmacol. 2013;145(1):146 151.
- 16. Islam, Kamrul&Rowsni, Asma & Khan, Md. Murad & Kabir, Md. Antimicrobial activity of ginger (Zingiberofficinale) extracts against food-borne pathogenic bacteria. *International Journal of Science, Environment and Technology*. 2014; 3.
- 17. Jyotsna Dhanik, Neelam Arya and Vivekanand, A Review on Zingiberofficinale, Journal of Pharmacognosy and Phytochemistry 2017; 6(3): 174-184

Journal of Vishwa Ayurved Parishad/May-June 2020





- <u>https://onlinelibrary.wiley.com/doi/epdf/</u> <u>10.1002/ptr.5508</u>last assessed on 5 June at 6.00 PM.
- Takooree H, Aumeeruddy MZ, Rengasamy KRR, et al. A systematic review on black pepper (*Piper nigrum* L.): from folk uses to pharmacological applications. *Crit Rev Food SciNutr*. 2019;59(sup1):S210 S243.
- 20. Meghwal M, Goswami TK. Piper nigrum and piperine: an update. *Phytother Res*. 2013;27(8):1121 1130.
- 21. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Aacharya. Vimana Sthana. Ch. 1, Ver. 10. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 232.
- 22. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Aacharya. Sutra Sthana. Ch.26, Ver. 71. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 148.
- Acharya YT editor. Sushruta Samhita of Sushruta, Sutra Sthana, Ch. 46, Ver. 514, Varanasi: Chaukhambha Orientalia; 2017. p. 252.
- 24. Kunte AM, Navare KS, Shastri HS editor. Ashtanga Hridayam of Vagbhata, Sutra Sthana, Ch. 10, Ver. 14, Varanasi: Chaukhambha Samskrita Samsthana; 2017. p. 176.
- 25. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya

Jadavaji Trikamji Aacharya. Sutra Sthana. Ch. 26, Ver. 43(4). Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 144.

- 26. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Aacharya. Nidana Sthana. Ch. 1, Ver. 10. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 195.
- 27. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavaji Trikamji Aacharya. Vimana Sthana. Ch. 7, Ver. 15. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p. 258.
- 28. <u>https://www.ayush.gov.in/docs/</u> <u>ayurveda.pdf</u>last accessed on June 8 at 12:20 PM.
- 29. Harapan H, Itoh N, Yufika A, et al. Coronavirus disease 2019 (COVID-19): A literature review. *J Infect Public Health*. 2020;13(5):667 673.
- 30. Yamada K, Hung P, Park TK, Park PJ, Lim BO. A comparison of the immunostimulatory effects of the medicinal herbs Echinacea, Ashwagandha and Brahmi. J Ethnopharmacol. 2011;137(1):231 235.

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COVID-19: A DISEASE TARGETED DRUG REVIEW OF PLANT ORIGIN IN AYURVEDA

ABSTRACT:

The novel coronavirus disease 2019 (COVID-19) is a pandemic and serious health concern worldwide. Most people with COVID-19 develop only mild to moderate disease, approximately 15% develop severe illness that requires oxygen support, and 5% develop critical symptoms. The symptoms of COVID-19 are mostly related to respiratory tract and according to Ayurveda, the diseases of respiratory system resulting due to vitiation of kapha and vata dosha. There is neither any disease specific drug nor vaccine is available for prevention of or cure to it. At present, treatment provided are mainly symptom based, and with organ support to the seriously ill individual. Majority of the drugs used falls under any of the classification of antiviral, anti-malarial, anti-HIV, antiinflammatory and monoclonal antibodies. In Ayurveda, the principle of management of any new disease is designed on the basis of prakriti (nature), samutthana (etiology) and adhishthana (disease location). Considering different disease and drug factors, medicinal plants having deepana (stimulant),

pachana (digestive), rasayana (immunity boosting), shwasahara (anti-dyspneics), kasahara (anti-cough), lekhana (emaciating), shothahara (anti-inflammatory), jwarahara (antipyretic), krimighna (antiviral) and (antitoxic/ vishaghna immune modulating) etc. properties may be successfully used on the basis of their safe and effective use in COVID-19 like symptoms. Such drugs from selected mahakashaya and gana (groups) are reviewed for their multidimensional therapeutic properties and actions. Natural active compounds from medicinal plants have already been tested as potential drug candidate against many infective diseases. There is strong possibility of research in disease target drug of plant origin from selected groups in coming days for effective use in COVID-19.

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Keywords : Covid-19, Ayurveda, Hebal, Plant, Viral injection, Respiratory tract

INTRODUCTION:

The novel coronavirus disease 2019 (COVID-19), caused by the Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), was first found in

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pneumonia patients living in Wuhan, China (so-called Wuhan coronavirus), is now worldwide panic and global health concern. It is known to infect humans, and is capable of human-to-human transmission ^{1,2}. People infected with COVID-19 have a wide range of symptoms of respiratory infection ranging from mild to severe illness. Symptoms may appear 2-14 days after exposure to the virus. These may include fever or chills, cough, shortness of breath or difficulty in breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea³.

Most people with COVID-19 develop only mild (40%) or moderate (40%) disease, approximately 15% develop severe disease that requires oxygen support, and 5% have critical disease with complications such as respiratory failure, acute respiratory distress syndrome (ARDS), sepsis and septic shock, thromboembolism, and/or multi-organ failure, including acute kidney injury and cardiac injury ⁴. Older age, smoking^{5,6} Underlying non-communicable diseases (NCDs) such as diabetes, hypertension, cardiac disease, chronic lung disease and cancer, have been reported as risk factors for severe disease and death^{7,8} COVID-19. It is associated with mental and neurological manifestations, including delirium, agitation, stroke, meningoencephalitis, impaired sense of smell or taste anxiety, depression and sleep problems⁹.

At present, treatment provided are mainly symptom based, and with organ support to the seriously ill individuals. The majority of the drugs are used for treatment of COVID-19 worldwide falls under any of the classification such as antiviral, antimalarial, anti-HIV, antiinflammatory and monoclonal antibodies1. It is recommended to collect standardized clinical data on all hospitalized patients to improve understanding of the natural history of the disease¹⁰, so as to find an effective cure to this pandemic. Though different steps for combating COVID-19 and prevent transmission of the virus are being practiced, but there is growing worldwide anxiety of being infected sooner or later by this virus. It is imperative to find a long term solution to live in COVID era by adopting a holistic approach to prevent or cure of physical, psychological, social and spiritual suffering. Since, there is no empirical therapy or vaccine is successfully in use for treating coronavirus, the prevention from getting infected or increasing body immunity against the virus are presently stressed upon. The Ministry of AYUSH has issued time to time advisories on such immunity boosting measures¹¹⁻¹³.

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MATERIALS AND METHODS:

Ayurvedic approach to Disease COVID-19

Ayurveda has its own principle of health and disease understanding and subsequent intervention thereon. The concept of a newly emergent disease morbidity and management is not unfamiliar to it. It is stated that diseases are innumerable due to variation in etiology and location, thus naming to each one is not possible¹⁴. The concept of virus could theoretically be inferred with the fact of derangement in air, water etc causing epidemic¹⁵. The symptoms of COVID-19 are mostly related to respiratory tract. Respiratory tract is the site of $kapha^{16}$ and the disease of respiratory system resulting due to vitiation of kapha and vata dosha^{17,18}. The COVID-19 is pandemic by nature (prakriti), caused by SARS-Cov-2 virus (samuthana) and affecting the respiratory system (adhishthana) primarily. The principle of management of any new disease is designed on the basis of prakriti (nature), etiological factor (*samutthana*) and disease location (adhishthana)¹⁹.

Theoretical approach to medicinal plants (drugs)

With referring the pathway of disease appearance a strong correlation of Ayurvedic intervention with medicinal plants could be hypothetically made for further research and development. Therefore, some potential drugs having rasayana (immunity boosting)²⁰⁻³¹, deepaniya (stimulant)³², kasahara (anticough)³³, shwasahara (anti-dyspneics)³⁴, krimighna (antiviral)³⁵, vishaghna (antitoxic/ immune modulating) ³⁶, lekhaniya (emaciating)37, jwarahara (antipyretic)³⁸, shothahara (antiinflammatory)³⁹ actions could be successfully used on the basis of their safe and effective use in COVID-19 like symptoms. Pippalyadi⁴⁰, Surasadi⁴¹, Eladi⁴², Aragvadhadi⁴³, Rodhradi⁴⁴ and Arkadi⁴⁵ ganas are also reviewed for their multidimensional therapeutic properties and actions (Table.1). Many of the drugs of these groups like Guduchi, Pippali, Maricha, Shunthi, Ela, Dalchini, Tulasi, Haridra etc are being recommended as a package of immunity boosting measures by the government time to time^{11,13}.

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SI. No	Plants (Dravya)	Botanica Name	Effect on <i>Doshas</i> (1)	Rasa- yana	Deepana - Pachana	Sawasa -hara	Kasa -hara	Visha- ghna	Krimi- ghna	Shotha- hara	Jwara -hara	References
1.	Pippali	<i>Piper longum</i> Linn.	KV	+	+	+	+	-	+	-	+	[21,32,33,4 0,46]
2.	Maricha	<i>Piper nigrum</i> Linn.	KV	-	+	+	+	-	+	-	+	[32,35,40,4 7]
3.	Shunthi	Zingiber officinale Roxb.	KV	-	+	+	+	-	-	+	+	[32,40,48]
4.	Kalamegha	Andrographis paniculata Nees	KP	-	+	-	-	+	+	+	+	[43, 49]
5.	Jeeraka	<i>Cuminum</i> <i>cyminum</i> Linn.	KV	-	+	-		+	+	-	+	[40, 50]
6.	Ativisha	Aconitum heterophylum Wall	Tridos ha	-	+	-	+	-	+	+	+	[37,40,51]
7.	Mustaka	<i>Cyperus</i> <i>rotundus</i> Linn.	KP	-	+	+	+	+	+	+	+	[37, 52]
8.	Chitraka	Plumbago zeylanica Linn	KV	+	+	-	+	-	+	+	-	[25,32,37,4 0,43,53]
9.	Guduchi	<i>Tinospora</i> <i>cordifolia</i> Willd Miers ex Hook.f.& Thoms	Tridos ha	+	+	-	+	+	+	-	+	[23,43,54]
10	. Amalaki	<i>Emblica</i> officinalis Gaertn	Tridos ha	+	+	+	+	-	-	-	+	[33,38,55]
11	. Bhallataka	Semecarpus anacardium Linn.	KV	+	+	+	+	+	+	+	+	[22,32,56]
12	. Vidanga	<i>Embelia ribes</i> Burm	KV	+	-	+	+	-	+	+	-	[24,35,40,4 1, 57,58]
13	. Ashwagand ha	Withania somnifera (Linn.) Dunal	KV	+	D	+	+	-	+	+	-	[28,59]
14	. Punarnava	Boerhavia diffusa Linn.	Tridos ha	+	D	+	+	+	-	+	+	[31,33,60]
15	. Gokshuru	Tribulus terrestris Linn.	VP	+	-	+	+	-		+	-	[29,35,39,6 1]
16	. Lashuna	Allium sativum Linn.	KV	+	+	+	+	+	+	+	+	[30,62]
17	. Yashthimad hu	<i>Glycyrrhiza</i> glabra Linn.	VP	+	-	+	+	-	-	-	+	[23,63]
18	. Draksha	<i>Vitis vinifera</i> Linn.	VP	+	-	+	+	-	-	-	+	[33,38,64]
19	. Haridra	<i>Curcuma</i> <i>longa</i> Linn.	Tridos ha	+	Р	+	+	+	+	+	+	[25,36,37,5 7,65]

Table 4: Showing actions of some potential medicinal plants (Dravya) can be used in COVID-19.

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20.	Vacha	Acorus calamus Linn.	KV	+	+	+	+	-	+	-	+	[26,37,40, 6,67]
21.	Vasa	Adhatoda vasica Nees	KP	+	-	+	+	-	+	+	+	[27,68,69]
22.	Tulasi	Ocimum sanctum Linn.	KV	-	+	+	+	+	+	+	+	[34,41,70
23.	Bhargi	Clerodendrum serratum (Linn.) Moon.	KV	-	+	+	+	+	+	+	+	[40,45,71
24.	Kantakari	<i>Solanum</i> <i>surattense</i> Burm.f.	KV	-	+	+	+	-	+	+	+	[33,39,72
25.	Vibhitaka	<i>Terminalia</i> bellirica Roxb.	Tridos ha	-	D	+	+	-	+	-	+	[38,68,73
26.	Shirisha	<i>Albizziz lebbeck</i> Benth.	Tridos ha	-	-	+	+	+	-	+	-	[36,57,74
27.	Shleshmata ka	<i>Cordia</i> <i>dichotoma</i> Forst.f.	КР	-	-	+	+	+	+	-	+	[36,75]
28.		Achyranthes aspera Linn.	KV	-	+	+	+	+	+	+	-	[68,76]
29.	Kadali	Musa paradisiacal L.	K	-	-	-	-	+	+	-	-	[44,68]
30.	Guggulu	Commiphora mulul (Hook ex. Stocks) Engl.	KV	-	D	+	+	+	+	+	-	[42,66,77
31.	Agaru	<i>Aquilaria agallocha</i> Roxb.	KV	+	+	+	+	-	-	-	+	[42,66,78
32.	Neemba	Azadirachta indica A. Juss	KP	-	+	-	+	+	+	-	+	[32,43,66 9]
33.	0	Vitex negundo Linn.	KV	-	+	+	+	+	+	+	+	[35,36,41 0]
34.		<i>Cinnamomum</i> <i>zeylanicum</i> Breyn	KV	-	+	+	+	+	+	-	-	[42, 81]
35.	Ela	<i>Elettaria</i> <i>cardamomum</i> Maton.	Tridos ha	-	+	+	+	+	-	-	-	[36,42,82

* K- Kapha; V- Vata; P- Pitta; D- Deepana; P- Pachana; J- pacifying.

DISCUSSION:

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Ayurveda imparts knowledge about the *dravyas* (drugs of plant, animal and mineral origin) along with their properties and actions (CS.Su.30.23). The drug is effective due to its intrinsic composition

(*dravya-prabhava*), properties (*guna-prabhava*, i.e by virtue of *rasa*, *guna*, *vipaka* and *veerya*) and both combined together (CS.Su.26/13). Ayurvedic pharmacology emphasizes effect of *rasa*, *guna* etc. properties (*rasa-prabhava*) and drug (*dravya-prabhava*) on the individual

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dosha (dosha-prabhava) and disease (vikara-prabhava) respectively (CS.Vi.1/ 12). Hence, the pharmacological interventions to any disease should be on the basis of symptoms (dosha-prabhava) and the nature of the disease (vikaraprabhava) itself. Since now, majority of the drugs used by conventional system in COVID-19 is symptom based. In Ayurveda, agni is considered as the key to life, vital breath and immunity and its derangement leads to disease condition (CS.Ci. 15/3-5). Therefore, maintenance of agni is important to boost up immunity and reserve the vital breath in COVID-19 patients. Deepaniya and pachaniya (Deepaniya mahakashaya, Pippalyadi gana) drugs are very important as they will take care of agni (digestive and metabolic fire). Rasayana is considered one of the remedies for epidemic disease (C.S.Vi.3/ 14.) and is responsible for longevity, vitality, freedom from disorders, (C.S. Ci. 1-I/7-8) body immunity against diseases (S.S. Ci. 29) and also curative to all psycho-somatic diseases (S.S.Ci.27). Hence, regular use of rasayana drugs, will provide prophylactic, curative and psychological support to the people during and post COVID era. The Shwasahara, Kasahara mahakashaya, Surasadi and Pippalyadi gana drugs have particular affinity to the respiratory system and used in flue, dyspnoea, cough, chest tightness and other associated symptoms of respiratory system. The drugs used in these conditions are mostly ushna, tikshna and kapha-vata pacifying. The drugs of Pippalyadi, Eladi gana are kapha-vata, whereas of Surasadi, Aragvadhadi, Rodhradi and Arkadi are kapha pacifying. Hence the selected drug from these groups may be effectively used in respiratory symptoms like flue, cough, breathing difficulty etc. observed in COVID-19. Shothahara drugs will be effective in cough, shortness of breath or breathing difficulty resulting due to tracheobronchial inflammation. Jwarahara (Jwarahara mahakashaya and Aragvadhadi gana) drugs are used in fever. Possible antiviral and immune modulating effect may be evaluated for krimighna (Krimighna mahakashaya, Surasadi and Arkadi gana) and vishaghna (Vishaghna mahakashaya, Aragvadhadi, Arkadi, Rodhradi and Eladi gana) drugs respectively. Lekhaniya (emaciating) drugs may have pharmacological action on virus lipid layer due to their scrapping out property. Further, the anti-thrombotic action of these drugs may be another aspect of research.

The scientist and researchers are of kin interest in the Indian medicinal plant heritage since it is an age old practice with time tested evidence of effective uses. Natural compounds from medicinal plants have already been tested for potential drug candidate against many infective diseases

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like malaria, dengue, leishmaniasis and so on. In COVID-19, the possibility of *Ashwagandha* has also been revealed. All these suggest that there is strong possibility of research in disease target drug of plant origin from selected groups in coming days for effective use in COVID-19.

CONCLUSION:

The drug and vaccine development for COVID-19 will take a time. Considering the current crisis of this pandemic, use of some potential Ayurvedic medicinal plants from selected groups having multifaceted pharmacodynamic properties and therapeutic indications related to the disease nature are ethical to be used on the theoretical ground that they will certainly offer some preventive and therapeutic values for the management of COVID-19 directly or as an add on therapy.

References:

- B Vellingiri, K Jayaramayya , M Iyer, A Narayanasamy, V Govindasamy, B Giridharan, S Ganesan, A Venugopal, D Venkatesan , H Ganesan, K Rajagopalan, P. K.S.M. Rahman, S G Cho, N S Kumar, M D Subramaniam. COVID-19: A promising cure for the global panic, Sci of the Total Environment 725 (2020) 138277; 1-18. <u>https://doi.org/10.1016/j.scitotenv.2020.138277</u> (6th June, 2020).
- 2. Wen F, Jing Z, Yunfeng X: 2020: A theoretical discussion of the possibility and

possible mechanisms of using sesame oil for prevention of 2019-nCoV (Wuhan coronavirus) from the perspective of colloid and interface science, DOI: 10.13140/ RG2.2.31786.98248. Avaiable at: <u>https:// www.researchgate.net/publication/ 339123581</u> (6th June, 2020).

- 3. Centers for Disease Control and Prevention. Symptoms of Coronavirus. 13th May. 2020. <u>https://www.cdc.gov/coronavirus/2019-</u><u>ncov/symptoms-testing/symptoms.html</u> (8th June, 2020).
- China CDC Weekly. Novel Coronavirus Pneumonia Emergency Response EpidemiologyTeam. Vital surveillances: the epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) – China. 2020; 2(8):113-22.
- Alqahtani JS, Oyelade T, Aldhahir AM, Alghamdi SM, Almehmadi M, Alqahtani AS, et al. Prevalence, Severity and Mortality Associated with COPD and Smoking in Patients with COVID-19: A Rapid Systematic Review and Meta-Analysis. PLoS One. 2020;15(5):e0233147. Epub (8th June, 2020).
- 6. Tobacco use and COVID-19. 11 May 2020 Statement. Geneva: World Health Organization; 2020 (https://www.who.int/ news-room/detail/11-05-2020- whostatement-tobacco-use-and-covid-19 (8th June, 2020).
- Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan,

Journal of Vishwa Ayurved Parishad/May-June 2020





China. Lancet. 2020;395(10223):497-506. Epub (8th June, 2020).

- Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult in patients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet. 2020;395(10229):1054-62. Epub (8th June, 2020).
- Mao L, Jin H, Wang M, Hu Y, Chen S, He Q, et al. Neurologic Manifestations of Hospitalized Patients With Coronavirus Disease 2019 in Wuhan, China. JAMA Neurol. 2020. Epub (8th June, 2020).
- 10. World Health Organization (WHO), 2020. Clinical management of COVID-19: interim guidance. 27th May, 2020.
- Ministry of AYUSH. Government of India. Advisory from Ministry of AYUSH for meeting the challenge arising out of spread of coronavirus (COVID-19) in India. D.O. No. S. 16030/18/2019 – NAM. 6th March. 2020. <u>https://www.ayush.gov.in/docs/ 125.pdf</u>. (28th May, 2020).
- Ministry of AYUSH. Government of India. Notification for undertaking research on COVID-19 through Ayurveda, Unani, Siddha and Homoeopathy systems. F.No.L.11011/8/2020/AS. 21st April. 2020. <u>https://www.ayush.gov.in/docs/</u><u>127.pdf</u> (28th May, 2020).
- Ministry of AYUSH, Government of India. 'Ayush health promotion product' for commercial manufacturing by Ayurveda, Siddha and Unani drug manufacturers. 24th April 2020. F.No. Z 25023/09/2018-2020-DCC (AYUSH). <u>http://</u>

www.ccras.nic.in/sites/default/files/Notices/ 25042020 Letter to States UTs for Ayush Kwathpdf (28th May, 2020).

- 14. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutra sthana, chapter 18, verse 44-45.
- 15. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Vimana sthana, chapter 3, verse 9-10.
- 16. Sharma S. P. Ashtanga Samgraha of Vriddha Vagbhata with 'Shashilekha' commentary by Indu. 1st ed. 2006. Chowkhamba Sanskrit Series Office. Varanasi. Sutra sthana, chapter 1, verse 11.
- Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Chikitsasthana, chapter 17, verse 8.
- 18.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Chikitsasthana, chapter 18, verse 6-8.
- 19. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed.

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2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutrasthana, chapter 18, verse 46.

- 20. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Chikitsasthana, chapter 1, sub-sec II, verse 5-8
- 21.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Chikitsasthana, chapter 1, sub-sec III, verse 32-35.
- 22. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Chikitsasthana, chapter 1, sub-sec II, verse 13-19.
- 23. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Chikitsasthana, chapter 1, sub-sec III, verse 30-31.
- 24. Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Chikitsasthana, chapter 27, verse 7.
- 25.Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by

Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Chikitsasthana, chapter 28, verse 3.

- 26.Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Chikitsasthana, chapter 28, verse 17.
- 27.Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Chikitsasthana, chapter 28, verse 18.
- 28.Sharma S. P. Ashtanga Samgraha of Vriddha Vagbhata with 'Shashilekha' commentary by Indu. 1st ed. 2006. Chowkhamba Sanskrit Series Office. Varanasi. Uttaratantra, chapter 49, verse 182.
- 29.Paradakara H S editor, Ashtanga Hridayam of Vagbhata with commentaries 'Sarvangasundara' of Arunadatta & 'Ayurvedarasayana' of Hemadri. Repr. 9th ed. 2005. Chaukhamba Orientalia. Varanasi. Uttaratantra, chapter 39, verse 56-57.
- 30.Paradakara H S editor, Ashtanga Hridayam of Vagbhata with commentaries 'Sarvangasundara' of Arunadatta & 'Ayurvedarasayana' of Hemadri, Repr. 9th ed. 2005. Chaukhamba Orientalia. Varanasi. Uttaratantra, chapter 39, verse 113-114.

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- 31.Paradakara H S editor, Ashtanga Hridayam of Vagbhata with commentaries 'Sarvangasundara' of Arunadatta & 'Ayurvedarasayana' of Hemadri, Repr. 9th ed. 2005. Chaukhamba Orientalia. Varanasi. Uttaratantra, chapter 39, verse 154.
- 32.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutrasthana, chapter 4, verse 9(6).
- 33.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutrasthana, chapter 4, verse 16(36).
- 34.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutraasthana, chapter 4, verse 16(37).
- 35.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutraasthana, chapter 4, verse 11(15).
- 36.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutrasthana, chapter 4, verse 11(16).
- 37. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed.

2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutraasthana, chapter 4, verse 9(3).

- 38.Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutraasthana, chapter 4, verse 16(39).
- 39. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutraasthana, chapter 4, verse 16(38).
- 40.Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 38, verse 22-23.
- 41. Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 38, verse 18-19.
- 42. Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 38, verse 24-25.
- 43.Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 38, verse 6-7.

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- 44. Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 38, verse 14-15.
- 45. Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 38, verse 16-17.
- 46.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 275-79.
- 47.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.362-65.
- 48.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.331-35.
- 49.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.544-46.
- 50.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.365-68.
- 51.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.355-57.
- 52.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.370-72.
- 53.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.359-61.
- 54.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.761-63.

- 55.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 758-60.
- 56.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.166-70.
- 57. Acharya YT, editor. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. 2000. Chaukhamba Surbharati Prakashan; Varanasi. Sutrasthana, chapter 25, verse 40.
- 58.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.503-05.
- 59.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 763-65.
- 60.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 630-32.
- 61.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 632-34.
- 62.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 72-75.
- 63.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 253-56.
- 64.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 133-35.
- 65.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.162-65.
- 66.Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with

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'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 5, verse 18.

- 67.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.28-31.
- 68. Acharya JT & Acharya NR, editors. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana, Repr.ed. 2003. Chaukhamba Surbharati Prakashan, Varanasi. Sutrasthana, chapter 11, verse 11.
- 69.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 241-44.
- 70.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.709-11.
- 71.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.298-300.
- 72.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.280-82.
- 73.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.239-41.
- 74.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.773-75.
- 75.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.135-37.
- 76.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 542-44.

- 77.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.54-58.
- 78.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.726-28.
- 79.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.149-52.
- 80.Sharma PV, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.66-69.
- 81.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp.250-52.
- 82.Sharma P V, Dravyaguna Vijnana, Repr. ed. 1998. Chaukhambha Bharati Academy, Varanasi; vol II, pp. 719-21.

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ROLE OF AYURVEDIC IMMUNO – MODULATORS TO MANAGE COVID -19 IN CHILDREN

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ABSTRACT:

Vasudhaiva kutumbakam – the world is one family is apt for Covid pandemic. Despite the individual dissimilarities in Prakriti, Ahara, Bala, Sathamya, Manas and Ayu; covid -19 has affected almost all the countries of the world and It again proves that we human beings on this earth belongs to same family/species. According to Charaka, though individual persons differ widely in physical health and vitality, they are collectively liable to devastating epidemics caused by external factors. Punarvasu, analysing the root cause of the four fold pollution, says that ultimately human misdeeds of the present life or past life arising out of intellectual blasphemy (Pragyaparadha) are responsible for all types of Cosmic pollution and resultant ailments including large scale man slaughters with or without armaments (tatha sastraprabhavasya pi janapadoddvamsasyadharma eva hetur bhavati)¹. Because of misdeeds of adults, children the next generation are becoming victim to this pandemic. Generally, COVID-19

seems to be a less severe disease for children than adults. People of all age are susceptible to this virus and young people are among them². Adults should learn to live with covid and are supposed to protect their children from covid. This review aims to summarize the Ayurvedic immune – modulators to manage covid in children.

INTRODUCTION:

According to the current literature, children account approximately for 1%– 5% of diagnosed COVID-19 cases. Approximately 90% of pediatric patients are diagnosed as asymptomatic, mild, or moderate disease. However, up to 6.7% of cases may be severe. Severe illness is generally seen in patients smaller than 1 year of age and patients who have underlying disesases. The epidemiological and clinical patterns of COVID-19 and treatment approaches in pediatric patients still remain unclear although many pediatric reports are published³.

Virus, the name is from a Latin word meaning "slimy liquid" or "poison⁴." *In Ayurveda it can be considered as Bhuta*

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– *Savisha krimi* (CP-Ch.Sh.1/119) and Graha roga. In general Viruses are the prominent cause for morbidity and mortality in children.

Mode of Immune activation in children:

After birth, under lehana karma and Jatakarma Samskara gold has been licked with madhu and ghrita⁵. Madhu & ghrita in equal quantity acts as visha due to "viruddhabisamskruti". This develops memory in the newborn body and further develops resistance for any type of visha. As the child grows, gold is also being recommended to be given alone or along with various herbal drugs brahmi, shankapushpi, mandukaparni, vacha, yashtimadhu, guduchi etc for procuring better Agni (digestive power and metabolism), Bala (physical strength and immunity), Medha (intellect), Varna (color and complexion), Ayu (lifespan)⁶⁻⁸. By this child's adaptive immunity becomes stronger to fight infections in later life.

As per WHO guidelines exclusive breastfeeding is given to child below 6 months of age. But as per Ayurveda, during this age also above said herbs can be given. As the child grows an optimum amount of milk and cow's ghee can be given depending upon digestive fire (agni). The milk is best to boil with shunti (dry ginger) and given with sugar.

Factors considered for selection of Rasayana:

Before selecting rasayana drug one must know the child's age, individual's constitution, adaptability, digestive capacity & metabolic status, status of body tissues, strength of the individual, mental status, dosha, desha, kala and drug.

Mode of action of Rasayana:

Rasayana drugs act as anti – oxidant, adaptogenic, immune modulatory, nootrophic, anabolic, anti-stress, intellectual & memory enhancer.

Prophylactic measurements of covid 19 in children -

- 1. Preservation recipes For the preservation of health of healthy children.
- 2. Promotion recipes For promotion of Ojas/Rogibala/Immunity in immune compromised children / children with recurrent infections
- 3. Protection recipes For the protection of health of children with co morbidities, disabled children.

10 points to boostup immunity against covid 19 in children

1. Mulethi dugdha or Haladi milk or Ayush decoction or rajanyadi churna:

• Take 100ml of milk is boiled with 3 grams of mulethi – good for pitta prakriti children

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- Take 100ml of milk is mixed with 1 gram of turmeric
- Decoction advised by AYUSH advisory, can be given with honey
- Rajanyadi churna 1-3grams with honey

2. Saraswatarishta/ Bhringarajasava/ Dhraksharista/ Aravindasava

Saraswataristam with gold

"balakanam cha younam cha vriddhanam cha sada hitha"

"naranari hitho nityam paramojaskaro matah"⁹

For all age groups of children, youth and old age persons and for both sexes it is beneficial all the times and can be taken regularly⁴⁶. It is best immune booster.

Amrita samah - It is equivalent to ambrosia or nectar.

Akalamrityu haranam- It Prevents untimely death.

Rasayana varah - Best immunomodulator. It is reported to have best free radical scavenging potentials⁴⁷.

Bhringarajasav:

"Dhatu kshayam jayet peetam kasam panchavidam tatha

Krishaanam cam aha pushtim kurute cha mahabalam"

It is beneficial in all types of shwasa roga and kasa roga

Dhraksharista:

It is mainly used in respiratory disorders, along with an appetizer and nutritive.

Aravindasava:

"Baalanam sarva roghagnam bala pushti agnivardanam

Aravindasava proktam aayushyo grihadoshahrit"

It is beneficial in all types of diseases related to children especially infectious diseases.

3. Usage of Chyawana prasha/Agastya rasayana

· Chyawana prasha:

"Kasashwasa haraschaaiva visheshena pradisyate Kshinakshatanam vriddhanam vriddhanam baalanaamca angavardanah"¹⁰

It is useful in kasa, shwasa, kshataksheena, can be beneficial in elderly people and for growth of children.

· Agastya rasayana:

It improves strength of respiratory system and excellent in all types of bronchial allergies and asthma.

4. Fullfilling deficiencie state :

Supplementation of water soluble vitamins mainly vit –C and fat soluble

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vitamins mainly Vit D. Essential amino acids and minerals are fulfilled.

5. Swarnaprashana:

7 days in every month swarnaprashana can be given to the children whose agni is in balance state.

6. Dinacharya – Abhyanga, Nasya karma, & Kavalagraha

Proper Dinacharya is to be followed. Children are allowed to get up by sunrise. Proper 8 to 10 hours sleep is essential. Late night sleeping, over usage of gadgets, improper intake of food is discouraged. Children are educated about social distancing, wearing of mask, respiratory etiquette etc. Children below 2 years should not wear mask.

- Abhyanga Lakshadi tail abhyanga is performed every day before giving bathing to the child.
- Nasya karma -Application of sesame oil/ Ghee in each nostril after giving bath.
- Kavala graha Oil swishing is advised for children above 5 yrs of age or who have complete control of oral motor muscle movements. For this 1 tea spoon full of sesame oil or coconut oil can be used.

7. Common problems & their management

 Common cold – Sitopaladi churna, Trikatu churna

- Rhinitis Vyoshadi vatakam, Haridra khanda
- Tonsilitis Shishubharan rasa, external application of tankan and honey
- Recurrent respiratory infections Indukanta kashayam, gorochanadi gulika
- Fever sudarshana churna, godanti bhasm, guduchi sattva
- Diarrhea Bala chaturbhadra churna
- Krimi roga/ any infections -Krimimudgar rasa
- 8. Ahara & Anna kalpana Offering exclusive home made preparations like yusha, manda, peya, yavagu, & krishara

9. Sattvavajay chikitsa & Adopting Achara rasayana

Mani dharana, dhupana karma, mantra etc and adopting achara rasayana right from the early life of child will definitely enhance the immune system

10. Adopt MASK

- M Mask up when child is going out of the home. Avoid mask under 2 yrs of age.
- A- Avoid taking children to the social gatherings
- S Social distancing of atleast two mtr (3 ft) & and sanitization awareness
- K Knowledge about respiratory hygiene.

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References:

- Charaka samhita Agnivesha Charaka Dridhabala - Vimana Sthana, Janapadodwansa vimanam Adhyaya, 3/27, edited by Vaidya Jadavaji Trikamji Aacharya,2nd edition, Chaukhamba Sanskrit Sansthan, Varanasi, 1990.
- 2. <u>https://www.who.int/emergencies/diseases/</u> novel-coronavirus-2019/advice-for-public/ mythbusters?gclid=EAIaIQobChMIs4yFz4 D v 6 Q I V w T U r C h 1 5 I w r e E A AYASAAEgLJcvD BwE#older-people
- 3. Novel Coronavirus Disease (COVID-19) in Children <u>Hasan Tezer¹</u>, <u>Tuðba Bedir</u> <u>Demirdað https://pubmed.ncbi.nlm.nih.gov/</u> <u>32304191/</u>
- 4. https://www.britannica.com/science/virus
- Vridha Jivaka, Kashyapa Samhita, Sutra Sthana, Leha Adhyaya. In: 10th ed. Shri Satyapal Bhishagacharya., editor. Chaukhambha Sanskrit Sansthan: Varanasi; 2005. pp. 4–5.
- Varanasi: Chaukhamba Orientalia; 2005. Dalhana, Commentator. Susrutha Samhita, Sharira Sthana 10/13-15, 68-70, reprint ed; pp. 388–95.
- Vagbhata, Ashtanga Hridaya, Uttara Sthana, Balopcharniya Adhyaya. 1/9, 47-48. In: Hari Shastri Paradkar., editor. 9th ed. Varanasi: Chaukhambha Orientalia; 2002. pp. 778–781.
- 8. Vagbhata, Ashtanga Samgraha, Uttara Tantra, Rasayanavidhi Adhyaya. In: 49/29-

34. 1st ed. Shivprasad Sharma., editor. Varanasi: Chaukhambha Sanskrit Series Office; 2006. p. 914.

- 9. Rajeshwara dutta shastri, Baishajya ratnvali rasayana chikitsadhikara,choukambha Sanskrit sansthan, 2004 pg no 773
- 10.Rajeshwara dutta shastri, Baishajya ratnvali rajayakshma chikitsadhikara,choukambha Sanskrit sansthan,2004 pg no 296

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A REVIEW ON MANAGING MENSTRUATION DURING COVID-19: A UNIQUE CHALLENGE

ABSTRACT:

Menstruation is a normal physiological condition in every reproductive age group female. With just the word menstruation there comes many social stigmas, restrictions, taboos and in normal situation managing menstruation goes behind silence. In this crisis of pandemic COVID-19 managing menstruation becomes more difficult now than before due to various reasons particularly in rural areas. Many challenges are faced by different groups of female including healthcare providers, female researchers. menstruating females in hospitals as patient, refugee camps etc during this crisis. There are methods of managing menstrual hygiene which will help menstruating women to bear up this crisis period.

Key words: Menstrual crisis, Menstrual absorbent, Sanitary napkins, Personal Protective Equipment (PPE), Rajaswala- charya.

INTRODUCTION:

During this COVID-19 outbreak, managing menstruation becomes difficult

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for various reason thus period poverty is a reality to many women now more than before. It is a truth that menstruation does not stop even with situations like pandemic COVID-19. Though menstruation is a natural, normal biological process in which every reproductive age girl or woman bleeds per vaginum due to shedding of inner layer of the uterine cavity (endometrium). A normal process of menstruation happens due to hormonal changes. The two basic ovarian hormones estrogen and progesterone prepare the endometrium for the fertilized ovum for further development, if there is no fertilization or zygote formation the endometrial lining breaks and shed into menstruation.

Materials and methods:

Menstrual absorbents- There are many menstrual absorbents available of which disposable sanitary napkins made of cotton is commonest others like vaginal tampons (cotton plugs), menstrual cups (of silicon) are in use. All these have user specific need example vaginal tampon is used by swimmers and athletes. It is painful that even today many menstruating females

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particularly in rural areas use un-hygienic menstrual absorbents which have an undesirable health effects (Table.1).

Table: 1 Showing Menstrual	absorbents with	hygienic and	un-hygienic uses	
with its effect				

Components		Un-hygienic menstrual absorbent	
Nature of materials used	 absorbent Locally made reusable napkins Commercial reusable sanitary napkins Commercial disposable sanitary napkins. 	Strips of sari, towel, bed sheets, other cloths, tissue, news paper, plastic bags, cow dung, dried leaves, rugs, husks, ash, sand etc.	
Advantages	· ·	Easily available, free and a few are washable, reusable.	
Disadvantages	Reusable- not always absorbent enough or have correct shape, requires adequate laundering. Disposable- costs are prohibitive, generate lot of waste, not environment friendly, need proper disposal.	absorbent, difficult and uncomfortable to use, some requires adequate	
Effect on health	A good, hygienic menstrual absorbent help girls and women to manage menstruation effectively, safely and comfortably. Also freedom from the fear of leakage and unpleasant odour makes them confident. It has a positive health effect both to body and mind.	It has a negative health effect, as increase chances of getting reproductive tract infections (RTI) which may alter the reproductive capacity or fertility.	

*In India 14% of the girls report to suffer from menstrual infections ¹

Most affected Female during COVID-19 outbreak

- All female front line health-care providers with continuous wearing of Personal Protective Equipment (PPE) for minimum 4-6 hours without using washroom.
- Laboratory researchers for COVID-19 wearing PPE for long hours.

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- Rural school girls who depend on school authority for free supply of sanitary napkins.
- Rural girls and women due to closed shop and shortage of sanitary napkins stocks due to lockdown.
- Unemployed during lockdown period has forced exit of sanitary napkins from the home grocery list.
- All those female migrating workers either stuck here and there or coming by foot from far places to their home.

COVID-19 crisis in female

Water, sanitation and hygiene (WASH) are the first line of defence against COVID-19. It's widely recognized that access to clean, running water and soap for hand washing is a critical need that must be met in our global response to the pandemic, and however there are other essential aspects of WASH (menstrual hygiene management) that should not be forgotten at this time. The National Family Health Survey 2015-2016 estimates that of the 336 million (roughly 36 percent) of women are using on an average eight sanitary napkins per menstrual cycle that are locally or commercially produced.² On any single day during this health emergency, 800 million diverse women and girls are menstruating and grappling with the unique challenges.³The lockdown during the pandemic triggered a menstrual hygiene supply crisis and medical stores started exhausting the disposable sanitary napkins very fast as when the lockdown started sanitary napkins were not included under essential list until the Addendum order issued on 29th March 2020. As a result sanitary napkin supply becomes scarce across the country. Furthermore due to restriction during lockdown only male would step out to buy household grocery which has resulted sanitary napkins skipout from the list. School girls normally get access to the sterile sanitary napkins from the school administration, as the school has shut down they are in real sense Periods Poverty.⁴

Challenges faced in diverse female groups

Front-line health care provider and laboratory researchers-The main corona warriors themselves face an unique challenge while menstruating on work. This workforce fight against COVID-19 health emergency but their own menstrual hygiene managements are not always considered and attended. Menstruating healthcare workers need enough quantities of menstrual hygiene products which are compatible with the need to wear personal protective equipment (PPE) for many hours, potentially without breaks. If healthcare workers choose to take oral contraceptive pills to suppress their menstruation during the pandemic, they should have proper access to them. However, healthcare workers should never be coerced to take contraceptives⁵. Around

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70 per cent of healthcare workers are women. To effectively respond to the pandemic, they work long hours under intense pressure. Not only do they need access to menstrual hygiene materials, but also the time and the resources to manage their <u>menstrual health.</u>

Quarantine or hospitalized women- It is difficult for female patients in hospital and in quarantine center to obtain menstrual hygiene products, according to <u>UNICEF⁶</u>. Thus in-charge must address and ensuring adequate supplies of sanitary napkins or pads. The health care staff needs to be trained to sensitively meet these needs.

Unemployment due to lockdown leads economic loss group- Economic disruptions can lead to women and girls losing access to hygiene products. These include sanitary pads, pain medications and soap. Thus Government must ensure these items be declared essential and remain available in subsidized rate and if possible free of cost. People living in poverty already face barriers to obtaining menstrual hygiene supplies and related health services. With stores and public transport closing, rising costs and increasing economic uncertainty, they are now facing even bigger hurdles. Women are forced to prioritize food and water to personal care items.

Migrating women and girls- for those women migrants stuck over and not been able to come back home before lockdown, managing periods on the long road while going to home without access to any type of amenity has been a difficulty. They are all going without sanitary facilities and menstrual absorbents.

School girls- The school girls had maximum impact of lockdown has been on the government school girls as they were getting free pads every month from their school. But now since all schools are closed, they are facing inaccessibility of sanitary pads. The government is not providing sanitary pads along with food grains or under some other schemes. These girls are completely cut off from the supply for over two months. Some girls are managing menstruation by wrapping some cotton from the pillows and mattress into a cotton cloth.

All these conditions lead to difficult in managing menstruation during this crisis.

Methods to improve menstrual hygiene during COVID-19 pandemic

(As recommended by MHAI-WaterAid's Advocacy)

- Create more awareness through community programmes including radio.
- From Administration acknowledgement and proper communication that menstrual hygiene is one of the essential aspects.
- Information on making homemade cloth pads and its maintenance.
- Priority should be given to the sanitary napkin manufacturing.

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- Menstrual hygiene products should be brought within the purview of 'essential supplies'.
- A step towards providing sanitary napkins at public places free of cost especially during this COVID-19 outbreak.
- Ensure sanitation facilities are accessible even in relief camps, isolation and quarantine centers, community and public toilets.
- Waste bins for disposing off menstrual absorbent which are used is a key component of safe sanitation and hygiene.

Ayurvedic purview: Ayurveda is a science of life, it teaches us to lead a happy and prosperous life with its basic principles. Few of its principles are laid down in the form of code of conduct in terms of menstrual hygiene which was instructed to be followed during the bleeding phase by every girl and woman. Rajaswala- charya (conduct to be followed during menstruation)^{7,8,9} it helps women to cope with her physiological changes and respond well during the phase. It includes ahara (diet) and acharas (lifestyle) like agnivardhakahara (increases the digestive fire)- Yavaka, *Havisya* (made of Sali rice, milk and ghee) etc, in today's context as per individual availability of easily digestible food. In Ayurveda to achieve conception four essential factors are required¹⁰- Ritu (normal menstrual cycle/ proper fertile period), Kshetra (healthy internal female reproductive organs), *Ambu* (good nutritional status of the female) and *Beeja* (healthy ovum in female and spermatozoa in male). Female took part a great role as all four factors are related to her. Ayurveda gives prime importance to the preventive aspect and elaborates *Rajaswala-charya* or care during menstrual cycle in a female in prevention and cure of gynaecological conditions. It emphasizes the concept of menstrual hygiene and its significance than and now even during pandemic.

DISCUSSION AND CONCLUSION:

The most common cause of girl school dropout is during their periods, the prime reasons for which remains, nonavailability of toilets, separated toilet, dirty and waterless toilets. Thus the need of time is

- 1. A step towards providing sanitary napkins at public places free of cost especially during this COVID-19 outbreak.
- 2. Wash away the social taboos and encourage to include menstrual absorbents like sanitary napkins into the basic household list for the menstruation females.
- 3. Encourage safe, hygienic homemade cotton pad with its proper maintenance.
- 4. Empowering women and girls to unlock their educational and economic opportunities.

Gender inequality, lower socioeconomic condition, humanitarian crises and harmful social taboo can turn periods

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into a time of deprivation more than before. These vulnerabilities are increased during pandemic. Thus meeting the menstrual needs for all girls and women is central to an inclusive global response that promotes equality and social inclusion. Here comes the concept of Ayurveda regarding *Rajaswala-charya* or care during menstrual cycle in a female in prevention and cure of gynaecological conditions. It also emphasizes the concept of menstrual hygiene and its significance than and now even during pandemic.

References:

- 1. Facts & Figures 1WeekExtra Water Aid, <u>https://www.rutgers.international (03rd June, 2020).</u>
- 2. Menstrual hygiene needs, in times of Covid-19 <u>www.indiawaterportal.org/articles/</u> <u>menstrual-hygiene-needs-times-covid-</u> <u>19</u>.(03rd June, 2020).
- 3. Periods in a Pandemic Menstrual hygiene management in the time of COVID-19 <u>https://reliefweb.int/report/world/periods-</u> <u>pandemic-menstrual-hygiene-management-</u> <u>time-covid-19</u> (03rd June, 2020).
- 4. Menstrual hygiene needs, in times of Covid-19 <u>www.indiawaterportal.org/articles/</u> <u>menstrual-hygiene-needs-times-covid-19</u> (03rd June, 2020).
- 5. <u>https://www.wsscc.org/wp-content/uploads/</u> 2020/05/Guidance-on-MHH-in-Covid-<u>FINAL-converted.pdf</u> COVID-19 information and guidance for programmes Version 1: 30 April 2020, Considerations

for Menstrual Health and Hygiene (MHH) programming (03rd June, 2020).

- https://www.unicef.org/coronavirus/ covid-19-periods-in-pandemic-9-thingsto-know Periods in the pandemic: 9 things we need to know *COVID-19 is having a* global impact on menstrual health and hygiene. By UNICEF and UNFPA (08th June, 2020).
- 7. Acharya Y.T. Charaka Samhita of Agnivesha with 'Ayurveda-Dipika' commentary by Chakrapanidatta, Repr. ed. Varanasi. Chaukhamba Surbharati Prakashan. 2000. Sharirasthana, chapter 8, verse 5.
- 8. Acharya J.T. & Acharya N.R. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana. Repr. ed. Varanasi. Chaukhamba Surbharati Prakashan. 2003. Sharirasthana, chapter 2, verse 25.
- Sharma S. P. Ashtanga Samgraha of Vriddha Vagbhata with 'Shashilekha' commentary by Indu. 1st ed. Varanasi. Chowkhamba Sanskrit Series Office. 2006. Sharirasthana, chapter 1, verse 44-45.
- 10. Acharya J.T. & Acharya N.R. Sushruta Samhita of Sushruta with 'Nibandhasangraha' commentary by Dalhana. Repr. ed. Varanasi. Chaukhamba Surbharati Prakashan. 2003. Sharirasthana, chapter 2, verse 33.



YOGA AND LUNG'S LOCAL DEFENCE SYSTEM WSR TO COVID-19 : A PERSPECTIVE

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Today the entire world is facing an undeclared war against the novel coronavirus, without having the weapons to fight back. Covid-19 is a new disease emtity that was first recognized in Wuhan, China, in December 2019. It is a highly infectious disease that primarily involves respiratory system of having features fever, cough and respiratory distress. From December 2019 scientists are trying to find out the cure by making a vaccine for the same, but it has all been futile. In this worst scenario all the medical professionals are unanimously realizing and advocating the initation of preventive measures and immunomodulator measures in any way e.g. medicine, diet, personal hygiene, social hygiene etc. All the health systems are trying their best. Yog and Ayurveda are playing a prime role in preventing and even combating the covid-19. Yog and Ayurveda both are ancient Indian sciences meant for ultimate liberation from all the miseries and attainment of healthy life respectively. It is admitted by most of the authorities that founder of Yog and Ayurveda are the same-

Yogain chittasya paden vacha, malam shrirasya cha vaidhyakena

Yopa karottam pravram muninam Patanjalih pranjalrantosmih

For telling the way of elimination of impurities of mind by Yog, language by grammar and body by Ayurveda, we all pay regard with folded hands to such genius lord Patanjali.

AIM: -

Conceptual study of effect of Yog on lung's local defense system.

MATERIALS AND METHODS: -

First the study of text and research papers concerning the objective has been completed. Concepts are analyzed on the basis of correlation criteria and presented sequentially to understand the concept in light of modern science.

KEY WORDS: -

Yoga, Ayurveda, Respiratory system, Immunity, Hypothalamus, Covid-19 Adrenal cortex.

INTRODUCTION:

The term yog has been defined in Yoga Sutra as **"Yogashchittavrtitti Nirodhah"** here Chitta vritti means subjects of the mind and Nirodh means control, so we can

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say that Yoga is the way to control unwanted activity of mind. When various moods of mind are under the control of self then a state comes where consciousness is unaware of any object external to itself, that is the state of awareness of its own natural or selfconsciousness only. For attaining this state of self-consciousness which is unmixed with any other objects, eight steps have been prescribed by Maharshi Panjabi as -

- 1. Yama
- 2. Niyama
- 3. Asana
- 4. Pranayama
- 5. Pratyahara
- 6. Dhyana
- 7. Dharana
- 8. Samadhi

1. Yama (Social disciplines) -

Grammatically Yama means control over senses. There are five social disciplines described in Yoga sutra

- a. Ahimsa (Nonviolence)
- b. Satya (Truthfulness)
- c. Asteya (Non-stealing)
- d. Brahmacharya (Control over sensual and sexual pleasures)
- e. Aparigraha (Non-accumulation of things)

Yama can also be interpreted as instructions, which in practice influences behavior and culturing oneself towards positivity.

2. Niyama (personal disciplines) -

As social disciplines, personal disciplines are also five –

- a. Shaucha (physical and mental purification)
- b. Santosha (contentment)
- c. Tapa (austerities)
- d. Swadhyaya (study of self)
- e. Ishvarapranidhana (Total surrender to supreme power)

Literary Niyama means rules by which one binds himself and leads to conscious life.

3. Asana (Body Posture) – Sthira Sukham Asanam: The posture where one can be comfortable and stable.

4. Pranayama - Pranayama consists of two words, Prana means vital force and Ayama means hold or extend. Our mind and breathing (pran) is so closely related that one affects the other. Therefore, to achieve the steady condition of mind, Pranayama is advocated.

5. Pratyahara – Pratyahara is defined as withdrawal of senses from the external world. It brings natural control over senses, which is helpful in introverting the mind.

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6. Dharna - Dharana means concentration or fixing the attention on a single object.

7. Dhyana – Dhyana means meditation or intense contemplation of the nature of the object.

8. Samadhi– Merging of consciousness with the object of meditation. This is actually the stage of liberation.

So that yoga emphasizes on control of mind modifications for achieving the ultimate goal of life through sequential initiation of Ashtanga yoga.

Yoga in the words of bioscience - we may define Yoga in terms of bioscience as the science which deals with body and mind simultaneously through neuroendocrine axis, to strengthen the body and relax the mind at the same time.

Neuroendocrine axis:

The hypothalamus, pituitary gland and adrenal gland comprises neuroendocrine axis or HPA axis. The organ of HPA axis by their feedback interactions constitutes a major neuroendocrine system which regulates most of the body's vital functions e.g. digestion, metabolism, growth, energy production, respiration, cardiovascular functions, functions of ANS and CNS etc. and maintains homeostasis.

Hypothalamus plays a master role in this axis since it is that part of the brain which is concerned with various psychosomatic functions and behavior

directly or indirectly e.g. emotional expressions, hunger and satiety, thirst and drinking, sleep and wakefulness, sexual functions, stress etc. Stress and emotion are two conditions, concerned with mind (psych) and manifest through body (soma). Over activity of hypothalamus due to emotional upset causes excess gastric acid secretion, which may lead to gastric ulcer if not controlled earlier. Moreover, subjects under prolonged emotional stress are prone to the occurrence of gastric ulcer. Hence gastric ulcer also called as psychosomatic disorder or hypothalamosomatic disorder. Hypothalamic lesions often cause edema in lungs and also hemorrhages. Hypothalamus is also concerned with the personality of individuals, lesions cause change in personality and psychic disturbances. In any condition of stress, hypothalamus plays a prime role in combating the situation through the activation of the adrenal-pituitary axis. The stressors may act directly on the hypothalamus and indirectly on the adrenal cortex. The stress syndrome is thus combated through the mediation of hypothalamic-sympatheticsystem and the hypoadrenal physealcorticosuprarenal system. These are some conceptual evidences that support the concept of interrelationship between mind and body through the HPA axis.

Lungs local defense system and Hypothalamopituitary adrenal axis –

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Despite the body's general immune system respiratory system possesses its own defense system (supportive immune system). Defense functions of lungs are performed by various types of cells and some specific structures like cilia, mucus, lymph nodes and bronchus associated lymphoid tissue. Mucociliary transport system of the respiratory tract removes the bacteria, virus and dust particles, which are through inspiratory inhaled air. Neutrophils, lymphocytes, macrophages, mast cells, natural killer cells, dendritic cells are present in the mucous membrane lining of the alveoli of the lungs.

Scattered and discrete B and T lymphocytes found particularly around the alveoli. B- lymphocytes produces IgA antibodies, which is responsible for less violent inflammatory reactions when bound with their antigens. The T lymphocytes also often produces less inflammatory violent reactions. Neutrophils are present in the alveoli of lungs and kill the bacteria by phagocytosis. Natural killer cells present in lungs, destroy the viruses and viral infected or damaged cells. They also secrete interferon and tumor necrosis factors. Interferons are cytokines which fight against viral infection by suppressing viral multiplication in target cells and promote phagocytosis by monocytes and macrophages. Dendritic cells act as antigen presenting cells. Alveolar macrophages are very important cells,

found near the lung alveolar epithelium and in lung interstitium and engulf the dust particles and antigens etc. Macrophages also secrete interleukins, tumor necrosis factors and chemokine. Dendritic cells along with macrophages function as antigen presenting cells. The effect of Pranayama on lung's volumes, capacities, compliance and respiratory pressures has been proved by different experiments carried out by various authorities. But much more study and experiments needed in the field of interrelationship between Ashtanga Yoga and lung's local defense system.

CONCLUSION:

Here an attempt has been made to explain how Ashtanga Yoga tunes our body and mind to maintain rhythmicity among the body's various systems through hypothalamopituitary-adrenal axis. Practice of Pranayama improves lung function thereby helping in prevention and management of different respiratory diseases like covid-19 has been proved by various experimental studies. But role of Ashtang Yoga on lungs own defense system need much more study and experiments. Although conceptually it is stated that practice of Ashtanga Yoga strengthens the body and relaxes the mind simultaneously, this can help and empower strong resistance to any kind of infection.





COVID-19 AND ITS IMPACT ON MENTAL HEALTH

ABSTRACT:

The COVID-19 pandemic has led to high levels of psychological distress in the general public, including symptoms of anxiety and depression. Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown. So it is normal and understandable that people are experiencing fear in the context of the COVID-19 pandemic. Faced with new realities of working from home, temporary unemployment, homeschooling of children, and lack of physical contact with other family members, friends and colleagues, it is important that we look after our mental, as well as our physical, health. In a state of mental stress, the routine described in Ayurveda like Ritucharya, Sadavitta, Sattvajaya therapy, Yoga, Meditation and Pranayama will be beneficial.

Key words: COVID-19 pandemic, anxiety and depression, Social media, Ayurveda

INTRODUCTION :

This sudden break in running life and fear of corona virus has started to affect

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people's mental health.¹ Meanwhile, there has been an atmosphere of anxiety, fear, loneliness and uncertainty and people are struggling with it day and night.

Corona infection has changed the whole atmosphere for the people. Suddenly schools, offices, businesses are closed, do not go out and watch the news of corona virus throughout the day, it is natural to have an impact on mental health. Covid has produced two important incidences- 1.Pandemic, 2. Lockdown

There are three reasons for disturbing people.

- 1. Fear and worry of infection to self and family, being stigmatized and quarantine related.
- 2. The uncertainty about jobs and business, and
- 3. Loneliness due to lockdown.

The effect of these conditions is that stress starts to increase day by day. Normal stress is good for us, it gives encouragement to move forward but more stress becomes distressed. This happens when we see no way forward. At present, there is so much uncertainty and confusion

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about the epidemic, how long everything will be fine, no one knows. In such a situation, there is a danger of everyone getting under stress.²

This stress has an effect on the body, mind, emotions and behavior. It has a different effect on everyone.

Impact on the body - frequent headaches, decreased immunity, fatigue, and fluctuations in blood pressure.

Emotional effects- Anxiety, anger, fear, irritability, sadness and confusion can occur.

Impact on the mind- Frequent bad thoughts. Like what will happen if I leave my job, how the family will do, what will I do if I get corona virus. Not understanding right and wrong, not being able to concentrate.

Effect on behavior- People start consuming alcohol, tobacco, cigarettes in such a situation. Someone starts watching more TV, someone starts screaming more and then someone keeps silence.

Stress relief measures

It is very important to get out of the state of mental stress or else the stress can be endless.

It is important to strengthen yourself mentally. You have to keep in mind that everything will be fine again and the whole world is busy in this effort. Just wait patiently. Strengthen your relationships. Do not mind small things. Talk to each other and take care of the members. Reduce discussion on negative things. You cannot come out of the house, but stand on the terrace, on the window, on the balcony or in the garden of the house. Sunlight also makes us feel good. Maintain your routine. This gives us a purpose and feels normal. As always, sleep, wake up, eat and drink on time.

An important way is to use this time to fulfill your hobbies. The favorite work that you could not do due to lack of time. This will give you immense happiness as if an unfulfilled wish has been fulfilled.

If there is fear, sadness, do not hide inside yourself, but share it with family or friends. Identify and express what feels bad, but do not remove the anger elsewhere.

Even if you are staying at home with family, still take some time for yourself. Consider what you are thinking. Ask yourself questions too. Try to reach positive results as much as possible.

The biggest thing is to look at the good sides even in bad times. Like there is an epidemic, there is a lockdown but in the meantime you have a lot of time to spend with your family, to complete your hobby. Also pay attention to this opportunity. Use social media accounts to promote positive

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and hopeful stories. Correct misinformation wherever you see it.

Do not overdose on news:

Nowadays, news related to the Corona virus is coming all around on TV and social media. Every big or small, right and wrong news is reaching people. According to doctors, this has increased the problem of people because they are listening, watching and reading the same things and then thinking the same.

It is important that people watch and read as much news as is necessary. They have to understand that by seeing the same thing again and again, the same will continue in their mind. So set a time of day and watch the news channel at that time.

At this time it is important to share your attention. For this, keep yourself busy with other things. Keep talking to friends and family or concentrate in your favorite work. Writing something can also be relaxing during this time.

We should not stigmatize the patient for corona virus. Our mortality rate is much lower than the world average. So no need for mortality fear. Young people are at very lower risk of mortality. 80% people will be asymptomatic. We need to reassure them.

Covid is not going to exacerbate a preexisting mental illness. So no need to worry about that. Mentally ill people are more prone to Covid infection because of poor personal hygiene and care.

Preventive steps towards mental health:

- 1. Positive thinking and approach.
- 2. Activity Scheduling: involve in creative and pleasurable activities.
- 3. Relaxation, meditation and Yoga³
- 4. Stop Alcohol The opposite of Ojas

Avoid smoking and alcohol. The "Ojas" described in Ayurveda increases the immunity of the body. The qualities of alcohol are laghu (light), ushna (hot), tikshna (sharp), suksma (subtle), amla (sour), vyavayi (pervading all of the body), aasuuga (swift), ruksha (rough), vikaasi (Loosening of bone joint ligaments), and visada (drying). All these qualities are the opposite of qualities of ojas. Ayurveda makes clear that alcohol quickly and easily reaches the heart and has a direct effect on the ten qualities of the body's most subtle essence, ojas. Because its qualities are opposite those of ojas – which has a direct effect on the sattva, or purity of the mind – alcohol causes agitation or intoxication. The heart, which is the seat of many of the important qualities of the body necessary for life, is *afflicted* by the excessive intake of alcohol.⁴

- 5. Healthy diet (Aahara)⁵
- 6. Sound Sleep (Nidra)⁶

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7. Spirituality (Sattvavajaya Chikitsa): This psychotherapy helps in controlling Manas (mind) away from Ahita Artha (distractible, unwholesome objects/thoughts/perceptions). Withdrawal of the bothered mind from unwholesome objects is the prime focus of Sattvavajaya Chikitsa. Mainly focusing on the intelligence, consciousness, memory, and spiritual aspects of the affected individuals, Sattvavajaya Chikitsa aims at stimulating consciousness, altering, and discriminating the maladaptive thoughts/actions. Thus, it psychiatric, helps in managing psychological, and psychosomatic ailments.7

8. Follow *Dincharya*, *Ritucharya*, *Sadvritta* (Good conduct) described in Ayurveda classics.⁸

9. Maintain personal hygiene⁸ and social distancing but no emotional distancing.

References:

- 1. https://www.who.int/news-room/campaigns/ connecting-the-world-to-combat-Coronavirus/healthyathome/ healthyathome — mentalealth?gclid=Cj0KCQjwn7j2BRDrARIsA HJkxmzA6miJpGU_DHNq6eBw 8arDIJKoCLLeyKeeQUZ_7QuSa9htV kpfMaAtG5EALw_wcB
- 2. https://www.who.int/teams/mental-healthand-substance-use/covid-19

- 3.Swasthvritta Vigyan by Dr. Sarvesh Kumar Agrawal, Chaukhambha Orientalia, Varanasi, Ist Edition, 2011, page 347.
- 4. "CharakaSamhita" Vidyotini Hindi Commentary, Uttarardha, Ed.by ShastriKashiNath, ChaturvediGorakhNath, (Ed.) CharakaSamhita-Vidyotini Hindi Commentary Part 2, ChawkhambhaBharati Academy Varanasi, reprint 2007, page 671
- 5."*CharakaSamhita*-Vidyotini Hindi Commentary, Purvardha, Ed. by ShastriKashiNath, ChaturvediGorakhNath, (Ed.) ChawkhambhaBharati Academy Varanasi, reprint 2009; page 105
- 6."*CharakaSamhita*-Vidyotini Hindi Commentary, Purvardha, Ed. by ShastriKashiNath, ChaturvediGorakhNath, (Ed.) ChawkhambhaBharati Academy Varanasi, reprint 2009; page 418
- 7."*CharakaSamhita*-Vidyotini Hindi Commentary, Purvardha, Ed. by ShastriKashiNath, ChaturvediGorakhNath, (Ed.) ChawkhambhaBharati Academy Varanasi, reprint 2009; page 238.
- 8."*CharakaSamhita*-Vidyotini Hindi Commentary, Purvardha, Ed. by ShastriKashiNath, ChaturvediGorakhNath, (Ed.) ChawkhambhaBharati Academy Varanasi, reprint 2009; page 102-172





ROLE OF UNANI SYSTEM OF MEDICINE IN THE MANAGEMENT OF COVID-19

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ABSTRACT:

COVID-19 reflects this generation's biggest global public health issue, and likely after the 1918 pandemic of influenza outbreak. The pandemic of coronavirus disease 2019 (COVID-19) is caused by SARS-CoV-2. It affects all genders and all societies. Spread through human to human transmission. This virus mainly attacks on respiratory system. Major symptoms of COVID -19 patients include cough, fever, difficulty in breathing and diarrhoea. In Unani medicine Covid-19 can understand as "Nazla-e-Wabaiya" a type of Amraz-e-Waba (epidemic disease). Unani drugs, which are described for epidemic disease, have been reported to be an antioxidant, immuno-modulator, antiviral, and antipyretic etc, and they are easily available to common man in any community.

Key-words: COVID-19, Unani Medicine, Prophylaxis, Add on therapy.

Introduction

Corona viruses were identified in the mid-1960s and known to infect humans and other animals, including birds and mammals ⁽¹⁾. Corona virus disease (COVID-19) represents global public health concern and WHO declares public health emergency $^{(2, 3)}$. China's first confirmed Covid-19 case traced back to November 17⁽⁴⁾. COVID-19 was first reported in December, 2019, in Wuhan, in the Hubei province of China^(5,6). On Dec 31, 2019, China reported a cluster of cases of pneumonia in people at Wuhan, Hubei Province. The responsible pathogen is a novel coronavirus, named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)⁽⁷⁾. Wuhan seafood market that was considered the starting site of the infection from an unknown animal source^(8,9). SARS-CoV-2 is the seventh coronavirus known to infect humans, and the third zoonotic virus after SARS-CoV and MERS-CoV, but appears to be the only one with pandemic potential⁽¹⁰⁾.

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Human-to-human transmission of SARS-CoV-2 has been widely shown in health care, community and family settings (11). Community transmission has become widespread; the source of cases of COVID-19 in several countries has not been established⁽¹²⁾. SARS-CoV-2 is likely a bat-origin coronavirus that was transmitted to humans through a spillover from bats or through yet undetermined intermediate animal host or wild animals⁽¹³⁾. First study that reports the detection of SARS-CoV-2 in waste water in Australia⁽¹⁴⁾. The typical symptoms of COVID-19 are fever, sore throat, fatigue, cough or dyspnoea coupled with recent exposure⁽¹⁵⁾. COVID-19 incubation period varies from 5.2 days to 14 days, while another study in China reported longer incubation times up to 24 days (16-19). There are no current effective strategies to prevent spread, other than reducing interaction through social distance, whereas there are no completely effective drugs to prevent or treat COVID-19, although many candidate drugs and repurposed antiviral and immunemodulating drugs are being tested or used compassionately (20). Currently antiviral agents, chloroquine and hydroxychloroquine, corticosteroids, antibodies, convalescent plasma transfusion and vaccines, some promising results have been achieved thus far (21,22). Some study reported that, administration of convalescent plasma

therapy is effective in some patients who are Covid-19 positive ⁽²³⁻²⁵⁾.

Symptoms

The symptoms of the COVID-19 infection begin to appear after a 5-6 day incubation period.² The most common clinical symptoms are fever plus respiratory disease, and studies found fever in 80-99% of cases, dry cough in 48-76% of cases, fatigue or myalgia in 44-70% of cases, and dyspnoea in 30%-55% of cases. Some relatively common symptoms include anorexia and persistent cough, sore throat/pharyngalgia, headache, diarrhoea, nausea, dizziness and vomiting ⁽²⁶⁾. Severe illness and death are more likely to occur in older people, and probably in those with pre-existing chronic conditions such as diabetes, cardiovascular disease malignancies and hypothyroidism.^(27,28)

Pathogenesis and transmission

Coronaviruses are single-stranded, zoonotic RNA viruses, which cause symptoms ranging from common cold to more severe respiratory, enteric, hepatic and neurological symptoms⁽²⁹⁾. Based on the cells likely to be infected, COVID-19 can be divided into three phases corresponding to the different clinical stages of the disease⁽³⁰⁾. Asymptomatic state (Initial 1-2 days of infection), and hypoxia, ground glass infiltrates, and progression to ARDS^(31,32). Patients diagnosed with COVID-19 reported higher

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numbers of leukocytes, irregular breathing findings and elevated levels of pro-inflammatory cytokines in plasma⁽³³⁾. The major pathogenesis of COVID-19 infection as a respiratory system that attacks the virus was extreme pneumonia, RNAaemia, combined with ground-glass opacity and acute heart injury⁽³⁴⁾. Humanto-human transmission through respiratory droplets or near contacts was initially proposed as the key routes for the pathogen transmission based on the experience gained from the two previous epidemics caused by coronaviruses (MERS-CoV and SARS-CoV)⁽³⁵⁾.

Therapeutics options

COVID-19-infected pneumonia is characterized by flu-like symptoms including fever, cough, severe acute respiratory distress syndrome, and in some cases death (36). In Unani System of Medicine, there is no direct description of Coronavirus in general and in particular COVID-19, but the clinical features of COIVD-19 resembles with Nazla-e-Wabaiya a type of Amraz-e-Waba (epidemic disease)⁽³⁷⁻⁴⁰⁾. There are no current effective strategies to prevent spread, other than reducing interaction through social distance, whereas there are no completely effective drugs to prevent or treat COVID-19, although many candidate drugs and repurposed antiviral and immune-modulating drugs are being tested or used compassionately (41-92).

Unani system o medicine has got a set pattern to control epidemic diseases that can also be followed in COVID 19. From its symptoms, it is characterized as Nazlae-Wabaiya (Epidemic flu like) (39,40), so various drugs prepared from plants like Mulethi (Glycyrrhiza glabra L.), Gilo (Tinosporacordifolia willd.), Tulsi (Oscimum sanctum L.), Kalonji (Nigella sativa L.), Zanjbeel (Zingiber officinale Roscoe), Filfil Daraz (Piper longum L.), Chiraita (Swertia chirata L.), Asgand (Withania somnifera Dunal), Haldi (Curcuma longa L.), Sibr (Aloe barbedensis L.), Zafran (Crocus sativus L.), Murmukki (Commiphoramyrrha (Nees).) (40-92), either single or as ingredients for a compound preparation are used. Most of them are reported scientifically for their activities (41-93).

CONCLUSION:

It is clear that various drugs of Unani medicine have a potential to be used in the management of COVID-19 as prophylaxis, therapeutic or add on therapy as the drugs mentioned have antioxidant, immuno modulator, and anti-viral action.

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References:'

1. Ahmad T, Khan M, Haroon TH, Nasir S, Hui J, Bonilla-Aldana DK, Rodriguez-

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Morales AJ (2020) COVID-19: Zoonotic aspects. Travel Medicine and Infectious Disease.

- 2. Rothan HA, Byrareddy SN. (2020) The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. Journal of autoimmunity. 102433.
- Shereen MA, Khan S, Kazmi A, Bashir N, Siddique R (2020). COVID-19 infection: origin, transmission, and characteristics of human coronaviruses. Journal of Advanced Research. 24:91-98.
- Coronavirus: China's first confirmed Covid-19 case traced back to November 17. <u>https://www.scmp.com/news/china/society/article/</u>3074991/coronavirus-chinas-first-confirmedcovid-19-case-traced-back.
- 5. Ruan S (2020). Likelihood of survival of coronavirus disease 2019. The Lancet Infectious Diseases.
- The Epidemiological Characteristics of an Outbreak of 2019Novel Coronavirus Diseases (COVID-19)—China, 202. CCDC Weekly / Vol. 2 / No. X. <u>http:// www.ourphn.org.au/wp-content/uploads/</u>20200225-Article-COVID-19.pdf.
- Lescure FX, Bouadma L, Nguyen D, Parisey M, Wicky PH, Behillil S, Gaymard A, Bouscambert-Duchamp M, Donati F, Le Hingrat Q, Enouf V (2020). Clinical and virological data of the first cases of COVID-19 in Europe: a case series. The Lancet Infectious Diseases.
- 8. Yi Y, Lagniton PN, Ye S, Li E, Xu RH (2020). COVID-19: what has been learned and to be learned about the novel coronavirus

disease. International Journal of Biological Sciences. 16(10):1753-1766.

- 9. Brüssow H (2020). The novel coronavirus– a snapshot of current knowledge. Microbial Biotechnology. 13(3):607-12.
- Mackenzie JS, Smith DW (2020). COVID-19: a novel zoonotic disease caused by a coronavirus from China: what we know and what we don't. Microbiology Australia. 41(1):45-50.
- 11. Li C, Ji F, Wang L, Hao J, Dai M, Liu Y, Pan X, Fu J, Li L, Yang G, Yang J(2020).. Asymptomatic and Human-to-Human Transmission of SARS-CoV-2 in a 2-Family Cluster, Xuzhou, China. Emerging infectious diseases. 26(7).
- 12. Yong SE, Anderson DE, Wei WE, Pang J, Chia WN, Tan CW, Teoh YL, Rajendram P, Toh MP, Poh C, Koh VT (2020). Connecting clusters of COVID-19: an epidemiological and serological investigation. The Lancet Infectious Diseases.
- 13.Zowalaty ME, Jarhult JD (2020). From SARS to COVID-19: A previously unknown SARS-related coronavirus (SARS-CoV-2) of pandemic potential infecting humans–Call for a One Health approach. One Health. 9(100124):10-16.
- 14. Ahmed W, Angel N, Edson J, Bibby K, Bivins A, O'Brien JW, Choi PM, Kitajima M, Simpson SL, Li J, Tscharke B(2020). First confirmed detection of SARS-CoV-2 in untreated wastewater in Australia: A proof of concept for the wastewater surveillance of COVID-19 in the community. Science of The Total Environment. 138764. <u>https:// doi.org/10.1016/j.scitotenv.2020.138764</u>.





- Zhai P, Ding Y, Wu X, Long J, Zhong Y, Li Y(2020). The epidemiology, diagnosis and treatment of COVID-19. International Journal of Antimicrobial Agents. 105955.
- 16. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, Azman AS, Reich NG, Lessler J(2020). The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application. Annals of internal medicine.
- 17. Hussain A, Bhowmik B, do Vale Moreira NC(2020). COVID-19 and diabetes: knowledge in progress. Diabetes Research and Clinical Practice. 108142.
- Han Y, Jiang M, Xia D, He L, Lv X, Liao X, Meng J (2020). COVID-19 in a patient with long-term use of glucocorticoids: A study of a familial cluster. Clinical Immunology. 108413.
- 19. Kolifarhood G, Aghaali M, Saadati HM, Taherpour N, Rahimi S, Izadi N, Nazari SS(2020). Epidemiological and clinical aspects of Covid-19; a narrative review. Archives of Academic Emergency Medicine. 8(1). e41.
- 20. da Silva JA (2020). Convalescent plasma: A possible treatment of COVID-19 in India. Medical Journal Armed Forces India.
- 21. Dong L, Hu S, Gao J(2020). Discovering drugs to treat coronavirus disease 2019 (COVID-19). Drug discoveries & therapeutics. 14(1):58-60.
- 22. Sanders JM, Monogue ML, Jodlowski TZ, Cutrell JB (2020). Pharmacologic treatments for coronavirus disease 2019 (COVID-19): a review. Jama.

- 23. Shen C, Wang Z, Zhao F, Yang Y, Li J, Yuan J, Wang F, Li D, Yang M, Xing L, Wei J(2020). Treatment of 5 critically ill patients with COVID-19 with convalescent plasma. Jama.
- 24. Chen L, Xiong J, Bao L, Shi Y (2020). Convalescent plasma as a potential therapy for COVID-19. The Lancet Infectious Diseases. 20(4):398-400.
- 25. Zhao Q, He Y (2020). Challenges of Convalescent Plasma Therapy on COVID-19. Journal of Clinical Virology.
- 26. Zheng J (2020). SARS-CoV-2: An emerging coronavirus that causes a global threat. International journal of biological sciences. 16(10):1678.
- 27. Emami A, Javanmardi F, Pirbonyeh N, Akbari A(2020). Prevalence of underlying diseases in hospitalized patients with COVID-19: a systematic review and meta-analysis. Archives of Academic Emergency Medicine. 8(1). e35.eCollection 2020.
- 28. Liu K, Chen Y, Lin R, Han K(2020). Clinical features of COVID-19 in elderly patients: A comparison with young and middle-aged patients. Journal of Infection.
- 29. Hamid S, Mir MY, Rohela GK(2020). Noval coronavirus disease (COVID-19): A pandemic (Epidemiology, Pathogenesis and potential therapeutics). New Microbes and New Infections. 100679.
- Mason RJ (2020). Pathogenesis of COVID-19 from a cell biology perspective. <u>Eur</u> <u>Respir J</u>. 2000607.
- 31. Bhat R, Hamid A, Kunin JR, Saboo SS, Batra K, Baruah D, Bhat AP(2020). Chest

Journal of Vishwa Ayurved Parishad/May-June 2020





imaging in patients hospitalized with COVID-19 infection-a case series. Current Problems in Diagnostic Radiology.

- 32. Nicola M, O'Neill N, Sohrabi C, Khan M, Agha M, Agha R(2020). Evidence Based Management Guideline for the COVID-19 Pandemic-Review article. International Journal of Surgery.
- 33. Mardani R, Vasmehjani AA, Zali F, Gholami A, Nasab SD, Kaghazian H, Kaviani M, Ahmadi N(2020). Laboratory Parameters in Detection of COVID-19 Patients with Positive RT-PCR; a Diagnostic Accuracy Study. Archives of Academic Emergency Medicine. 8(1). e43. eCollection 2020.
- 34. Yang P, Wang X(2020). COVID-19: a new challenge for human beings. Cellular & Molecular Immunology. 1-3.
- 35. Yuki K, Fujiogi M, Koutsogiannaki S(2020). COVID-19 pathophysiology: A review. Clinical Immunology. 108427.
- 36. Li Y, Liu X, Guo L, Li J, Zhong D, Zhang Y, Clarke M, Jin R (2020). Traditional Chinese herbal medicine for treating novel coronavirus (COVID-19) pneumonia: protocol for a systematic review and meta-analysis. Systematic reviews. 1-6.
- 37. Razi AMIZ (2008). Kitab al Hawi. Vol.17. New Delhi: Central Council for Research in Unani Medicine New Delhi. Ministry of Health & Family Welfare, Govt. of India; p. 9-36.
- 38.Razi AMBZ (1991). Kitabul Mansoori (Urdu translation). New Delhi. Central Council for Research in Unani Medicine New Delhi. Ministry of Health & Family Welfare, Govt. of India; p. 174-177.

- Sina I (YNM). Al Qanoon fit Tib (Urdu translation by Kantoori GH). Vol. 4. New Delhi: Idara Kitab Us Shifia. p. 1206-1207.
- 40. Ghani N (2011). Khazianul Advia. Idara Kitab Us-Shifa New Delhi, India;
- 41. Cinatl J, Morgenstern B, Bauer G, Chandra P, Rabenau H, Doerr HW (2003). Glycyrrhizin, an active component of liquorice roots, and replication of SARS-associated coronavirus. The Lancet. 361(9374):2045-6.
- 42. Wang L, Yang R, Yuan B, Liu Y, Liu C (2015). The antiviral and antimicrobial activities of licorice, a widely-used Chinese herb. Acta PharmaceuticaSinica B. 5(4):310-5.
- 43. Fiore C, Eisenhut M, Krausse R, Ragazzi E, Pellati D, Armanini D, Bielenberg J(2008). Antiviral effects of Glycyrrhiza species. Phytotherapy Research: An International Journal Devoted to Pharmacological and Toxicological Evaluation of Natural Product Derivatives. 22(2):141-8.
- 44. Frattaruolo L, Carullo G, Brindisi M, Mazzotta S, Bellissimo L, Rago V, Curcio R, Dolce V, Aiello F, Cappello AR (2019). Antioxidant and anti-inflammatory activities of flavanones from Glycyrrhiza glabra L.(licorice) leaf phytocomplexes: Identification of licoflavanone as a modulator of NF-kB/ MAPK pathway. Antioxidants. 8(6):186.
- 45. Kalikar MV, Thawani VR, Varadpande UK, Sontakke SD, Singh RP, Khiyani RK(2017). Immunomodulatory effect of Tinosporacordifolia extract in human immuno-deficiency virus positive patients. Indian journal of pharmacology. 40(3):107-110.
- 46. Alsuhaibani S, Khan MA (2017). Immunestimulatory and therapeutic activity of

Journal of Vishwa Ayurved Parishad/May-June 2020





Tinosporacordifolia: Double-edged sword against salmonellosis. Journal of immunology research. 2017.

- 47. Sharma P, Dwivedee BP, Bisht D, Dash AK, Kumar D(2019). The chemical constituents and diverse pharmacological importance of Tinosporacordifolia. Heliyon. 5(9):e02437.
- 48. Hussain L, Akash MS, Ain NU, Rehman K, Ibrahim M(2015). The analgesic, antiinflammatory and anti-pyretic activities of Tinospora cordifolia. Advances in Clinical and Experimental Medicine. 24(6):957-64.
- 49. Jadhav P, Lal H, Kshirsagar N(2014). Assessment of potency of PC-complexed Ocimum sanctum methanol extract in embryonated eggs against Influenza virus (H1N1). Pharmacognosy magazine. 10(Suppl1):S86-S89.
- 50. Kumar A, Agarwal K, Maurya AK, Shanker K, Bushra U, Tandon S, Bawankule DU(2015). Pharmacological and phytochemical evaluation of Ocimum sanctum root extracts for its antiinflammatory, analgesic and antipyretic activities. Pharmacognosy magazine. 11(Suppl 1):S217-S224.
- 51. Mondal S, Varma S, Bamola VD, Naik SN, Mirdha BR, Padhi MM, Mehta N, Mahapatra SC (2011). Double-blinded randomized controlled trial for immunomodulatory effects of Tulsi (Ocimum sanctum Linn.) leaf extract on healthy volunteers. Journal of ethnopharmacology. 136(3):452-6.
- 52. Ghoke SS, Sood R, Kumar N, Pateriya AK, Bhatia S, Mishra A, Dixit R, Singh VK, Desai DN, Kulkarni DD, Dimri U (2018). Evaluation of antiviral activity of Ocimum sanctum and Acacia arabica leaves extracts against H9N2 virus using embryonated

chicken egg model. BMC complementary and alternative medicine. 18(1):174.

- 53. Saini A, Sharma S, Chhibber S (2009). Induction of resistance to respiratory tract infection with Klebsiella pneumoniae in mice fed on a diet supplemented with tulsi (Ocimum sanctum) and clove (Syzgium aromaticum) oils. J Microbiol Immunol Infect. 42(2):107-13.
- 54. Jamshidi N, Cohen MM (2017). The clinical efficacy and safety of Tulsi in humans: a systematic review of the literature. Evidence-Based Complementary and Alternative Medicine. 2017.
- 55. Ulasli M, Gurses SA, Bayraktar R, Yumrutas O, Oztuzcu S, Igci M, Igci YZ, Cakmak EA, Arslan A (2014). The effects of Nigella sativa (Ns), Anthemishyalina (Ah) and Citrus sinensis (Cs) extracts on the replication of coronavirus and the expression of TRP genes family. Molecular biology reports. 41(3):1703-11.
- 56. Koshak AE, Yousif NM, Fiebich BL, Koshak EA, Heinrich M (2018). Comparative Immunomodulatory Activity of Nigella sativa L. Preparations on Proinflammatory Mediators: A Focus on Asthma. Frontiers in pharmacology. 9:1075.
- 57. Forouzanfar F, Bazzaz BS, Hosseinzadeh H (2014). Black cumin (Nigella sativa) and its constituent (thymoquinone): a review on antimicrobial effects. Iranian journal of basic medical sciences. 17(12):929.
- 58. Yimer EM, Tuem KB, Karim A, Ur-Rehman N, Anwar F (2019). Nigella sativa L. (black cumin): a promising natural remedy for wide range of illnesses. Evidence-Based Complementary and Alternative Medicine. 2019.

Journal of Vishwa Ayurved Parishad/May-June 2020





- 59. Ghannadi A, Hajhashemi V, Jafarabadi H (2005). An investigation of the analgesic and anti-inflammatory effects of Nigella sativa seed polyphenols. Journal of medicinal food. 8(4):488-93.
- 60. Gilani AH, Aziz N, Khurram IM, Chaudhary KS, Iqbal A (2001). Bronchodilator, spasmolytic and calcium antagonist activities of Nigella sativa seeds (Kalonji): a traditional herbal product with multiple medicinal uses. Journal of Pakistan Medical Association. 51(3):115-120.
- 61. San Chang J, Wang KC, Yeh CF, Shieh DE, Chiang LC (2013). Fresh ginger (Zingiber officinale) has anti-viral activity against human respiratory syncytial virus in human respiratory tract cell lines. Journal of ethnopharmacology. 145(1):146-51.
- 62. Jin YH, Cai L, Cheng ZS, Cheng H, Deng T, Fan YP, Fang C, Huang D, Huang LQ, Huang Q, Han Y (2020). A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard version). Military Medical Research. 7(1):4.
- 63. Danciu C, Vlaia L, Fetea F, Hancianu M, Coricovac DE, Ciurlea SA, ^aoica CM, Marincu I, Vlaia V, Dehelean CA, Trandafirescu C (2015). Evaluation of phenolic profile, antioxidant and anticancer potential of two main representants of Zingiberaceae family against B164A5 murine melanoma cells. Biological research. 48(1):1.
- 64. Mashhadi NS, Ghiasvand R, Askari G, Hariri M, Darvishi L, Mofid MR (2013). Antioxidative and anti-inflammatory effects of ginger in health and physical activity: review of current evidence. International journal of preventive medicine. 4(Suppl 1):S36-S42.

- 65. Carrasco FR, Schmidt G, Romero AL, Sartoretto JL, Caparroz Assef SM, Bersani Amado CA, Cuman RK (2009). Immunomodulatory activity of Zingiber officinale Roscoe, Salvia officinalis L. and Syzygium aromaticum L. essential oils: evidence for humor and cell mediated responses. Journal of Pharmacy and Pharmacology. 61(7):961-7.
- 66. Bera K, Nosalova G, Sivova V, Ray B (2016). Structural elements and cough suppressing activity of polysaccharides from Zingiber officinale rhizome. Phytotherapy research. 30(1):105-11.
- 67. Townsend EA, Siviski ME, Zhang Y, Xu C, Hoonjan B, Emala CW(2013). Effects of ginger and its constituents on airway smooth muscle relaxation and calcium regulation. American journal of respiratory cell and molecular biology. 48(2):157-63.
- Jiang ZY, Liu WF, Zhang XM, Luo J, Ma YB, Chen JJ (2013). Anti-HBV active constituents from Piper longum. Bioorganic & medicinal chemistry letters. 23(7):2123-7.
- 69. Timbadiya MJ, Nishteswar K, Acharya R, Nariya MB(2015). Experimental evaluation of antipyretic and analgesic activities of AmalakyadiGana: An Ayurvedic formulation. Ayu. 36(2):220-224.
- 70. Kumar S, Malhotra S, K Prasad A, V Van der Eycken E, E Bracke M, G Stetler-Stevenson W, S Parmar V, Ghosh B (2015). Anti-inflammatory and antioxidant properties of Piper species: a perspective from screening to molecular mechanisms. Current topics in medicinal chemistry. 15(9):886-93.

Journal of Vishwa Ayurved Parishad/May-June 2020





- 71.Sunila ES, Kuttan G (2004). Immunomodulatory and antitumor activity of Piper longum Linn. and piperine. Journal of ethnopharmacology. 90(2-3):339-46.
- 72. Kaushik D, Rani R, Kaushik P, Sacher D, Yadav J (2012). In vivo and in vitro antiasthmatic studies of plant Piper longum Linn. International Journal of Pharmacology. 8(3):192-7.
- 73. Verma H, Patil PR, Kolhapure RM, Gopalkrishna V(2008). Antiviral activity of the Indian medicinal plant extract, Swertia chirata against herpes simplex viruses: A study by in-vitro and molecular approach. Indian Journal of Medical Microbiology. 26(4):322-326.
- 74. Bhargava S, Rao PS, Bhargava P, Shukla S (2009). Antipyretic potential of Swertia chirata Buch Ham. root extract. Scientia pharmaceutica. 77(3):617-24.
- 75. Lad H, Bhatnagar D (2016). Amelioration of oxidative and inflammatory changes by Swertia chirayita leaves in experimental arthritis. Inflammopharmacology. 24(6):363-75.
- 76. Mishra LC, Singh BB, Dagenais S (2000). Scientific basis for the therapeutic use of Withania somnifera (ashwagandha): a review. Alternative medicine review. 5(4):334-46.
- 77. Rahmani AH, Alsahli MA, Aly SM, Khan MA, Aldebasi YH (2018). Role of curcumin in disease prevention and treatment. Advanced biomedical research. 7.
- 78. Sun Z, Yu C, Wang W, Yu G, Zhang T, Zhang L, Zhang J, Wei K(2018). Aloe polysaccharides inhibit influenza A virus

infection-A Promising Natural Anti-flu Drug. Frontiers in microbiology. 9:2338.

- 79. Choi JG, Lee H, Kim YS, Hwang YH, Oh YC, Lee B, Moon KM, Cho WK, Ma JY (2019). Aloe vera and its Components Inhibit Influenza A Virus-Induced Autophagy and Replication. The American journal of Chinese medicine. 47(06):1307-24.
- 80. Ho TY, Wu SL, Chen JC, Li CC, Hsiang CY (2007). Emodin blocks the SARS coronavirus spike protein and angiotensinconverting enzyme 2 interaction. Antiviral research. 74(2):92-101.
- Rezazadeh F, Moshaverinia M, Motamedifar M, Alyaseri M (2016). Assessment of anti HSV-1 activity of Aloe vera gel extract: an in vitro study. Journal of Dentistry. 17(1):49-54.
- 82. Rahmani AH, Aldebasi YH, Srikar S, Khan AA, Aly SM (2015). Aloe vera: Potential candidate in health management via modulation of biological activities. Pharmacognosy reviews. 9(18):120-126.
- Soleymani S, Zabihollahi R, Shahbazi S, Bolhassani A (2018). Antiviral effects of saffron and its major ingredients. Current drug delivery. 15(5):698-704.
- Karimi E, Oskoueian E, Hendra R, Jaafar HZ (2010). Evaluation of Crocus sativus L. stigma phenolic and flavonoid compounds and its antioxidant activity. Molecules. 15(9):6244-56.
- 85. Mahmoudabady M, Neamati A, Vosooghi S, Aghababa H (2013). Hydroalcoholic extract of Crocus sativus effects on bronchial inflammatory cells in ovalbumin sensitized

Journal of Vishwa Ayurved Parishad/May-June 2020





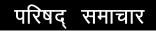
rats. Avicenna journal of phytomedicine. 3(4):356-363.

- 86. Boskabady MH, Gholamnezhad Z, Ghorani V, Saadat S (2019). The Effect of Crocus Sativus (Saffron) on the Respiratory System: Traditional and Experimental Evidence. Science of Spices and Culinary Herbs-Latest Laboratory, Pre-clinical, and Clinical Studies. 1:30-54.
- 87. Pourmasoumi M, Hadi A, Najafgholizadeh A, Kafeshani M, Sahebkar A (2019). Clinical evidence on the effects of saffron (Crocus sativus L.) on cardiovascular risk factors: A systematic review meta-analysis. Pharmacological research. 139:348-59.
- 88. Germano A, Occhipinti A, Barbero F, Maffei ME (2017). A pilot study on bioactive constituents and analgesic effects of MyrLiq®, a Commiphoramyrrha extract with a high furanodiene content. BioMed research international. 2017.
- 89. Su S, Wang T, Duan JA, Zhou W, Hua YQ, Tang YP, Yu L, Qian DW(2011). Antiinflammatory and analgesic activity of different extracts of Commiphoramyrrha. Journal of Ethnopharmacology. 134(2):251-8.
- 90. Fatani AJ, Alrojayee FS, Parmar MY, Abuohashish HM, Ahmed MM, Al Rejaie SS (2016). Myrrh attenuates oxidative and inflammatory processes in acetic acidinduced ulcerative colitis. Experimental and therapeutic medicine. 12(2):730-8.
- 91. Ahmad A, Raish M, Ganaie MA, Ahmad SR, Mohsin K, Al-Jenoobi FI, Al-Mohizea AM, Alkharfy KM (2015). Hepatoprotective

effect of Commiphoramyrrha against d-GalN/LPS-induced hepatic injury in a rat model through attenuation of pro inflammatory cytokines and related genes. Pharmaceutical biology. 53(12):1759-67.

- 92. Khalil N, Fikry S, Salama O (2020). Bactericidal activity of Myrrh extracts and two dosage forms against standard bacterial strains and multidrug-resistant clinical isolates with GC/MS profiling. AMB Express. 10(1):21.
- 93. Alhussaini MS, Saadabi AM, Alghonaim MI, Ibrahim KE (2015). An evaluation of the Antimicrobial activity of Commiphora myrrha Nees (Engl.) oleo-gum resins from Saudi Arabia. Journal of Medical Sciences. 15(4):198.





विश्व आयुर्वेद परिषद् द्वारा प्रधानमंत्री एवं मुख्यमंत्री राहत कोष में योगदान, आयुष क्वाथ का वितरण एवं जन—जागरूकता अभियान

विश्व आयुर्वेद परिषद् के विभिन्न प्रदेशों में कोविड योद्धाओं के लिए प्रधानमंत्री एवं मुख्यमंत्री राहत कोष में व्यक्तिगत एवं समग्र रूप से योगदान दिया गया। जिसमें बिहार, उत्तर प्रदेश, तेलंगाना, आन्ध्र प्रदेश, मध्य प्रदेश, राजस्थान, तमिलनाडु, कर्नाटक, केरल, असम, बंगाल, गुजरात, उत्तराखण्ड, हिमाचल प्रदेश, हरियाणा, पंजाब, जम्मू कश्मीर, महाराष्ट्र, छत्तीसगढ़ आदि राज्य प्रमुख थे। राष्ट्रीय स्तर पर जन—जागरूकता अभियान, आयुष संजीवनी ऐप का प्रतिष्ठापन एवं क्वाथ वितरण का कार्य किया गया। माननीय प्रधानमंत्री जी के उद्घोष के कम में कोरोना योद्धाओं यथा पुलिसकर्मी, अस्पताल कर्मचारी, सफाईकर्मी, प्रशासनकर्मियों को क्वाथ वितरण तथा विभिन्न क्षेत्रों, गांवों. कस्बों. बस्तियों में जन जागरूकता अभियान किया गया।

उत्तर प्रदेश ईकाई द्वारा कोविड सैनिकों के लिए शिरीषामृतादि क्वाथ वितरण एवं जनजागरूकता महाभियान का काशी से शुभारम्भ

विश्व आयूर्वेद परिषद द्वारा कोरोना योद्धाओं के स्वास्थ्य संरक्षण एवं जनजागरण अभियान के अन्तर्गत उत्तर प्रदेश ईकाई ने वाराणसी से राष्ट्रीय स्वयंसेवक संघ, काशी प्रांत प्रचारक, माननीय रमेश जी के निर्देशन, वैद्य कमलेश द्विवेदी, संरक्षण तथा वैद्य विजय राय, महासचिव, वि.आ.प. के नेतृत्व में दिनांक 27 अप्रैल 2020 को जिलाधिकारी, वाराणसी श्री कौशल राज शर्मा के द्वारा इस अभियान का प्रारम्भ किया। संघ प्रान्त सम्पर्क प्रमुख श्री दीनदयाल जी, वैज्ञानिक सचिव डा.मनीष मिश्र तथा सक्रिय कार्यकर्ता प्रेम नारायण मिश्र की टीम ने वैश्विक आपदा कोविड–19 से निपटने मे आयूर्वेद की प्रमुख भूमिका पर प्रधानमंत्री श्री नरेन्द्र मोदी की प्रेरणा एवं आयूष मंत्रालय द्वारा जारी दिशानिर्देशों मे व्यक्ति की रोग प्रतिरोधक क्षमता बढाने हेतु अनुमोदित औषधियों से निर्मित ''शिरीषामृतादि क्वाथ'' का निर्माण किया। इस क्वाथ को प्रथम चरण मे 10000 पैकेट की संख्या मे जनपद में अनवरत रूप से कार्यरत कोरोना वारियर्स, जिनमें मुख्यतः चिकित्सा, सुरक्षा, स्वच्छता संवर्ग के कर्मचारियों के स्वास्थ्य उन्नयन हेत् औषधि वितरण के सन्दर्भ में जनपद वाराणसी के जिलाधिकारी से मुलाकात कर उन्हें परिषद के इस सेवा कार्य के विषय में अवगत कराया गया। जिलाधिकारी महोदय ने इस सेवा कार्य की सराहना करते हुऐ, ऐसी रोगप्रतिरोध ाक क्षमता बढाने वाली औषधियों के सेवन को वर्तमान परिस्थितियों में अतिआवश्यक बताया यथा इसके निर्माण एवं वितरण मे पूर्ण सहयोग का आश्वासन दिया। इस क्वाथ मे शिरीष, अमृता (गुडुची), सोंठ, तुलसी, धनिया, श्लेषमान्तक (लिसोढा), मुलेठी, अडूसा (वासा), भूम्यामल की तथा नागरमोथा जैसी औषधियों का समावेश है। यह औषधि व्यक्ति की रोग प्रतिरोधक क्षमता को बढाने के साथ–साथ कोरोना जैसी वायरल व्याधि की प्रारंभिक अवस्था के लक्षणों ज्वर, थकान, शरीर दर्द तथा कास (खांसी) में भी कारगर है। इस औषधीय क्वाथ को एक चम्मच की मात्रा मे दो कप जल मे डालकर एक कप शेष रहने तक उबालना है। पश्चात छानकर स्वादानुसार मात्रा मे गुड़ या खाण्ड या चीनी या सैंधव लवण मिलाकर छानकर प्रातः एवं सायं काल दो बार सेवन करना है। मधुमेह अथवा हृदय रोगी इसे बिना चीनी और नमक के सेवन कर सकते हैं। मा. रमेश जी ने अन्य जनपदों में भी इस कार्य को

शुरू कराने के लिए प्रयास करने तथा साथ ही अन्य सेवाभावी संगठनों से सहयोग लेने पर बल दिया।



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इसी अभियान के तहत विश्व आयुर्वेद परिषद् ने जीवक आयुर्वेद महाविद्यालय एवं चिकित्सालय, कमालपुर, चन्दौली के सहयोग से 5000 पैकेट, विजय आयुर्वेद कालेज एवं चिकित्सालय, कैथी के सहयोग से वाराणसी एवं गाजीपुर जिले में 5000 पैकेट, संजीवनी सेवा सदन, जंगीगंज के सहयोग से 2000 पैकेट का वितरण जनपद भदोही एवं ग्रामीण इलाकों में किया गया।

इसी कम में सेवा भारती काशी प्रान्त द्वारा कोरोना काल में सुदूर प्रान्तों से स्वतः ही पैदल ही अथवा किसी भी साधन से अपने घरों को चल पड़े मजबूर, मजदूर भाई / बहनों को मार्ग की कठिनाईयों से थोड़ी राहत देने के उद्देश्य से लगाए जा रहे देश व्यापि राहत शिविरों में से एक जो वाराणसी—कलकत्ता राष्ट्रीय राजमार्ग पर, वाराणसी के अमरा बाईपास पर लगाया गया है। दिनांक 19 मई 2020 को प्रातः शिविर का शुभारंभ माननीय प्रान्त प्रचारक रमेश जी द्वारा किया गया। इस अवसर पर परमेश्वर जी, रत्नाकर जी, अरूण जी, विनोद जी, डा. हरेन्द्र राय, डा. कमलेश कुमार द्विवेदी, शशि जी, राघव जी समेत संघ एवं सेवा भारती दक्षिण भाग एवं विश्व आयुर्वेद परिषद के कार्यकर्ताओं द्वारा कोरोना वारियर्स के स्वास्थ्य संवर्धन हेतु बनाऐ गये शिरीषामृतादि क्वाथ एवं औषधियों का भी वितरण किया गया।

इसी महाभियान के कम में दिनांक 30 मई 2020 को श्री विजय राय, महामंत्री, विश्व आयुर्वेद परिषद् उत्तर प्रदेश इकाई, श्री मनीष मिश्रा जी तथा आशुतोष पाठक जी के सहयोग से एवं काशी हिन्दू विश्वविद्यालय के मुख्या आरक्षाधिकार कार्यालय के माध्यम से श्रीमान ओ पी राय, मुख्याराक्षधिकारी, का.हि .वि.वि, एवं प्रॉक्टर गण श्री जे. पी. सिंह जी, श्री हेमंत मालवीय जी, श्री अजय यादव जी, श्री पंकज सिंह जी, श्री धीरेन्द्र राय जी के द्वारा सेवा कार्य मे लगे सर सुंदर लाल अस्पताल, ट्रामा सेंटर एवं का.हि.वि.वि के गॉर्ड, सुपरवाइजर तथा सिक्योरिटी ऑफिसर्स, कोरोनावारियर्स को विश्व आयुर्वेद परिषद द्वारा निर्मित शिरीषामृतादिक्वाथ चूर्ण के 700 पैकेट वितरित किया गया। मुख्याराक्षधिकारी महोदय, का.हि .वि.वि,ने इस सेवा कार्य की सराहना करते हुए, ऐसी रोगप्रतिरोधक क्षमता बढाने वाली औषधियों के सेवन को वर्तमान परिस्थितियों मे अतिआवश्यक बताया तथा इसके निर्माण एवं वितरण मे पूर्ण सहयोग का आश्वासन देते हुए अपने ओर से १००० रु की सहयोग राशि भी प्रदान की । इस क्वाध मे शिरीष, अमृता (गुडुची), सोंठ, तुलसी, धनिया, श्लेषमान्तक (लिसोढा), मुलैठी, अडूसा (वासा), भूम्यामलकी तथा नागरमोथा जैसी औषधियों का समावेश है। यह औषधि व्यक्ति की रोग प्रतिरोधक क्षमता को बढाने के साथ—साथ कोरोना जैसी वायरल व्याधि की प्रारंभिक अवस्था के लक्षणों ज्वर, थकान, शरीर दर्द तथा कास (खांसी) मे भी कारगर है। इस औषधीय क्वाथ को एक चम्मच की मात्रा मे दो कप जल मे डालकर एक कप शेष रहने तक उबालना है। पश्चात छानकर स्वादानुसार मात्रा मे गुड़ या खाण्ड या चीनी या सैंधव लवण मिलाकर छानकर प्रातः एवं सायं काल दो बार सेवन करना है। मधुमेह अथवा हृदय रोगी इसे बिना चीनी और नमक के सेवन कर सकते हैं।

इसी महाभियान के तहत विश्व आयुर्वेद परिषद् प्रयागराज द्वारा निर्मित रोग प्रतिरोधक चूर्ण के बारे में दैनिक जागरण प्रयाग राज के प्रधान सम्पादक एवं वरिष्ठ पत्रकार महोदय से मिलकर उनको इसके बारे में विस्तृत चर्चा प्रयागराज अध्यक्ष सुधांशु शंकर उपाध्याय ने की। इस अवसर पर उपाध्यक्ष जे नाथ एवम् महामंत्री एम डी दुबे ने बताया की चूर्ण का निर्माण काशी क्षेत्र अध्यक्ष पी एस पाण्डेय जी के देखरेख में विशेष औषधियों द्वारा किया जा रहा है जो की आज कल के कोरोना काल में पत्रकारों जो अनेको संक्रमित जगहों का दौरा करते हैं, के लिए बहुत ही लाभदायक होने के साथ ही उनके शरीर की रोगों से लड़ने की क्षमता को भी बढ़ाता है परिषद् के तरफ से दीनानाथ जयसवाल जी ने २० पैकेट चूर्ण को पत्रकारों को दिया। विश्व आयुर्वेद परिषद् प्रयागराज के अध्यक्ष डा एस एस उपाध्याय व सचिव डा0 एम डी दुबे द्वारा क्वाथ का वितरण जो आयुष मन्त्रालय के गाइडलाइन पर आधारित है किया गया। उपरोक्त कार्यक्रम आज सांय काल स्थानीय मेडिकल कालेज चौराहा

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सिविल लाइन्स प्रयागराज में मे कार्यरत लगभग बीस पुलिस कर्मियों व उनके अधिकारियों को दिया गया। अधिकारी त्रय श्री राजेश कुमार, श्री प्रदीप कुमार व श्री लालता प्रसाद जी ने इस कार्य योजना का स्वागत व धन्यवाद किया। काशी प्रांत के अध्यक्ष डा पी एस पान्डे जी ने इसके प्रयोग व उपयोगिता पर प्रकाश डाला। डा0 जे नाथ, डा बी एस रघुवंशी, डा0 शंकर मिश्रा, डा अमिता सिंह व डा0 अशोक केशरवानी तथा दीनानाथ जायसवाल जी ने उपरोक्त कार्यक्रम में अपना महत्वपूर्ण योगदान दिया।

पूरे प्रदेश में विभिन्न ईकाइयों द्वारा काशी, गोरक्ष, अवध, ब्रज, कानपुर एवं मेरठ प्रान्तों में लभगग 70 हजार परिवारों तक काढ़े का वितरण किया गया। इसके अलावा जन—जागरूकता अभियान के तहत लोगों को अपने—अपने घरों में काढ़ा पीने, सामाजिक दूरी बनाये रखने, मास्क पहनने, स्वच्छता के नियम पालन करने आदि के सम्बन्ध में शिक्षित किया गया।

उत्तराखंड द्वारा कॉरोना से बचाव एवं व्याधि क्षमता प्रवर्धन हेतु निःशुल्क आयुर्वेद औषधि काढ़ा वितरण

दिनांक 27 मई 2020 को विश्व आयुर्वेद परिषद उत्तराखंड द्वारा कोरोना से बचाव की दृष्टि से जन सामान्य के स्वास्थ्य संरक्षण एवं व्याधि क्षमता प्रवर्धन हेतु निःशुल्क आयुर्वेद औषधि काढ़ा वितरण का शुभारंभ किया गया। आज प्रातः राष्ट्रीय स्वयंसेवक संघ के क्षेत्रीय प्रचार प्रमुख श्रीमान पदम जी ने देवपुरा चौक के पास भार्गव लेन में स्थित अथर्व आयूर्वेद चिकित्सालय में भगवान धन्वंतरी के चित्र के समक्ष दीप प्रज्वलन एवं पृष्पार्चन कर प्रकल्प का शुभारंभ किया। इस कार्यक्रम में सोशल दूरी का बाकायदा पालन करते हुए प्रसिद्ध मर्म चिकित्सक एवं पूर्व कुलपति उत्तराखंड आयूर्वेद विश्वविद्यालय प्रोफेसर सुनील जोशी, संस्कृत अकादमी के उपाध्यक्ष एवं परिषद के राष्ट्रीय उपाध्यक्ष प्रोफेसर प्रेमचंद शास्त्री, जिला प्रचारक श्रीमान अमित जी, श्रीमान देशराज शर्मा, परिषद के प्रांत उपाध्यक्ष प्रोफेसर ओ पी सिंह, जिला उपाध्यक्ष डॉ ज्ञानेंद्र शुक्ला, जिला सचिव डा विपिन अरोडा कोषाध्यक्ष डॉ शोभित वार्ष्णेय, संपर्क प्रमुख डॉ शशिकांत तिवारी, विश्वविद्यालय के उप कुलसचिव डॉ शैलेंद्र प्रधान, चिकित्सक प्रकोष्ठ सचिव डा आशीष मिश्रा, डा राजीव कुरेले, डा राजकुमार सैनी उपस्थित रहे। कार्यक्रम का संचालन परिषद के प्रांत सचिव डॉ उत्तम शर्मा ने किया। क्षेत्रीय प्रचार प्रमुख श्री पदम जी ने कोरोना महामारी के समय में चिकित्सा से संबंधित सेवा कार्यों का महत्व को बताते हुए भारतीय संस्कृति की सेवा परंपरा पर प्रकाश डाला और परिषद के इस प्रकल्प के लिए शुभकामनाएं दी। उन्होंने कहा की यह भारत की संस्कृति है कि जब भी कोई विपदा आती है तो परस्पर सेवा भाव से) उस आपदा पर भारत सदा ही विजय प्राप्त करता है। प्रोफेसर सुनील जोशी ने कोरोना से बचाव हेत् उपायों सोशल डिस्टेंसिंग, हाथ धोना, मास्क आदि के पालन करने पर जोर दिया एवं आयुर्वेद की औषधियों के नियमित सेवन से व्याधि क्षमता के विकास की प्रक्रिया को समझाया। प्रोफेसर प्रेमचंद शास्त्री ने परिषद के कार्यों का परिचय देते हुए बताया की सेवा के कार्यों के साथ जनसामान्य में आयुर्वेद के स्वास्थ्य नियमों की जानकारी देकर स्वास्थ्य के प्रति सजग बनाना परिषद की कार्यप्रणाली का एक हिस्सा है। प्रोफेसर ओ पी सिंह ने क्वाथ के घटक द्रव्य वासा कंटकारी तूलसी त्रिकटु मुलेठी आदि के गुणों पर प्रकाश डाला और बताया के दो गिलास पानी में एक चम्मच सूखा काढ़ा मिलाकर तब तक उबालना चाहिए जब तक यह आधा गिलास शेष रह जाए इसे छानकर हल्का गूनगूना पीना चाहिए यह मात्रा दो व्यक्तियों के लिए है। दोनों समय इसका प्रयोग करने से व्याधि क्षमता बढती है, पाचन संस्थान एवं श्वसन संस्थान को बल मिलता है। फिलहाल हरिद्वार में चार केंद्रों पर प्रातः 7 से 9 बजे काढ़े के पैकेट वितरित करने की योजना है। देवपूरा चौक के समीप भार्गव गली में अथर्व चिकित्सालय, सतिकुंड कनखल के समीप शिवशक्ति चिकित्सालय, ज्वालापुर में ईदगाह रोड पंवधोई मोहल्ला में विमल क्लीनिक और नवोदय नगर रोशनाबाद में आशीष क्लीनिक पर इसका वितरण किया का रहा है।

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आयुर्वेद ऑनलाइन क्लास प्रारंभ

कोरोना काल में लॉक डाउन का पालन करते हुए जहां सभी शिक्षण संस्थाएं बन्द हैं, इसे ध्यान में रखते हुए छात्रों एवं चिकित्सकों के सतत ज्ञानवर्धन के दृष्टिगत विश्व आयुर्वेद परिषद एवं आरोग्य भारती के संयुक्त तत्वावधान में आयुर्वेद ऑनलाइन क्लास प्रारंभ किया गया। इस कड़ी में दिनांक 13.05.2020 को राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालय वाराणसी के द्रव्यगुण विभाग के पूर्व विभागाध्यक्ष डॉ अनुग्रह नारायण सिंह का ऑनलाइन व्याख्यान सम्पन्न हुआ। लगभग 100 मिनट चले इस व्याख्यान में उत्तराखंड, महाराष्ट्र, कर्नाटक, मध्यप्रदेश, हरियाणा, राजस्थान, पंजाब, गुजरात, उत्तर प्रदेश एवं देश के अन्य प्रांतों से छात्र एवं शिक्षकों ने भाग लिया।

डॉ सिंह ने द्रव्यगुण विषय के मूल सिद्धान्तों, द्रव्य परिचय, द्रव्यगुण के महत्व, द्रव्यों के वीर्य, विपाक, प्रभाव आदि पर अपने विचार रखे। इस कार्यक्रम में तकनीकी सहयोग आयुष दर्पण का रहा। आयुष दर्पण के you tube चैनल पर इस कार्यक्रम का सीधा प्रसारण भी किया। कार्यक्रम का सफल संचालन उत्तराखण्ड आयुर्वेद विश्वविद्यालय के डॉ. नवीन जोशी ने किया। कार्यक्रम के अंत मे डॉ सिंह ने स्रोताओं के प्रश्नों के उत्तर भी दिए। कार्यक्रम में शामिल होने वालों में मुख्य रूप से विश्व आयुर्वेद परिषद के वैद्य कमलेश द्विवेदी, वाराणसी से डॉ अंजना सक्सेना, वैद्य सुशील दुबे, डॉ कीर्ति सिंह, आल इंडिया इंस्टीट्यूट ऑफ आयुर्वेद, नई दिल्ली से डॉ शिवानी घिल्डियाल, डॉ अतुल वार्ष्णेय, हरियाणा से डॉ वीरेंद्र, लखनऊ से डॉ शालिनी सचान, डॉ अमरेंद्र, डॉ प्रेम नारायण गुप्ता, डॉ वेद प्रकाश, डॉ विनय वर्मा, डॉ प्रभाकर, डॉ अखिलेश जैन रहे। कार्यक्रम के संयोजक डॉ अवनीश पाण्डेय ने कहा विद्यादान महादान है, अतः इस लॉक डाउन में ये आयुर्वेद क्लासेज लगातार चलती रहेंगी। जिसमें विभिन्न विषयों पर व्याख्यान होंगे।

विश्व आयुर्वेद परिषद, उत्तराखंड प्रान्त समन्वय बैठक सम्पन्न

दिनांक—10 मई 2020 विश्व आयुर्वेद परिषद की विभिन्न इकाइयों द्वारा कोविड—19 संक्रमण से बचाव के उपायों एवं जनजागरण के सम्बंध में निम्न कार्य सम्पन्न किए गए एवम् संगठन की गतिविधियों हेतु आगामी योजना तैयार की गई है —

कोरोना संक्रमण के बचाव एवं आयुर्वेदिक चिकित्सा प्रोटॉकाल हेतु कई अनुभवी चिकित्सकों द्वारा एक ड्राफ्ट तैयार किया गया और इसे प्रदेश के माननीय मुख्यमंत्री, आयुष सचिव, निदेशक, को मेयर श्री सुनील गामा एवं भाजपा प्रदेश अध्यक्ष श्री बंशीधर भगत जी के माध्यम से भेंट कर प्रस्तुत किया गया। परिषद के पदाधिकारियों द्वारा यह भी आश्वस्त किया गया कि हम आयुर्वेद चिकित्सक इस महामारी के मोर्चे पर प्रदेश सरकार के साथ हैं और किसी भी स्तर पर अपनी सेवाएं देने को तैयार हैं। कोरोना संक्रमण से बचाव, शारीरिक रोगप्रतिरोधक शक्ति बढ़ाने एवं आयुष मंत्रालय, भारत सरकार द्वारा जारी निर्देशों के अनुपालन के संबंध में जानकारी जनजागरण की दृष्टि से परिषद के सदस्यों का एक व्हाट्सएप ग्रुप UK Vaidya Covid &19 Fighter नाम से बनाया गया है, जिसमे प्रदेश के विभिन्न क्षेत्रों से 126 चिकित्सकों को जोड़ा गया है,जोकि अपने अपने क्षेत्रों में इस निमित्त सक्रिय रहेंगें और आपस मे ग्रुप के माध्यम से अपने क्रियाकलापों को साझा कर चर्चा करते रहेंगे। इन गतिविधियों में देहरादून में वैद्य विनीश गुप्ता के नेतृत्व में कई युवा वैद्यों शिवम वैद्य,मेघा बहुगुणा, पवन सिंह आदि ने संक्रमण बचाव हेतु काढ़ा द्रव्यों के पैकेट निशुल्क वितरण हेतु तैयार किये। इनमे स्थानीय स्तर पर उपलब्ध वासा, कण्टकारी, गिलोय, त्रिकटु, मुलेठी जैसे द्रव्यों का संग्रह किया गया। इस काढ़े के लगभग 1000 पैकेट शहर के कई मोहल्ले में जैसे डिफेंस कॉलोनी, संगम विहार व स्लम एरिया में वहाँ के पार्षद व अन्य सामाजिक कार्यकर्ता के साथ मिलकर वितरित किए जा चुके हैं।

Journal of Vishwa Ayurved Parishad/May-June 2020





हरिद्वार जनपद में परिषद के प्रांतीय महामंत्री प्रोफेसर उत्तम शर्मा के नेतृत्व में कई पदाधिकारी व सदस्यों द्वारा संक्रमण से बचाव व स्वस्थ जीवनशैली पर फोन व ग्रुप के द्वारा जनजागरण का कार्य किया जा रहा है। हरिद्वार इकाई द्वारा औषधि धूपन के पैकेट वितरित किए गए साथ ही संघ के सेवा कार्यों में सहयोग हेतु अनाज, दाल एवम् चावल उपलब्ध कराया गया। रुड़की नगर में परिषद के मन्त्री वैद्य टेकवल्लभ द्वारा नगर की बस्तियों में निशुल्क स्वनिर्मित मास्क व काढ़े के पैकेट व हर्बल सैनिटाइजर के वितरण का कार्य किया जा रहा है। इसके अतिरिक्त श्रीनगर में वैद्य सुशांत व हल्द्वानी में डॉ विनय खुल्लर, डॉ अतुल राजपाल व उनके सहयोगी चिकित्सक बंधुओं द्वारा भी इस महामारी से बचाव हेतु शरीर की इम्युनिटी बढाये जाने के उपायों की जानकारियां एवं आयुष मंत्रालय द्वारा जारी निर्देषों के पालन हेतु प्रेरणा जनसाधारण को अपने क्लीनिक व ग्रुप के माध्यम से दी जा रही है। इसके अतिरिक्त विश्व आयुर्वेद परिषद उत्तराखंड द्वारा जनहित की दृष्टि से स्वास्थ्य की रक्षा एवं रोग प्रतिरोध ाक शक्ति बनाये रखने हेतु आयुर्वेदीय स्वस्थवृत्त, योग,प्राणायाम,एवं ध्यान के महत्व की जानकारी के साथ lockdown के सम्बंध में भारत सरकार द्वारा समय समय पर जारी दिशा–निर्देशों के पालन हेतु आवश्यक सुझाव दिए गए हैं।

PM Care Fund हेतु भी परिषद के सदस्यों द्वारा व्यक्तिगत रूप में अंशदान दिया जा रहा है। आगामी योजना की दृष्टि से गिलोय पियो स्वस्थ जियो— नाम से प्रदेश में 'गिलोय नामक राष्ट्रीय औषधि के प्रचार प्रसार हेतु एवं इसे घर घर में उगाने हेतु इसके पौधों के वितरण की योजना तैयार की गई है। इसके साथ ही गृह वाटिका में उगने वाले औषधीय पौधों जैसे तुलसी, एलोवेरा, पुदीना, हल्दी, अदरक, लहसुन,आँवला आदि एवं रसोई में उपलब्ध जीरा,सौंफ, धनियां, अजवाइन, दालचीनी, मुलहठी, लौंग आदि के औषधीय गुण धर्म और प्रयोग की विधि के बारे में जानकारी के लिए एक पत्रक (Leaflet) तैयार किया जाएगा और उत्तराखंड के सभी जिलों में वहां की इकाइयों द्वारा पौधों एवं पत्रक वितरण कार्य संपन्न कराया जाएगा । Zoom ऐप के माध्यम से विद्यार्थियों एवं शिक्षकों के लिए वेबिनार एवं संगोष्ठियों का आयोजन एवं विद्वान चिकित्सकों द्वारा व्याख्यान कराने की योजना भी बनाई गई है।

महर्षि चरक वनांचल स्वास्थ्य सेवा यात्रा पर चर्चा

आज दिनांक 26.05.2020 को प्रातः 10 से 11 बजे तक विश्व आयुर्वेद परिषद् एवं एन.एम.ओ. के पदाधिकारियों एवं कार्यकर्ताओं की वनवासी कल्याण आश्रम, बभनी, सोनभद्र के प्रभारी श्री आनन्द जी भाई साहब के साथ जूम मीटिंग हुई जिसमे परिषद द्वारा प्रति वर्ष आयोजित होने वाली महर्षि चरक वनांचल स्वास्थ्य सेवा यात्रा को वर्तमान कोरोना महामारी के परिपेक्ष्य मे इस वर्ष 2020 मे किस स्वरुप मे आयोजित हो इसको लेकर चर्चा हुई | बैठक मे महाश्वेता चिकित्सालय के प्रबन्धक डा. विद्या सागर पाण्डेय , अखिल भारतीय विद्यार्थी परिषद के पदाधिकारी भाई प्रवीण जी, समाज सेवी कमलेश पाण्डेय जी भी उपस्थित रहे | जून माह के आखिरी सप्ताह मे पुनः बैठक का निर्णय लिया गया।

महर्षि पतंजलि कूप वाराणसी में अंतर्राष्ट्रीय योग दिवस सम्पन्न

महर्षि पतंजलि के तपस्थली वाराणसी के जैतपुरा स्थित महर्षि पतंजलि के कूट पर प्रतिवर्ष योग दिवस काशी के आयुष चिकित्सा संगठन विश्व आयुर्वेद परिषद काशी मंडल भाग्य सभा कृतिका योग एवं प्राकृतिक चिकित्सा संस्थान तथा आरोग्य भारती के सदस्यों के द्वारा योग शास्त्र पर एक परिचर्चा एवं योगासनों के प्रदर्शन का कार्यक्रम आयोजित किया जाता रहा है, जो इस वर्ष करोना के कारण नहीं पाया। प्रतीकात्मक रूप से इन संस्थानों के

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प्रतिनिधि डॉक्टर एसडी यादव, वैद्य ध्रूव कुमार अग्रहरी योगाचार्य डॉक्टर राजेश कुमार मौर्य बबलू यादव वैद्य सभा से डॉक्टर शैलेंद्र कुमार विश्व आयुर्वेद परिषद से डॉक्टर सुभाष श्रीवास्तव ने उपस्थित होकर महर्षि पतंजलि के तपस्थली पर पूजन किया। मंदिर के पुजारी आचार्य कुंदन पांडे एवं तुलसी पांडे प्रति वर्ष की भांति इस वर्ष भी हर प्रकार के सहयोग हेतु तत्पर थे। इस अवसर पर डॉक्टर सबलू यादव ने सूर्य नमस्कार के आसनों का प्रदर्शन कर आयुर्वेद एवं योग के महत्व पर प्रकाश डाला।

Webinar and online lecture Series are going on

- 1. Online Dravyaguna lecture on 13.05.2020, 12.00 noon onwards by Prof. A.N.Singh Former Head, Department Of Dravyaguna, Goverment post-graduate Ayurvedic college was organised by all india dravyaguna whatsapp group in association to vishwa ayurveda parishad and arogya bharti.
- 2. A International Webinar -" COVID-19, Opportunities and Challenges" on 23rd May 11AM to 3PM was orgainsed by Vishwa Ayurved Parishad in technical collaboration of National Medicinal Plant Board-NMPB Presents & with Dabur India as the Event Partner.
- 3. A national webinar -"COVID-19 PANDEMIC: Role of Young Ayurvedic Scholars, present & post crisis scenario" on Date: 30 May 2020, Saturday, 11:00 AM onwards was Orgainsed by Vishwa Ayurveda Parishad Student wing. Dr. Ramteertha Sharma, Ujjain, National Students coordinator, VAP was organsing chairman, Dr.Anurag Pandey, student coordinatar kashi prant was Organising secretary and Dr. Mrityunjay dwivedi, was moderator.
- 4. A lecture series on Clinical Aspect of Charak Samhita by Prof.B.K.Dwibedi, Former HOD, Department of Siddhant & Darshan,BHU was organised by Vishwa Ayurveda Parishad, Uttar Pradesh Unit on 3rd June 2020, 8.00pm onwards.
- 5. A national webinar -"Tatwaamritum" on 5th june 2020, 11.00 am to 12.030 pm was Orgainsed by Vishwa Ayurveda Parishad Delhi Unit. Prof. S.P.Mishra,Former VC Uttarakhand University, Dr.N. Anjaneya Murthy, Former Director Ayush,Karnataka, Dr.Anupam Srivastav, Director, RAV,New Delhi, Dr.Yogesh Chandra MIshra, National Organising Secreatary were eminent speakers & and expert panelist.
- 6. A national webinar on 13th june 2020 11.00 am to 1.30 pm was organised by Rajasthan unit of Vishwa Ayurveda Parishad. Dr.Kishori Lal Sharma was the Organising Chairman and Dr.C.R. Yadav was Organising Secreatary. Vd. Jayanta Deopujari, Chairman, Board of Governance, CCIM, Prof. Banwari lal gaur, Former VC, Jodhpur, Dr,B.R. Rama Krishana, VC, S Vayasa University, Banglore, Prof. Sanjeev Rastogi Director, NIA, Jaipur & others were Profound speakers and expert panelist.
- 7. A national webinar on Covid -19 principles & practice was organised by Bihar unit of Vishwa Ayurveda Parishad on 14-06-2020 frm 11 am to 1.00pm. Shri mangal Pandey. Hon'ble Health Minister,Bihar, Shree Gupteswar Paandey, DG Police,Bihar, Dr. Ashok Varshney, National Organising Secreatary, Arogya Bharti, Prof.Baldev dhiman, Vice

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Chancellor, Shree Krishna AYUSH University including many other eminent personalities were expert panelist and profound speakers.

- A national webinar -"Challenges of COVID 19 Pandemic in NE-India, its management by Ayurveda Interventions and future strategies" on 16th june 2020, 3.00 am to 6.00 pm was Orgainsed by NEIAH, Shillong in collaboration with Vishwa Ayurveda Parishad Shillong (NE India) Unit. Prof. M. S. Bhagel , Prof. Chandola, Prof.B.K. Dwidebi, Prof. B.P Sharma and Prof. K.K. Dwivedi were eminent speakers.
- 9. A national webinar "COVID -19 and general Health" on 17th june 2020 11.00 am to 1.00 pm was organised by Madhya Pradesh unit of Vishwa Ayurveda Parishad. Prof.B.M.Gupta, National President, VAP, Prof.Ashwani k Bhargava, National General secreatry, VAP, Dr.Pankaj Pathak, Associate Professor, AIIA, New Delhi, Prof. Amar Dwivedi, Vice Principal, DY patil University, Pune & others Profound speaker and expert panelist.
- 10. A national webinar -"COVID -19 and general Health" on 20th june 2020 11.00 am to 1.30 pm was organised by Maharastra unit of vishwa Ayurveda Parishad. Prof.U.S.Nigam, Vice President, VAP, Prof.K R Kohlo, director Ayush Maharastra, Shri S.mansingka, Member Rastriya kamdehnu Ayog and others were eminent speaker and expert panelist.
- 11. National webinar on "Jivan ka anatas sangeet" on 21 june 11 am onwards was organised by Vivek group of colleges in association with Vishwa Ayurveda Parishad, Nasya, Jigyasa and others. Viadya Sandeep agrawal, Principle, vivek college of Ayurvedic sciences and hospital,Bijnor and Dr.Vijay Rai, secretary Vishwa Ayurveda Parishad and other were eminent speaker.





Shraddhanjali

Prof. PBA Venkatacharya Ji was one of the Margdarasakak mandal of Vishwa Ayurved Parishad passed away on 8th June 2020 at Hyderabad, Telangana after cardiac surgery and complications. It is irreparable loss to the Ayurveda fraternity specially for the VAP. May god give his soul rest in peace. He was a great thinker, best teacher and nationalistic campaigner. A meeting of central committee was organized on 12th June 2020 to pay homage to departed sole which was attended by his thousends and admirers.

Prof. Venkatacharya, B.A.M.S. and MD (Ay.) was born on 21st Oct. 1943 in the native of Telangana state. He rendered his services as Vaidayacharya, teaching faculty, researcher and social worker in different capacity. He has organized several seminars, excursion tours, camps and workshops for the development of Ayurveda. He was a popular and soft spoken person. He was confered by several awards and recognition including National Dhanwantari Award in 2019 by ministry of AYUSH, Govt. of INDIA.

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