

THIP

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INDIA'S TRYST WITH **ALTERNATIVE** **MEDICINES** DURING **COVID-19** **PANDEMIC**

Interview with
DR. ANIL KHURANA
*Director General, Central Council
for Research in Homeopathy*

Interview with
Dr.P.Rammanohar
Research Director, Amrita School of Ayurveda

Interview with
DR. K KANAKAVALLI
*Director General, Central Council
for Research in Siddha*

Interview with
Prof. Asim Ali Khan
Director General, CCRUM

#FactCheck
**Do Immunity Booster
medicines work?**



STEPPING UP

A percentage of all sales from this magazine will be donated for healthcare of underprivileged Indians

A personal crisis and an amazing upcoming project



“The art of medicine consists in amusing the patient, while nature cures the disease” – Voltaire

Hello Readers !

I have good news. And I have a personal bad (but learning) experience. Which one do you want to hear first?

Let's start with the good one. We are selected for a Fact-Checking Development Grant given by YouTube via Google News Initiative in association with International Fact Checking Network (IFCN).

Out of the 141 applicants worldwide, they picked up 22 project ideas to fund and we were one among them. While we are obviously honoured, this also is a big responsibility. And as I said in my Facebook post, this was possible only because of all your support and we will make all of you proud by working even harder.

THE FOUNDER'S NOTE

Now, the bad experience.

The last one month had been personally very stressful. My father, a seventy plus year old foodie (read, high cholesterol levels), with two heart stents, mildly diabetic, fluctuating creatinine levels, had been diagnosed with COVID-19. He was among the lucky few who still has a full-fledged post-retirement medical cover from his company where he worked. We were lucky to be able to get him admitted to a super speciality hospital in Kolkata, one which apparently had all the modern facilities to fight any modern day disease. But given his comorbidity, the doctors did not give us much hope. They just promised that they will do their best. What went after that was the usual story of panic and prayers.

Long story short, thankfully, *papa* is back at home beating all odds. It took him a few more days under home-care to gain his strength back. While the process continued, I thanked the doctors, mom thanked Gods, and brother thanked helpful neighbours who helped with groceries when the entire family was officially locked up under mandatory quarantine. I don't even want to know who is right in this case. Maybe we all are.

But, now that father has returned, now that we can recollect the chronology of incidents with a much cooler head and without panicking, and introspect, I realise there is a lot to learn, even in terms of the work that I do.

When the first symptoms showed up and my father started coughing, the first treatment given to him was home remedies loosely based on Ayurveda. Will those remedies pass the test of Fact Checking? NO. When he was taken to the hospital, he was treated with Hydroxychloroquine (HCQ). Did we debate with the doctors and take newspaper cuttings to them asking why my father was treated with Hydroxychloroquine when WHO has stopped the trials on that medicine? No. When he was released, the doctor prescribed, along with medicines, steam inhalation and hot tea. Is that scientific? Maybe (to relieve his nasal passage). When he came back home and was weak, my mom constantly gave him AYUSH Kadha, Chawanprash, Honey, Turmeric, Garlic etc. Did I stop my mom and tell her that all these are not scientific or these are not the correct measures or they have still not been fact checked? No, I dare not. We were scared and collectively we tried all we thought 'might' help. The entire thought process was 'there is no harm in trying'.

Today, when I introspect, I realise that this entire

thought process evokes a kind of helplessness. As a fact checker, I may have labelled 'scientifically not proven' to many claims but I have seldom gone deeper to tell people that this 'scientifically not proven' is 'potentially harmful' or 'apparently ineffective', in isolation or when used with other measures.

When we are faced with a life and death situation and medically when we do not have a solution to the problem, we will try everything – from prayers to home remedies or even more.

Here are two things I figured out from this personal crisis. First, people desperately seek the answer to what to do and what not to do i.e. FACTS. Second, if you cannot tell them the first, then no-matter how much you tell them that what they are doing is 'not-scientific', it doesn't matter. They will do it nevertheless. While, as fact checkers, we do tell readers what is right and what is not right, we probably have to walk a mile more now wherever possible and tell them that the 'not right' thing is also potential harmful, wherever the case is. So Facts are more important than Fact Checks.

This is exactly what we will be trying to build in the coming days using the funds given to us by YouTube and IFCN. We will be using videos to build Health Facts across multiple medicinal practices, across multiple languages. In addition to telling you what is 'Fake', we will now also tell you what is 'Fact'. So do not forget to subscribe to our YouTube page. A lot is coming.

And like always, do write in to tell me what you think.

Sudipta Sengupta

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DISCLAIMER

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Immunity Boosters: Do they work?

THE HEALTHY INDIAN PROJECT

Our mission is to bring the most unbiased, honest, accurate and relevant information related to health for people living in India



CLEAN EATING

FOOD & DIET

**Eat Healthy
Sleep Well
Breathe Deeply**

Not everything needs to 'cure' or 'directly protect' you from COVID-19. Right choices in eating goes a long way in strengthening the mind and body not only against Coronavirus but against multiple internal and external factors that can affect health. So, eat right, stay healthy.

While the entire focus of food and medicine is on the body, a little is thought about the mind. The “new normal” is not a normal that your mind may agree to as fast as you think it will.

The constant relay of information about the pandemic and the constant fear and uncertainty all around is leading to an elevated level of stress in us. Hence, it's more important now than ever that we focus on food.

Stressed in Lockdown? Eat well

This is a new lifestyle for all of us. Restricted movements, work from home, too little personal space. Include these in your diet, to prevent stress. And do exercise well – at least 30 minutes everyday.

Green Tea

Many recent researches have shown that Green tea has a calming effect on your body. Given that it is the easiest thing to add to your regular diet, the popularity of green tea has grown in recent days.

Green tea contains an amino acid called L-Theanine, an amino acid that helps relaxing the brain. L-theanine is believed to promote brain function by stimulating the production of alpha waves in the brain – relaxing the mind in stressful situations while keeping the brain alert.

Studies have also shown that regular drinking of green tea has a positive effect on high blood pressure and high cholesterol.

Yogurt

Yogurt is known as a food that has positive effects on digestion. Recent researches have shown that these positive effects on the digestive tract can also have a positive effect in our brain thereby reducing stress.

The probiotic bacteria in yogurt was linked with lower levels of activity in areas of the brain responsible for emotion and pain. Due to the healthy management of gut bacteria that

directly affects chronic stress, yogurt is recommended as a stress reducing food.

Dark Chocolate

Researches have shown eating dark chocolate may positively affect mood and relieve depressive symptoms

Dark Chocolate has featured in the list of antidepressant foods for long. Researchers believe that dark chocolate helps in reducing stress.

Researchers believe that the benefit of dark chocolate comes from the rich source of polyphenols, especially flavonoids. Flavonoids help in improving cognitive functions in the brain.

Dark chocolate also has high tryptophan content, which the body uses to turn into mood-enhancing neurotransmitters, such as serotonin in the brain.

Dark Chocolate is also high in Magnesium. Magnesium relaxes vascular smooth muscle, resulting in vasodilation and increased cerebral blood flow. This helps in improving mood.



Kajal Gupta

A practicing dietitian and nutritionist with 11 years of work experience.



CAN MASKS CAUSE LACK OF OXYGEN?

While experts are still divided on the efficacy of masks in preventing COVID-19, there is another debate raging in the sidelines - can masks cause a lack of oxygen? Many experts will opine with a plain simple 'No'. But, they will also be quick to add a caveat - 'provided you wear the right quality and right sized masks'. As policemen start handing over tickets even to single drivers for not wearing masks even inside cars, we ask the same question again to multiple experts.

Dr.Sai Praveen Haranath Intensivist and Pulmonologist, Apollo Hospitals, Hyderabad

Depending on the correct fit and the type of mask there will be resistance to air movement. If in an isolated area with low risk of exposure or risk of exposing others to infection can remove the mask. Masks can lead to difficulty in breathing and sometimes can affect the exchange of gases causing a rise in carbon dioxide and a drop in oxygen level. Using the correct mask based on the exposure risk will be the right choice.



Dr. Sanjeev Jain Consultant, Pulmonologist, Fortis Hospital, Delhi

Any mask that a person wears should be used as a barrier and not as a sealant. It should allow intermittent passage of fresh air. Only in areas where there are high chances of getting a possible infection, it is advisable to wear a more sealing mask. Masks are required only when you are in a crowded place. If possible mask should be removed intermittently and fresh air should be inhaled.

Dr.Joyeeta Chowdhury MD. Assistant professor, Dermatology, NRS Medical College and Hospital, Kolkata

It is natural to feel suffocated after 10-15 mins of wearing a mask, after all not everybody is wearing scientifically designed well ventilated masks. You need to readjust the mask at that time or breathe in fresh air. But the most critical thing to remember is to clean or sanitize your hands while touching the mask. Also, while adjusting don't flip the outside surface inwards.



Dr.Smarajit Maiti Consultant Paediatrician and Neonatologist, Bhagirathi Neotia Woman and Child Care Centre, Kolkata

Hypoxia due to masks is not an uncommon thing, especially if you are wearing a wrong sized mask or masks made of wrong material. It is always recommended to use a mask which is well fitted. It is necessary to ensure you are buying a mask with well ventilation facility especially for your child.



INDIA'S TRYST WITH ALTERNATIVE MEDICINES DURING THE COVID-19 PANDEMIC

Complementary and Alternative Medicine (CAM) has a long history. Been in existence since ages across almost every country in the world, its popularity and acceptance has seen a renewed growth in recent years. Business pundits predict that the market size for alternative medicine will continue to grow for next few years. However, sceptics continue to sound alarm on the unproven methods of most alternative medicine procedures and formula. And thus starts a war between the believers and non-believers.

While most alternative medicines fail to treat serious and life-threatening diseases and conditions in the manner that pharmaceuticals do. While pharmaceuticals are designed to act on the body to control symptoms, alternative medicines, in contrast, claim to strengthen your inner core by improving the natural healing ability of the body. Many alternative medicines also are often packed with advices of lifestyle changes, strict discipline about consumptions and packed in an unsweetened format. Thus, it is not surprising that in a fast moving age of 'quick fix' pharmaceuticals wins the war hands down in most cases.

The pandemic era of COVID-19, an unprecedented phenomenon in majority of the living human race, acted as a great leveller for the pharmaceuticals and alternative medicines. Amidst chaos and unpreparedness of the pharma companies, complementary and alternative medicines saw a chance to prove their might, especially with the current Indian government apparently being very bullish on them. Did they make the mark? Turns out that they had their own set of problems.

Being ancient or contemporary, old or new is not the criteria for credibility, those with noble intent investigate with an open mind and take a decision based on facts.

~ Kalidasa ~

FALSE START

India's Ministry of AYUSH got its most prominent Launchpad since its formation in 2014. With focused attention for development of Education and Research in Alternative Medicine, this could not have been a better opportunity for them. The first official advice from the ministry came on January 29 in form of a homeopathy medicine – Arsenicum album 30C (Aa30C), a drug known to correct inflammation in body and take care of diarrhoea, cough and cold. The recommendation came a day after the Scientific Advisory Board of the Central Council for Research in Homoeopathy (CCRH) opined that "Arsenicum album 30 could be taken as prophylactic medicine against Coronavirus infections". This was followed up by another recommendation on March 6, by when India had recorded five Covid-19 cases, about the same medicine, this time promoting various alternative medicine as "preventive and prophylactic simple

remedies” against Covid-19-like illness. These included Arsenicum album 30 from homeopathy, Samshamani Vati from Ayurveda, Nilavembu Kudineer decoction from Siddha and a homemade decoction of Behidana (*Cydonia oblonga*), Unnab (*Zizyphus jujube*) and Sapistan (*Cordia myxa*) from Unani medicinal practice. The AYUSH ministry claimed that the advisory is based on classical texts and the scientific literature. But with no references indexed there was little that could be known about the actual sources.

The recommendations were promptly written off by fact checkers around the country and labelled ‘fake’ due to lack of any scientific evidence.

“No studies were found that researched the effect of Arsenicum album for coronavirus in humans or animals (in vivo). Also, there were also no studies found in an ex-vivo (outside the animal/human bodies) to study the drug efficacy,” writes Dr. Sumaiya Shaikh on Alt News.

Even as bottles of Arsenicum album 30C started flying off the stock in local homeopathy dispensaries, the most renowned names in Homeopathy could not strongly stand behind the claim that it will actually be beneficial. Even as Dr Akshay Batra, of popular chain of homeopathy clinics called Dr. Batra's told Boom Live, a fact checking website in India, that ‘there is no harm in trying these medicines out’, internationally the Indian ministry faced a lot of flak for acting quickly without any scientific evidence.

Thus, the first impression gone wrong.

“

We indeed realize that, the Arsenic album 30 has not been supported by the research evidence against COVID (trial started in May only), although the critics forgot that Arsenic album has been earlier used to prevent Swine flu (H1N1) in 2009. Homoeoprophylaxis (HP), i.e., medicine selected according to the Law of Similars to prevent targeted infectious diseases, was first used by Hahnemann in 1798 and has been used since to protect significant number of people against a range of infectious diseases in many countries.

Dr. Anil Khurana

Director General Incharge, Central Council For Research In Homeopathy, Ministry of AYUSH, Government of India

GENERATING A MISINFORMATION PANDEMIC

The major push for alternative medicine came from The Ministry of AYUSH, as they released a set of guidelines for boosting immunity and measures for self-care by using Ayurvedic principles. This time with a disclaimer, "The above advisory does not claim to be treatment of COVID-19".

Most of these were general recommendations involved drinking warm water throughout the day, and using spices (turmeric, cumin, coriander, garlic) in cooking, consuming Chyawanprash every morning, drinking Kadha, Golden Milk (turmeric powder), applying sesame or coconut oil or ghee in nostrils, and rinsing mouth with coconut/sesame oil etc. Further, the Indian Prime Minister in its address to nation also mentioned about using Ayurveda medicines for improving immunity against COVID-19. Even though the ministry had stressed that the measures were preventive and not a treatment advice, it set a wildfire of misinformation with people perceiving it differently. And as expected, demand for Ayurveda products like Chyawanprash skyrocketed even as International community kept crying about the lack of scientific evidence. Till date, there are Facebook posts and WhatsApp messages doing round claiming these methods will 'cure' COVID-19. As the count of Coronavirus affected patients kept increasing in India and scientists, microbiologists and pharmacists had no answer or timeline, dependency on alternative medicine increased, not only in India but across the world. Reports about how China using traditional Chinese medicine or how Madagascar using a certain

'herbal tonic' to tackle the pandemic created more encouragement for Homeopathy or Ayurveda believers in India. A new wave of misinformation pandemic emerged on Facebook and Whatsapp groups purely on the belief 'something was better than nothing'.

Science takes a back seat.

A STEP IN THE RIGHT DIRECTION. FINALLY.

But even misinformation faces the test of time, even for believers. As the number of Covid-19 cases started skyrocketing in India, the AYUSH ministry realised that without a scientific proof, it will be difficult to push the alternative medicines to mainstream.

The ministry issued a notification on March 31, asking practitioners, research institutions and manufacturers to contribute suggestions on therapies to boost immunity. By April 14, there were more than 2,000 proposals submitted to the Ministry's website. Around 1,300 of these proposals were Ayurveda-related, 700 under Homoeopathy, and 100 for Unani and Siddha each. The ministry also issued a set of guidelines for alternative medicine researchers in India. All researchers were asked to follow the Indian Council of Medical Research (ICMR) guidelines and also ensure the presence of an expert in the team. The guideline further said all researches in the fields of Ayurveda, Yoga, Unani, Siddha and Naturopathy should be registered with ICMR's Clinical Trials Registry-India (CTRI).

COVID 19, I believe, is an inflection point and while most industries have seen adversity, there is huge opportunity for Ayurveda. With the Ministry of AYUSH creating an immunity boosting protocol, PM Modi openly backing Ayurveda and consumer demand surging, it is an exciting phase for the industry. Time will tell how big this opportunity will be.

**Arjun Vaidya,
CEO, Dr.Vaidya's**

On May 7, the AYUSH ministry declared that it has started clinical trial with four Ayurvedic formulations for the purpose - Ashwagandha, Yashtimadhu, GuduchiPeepli and Ayush 64. These trials will majorly have 5 million frontline health workers working in high-risk zones as participants with the help of the Sanjeevani app. "The clinical trial would be done as a joint initiative of Ministry of AYUSH, Ministry of Health and the Ministry of Science and Technology through Council of Scientific & Industrial Research (CSIR) with technical support of Indian Council of Medical Research," Union Health Minister, Dr Harsh Vardhan told the media. However, the ministry has not made it clear on whether the findings of the research will be made available in peer-reviewed journals and if the data will be shared with independent researchers.

A much required gag order was also passed. In a video conferencing meeting with the AYUSH practitioners, Prime Minister Narendra Modi emphasized on the need to counter unsubstantiated claims about COVID-19 cure. The AYUSH ministry later issued orders to all states "to stop and prevent publicity and advertisement" of unproven promises of cures.

Experts say, things may not be so easy. Under the Drugs and Cosmetics Rules of 1945, there is no regulatory provision for clinical trials in alternative medicine. Pointing it out, the ministry also said "it is felt necessary to make efforts for development of drugs based on any AYUSH systems recognised under Drugs Cosmetics Act 1940".

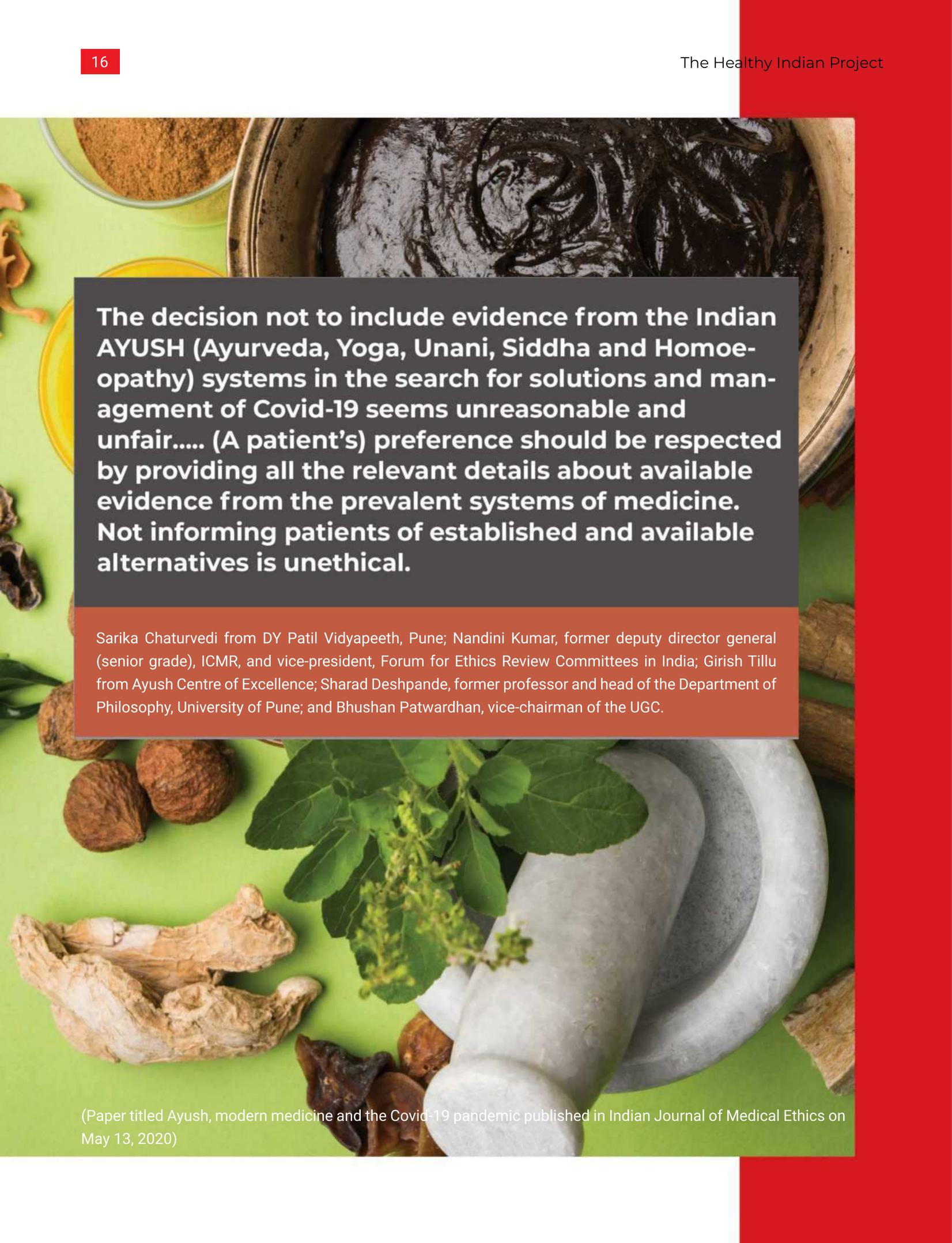
Looks like some real work has finally started.

AND THEN, THERE IS POLITICS.

Dr.MahaveerGolecha, Health systems and Health Policy Expert associated with Indian Institute of Public Health, says, "This is the time for India to demonstrate the potential of AYUSH systems in addressing this global health crisis. Every possible treatment opportunity needs to be brought before the scientific community, as we don't have any vaccine or medical treatment for this unprecedented crisis. India has adequate human and service delivery resources for implementing a large scale COVID-19 mitigation plan through prophylactic use of Ayurvedic medicines and also deploying Ayurveda Human Resources and services for asymptomatic cases. However, it is very important to carry out research studies for understanding the link between effect of Ayurveda and other systems on psychological distress and immune responses to COVID-19 infection."

But, implementation ground is where the actual battle is. Even though ministry sponsored researches were announced, alternative medicine practitioners across the country were stopped by medical associations and state governments.

On May 13, a group of researchers associated with Ministry of AYUSH, the Indian Council of Medical Research (ICMR) and the University Grants Commission (UGC) in an article published in the Indian Journal of Medical Ethics, have called the neglect of Ayurveda an "ethical issue". In the in the paper titled 'Ayush, modern medicine and the Covid-19 pandemic', the researchers observed, "The decision not to include evidence from the Indian AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopathy)



The decision not to include evidence from the Indian AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopathy) systems in the search for solutions and management of Covid-19 seems unreasonable and unfair..... (A patient's) preference should be respected by providing all the relevant details about available evidence from the prevalent systems of medicine. Not informing patients of established and available alternatives is unethical.

Sarika Chaturvedi from DY Patil Vidyapeeth, Pune; Nandini Kumar, former deputy director general (senior grade), ICMR, and vice-president, Forum for Ethics Review Committees in India; Girish Tillu from Ayush Centre of Excellence; Sharad Deshpande, former professor and head of the Department of Philosophy, University of Pune; and Bhushan Patwardhan, vice-chairman of the UGC.

(Paper titled Ayush, modern medicine and the Covid-19 pandemic published in Indian Journal of Medical Ethics on May 13, 2020)

systems in the search for solutions and management of Covid-19 seems unreasonable and unfair.”

The article points out a stark ground reality – despite the public interest and the government push, AYUSH practitioners have very little playing ground.

For example, in the southernmost state of India, Kerala, which is incidentally also known as the heartland of Ayurveda, the Chief Minister on April 8, announced, “We have decided to use Ayurveda in mitigating the spread of COVID-19”. However, on July 23, the Kerala State Government Ayurveda Medical Officers’ Association wrote a letter to state’s health minister K KShailaja expressing strong disappointment over not being allowed to make any real contribution towards the treatment of COVID-19 patients. “Even though there is no specific medicine to be given for COVID-19 except management and shifting to critical care if condition gets worse, there is a strong objection to appointing us as qualified medical officers. We have been posted to just check the pulse or BP which can be done by nursing attendants,” said Dr V J Sebby, general secretary, KSGAMOA to Times of India.

A petition has been filed on Change.org titled Allow Ayurveda Doctors to Treat Covid-19 in Kerala. The description reads, “This complaint is for lot of Ayurveda doctors who have ability to treat COVID-19 but cannot do so due to situational lack of support. There are a lot of Ayurveda doctors who all unable to do anything because of professional ego and lack of support from higher authorities.

A similar petition on the same platform asking the Indian government to “Allow Homoeopathic Hospitals to treat Covid 19” already has over 9,000 signatures.

In another southern state, Tamil Nadu, Siddha medicinal practitioners were fighting a similar battle. Hearing to a petition filed by a Siddha doctor in respect to testing the efficacy of a medicine developed by him against COVID-19, the Madras High Court observed, “It seems vested interests are acting against development of Siddha and that is the reason why the Siddha medicines are not properly promoted and published in the media”

Coincidentally, Siddha as a medicinal practice is not recognized by the Indian Medical Association despite it being a recognized medicinal system under the ministry of Ayush.

As the battle of debates continues, leaders from various medicinal fields call for truce.

“While the medicines are being brewed in the research laboratories, lakhs of patients who are falling sick cannot be ignored. Ayurveda can offer goodsupportive care for COVID-19 patients based on its principles of management of epidemic fevers,” says Dr. P Manohar, Research Director, Amrita School of Ayurveda in an exclusive interview to THIP Media. Prof.Dr. K. Kanakavalli, Director General, CCRS, says, “The need of the hour is integration of medical systems rather than highlighting the differences especially during this global healthcare crisis.”

India awaits.

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TRIAL INSIGHTS



Research with Turmeric against COVID-19

Researcher: Dr. Yogesh Arun Dound

A study with tetrahydrocurcumin, a major metabolite of curcumin found in Turmeric. Clinical trial conducted at Niphad sub-district Hospital in Maharashtra among 30 people who had mild Covid-19 symptoms. Researchers claim symptoms eased in two to three days.



Researcher: Dr. P. Sankararaj

Kabasura Kudineer, A Siddha Formulation

A randomized open labeled clinical study to compare the effectiveness of Kabasura Kudineer and Vitamin-C Zinc supplementation in the management of asymptomatic SARS-CoV-2 patients. Research done in Government Theni Medical College and Hospital in Tamil Nadu. Researchers say, the objective was to see if the viral load in patients can be reduced. The formulation has now been officially recommended by Ministry of AYUSH.

RACE TO FIND AN ALTERNATIVE CURE FOR COVID-19



Research with Tea and Haritaki against COVID-19

Researcher: Dr. Yogesh Arun Dound

An in-vitro study where researchers reached to a conclusion that Tea (*Camellia sinensis*) and Haritaki (*Terminalia chebula*) may act as potential therapeutic options against SARS-CoV-2 targeting 3CLpro protease. However, researchers agree, a larger randomised, double-blind, placebo-controlled multicentre clinical trials would be further needed.



HOMEOPATHY HAS BEEN SUCCESSFUL IN PREVENTING DISEASE OUTBREAKS IN PAST

Despite opposition from many quarters, Homeopathy as a medicinal practice has not only survived in India but flourished on the basis of the belief that it is safer than modern medicine. **Dr. Anil Khurana, Director General, Central Council for Research in Homeopathy (CCRH)** under Indian Ministry of Ayush talks to **THIP Media** about Homeopathy's effectiveness, its relevance during the times of COVID-19, the CCRH's efforts during the pandemic and the controversy surrounding the recommendation of Arsenicum Album 30 as a prophylactic.

Explain what Homeopathy medicine is and its role in a pandemic situation caused by a modern day disease.

It is a therapeutic system of medicine premised on the principle, "Similia Similibus Curentur" or 'let likes be treated by likes'. It is a method of treatment for curing the patient by medicines that possess the power of producing similar symptoms in a healthy human being simulating the natural disease, which it can cure in the diseased person. It treats the patients not only through holistic approach but also considers individualistic characteristics of the person. Homoeopathy has the vast potentialities in providing healthcare which can enrich the public health system and strengthen quality of life; contribute to the value of economic and social development; improve health and development of local communities; safeguard cultural differences; focus attention on healthcare centres intended for physical, mental, spiritual and social wellbeing of people. It has a basic instinct of having a patient-centred approach and a holistic focus on healthcare which opens vast avenues of services. There have been major leaps in Homoeopathic research in the last couple of decades, and the effects of those breakthrough leaps in form of international publications is eventually being palpated through the slow but steady change in perception for Homoeopathy.

The prophylactic aspect of Homoeopathy is well known, and historically, Homoeopathy has reportedly been used for prevention during the epidemics of Cholera, Spanish Influenza, Yellow fever, Scarlet fever, Diphtheria, Typhoid etc. The anecdotal evidence that Homeopathy was successful during the Spanish flu epidemic of 1918 to 1919, in which at least 20 million people died worldwide, more than 500,000 in the United States alone. According to the historian Julian Winston, the death rates for patients treated with homeopathy (genus epidemicus) were 1 to 2% compared with a 30 to 60% mortality for those treated by conventional physicians. As in all collective diseases, the image of the clinical picture emerges after observing a considerable number of patients; in

order to paint "the full picture of the disease", "totality of characteristic signs and symptoms" or "epidemic genius", according to the homeopathic connotation of this term. In India, during recent past Homoeopathy has been successfully used during various disease outbreaks for preventing the spread of diseases like Chikungunya, Dengue Fever, Japanese Encephalitis with good results. The detailed account of use of homoeopathy in control of epidemics has also been specified in recent publication in American Journal of Homeopathic Medicine.

The pandemic situation caught medical professionals unprepared. How did the homeopathy doctors in India react?

The unprecedented lockdown and cordon sanitaire that this pandemic has forced upon the whole world, but, on the other hand, has indeed given a level playing ground for all Alternative medicine practitioners which may include Homoeopathy. As the world grapples in the uncertainty of these times, the homoeopathic doctors has definitely been able to rise up to the occasion, an effective, safe, evidence based and less invasive treatment is the need of the hour in the current scenario.

Homoeopaths of India have given more than 1000 proposals in use of homoeopathy for treatment and prophylaxis of COVID-19 to the Ministry of AYUSH. A clinical trial could be initiated as early as the first week of May 2020 in prophylaxis and treatment of COVID-19. Till date, about 18 trials in Homoeopathy are registered in the Clinical Trial Registry of India (CTRI).

As per official records, Arsenic album 30 has, so far, been distributed to more than 45 lac people by Homoeopathic colleges as an immune booster. Other than this many homoeopathic practitioners, philanthropists and NGOs also distributed the medicine other than scores of individuals who have also taken the medicine by themselves. Many State Governments issued advisory in the line of Ministry of AYUSH, Govt. of India for use of Arsenicum Album 30c.

Trials in homoeopathy were initiated with permission from the Ministry of AYUSH. CCRH has undertaken studies to estimate the protective effect of Arsenicum Album on COVID infection. Documented scientific evidence will be submitted to Ministry of AYUSH once trials are completed and analysed. Treatment trials have also been undertaken and are in progress. The results will be made public in due course by Ministry of AYUSH.

But the recommendation of the Arsenicum Album has been criticized a lot. Fact Checkers have written off the medicine due to lack of any evidence. Your comments.

The Ministry of AYUSH responded on a first hand basis when they released the recommendation of Homoeopathic prophylactic medicine as an immunity booster on 29thJan. 2020. Yes, it attracted loads of criticism.

But we need to understand the concept of Homoeoprophylaxis to understand why the Arsenicum Album was recommended in the first place. Homoeoprophylaxis (HP), i.e., medicine selected according to the Law of Similar to prevent targeted infectious diseases, was first used by Hahnemann in 1798 and has been used since to protect a significant number of people against a range of infectious diseases in many countries. The Genus Epidemicus is identified through observation of several cases of an epidemic disease, and analysing the symptomatology of those cases for the most indicated medicine. This medicine is the preventive medicine for the ongoing epidemic of that disease. According to a study, the effectiveness of HP was between 63% and 99% with a weighted average around 90%, with proven benefits from the widespread use of appropriate HP interventions. However, I agree, the evidence base needs to be improved in a range of ways. Requiring a standardised checklist to be completed by researchers both before and after an intervention offers one method to improve the quality and consistency of evidence collected.

Yes, we indeed realize that the Arsenic Album 30 has not been supported by the research evidence against COVID-19. The trials of Arsenic Album on COVID-19 started only in May.

But the critics forgot that the Arsenic Album had been used to prevent Swine flu (H1N1) in 2009. Central Council for Research in Homoeopathy (CCRH) endeavoured to find usefulness of homoeopathic Genus Epidemicus (Bryonia Alba 30C) for the prevention of Chikungunya during its epidemic outbreak in the state of Kerala. The result reflects a 19.76% relative risk reduction in the medicine group compared to placebo. During 2016 in Delhi there was a severe outbreak of both Dengue and Chikungunya. CCRH had undertaken preventive study with Eupatorium Perfoliatum as Genus Epidemicus in Mayapuri JJ clusters. About eighty-five percent (85%) of the population were protected in the homoeopathic group compared to no intervention cohort. During dengue outbreak in 2015 in Delhi, adjuvant homoeopathic treatment was given to Dengue hemorrhagic fever cases at a tertiary care hospital. The patient who received homoeopathy had a rapid rise in platelet count and lesser duration of hospitalization requirement compared to those who received standard care alone. In Japanese Encephalitis, (JE) positive role of Belladonna as Genus Epidemicus was witnessed in Andhra Pradesh (undivided) during severe outbreaks in the 90's with reduction in incidence of reported cases. These protective effects were also evidenced through preclinical studies, conducted in collaboration with School of Tropical Medicine, Kolkata. Further molecular studies conducted in collaboration with KGMU, Lucknow establishes the rationale of Genus Epidemicus approach for homoeopathic preventive medicine. We must all agree that the conservative ways of placing new drugs in market after going through phases of clinical trials cannot be directly applied to Homoeopathy especially in epidemic condition with new emerging disease. Moreover, during Ebola outbreak in 2014 expert group of WHO has recommended that "it is ethical to offer unproven interventions with as yet unknown efficacy and

adverse effects, as potential treatment or prevention" keeping in view no vaccine or anti-virals were available.

As far as safety of Homoeopathic medicine is concerned, there cannot be any comparison between apples and oranges. There is so far, no evidence that homoeopathic medicines cause any serious or long-lasting harm. Scientific scepticism about Homeopathy may arise due to its use of highly dilute medicines, although we must mention here that, a recent review found 98 replicated experiments, over 70% of them positive.

We often find even homeopathy doctors do not agree to each other on the efficacy of a particular medicine or treatment procedure. Why the difference of opinion?

The concept of Genus Epidemicus in homoeopathy depends on the signs and symptoms of the prevailing disease. This may differ among different geographical regions due to mutations of the micro-organisms/virus and immunity of people due to genetic, dietary habits and previous exposure to related micro-organisms etc. Therefore, the different presentation leads to different indicated medicines and sometime due to biases in individual physicians' perceptions also.

But don't you think the difference of opinion between doctors or the outright rejection of an advice – all these could have been avoided if we had better scientific approach? Why will a medicinal discipline so old, have so little research documented ?

Arsenicum Album was decided following a standard scientific procedure of Scientific Advisory Board considering the available published signs and symptoms from leading medical journal 'Lancet' when infections in India was not there. Scientific Advisory Board considered that the same medicine

has been advised for prevention of Influenza like illness. Subsequently, data of COVID-19 infected patients in India were collected and analyzed following similar procedure and Arsenicum album was found to be indicated.

Also, it is wrong to say that Homoeopathy does not have documented research. So many research studies are available in medical databases, and anybody can look into that. The CORE-Hom database contains 1,383 clinical studies on homeopathy. In the HomBRex database you will find 2,418 experiments on basic homeopathic research. Of these experiments 89% reported at least one positive result. A recent review of biochemical, immunological, botanical, cell biological and zoological experiments on homeopathic dilutions found 98 replicated experiments with over 70% of replications positive.

CCRH itself has taken many studies and these are available in CCRH website. Individualization in choice of medicine and interpretation of symptoms may lead to different drugs.

Public demand also gives anecdotal evidence of its effectiveness. Over 200 million people worldwide use homeopathy on a regular basis. Arsenicum Album 30 is also well accepted and masses have used this as prophylactic medicine.

Countries like Brazil, Chile, India, Mexico, Pakistan, Switzerland included Homeopathy in the national health systems.

5 global systematic reviews were conducted up to 2005, each conducting a meta-analysis of clinical trials on all types of homeopathic treatment for all medical conditions together. Out of which 4 were in favour of Homoeopathy. And all these reviews are out of date, the last one was 13 year old. However the negative one was still used against homoeopathy, though it was criticised for its methodological flaw.

The recent and most robust data on efficacy of homeopathy comes from a 2014 meta-analysis of placebo-controlled double-blind randomised controlled trials which found that homeopathic medicines, when prescribed during individualised treatment, are 1.5- to 2.0-times more likely to have a beneficial effects than placebo.

Largest comparative effectiveness study of homeopathy published to date is the EPI3 study. A nationwide study in France, coordinated by the Department of Pharmacoepidemiology at the University of Bordeaux, it included 6,379 patients at 804 medical practices. These public health impact studies concluded homoeopathy has beneficial effect in musculoskeletal disorder, anxiety and upper respiratory tract infections.

In multiple states of India, Homeopathy doctors have been not allowed to treat COVID-19 patients. There are online petitions asking the Government to allow homeopathy doctors to treat COVID-19 patients. But even if allowed, what will be the basis of these treatments?

COVID-19 is a new disease and facts are changing fast in the understanding of disease in various dimensions. There is no curative treatment available for the disease. Leave alone homeopathy, all the systems of medicine are struggling to find a suitable remedial for COVID-19 and for this search they have claimed many drugs during the last 7 months including repurposing of many existing drugs.

In the name of treatment, they have used many drugs without any evidence and more over uses of these drugs are against their theoretical base. The very basis of selection of Homoeopathic medicine is symptom based following the Law of Similar. This principle is applied for every disease condition and outcomes are seen accordingly. We have noticed that an integrative approach has always worked better for patients and tested in diseases like acute encephalitis syndrome, dengue hemorrhagic fever etc. and is within the spirit of National Health Policy 2017 of India.

In that background, if we face a particular claim about a Homeopathy medicine on social media or via a WhatsApp message, where do we look for documented evidence? Or how do we go ahead validating the claim?

First of all, learn to distrust social media forwards. Check for the validity of the claim on authentic websites. Advisories given by healthcare authorities like the Ministry of AYUSH, Central Council for Research in Homoeopathy are often available on official websites. Fact checkers can also make use of websites like www.ayush.gov.in, www.ccrhindia.nic.in and www.ijrh.org.

Second, for claims related to Homeopathy, please consult qualified homeopathy physicians. For qualified doctors, information is available on CCH website as a central register of Homoeopathy.

The doctor of the
future will give
no medication,
but will interest
his patients in
the prevention of
disease.

THOMAS A. EDISON

A portrait of Dr. P. Rammanohar, a middle-aged man with dark hair, wearing a light yellow traditional Indian shirt. He has a small gold tilak on his forehead. The background is dark. A red vertical bar on the right side contains the word 'INTERVIEW' in white capital letters. A red horizontal bar at the bottom of the portrait contains the main title in white capital letters.

AYURVEDA CAN OFFER GOOD SUPPORTIVE CARE FOR COVID-19 PATIENTS BASED ON ITS PRINCIPLES OF MANAGEMENT OF EPIDEMIC FEVERS

From the onset of COVID-19 pandemic, the Indian Government has pushed Ayurveda as an immunity booster. But, is that all Ayurveda has to offer? **Dr. P. Rammanohar, Research Director, Amrita School of Ayurveda** talks to **THIP Media** explaining the process of collecting scientific evidence for Ayurveda and its relevance and efficacy in times of a pandemic, especially in India.

How do you define Ayurveda? Can it be called a medicinal field in scientific terms or is it just a guideline of preventive healthcare? Does it have any relevance in today's world?

Ayurveda is more than a medical system; it is a way of life as the word indicates – knowledge of life. Preventive health care especially with a focus on nurturing positive states of health is a strength of Ayurveda.

But this does not mean that Ayurveda does not have any role in curative medicine. However, it may not fully pass the tests of the prevalent reductionistic scientific paradigm as the tenets of Ayurveda are rooted in an epistemological approach that models the human being in a more complex way.

Having said that, I would like to also point out that the so-called scientific studies from a reductionistic paradigm are also applicable to a certain extent to understand and validate Ayurvedic practices.

To illustrate my point, let us take an Ayurvedic formulation with many herbs as ingredients. The typical pharmacological approach would be to identify the so-called 'active components' followed by explorations of specific ligand-receptor interactions in the body and the resultant impact on the molecular mechanism of the disease process. However, Ayurveda formulations seem to act in a more complex manner. The multitude of chemical components in a particular formulation orchestrate in a synergistic manner and could be modulating multiple molecular targets in the body and modifying the response to the disease in an individualistic manner. A very simple example is the case of curcumin, which is an active component of turmeric. This particular compound has poor bioavailability but another compound piperine found in pepper has the ability to enhance the bioavailability by 2000%. Thus, the efficacy of curcumin in Turmeric depends on the addition of pepper. When there are many ingredients in a formulation, it becomes even more difficult and challenging to understand the complex ways in which

various molecules interact with each other.

Thus, science in its reductionistic framework has limitations in comprehending the rationale behind Ayurveda. The emergent field of Network Pharmacology or Polypharmacology could be applied to better understand the complex mechanisms underlying the therapeutic action of Ayurvedic formulations. The research field of systems biology has greatly advanced and, as a result, the concept of network pharmacology has been developed. This advancement, in turn, has shifted the paradigm from a 'one-target, one-drug' mode to a 'network-target, multiple-component-therapeutics' mode. Network pharmacology is more effective for establishing a "compound-protein/gene-disease" network and revealing the regulation principles of small molecules in a high-throughput manner.

In recent times, Prof. M.S. Valiathan came up with the A Science Initiative in Ayurveda project with support of the Prime Minister's Office and Department of Science and Technology, Government of India. A series of interdisciplinary studies were conducted by collaboration of eminent scientists and scientific institutions with Ayurveda experts and institutions. All these studies have produced encouraging outcomes pointing to the need for further studies.

The relevance of Ayurveda today lies in its ability to address unmet needs and gaps in the present health care system. World over, people are seeking complementary and alternative health care for many health care challenges faced by them. A careful study of what happens at the point of care will enable us to understand exactly where systems like Ayurveda are contributing and can contribute to better human health. In my opinion, Ayurveda can bring a new paradigm for understanding health and disease, an integrative model of health which is person centred, prevention oriented and focuses more on salutogenesis rather than pathogenesis.

Multiple active compounds working with each other, can be a thing. But the fact is, for a process that we claim is thousand years old and is inherent to our culture, we haven't been able to have a research, validation and documentation of even half the compounds. Where have we gone wrong?

It was the great poet Kalidasa who made this pithy remark –Being ancient or contemporary, old or new is not the criteria for credibility, those with noble intent investigate with an open mind and take a decision based on facts.

Antiquity, by itself, has not been a criterion for credibility in our tradition. The Charaka Samhita says that only those who investigate before initiating action will succeed. The authoritative teachings (aptoadesa) had to be verified through direct investigation (pratyaksa) and inferential interpretation of the findings (anumana).

Vagbhata, the author of a celebrated Ayurvedic text says that facts are facts whether Brahma utters, or his son utters it. He even goes on to say that we cannot accept an improperly formulated statement even if it comes from a Rishi.

As they say, if something survives long, it has to withstand the test of time. Sooner or later, it will go through the process of rigorous scrutiny.

Now, coming to where we have gone wrong. We have gone wrong in at least two areas. First of all, we have not promoted research in Ayurveda in any significant manner. For that matter, in India, the focus is on clinical medicine rather than medical research even in the field of modern medicine. All the research happens in the west and we borrow the knowledge in toto most of the time.

The budget allocated for AYUSH systems in India is just about 4-5% of the overall budget in the health sector and out of this, a fraction is spent on research.

Thus, the very question is paradoxical. Without adequate investment for research in Ayurveda, we

raise the question as to why there is no research and validation.

The second wrong thing that has happened is in terms of the methodology adopted for research. As hinted earlier, whatever little research has happened in the field of Ayurveda has been an attempt to force fit the system into the framework of the epistemology of modern medicine, forgetting the very fact that Ayurveda exists because it offers an alternative view of the human being in health and disease.

Carefully conducted research has always generated compelling insights on Ayurveda and Prof. Valiathan's science initiative is an example as pointed out. I was myself involved in an NIH, USA funded clinical trial to evaluate the role of Ayurveda in rheumatoid arthritis, in which, Arya Vaidya Pharmacy, the institution where I worked earlier cooperated with University of California, Los Angeles with the participation of an eminent rheumatologist, Dr. Daniel Furst. This study was innovative with respect to modification of the Randomised Controlled Trial study design, which allowed for individualized multi modal Ayurvedic treatment to be administered to the patients. This study that won the Excellence in Integrative Medicine Research Award from European Society of Integrative Medicine was recommended by Dr. Edzard Ernst, an otherwise vehement critic of Complementary and Alternative Medicine (CAM) as a blueprint for future studies on CAM.

Though it was a pilot study, the outcomes clearly indicated that complete Ayurvedic intervention was equal in effect to Methotrexate, a standard drug of choice for rheumatoid arthritis. To summarize the tradition has not prioritized the importance of anything ancient just on the basis of face value and is open to investigation.

We need to invest in research, in collaboration and development of methodologies that are appropriate and sensitive to the epistemological premises of Ayurveda. It would be unfair to dismiss Ayurveda even before examining it in a comprehensive and fair manner.

A lot of Ayurveda is practiced by individual Vaidyas whose medicinal composition varies. For a medicinal practice that is built on the belief that the physiological baseline is different for every individual and hence the treatment procedure, is it even possible to generalize this practice, set common standards of medicines and take it to a global scale?

Variability has to be considered from two angles. One is the variability in the medicinal preparations and the other is in the prescription patterns of clinicians. In Ayurveda, natural plant, animal and mineral sources are used to prepare medicines. Depending on soil conditions, the climate, the stage of growth and such other factors, the chemical composition of the drug sources can vary.

Another reason is the use of substitutes when the recommended sources are not available. Sometimes there is adulteration. There is a need to enforce good practices from harvesting of drug sources to manufacturing of medicines, its packaging, storage and distribution to ensure that quality standards are met. When these guidelines and protocols are not complied with, then there can be batch to batch variations in the chemical composition of these medicines beyond acceptable limits and even sometimes contamination. Enforcement of protocols for manufacturing Ayurvedic medicines to meet quality standards is the solution to this challenge.

The next challenge is variability in the treatment prescriptions given by Ayurveda physicians. Two physicians may not arrive at the same prescription for the same patient. Moreover, there may be regional variations in prescribing practices. This could happen due to variability in diagnosis as well as variations in the choice of treatment even when there is convergence in diagnosis.

We need to understand this variability in clinical practice in the proper perspective. Even in modern medicine, we do find variation amongst physicians in both diagnosis and choice of treatments. This is in spite of the existence of common standards and

treatment guidelines. Such variations cannot be completely eliminated in clinical practice. Having said that, we cannot also justify a chaotic situation where every physician prescribes to his or her whim and fancy.

In Ayurveda, setting rigid guidelines for clinical practice recommending one or a set of medicines for a particular disease is not possible. Indeed, Ayurveda advocates a person-centered approach that takes into consideration multiple variables. However, Ayurvedic texts have formulated algorithms and treatment guidelines even with provision to assess and accommodate new diseases and modified treatment protocols.

Definitely Ayurvedic approaches to treatment can be standardized in the form of broad treatment algorithms that are flexible enough to permit individualization at the point of care. This requires research initiatives, development of consensus statements, constant updating of the treatment algorithms based on feedback from clinical practice. By strengthening clinical practice-based research, it should be definitely possible to formulate well defined treatment guidelines in Ayurveda.

A lot of research has happened about phytochemicals of different plants and herbs. We know garlic, gooseberry, turmeric etc are healthy and how. But we don't hear much about how much of a certain thing (say, Garlic) is good for whom under what condition. Where is the research around the dosage, side effects, application condition etc.?

Ayurvedic texts have elaborated the properties of different herbs on the basis of the principles of Ayurvedic pharmacology. It is a dictum in Ayurveda that there is no substance in the world that is absolutely safe or without any benefits. All substances have merits (guna) and demerits (dosa) and risks and benefits have to be taken into consideration. We cannot say that garlic, turmeric and so on are unconditionally safe. Ayurvedic texts have contraindicated the use of garlic in specific

situations. The indications and contraindications of garlic are very well detailed in Ayurvedic texts. That garlic can be harmful in people with bleeding tendency is noted in the earliest textbooks of Ayurveda. So also, other herbs.

There are detailed descriptions in Ayurvedic texts regarding the properties and actions of herbs, methods of processing, methods of combining as well as dosage. So, there are already guidelines advising where, in whom and how to use these herbs codified in the classical texts.

However, Ayurvedic texts explain the systemic properties of the plants rather than the phytochemicals present. It is a wrong understanding that complete understanding of the phytochemistry is even possible. Plants contain hundreds of phytochemicals and a complete chemical profiling of a plant is almost impossible. New compounds in plants are still being discovered.

For example, Curcumin is not the only compound in turmeric although the two are now considered to be almost synonymous. Ar-turmerone is another compound that has been found to have very interesting pharmacological activity. In fact there is a whole set of non-curcuminoid compounds in turmeric.

Two approaches are possible here. We can try to identify some of the 'active compounds' and understand their properties and actions. But this cannot be ascribed to the plant as a whole. It is much more difficult to understand how different chemical constituents in a single plant work together when used in a crude form. Ayurveda offers a model of pharmacology where the focus is on understanding such systemic properties rather than properties of fractionated compounds. There are advantages and disadvantages in both approaches. An integrative approach that combines insights from Ayurveda and modern phytochemistry would help us to get a more comprehensive understanding.

The COVID pandemic could have been a time to test the efficacy of Ayurveda, research more about it and build on the learnings. So while modern medicine will experiment with a flu drug or malaria drug as 'cure', Ayurveda is being presented as an 'immunity building' measure. Is there a limitation for the Ayurveda Vaidyas to actually treat COVID-19 patients?

If Ayurveda has been presented as an immunity building measure, it is not because there is no possibility for Ayurveda to manage COVID-19 patients. It is mainly because Ayurveda has not been included in the public health response to the COVID-19 pandemic and Ayurvedic physicians were not authorized to treat COVID-19 patients.

The situation has changed in some states and not only are Ayurvedic physicians treating COVID-19 patients in some places in the country, some Ayurvedic hospitals have also been designated as COVID Care Centers.

The experience with Ayurveda in both clinical practice and in hospitalized care has given ample indication that Ayurveda can care for COVID-19 patients. Successful management of even oxygen dependent COVID-19 patients have been reported by physicians.

However, many states have still not granted permission for AYUSH practitioners to treat patients though there is permission to provide preventive care. COVID-19 is not such a deadly disease that every other person who contracts the virus will fall dead on the floor. In fact, compared to the more deadly Nipah virus, SARS-CoV-2 is comparatively mild, though highly contagious. Between 95% to 98% recover without any specific treatment. Only supportive care is needed. There is no question of curing a COVID-19 patient unless the person is in the highly critical category. And in my opinion, Ayurveda is a more patient friendly, cost effective and holistic approach to provide care for COVID-19 patients.

We can always adopt an integrative approach in patients who may need intensive and critical care.

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CAREFULLY CONDUCTED RESEARCH HAS ALWAYS GENERATED COMPELLING INSIGHTS ON AYURVEDA



I was myself involved in an NIH, USA funded clinical trial to evaluate the role of Ayurveda in rheumatoid arthritis. The outcomes clearly indicated that complete Ayurvedic intervention was equal in effect to Methotrexate, a standard drug of choice for rheumatoid arthritis.

Lakhs of rupees are being spent by patients in allopathic hospitals for COVID-19 care. There is clearly a disparity in the treatment of the rich and the poor. Many patients have died waiting to get a bed in a hospital. Integrating Ayurveda for care of COVID-19 patients will ease the burden on Allopathic hospitals and will also give patients a cost-effective option.

In Delhi, the experience at the Chaudhary Brahmaprakash Ayurveda Chikitsa Sansthan and All India Institute of Ayurveda clearly demonstrates that Ayurveda can give supportive care for a large number of COVID-19 patients.

A cure for COVID-19 is an altogether different matter. As Dr. Bhushan Patwardhan remarked, COVID-19 has

brought Ayurveda and Allopathy on a level playing ground. Research has to happen in both systems and that may take time. Modern medicine is hunting for a magical antiviral drug or a vaccine. Ayurveda can hunt for a new herbal formulation that has anti-viral and immunomodulatory properties that can help to mitigate the severity of the disease and facilitate quick recovery.

And while the medicines are being brewed in the research laboratories, lakhs of patients who are falling sick cannot be ignored. Ayurveda can offer good supportive care for COVID-19 patients based on its principles of management of epidemic fevers.

INTERVIEW

A portrait of Prof. Asim Ali Khan, a man with a mustache and glasses, wearing a light-colored blazer over a dark shirt. The background is a soft, out-of-focus light color.

WE HAVE LAUNCHED POPULATION BASED INTERVENTIONAL STUDY ON THE IMPACT OF UNANI PROPHYLACTIC INTERVENTION FOR PREVENTION OF COVID-19

A medicinal practice that claims to be holistic in nature and is based on the adaptation of the human body to the environment, Unani is one of the recognized medicinal practice of India. **Prof. Asim Ali Khan, Director General, The Central Council for Research in Unani Medicine (CCRUM)**, talks to **THIP Media** explaining the history of the medicine, how it still holds relevance in modern days and the Council's efforts during the pandemic to collect scientific evidence that will advance the field of medicine.

What is Unani medicinal practice? How is it relevant in times of modern day diseases like COVID-19?

The Unani System of Medicine was developed and given the status of science in Greece, roots of which can be traced back to its earlier originators in ancient Egypt and its sister civilization Mesopotamia. It was later developed by Arabs, nurtured by Persians and further established as modern day science in India.

The theoretical framework of Unani Medicine is based on the teachings of Hippocrates, the father of medicine. The three fundamentals of Hippocratic Medicine were observation, experience, and rational principles, which still hold valid in the field of Medicine and Science.

Unani and Ayurveda have certain similarities. Both Ayurveda and Unani medicines are based on the concept that the body constitutes of basic elements i.e. air, water, fire and earth. In addition, Ayurveda considers ether or *akash* also as one the basic element. An imbalance in these elements causes diseases. Both systems advocate various processes for cleansing and purification of the body and prescribe medicines made from natural substances. Unani Medicine recognizes the influence of surroundings and ecological conditions on the state of health of human beings. Apart from treating disease conditions, Unani Medicine lays great emphasis on the prevention of disease and promotion of health. The formulations and composition for Unani medicines are different from Ayurveda.

In a completely healthy person Unani prescribes lifestyle, diet and environment appropriate for his or her temperament, while for those who have become vulnerable to disease, special diets, non-drug manipulations or regimens and even drugs are prescribed to maintain health and prevent disease.

Every person is supposed to have a unique humoral constitution, which represents his healthy state. To maintain correct humoral balance, there is a power of self-preservation or adjustment called

medicatrix naturae (Ḥab'at Mudabbira Badan) in the body. If this power weakens, imbalance in the humoral composition is bound to occur and this causes disease. In Unani Medicine, great reliance is placed on this power. The medicines used in this system, in fact, help the body regain this power to an optimum level and thereby restore humoral balance, thus retaining health. Also, correct diet and digestion are considered to maintain humoral balance.

And, how exactly is such an age-old medicinal practice still relevant in modern day when modern medicine (allopathy) has made progress in leaps and bounds?

The basic strengths of Unani System of Medicine are its holistic approach, temperament based prescription and treatment. The use of natural drugs (mainly of plant origin), various therapeutic interventions, and regimens for prevention and treatment of diseases and health promotion is based on the concepts of holistic healing considering the individual's psycho-physical wellbeing. Rational use of Unani medicines is usually free from adverse effects. The toning up of the organs and the immune system is a unique approach of Unani Medicine known for its beneficial effects. In chronic and some of the intractable diseases, these approaches have shown much utility in improving the quality of life of patients.

For example, in musculoskeletal disorders Unani system of medicine uses various regimens (Ilaj bit Tadbeer) like cupping, massages, exercises along with drug therapy for management of such disorders.

Unani medicine offers effective treatment of Vitiligo (Baras), Eczema (NārFārsé), Psoriasis (Dā' al-Ñadaf), Hepatitis (Iltihāb-iKabid), Filariasis (Dā' al-Feel), Diabetes mellitus (DhayābéöusSukkaré), Rheumatoid arthritis (Waja' alMafāñil), Sinusitis (Iltihāb-I Tajāwéf-I Anf), Bronchial asthma (Zeeq un-Nafas), etc. CCRUM has published many monographs, research reports, success stories and scientific papers in reputed national and international journals.

Over the years, one of the peripheral institute of

CCRUM-Central Research Institute in Unani Medicine, Hyderabad has emerged as a specialty center of Unani treatment for skin diseases particularly Vitiligo and which has been upgraded to National Research Institute of Unani Medicine for Skin Disorders by Govt. of India in November, 2019.

But a medicinal field cannot stay stagnant based on past beliefs. In an age where research, documentation, scientific evidences drive decisions related to health, we see alternative medicinal practices like Unani fail to catch up. And that gives rise to a number of false claims in such a crisis moment, which can be dangerous.

The modern form of Unani medicine that we see today is a result of a long period of evolution which occurred through exchange of knowledge between diverse countries, regions and communities. The system is still increasing its dimensions and scope by incorporating the contemporary scientific knowledge and the newest of technologies. Traditional concepts and understanding of the nature of disease are being correlated with modern biomedical concepts. The worldwide trend towards the utilization of traditional medicine in health care delivery systems has created an enormous need for scientific validation of their efficacy by incorporation of contemporary standards and techniques. There is growing awareness among the scientific community and the general public about the intrinsic value of our traditional systems of medicine, and as a result Ayurveda, Unani and Siddha have entered the mainstream to compliment conventional medicine. We need to integrate the best of the different systems of medicine to meet the healthcare needs of contemporary society.

The Unani Materia Medica has attracted the attention of researchers in identifying active molecules and manufacturing commercial versions of traditional formulations.

Since its establishment in 1978, Central Council for Research in Unani Medicine (CCRUM), an autonomous organization under the Ministry of AYUSH, Government of India is actively engaged in

research and development activities on the applied as well as fundamental aspects of Unani Medicine. Over the past four decades of its existence, the Council has made significant strides in clinical research, drug standardization, survey and cultivation of medicinal plants, and literary research. Besides, research-oriented health extension services activities related to Information, Education and communication (IEC) have also been part of the Council's programs. Presently, 23 centers of the Council and many other institutions are engaged in research on the Unani System of Medicine in different parts of the country. Under its clinical research program, the Council has established scientifically the therapeutic efficacy of various Unani drugs, which were in use for centuries.

Council has done noteworthy work in providing general medical care to the patients, bringing out innovative research outcomes, obtaining patents and bringing out scientific publications in various journals of international and national repute. To achieve excellence in research in the field of Unani Medicine, the Council is collaborating with premium institutes like All India Institute of Medical Sciences (AIIMS) New Delhi, Council for Scientific and Industrial Research (CSIR), Jamia Millia Islamia, Jamia Hamdard, National Institute of Pharmaceutical Education & Research (NIPER) Hyderabad, National Institute of Cancer Prevention and Research (NICPR) Noida; Amity Institute, Noida and also with Aligarh Muslim University and various other premium institutes. The Council has also signed a MoA with National Research Development Cooperation (NRDC) - an institute of par excellence facilitating for patenting and commercialization of the technologies.

The entire process of drug development i.e. cultivation and collection of medicinal plants, standardization, preclinical toxicity and efficacy studies, and various phases of clinical trials are undertaken with standard protocols and methodologies.

In order to prevent misappropriation of traditional knowledge and granting of wrong patents based on traditional knowledge, a Traditional Knowledge Digital

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THE PANDEMIC HAS PRESENTED AN IMPORTANT OPPORTUNITY FOR GENERATING CREDIBLE EVIDENCE.



The CCRUM has launched a population-based interventional study on the impact of Unani prophylactic intervention for prevention of COVID-19 infection in high-risk population in six cities across India.

Library (TKDL) has been set up to maintain inter alia a database of Unani formulations in patent compatible format in the United Nations, recognized five international languages viz., English, German, Spanish, Japanese and French. This database has been made available to International Patent Offices under non-disclosure agreement for the purpose of examining patent applications before the grant of patent.

Ever since the coronavirus pandemic began, major emphasis has been laid on immune enhancement modalities and no cure claim has been made by CCRUM. The social media platforms and advisory only advocates usage of immune enhancement diet, drugs and their measures.

There have been claims that alternative medicinal practitioners do not find much scope to do clinical research in India. Is there any policy level talks happening within the AYUSH Ministry in this regard?

I differ from this statement. There has always been policy support from the Government for research and development of Unani Medicine. It is the mandate of Ministry of AYUSH to endorse traditional systems of healing in accordance with their genius and acumen and help promotion of integrative medical facilities.

For example, in recent pandemic situation, Ministry of AYUSH brought out a gazette notification based on the consultation of CDSCO, that allowed

scientists, researchers, clinicians of any of recognized systems of medicine under IMCC Act, 1970, HCC Act 1973 and NMC Act 2019 (formerly IMC Act 1956) can undertake research on COVID-19 through Ayurveda, Siddha, Unani and Homeopathy systems including prophylactic measures, intervention during the quarantine, asymptomatic and symptomatic cases of COVID-19, public health research, survey, lab based research etc. to generate evidence.

While undertaking research, it is mandatory for the organizations to comply with the following conditions: (i) The proposals should be approved by their scientific advisory bodies and Institutional Ethics Committees. (ii) If it is a clinical trial, the project should be registered with CTRI. (iii) The sample size should be based on statistical justification. (iv) The Clinical research should be conducted as per AYUSH guidelines for Clinical Research or ICMR guidelines. (v) Compliance with relevant regulations for Bio-medical and Health Research. (vi) Compliance to Good Clinical Practice Guidelines. (vii) Compliance to National Ethical Guidelines for Bio-medical and Health Research on Human Participation published by ICMR. (viii) Compliance with any other relevant regulations in force. (ix) AYUSH registered practitioner/expert should be part of the study team at each site.

Hence, there is ample policy support which may be utilized by all the stakeholders working in this field.

So, have the Unani practitioners been able to take advantage of these policies or learn from the pandemic?

It is true that the current pandemic has provided an opportunity to the AYUSH practitioners to contribute in sharing the strain on the existing healthcare system. Unani physicians can draw on the knowledge in the classical textbooks, contemporary scientific studies, and their experiences in similar clinical settings to deal with the pandemic.

Common preventive approaches of Unani medicine for healthy life-style including healthy diet, clean air, adequate sleep and physical activity, and avoidance of disease causing factors are being advised.

CCRUM has brought out advisory for immunity boosting measures during the pandemic. As per Unani classical wisdom, improving immunity with immune boosters is one of the key approaches for prevention of disease and maintenance of health. Therefore, a strategy to enhance immunity and provide symptomatic relief in upper respiratory tract infection is advocated in these guidelines for qualified Unani Medicine practitioners.

The Council has also launched population-based interventional study on the impact of Unani prophylactic intervention for prevention of COVID-19 infection in high-risk population in six cities across India. The study entitled "Population based Prospective Study on effectiveness and outcome of Unani medicine prophylactic intervention on population at risk of COVID-19" is being conducted in COVID 19 high risk areas through the Council's centers in Lucknow, New Delhi, Mumbai, Aligarh, Srinagar and Bangalore. It is anticipated that the study will be able to generate evidence based data in the support of Unani Intervention for the prophylaxis against COVID-19 and pave new horizons in understanding the preventive potential of Unani Medicine.

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THE SYMPTOMOLOGY OF COVID-19 CAN BE CORRELATED TO KABHASURAM MENTIONED IN SIDDHA CLASSICS

Nearly 8,000 Covid patients cured through Siddha medicine in Tamil Nadu - the recent headline in a recent newspaper probably needs a detailed fact check. But what cannot be ignored is the fact that hundreds of Tamilians, not only in India, but across the world turn to Siddha medicines for their treatment needs. A medicinal practice that is promoted by the Ministry of AYUSH but is still not recognized by the Indian Medical Association and is practiced majorly within a specific ethnic group. Why? We speak to **Prof. Dr. K. Kanakavalli, Director General, Central Council for Research in Siddha (CCRS)** to understand the growth of Siddha medicinal practice in recent days.

What is Siddha medicinal practice?

Siddha system emphasizes health as the perfect state of physical, psychological, social and spiritual components of a human being as quoted by Siddhar Thirumoolar. The Siddha system of medicine owes its origin to medicinal ideas and practices of a class of Tamil sages called the Siddhars. They had firm faith in the "deathless" physical body being in tune with the spiritual immortal "soul". Significantly, one of the definitions of Siddha medicine is conquest of death: "that which ensures preventive against mortality". They were well aware that the physical body is transient, that is, the only instrument by which a person can reach the ultimate goal, to become one with the Lord. So, they found Siddha system of medicine.

The hallmark of Siddha system of medicine is customized tailor-made medicine according to one's constitution and presenting symptoms. Siddha medicines improve one's immunity, responsiveness to disease and provided recovery without post viral sequelae. Many modern private hospitals dispensed Siddha decoction/potion as part of hospital diet to willing patients. Such was the strength and impact of Siddha medicine which capitalized the current pandemic through comprehensive approaches mentioned in AYUSH systems. Therefore, the Covid-19 has enabled people to revisit the natural ways for disease prevention (defence) and to enhance one's immunity.

Even in India the practice of Siddha is heavily concentrated only in the state of Tamil Nadu. Despite AYUSH ministry bringing the Siddha medicinal practice under its fold, Indian Medical Association has refused to recognize the Siddha system of Medicine. Are the internal differences preventing the growth of the medicinal field?

The need of the hour is integration of medical systems rather than highlighting the differences especially during this global healthcare crisis.

Even though, south India is the hub for Siddha medicine, this system of Medicine is popular among Tamil-speaking people in all parts of the globe especially in South-East Asian countries - Sri Lanka, Malaysia, Singapore, Mauritius, etc. As on date, neither a vaccine nor medicine from modern medicine is available as a sure cure for Covid-19. However, the Covid-19 pandemic has created a platform to look for solutions from Siddha system of Medicine. It is pertinent to mention that recognition of Siddha Medicine is not under the purview of Indian Medical association. The best of each system should be integrated for the betterment of the health of mankind.

Since 2014, the Ministry of AYUSH has taken major initiatives to uphold the spirit of Siddha system by (i) developing research through the establishment of Central Council for Research in Siddha (CCRS) and its peripheral institutes/units in many parts of the Country i.e., Kerala, New Delhi, Karnataka, Andhra Pradesh and Goa (to be commissioned shortly) (ii) developing Siddha education by establishing and supporting Siddha educational institutions like National Institute of Siddha (NIS) (iii) rendering medical service to the public through NRHM (National Rural Health Mission) by posting many Siddha Physicians in the rural parts of Tamil Nadu, Puducherry and Kerala and (iv) creating a widespread awareness by propagating it through Arogya Health Melas organized in various parts of our country. (v) Swasthya Raksha Programme (SRP) launched by the AYUSH Ministry to promote health awareness and hygiene through medical camps in villages. (vi) National AYUSH Mission (NAM) with a vision to (a) provide cost effective and equitable AYUSH health care throughout the country by improving access to the services. (b) To revitalize and strengthen the AYUSH systems making them as prominent medical streams in addressing the health care of the society. (c) To improve educational institutions capable of imparting quality AYUSH education. (d) To promote the adoption of Quality standards of AYUSH drugs and making available the sustained supply of AYUSH raw-materials

How much of these ancient texts are digitally transcribed? Are there researches done to test the efficacy against modern day diseases?

The Traditional Knowledge Digital Library (TKDL) is a database currently containing codified/published literature from Indian Systems of Medicine. TKDL contains more than 3.6 lakh formulations from the texts of traditional medicine systems of India including Ayurveda, Unani and Siddha. To protect traditional knowledge from bio-piracy, this database can be accessed by patent examiners at International Patent Offices for patent search and examination. The authoritative books in Siddha system of Medicine are mentioned in the Schedule - I of the Drugs and Cosmetics act 1940 and rules 1945. Further, steps are being taken to add more books to this list as Siddha literature is vast and extensive.

The research programme of CCRS mainly focuses on clinical research including safety and efficacy studies of Siddha drugs, validation of the fundamental principles, drug standardization and quality control, survey and cultivation of medicinal plants and literary research. The clinical research programme of the council mainly aims at validation of the therapeutic efficacy of Siddha medicines and therapies. Some research findings are mentioned hereunder.

The trial on psoriasis conducted at SCRI, Chennai, with 777 oil, gained much reputation for Siddha and proved a highly appreciable and effective remedy for psoriasis. Among the 3542 cases prospectively continued in the trial, 1609 patients showed a good response and 1200 patients showed a fair response. PASI (Psoriasis Assessment and Severity Index) is the measurable index. The period of remission before relapse was extended. The symptoms recorded during the recurrence were very mild when compared with those at the onset. The drug was patented through the National Research Development Corporation (NRDC).

Moreover, a clinical trial on breast cancer with coded formulations was conducted and the study outcome showed reduction in pain, growth, and size of

malignant ulcers. There was also a reduction in the foul smelling discharge and bleeding in cases of cervical cancer. There was a noticeable increase in the body weight in stage I and stage II of cancer. The overall wellbeing of the patients was maintained. The outcome of the clinical trial on D5 Chooranam (Siddha coded polyherbal formulation) for Diabetes Mellitus enabled to file a patent. This product has been introduced in the OPDs of peripheral institute/units of CCRS and steps are being taken for its commercialization.

A module for Varmam treatment has been developed by CCRS and provided to Govt. of Malaysia in order to establish and propagate the specialty therapies in Siddha system of medicine in Malaysia, which is having a considerable Indian population especially Tamils. A Siddha medical centre has been opened in Sungoi Buloh Government Hospital in Malaysia with an expert sponsored by Government of India. This is the sign of growing visibility and demand of the Siddha system abroad.

We often hear against the Siddha medicinal practice is its use of heavy metals in medicines. How safe is that?

Siddhars (Siddha doctors) have used minerals mostly in chronic conditions and as life saving agents. A proper purification process and strict adherence to the Standard Operating Procedure (SOP) laid down by Siddhars in preparing the medicine, correct dosage, adjuvant and duration of administration will ensure safety of Siddha formulations. Thus, perfectly processed drugs can be safely used as therapeutic agents. By these methods, the active principles therein are modified into therapeutic potential and non-toxic. The standard pharmacopeial guidelines are crystal clear and enable those trained to master the preparation methods of Siddha formulations.

How have the Siddha practitioners reacted to COVID-19 pandemic? Have they been able to learn from the situation or contribute to it?

Even Prior to Covid-19, Siddha medicine has been found useful to mitigate the epidemic outbreaks of viral fevers like Chikungunya, Dengue and Bird flu, where the efficacy of the Siddha drugs were evaluated in research laboratories as well as the clinical centres and the findings led to administration of these Siddha drugs along with allopathy drugs in all the Government hospitals. For the management of COVID-19, Siddhars have recommended certain basic lifestyle guidelines - preventive measures that help to prevent diseases. Rejuvenating procedures known as Kaya Karpam increase our immunity. Siddha intervention activates physiological processes that influence metabolic and immunological status and offers palliative care even for patients with comorbidities. Therefore, Siddha medicine showed promising efficiency in combating COVID-19.

The symptomology of Covid-19 can be correlated to KabhaSuram including specific symptoms such as loss of taste mentioned in the Siddha classics.

A Guidelines for Siddha practitioners was published by Ministry of AYUSH for the management of Covid-19. In this regard, the Interdisciplinary AYUSH Research and Development task force was established who further provided the framework and protocol to conduct three types of studies: (1) Population health study - Observation of people's social behaviour patterns regarding the Immune boosting measures of AYUSH/ Siddha system of Medicine through AYUSH Sanjivani app. (2) Prophylactic intervention study on healthcare workers, people at Quarantine and Isolation facilities and (3) Add-on therapy on COVID-19 patients.

Recently, a campaign on "AYUSH for Immunity" has been launched by the Ministry of AYUSH. With the aim to create awareness about various AYUSH-based solutions and their efficacy in enhancing immunity and preventing diseases, the campaign was rolled out during a webinar with over 50 thousand participants.

and was streamed on the ministry's new digital communication platform AYUSH Virtual Convention Centre (AVCC)

Prior to population based studies, in-silico studies and in-vitro studies of Kabasura Kudineer (KSK) exhibited high affinity for binding with SARS-COV2 protein spike and showed significant activity more or less to inhibit virus replication similar to standard drug Remdesivir. Immuno-modulatory, thrombolytic and anti-viral activity of KSK has been established.

The interim results of prophylactic study entitled "a prospective Non-randomized Open label Controlled Interventional study on the effect of Siddha intervention - Kabasura Kudineer (KSK) as a Prophylactic measure among high risk population (Health Care Workers / Containment Zone population) exposed to COVID-19 (SIDDHALION)" reveals a positive trend, which will be published in a peer reviewed journal.

The preliminary results conducted at Govt. Stanley Medical College, Chennai in 2 groups with 30 subjects each comparing Siddha intervention and vitamin C, zinc supplementation are promising and the manuscript has been communicated to the Project Monitoring Unit for COVID-19 studies, Ministry of AYUSH for approval before submitting it to the peer reviewed journal. Many more studies are being carried out in CCRS, Government Institute of Medical Sciences, Noida, Sri Ramachandra Deemed University, Chennai and Govt. Medical College, Theni and so on.

Effective functioning of Siddha Covid Care Centres (SCCC) and its outcomes in successfully treating more than 8000 patients as on 10th September, 2020 with no mortality has created an impact in the state of Tamil Nadu. The successful model developed in Chennai has been replicated in other parts of Tamil Nadu and so far 28 exclusive Siddha Covid Care Centres (CCC) are providing holistic in-patient care at free of cost to Covid-19 positive patients. Siddha system is gaining unabated popularity among the masses, which has given a major boost to Siddha system of medicine that will help to mitigate this pandemic in an integrative manner.



THIS IS WHEN WE NEED TO UNDERSTAND THE IMPORTANCE OF STAYING IN TOUCH, MORE THAN EVER

The pandemic has created a situation – a situation where we could see ourselves as locked up creatures and alone or a situation where we could see ourselves having an unexpected opportunity to build stronger bonds. A simple phone call to your near and dear ones daily will not only help you build a stronger bond but will ensure that you help alleviate someone else's stress level too.

Make a phone call: Social distancing is not social isolation

Pick up the phone. Call your friends. Call your family. Stay in touch. It will help a lot in handling pandemic related stress.

We are social animals. Even if you are an introvert who loves to spend time alone, do not interact much with people around you – you are still social because you live within a society, you follow a set of rules, etiquettes, and interactions (verbal or nonverbal) with the rest of the world. Now, when all of that chain breaks down suddenly, our mental processes gets disturbed. A feeling of uncertainty and anxiety sets in slowly. This may not happen suddenly but slowly without letting you understand that you are getting into a trap of stress.

The pandemic and the subsequent lockdown has created a situation to which we are not used to. The change has been named 'new normal' and we continue to behave normal. This is the same way naivetés with which we have ignored the existence of mental illness, depression in our society.

It is true that the feeling of uncertainty also impacts each person in different ways. Some people have a higher threshold limit. But all of us have a limit. You may not realize. You may not accept. After a certain period of uncertainty and a lack of control in our daily lives, it leads to increased anxiety.

But why go down the rabbit hole? The pandemic, lock down, reduced office hours could be a perfect time to build on something. Relationships.

It is important to realize that social distancing does not have to mean social isolation, especially with modern technologies available to many of us.

Stay in touch with your family and your friends. Make a routine. A routine for a phone call. Every day for at least 15 minutes, call up a person. Try scanning your phonebook and you will realise that many of the names will surprise your memory. Just press the call button. If you have a smartphone, use video calling facilities or connect through simple phone calls.

Nurture your existing relationships, catch up on a few old ones. You will gradually realise that these stressful days will actually teach you maintain ties and will give us strength to weather this difficult passage.

The pandemic is a perfect set up. It can either drive your mental state downhill. Or bring you out stronger. Choose wisely.



Dr. Puneet Jain

An experienced psychologist with specialization in Cognitive Behavioural Therapy (CBT), Emotional Freedom Technique (EFT) and Neuro Linguistic Programming (NLP)

#ImmunityBooster

Does the Keyword of the season have any meaning?

From bottled water to cooking oil, companies are adding 'immunity booster' tag to their product labels in a frenzy. But what is immunity? Can it be boosted by one pill or a particular food or a certain exercise?

We speak to experts.

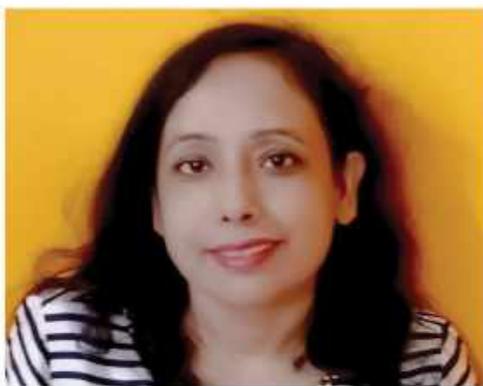


Can you boost immunity quickly through food and supplements?

Dr. Sai Praveen Haranath

Intensivist and Pulmonologist, Apollo Hospitals, Hyderabad

Immunity is a multifaceted natural defence system made of robust cells that affect intruding organisms as well as proteins like antibodies that counteract invading organisms as well as other material. This system needs an adequate supply of building blocks for proteins and cofactors that make the necessary biochemical reactions occur seamlessly. These could include multiple vitamins as well as metals like zinc. Immunity can be suppressed by medications like steroids. Boosting immunity is not possible by single medications and there is no available well known evidence for this.



Kajal Gupta

Dietitian and Nutritionist

Immunity is like a protective shield for our body. It is a single term which is used for multiple factors that in collaboration fight against external factors to keep us protected. There are multiple factors that can affect a person's immunity – his underlying medical conditions, lifestyle choices, food habits, medications or even stress. While some foods, some dietary supplements, some exercise regime or certain lifestyle changes may help improve the immunity of a person, it is no way a two day thing. It takes a longer duration to help bring about any change, if at all possible, to a person's immunity. The short term suggestive medications or supplements can only help in momentary fulfilment of a particular Vitamin or particular nutrient, which is also important. But that should not be misunderstood as being 'immune' to an infectious disease.

The Healthy Indian Project



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