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Opinion: Can AYUSH Systems help turn the tide in India's COVID-fight?

The COVID-19 pandemic is one of the biggest challenges of the current century. It has strained the world's health care systems, economies, and even social systems.

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Rakesh Sarwal and Bhushan Patwardhan

The COVID-19 [pandemic](#) is one of the biggest challenges of the current century. It has strained the

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world's health care systems, economies, and even social systems. From India's first case on January 30, 2020, in a student who returned from Wuhan, China to the previous peak of 97,894 cases on September 17, 2020 (70 per million), daily cases have multiplied four times to over 4 lakh (280 cases per million) on May 1.

India's actual case count is expected to be higher given low [testing](#) rates (1.2 tests per 1,000 people per day in India as compared to between 3 and 5 per 1,000 people in others). The Health System in India has been overwhelmed by the current wave of COVID-19. To stem the tide of the rising count of cases and the ever-increasing need for care of cases, a public health approach using traditional medicine and yoga in the prophylaxis of COVID-19 can supplement vaccination and other current measures.

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There has been an unprecedented increase in interest in [healthcare](#) solutions rooted in traditional Indian systems of medicine (AYUSH) disciplines in the last few weeks, particularly in practices that

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promote immunity and disease resistance.

Prevention is better than cure. The [AYUSH system](#) advocates more on these preventive aspects.

Ayurveda's extensive knowledge base on preventive care derives from the concepts of "Dinacharya" - daily regimes and "Ritucharya" - seasonal regimes to maintain a healthy life.

Integration of the knowledge and resources of AYUSH for its strengths in prevention, and rehabilitation needs to be optimized. The AYUSH system has over 600,000 registered practitioners, 900 medical colleges, 3,986 hospitals, 50,000 beds, 11 national institutes and 27199 dispensaries. The Ministry of AYUSH (MoA) and the Ministry of Health and Family Welfare (MoHFW) have jointly provided training to 33,000 AYUSH master trainers.

iGOT Digital Platform

Subsequently, as many as 66,045 AYUSH personnel had obtained training at [igot.gov.in](#) platform on a continual basis. With appropriate training, their services can be utilized for the management of COVID cases, which will reduce the pressure and burden on Allopathic doctors. Simply by pooling these resources, existing knowledge, and experience India can supplement its anti-COVID resources, spread them wider outside urban areas, and in the process build faith of people (and providers) in the strength of age-old, an indigenous system of knowledge, and healthy living.

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The Ayush Ministry and Central Council of Industrial Research (CSIR) collaboration has recently released results of a randomized controlled study (RCT) on Ayurvedic drug AYUSH 64. This controlled drug trial study has provided substantial evidence that AYUSH 64 can be effectively and safely used to treat mild to moderate cases of COVID-19 as an add-on to Standard of Care (SoC). Many more Ayush drugs are being scientifically studied and could be used in the mainstream treatment of COVID-19. In the current crisis, needy patients deserve to be benefited from evidence-based, time-tested, safe, and effective AYUSH interventions as an adjunct to the SoC.

'Dhanvantri Rath', having an Ayush Doctor, paramedic, and nursing staff along with a local Medical Officer from Urban Health Centre has been visiting various areas in Ahmedabad and providing OPD services for non-COVID essential services. This example needs replication.

Decentralized management: Involvement of Local Self Government Bodies

The simplicity of AYUSH therapies is their strength. They can be practiced by the local community in

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their natural locations. In this role, India's 25 million panchayats and 9,000 urban local bodies (ULBs) can play an active role. Health is a subject under the remit of the states.

However, the Union government has invoked the Disaster Management Act, which has given itself and designated officials in the States vast powers in handling the coronavirus pandemic. Though the PM had an online interaction with panchayat sarpanches throughout the country during the lockdown in April 2020, involvement of local self-government bodies have not been systematic.

The strategies varied from State-to-State. Kerala's immediate response to this pandemic can be attributed to its experience and investment made in emergency preparedness from their past experience of Kerala flood 2018 and Nipah outbreak in 2019. The mechanism to deal with this crisis is to be more decentralized through active involvement of Panchayati Raj Institutions. Cluster management strategy is best governed at the local level, under the supervision of local authorities.

The Ayush Ministry has already released the National Clinical Management Protocol based on Ayurveda and Yoga which is vetted by National Task Force on Covid-19. In addition, the MoA has released several guidelines for the benefit of people and clinicians for prophylaxis, quarantine, home isolation, and clinical management of asymptomatic, mild-moderate COVID-19.

AYUSH interventions may be beneficial as standalone or as an adjunct to the SoC in prophylaxis and clinical management of

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asymptomatic, mild, and moderate COVID-19 patients either at home care, quarantine centers, or in hospitals.

Steps for Fully Using Power of AYUSH in Managing Covid-19

The following specific actions can be taken to strengthen our capacity.

Expand eSanjivini digital platform to 24x7 availability all over the country (including regional languages) to include guidance on AYUSH protocol for prevention, treatment, rehabilitation of Covid. It includes AYUSH practitioners to operate this helpline.

Panchayats and ULBs, Civil Society Organizations, Cooperatives can be enrolled in the fight against Covid. Each such local body should be encouraged to commence the public practice of “Yoga Protocol for Primary Prevention of COVID- 19” (45 minutes) at dawn and dusk at public places. Sessions could start with awareness of Covid disease, precautions of social distancing and mask-wearing, and measures to be adopted in the event of the development of symptoms. Public facilities like schools, Anganwadi Centres, parks, community centers, and even religious places can be used for such gatherings. Guidance for following the prescribed Yoga protocol shall be provided by a national program to be broadcast on the national channels for four 45 minute sessions in the mornings and evenings. A seed grant of Rs 10,000 per panchayat and ULB may be provided to procure an LCD screen for the broadcast of the national programme. [Total Financial implication: Rs. 260 crore).

To provide sufficient Rapid Antigen Testing kits to each Panchayat and ULB for testing of all incomers in the area, those suspected of coming in contact with Covid cases for early detection and following WHO protocol Government to make available RAT kits costing Rs. 150, to each enrolled local body for testing at the rate of 1 test per day per 1,000 people.

Allow AYUSH graduates who have undergone training under igot.gov.in and passed an exit test to work in Covid Care Centres, Dedicate Covid Health Centres, Dedicate Covid hospitals under the supervision of allopathic consultants by empowering them under Section 32 of NMC Act to work as Community Health Provider and prescribe medicines for Covid and manage mild to moderate cases under the guidance of a specialist.

Convert all AYUSH institutions into Prevention and post-Covid rehabilitation centers for providing ambulatory, walk-in care. The Ministry of AYUSH is provided a grant of Rs 500 cr to ensure that at least one such institution is functioning in each of 6,612 Blocks of the country to provide high-class services for advice on prevention and rehabilitation of post-Covid Cases. AYUSH drugs and RAT can be done at zero cost to patients in such centers.

To conclude, no fight can be won if the forces are divided. India today needs to rally all its medical practitioners and resources in a single-minded pursuit of the goal of empowering communities to defend against the common enemy of COVID. There is enough arsenal in the armory and the country needs a policy direction to bring all its rich resources of traditional medicine for the common

cause.

Rakesh Sarwal, a Doctor of Public Health from Johns Hopkins University, is currently Additional Secretary, NITI Aayog. Bhushan Patwardhan, former Vice Chairman of UGC, is now National Research Professor, AYUSH at Savitribai Phule Pune University. Views are personal.

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