



A Case Study how Ayurvedic Preventative Actions Affect Covid 19 in First Contacts

*¹Girish Tillu and ²Sarika Chaturvedi

¹Department of Community Medicine and School of Public Health, Mysuru, Karnataka, India.

²Department of Community Medicine, JSS Medical College, JSS AHER, Mysuru, Karnataka, India.

Abstract

The novel coronavirus (COVID-19) poses a serious risk to society, particularly healthcare workers, because it can spread when a patient's illness worsens asymptotically. Both intimate encounters and droplets can spread the infection. It is thought that the infectivity begins before to the onset of symptoms and that it considerably diminishes seven days after symptoms appear. The goal of this research is to examine how Ayurvedic preventative practises affect Covid-19 initial encounter. The Maharagama Gramasewa Division's COVID-19 first contact name list was included in the descriptive simple random sample that was chosen for the study. The questionnaire was used to collect data after the lead investigator's phone call. Data was gathered before and after the drug delivery period of two weeks. The SPSS (version 16) programme was used to analyse the data. The validated scale was utilised as the rating scale (11). The standard deviation was computed using the frequency means. Using chi-square, relationships between various variables have been examined. All respondents were Buddhist, and the majority of them were male, making up 60% of the sample, while the female respondents made up 20%. The standard deviation is 37.66 + 18.43 times the mean age of 37.66. 40% of the sample's participants were aged 41 to 50, making up the majority of the group. The study's findings also show that more than two thirds of the respondents took all of the Ayurvedic precautions stated above to avoid contracting the covid illness. More than half of the responders among them had utilised herbal steaming, Ayurvedic drugs, herbal gargling, and herbal Dumayanaya, with respective percentages of 82%, 76%, 68%, and 64%. According to the study's findings, the majority of respondents steamed adathoda, lime, and yakinaran leaves to avoid the covid-19 infection. Additionally, we have established that the Corriandrum water that has been boiled has been used for steaming. $X^2(1, N=50) = 0.006, P=0.005$ shows a significant link between the initial contacts' health status after two weeks of herbal steaming. When the P value is less than 0.05, it demonstrates that there was a connection between the initial contacts' health state and their use of herbal steam throughout their quarantine period.

Keywords: Covid 19, first contacts, ayurvedic preventative practises

Introduction

Because it can spread while the illness develops asymptotically in patients, the novel coronavirus (COVID-19) poses a serious risk to society and healthcare workers in particular. Infected individuals have been found to be the primary source of infection. Additionally, virus transmission occurs by contact and droplets. This virus is one of the most pervasive outbreaks to turn into a pandemic, continuing to weaken the entire world system. Researchers have determined that people are the primary source of the illness. Both droplets and intimate encounters can spread the virus. It is thought that the infectivity begins before the onset of symptoms and that, seven days after the onset of symptoms, it considerably declines.

According to studies, practically all cultures employ plants as traditional medicines to treat a variety of chronic illnesses and viral diseases. The Ayurvedic preventive procedures for preventing Janpadodvamsa illnesses have been documented in

reliable literature for more than three thousand years of history.

Objectives

1. To research how Ayurvedic preventative practises affect Covid-19 initial contacts.
2. To identify the protective actions the community took to avoid the COVID-19
3. Identification of preventive measures aids in halting the transmission and infection of COVID-19.

Methodology

Sample and Measures

The study's descriptive simple random sample contained the covid-19 first contact name list, which was compiled and delivered by the Maharagama AGA Division for the delivery of Ayurvedic medications and advice on how to prevent the spread of sickness. The questionnaire was used to collect data after the lead investigator's phone call. Data was gathered before and after the drug delivery period of two weeks. The

initial contact families of the COVID-19 provided the data. The demographic information for the sample was included in the first section of the questionnaire, the preventive measures they took before becoming contaminated were covered in the second section, and the preventive measures they took while under quarantine on their property were covered in the third section. The Maharagama Secretarial Division has conducted research. The telephone discussion was also used to get the participants' consents.

Inclusion Standards

Covid positive families

- Only the first contacts (RAT or PRC and reports were negative)
- Both male and female
- Age above 5 years

Exclusion Criteria

Covid -19 positive patients

Statistical Analysis

The SPSS (version 16) programme was used to analyse the data. The validated scale was utilised as the rating scale (11). The standard deviation was computed using the frequency means. Using chi-square, relationships between various variables have been examined.

Results

During their quarantine time, this investigation was conducted among the 30 families of covid -19 contacts. There were 50 initial interactions from the COVID-19 in all. The results of their RAT and PCR tests were used to confirm whether or not they had been infected. Respondents in the study sample were clear of covid infection at the time of data collection. Additionally, information was gathered two weeks following therapy to determine the first contacts' health status.

Table 1: Lists the demographic details of the study sample's initial contacts.

Demographic Characteristics		N (%)
Age group	<12	6 (12%)
	13-20	9 (18%)
	21-30	2(4%)
	31-40	7 (14%)
	41-50	20 (40%)
	>51	6(12%)
Gender	Male	30(60%)
	Female	20(40%)
Marital status	Married	29(58%)
	Unmarried	21(42%)
Religion	Buddhist	100%

All respondents were Buddhist, and the majority of them were male, making up 60% of the sample, while the female respondents made up 20%. The standard deviation is 37.66 + 18.43 times the mean age of 37.66. 40% of the sample's participants were aged 41 to 50, making up the majority of the group. 12% of the sample consisted of kids younger than 12 years old. More than half of the sample was in a relationship.

Table 5: Demonstrates the response who utilised the Ayurvedic medication following infection.

Ayurveda drug used after contamination	
	N (%)
Yes	38(76%)
No	12(24%)
Total	50(100%)

The findings indicated that after making their initial interactions with COVID-19, more than two thirds of the sample had tried Ayurvedic treatments.

Conclusion

50 people in all participated in this trial, and 50 of them were determined by the investigations to be first contacts of the covid -19 and clear of covid infection. More than two thirds of them took Ayurvedic preventative methods to guard against illnesses throughout their quarantine. Here, we've identified the Ayurvedic preventative practises that the local community uses on a grassroots level and the contribution these practises make to the community's primary immunity-boosting against the COVID-19. After two weeks of monitoring each person's health by performing herbal steaming during their quarantine period, research results show that there is a substantial association between the first interactions. The vast majority of people reported wearing face masks when going out, according to a research similar to mine conducted by Zange Bel at el in 2020.

References

1. World Health Organization (WHO) (2020). Advice on the use of masks in the context of COVID-19: interim guidance, 6 April 2020 [online]. Website <https://apps.who.int/iris/handle/10665/331693> [accessed 12 April 2020].
2. Chaplin, 2010)_Chaplin, D. D. (2010). Overview of the immune response. *The Journal of Allergy and Clinical Immunology*, 125, S3– S23.
3. Doremalen NV, Bushmaker T, Morris DH, Holbrook MG, Gamble A et al. Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1. *New England Journal of Medicine* 2020; 382: 1564-1567. doi: 10.1056/ NEJMc2004973
4. Wei WE, Li Z, Chiew CJ, Yong SE, Toh MP, Lee VJ. Presymptomatic Transmission of SARS-CoV-2 - Singapore, January 23-March 16, 2020. *MMWR Morbidity and Mortality Weekly Report* 2020; 69 (14): 411–415.
5. Salehi et al., 2019a; Sharifi-Rad, et al., 2019; Salehi, et al., 2020)._Salehi, B., Krochmal-Marczak, B., Skiba, D., Patra, J.Zhong BL, Luo W, Li HM, et al. Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak.