

The Ayurvedic Approach to COVID-19

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Abstract

The central premise behind recognising Ayurveda as a medical system in its own right is that the Ayurvedic classics, when approached scientifically, can serve as repertoire of researchable, if not employable, medical information. This article outlines the classical Ayurvedic approach adaptable to the management of mild and moderate cases of COVID-19. While the WHO guideline on the management of mild COVID cases focuses upon rest, hydration, and adequate nutrition, the Ayurvedic approach emphasises upon rest, hydration, and caloric restriction. This important distinction should not be lost sight of. Recent advances in research on fasting-induced autophagy seem to side with the Ayurvedic view. Furthering experimental research in this direction would be worthwhile.

Keywords: Ayurveda, COVID-19, Autophagy, Charaka, AYUSH, Holistic, Salutogenesis, Fasting.

There has been considerable enthusiasm amongst researchers and the general public in India to know if ayurveda, the country's traditional medical system, has something to offer in the management of COVID-19. Meanwhile, some pharmaceutical companies have been busy publicising their proprietary pills as remedies against the disease. In this context, I write to explain the ayurvedic view on the matter. This article is meant to give the reader a rough idea of the classical ayurvedic approach *adapted* to this new illness; it is not meant to substitute personalised medical care.

The Disease and its Prognosis

Many people infected with the new coronavirus are known to be asymptomatic. Those who are symptomatic fall broadly under three categories:^[1]

1. Patients with mild symptoms resembling those of the common cold (*nava-peenasa*) – Malaise, cough, runny nose, mild fever and sore throat.
2. Patients with symptoms resembling those of the flu (*vata-kapha jwara*) – Runny nose, fever, loss of appetite, body-ache and cough.
3. Patients with severe symptoms of lung infection (*asaadhya-jwara*) – Cough, fever, breathing difficulty, chest pain while breathing and in advanced stages, acute respiratory distress.

A majority of symptomatic patients (about 80%) fall

in the first two categories^[2]. What is important to understand is that some patients with mild symptoms can, at times, deteriorate to manifest symptoms of full-blown lung infection. The following may be considered as red-flags prognosticating this possibility:

- > Age over 70
- > Co-morbidities like diabetes, heart and lung disorders
- > Fever unremitting even after 5-6 days. This is a red-flag even in young patients.
- > Breathlessness or rapid breathing
- > One-sided chest pain that increases on deep breathing

What Ayurveda Can and Cannot do

Ayurveda appears appropriate to use in the supportive care of the first two categories of patients mentioned above. However, safe practice requires extreme prudence in initiating ayurvedic treatment in patients with red-flag features. In those with full-blown symptoms, it can, at best, be only complementary to conventional hospital care.

Surprising as it may seem, the classical ayurvedic management of the first two categories of patients is mostly non-pharmacologic! A line from Charaka-Samhita that succinctly codifies the principles of supportive care in common fevers is worth remembering: "*Langhanam, swedanam, kaalah*", meaning, "Fast,

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warmth and rest” constitute the sheet-anchor of treatment^[3].

1. **Fast.** Fasting for 1-2 days would ordinarily be sufficient. If that is not possible, a thin rice gruel cooked with coriander seeds might be taken; but, eating less is important.
2. **Warmth.** During fasting, small quantities of warm water may be taken frequently. Inhaling warm air (steam inhalation) is also recommended.
3. **Rest.** Giving the body’s natural processes their time to heal by resorting to “watchful waiting and masterly inactivity”.

In addition to these, ayurveda is particularly insistent on a few don’ts. Physical and mental exertion, daytime sleep, bath and cold winds are to be altogether avoided. Equally important are measures to ensure that the patient does not spread his illness to others.^[4]

True to their holistic approach, the ayurvedic sages emphasise upon the role of emotional wellness as an aid to recovery. The importance of this in a panic-stricken environment cannot be overstated. Story-reading, an optimistic attitude and a connection with friends are all supposed to aid recovery! If ritualistic chants make the patient feel well, they are encouraged too.

After the fever remits and appetite returns, appropriate medicinal decoctions to treat cough might be administered. Dry cough is a common manifestation of this infection, a simple decoction of *Yashtimadhu* (12 g) and black pepper (3 g) prepared by boiling them in 200 ml water until it reduces to 50 ml, would serve this purpose well. This decoction might be taken at the dosage of 100 ml per day, in a few divided doses. If the cough is productive *Yashtimadhu* may be substituted with *tulsi*.^[5] After about two weeks, the treatment is rounded off with a gradual return to a full nourishing diet. A caring and knowledgeable physician is free to make minor changes in this general line of treatment to personalise patient care. The cardinal principle of striking a studied balance between medical inertia and medical aggression, however, is to be religiously adhered to.

AYUSH Policy-Making Must Consider Ayurveda’s Thrust upon Evidence-Based Thinking

What makes ayurveda unique and holistic is its emphasis on salutogenesis rather than on pathogenesis.^[6] Several related interventions involving diet, regimen and drugs, each with modest effects, synergise to bring about a gradual, but nevertheless impressive outcome. These interventions are not specific against a disease-causing pathogen; they are generally supportive of

the body in its self-healing processes. Ayurveda’s approach to the management of the condition described above is to be seen in this light.

Needless to add, general recommendations on pills and formulations based on anecdotal experiences have no place in the classical ayurvedic scheme. While there are a few promising formulations that might assist in the management of this disease, there is no evidence, as of now, to justify their publicity as specific cures.

Instead, given that evidence is slowly accumulating in favour of fasting-induced autophagy in treating infectious diseases, researching on the value of the classical protocol described above would be truly worthwhile. One of the most evolutionarily conserved cellular responses to organismal fasting is the activation of the lysosomal degradation pathway of autophagy, a process in which the cell self-digests its own components. This self-digestion not only provides nutrients to maintain vital cellular functions during fasting but also can rid the cell of superfluous or damaged organelles, misfolded proteins, and invading micro-organisms^[7].

AYUSH policy making must keep in mind that patient benefit is at the heart of Ayurveda’s approach to ethical practice. This benefit is accrued only when patient care is centred upon what Charaka calls ‘*Yukti-vyapashraya*’, a reasoned application of evidence. The central premise behind recognising Ayurveda as a medical system in its own right is that the Ayurvedic classics, when approached scientifically, can serve as repertoire of researchable, if not employable, evidence. Bypassing these classics and haphazardly recommending random formulations would be a defeat of this central premise.

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