

Translating research evidence to policy and practice in Ayurveda

-The case of Kerala for handling pandemic-

Dr. Sudhikumar KB
Professor I/C Director
School of Fundamental Research in Ayurveda
Tripunithura

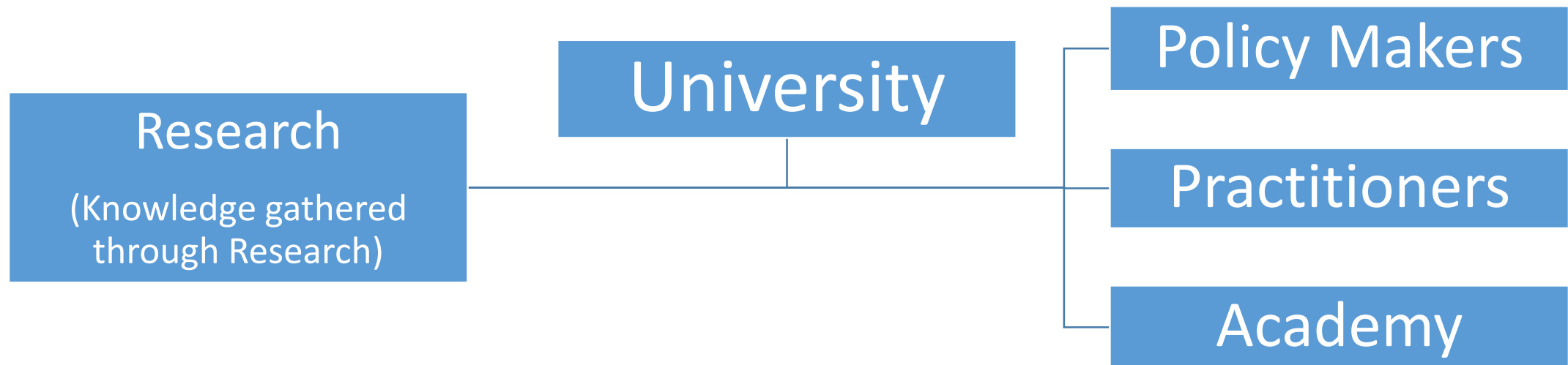
Introduction

- Since time immemorial, Ayurveda is contributing to the prevention and control of epidemics by promoting positive health and by providing supplements for the body to fight well against the pathogens.
- But, the absence of documentation together with negligence in implementation of research-oriented approach, has backfired on the potentials of Ayurveda to safeguard the immune mechanism in combating emerging and re-emerging diseases.
- In India, the state of Kerala has a pivotal role to play in rebuilding the lost social status of Ayurveda in the prevention and control of epidemics.

- In Kerala, during the outbreaks of epidemics like dengue fever and chikungunya fever; Ayurveda has contributed enormously in the prevention, control and rehabilitation through both public sector as well as private sector delivery systems.
- Need of research and documentation in developing standard protocol of Ayurveda management of emerging and re-emerging diseases.
- The perspective of the public, revealed many expectations from Ayurveda system of Medicine in conditions like Covid19.
- Most of the clinicians were using medicines with immunomodulatory evidences even though these were not updated using the research findings from journals.
- The academic and clinical sectors of Ayurveda have shown trend of moving towards evidence-based practice even though in a slow pace.

Translating research evidence to policy and practice in Ayurveda

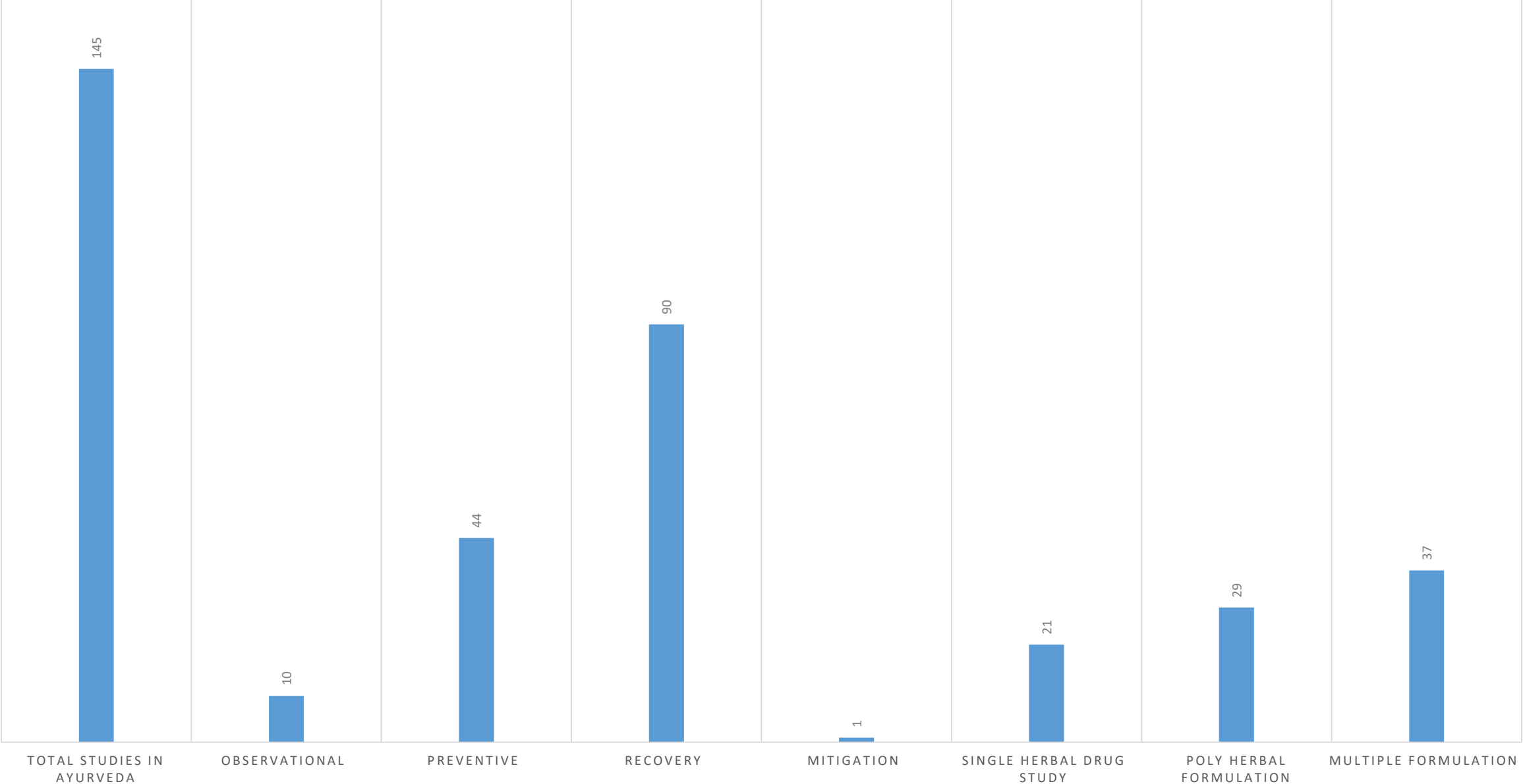
- Information gathered through research has to make simple, easier to understand and should communicate to the practitioners of Ayurveda i.e. to fill the gap between academy and practitioner. It is the best way to effectively translate to policy and practice.
- Academy could do more communication with policy makers and practitioners.



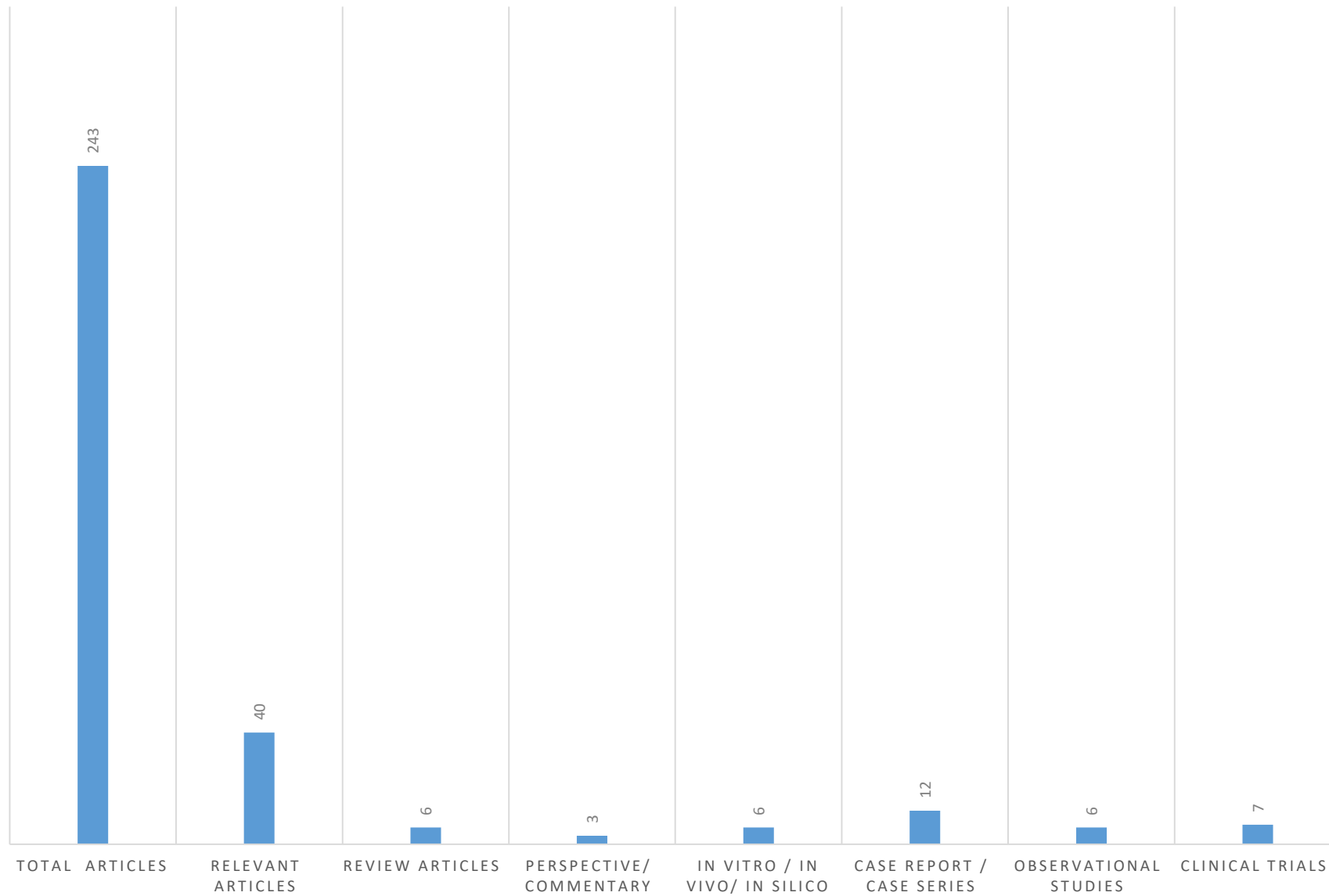
- Credibility of the gathered information to be assessed before dissemination.
- Inadequate link between policy maker and researchers – so flow of information should be strengthened.
- Inadequate policy based researches – Identification of priority area may be communicated to researchers.

- Ayurveda treatment is based on several variable factors, hence from person to person even in same disease management can vary
- In multiple pathogenic conditions sometimes a single drug or a polyherbal formulation can be effective
- In CTRI registered Covid -19 research studies also show this
- Articles published in PubMed also reveal this

A GLIMPSE OF STUDIES REGISTERED IN CTRI



STUDIES PUBLISHED IN PUBMED



Disease characteristics, care-seeking Behaviour, and outcomes associated with the use of AYUSH-64 in Covid-19 patients in Home isolation in India: A community-based Cross-Sectional Analysis

Narayanam Srikanth, Adarsh Kumar, Bhogavalli Chandrasekhararao et al

- Ayush 64 is a poly-herbal Kashaya tablet
- Ayush 64 as an add on with conventional management (Vit C, Zinc and paracetamol)
- Dosage & duration 21 days
- Asymptomatic 2-0-2
- Mild, moderate symptoms 2-2-2

- Mild and moderate symptom patients
- From 8th May to 31st August 2021
- In 87 Ayush research centers covering 27 states and 5 Union territories

Inclusion

- Age 18 – 60 years
- SPO2 > 94%
- RTPCR/RAT

- Data collection Questionnaire filled on baseline, 7th day, 14th day and 21st day
- 85% were nonvaccinated
- Rt PCR 32.1%
- RAT 32.4%
- 58.3% used as add-on and 41.7% ass Ayush 64 alone

Number of participants: 64642

Final analysis: 49770

Result: 98% became negative in RT- PCR after 21 days

Ayurvedic Response to COVID-19 Pandemic in Kerala, India and Its Impact on Quarantined Individuals – A Community Case Study

Sharmila Mary Joseph, Divya S Iyer, Rajmohan V

Decentralised people centered and participatory approach

Ayur raksha clinics & Task forces - 1206

Objective: To reach the Ayurveda preventive, therapeutic and convalescent care strategies for Covid 19

Swasthyam	1059235
Sukhayushyam	67327
Amrutham	809756
Bheshajam	28703
Punarjani	361551

- Amrutham Polyherbal formulations, tablets, Kashaya powder and arishta for internal use and herbal powder for fumigation
- Personalized preventive medicine based on prakrithi and co morbidities
- Prophylactic and therapeutic intervention for consented participants – start medicine within 3 days

Result

0.34 % individual only tested positive and they needed no ICU or ventilation

Limitation – Amrutham reached only 15.7% of quarantined person

Kozhikode

- Beshajam
- Till date. 19757
- Home isolation 19191
- CFLTC 566

Final clinical outcome

- 57.05 % Asymptomatic
- 37.20 % cured completely
- 1.09 % not known
- 4.65 % tested -ve with sequelae
- 0.00 % Death
- 0.01 % Remains Positive

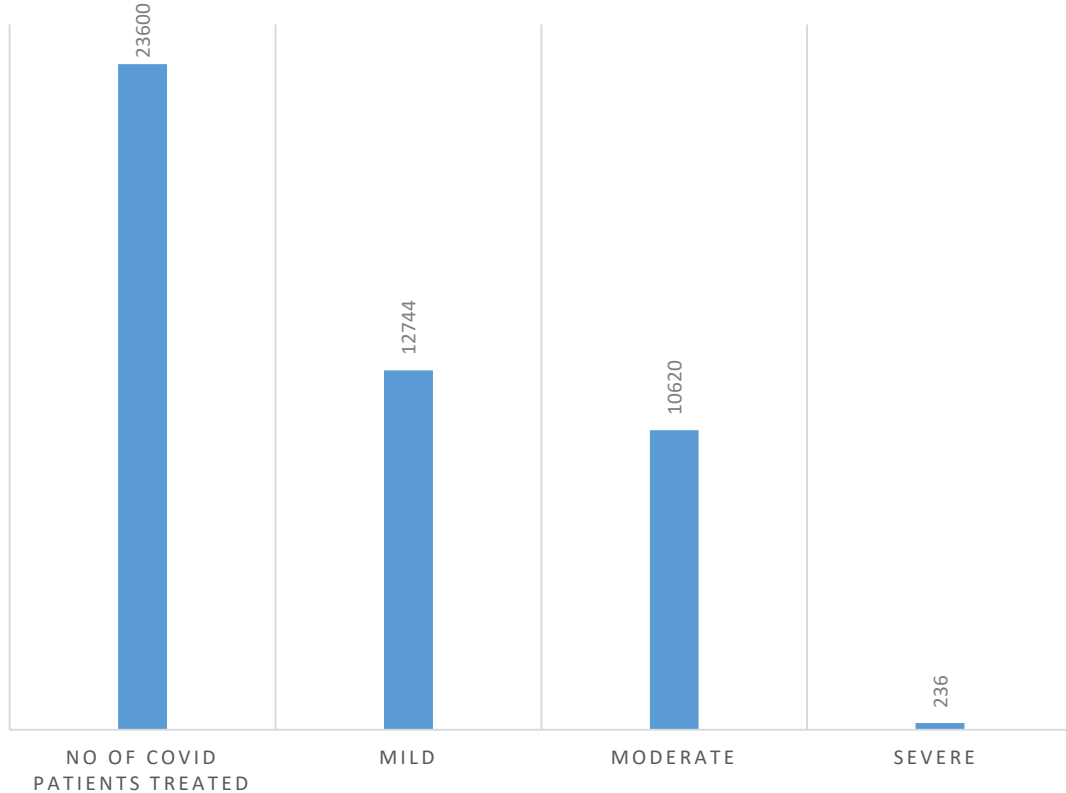
Kannur

- First CFLTC in Ayurveda college under KUHS
- Collaborative effort of GMC KANNUR and GAC KANNUR
- CFLTC duration-7.7.2020 to 13.2.2021
- Patients served -437
- Faculty, Staff and students who availed Amrutam project- 90
- Patients availed Punarjani project after discharge -116
- Patients became –ve without any complications

Impact of the Ayurveda Treatment Protocol in the Management of Covid -19 – A Cross-sectional study

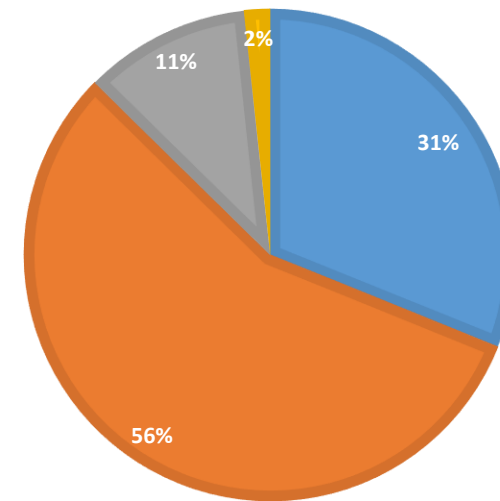
conducted by School of Fundamental Research in Ayurveda

140 doctors responded, most of whom were government medical officers.
The report of the assessment of treatment done in not less than 23,600patients.



PATIENTS BECOME COVID NEGATIVE WITH THE MEDICATION

< 1 Week 1 - 2 Week 2 - 3 Week More than 3 week

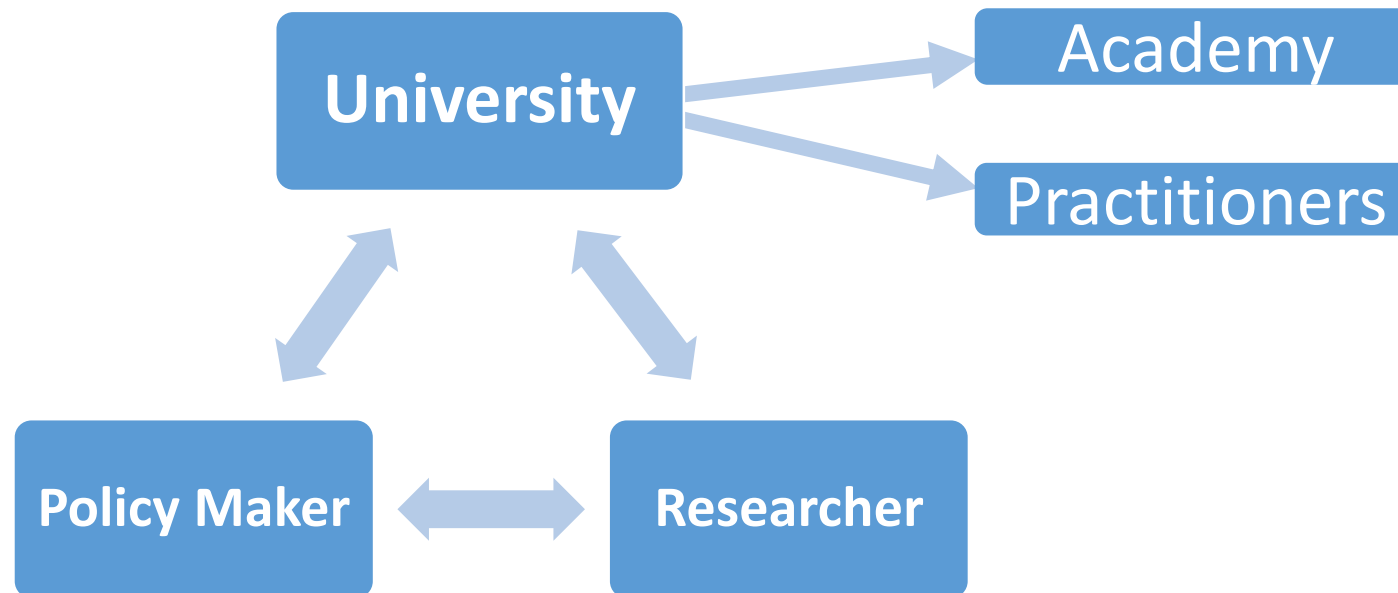


Single drugs and formulations studied most

Guduchi (<i>Tinospora cordifolia</i>)	Yashtimadhu (<i>Glycoriza glabra</i>)	Aswagandha (<i>Witamnia somnifera</i>)
<ul style="list-style-type: none"> • 29 Preventive Studies • 16 Recovery Studies • Adaptogenic • Anti Inflammatory • Anti Pyretic • Anti Oxidant • Immunomodulatory • Anti Viral 	<ul style="list-style-type: none"> • 5 Preventive Studies • 4 Recovery Studies • Anti Inflammatory • Immunomodulatory • Antioxidant 	<ul style="list-style-type: none"> • 10 Preventive Studies • Adaptogenic • Antioxidant • Anti Inflammatory • Immunomodulatory • Anti-stress
AYUSH 64		Chyavanaprasa
<ul style="list-style-type: none"> • 7 Preventive Studies • 3 Recovery Studies 		<ul style="list-style-type: none"> • 8 Preventive Studies

Conclusion

- For better translation of research into practice, a guideline for management based on the research findings has to be prepared by the University and communicated periodically with the Policy makers Academy, and Practitioners.
- The policy makers should inform the Areas of Research needed to the University



Thank you...