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वर्ष ७४ वे

“ यशस्वी चिकित्सेचा राजमार्ग ”

# ॥ आयुर्वेद पत्रिका ॥

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ओजस्तु तेजो धातूनां शुक्रान्तानां परं स्मृतम्!

(अ.ह.सू. ११/३७)

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खजिनदार, आयुर्वेद सेवा संघ  
वैद्य हेमंत भंडारी  
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आयुर्वेद पत्रिका विभाग

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या अंकातील विचारांशी संपादक सहमत असतीलच असे नाही, ती मते लेखकांची समजावीत.



(डॉ. सुनंदा व सुभाष रानडे फाउंडेशन तर्फे पारितोषिक प्राप्त लेख)  
**Panchakarma Practice During COVID Crisis  
: An Overview**

Vd. Sachin V Utpat



Vd. Shamsundar D Bhakare

**Abstract:** World community is facing an unprecedented pandemic of Novel Corona Virus Disease (COVID-19) caused by Severe Acute Respiratory Syndrome Corona virus 2 (SARS-CoV-2). The disease has spread globally with more than 13.9 million confirmed cases and 593,195 deaths as of July 17, 2020. Despite of vigorous efforts from every corner of the world, to control it, the disease has now transformed itself into a monstrous giant killer of the century. Amidst all these frustrating situations there is a challenge before developing countries like India to maintain the economy. Government may give a plan in forthcoming days for stepwise exit through lock down situation but still the threat of COVID19 is not over. Likewise, other sectors of society there is a challenge before *Ayurved* fraternity to continue *Panchakarma* practice in near future. It is important to provide some guidelines to patients, therapists and even doctors how to run the panchakarma centres in future days. It is the need of the hour to take proper precautions not just considering the threat of COVID19 but that should be inherited as lifetime measure and these etiquettes should be part and parcel of daily *Panchakarma* practice hereafter as there are many more COVID like diseases are yet to come. Therefore, a guideline is proposed here for *Panchakarma* therapy centres regarding how to run them in post COVID situation.

**Keywords:** COVID-19, Pandemic, Post-covid, *Panchakarma*, Guidelines.

**Introduction:** As the nation has started to look toward a phased reopening of sectors of the economy, it is important to consider how a "return to practice" will work for *Panchakarma* therapy. In March and early April, MoHFW (Ministry of Health & Family Welfare) as well as AYUSH ministry issued guidelines that doctors should only perform urgent and emergency care. This guidance was driven by data demonstrating an alarming rise in

community transmission across the country and the need to flatten the COVID-19 curve of infection and death and to protect AYUSH personnel and their patients from the virus.

In addition to enormous advocacy for economic relief, the next critical phase of work is to address recommendations about when the profession may resume thorough patient care and what practice changes will be needed to provide that care.

**Possible transmission routes of 2019-nCoV in *Panchakarma* Therapy Centers:**

**Direct or Indirect Transmission:** The virus can be passed directly from person to person by respiratory droplets; through contact and fomites. *Panchakarma* patients and professionals are always at the risk of exposure to pathogenic microorganisms, including viruses and bacteria. *Panchakarma* Therapy settings invariably carry the risk of infection due to the specificity of its procedures viz. *Nasya*, *Tarpan*, *Karnapurana* etc. which involves face-to-face communication or direct transmission (cough, sneeze, and droplet inhalation transmission) As like in *Vaman* Therapy, *Nasya* Therapy, *Dhumapan* etc. and contact transmission (contact with oral, nasal, and eye mucous membranes). The pathogenic microorganisms can be transmitted in *Panchakarma* settings through inhalation of airborne microorganisms that can remain suspended in the air for long periods, direct contact with blood (as like in *Raktamokshan*) oral fluids, or other patient materials, contact of conjunctival, nasal, or oral mucosa with droplets and aerosols containing microorganisms generated from an infected individual and propelled a short distance by coughing and talking without a mask, and indirect contact with contaminated instruments and/or environmental surfaces.

**Minimize Chance for Exposures:** As we all know, there is no confirm treatment documented for covid19 as on date. In near future, we may get

अवस्थां प्राप्य निर्दिष्टं कर्म भिषजां स्मृतम्।

vaccination or confirm treatment protocol for covid19, but the possibility of some other infected disease is always there. So, it is better to prevent the infection rather than to treat it and for that we have to minimize the chance of exposure.

Following three ways are mentioned here to minimize the chance of exposure.

A)General precautions. B)Precautions for patients.

C)Precautions for therapists.

**A) General Precautions: -**

**Reschedule appointments:** Reschedule appointments if your patients have travelled outside India /outside state in the last two weeks to an area affected by the corona virus disease.

**Proper History regarding Health and Travel:** Take a detailed travel and health history when confirming and scheduling patients. Do not provide cosmetic treatment as well as treatments which can be delayed; to the above patients and report them to the Government health Authorities immediately or follow the instructions given by Health Department.

**Details of Patients:** Take the contact details and address of all patients treated, including their email address also if exist.

**Use of Disposable Instruments:** Use disposable instruments at the most like *Basti* syringe, *Gokarna Yantra* for *Nasya* etc. and discard after each procedure. Do not use catheters if used once. Autoclave metal instruments after each patient.

**Cleaning of premises:** Clean and disinfect public areas frequently, including floor, door handles, chairs, and bathrooms with the help of sodium hypo chloride and alcohol-based sanitizers.

**Supplies for Respiratory hygiene:** Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizers, tissues, and no-touch receptacles for disposal, at entrances, waiting rooms, patient check-ins, and therapy rooms. Persons with respiratory symptoms should cover their nose and mouth when coughing/sneezing with tissue or mask, provide tissues and no-touch receptacles to throw away used tissues and offering face masks to patients who are coughing.

**Waste Disposal:** Ensure safe waste management. Treat waste contaminated with blood, body fluids, secretions, and excretions as clinical waste, in accordance with local regulations. Human tissues and laboratory waste that is directly associated with

specimen processing should also be treated as clinical waste. Discard single use items properly as per the Biomedical Waste Disposal guidelines.

**Dhoopan:** Carry out *Dhoopan* (with *Rakshoghna Aushadhi*) procedure on daily basis in the premises especially in therapy rooms, corridors, waiting rooms, examination rooms etc. as a disinfection procedureiv

**B) Precautions for patients: -**

**Post a sign at the entrance:** Post a sign at the entrance of the Therapy center which instructs patients having symptoms of a respiratory infection (e.g., cough, sore throat, fever, sneezing, or shortness of breath) to please reschedule their *Panchakarma* appointment and contact to *Kayachikitsa* Department in case of institute or family physician if you are running own OPD based *Panchakarma* Centre. The same thing applies if they have had any of these symptoms in the last 48 hours.

**Thermal screening:** Take temperature with the help of thermal gun as part of the routine assessment of patients before performing any procedure or even before entering the OPD area.

**Screening of SPO<sub>2</sub> :-** SPO<sub>2</sub> plays important role in early diagnosis of covid 19. Now a days a new term happy hypoxia has been emerged. Check SPO<sub>2</sub> of every patient to get idea about his oxygen percentage to prevent any further complication and to better know the respiratory condition of the patient.

**Use of signages:** Post signages and alert messages (e.g., signs, posters) at the entrance and in other public places (e.g., waiting areas, elevators, cafeterias) to provide patients with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.

**C) Precautions for therapists: -**

**Physical barriers:** Install physical barriers (e.g., glass or plastic windows) at reception and as well as at the areas like store, medicine dispensing to limit close contact with potentially infectious patients .

**Personal Protective Equipment (PPE):** Make sure the personal protective equipment being used by the staff is appropriate for the procedures being

performed.

**Personal precaution:** Train your staff to perform procedures like *Nasya*, *Gandush*, *Jalaneti* etc on daily basis to maintain personal health.

**Precautions while performing Aerosol Generating Procedures:** There are some Panchakarma procedures which produce aerosols. It is hard to avoid the generation of large amounts of aerosol and droplet mixed with patient's saliva and even blood during procedures like *Swedana*, *Nasya*, *Vaman Raktamokshan*, etc. Particles of droplets and aerosols are small enough to stay airborne for an extended period before they settle on environmental surfaces or enter the respiratory tract. Thus, the corona virus has the potential to spread through droplets and aerosols from infected individuals in the environment. So some precautions like using proper mask and gloves or if possible use of PPE is must while performing such procedures.

**Facial Protection:** Avoid touching the eyes, nose, and mouth with unwashed hands. Wear a surgical or procedure mask and eye protection (face shield, goggles) to protect mucus membranes of the eyes, nose, and mouth during all therapies. The staff involved in procedural work as well as working in the therapy area should use N95 masks.

**Gown:** Wear gown to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Remove soiled gown as soon as possible and perform hand hygiene.

**Linens:** Handle, transport, and process the used linen in a manner which prevents skin and mucous membrane exposures and contamination of clothing. Do not reuse the linen before proper washing.

**Hand Hygiene:** Wash hands with soap and water for at least 20 seconds after contact with patients or use an alcohol-based hand sanitizer.

Use proper gloves while performing all procedures excluding massage. Use sanitizer, immediately after gloves are removed.

Take hand wash using proper methodology after:

- 1) Before and after any direct patient contact and between patients, whether gloves are worn or not.
- 2) Immediately after gloves are removed.
- 3) Before handling an invasive device.
- 4) After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if gloves are worn.

**Handling of Equipment:** Handle equipment like needles, syringes, different *Yantra* utensils etc. soiled with blood, body fluids, secretions, and excretions in a way that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.

Clean, disinfect, and reprocess reusable instruments/equipment appropriately before use with another patient.

**Train and Educate Personnel:** Provide task-specific education and training on preventing transmission of infectious agents, including refresher training. However, following recommendations given by respective authorities will reduce exposure and add a layer of protection in an already high exposure career.

**Discussion:** In the light of WHO declaring the COVID-19 virus to be a pandemic, MoHFW, has recommended preventative measures to minimize transmission through contact and various clinical procedures, as scientific information leads to improvements in infection control, risk assessment, and disease management.

Though lots of efforts from all over the world, are being done for its control, the disease has transformed itself into a monstrous giant killer of the century. Amidst all these frustrating situations there is a challenge before developing countries like India to maintain the economy.

In addition to logical advocacy for economic relief, the next critical phase of work is to address recommendations about when the profession may resume thorough patient care and what practice changes will be needed to provide that care.

*Vaidya* fraternity and patients both seem in dilemma in covid crisis regarding carrying out *Panchakarma* procedures. As there is close contact between therapist and patient during panchakarma procedures there is possibility of spread of the disease from one person to another. Also, there are few aerosol forming procedures which may be harmful if spread of infection is considered.

There is necessity of panchakarma centres to work 365 days -a-year as there are certain ailments which can be very effectively cured by panchakarma therapy like Spondylosis, *Arthritis*, Psoriasis, Bronchial Asthma, *Amlapittato* count a few. On this backdrop a midway should be drawn which can

satisfy both patients and therapists and that can be achieved by taking simple precautions mentioned above.

**Conclusion:** It is proved now that, covid-19 will last for months ahead and the policy for this instance is "Live with corona".

It is must for every Panchakarma practitioner to do *Panchakarma* practice but with proper precautions considering three major aspects viz. General precautions, Precautions for patients and Precautions for therapists.

It is very important to follow the guidelines laid by various authorities like MoHFW and AYUSH for prevention of spread of the disease. A brief survey in this regard will be beneficial for every *Vaidya* to implement all these recommendations in his/her *Panchakarma* centre.

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**(पान क्र. १९ पासून पुढे)**

**११) प्रमेहः-** घनमल विरेचनाने काढल्याने मूत्रपिंडावरील भार कमी ४ गुंज- त्रिकंठकादि स्नेह

**१२) यकृतवृद्धी, प्लीहावृद्धी:-** कफदुष्ट-रस रक्त यकृतप्लीहा स्थानीसंचय. यकृतवृद्धी- अनुपान शरपुंखा. प्लीहावृद्धी अनुपान रोहीतक.

**१३) जलोदरः-** कफनाशन, मंदाग्नि-दुर्धर्षक्षुत्प्रवृत्तिनी, अधिक मात्रा- ८-१२ गुंज, काल- समान, अपान, अनुपान- विरेचन द्रव्य- निशोत्तर, हरिद्रा

**१४) शिरोरोगः-** •कफजः सुप्ति, मंदरुजा, स्तैमित्य, गौरव, तंद्रा, आलस्य, अरुची. २-६ गुंजा, अनन्न, अधोभक्तका  
•कृमिजः क्लेदक कफ रक्त- व्यधन छेदनवत् रुजा, कंडू, शोथ दुर्गंधीयुक्त सपूयस्त्राव, दुर्गंधीयुक्त श्वास. ४-८ गुंजा निशाकाल अनन्नकाल. •रक्तजः शिरोविदाह, रुजा, शीत इच्छा नेत्रदाह, तृष्णा, भ्रम, स्पर्शासहत्व, स्वेदप्रवृत्ती, समान, प्राण, व्यान. २-६ गुंजा, अरविंदासव, उशीरासव

**अवयवावर कार्यः-** कफप्रधान दुष्टी.

हृदयः बुद्धीमेधादिवर्धन, रसनाः बोधक कफाचे पचन-रसबोधन उरः द्रवत्व शोषण, दृष्टीः आलोचक पित्ताचे कार्य सम्यक्, आमाशयः क्लेदक कफाचे शोषण - अग्निमांद्य नष्ट आमाशयातील गौरव कमी.

**सेवनकालः-** मंडलकाल, कोष्ठस्थ दोष-२१ दिवस, धातूगत दोष-४२ दिवस, यकृतादि आशय वैगुण्य ४९ दिवस

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कजली- पार्टिकल साईज-सूक्ष्म. पाण्यावर तरंगते. पारा, गंधक प्रमाण. २ बोरांच्या चिमटीत बोटार रेषा उठल्या

त्रिफळा- Chemical परीक्षा Tannin

गोळ्या- आकार, रंग, रूप स्पर्श चव, DT Hardness- कठीण

रंग- काळसर भुरा, चव -कडू, गंध-सौम्य स्पर्श,

DT- १५ दिवस, Hardness- 1 sglcom, Ash value-13.7

20.5, Acid soluble ash 2-2.36%

याप्रमाणे आरोग्यवर्धिनी या ग्रंथोक्त कल्पाचा वापर केल्यास ग्रंथात सांगितल्याप्रमाणे फलश्रुती प्रत्ययास येते.

**वैद्य सौ. नीलिमा शिसोदे**

रिडर, (स्वस्थवृत्त विभाग)

टिळक आयुर्वेद महाविद्यालय, पुणे

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