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An integrative approach towards prevention & management of psychological illnesses during COVID 19 crisis

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ABSTRACT

Widespread outbreaks of infectious disease, such as COVID-19, are associated with psychological distress and symptoms of mental illness. To date (June 29th, 2020), over 10,021,401 confirmed cases and 499,913 deaths attributable to this disease have been reported. Ayurveda though being an ancient life science clearly mentions about such disease conditions. A detailed chapter on *Janapadodhwansa* in *Charaka Samhita* explains epidemic disease and its etiological factors. *Adharma* as the root cause of *Janapadodhwansa*. The current article is a narrative review of the existing literature on mental health symptoms and interventions relevant to the COVID-19 pandemic. Psychiatric and psychological problems that were present before the pandemic and the Patho-plastic effects of the pandemic on these problems; the responses to social isolation and lockdown; the psychological response to the diagnosis public responses to those with symptoms suggestive of COVID-19 infection, as well as the aftermath of the infection. Timely identification of high-risk groups especially those with prior mental health issues, are essential to prevent extreme events such as suicide and other impulsive behaviors. *Acharya Charaka* has described *Chikitsa Siddhant* to be followed during *Janapadodhwansa*; *Karma Panchavidham*, *Rasayanamupyoga*. *Langhan*, *Langhan-Pachana* and *Doshavasechan*. *Harsha Prinananam* - Cheerful mind best in bringing delightfulness. *Charaka* has also stated that the disease of a patient having *Pravara-Sattva* recovers quickly as compared to patients of *Avara-Sattva*. Also, body and mind follow and influences each other i.e. any kind of change in mental status results in both physiological as well as psychological variation from normalcy.

Key words: COVID-19, Psychological illness, Janapadodhwansa, Manasa, Satva.

INTRODUCTION

Originating as a cluster of unexplained cases of pneumonia in Wuhan, China, novel coronavirus disease, officially designated as COVID-19 by the World Health Organization - has reached the level of a pandemic, affecting countries all across the world. To date (June 29th, 2020), over 10,021,401 confirmed

cases and 499,913 deaths attributable to this disease have been reported. In the wake of this global health crisis, stringent public health measures have been implemented to curtail the spread of COVID-19.^[1]

Widespread outbreaks of infectious disease, such as COVID-19, are associated with psychological distress and symptoms of mental illness.^[2] India reported its first suicidal case by a 50 year old man from a village in Chittoor district of Andhra Pradesh on 12th Feb 2020 due to fear of contraction of viral illness after rapidly growing alarming video clippings featuring COVID 2019 are in circulation on social media and being accessed by almost all individuals through their smartphones/ computers in developing countries.^[3] Psychiatrists across the world should be aware of these manifestations, their correlates, and strategies to manage them that encompass both the needs of specific populations^[4] and the precautionary measures necessary to contain the spread of COVID-

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19.^[5] They should also be aware of lacunae in the existing literature, which may need to be filled in over time through more widespread clinical experience and research.

With the above objectives in mind, the current review was designed to summarize and understand the preventive and curative approach reducing diseases burden of COVID 19 crisis.

METHODOLOGY

The current article is a narrative review of the existing literature on mental health symptoms and interventions relevant to the COVID-19 pandemic. A search of the PubMed electronic database was undertaken using the search terms “novel coronavirus”, “COVID-19”, “nCoV”, “mental health”, “psychiatry”, “psychology”, “anxiety”, “depression” and “stress” in various permutations and combinations. Ayurvedic classics, Modern Psychiatry textbooks, internet source related to this topic was used.

Spectrum of Pandemic Effects on Mental Health

The psychological effects of the pandemic are best understood in terms of psychiatric and psychological problems that were present before the pandemic and the pathoplastic effects of the pandemic on these problems; the responses to social isolation and lockdown; the psychological response to the diagnosis public responses to those with symptoms suggestive of COVID-19 infection, as well as the aftermath of the infection.

In India, the first and foremost responses to the pandemic has been fear and a sense of clear and imminent danger. Fears have ranged from those based on facts to unfounded fears based on information/misinformation circulating in the media, particularly social media.

The fears of contracting the illness are also frequent and range from misinterpreting every fever or cough as a COVID-19 infection, wanting a test done for reassurance even though there are strict guidelines for testing, to hoarding medications despite there not being indications for their generalized use. Apart from

the advisories regarding hand washing, doubts about whether or not to use a mask, what type of mask, what distances to maintain, what surfaces need disinfection with what? There are also real worries of job losses and economic slowdown during and following the pandemic. The list is endless and leads to a cycle of concern, worry, and distress.

Responses to social distancing and lockdown

Lockdown and social distancing (although many prefer to use the term physical distancing), such a requirement has meant long separation from families (for those working away from their hometowns), financial stress and interpersonal strain. Reactions can range from boredom and moodiness to anger, irritation, and frustration.^[6] Another maladaptive coping is through the use of mind-altering substances. Uncertainty and a sense of loss of control are undoubtedly the pathogenic agents for anxiety, panic, and depression.

Stigma: One has never imagined the stigma that might accompany COVID-19. There are several instances of people at risk, particularly health professionals being evicted from their premises by anxious landlords, people in quarantine being isolated from society, and cruel societal responses to people with a diagnosis of COVID-19, leading to people not disclosing symptoms and not seeking appropriate medical help.

Presently governments across the world and in India are using a combination of measures like **Quarantine, Isolation, Social distancing** to stop the spread of the COVID-19 pandemic. While considered essential under the present times of a raging pandemic circumstances, quarantine, isolation and social distancing can be a taxing and psychologically distressing experience for many.

Problems faced in Quarantine: Increased duration, Multiple conflicting sources of information can lead to confusion. Fear about their health / fear of infecting others, even minor physical symptoms can be misinterpreted as having a disease. Loss of work can lead to loss of pay which could be significantly

distressing, Inability to procure daily supplies can lead to anxiety.

UN WOMEN have reported rates of increased violence against women and children more so girls in the COVID-19 times. Hence it is important to address this issue as it can lead to further crisis and probably secondary trauma.^[7] Violence manifests in different forms like Psychological, physical, emotional, sexual, Pregnancy related violence, Violence extending to older adults, children or pets and often only physical violence gets highlighted.

The COVID-19 pandemic has led to significantly increased levels of stress at community, family and individual level. This distress may stem from the uncertainty of their own as well as their family's health, wellbeing and these could increase the suicide risk & aggression. In COVID 19 crisis, it is important to note that there are reports of chloroquine induced psychosis.^[8]

List of mental health problems faced during COVID 19

Mental health issues noted in (biological) disaster zones including COVID-19 can be classified into an acute phase during the outbreak (approximately 2-6 months) and long-term phase after the control of the outbreak (>6 months).

- a) **Acute Phase (during the outbreak)** - Issues to be dealt with include immediate mental health impacts such as fear, denial, anxiety, insomnia, dissociative symptoms, depressive symptoms, suicidal ideas/attempts, substance withdrawal and relapse of pre-existing mental health problems. Besides, stress related issues of the health care providers and frontline personnel need to be addressed.
- b) **Long-term phase (after the control of the outbreak)** - Issues commonly presenting include grief, survivors, guilt, depression, substance use, relapses of pre-existing mental illness, PTSD, and somatization disorders. The major stress or during this period will be the direct and the indirect socio-economic impact of COVID-1.

Management strategies to Cope psychological illness during COVID-19

Adapting to the changes: Emphasizing to adapt more constructively by being calm or learning to stay calm, by busying themselves with simple daily activities, avoiding depressive or fear-inducing program's on television or social media, connecting with others through telephone or digital means, cultivating or rediscovering old interests and hobbies and of course. For those employed, learning to work from home is a novel and challenging task for many.

Discovering newer approaches to offer psychosocial support and continuous care for patients with psychiatric problems or psychological distress. Online digital communication platforms have become a boon for follow-up contact with patients as well as to disseminate training to professionals working even in remote settings an add up in ways to calm the mind is another helpful strategy. For students, academic institutions are switching to digital modes of training, interaction, and assessment.

Anticipating situations of distress

Unexpected instances during COVID 19 like separation or any negative outcomes must be handled with greater and positive understanding.

Early Identification of psychological illness

Amongst many instruments the PHQ-9, GAD-7,^[9] Screening Instrument of Clinical Schedule for Clinical Psychiatry Ver 2.3^[10] is being suggested for use has the advantage of being brief, hence saves time and reduces the risk of prolonged exposure. It can also be used for telemedicine consultation.

Policies related to prevention, treatment and containment of COVID-19

The mental health professional associations and other related institutions should assemble experts with expertise in post-disaster psychological crisis intervention, to frame guidelines and provide technical guidance and emergency psychological crisis intervention under the coordination of the government's health authority.^[11] Understand the

mental health status of various groups of the society affected by the pandemic. Timely identification of high-risk groups especially those with prior mental health issues, are essential to prevent extreme events such as suicide and other impulsive behavior's.^[12]

Aggression can be managed by Verbalde - escalation, chemical & mechanical restraint.^[13]

Pharmacological management

Anti-depressants, Anti psychotics, mood stabilizers, Sedatives/hypnotics can be used with precautions against the long term ill effects causing extrapyramidal side effects (EPS) such as tremors, rigidity, dystonia and sometimes neuroleptic malignant syndrome, weight gain, hyperlipidemia, worsening of diabetes mellitus, agranulocytosis, seizures, cardiomyopathy and some potentially ill drug interactions.

Managing psychological illness in Quarantine / Isolation / Social Distancing

Quarantine or its extensions should be explained logically with reasoning to the people with compliance.

Providing clear information in accessible and simple manner.

Creating awareness regarding fake news circulation on mass media.

Providing adequate information of disease and its innocuous with sufficient dedication of time towards queries.

Provide facilities to the individual to remain physically active, continue or develop hobbies to be mentally active and ensure a balanced diet to keep themselves fit and calm.^[14]

Avoid speculation and break the chain of rumor.

Ensure adequate supply of basic needs (food, water, medicines, etc.) and reinforce a sense of altruism.

Counselling for home quarantined using telephone helplines and telepsychiatry.^[15]

Ayurvedic concept and management strategies for psychological illness during COVID-19

Ayurveda though being an ancient life science clearly mentions about such disease conditions. A detailed chapter on *Janapadodhwansa*^[16] in *Charak Samhita Vimansthan 3rd Adhyaya* explains epidemic disease and its etiological factors. In *Sushrut Samhita Kushthanidanadhyaya* there is a good description on mode of transfer of disease. They are called *Aupasargik Rogas*^[17] (communicable diseases). From these references we come to know that in ancient time also there were such epidemics. A detailed regimen for such diseases is also described *Acharya Charaka* has described the term *Janapadodhwansa* meaning destruction of a population living in an area. It is similar with epidemics. People having different *Prakruti, Sarata* and *Aahar* but some factors like air, region are common to them and vitiation of these factors leads to disease production and death which is termed as *Janapadodhwansa*.

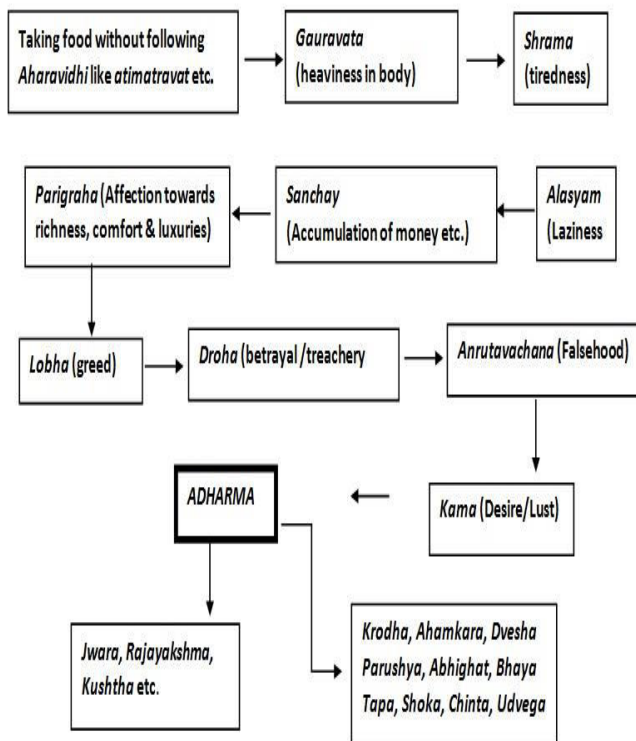
Janapadodhwansa occurs due to vitiation of *Vayu, Jala, Desh, Kala*. In the triad of infectious disease transmission involving aetiological agents, susceptible hosts and the environment, the role of the environment is the most ambiguous. The environment receives, maintains or protects and transports aetiological agents to susceptible hosts. Viruses may enter the environment in enormous quantities from clinically ill or inapparent carrier hosts; when extant outside the hosts which support their replication, they are the least understood of infectious agents. The greatest prospects for disease control for the future, however, lie in environmental measures to halt or reduce transmission. Conversely, failure to break the chains of transmission will result from failure to protect the environment or to modify it beneficially.

Nidana / Anupashaya

Acharya Charaka has mentioned *Adharma* as the root cause of *Janapadodhwansa*. Not following one's duty to a community is termed as *Adharma*. *Pradnyaparadh*^[18] is also included in it. Not following *Dincharya* (daily regimen), *Ritucharya* (seasonal regimen), *Vegavidharan* (suppression of urges),

Paapkarma (sins) is included in *Adharma*. All these things are responsible for hampering immunity of an individual. Thus, not directly but surely *Adharma* is responsible for *Janapadodhwansa*.

Samprapti



Poorvaroopa & Roopa

- **Krodha** - Anger/Aggression.
- **Ahamkara** - Egoistic
- **Dvesha** - Jealousy
- **Parushya** - Oppression
- **Abhighat** - Injury /shock
- **Bhaya** - Fear
- **Taapa** - Torment
- **Shoka** - grief
- **Chinta** - excessive thoughtfulness
- **Udvega** - anxiety

Modes of transmission

Sushrut Samhita Nidansthan Adhyaya 4th Kushthnidana Adhyaya Acharya Sushruta has mentioned *Aupasargikrogas* in *Kushtha Nidana*. They

are contagious diseases whose *Sankramana*^[19] (spread) is directly through contact or contaminated objects of patient.

By physical contact, expired air, eating with others in same plate, sharing bed (sexual contact also) using clothes, garlands and paste (*Anulepa* or cosmetics) infectious diseases spread from person to person. Meaning of *Prasanga* is excessively and frequently performed according to *Aacharya Dalhana*.

Chikitsa

Nidana Parivarjana

Avoiding intake of *Ahara* without following *Aharavidhividhana / Aharavidhivisheshayatanani* for example like avoid *Atiguru* (heavy), *Atisheeta* (cold beverages), *Paryushita Anna* (preserved food), *Atimatratvatahara* - hence one should always abide by rule of *Aharasevana* and must have freshly prepared healthy diet in proper quantity during pandemics.

Sedentary lifestyle must be avoided in order to maintain proper balance of *Tridosha* which is depicted as *Swasthya* in Ayurveda. *Acharyas* have given a very scientific way of following daily routine i.e. *Dinacharya* and also a specific adaptations during seasonal changes i.e. *Ritucharya* is described in accordance with holistic approach towards maintenance of health in each different person.

During pandemics, *Vikrutavayu* (air pollution), *Udaka* (water pollutin), *Kala* (modernization of original human practices), *Desha* (land pollution) must be dealt with utmost care. Along with modern ways of purification which could prove hazardous in terms of a synchronization with nature; it is very essential to adopt ways which are hand in hand with nature. *Acharyas* in *Ayurvedic* classics have given a very important incentive towards a natural way of decontamination of air /water/ land etc. which is both preventive in terms of external environment and curative for the people living in that area. Like, practicing *Dhoopana* with *Nimba*, *Aparajita*, *Dasamoola*, *Guguulu*, *Devadaru*, *Agaru* etc.^[20] on regular time intervals accordingly for different

conditions can be done. Water pollution can also be dealt by processing water for every individual according to their *Prakruti* (body constitution), *Desha* (habitat) to decontaminate as well as increase the immunity of the population drinking the water; for example, *Jalashuddhi*^[21] with *Kataka*, *Shaivala*, *Vishgranthi*, *Darbha*, *Sphatika* or just mere boiling water with herbs like *Musta*, *Parpata*, *Udichya*, *Nagara*, etc. can be a good way of preventing manifestation of *Roga's* and can be boon during difficult times of epidemic crisis.

Prakrutivighat

Is a unique approach of management in such a manner that growth of *Krimi* or any other favourable factors for manifestation of disease is controlled and made irreversible. *Vikruti* of *Vayu*, *Jala*, *Desha*, *Kala* must be checked at regular interval of time with its efficient prevention being adopted as daily routine.

Apakarshana

During epidemics it is very necessary to protect body & mind from various diseases as the *Vikruti* of *Vayu*, *Jala*, *Desha*, *Kala* makes the living organism more prone to opportunistic infection due to reduced immune resistance of body to external infections. These infections when affect larger population it creates a mental distress to all others, who are not infected but may suffer from serious mental disorders. Hence, it is necessary to implicate the *Shodhana*, necessary to maintain a equilibrium in between the *Shareerika* and *Mansika Doshas*.

Three types of treatment procedures discussed in Ayurveda are - *Daivavyapashraya*, *Yuktivyapashraya* and *Sattvavajaya*. *Mahrishi Sushruta* while describing the 4 *Nigraha Hetu* i.e. four factors which should be duly employed in order to successfully cope up with a disease, which are *Sanshodhana* (purification), *Sanshamana* (pacification), *Ahara* and *Achara* (regimes of diet & conduct).

Acharya Charaka has described *Chikitsa Siddhant* to be followed during *Janapdoudhwamsa*.

1. **Karma Panchavidham (Appropriate use of Panchakarma)** - *Vamana*, *Virechana*, *Niruhabasti*,

Anuvasanbasti and *Shirovirechana*.^[22] *Acharya Vagbhata* included *Raktmokshana* among *Shodhanupkrama*.^[23]

2. **Rasayanam Viddhi Vaat Upyoga (Use of Rasayana)**^[24] - *Acharya Charaka* describes two types of *Rasayana*.

a) **Promotive** - increases immunity and resistance of body towards disease development. For example: *triphalarasyana*, *brahma rasyana*, *chyvanparasha*, *amalaka rasayana*

b) **Curative** - to treat the various disease manifestation during epidemics.

3. **Aachara Rasayana and Sadvrittapalana**

These rules and regulations help in maintenance of mental and spiritual wellbeing of a person. Truth, sympathy, respecting elders and teachers, helping needy people, eating nutritious and *Satvikaahara* e.g. milk, ghee etc. in daily food. Properly following these rules will benefit the person in the same way as that of consuming *Rasayana*. Hence it is called *Achara Rasayana*.^[25]

4. **Measures for maintaining Manasika Doshas during quarantine, social distancing / isolation**

Following are the important aspects considered and advised by *Acharyas* in Ayurveda necessary to maintain positive mental health.

Prashamo Pathyanam - Tranquility is considered the best as a wholesome regime,^[26]

Harsha Prinananam - Cheerful mind best in bringing delightfulness.^[27]

Saumanasya Garbhadharnanam - pleasant mind in helping retention of conception.^[28]

Achara Rasayana - If a person possesses qualities like truthfulness, free from anger, regularly offering prayers to God, cows, priests, teachers, elders; etc, practice. *Rasayana* therapy, then he acquires all the benefits of *Rasayana* therapy.^[29]

Indriyajayo Nandanam - Self-control among the promoters of delightfulness.

Tatva-avabodho Harshananam - Understanding of truth among the promoters of happiness.^[30]

Brahmacharya Ayananam - Abstinence from the sexual act among those leading to salvation.^[31] To suppress urges like *Manasika* and *Vachikavega* (mental and verbal urges).^[32]

Sadvritta - observance of good conducts/noble deeds.^[33]

Chiitprasadanaupaya^[34]

For treating Manasikarogas (psychological diseases):

Vishnu Sahasranamapatha in *Jwarachikitsa* (chanting name of Lord Vishnu 1000 times in fever).^[35] *Bandha* (arresting), *Aveshana* (driving out), *Pujana* (worship) in the patients suffering from *Bhutabhisanga Jwara* (fever due to invasion of evil spirits).^[36] Ritual activities like *Yagya* (sacrifice) in *Rajyakshma*.^[37] *Mantra* chanting and other religious activities in treatment of *Agantuja Unmada* (exogenous insanity)^[38] *Ashwasana* (consoling), *Bhaya* (terror), *Trasana* (sudden terror), *Paraspara Pratidwandwa Chikitsa* (treatment by mutually contradictory psychic factors) and *Rudrapooja* (lord *Shiva* worship) helps in curing the ailment in the patients of *Nija Unmada* (endogenous insanity).^[39] Understandings, patience, memory and the power of concentration are instilled by friends in the patient of *Atattvabhinivesha* (psychic perversion).^[40] Exhilarating and consoling the patients of *Bhayaja* and *Shokaja Atisara* (psychological diarrhea), respectively, for their cure.^[41] *Mantra* chanting for curing poisonous cases and consoling patients in case of suspicious poison (*Shankavisha*).^[42] Indulging in factors like music, pleasing and delightful companions and psycho-therapy to overcome alcoholism^[43] Along with these, some other measures of non-drug therapy which are also the part of Ayurveda are Meditation, Yoga, *Marma Chikitsa* and psychological counseling.

Acharya Charaka states that *Vishadorogavardhananam* and *Harshah-prinananam*. Along with this, *Charaka* has also stated that the disease of a patient having *Pravara-Sattva* recovers quickly as compared to patients of *Avara-Sattva*. Also, body and mind follow and influences each other i.e. any kind of change in

mental status results in both physiological as well as psychological variation from normalcy.

Acharya Charaka has mentioned three fundamental guidelines for treatment during *Janapadaudhwansa* - *Langhan*, *Langhanpachana*, *Doshavasechana*.^[44]

Langhana - Two procedures of *Langhana* (lightening therapy) are given by *Vagbhata* i.e. *Shodhana* and *Shamana*. In this, out of 7 types, 5 types of *Shamana* procedures, i.e. *Kshuda* (hunger), *Trit* (thirst), *Vyayama* (exercise), *Atapa* (exposure to sunshine) and *Maruta* (wind) are *Adravayabhuta* forms of treatment.

Pachana - *Ushnajalapana*- *Ksipram Jaragachati* (Increases digestive power), *Vata anulomayati*, *Tridosha Shamak*, is best for *Doshapachnarth* during *Janapadaudhwansa*. Other drug processed water could also be advised like *Shadangapaneeyam*, etc. *Peya*, *Vilepi* prepared out of processing with *Chitraka*, *Pippali Moola*, *Shunthi*, could also be used.

Doshaavasechana - All the *Panchakarma* procedures mentioned for *Dosha Shodhana* can be clinically advised.

Medicines that can be used as Medhya and for increasing Vyadhikshamatva against Shareerik as well as Mansika Roga.

Guduchi, *Yastimadhu*, *Amalaki*, *Bhramhi*, *Mandukaparni*, *Ashwangandha*, *Shankhapushpi Kalka*, *Kushmanda*, *Shatavari*, *Vacha*, etc.

Formulations like: *Bhramhi Ghrita*, *Kalyanak Ghrita*, *Panchgavya Ghrita*, *Mahapaisachika Ghrita*, *Panchgavya Ghrita*, *Sankhpushpi Panaka*, *Sarswata Churna*, *Jyotismati Taila*, *Lashunadi Ghrita*, *Purana Ghrita*, *Kaumbha Ghrita* etc.

CONCLUSION

This is an attempt to introduce an integrated approach in dealing psychological illness. During COVID-19 through ancient practices mentioned in Ayurveda classics. The modification of current management of psychological illnesses with traditional Ayurveda guidelines could be adopted for betterment of mental health during such crucial times of pandemics.

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