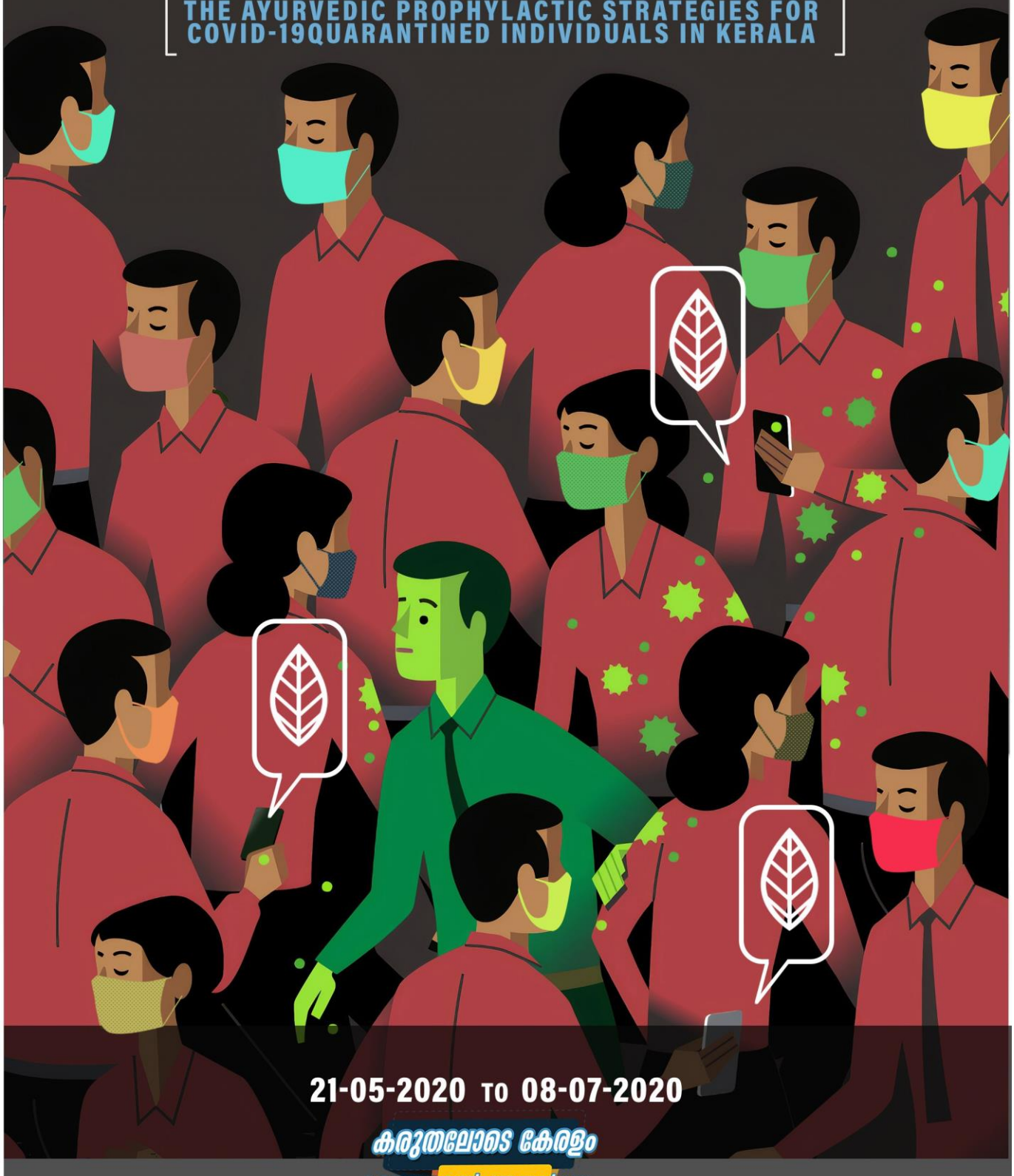
STATE AYURVEDA COVID-19 RESPONSE CELL, DEPARTMENT. OF AYUSH, GOVERNMENT OF KERALA

18-09-2020

THE EVALUATION REPORT ON AMRITHAM

[THE AYURVEDIC PROPHYLACTIC STRATEGIES FOR COVID-19QUARANTINED INDIVIDUALS IN KERALA]



21-05-2020 TO 08-07-2020

കരുതലോടെ കേരളം

കരുത്തേകാൻ ആയുർവേദം

STATE AYURVEDA COVID-19 RESPONSE CELL

THE EVALUATION REPORT ON AMRITHAM

21-05-2020 TO 08-07-2020

SUBMITTED ON
18-09-2020

IMPLEMENTED BY

DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE
&
NATIONAL AYUSH MISSION

DEPARTMENT OF AYUSH , GOVERNMENT OF KERALA

INTRODUCTION

As the department of AYUSH, Government of Kerala, extended the approved Ayurvedic strategies for the prevention, mitigation and rehabilitation of COVID-19 in Kerala to individuals under quarantine including the re-immigrants to the state *(GO(Rt) No.180/2020/AYUSH; dated, Thiruvananthapuram, 15.05.2020).* On 20.05.2020, the State Ayurveda COVID-19 Response Cell *(SACRC)* had named the project as *Amritham* and released a guideline for the smooth implementation of the ayurvedic prophylactic strategies (APS) for quarantine care. The guidance comprises of roles and responsibilities at various levels, ayurvedic prophylactic strategies *(APS)* that include pharmacological as well as non-pharmacological interventions and case record forms *(CRF)* for the valid data collection, recording and future evaluation.

The *Amritham* project was implemented across the state on 21.05.2020 with the active participation of the Department of Ayurveda Medical Education, Department of Indian Systems of Medicine and National AYUSH Mission. The project has been implemented through the Ayur Raksha Clinics *(ARC)* and Ayur Raksha Task Force *(ARTF)* across the state with massive support from the LSG bodies *(currently, 1206 ARC are presently working across the state covering all the grama panchayats)*. The present report is a comprehensive evaluation of the ongoing Amritham project in the state.

The report primarily consists of the following;

1. The assessment of the risk of testing positive for SARS-CoV-2 infection among individuals undergoing Ayurvedic Prophylactic Strategy (APS) during their quarantine phase was conducted at distinct intervals, specifically when the total number of program recipients surpassed 60,000, 80,000, and 100,000, respectively, with their corresponding time periods.
2. The socio-demographic details, comorbidity patterns and various other relevant aspects of the quarantined individuals under **Amritham** care for the period from **20.05.2020 to 08.07.2020**
3. A detailed evaluation of the various aspects of the individuals who tested positive for SARS-CoV-2 infection while undergoing Ayurvedic Prophylactic Strategies *(APS)* during their quarantine period *(hereafter referred to as **Amritham Positives**)*

METHODOLOGY

The APS under *Amritham* primarily included *Indukantham Kashayam (a decoction variant, administered twice daily, mostly in empty stomach), Shadanga Paneeya (medicated drinking water)* and two *Gudikas* - tablets namely *Vilwadi* and *Sudarsanam (single tablet each twice daily; administered along with the Kashaya)*. Medical officers of the ARC were permitted to prescribe additional medicines from the Essential Drug List *(Annexed)* with similar indications after considering the *Prakriti (constitutional aspects)* of the individual under quarantine and their associated clinical conditions.

The APS was implemented by the ARCs operating through the **Ayur Raksha Task Force (ARTF)**, under the direct supervision of the concerned medical officer at each ARC. Informed consent for participation in APS was obtained electronically. Instructions regarding the administration of the medicines, daily activities, and dietary modifications were communicated via telephone to the quarantined individuals who consented to undergo APS.

Data were collected using a pre-structured **Case Record Form (CRF)** developed by the **State Ayurveda COVID-19 Response Cell (SACRC)**. The guidelines for implementing the program and the CRF are included in the **Amritham Guidelines** (Annexed). Daily monitoring of APS consumption, the individual's health status, and the development of any symptoms during the administration period were closely observed and recorded at the ARCs through the ARTF.

Only those individuals reported to have compliance to the APS as per the criteria mentioned below were defined to be under the Amritham care.

1. Within the first seven days of their quarantine care under Amritham, the individuals must have consumed the APS continuously for at least *three days*.
2. Upon testing positive, individuals must have completed an uninterrupted APS regimen for a minimum of three days prior to the collection of their swab for SARS-CoV-2 testing.
3. Individuals should not have received any prophylactic treatment against SARS-CoV-2 infection from other medical disciplines or Ayurvedic medicines not included in the APS guidelines.

The non-compliant individuals were periodically removed from the Amritham programme on the basis of the verification of the daily data presented to the SACRC. These individuals were then followed up and included in the *Swasthyam and Sukhayushyam* programs of the SACRC, which are intended for the general public.

The public health infrastructure within the Ayurveda sector in the government has, until now, lacked a distinct data collection and management system, which is crucial for the successful implementation of large-scale epidemiological programs initiated by the government. Additionally, there was no dedicated human resource or official framework in place for this purpose. These gaps were addressed by forming a dedicated district-level research team under the DISM to ensure the effective execution of COVID-19-related research activities on behalf of the *SACRC.* Each district-level research group, consisting of five research-oriented medical officers, was constituted by the Director of DISM in all districts across the state. The SACRC organized preliminary awareness and training programs for these members on data collection, data processing and management, as well as epidemiological methods.

Pre-structured Google Forms were developed for data collection, and necessary instructions for data collection and consolidation were provided through video tutorials. The data obtained from the **ARCs** were sent to the district research group, where it was carefully verified to ensure its accuracy and reliability. The final verified data were then forwarded to the **SACRC**, where the evaluation of the *Amritham* project was conducted.

This report presents a cross-sectional analysis of data from the ongoing *Amritham* project under the SACRC. It includes evaluations of the *Amritham* project at the points when the number of state-wide recipients of APS reached 60,000, 80,000, and 100,000. The evaluation was based on state-wide data as well as data from districts with higher *Amritham* coverage during the corresponding periods.

The data regarding the non-APS group for the corresponding period was primarily sourced from the grassroot quarantine data available with the concerned LSG bodies. The data thus obtained pertained only to the total number of the concurrent non-APS quarantined individuals at the corresponding period and also the number of individuals from the non-APS group who had tested positive for SARS-CoV-2

during the same period. The same was rigorously verified against the existing official quarantine data accessible from the district administrations as well as the state health administration from the daily bulletin of the Director of Health Services made available to the public at https://dhs.kerala.gov.in/ and the COVID-19 Jagrata portal of the Government of Kerala available at https://covid19jagratha.kerala.nic.in/. As the entire exercise was not preorganized, socio-demographic aspects, comorbidity patterns and quarantine details of the non-APS group could not be sourced. Since the current report is based on the cross-sectional analysis of the ongoing government programme, a prior ethics committee clearance had not been obtained. However, the same shall be compulsorily considered in the event of publication of the observed data that affects the anonymity of the recipients of APS in the programme.

The major data considered for the analysis were the number of quarantined individuals *(both under home quarantine and institutional quarantine)* with the Ayurvedic prophylactic strategies *(APS)* under Amritham during the period *(APS group)*, number of individuals who had tested positive for COVID-19 during the period of APS, number of quarantined individuals beyond the ayurvedic care *(non-APS group)* and the number of individuals beyond the ayurvedic care who had tested positive for COVID-19 from the quarantined population. The risk of testing positive for SARC-CoV-2 infection from the APS group had been compared to the same risk in the non-APS group. Relative risk as well as percentage of prevention offered by the APS was calculated using the *OpenEpi* open source epidemiological software version 3.01.

The Amritham project, which commenced on 21.05.2020, reached a milestone of one lakh recipients by 08.07.2020. Socio-demographic, morbidity, and quarantine-related details of individuals enrolled in the Amritham program during this period were collected from a representative sample of the one lakh population. The sample was randomly selected from various districts through the 1206 ARCs operating across the state, each assigned a distinct numerical code. The final sample size was 17,743**.**

The total number of Amritham positives reported as on 08.07.2020 (when Amritham clocked one lakh recipients) was only 347. For the purpose of obtaining a far better sample for the evaluation Amritham positives the duration of data collection was extended further to 20.07.2020. Thus, the current sample of Amritham positives individuals numbering 577 was arrived at. The detailed evaluation of the quarantined individuals who had turned positive for SARS-CoV-2 infection and the socio-demographic and comorbidity patterns of the recipients of APS under *Amritham* across the state have also been concluded. A detailed epidemiological evaluation of the same has also been attached to the report. However, the equivalent data regarding the non-APS group could not be generated owing to the lack of free access to the data, which is under the disposal of the state health department.

RESULTS

The key findings from the scientific analysis of the observed Amritham data are summarized here. The detailed observations supporting these conclusions are provided in the following sections of this report.

1. The existence of an evident ***association*** between the administration of Ayurvedic Prophylactic Strategies and the non-occurrence of being tested positive to SARS-CoV-2 infection while under quarantine could be identified.
2. Those who were under the administered APS during their quarantine period were at 4.7 times lesser risk of being tested positive for SARS-CoV-2 infection compared to those who were not administered the APS during their quarantine period (Relative Risk– 4.7; significant at $p<0.01$, $n=101218$). This shows that 78.9% of the cases among those who had not consumed the APS could also have been prevented.
3. All the districts which had reported fairly good coverage for Amritham and had considerable number of quarantined individuals under Amritham programme, had shown similar risk ratio as that of the same mentioned above. However, Thrissur has shown a higher risk ratio of 11.7 with the percentage of prevention offered as 86.9%.
4. There appears to be a positive correlation ($r=0.9993$, significant at $p<0.05$) between the number of days of administration of Ayurvedic Prophylactic Strategies (APS) and the asymptomatic to symptomatic ratio among the quarantined individuals who had tested positive for SARS-CoV-2 infection. It implies that, as the number of days of administration of the APS increases, the chances of reduction in the symptoms among the group also increases.
5. 70.9% (409 of the entire 577) individuals under Amritham care who had tested positive for SARS-CoV-2 infection had remained asymptomatic *(defined as those without any*

symptoms or with minimal or clinically non-perceptible symptoms or the ones which were not reported by the COVID-19 individuals themselves).

6. Among the 168 symptomatic Amritham positives, sore throat, cough, loss of taste, fever and loss of smell were found to be the most commonly complained symptoms. All the complaints were generally reported to be of mild intensity. Mild shortness of breath and chest pain/pressure lasting for an average of about 1.5 days were reported in 2.5% (15) Amritham positives *(six of them were reported to have pre-existing pulmonary disease)*. They were also relieved without any serious complications.
7. Of the 168 symptomatic Amritham positives, 38.1% (64) had their symptoms completely relieved by APS within two to three days. They had reportedly remained asymptomatic at the COVID-19 care facilities also.
8. The entire Amritham positive individuals including the 111 individuals with established comorbidities had recovered without any associated severe complications. Intensive care, ventilator support and plasma therapy were not required in any of these 577 individuals. No death was also reported.
9. 55.6% of the reported complaints of fever, 42.3% of loss of smell, 39.3% of loss of taste and 38.2% of sore throat were completely relieved by the APS alone. Good number of the reported complaints of cough, head ache, nasal congestion, diahhroea, malaise/fatigue and runny nose had also been reportedly relieved satisfactorily by the APS within a very short span of time.
10. Sequelae were reported only in 10.4% (64) of the Amritham positives, with lethargy being the most commonly reported one (37.7%); followed by functional dyspepsia (9.1%) and loss of smell/taste (6.5%)
11. No instance of Adverse Drug Reactions (ADR) has been reported so far entire programme. This can be considered as a evidence to the safety of the proposed

Ayurvedic prophylactic strategy making it fit for even wider community level implementation.

LIMITATIONS

The results and the inferences arrived at has to be comprehended in the light of the limitations being stated below.

1. Though an evident association could be identified between the administration of Ayurvedic Prophylactic Strategies and the absence of being tested positive to SARS-CoV-2 infection while under quarantine, the data regarding the non-APS group having been obtained from various secondary sources have left the results and the inferences drawn, under the mercy of possible confounders.
2. Owing to the non-availability the precise clinical data regarding the individuals who had turned positive for SARS-CoV-2 infection from the non-APS group, inferences with regard to the clinical course and symptomatology in the APS group could not be drawn conclusively. The available literature regarding the clinical course and symptomatology of the COVID-19 appears to be seemingly divergent.
3. The extended impact of the APS in Amritham positives under standard COVID-19 care could not be distinctly evaluated owing to the administration of the standard medical regimen in practiced there.
4. The existing shortcomings in the public health mechanism of Ayurveda in terms of the required human resources and definite organizational framework in place for the evidence-based execution of various public health programmes might have had a dampening impact on the overall scientific evaluation of Amritham.

RECOMMENDATIONS

The following recommendations are being made based on the findings as well as identified limitations.

1. Every scientific data attains the desired level of authenticity only after going through a rigorous review by the experts in the field. Hence, the official permission for the scientific publication of the relevant findings of this report in various globally acclaimed indexed peer reviewed journals shall be granted at the earliest.
2. On the basis of the findings and inferences from the current study, it is recommended that further rigorous epidemiological research using "gold standard methods" be undertaken for throwing greater light into the community level interventions of Ayurveda in the COVID-19 scenario.
3. The findings of the report necessarily demand multicentric trials to evaluate the effectiveness of Ayurvedic therapeutic strategies in pre and post exposure prophylaxis of SARC-CoV-2 infection.
4. The Ayurvedic medicines are generally differentially processed polyherbal combinations containing multitude of phytoconstituents of diverse biological potentials. The bio-activities of the drugs included in the Ayurvedic Prophylactic Strategies under Amritham be explored further for developing potential natural products having immuno-modulatory and anti-viral effects.
5. The public health mechanism available for the delivery of Ayurveda in Kerala shall be strengthened by coupling data collection and managing facilities. This will ensure effective delivery of Ayurveda during public health emergencies and also will ensure evidence-based researches in the field.

CONCLUSION

In the wake of the COVID-19 pandemic, the Government of Kerala had expressed strong faith in the potentials of the Ayurvedic medical system in the state and had included it in its campaign against the menace. The Ayurvedic system had reciprocated to the call with equal intensity and had come up with diverse programmes aimed at the prevention, mitigation and rehabilitation of COVID-19 in Kerala. The Amritham programme was the foremost among the flagship projects specifically intended for the quarantined individuals in the state. The findings and inferences of the study of Amritham presented in this report justifies the faith expressed by the government in the Ayurvedic medical system and strongly endorse the extension and the wider implementation of these programmes for the greater benefit of the community besieged by the COVID-19 pandemic.

EVALUATION OF THE DATA REPORTED UNDER *AMRITHAM* PROJECT DURING THE PERIOD FROM 21.05.2020 TO 30.06.2020

(The number of recipients of Ayurvedic Preventive Strategy (APS) under *Amritham* during the period was 69,448)

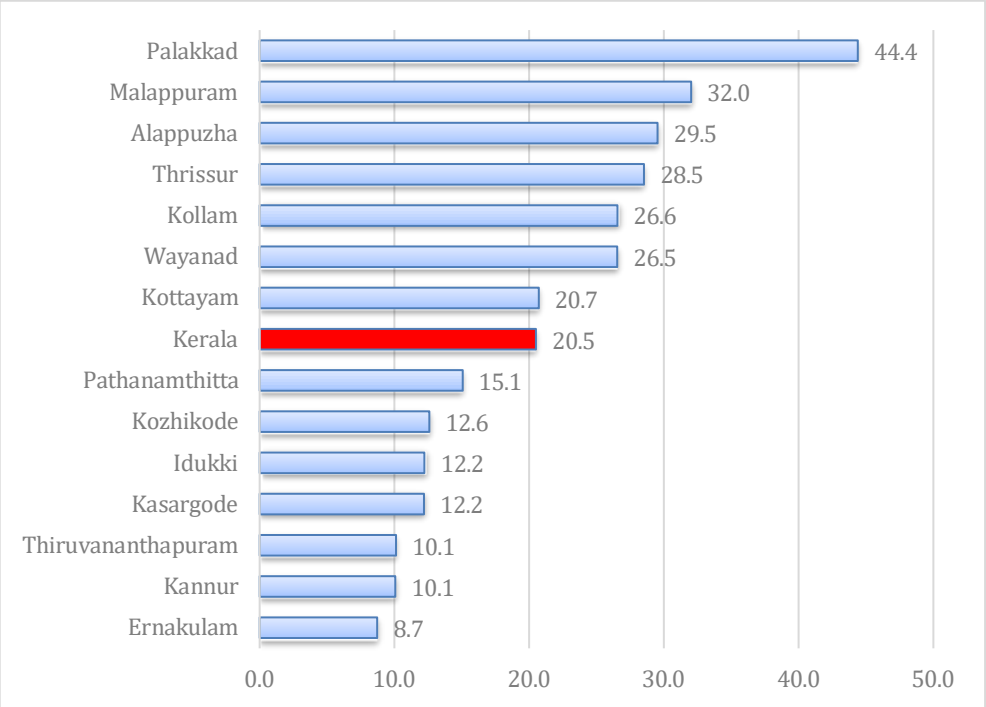


Figure 1: Coverage of Amritham among quarantined individuals in Kerala during the period 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448.

The district with the highest coverage for *Amritham* was found to be Palakkad. 44.4% of the COVID-19 quarantined individuals in the district during the period 21.05.2020 to 30.06.2020 had been under APS. Malappuram, Alappuzha, Thrissur, Kollam and Wayanad were having the coverage percentages of 32%, 29.5%, 28.5%, 26.6% and 26.5% respectively for Amritham among the quarantined individuals during the same period **(Figure 1)**. It was found that, 20.5% of the individuals under COVID-19 quarantine in Kerala had received APS under Amritham.

KERALA

*Table 1:RR on comparison of **Ayurvedic Prophylactic Strategy (APS)** group and non-APS group. State wide data from 21.05.2020 to 30.06.2020, when the number of recipients of Amritham had reached 69448.*

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=332275	(95% CI) ‡	
No	3549	259278	**262827**		
Yes	225	69223	**69448**	**4.4** (3.9-5.1)	**<0.01**
Total	**3774**	**328501**	**332275**		

† Relative Risk; ‡Confidence Interval

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.32%, whereas the percentage that had tested positive for the infection was 1.35% from the non-APS group during the period 21.05.2020 to 30.06.2020 **(Table 1, Figure 2)**. *Hence the percentage of prevention offered by the APS to quarantined individuals in Kerala during the period from 21.05.2020 to 30.06.2020, when the number of recipients of Amritham had reached 69448, was found to be **77.4% (74.1-80.2%).***

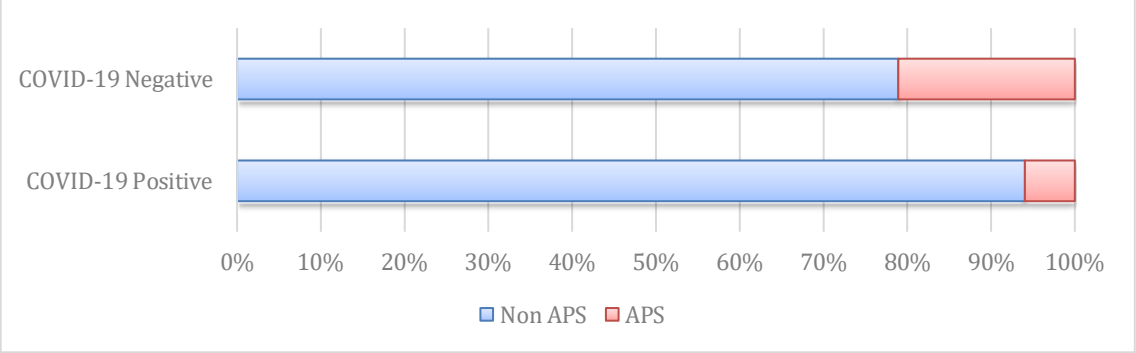


Figure 2: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Kerala during the period 21.05.2020 to 30.06.2020, when the number of recipients of Amritham had reached 69448.

KOLLAM

Table 2:RR on comparison of APS and non-APS. Data from Kollam; 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=22685	(95% CI) ‡	
No	294	16367	**16661**		
Yes	22	6002	**6024**	**4.8** (3.1-7.4)	**<0.01**
Total	**316**	**22369**	**22685**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals having tested positive for SARS-CoV-2 infection from the APS group was found to be 0.37%, whereas the percentage having tested positive for the infection was 1.76% from the non-APS group during the period 21.05.2020 to 30.06.2020 **(Table 2, Figure 3)**. *Hence, percentage of prevention offered by the APS to quarantined individuals in Kollam during the period from 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448, was found to be* ***79.3% (68.1-86.6%)***

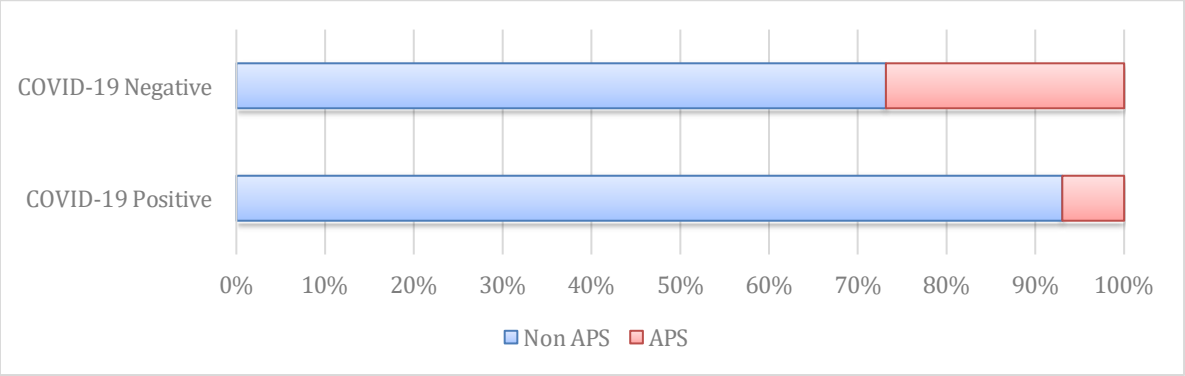


Figure 3:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Kollam during the period 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448.

ALAPPUZHA

Table 3: RR on comparison of APS and non-APS. Data from Alappuzha; 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 18440	(95% CI) ‡	
No	267	12728	**12995**		
Yes	22	5423	**5445**	**5.1** (3.3-7.8)	**<0.01**
Total	**289**	**18151**	**18440**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.4%, whereas the percentage that had tested positive for the infection was 2.05% from the non-APS group during the period 21.05.2020 to 30.06.2020 **(Table 3, Figure 4)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Alappuzha during the period from 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448, was found to be* ***80.3% (69.7-87.2%).***

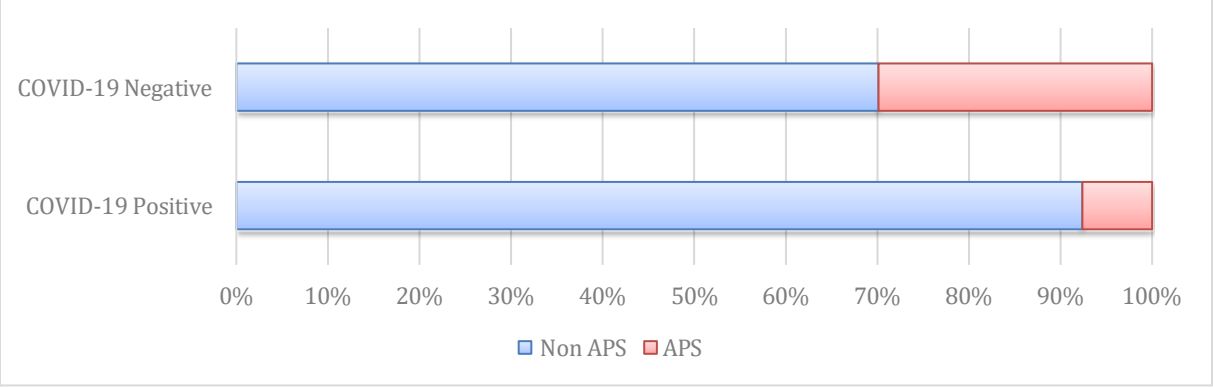


Figure 4:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Alappuzha during the period from 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448.

THRISSUR

Table 4: RR on comparison of APS and non-APS group. Data from Wayanad; 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 30206	(95% CI) ‡	
No	361	21230	**21591**		
Yes	15	8600	**8615**	**9.6** (5.7-16.1)	**<0.01**
Total	**376**	**29830**	**30206**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.17%, whereas the percentage that had tested positive for the infection was 1.67% from the non-APS group during the period 21.05.2020 to 30.06.2020 **(Table 4, Figure 5)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Thrissur during the period from 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448, was found to be* ***86% (79.1-92.9%)***

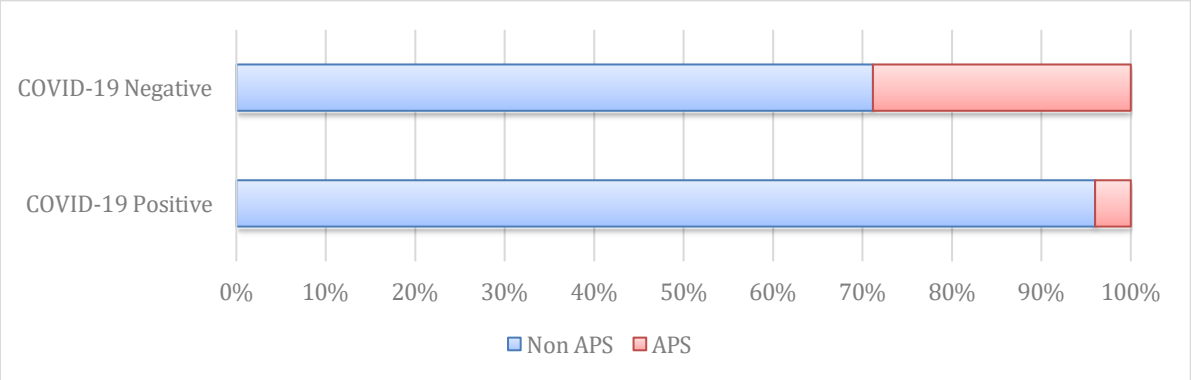


Figure 5: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Wayanad during a period of one month from 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448

PALAKKAD

Table 5:RR on comparison of APS and non-APS group. Data from Palakkad; 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448.

APS	COVID 19		Total	N=	Unadjusted RR† (95% CI) ‡	p-value
	Positive	Negative	23881			
No	265	13015	**13280**			
Yes	60	10541	**10601**		**3.53** (2.7-4.7)	**<0.01**
Total	**325**	**23556**	**23881**			

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.56%, whereas the percentage that had tested positive for the infection was 2% from the non-APS group during the period 21.05.2020 to 30.06.2020 **(Table 5, Figure 6)**. *Hence, percentage of prevention offered by the APS to quarantined individuals in Palakkad during the period from 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448 was found to be* ***71.6% (62.5-78.5%)***.

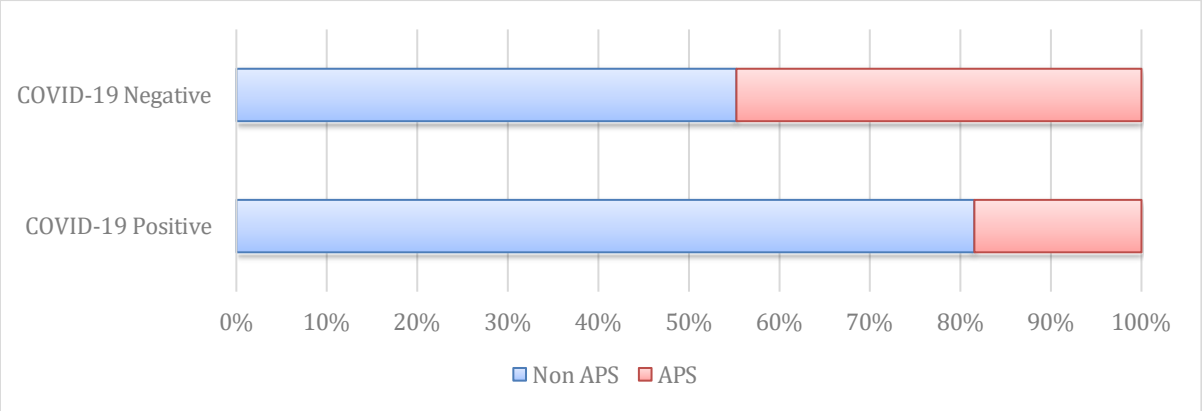


Figure 6: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Palakkad during a period of one month from 21/05/2020 to 30/06/2020, when the number of state-wide recipients of Amritham had reached 69448.

MALAPPURAM

Table 6:RR on comparison of APS and non-APS group. Data from Malappuram; 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=38307	(95% CI) ‡	
No	342	25698	**26040**		
Yes	33	12234	**12267**	**4.9** (3.4-7.0)	**<0.01**
Total	**375**	**37932**	**38307**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.26%, whereas the percentage that had tested positive for the infection was 1.31% from the non-APS group during the period 21.05.2020 to 30.06.2020 **(Table 6, Figure 7)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Malappuram during the period from 21.05.2020 to 30.06.2020, when the number of state-wide recipients of Amritham had reached 69448, was found to be* ***79.5% (70.6-85.7%)***

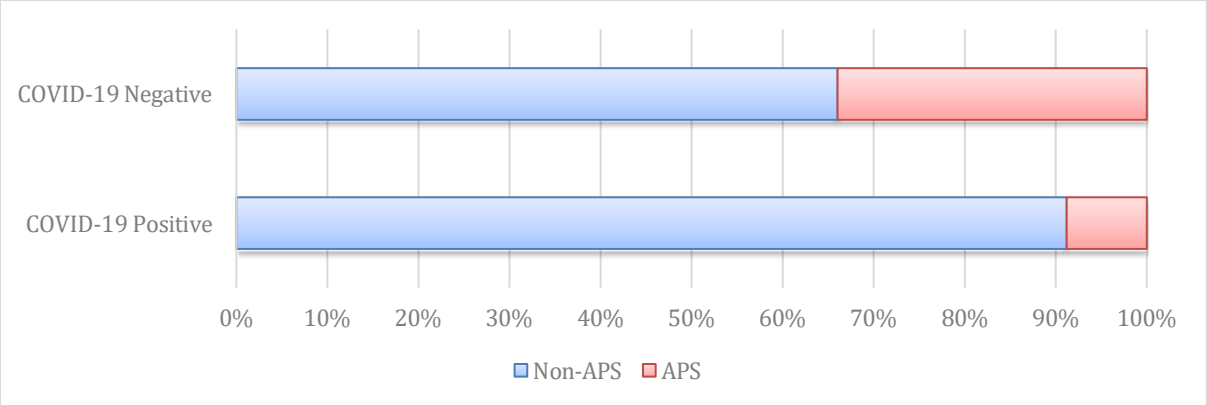


Figure 7:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Malappuram during the period from 21/05/2020 to 30/06/2020, when the number of state-wide recipients of Amritham had reached 69448.

EVALUATION OF THE DATA REPORTED UNDER *AMRITAM* PROJECT DURING THE PERIOD FROM 21.05.2020 TO 04.07.2020

(The number of state-wide recipients of APS under *Amritham* during the period was 85,377)

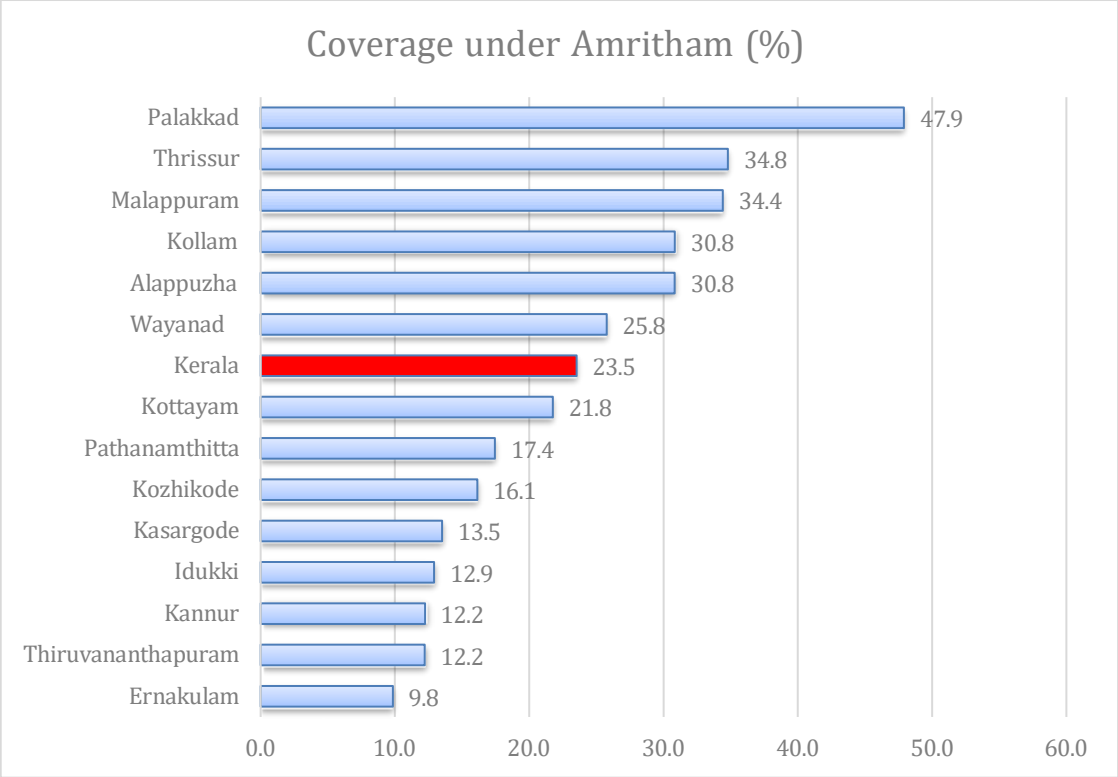


Figure 8: Coverage of Amritham among quarantined individuals in Kerala during the period from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

The district with the highest coverage for *Amritham* was found to be Palakkad. 47.9% of the COVID-19 quarantined individuals in the district during the period 21.05.2020 to 04.07.2020 had been under APS. Thrissur, Malappuram, Kollam, Alappuzha and Wayanad were having the coverage percentages of 34.8%, 34.4%, 30.8%, 30.8% and 25.8% respectively for Amritham among the quarantined individuals during the same period **(Figure 8)**. It was found that 23.5% of individuals under COVID-19 quarantine in Kerala had received APS under Amritham.

KERALA

Table 7:RR on comparison of Ayurvedic Preventive Strategy (APS) and non-APS. State wide data from 21.05.2020 to 04.07.2020, when the number of recipients of Amritham had reached 85377.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 362851	(95% CI) ‡	
No	4079	273395	**277474**		
Yes	277	85100	**85377**	**4.5** (4-5.1)	**<0.01**
Total	**4356**	**358495**	**362851**		

† Relative Risk; ‡Confidence Interval

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.32%, whereas the percentage that had tested positive for the infection was 1.47% from the non-APS group during the period 21.05.2020 to 04.07.2020 **(Table 7, Figure 9)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Kerala during the period from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377, was found to be* ***77.9% (75.1-80.5%)***

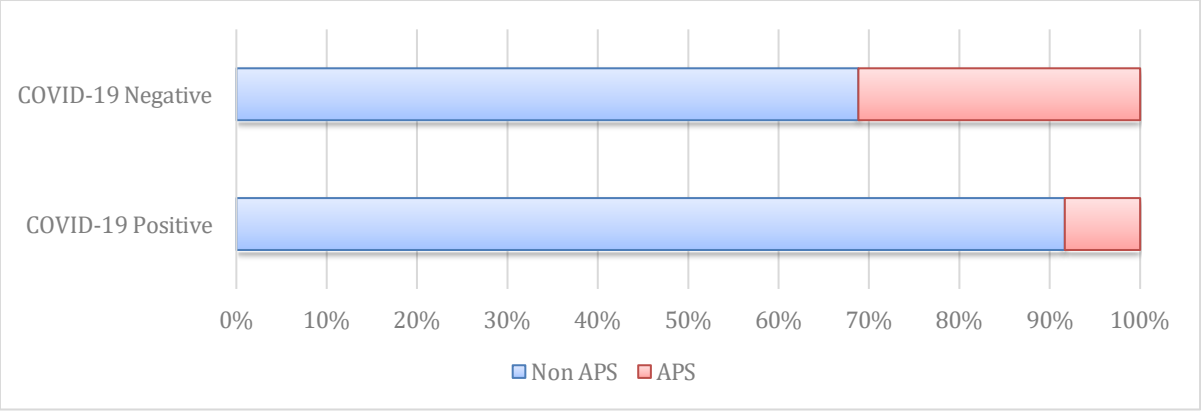


Figure 9: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Kerala during a period of one month from 21.05.2020 to 04.07.2020, when the number of recipients of Amritham had reached 85377.

KOLLAM

Table 8:RR on comparison of APS and non-APS group. Data from Kollam; 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=24721	(95% CI) ‡	
No	330	16767	**17097**		
Yes	30	7594	**7624**	**4.9** (3.4-7.1)	**<0.01**
Total	**360**	**24361**	**24721**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.39%, whereas the percentage that had tested positive for the infection was 1.93% from the non-APS group during the period 21.05.2020 to 04.07.2020 **(Table 8, Figure 10)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Kollam during the period from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377 was found to be* ***79.6% (70.4-85.9%)***

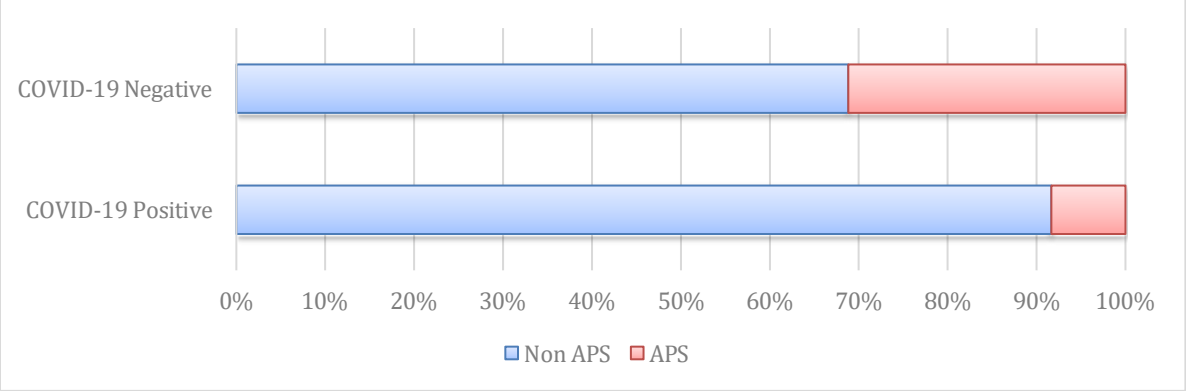


Figure 10:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Kollam during a period of one month from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377

ALAPPUZHA

Table 9: RR on comparison of APS and non-APS group. Data from Alappuzha; 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 19164	(95% CI) ‡	
No	300	12956	**13256**		
Yes	29	5879	**5908**	**4.6** (3.2-6.7)	**<0.01**
Total	**329**	**18835**	**19164**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.49%, whereas the percentage that had tested positive for the infection was 2.26% from the non-APS group during the period 21.05.2020 to 04.07.2020 **(Table 9, Figure 11)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Alappuzha during the period from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377 was found to be* ***78.3% (68.3-85.2%).***

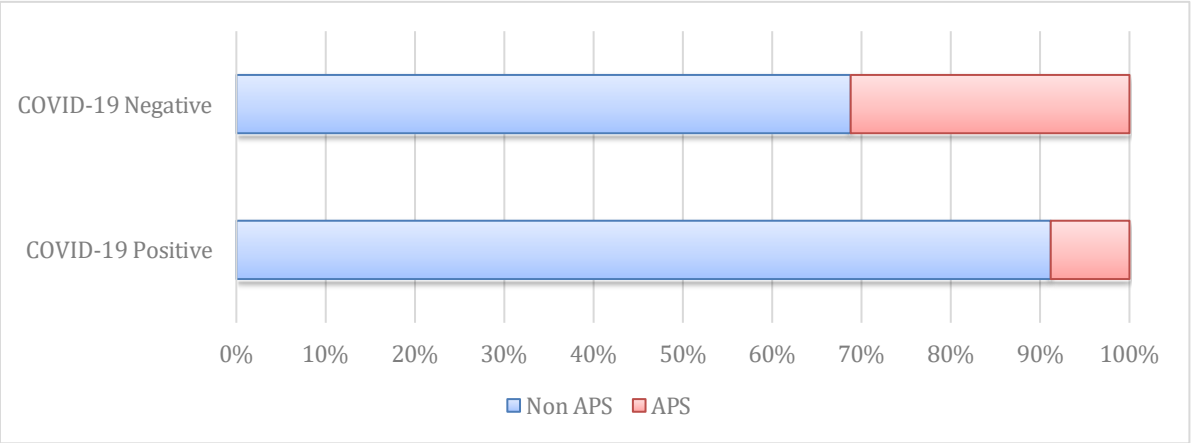


Figure 11:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Alappuzha during a period of one month from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

THRISSUR

Table 10: RR on comparison of APS and non-APS group. Data from Wayanad; 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 32738	(95% CI) ‡	
No	412	20936	**21348**		
Yes	17	11373	**11390**	12.93 (8-21)	**<0.01**
Total	**429**	**32309**	**32738**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.15%, whereas the percentage that had tested positive for the infection was 1.92% from the non-APS group during the period 21.05.2020 to 04.07.2020 **(Table 10, Figure 12)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Thrissur during the period from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377 was found to be* ***88.6% (83.3-93.9%)***

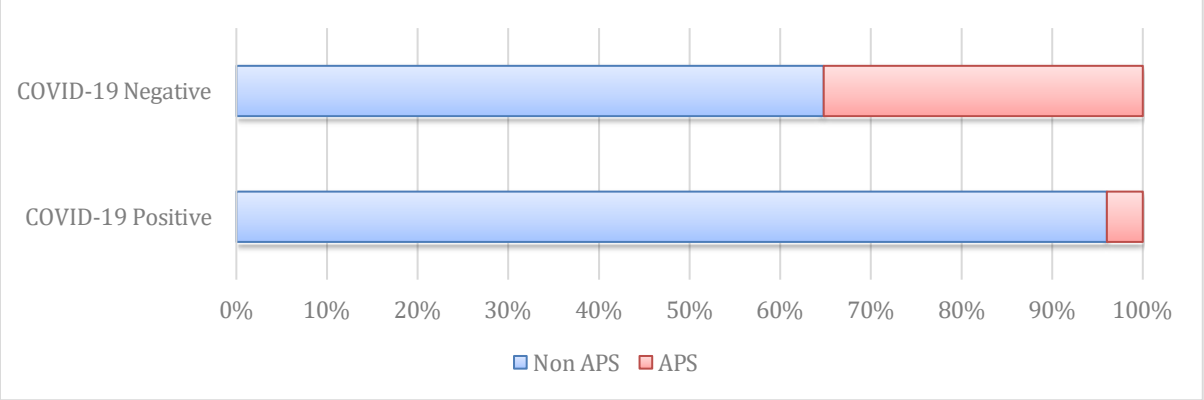


Figure 12: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Wayanad during a period of one month from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

PALAKKAD

Table 11:RR on comparison of APS and non-APS group. Data from Palakkad; 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=25719	(95% CI) ‡	
No	325	13075	**13400**		
Yes	71	12248	**12319**	**4.2** (3.3-5.4)	**<0.01**
Total	**396**	**25323**	**25719**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.58%, whereas the percentage that had tested positive for the infection was 2.42% from the non-APS group during the period 21.05.2020 to 04.07.2020 **(Table 11, Figure 13)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Palakkad during the period from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377 was found to be* ***76.2% (69.3-81.6%)***

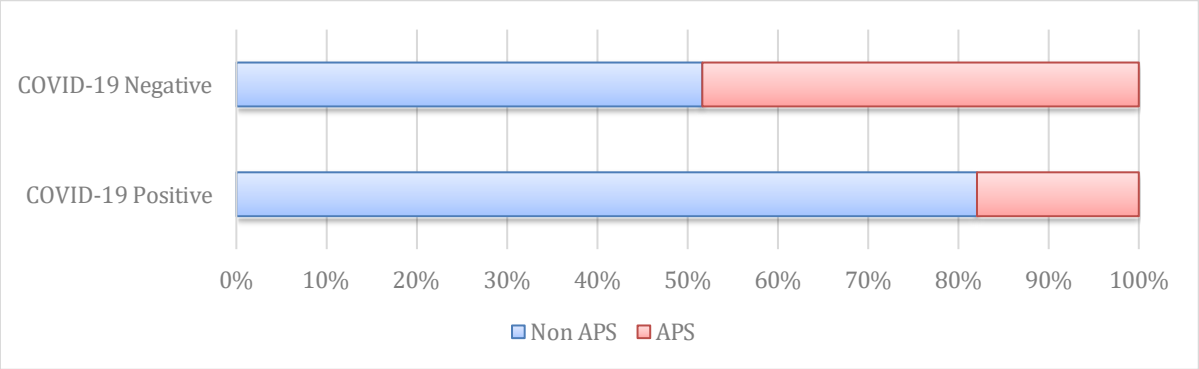


Figure 13: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Palakkad during the period of one month from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

MALAPPURAM

Table 12:RR on comparison of APS and non-APS group. Data from Malappuram; 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=42554	(95% CI) ‡	
No	434	28706	**29140**		
Yes	47	15244	**15291**	**4.8** (3.6-6.5)	**<0.01**
Total	**481**	**43950**	**44431**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.3%, whereas the percentage that had tested positive for the infection was 1.48% from the non-APS group during the period 21.05.2020 to 04.07.2020 **(Table 12, Figure 14)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Malappuram during the period from 21.05.2020 to 04.07.2020, when the number of state-wide recipients of Amritham had reached 85377 was found to be* ***79.4% (72.1-84.7%)***

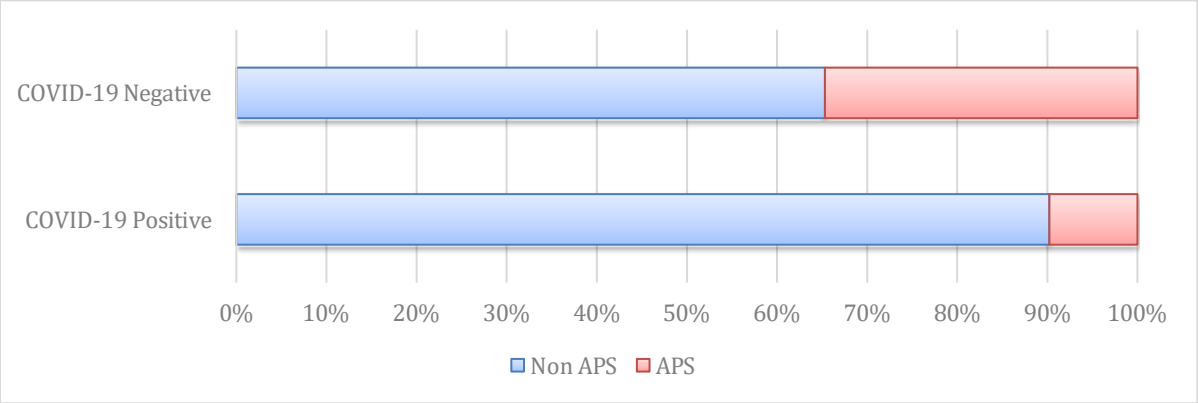


Figure 14:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Malappuram during a period of one month from 21.05.2020 to 04.07.2020. when the number of state-wide recipients of Amritham had reached 85377.

EVALUATION OF THE DATA REPORTED UNDER *AMRITAM* PROJECT DURING THE PERIOD FROM 21.05.2020 TO 08.07.2020

(The number of recipients of Ayurvedic Preventive Strategy (APS) under *Amritham* during the period was 1,01,218)

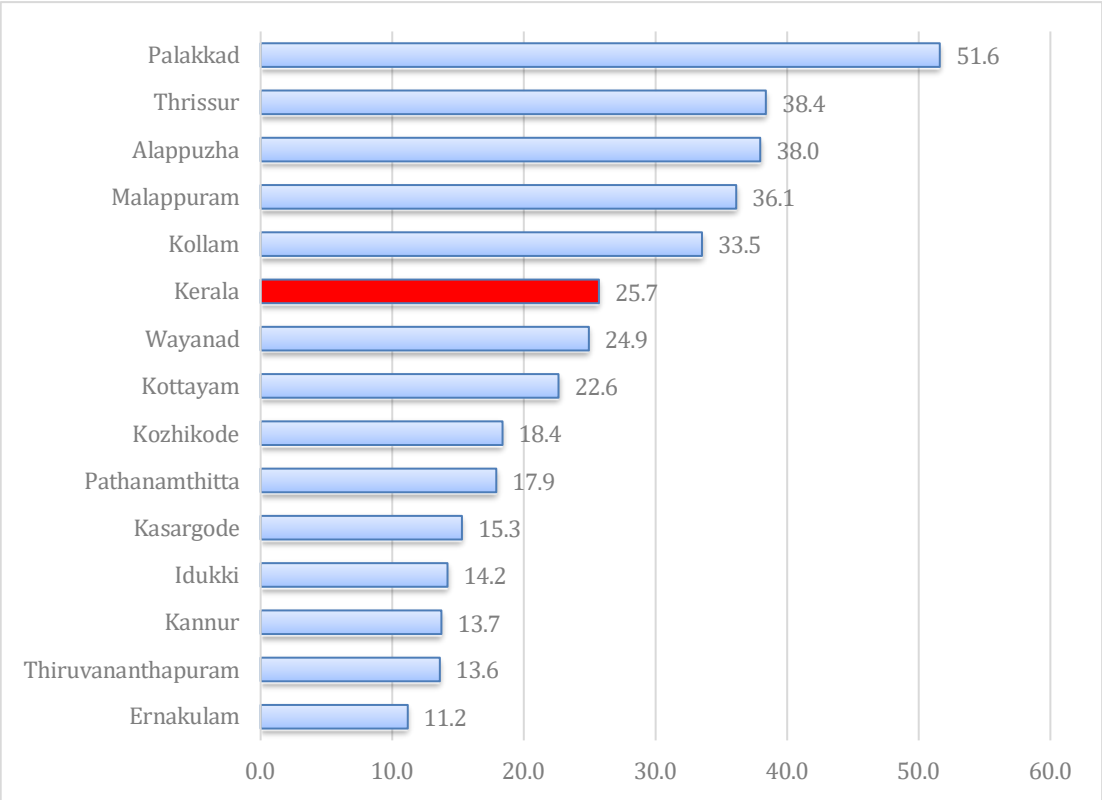


Figure 15: Coverage of Amritham among quarantined individuals in Kerala during the period 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

The district with the highest coverage for *Amritham* was found to be Palakkad. 51.6% of the COVID-19 quarantined individuals in the district during the period 21.05.2020 to 08.07.2020 had been under APS. Thrissur, Alappuzha, Malappuram and Kollam were having the coverage percentages of 38.4%, 38%, 36.1%, and 33.5% respectively for Amritham among the quarantined individuals during the same period **(Figure 15)**. It was found that, 33.5% of individuals under COVID-19 quarantine in Kerala had received APS under Amritham.

KERALA

*Table 13:RR on comparison of **Ayurvedic Preventive Strategy (APS)** and non-APS. State wide data from 21.05.2020 to 08.07.2020 when the number of recipients of Amritham had reached 1,01,218.*

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 394269	(95% CI) ‡	
No	4737	288314	**293051**		
Yes	347	100871	**101218**	**4.7** (4.2-5.3)	**<0.01**
Total	**5084**	**389185**	**394269**		

† Relative Risk; ‡Confidence Interval

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.34%, whereas the percentage that had tested positive for the infection was 1.61% from the non-APS group during the period 21.05.2020 to 08.07.2020 **(Table 13, Figure 16)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Kerala during the period from 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218 was found to be **78.8% (76.4-81%)***

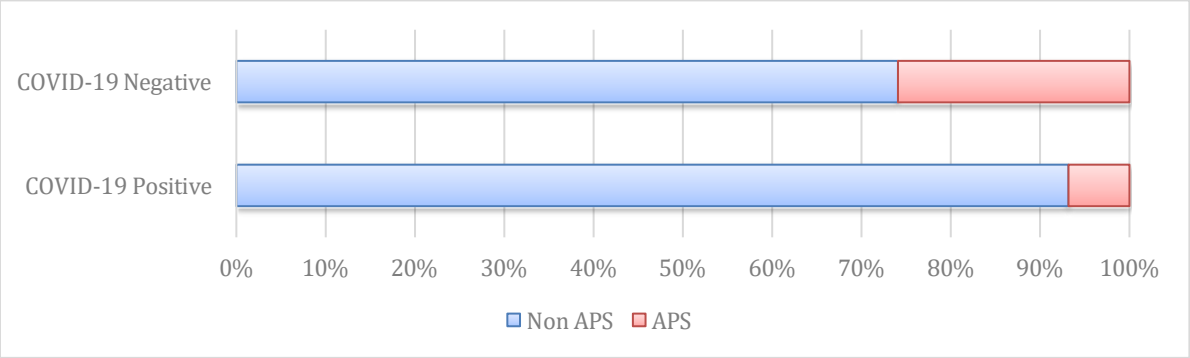


Figure 16: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Kerala during the period 21.05.2020 to 08.07.2020, when the number of recipients of Amritham had reached 1,01,218.

KOLLAM

Table 14:RR on comparison of APS and non-APS group. Data from Kollam; 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=26648	(95% CI) ‡	
No	358	17355	**17713**		
Yes	38	8897	**8935**	**4.8** (3.4-6.6)	**<0.01**
Total	**396**	**26252**	**26648**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.42%, whereas the percentage that had tested positive for the infection was 2.02% from the non-APS group during the period 21.05.2020 to 08.07.2020 **(Table 14, Figure 17)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Kollam during the period from 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218 was found to be* ***79% (70.6-84.9%)***

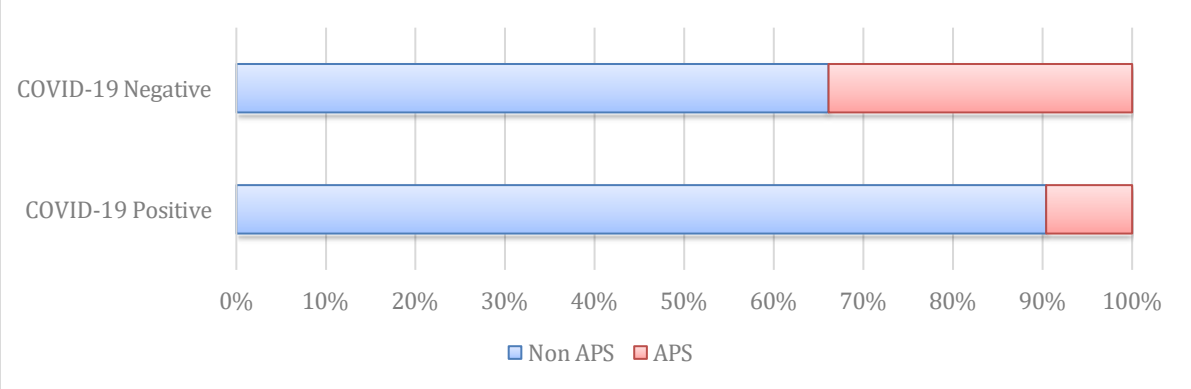


Figure 17:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Kollam during a period of one month from 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

ALAPPUZHA

Table 15: RR on comparison of APS and non-APS group. Data from Alappuzha; 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 19840	(95% CI) ‡	
No	341	11969	**12310**		
Yes	44	7486	**7530**	**4.7** (3.5-6.5)	**<0.01**
Total	**385**	**9589**	**19840**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.58%, whereas the percentage that had tested positive for the infection was 2.77% from the non-APS group during the period 21.05.2020 to 08.07.2020 **(Table 15, Figure 18)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Alappuzha during the period from 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218 was found to be* ***78.9% (71.2-84.6%).***

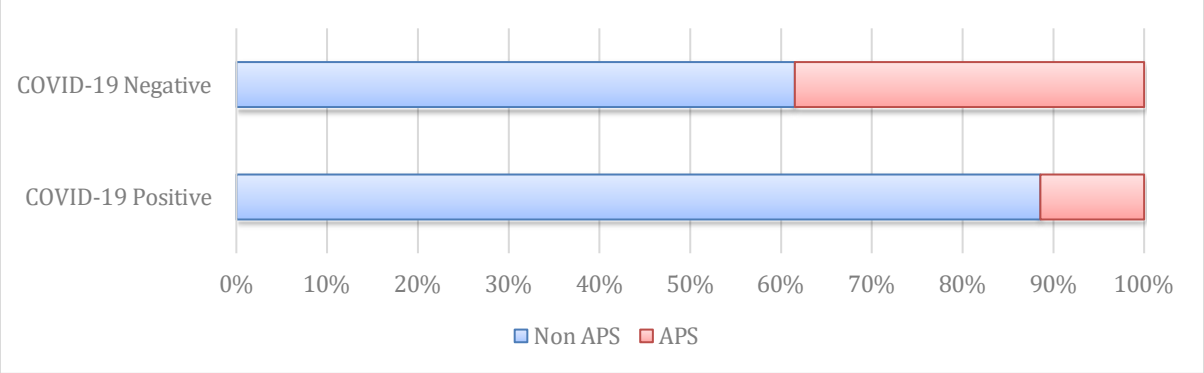


Figure 18:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Alappuzha during the period 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

THRISSUR

Table 16: RR on comparison of APS and non-APS group. Data from Wayanad; 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 35259	(95% CI) ‡	
No	453	21273	**21726**		
Yes	24	13509	**13533**	**11.7** (7.8-17.7)	**<0.01**
Total	**477**	**34782**	**35259**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.18%, whereas the percentage that had tested positive for the infection was 2.08% from the non-APS group during the period 21.05.2020 to 08.07.2020 **(Table 16, Figure 19)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Thrissur during the period from 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218 was found to be* ***86.9% (81.8-92%).***

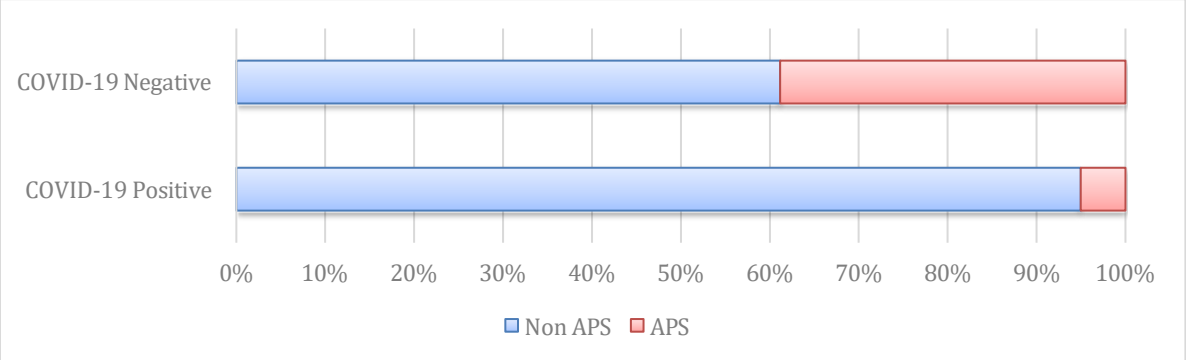


Figure 19: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Wayanad during the period 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218

PALAKKAD

Table 17:RR and OR on comparison of APS and non-APS. Data from Palakkad; 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N= 27554	(95% CI) ‡	
No	399	12938	**13337**		
Yes	89	14128	**14217**	**4.8** (3.8-6)	**<0.01**
Total	**488**	**27066**	**27554**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.62%, whereas the percentage that had tested positive for the infection was 2.99% from the non-APS group during the period 21.05.2020 to 08.07.2020 **(Table 17, Figure 20)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Palakkad during the period from 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218 was found to* ***79.1% (73.7-83.4%)***

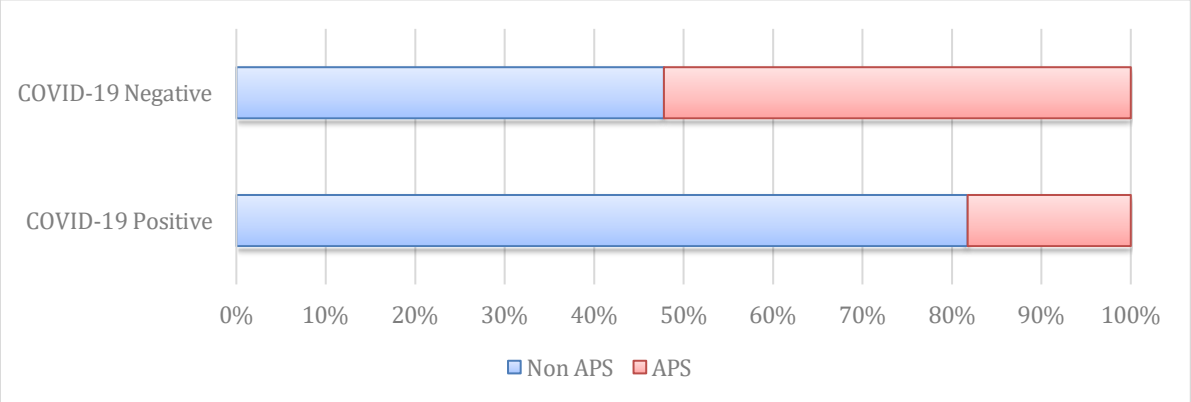


Figure 20: Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Palakkad during the period 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

MALAPPURAM

Table 18:RR on comparison of APS and non-APS group. Data from Malappuram; 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218

APS	COVID 19		Total	Unadjusted RR†	p-value
	Positive	Negative	N=50374	(95% CI) ‡	
No	570	31603	**32173**		
Yes	58	18143	**18201**	**5.6** (4.2-7.3)	**<0.01**
Total	**628**	**49746**	**50374**		

† Relative Risk; ‡Confidence Interval; § Odds Ratio

The percentage of quarantined individuals who had tested positive for SARS-CoV-2 infection from the APS group was found to be 0.32%, whereas the percentage that had tested positive for the infection was 1.77% from the non-APS group during the period 21.05.2020 to 08.07.2020 **(Table 18, Figure 21)**. *Hence, the percentage of prevention offered by the APS to quarantined individuals in Malappuram during the period from 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218 was found to be* ***82% (76.5-86.3%)***

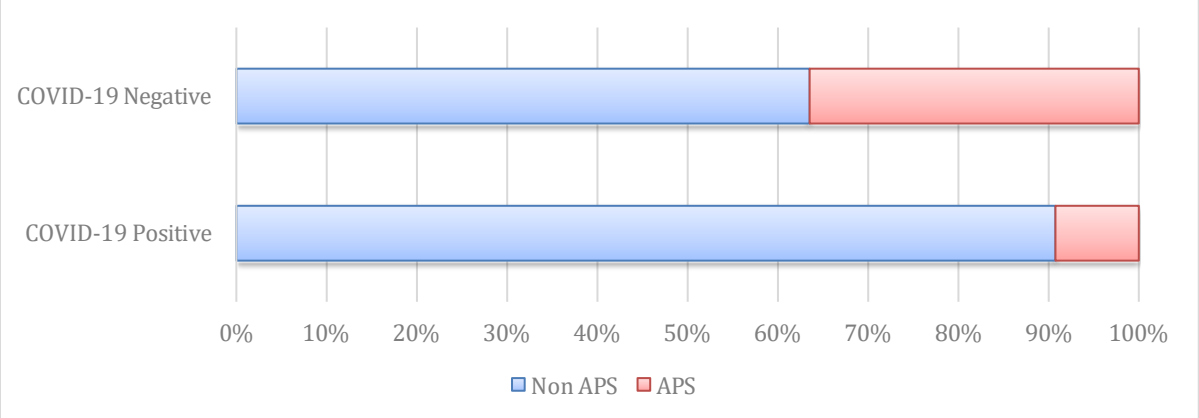


Figure 21:Proportion of APS and Non-APS groups in COVID-19 positive and COVID-19 negative individuals in Malappuram during the period 21.05.2020 to 08.07.2020, when the number of state-wide recipients of Amritham had reached 1,01,218.

SUMMARY OF THE RESULTS

Table 19: Summary of the results of APS in quarantined individuals (QI) in Kerala

	Number of state-wide Recipients of Amritham	**Percentage of QI turned COVID-19 positive from the non-APS group (%)**	**Percentage of QI turned COVID-19 positive from the APS group (%)**	**RR**	**Percentage of prevention (%)**
Kerala	69448	1.35	0.32	4.4	77.4
	85377	1.47	0.32	4.5	77.9
	101218	1.61	0.34	4.7	78.8
Kollam	69448	1.76	0.37	4.8	79.3
	85377	1.93	0.39	4.9	79.6
	101218	2.02	0.42	4.8	78.9
Alappuzha	69448	2.05	0.4	5.1	80.3
	85377	2.26	0.49	4.6	78.3
	101218	2.77	0.58	4.7	78.9
Thrissur	69448	1.67	0.17	9.6	86
	85377	1.92	0.15	12.9	88.6
	101218	2.08	0.18	11.7	86.9
Palakkad	69448	2	0.56	3.53	71.6
	85377	2.42	0.58	4.2	76.2
	101218	2.99	0.62	4.8	79.1
Malappuram	69448	1.31	0.26	4.9	79.5
	85377	1.48	0.3	4.8	79.4
	101218	1.77	0.32	5.6	82

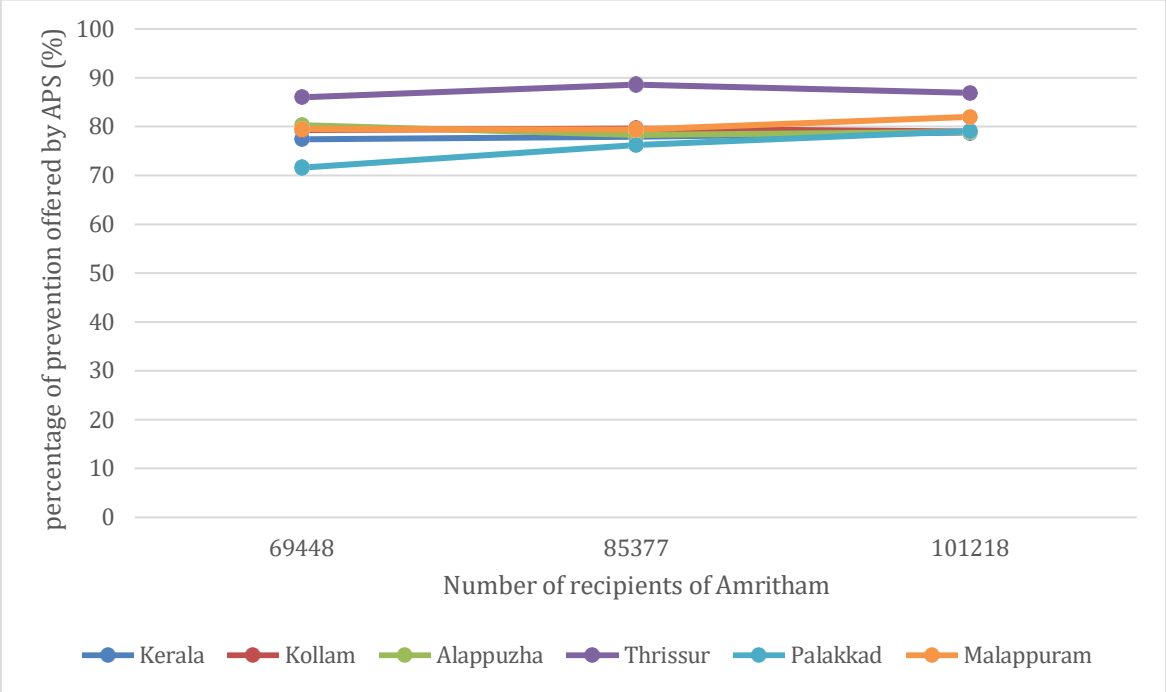


Figure 22: Trend of the percentage of prevention offered by quarantined individuals in Kerala over different periods of time and sample sizes

Table 19 shows the summary of the statistical evaluation of the quarantined individuals in Kerala who had been under the care of *Amritham* and beyond. The trend of quarantined individual who had tested positive for SARS-CoV-2 infection from both the APS and non-APS groups, the relative risk and the percentage of prevention **(Figure 22)** had remained steady over various periods of time and sample sizes. The percentage prevention offered by the Ayurvedic preventive strategies to the quarantined population in Kerala was found to be 78.8%. All the district which had reported fairly good coverage for Amritham and had considerable number of quarantined individuals under *Amritham* programme, had shown similar risk ratio as that of the state. However, Thrissur has shown a higher risk ratio of 11.7 with the percentage of prevention offered as 86.9%.

EVALUATION OF THE INDIVIDUALS QUARANTINED UNDER AMRITHAM FOR THE PERIOD FROM 20.05.2020 TO 08.07.2020 (N=17743)

Table 20: Distribution of Age in quarantined individuals under Amritham (n=17743)

Age	Number of individuals	Percentage (%)
0 to 4	527	3.0
5 to 14	1068	6.0
15 to 24	2316	13.1
25 to 34	5030	28.3
35 to 44	3910	22.0
45 to 54	2881	16.2
55 to 64	1528	8.6
65 to 74	403	2.3
75 to 84	69	0.4
85+	11	0.1
Total	**17743**	**100.0**

Table 20 shows the distribution of age among the quarantined individuals under Amritham for the period from 21.05.2020 to 08.07.2020. Of the 17743 quarantined individuals 80% (14137) were belonged to the age group of 15 to 54. Only 2.8% (483) were found to be over 65 years of age and above.

Figure 23 shows the gender-wise percentage distribution of the quarantined individuals who were under Amritham care Kerala from the period from 21.05.2020 to 08.07.2020. Majority of the quarantined population were of male gender (72%, 12774). Female constituted 28% (4962) of the population. There were three LGBT individuals among the quarantined population.

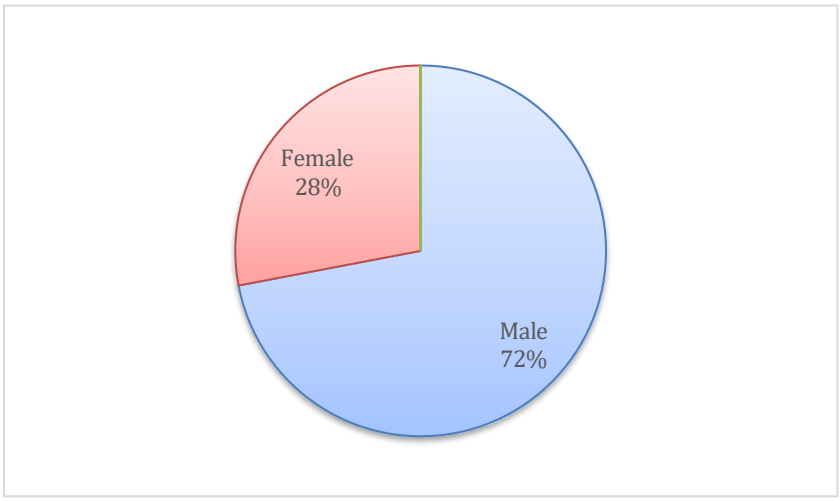


Figure 23: Gender-wise percentage distribution of the quarantined individuals under Amritham in Kerala for the period from 21.05.2020 to 08.07.2020 (n=17743)

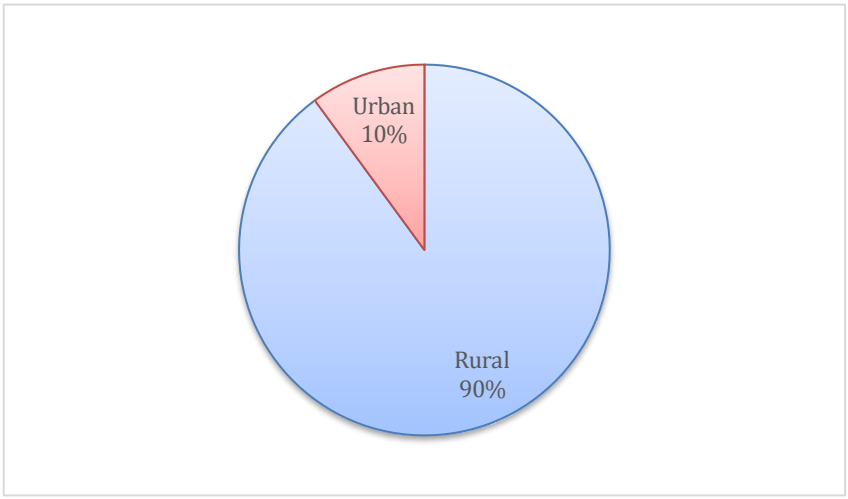


Figure 24: Percentage distribution of domicile in quarantined individuals under Amritham (n=17743)

Figure 24 shows the percentage distribution of the domicile status of the quarantined individuals under Amritham care. Majority of the population were rural dwellers (90%, 15957) whereas only a minimal portion of the same (10%, 1786) were urban dwellers.

Table 21: Number of individuals with established comorbidities of any kind among the Amritham group(n=17743)

Status of comorbidity	Number of individuals	Percentage (%)
Individuals with comorbidities	3395	19.1
Individuals without comorbidities	14348	80.9
Total	**17743**	**100**

Table 22: Distribution of gender among quarantined individuals under Amritham (n=3395)

Gender	Number of individuals	Percentage (%)
Males with comorbidities under Amritham	2459	72.4
Females with comorbidities under Amritham	936	27.6
Total	**111**	**100.0**

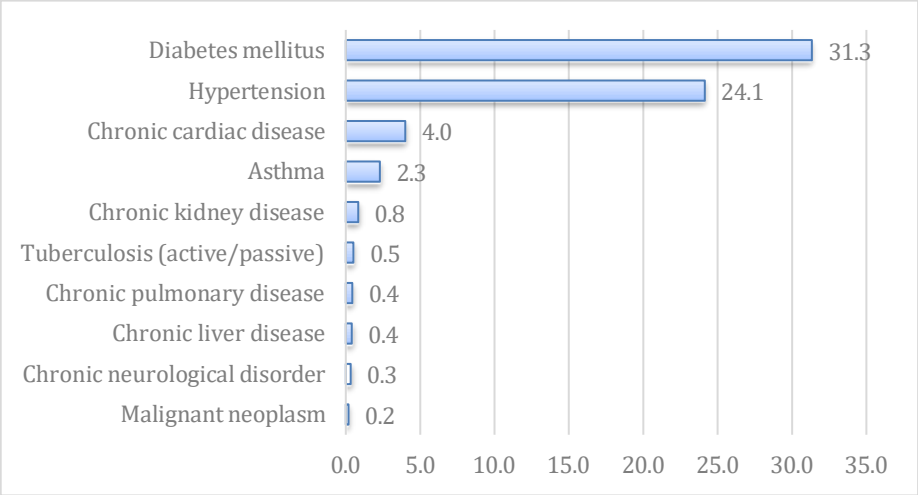


Figure 25: Percentage distribution of comorbidities among the quarantined individuals under Amritham (n=3395)

A major share of the quarantined individuals under Amritham care had no established comorbidities reported as per the data (80.9%, 14348). Comorbidities were reported among 19.1% (3395) of the group (**Table 21**). Among those with comorbidities, male gender constituted the major share 72.4% (2459), while female gender constituted the remaining

27.6% (936) of the entire group (**Table 22**). **Figure 25** shows the percentage distribution of the comorbidities reported in the individuals quarantined under Amritham care. Diabetes mellitus (33.3%) and hypertension (24.1%) accounted for the major chunk of the comorbidities reported among the group. Active smoking was reported among 131 males in the quarantine group across Kerala.

Table 23: Reasons for quarantine of the individuals under Amritham care for the period from 21.05.2020 to 08.07.2020 (n=17743)

Reason quarantine	**Number of individuals**	**Percentage (%)**
Travel	17220	97.1
Primary contact	505	2.8
Secondary contact	18	0.1
Total	**17743**	**100**

Table 23 depicts the reported reasons for directing the individuals under Amritham care into quarantine. Travel history was reported as a single largest (97.1%, 17220) reason for directing the individuals into quarantine during the period for 21.05.2020 to 08.07.2020. A minor share (2.8%, 505) had reportedly contracted the SARS-CoV-2 infection through identified primary contact. Established secondary contact was reported in 18 quarantined individuals under Amritham care.

Table 24: Source onset of travel of the quarantined individuals that had resulted in their quarantine (n=17743) for the period from 21.05.2020 to 08.07.2020

Origin of the travel	**Number of individuals**	**Percentage (%)**
Out of India	10869	61.3
Out of Kerala	6874	38.7
Total	**17743**	**100**

Of the entire group (n=17743), who had established travel history 61.3% (10869) had their origin of travel outside India (**Table 24**). 38.7% (6874) had journeyed back home from various other states in the country. 58% (10270) of the quarantined individuals under Amritham care had taken the aerial route for their travel. 27% (4827) had travelled via the road, rail travel was under taken by 10% (1792) and water way was made use of by only 21 individuals (**Figure 26**).

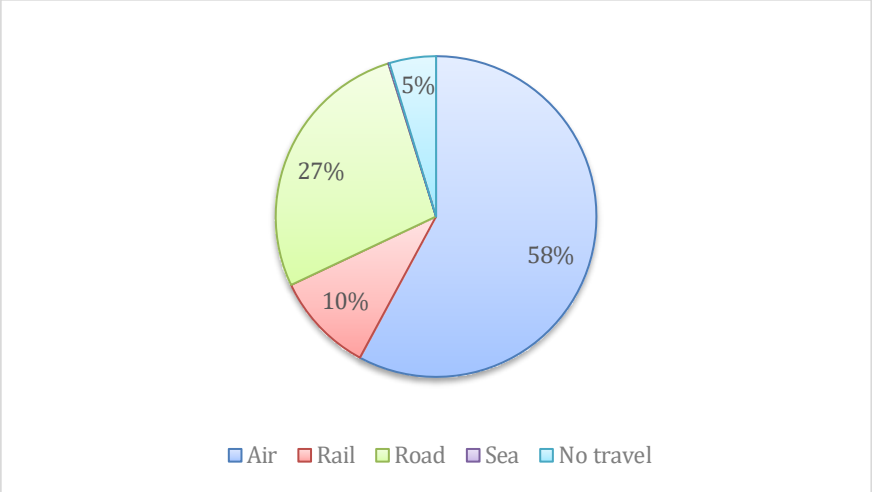


Figure 26:Persentage distribution of the mode of travel adopted by the quarantined individuals under Amritham care (n=17743)

Table 25: The category of quarantine facility utilised by the quarantined individuals under Amritham (n=101134)

Quarantine facility	**Number of individuals**	**Percentage**
Home Quarantine (HQ)	93238	92.2
Institutional Quarantine (IQ)	7896	7.8
Total	**101134**	**100**

Great majority (92.2%, 93238) of the individuals were quarantined at their homes (home quarantine), whereas a very small share (7.8%, 7896) of the group was quarantined under the selected institutions (**Table 25**).

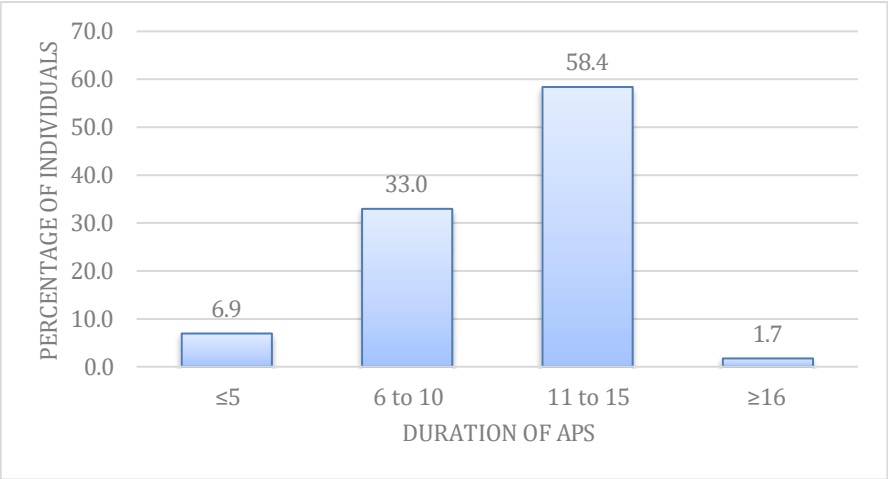


Figure 27:Percentage distribution of duration of the APS among quarantined individuals under Amritham care (n=17743)

Figure 27 shows the percentage distribution of duration of the APS among quarantined individuals under Amritham care. It has been reported that, more than half (60%) of the entire group had completed the prescribed regimen (14 days) recommended in the APS

EVALUATION OF THE INDIVIDUALS WHO HAD TESTED POSITIVE FOR SARS-COV-2 INFECTION UNDER AMRITHAM CARE (AMRITHAM POSITIVE - AP) FOR THE PERIOD FROM 21.05.2020 TO 20.07.2020

Table 26: Distribution of age in Amritham Positives (n=577)

Age	Number of individuals	Percentage (%)
0 to 4	2	0.3
5 to 14	27	4.7
15 to 24	61	10.6
25 to 34	180	31.2
35 to 44	141	24.4
45 to 54	107	18.5
55 to 64	48	8.3
65 to 74	8	1.4
75 to 84	3	0.5
85+	0	0
Total	**577**	**100**

Table 26 shows the distribution of age among the Amritham positive individuals. 55.6% (321) cases belonged to the age group of 25 to 44. 93.1% of the cases were found to belong to the age group of 15 to 64.

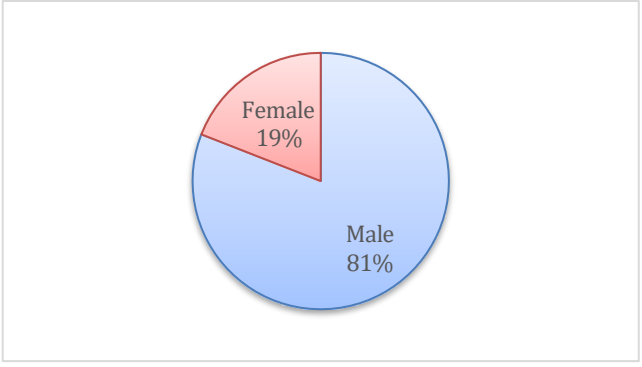


Figure 28: Gender-wise percentage distribution of the Amritham positive individuals in Kerala for the period from 21.05.2020 to 20.07.2020 (n=577)

Of the 577 individuals tested positive for SARS-CoV-2 infection, 467 (81%) were male while female constituted 19% (110). None belonging to LGBT gender was present in AP **(Figure 28).**

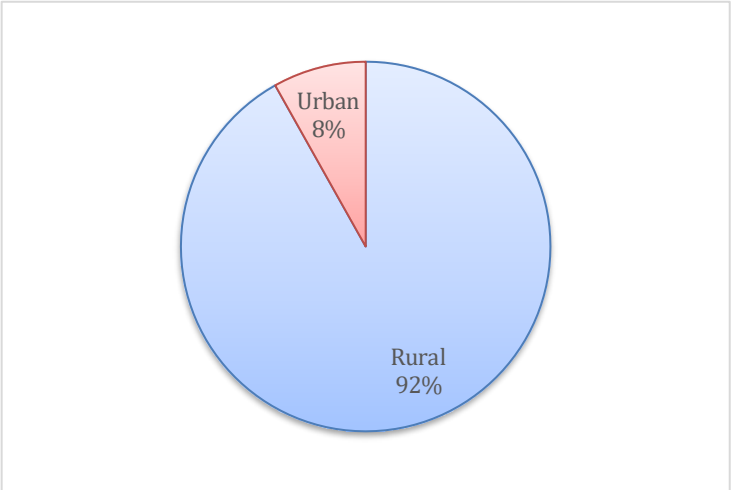


Figure 29: Percentage distribution of domicile of AP (n=577)

The domicile of distribution of the AP shows 92% (530) individuals belonging to the rural background, where as those from the urban background constituted only 8% (47) of the total AP **(Figure 29)**.

Table 27: Number of individuals with comorbidities of any kind among AP (n=577)

Status of comorbidity	**Number of individuals**	**Percentage (%)**
AP with comorbidities	111	19.2
AP without comorbidities	466	80.8
Total	**577**	**100**

Table 28: Distribution of gender in individuals with comorbidities among AP (n=111)

Gender	**Number of individuals**	**Percentage (%)**
Males with comorbidities among AP	88	79.3
Females with comorbidities among AP	23	20.7
Total	**111**	**100**

Out of 577 Amritham positives (AP) observed, 19.2% (111) had established comorbidities, while the rest (80.8%) had not reported the presence of any associated comorbidities (**Table 27**). Among those reported with comorbidities, 79.3% (88) were males, while females constituted the rest (**Table 28**). **Figure 30** depicts the percentage distribution of the various comorbidities reported among the AP in their decreasing order of occurrence. Diabetes mellitus (46 out of 111) and hypertension (42 out of 111) jointly accounted for 64.3% of the comorbidities reported among AP. 29 were established active smokers and there were three pregnant ladies among the 577 Amritham positive group.

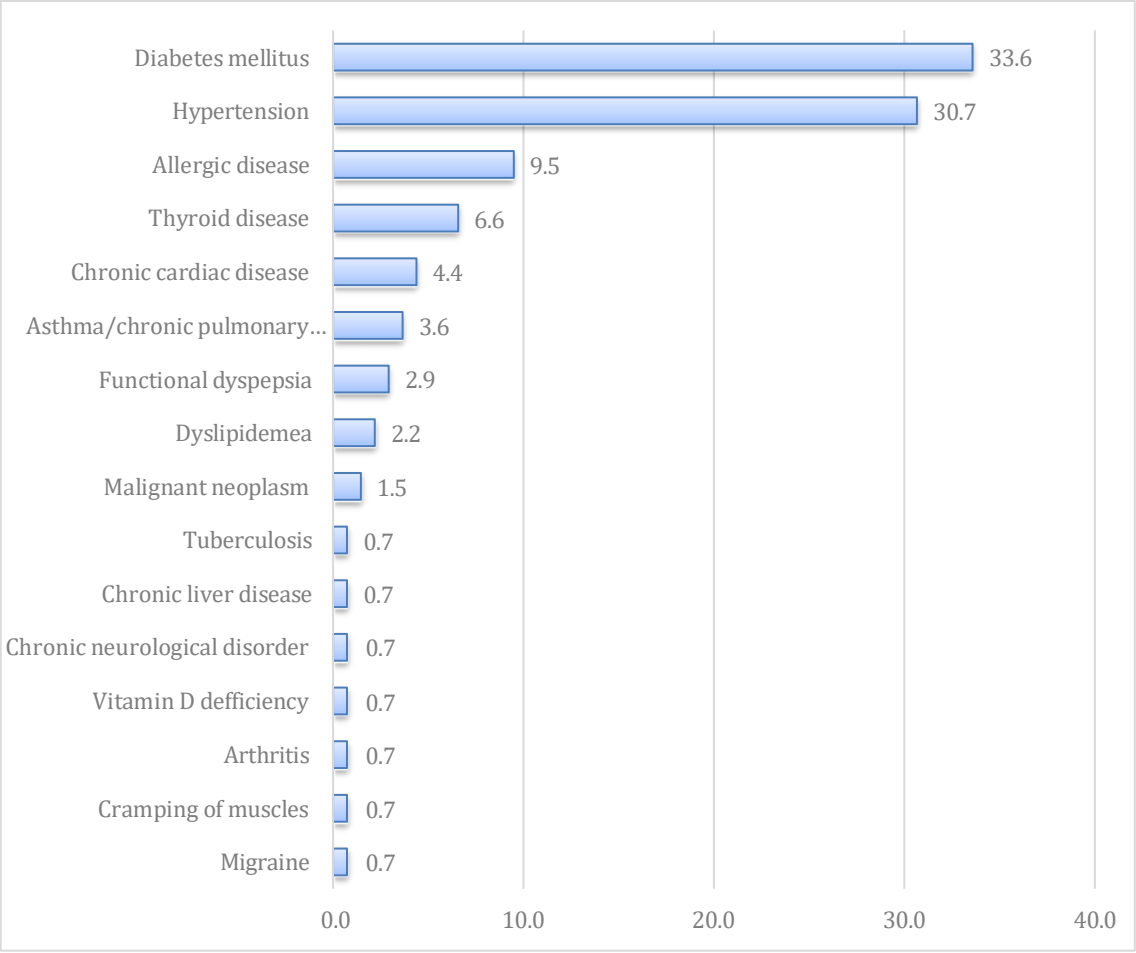


Figure 30: Percentage distribution of comorbidities among AP (n=111)

Quarantine details of individuals tested positive for SARS-CoV-2 infection under Amritham care (Amritham Positive -AP) for the period from 21.05.2020 to 20.07.2020

Table 29: Reason for quarantine of AP for the period from 21.05.2020 to 20.07.2020 (n=577)

Reason quarantine	Number of individuals	Percentage (%)
Travel	557	96.53
Primary contact	18	3.12
Secondary contact	2	0.35
Total	**577**	**100**

Table 30: Source onset of travel of the AP that had resulted in their quarantine (n=557) for the period from 21.05.2020 to 20.07.2020

Origin of the travel	Number of individuals	Percentage (%)
Out of India	354	63.6
Out of Kerala	203	36.4
Total	**557**	**100**

Table 29 shows the various routes and the suspected nature of exposure for the Amritham positive individuals for the period from 21.05.2020 to 20.07.2020 for being quarantined. 557 individuals (96.53%) from the entire group had well established travel history and 3.12% (18) had contracted the infection through primary contact and only 2 had secondary contact as their route of exposure. Of the entire group (n=577), who had established travel history (557), 63.6% (354) had their origin of travel outside India (**Table 30**). 36.4% (203) had journeyed back home from various other states in the country. Those with established travel history 65% (375) had taken the aerial route of travel, while 20% (113) had

road travel as their mode of travel. 12 % (69) had taken the rail route while only two had taken the sea route **(Figure 31)**.

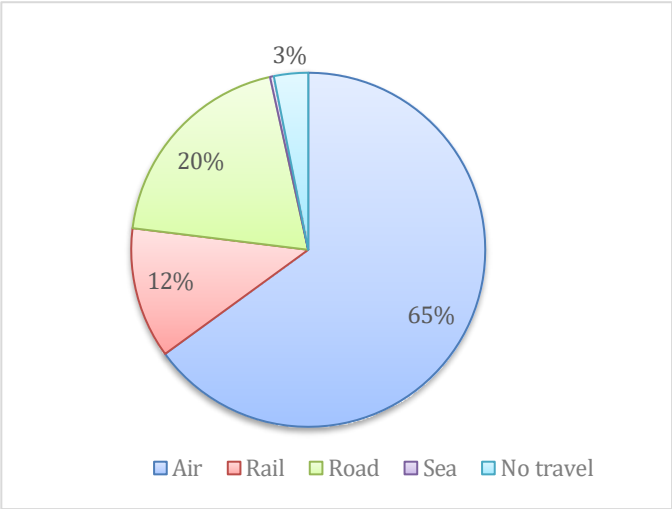


Figure 31: Percentage distribution of the mode of travel adopted by the AP (n=577)

Table 31:The category of the quarantine facility utilised by the AP (n=577)

Quarantine facility	**Number of individuals**	**Percentage**
Home Quarantine (HQ)	522	90.5
Institutional Quarantine (IQ)	55	9.5
Total	**577**	**100**

Majority 85% (491) of the individuals under Amritham Positive had made use of the home quarantine facility at offer and the rest 14.9% (86) had been quarantined under institutional quarantine facility (**Table 31**). The present data was drawn on the basis of the initial admission of the Amritham positive individual at their respective quarantine facilities. None from the entire group of 577 Amritham positive individuals had tested positive from a hospital isolation facility.

Course of COVID-19 among the 577 individuals who had tested positive for SARS-CoV-2 infection under Amritham care (Amritham Positive -AP) for the period from 21.05.2020 to 20.07.2020

Table 32: Number of asymptomatic individuals among AP with the corresponding durations of the intake of APS (n=577)

Duration of APS	Number of asymptomatic individuals among AP	Percentage (%)
≤5	65	11.3
6 to 10	150	26.0
11 to 15	166	28.8
≥16	28	4.9
Total	**409**	**70.9**

Table 33: Number of symptomatic individuals among AP with the corresponding durations of the intake of APS (n=577)

Duration of APS	Number of symptomatic individuals among AP	Percentage (%)
≤5	36	6.2
6 to 10	67	11.6
11 to 15	61	10.6
≥16	4	0.7
Total	**168**	**29.1**

Table 32 shows the number of individuals under Ayurvedic Prophylactic Strategy (APS) who had tested positive for SARS-CoV-2 infection and yet not developed any symptoms of COVID-19 disease with their varied course of Ayurvedic Medicines. Of the entire 577 Amritham positive individuals, 409 (70.9%) had remained asymptomatic or mildly symptomatic yet unreported. The data also shows that majority of the asymptomatic Amritham positive individuals 194 had under taken the APS for around the prescribed duration of 14 days.

Table 33 depicts the number of individuals under Ayurvedic Prophylactic Strategy (APS) who had tested positive for SARS-CoV-2 infection with developed symptoms of COVID-19 disease with their varied course of Ayurvedic Medicines. Though, the APS had been determined to be delivered for a minimum period of 14 days, due to various unavoidable circumstances, the full course of the APS could not be achieved by some of the Amritham positive individuals. The continuous administration of the APS in the prescribed dose for a minimum period of three days, within the initial seven days of quarantine, was determined as the minimum required course for the least probable prophylactic response by the experts. Based on the diverse courses of APS administration under taken by the Amritham positive individuals, they have been grouped into four classes. Of the entire 577 Amritham positive individuals, 168 (29.1%) had developed symptoms of COVID-19.

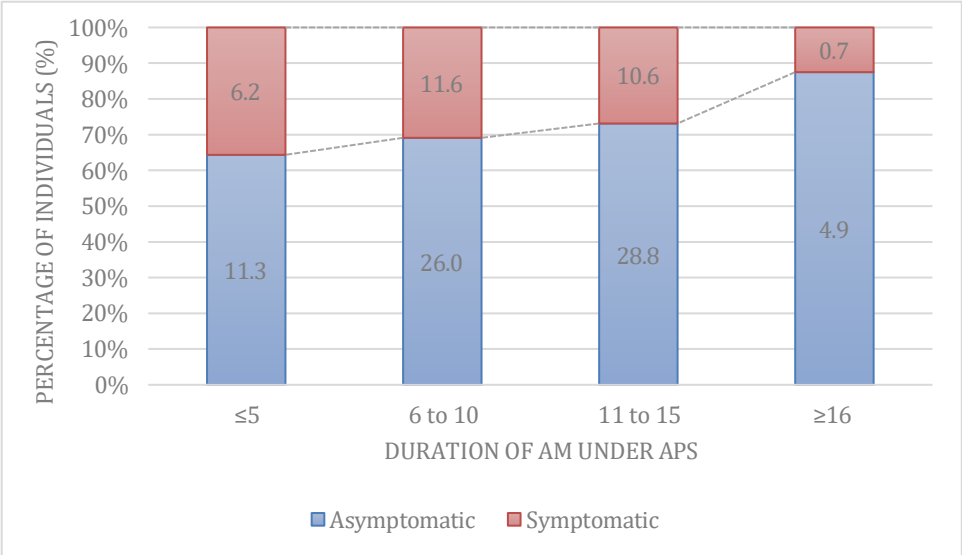


Figure 32: Diagram showing comparative representation of symptomatic individuals against asymptomatic individuals among AP with the varied durations of APS (n=577)

Figure 32 depicts the comparative representation of the symptomatic individuals against asymptomatic individuals in the Amritham positive group corresponding to their respective duration of the APS administration as reported. It was seen in the group with a

period of APS administration of less than six days that, around 65% had remained asymptomatic, while the remaining turned symptomatic. When the duration of administration of APS had improved to a period of 6 to 10 days, it was found that around 70% had remained asymptomatic, while the rest (around 30%) had only turned symptomatic. The same improving trend favouring increasingly asymptomatic state with increasing days of APS administration was sustained across the all the groups of APS administration. For a deeper understanding and analysis of this trend asymptomatic to symptomatic ratio in the initial groups of APS administration was calculated and found to be 1.80, 2.23 and 2.72 respectively for the durations of administration of less than six days, 6 to 10 days and 11 to 15 days. An XY scatter plot was constructed using these values against corresponding duration of administration of APS **(Figure 33)**. The correlation coefficient thus calculated was found to be r=0.9993 which was significant at $p<0.05$.

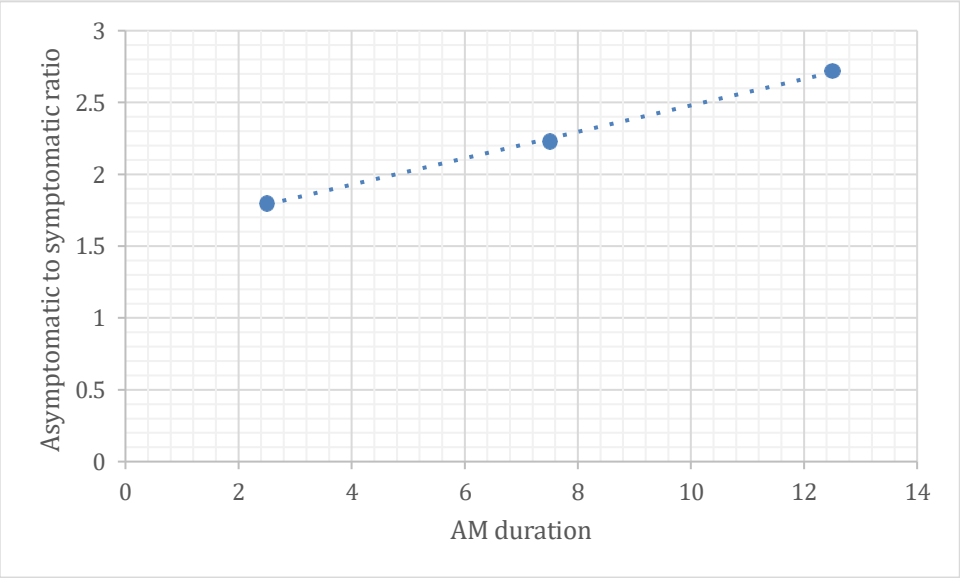


Figure 33: XY scatter diagram showing the relation between the ratio of asymptomatic to symptomatic individuals with corresponding durations of APS (r=0.9993, p=0.024)

Details of COVID-19 care

Table 34: Test done on AP to determine the status SARS-CoV-2 infection (n=577)

Test done	Number of Individuals	Percentage (%)
Antigen test	123	21.3
Nucleic acid-based test	388	67.2
Unknown	66	11.4
Total	**577**	**100**

Out of 577 individuals, SARS-CoV-2 infection in 67.2% (388) were confirmed using nucleic acid-based tests, while antigen test was used in 21.3% (123). However, in 11.4% (66) Amritham positive individuals the details regarding the type of the test used for the confirmation of SARS-CoV-2 infection could not be obtained (**Table 34**).

Table 35: COVID-19 care facility utilized by the Amritham Positive individuals (n=577)

COVID-19 care facility	Number of individuals	Percentage (%)
COVID-19 hospital	416	72.1
CFLTC	161	27.9
Total	**577**	**100**

72.1% (416) of the Amritham positive individuals were treated at COVID-19 hospitals, while the remaining 27.9% (161) were managed at the nearest COVID First Line Treatment Centre (CFLTC) (**Table 35**)

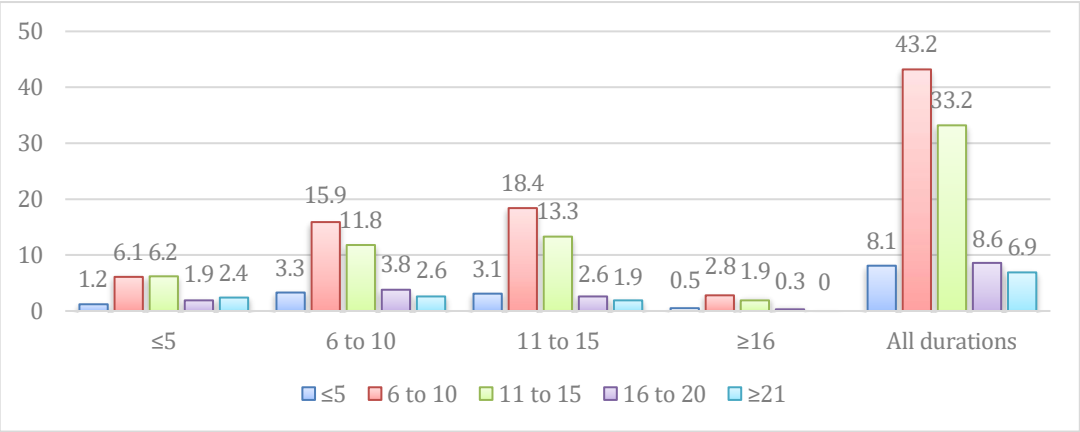


Figure 34:Percentage distribution of duration of COVID-19 care with varying durations of APS (n=577)

Figure 34 shows the duration of Amritham positive individuals under the current COVID-19 care against the varying durations of APS administration they had undergone. It was seen that cutting across the differences in the duration under APS car, the majority of the Amritham positive individuals had tested negative for SARS-CoV-2 and completed their COVID care routine by 10 to 14 days.

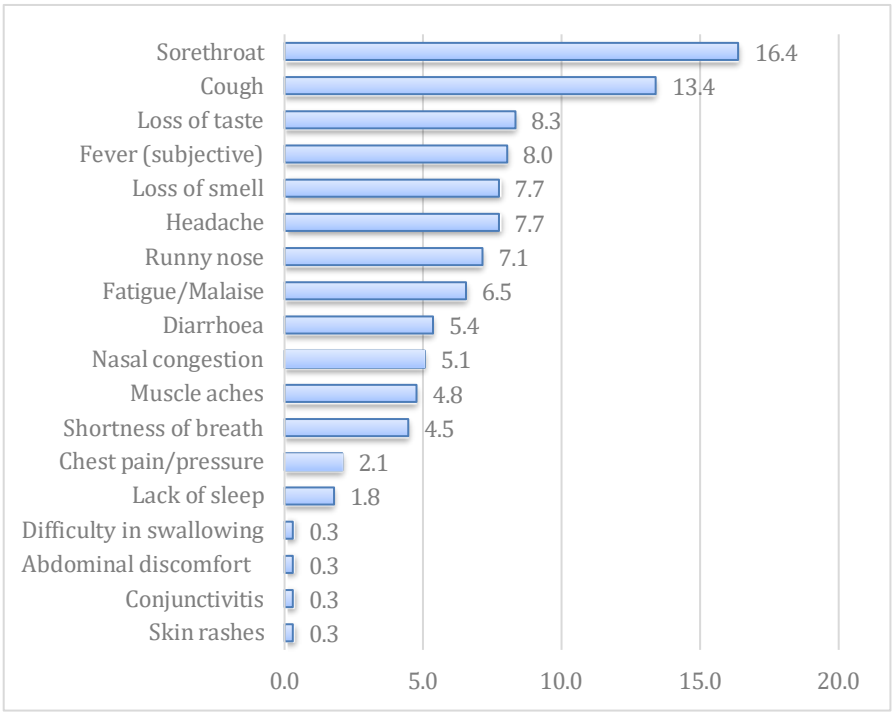


Figure 35: Percentage distribution of symptoms in individuals under APS care who had tested positive for SARS-CoV-2 infection (n=168, total symptom count 310)

The percentage distribution of the symptoms in Amritham positive individuals have shown a pattern depicted in the **Figure 35**. Among the symptoms sore throat (16.4%) was the complaint that was reported in most number symptomatic Amritham positive individuals. It was followed by cough (13%, worsening of pre-existing and new), loss of taste (8.3%), fever (8%, subjective), loss of smell (7.7%) and head ache (7.7%) were the leading symptoms complained.

The entire group of 577 Amritham positive individuals had successfully completed their course of hospitalisation. Although complaints of shortness of breath and chest pain/pressure had been reported in 15 *(specific details have been mentioned elsewhere)* Amritham positive individuals, the use of intensive care or ventilation support were not sought. The use of plasma therapy in the group has not been reported. No death has also been reported.

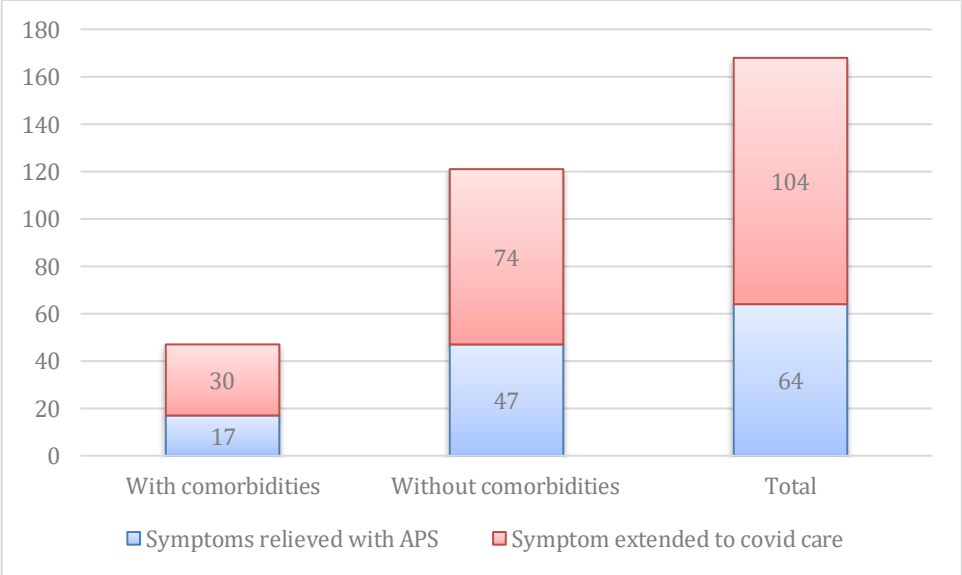


Figure 36: Distribution of AP who had recovered from COVID-19 symptoms with APS alone under Amritham (n=168)

Of the 168 symptomatic Amritham positive individuals 38.1% (64) had their complaints completely resolved before being shifted to COVID-19 care facilities. The

symptoms had persisted in 61.9% (104) even at the time of their shifting to COVID-19 care centres **(Figure 36).**

Figure 37 depicts the distribution of the various symptoms reported which were relieved completely by APS alone. Sore throat (21), fever (15), cough (15) loss of taste and loss of smell were the major complaints that were completely relieved with the use of APS alone.

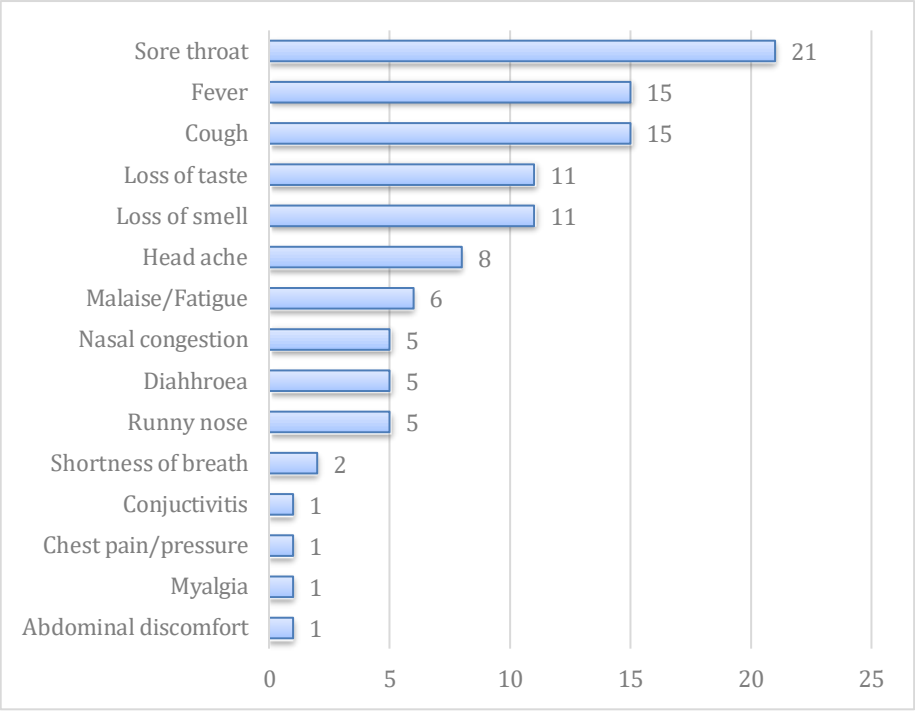


Figure 37: Distribution of COVID-19 symptoms in AP that were completely relieved with AM under APS (n=64, total symptom count - 108)

The rate of relief of the symptoms with APS alone was maximum (55.6%, 15) in the case fever (subjective), where the same was 42.3% (11) with regard to loss of smell. 39.3% (11) of the symptoms of loss of taste were relieved with the use of APS alone. 38.2% (21) of the cases of sore throat were also completely relieved with the APS. The duration for recovery in all the symptoms had remained within in a period of two to three days **(Table 36).**

Table 36: percentage of COVID-19 symptoms of AP relieved with AM under APS (n=168)

Symptoms	Major symptoms relieved with APS	Number of AP presented with the symptoms	Percentage (%)
Runny nose	5	24	20.8
Malaise/Fatigue	6	22	27.3
Diarrhea	5	18	27.8
Nasal congestion	5	17	29.4
Head ache	8	26	30.8
Cough	15	45	33.3
Sore throat	21	55	38.2
Loss of taste	11	28	39.3
Loss of smell	11	26	42.3
Fever	15	27	55.6

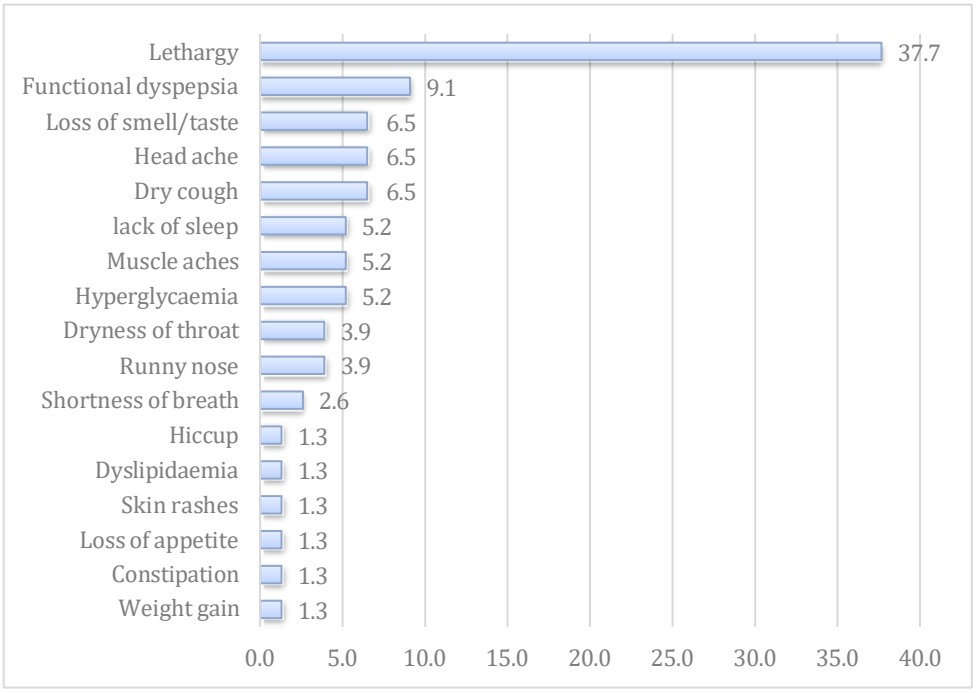


Figure 38: Percentage distribution of sequelae among Amritham positive individuals (n=60, total sequel count 60)

Lethargy was the most commonly reported sequelae (37.7%). Functional dyspepsia (9.1%), loss of smell/taste (6.5%), head ache (6.5%) and dry cough were among the other commonly reported sequelae (**Figure 38**).

Table 37: Number of Amritham positive individuals developed sequelae with COVID-19 (n=577)

Status of sequelae of COVID-19	**Number of individuals**	**Percentage (%)**
With sequelae	60	10.4
Without sequelae	517	89.6
Total	**577**	**100**

Reported cases of sequelae to COVID-19 among Amritham positive were confined only to 10.4% (60) of the entire Amritham positive group (**Table 37**).

Data evaluated and submitted by **Dr Rajmohan V**
State Cordinator,
State Ayurveda COVID-19 Response Cell
Department of AYUSH, Government of Kerala

Acknowledgements

1. **Dr Sethuraj K S**, Associate Professor, Government Ayurveda College, Kannur for his dedicated contributions in articulating this report
2. **Dr Reshma A**, Public Health Consultant, for her valuable methodological support
3. **Dr Rajesh N,** Senior Medical Officer and **Dr K Praveen**, Medical Officer, Department of Indian Systems of Medicine, for coordinating the effective data collection
4. **Dr Lekshmi M K,** Associate Professor, Government Ayurveda College, Kannur, for her valuable inputs in editing and consolidating the document
5. **Dr Mukesh Edavalath**, Assistant Professor, VPSV Ayurveda College, Kottakkal, for his contributions in preparing the data collection tools
6. **Dr Nisar Muhammed**, Medical officer, National AYUSH Mission, for his valuable creative support
7. The entire staff of the Department of Indian Systems of Medicine, National AYUSH Mission and National Health Mission, for being the body and the spirit of this entire exercise

DETAILS OF OFFICIALS

Dr Sharmila Mary Joseph IAS
Secretary
(Chairperson, State Ayurveda COVID-19 Response Cell)
Department of AYUSH
Government of Kerala.

A R Ajayakumar IAS
State Mission Director
National AYUSH Mission

Dr K S Preeya
Director,
Department of Indian Systems of Medicine

Dr Sindhu L
Joint Director,
Department of Indian Systems of Medicine

Dr Subhash M
State Programme Manager
National AYUSH Mission. Kerala

Dr Siddhi G P

State Co-ordinator
Ayur Raksha Clinic.
Department of Indian Systems of Medicine

DISTRICT MEDICAL OFFICERS (Department of Indian Systems of Medicine**)**

Thiruvananthapuram	Dr Robert Raj R
Kollam	Dr Asuntha Mary F
Alappuzha	Dr Sheeba S
Kottayam	Dr Jayasree C
Pathanamthitta	Dr Sheela Mabelet G V
Ernakulam	Dr Sonia E A
Idukki	Dr Subha K P
Thrissur	Dr Salaja Kumari P R
Palakkad	Dr S Shibu
Kozhikode	Dr K M Manzoor
Malappuram	Dr K Susheela
Kannur	Dr Sudha T
Kasargode	Dr Stella David
Wayanad	Dr P S Sreekumar

DISTRICT CORDINATORS (Department of Indian Systems of Medicine**)**

Thiruvananthapuram	Dr Shiji Valsan, Medical Officer
Kollam	Dr Padmakumar S, Senior Medical Officer
Alappuzha	Dr Rashmi S Raj, Medical Officer
Kottayam	Dr Linda Jones S, Medical Officer
Pathanamthitta	Dr Krishnakumar R, Senior Medical Officer
Ernakulam	Dr Anand K P, Medical Officer
Idukki	Dr Sreedharsan K S, Medical Officer
Thrissur	Dr Biju K R, Medical Officer
Palakkad	Dr Shabu, Medical Officer
Kozhikode	Dr K Praveen , Medical Officer
Malappuram	Dr M Sijin, Medical Officer
Kannur	Dr Aravind S, Medical Officer
Kasargode	Dr Indu.A , Senior Medical Officer
Wayanad	Dr T N Hari Shankar, Medical Officer

ഭരണഭാഷ-മാതൃഭാഷ

ഭാരതീയ ചികിത്സാ വകുപ്പ്
ഡയറക്ടറുടെ കാര്യാലയം,
ആരോഗ്യ ഭവൻ, പി.ബി.നമ്പർ.182,
തിരുവനന്തപുരം - 695 001,
Fax / Ph: 0471 2322620
email – directorism@yahoo.com

സി2-97395/2020

തീയതി : 21.07.2020

സർക്കുലർ

വിഷയം : ഭാരതീയ ചികിത്സാ വകുപ്പ് - ആയുർരക്ഷ ഡേറ്റാ ഇവാലുവേഷനു വേണ്ടി മെഡിക്കൽ ഓഫീസർമാരെ നിയോഗിക്കുന്നത് സംബന്ധിച്ച്.

സൂചന : 30.06.2020-ലെ സ്റ്റേറ്റ് ആയുർവ്വേദ കോവിഡ് റെസ്പോൺസ് സെൽ സ്റ്റേറ്റ് കോ-ഓർഡിനേറ്റർ ഡോ. രാജ്മോഹന്റെ കത്ത്.

സ്റ്റേറ്റ് ആയുർവ്വേദ കോവിഡ് റെസ്പോൺസ് സെൽ സ്റ്റേറ്റ് കോ-ഓർഡിനേറ്ററിന്റെ അപേക്ഷ പ്രകാരം താഴെപറയുന്ന ഭാരതീയ ചികിത്സാ വകുപ്പ്/നാഷണൽ ആയുഷ് മിഷൻ/നാഷണൽ ഹെൽത്ത് മിഷൻ എന്നീ വകുപ്പികളിലുള്ള മെഡിക്കൽ ഓഫീസർമാരെ ആയുർരക്ഷ ഡേറ്റാ ഇവാലുവേഷനു വേണ്ടി നിയോഗിക്കുന്നു.

ക്രമ നം	പേര്	സ്ഥാപനം
തിരുവനന്തപുരം		
1.	ഡോ. പ്രവിത കുമാരി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, ബാലരാമപുരം
2.	ഡോ. അശ്വതി എസ്	ജില്ലാ ആയുർവ്വേദ ആശുപത്രി, വർക്കല
3.	ഡോ. ആനന്ദ്	ആയുഷ് ഗ്രാമം, പെരുങ്കടവിള
4.	ഡോ. മാലിനി ആർ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കിളിമാനൂർ
5.	ഡോ. കാർത്തിക നായർ	എൻ.എച്ച്.എം ആയുർവ്വേദ ഡിസ്പെൻസറി, കരകുളം
കൊല്ലം		
1.	ഡോ. പ്രവീൺ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, തൃക്കടവൂർ
2.	ഡോ. എസ് രശ്മി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, ഇരവിപുരം
3.	ഡോ. ശ്രീദേവി	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, പരവൂർ
4.	ഡോ. വിഷ്ണു മോഹനൻ	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, തലവൂർ
5.	ഡോ. എൻ ശരത്ത്	എൻ.എച്ച്.എം കല്ലുവാതുക്കൽ

പത്തനംതിട്ട		
1.	ഡോ. മഞ്ജു ജി എൽ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, തുമ്പമൺ
2.	ഡോ. ശ്രീദേവി എൻ നമ്പൂതിരി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, തൊട്ടപ്പുഴശ്ശേരി
3.	ഡോ. മനോജ് എം	ജില്ലാ ആയുർവ്വേദ ഡിസ്പെൻസറി, അയിരൂർ
4.	ഡോ. രസ്മി	ആയുഷ് ഗ്രാമം
5.	ഡോ. സുനിൽ കെ ജോൺ	എൻ.എച്ച്.എം ഏനാദിമംഗലം
ആലപ്പുഴ		
1.	ഡോ. നിഷ എൻ ടി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കണ്ടല്ലൂർ
2.	ഡോ. മനു വി കെ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, താഴക്കര
3.	ഡോ. അർജ്ജുൻ മോഹൻ	എൻ.എച്ച്.എം അമ്പലപ്പുഴ
4.	ഡോ. ശാലിനി തോമസ്	ജില്ലാ ആയുർവ്വേദ ആശുപത്രി, ആലപ്പുഴ
5.	ഡോ. അരുൺ ജി ദേവ്	ജില്ലാ ആയുർവ്വേദ ആശുപത്രി, ആലപ്പുഴ
കോട്ടയം		
1.	ഡോ. ജൂവൽ ജോസ്	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, കോത്തല
2.	ഡോ. നിത എം എസ്	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കുമാരനെല്ലൂർ
3.	ഡോ. ധന്യ സി	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, വൈക്കം
4.	ഡോ. പ്രദീപ് തോമസ്	എൻ.എച്ച്.എം മുന്നിലാവ്
5.	ഡോ. സുധീഷ് കുമാർ	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, നാട്ടകം (NAM)
ഇടുക്കി		
1.	ഡോ. ജിനേഷ് ജെ മേനോൻ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, എരട്ടയാർ
2.	ഡോ. ക്രിസ്റ്റി ജെ തുണ്ടിപറമ്പിൽ	ജില്ലാ ആയുർവ്വേദ ആശുപത്രി (അനക്സ്) പാറേമാവ്
3.	ഡോ. ദീപക് സി നായർ	ജില്ലാ ആയുർവ്വേദ ആശുപത്രി (അനക്സ്) പാറേമാവ്
4.	ഡോ. അഭിഷേക് പി	എൻ.എച്ച്.എം കരുണപുരം
5.	ഡോ. കൃഷ്ണപ്രിയ കെ ബി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, വാത്തിക്കുടി
എറണാകുളം		
1.	ഡോ. സുധിൻ കൃഷ്ണൻ. ടി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, പുത്തൻകുരിശ്
2.	ഡോ. ആശാമോൾ ടി. സി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, തൃക്കാക്കര
3.	ഡോ. ജിൻഷിദ് സദാശിവൻ	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, പാലക്കുഴ
4.	ഡോ. നിസാർ മുഹമ്മദ്	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, നോർത്ത് പറവൂർ
5.	ഡോ. ദീപ കെ സി	എൻ.എച്ച്.എം, തിരുവണിയൂർ
തൃശ്ശൂർ		
1.	ഡോ. നേത്രദാസ് പി കെ	രാമവർമ്മ ജില്ലാ ആയുർവ്വേദ ആശുപത്രി, തൃശ്ശൂർ
2.	ഡോ. ഷിജി പി കെ	കേരള ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് സ്പോർട്സ് ആയുർവ്വേദ റിസർച്ച്
3.	ഡോ. ബിബിൻ കെ മാത്യു	കേരള ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് സ്പോർട്സ് ആയുർവ്വേദ റിസർച്ച്
4.	ഡോ. അരുൺ എസ് ആർ	രാമവർമ്മ ജില്ലാ ആയുർവ്വേദ ആശുപത്രി, തൃശ്ശൂർ (NAM)
5.	ഡോ. സുബ്ന കൃഷ്ണൻ	എൻ.ആർ.എച്ച്.എം കട്ടകമ്പൽ

പാലക്കാട്		
1.	ഡോ ബാബു	ജില്ലാ ആയുർവ്വേദ ആശുപത്രി, പാലക്കാട്
2.	ഡോ. കൃഷ്ണകുമാർ എച്ച്	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കുറ്റാനശ്ശേരി
3.	ഡോ. ഷബാന	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, ചെറുപ്പുള്ളശ്ശേരി
4.	ഡോ. നിതിൻ മോഹൻ	നാഷണൽ ആയുഷ് മിഷൻ
5.	ഡോ. ശാലു ശശി	എൻ.എച്ച്.എം, ജി.എ.എച്ച് ചളവറ
മലപ്പുറം		
1.	ഡോ. കവിത വി എൻ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, പാണ്ടിക്കാട്
2.	ഡോ. വൃന്ദ റോയി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, മാമ്പുറം
3.	ഡോ. നൗഫൽ പനക്കൽ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കൊടക്കാട്
4.	ഡോ. നൗഫൽ റഹ്മാൻ	എൻ.എച്ച്.എം ആലിപറമ്പ്
5.	ഡോ. അനുഷ	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, പൊന്നാനി (NAM)
കോഴിക്കോട്		
1.	ഡോ. സജിത്ത് വി പി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, നടുപൊയിൽ
2.	ഡോ. യദുനന്ദൻ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കടലുണ്ടി
3.	ഡോ. എൻ രാജേഷ്	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, എടച്ചേരി
4.	ഡോ. പ്രജിത പി കെ	നാഷണൽ ഹെൽത്ത് മിഷൻ
5.	ഡോ. കിഷോർ ലാൽ	നാഷണൽ ഹെൽത്ത് മിഷൻ
വയനാട്		
1.	ഡോ. രേഖ സി എൻ	സർക്കാർ ആയുർവ്വേദ ടൈബൽ ഡിസ്പെൻസറി, കാരിയോട്
2.	ഡോ. അരുൺ ജി	താലൂക്ക് ആയുർവ്വേദ ആശുപത്രി, സുൽത്താൻ ബത്തേരി
3.	ഡോ. മഞ്ജു പി ടി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, മുട്ടിൽ
4.	ഡോ. ബിജുല ബാലകൃഷ്ണൻ	എൻ.എച്ച്.എം വൈത്തിരി
5.	ഡോ. സിജോ	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, പാതിരിച്ചാൽ (NAM)
കണ്ണൂർ		
1.	ഡോ. ദീപരാജ് വി ടി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കതിരൂർ
2.	ഡോ. ശ്രുതി ടി പി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, കീഴൂർ-ചാവശ്ശേരി
3.	ഡോ. പ്രവീൺ പി ആർ	എൻ.എച്ച്.എം ചെറുപുഴ
4.	ഡോ. സുജ ജി നായർ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, അഞ്ചരക്കണ്ടി
5.	ഡോ. ജയേഷ്	സർക്കാർ ആയുർവ്വേദ ആശുപത്രി, പയ്യന്നൂർ

കാസറഗോഡ്		
1.	ഡോ. ജയ ജി	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, മുദിയക്കൽ
2.	ഡോ. ഭാഗ്യശ്രീ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, അമ്പലത്തുകര
3.	ഡോ. ഫാത്തിമ യാസ്മിൻ	സർക്കാർ ആയുർവ്വേദ ഡിസ്പെൻസറി, ചെമ്മനാട്
4.	ഡോ. സത്യേന്ദ്ര ഡി	എൻ.എച്ച്.എം ഡിസ്പെൻസറി, മുലിയാർ
5.	ഡോ. നിഷാന്ത്	ജില്ലാ ആയുർവ്വേദ ആശുപത്രി. കാസറഗോഡ്

വിശ്വാസപൂർവം,

ഡയറക്ടർ
ഭാരതീയ ചികിത്സാ വകുപ്പ്

എല്ലാ ജില്ലാ മെഡിക്കൽ ഓഫീസർമാർക്കും.

എസ്.കെ

STATE AYURVEDA COVID-19 RESPONSE CELL

The Essential Drug List

FOR THE AYURVEDIC PREVENTION AND CONVALASCENT CARE IN COVID-19

Department of AYUSH,
Government of Kerala
4-15-2020

Guidelines for Usage

- The EDL is solely intended for the purpose of Ayurvedic prevention and convalescent care of COVID-19 at the Regional and District Ayurveda COVID-19 Response Cells as well as *Ayur Reksha Clinics* across the state.
- The medicines from the EDL shall be administered only under the strict guidance of registered Ayurvedic practitioners only.
- The administration of the EDL shall be in accordance to the approved annexures attached herewith.
- ***The EDL under any circumstances shall not be used as a cure of COVID-19 patients (with or with out laboratory confirmation) or individuals with symptoms of potential COVID-19 manifestations.***

Kasahayas

1. Indukantham
2. Nayopayam
3. Pathya Shadamgam
4. Elakanadi
5. Vyaghryadi
6. Drakshadi
7. Dasamoola Katuthrayam
8. Shadangam/Amruta Shadanagam (as panakam)

Choornam/Gudika

1. Sudarsanam Choornam/Gudika/Tablet
2. Vilwadi Gudika/Tablet
3. Aswagandha Choornam
4. Triphala Choornam
5. Guduchi Choornam
6. Yashti Choornam
7. Pippali Choornam

Ghrutham

1. Indukantham
2. Bruhat Chagaladi

Avaleham

1. Kooshmanda Rasayanam
2. Agasthya Rasayanam
3. Pippali Rasayanam
4. Amrutha Prasam
5. Chyavana Prasam

Annexures – Technical

Annexure 1 Guidelines

for Healthy People

Non Pharmacological Interventions

Diet

a. Food: The lockdown reduces physical activity and at the same time can induce craving for food. It is important to refrain from overeating and especially indulgence in snacking and junk food. Here are some general guidelines:

- Eat only when you are hungry
- Avoid frequent snacking just to while away time. Snacks may be used only if you are really hungry. Dry fruits, homemade chips, boiled banana etc. are the options to select from.
- Reduce the quantity to ¾ or ½ of what you take on an active normal day.
- Rice gruel (Kanji) at least once a day is an ideal option
- Avoid or restrict the use of non-vegetarian food.
- Try adding ¼ teaspoon of dry ginger powder while cooking the rice. This will aid digestion. Good gut is the foundation of good health.
- 'Chammanthi' made of gooseberry (Nellikka) and ginger (inchi) can be a healthy and tasty recipe
- In curry, pastries, snacks, tiffin, soups, wherever possible, use green gram (cheru payar) liberally.
- Minimize the use of black gram (uzhunnu).
- Include locally available vegetables and fruits in the daily menu as per the availability. Bananas, Mangoes, Jackfruit, Guavas and other seasonal fruits available in our villages have good nutritional value. Use them according to one's digestive capacity. .
- Avoid pickles, hot spicy foods, and garam masala.

b. Beverages:

- The water for drinking may be converted into an excellent medicine by some simple techniques. See one example: boil the water with comfortable amounts of dry ginger, coriander seeds (malli), thulasi leaves, muthanga, panikkoorkkayila, ayamodakam (ajwain seeds), and turmeric. The quantities need not be that specific. Make it a tasty chukkuvellam. All members of the family can quench their thirst with this.
- Drink tea and coffee, the popular beverages of Kerala, sparingly during the lockdown. There are reports of sleeplessness, hyperacidity, heartburn and other similar issues caused by excessive use of tea and coffee.
- 'Chukkukaappi' may be a safer alternative, which is a simple digestive and medicinal beverage. Also try similar drinks like thulasikkaappi, mallikkaappi etc.
- Those who are familiar with diluted milk, or milk as such, try it with a piece of dry ginger (chukku) and a pinch of turmeric powder while boiling it. It is more helpful to improve the respiratory health. Goat's milk has an edge over cow's milk in this regard.
- Sarbath prepared out of nannari/naruneendi is a tasty and healthy option for healthy persons, but don't prepare with ice water.
- Diluted buttermilk (sambharam) with some salt, ginger and curry leaves is an exceptionally healthy drink. Buttermilk boiled with turmeric, dry ginger and curry leave (kaachiya moru) can keep the digestive tract healthy and smooth. This was a panacea of our ancestors.
- Avoid Curd.
- Avoid refrigerated water. It can invite throat infection. Please remember that sore throat of any sort may be suspected as an initial presentation of COVID. Don't jeopardize the health status of your respiratory tract.
- Don't use carbonated and alcoholic beverages of any sort.

Personal hygiene and Activities of daily living

- Go to the bed early at night and get up early in the morning. Sound sleep is an excellent tonic for the body and mind.

- Don’t opt to have a nap during daytime. Excessive sleeping is a good reason for weight gain.
- Don’t use an air-conditioner. Keep the windows open and the rooms properly ventilated. If at all using an AC, never set temperature to below 25 degrees. When you use a fan, don’t sit or lie down right below it, especially at night. These practices are to keep your respiratory tract healthy.
- Keep the day actively engaged in works that you can do at home. Prepare a timetable for the lockdown period.
- Start reading good books. During these days, reading can be developed into a healthy habit, good for the mind as well.
- Spend time with your loved ones.
- Try activities like cooking, painting, stitching, gardening, games, etc.
- Do things on a timetable.
- Be regular with the morning routines like brushing the teeth, toilet, bathing, etc. as the season is warm and humid in Kerala, wash your body twice and head once (preferably in the morning)
- Nasyam: put one drop of coconut oil or sesame oil in each nostril and inhale. This may be done in the morning before head bath.
- Don’t bathe immediately after a meal.
- Exercise moderately but regularly. An adult with moderate built shall exercise two times a day. It can be Yoga, Skipping, Treadmill, *Orbitrek* or something of that sort. Opt for those, which can be done indoors. Yoga has an edge over the others because it can be incorporated with pranayama and meditation, which will be excellent support for the mind as well.
- Keep good posture while sitting, lying down or standing. Faulty postures may end up in spinal disorders by the time we come out of the lockdown period.
- Keep yourself happy and composed. Stress is the biggest enemy of our immune system.

Hygiene of the premises

- Keep your home and surroundings clean. This is essential for prevention of all sorts of diseases.

- Manage the domestic waste properly. Don't allow mosquitoes, rats or other rodents to breed around.
- Smoke (dhoopanam) all the rooms of your house with herbs. Turmeric, Garlic, mustard, Neem leaves, and Salt. Aparajitha churnam is another option. If available vayambu, kottam, katukka, and yavam may also be used. These are all given as choices. Add a bit of ghee while doing the dhoopanam.

Pharmacological Interventions

Preventive Medical Practices

- For a healthy person, no medicine is needed. But certain preventive medical practices added on to the daily activities may give enhanced capacity to fight against infections. They are listed below:
    - Apply or put a drop of coconut oil in your nostrils in the morning after brushing teeth.
    - Warm gargle with water boiled with dry ginger, turmeric, panikkoorkkayila, and a bit of salt. This may be done after the nasal drops.
- Steam inhalation with turmeric, thulasi leaves and panikkoorkkayila in the evening.

a. Some medicines are helpful in improving the general health.
    i. 15 ML Indukantham kashayam diluted with 60 ML pre-boiled cool water may be taken two times a day before food.
    ii. 10 GM of Kooshmandarasayanam (for those with good appetite) or Agasthyarasayanam (for those with less appetite) may be taken two times a day after food. Dose may be adjusted according to digestive capacity.
    iii. Age appropriate modifications of dose and frequency of medicines are to be made by the medical team through the facility entrusted for the same by the Govt.

Annexure 2

CONVALESCENT PERIOD CARE

The Non-pharmacological intervention

1. Follow annexure 1.
2. Head bath shall not be regular during this period. Those who have residual symptoms like breathing difficulty may avoid head bath until the symptoms resolve. Use warm water for body and boiled cool water for head while bathing. Apply Rasnadi powder on the crown after head bath. Oil bath shall be started only after 7 days after recovery and on the advice of an Ayurvedic physician.
3. Strictly avoid contact with general public
4. Pranayama, yoga can be continued under medical advice
5. Strictly avoid pungent and sour foods and reduce salt intake.
6. Drinking water can be boiled with chittamruthu, chukku, Tulsi, jeerakam and ayamodakam as per availability.
7. cherupayar soup, banana / arrowroot powder soup with chukku and sarkara can be taken in the evening..
8. 1 teaspoon of small onion made into a paste with honey can be taken once or twice daily.
9. Milk boiled with turmeric and dry ginger can be taken once.
10. Keep yourself engaged in music, reading, communicating with friends and relatives, write down your experiences during the disease.

Pharmacological intervention*

1. Strictly continue all medicines prescribed by the physician during the COVID attack and the regular medicines prescribed for other comorbidities like diabetes
2. 15 ML Elakanadi kashayam with 45 ML boiled cool water and ½ teaspoon Jeerakappodi as mempoti two times a day. For non-diabetic patients, add 1 teaspoon honey also. Other options are :
    a. Dasamoolakatuthrayam kashayam
    b. Indukantham kashayam
    c. Vyaghryadi kashayam
3. Rasayana Chikitsa to be opted for to avoid potential sequel of the infection. Special consideration shall be given to major organs like lungs, liver kidneys etc. A list of medicines in this regard is given below:
    a. Kooshmanda rasayanam
    b. Agasthya rasayanam
    c. Amrutha prasam
    d. Chyavana prasam
    e. Pippali rasayanam
    f. Indukantham ghrutham
    g. Bruhat chagaladi ghrutham

*This needs medical advice from the facility provided for this purpose

Annexure 3

High risk like health care professionals and other field staff working with corona patients (without comorbidities*)

Non Pharmacological Interventions

1. Follow Annexure 1.
2. Try to sleep for 6 hours a minimum
3. Practice deep breathing/yoga/pranayama every day. Find time to relax and exercise regularly. Specific exercise modules for this purpose are incorporated in this program
4. Keep yourself hydrated. Drink plenty of water. More advice in this regard is available in Annexure 1. Some extra options are given below:
    a. Limewater can be fortified with any of the above drugs like ginger, thulasi leaves, panikkoorkka etc, sugar candy would be more helpful instead of sugar.
    b. gooseberry (2-3nos) and cardamom(1no) can be used to make juice and take with Honey
    c. Black dry grapes- 20 nos is kept in water overnight, squeezed and juice can be taken with honey or sarkkara
    d. Dry ginger, coriander, jeeraka, uluva, tulsi leaves, elakkai can be slightly roasted, powdered and boil in sarkkara to make a syrup. This can be diluted with water and consumed.
5. Do not suppress your natural urges to urinate, pass motion etc.
6. Do steam inhalation twice (at least once) a day. More advice in this regard is available in Annexure 1.

Pharmacological Interventions

1. Follow Annexure 1.
2. Chyavanaprasam 10 GM shall be taken two times a day after food followed by ½ glass of milk boiled with dry ginger and turmeric.

**Cardiovascular Diseases, Diabetes, Hypertension, Chronic Respiratory Diseases, Cancer*

Annexure 4

General Guidelines for People with Comorbidities

1. Chronic Respiratory Ailments

I. Non Pharmacological Intervention

a. Diet: General directions in **Annexure 1** shall be followed
b. The food should be light and warm. As far as possible avoid late night meal
c. Never eat bellyful.
d. Avoid refrigerated food.

Drinking water: additional suggestions are listed below.

e. 10 Tulasi leaves / 2 panikoorka) + 1 teaspoon crushed coriander seeds + 2 pinch dried ginger powder boil in 1 litre water – can be used for drinking comfortably warm.
f. Chukkukaappi
g. Mallikkaappi
h. Thulasikaappi
i. Avoid milk and milk products in general
j. Avoid carbonated, refrigerated drinks

B. Activities of Daily Living

a. Breathing exercises/pranayama/yoga/physical exercises. (Special Instructions are given)
b. Avoid lying directly beneath the fan at night.
c. Avoid AC
d. Steam inhalation (Refer Annexure 1 for details). Cover the eyes during steam inhalation.
e. Gargling two times a day: (Refer Annexure 1 for details).
f. Nasyam: (Refer Annexure 1 for details).

II. Pharmacological Intervention

a. Special medicines shall be used as supportive measures in consultation with Ayurveda physician using the telemedicine facility provided by the Govt.

Annexure 5

General Guidelines for People with Comorbidities

1. Diabetes Mellitus

General Guidelines:

1. All regular medicines shall be continued without fail.
2. Keep monitoring the blood sugar values at regular intervals.
3. Follow the diet prescribed by your doctor.

I. Non Pharmacological Interventions

A. Diet

a. Limit the amount of grains in your diet
b. Wheat and Small millets like Ragi can be an alternative
c. Whole green gram (Cherupayar) is a good option
d. steam cooked foods are considered beneficial
e. Special Precautions: Indian gooseberry (nellikka/amla) and turmeric are beneficial for improving general immunity and also to control diabetes. These can be used as:
    - 4-5 raw gooseberry + one small piece of raw turmeric (manjal) can be ground together to take the juice and can be taken once in a day.
    - Dry gooseberry powder- 1 tsp, turmeric powder -3 pinch, can be mixed in hot water and taken once a day.
    - Dry gooseberry powder- 1 tsp, turmeric powder -3 pinch can be boiled in 1 ½ glass water, to be reduced to ¾ glass and can be taken once a day.
f. Fenugreek should be dry fried and made into powder and can be taken with hot water, ½ tsp once a day.
g. 1 tsp triphalachoornam can be taken with luke warm water at bedtime for relieving constipation and is good for diabetes also.
h. For drinking water: Boil 2 litres of water with ½ tsp coriander or ½ tsp cumin seeds with 10 crushed pieces of jackfruit leaf (plavila) petiole or mango leaf (mavila) petiole, and add 10 tulsi leaves or 2 panikkoorka (indian borage) leaf, when it starts boiling. Keep this closed for a while. And use as drinking water when cold.

II. Pharmacological Intervention

a. Special medicines shall be used as supportive measures in consultation with Ayurvedic physicians using the telemedicine facility provided by the Govt.

Annexure 6

General Guidelines for People with Comorbidities

1. Cardiac Patients and Hypertensive Patients

General Guidelines:

1. All regular medicines shall be continued without fail.
2. Keep monitoring the blood pressure at regular intervals.
3. Follow the diet prescribed by your doctor.

I. Non Pharmacological Interventions

A. Diet
   a. Spicy, sour and fried items should be avoided.
   b. Salt intake shall be limited
   c. Add shallots, ginger, coriander, garlic, black pepper, turmeric, curry leaves etc shall be more included in daily foods.
   d. For panajalam: Boil 2 litres of water with ½ tsp coriander or ½ tsp cumin seeds with 10 crushed pieces of jackfruit leaf petiole (plavilanjettu) or mango leaf petiole (mavilanjettu), and add 10 tulsi leaves or 2 panikkoorka (indian borage) leaf, when it starts boiling. Keep this closed for a while. And use as drinking water when cold.
   e. Special Guidelines: 8 cloves of garlic, and ½ tsp cumin seeds are crushed and boiled with 1½ glass water and ½ glass milk and is reduced to ¾ glass. It is then filtered and taken once a day. (Those who don't prefer milk can use water alone). Or 5 flaps of garlic can be roasted, ground and eaten as such.

B. Activities of daily living
   a. Follow annexure 1.
   b. For exercise, follow special guidelines in that regard

II. Pharmacological Intervention

   a. Special medicines shall be used as supportive measures in consultation with Ayurvedic physicians using the telemedicine facility provided by the Govt.

Annexure 7

General Guidelines for People with Comorbidities

1. Cancer

General Guidelines:

1. All regular medicines shall be continued without fail. .
2. Follow the diet prescribed by doctor.

Follow the instructions of **Annexure 1.**

Annexure 8

High risk health care professionals and other field staff working with corona patients (with comorbidities*)

General Guidelines:

a. Follow the corresponding special annexure according to the specific comorbidity

Annexure 9

Ministry of AYUSH

Ayurveda's immunity boosting measures for self care during COVID 19 crisis

In the wake of the Covid 19 outbreak, entire mankind across the globe is suffering. Enhancing the body's natural defence system (immunity) plays an important role in maintaining optimum health.

We all know that prevention is better than cure. While there is no medicine for COVID-19 as of now, it will be good to take preventive measures which boost our immunity in these times.

Ayurveda, being the science of life, propagates the gifts of nature in maintaining healthy and happy living. Ayurveda's extensive knowledge base on preventive care, derives from the concepts of "Dinacharya" - daily regimes and "Ritucharya" - seasonal regimes to maintain healthy life. It is a plant-based science. The simplicity of awareness about oneself and the harmony each individual can achieve by uplifting and maintaining his or her immunity is emphasized across Ayurveda's classical scriptures.

Ministry of AYUSH recommends the following self-care guidelines for preventive health measures and boosting immunity with special reference to respiratory health. These are supported by Ayurvedic literature and scientific publications.

Recommended Measures

I General Measures

1. Drink warm water throughout the day.
2. Daily practice of Yogasana, Pranayama and meditation for at least 30 minutes as advised by Ministry of AYUSH (#YOGAatHome #StayHome #StaySafe)
3. Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) are recommended in cooking.

II Ayurvedic Immunity Promoting Measures

1. Take Chyavanprash 10gm (1tsf) in the morning. Diabetics should take sugar free Chyavanprash.
2. Drink herbal tea / decoction (Kadha) made from Tulsi (Basil), Dalchini (Cinnamon), Kalimirch (Black pepper), Shunthi (Dry Ginger) and Munakka (Raisin) - once or twice a day. Add jaggery (natural sugar) and / or fresh lemon juice to your taste, if needed.
3. Golden Milk- Half tea spoon Haldi (turmeric) powder in 150 ml hot milk - once or twice a day.

III Simple Ayurvedic Procedures

1. Nasal application - Apply sesame oil / coconut oil or Ghee in both the nostrils (Pratimarsh Nasya) in morning and evening.
2. Oil pulling therapy- Take 1 table spoon sesame or coconut oil in mouth. Do not drink, Swish in the mouth for 2 to 3 minutes and spit it off followed by warm water rinse. This can be done once or twice a day.

IV During dry cough / sore throat

1. Steam inhalation with fresh Pudina (Mint) leaves or Ajwain (Caraway seeds) can be practiced once in a day.
2. Lavang (Clove) powder mixed with natural sugar / honey can be taken 2-3 times a day in case of cough or throat irritation.
3. These measures generally treat normal dry cough and sore throat. However, it is best to consult doctors if these symptoms persist.

1. The above measures can be followed to the extent possible as per an individual's convenience.
2. 2 These measures are recommended by following eminent Vaidyas from across the Country as they may possibly boost an individual's immunity against infections.

1. Padma Shri Vaidya P R Krishnakumar, Coimbatore
2. Padma Bhushan Vaidya Devendra Triguna, Delhi
3. Vaidya P M Varier, Kottakkal
4. Vaidya Jayant Devpujari, Nagpur
5. Vaidya Vinay Velankar, Thane
6. Vaidya B S Prasad, Belgaum
7. Padma Shri Vaidya Gurdeep Singh, Jamnagar
8. Acharya Balkrishna ji, Haridwar
9. Vaidya M S Baghel, Jaipur
10. Vaidya R B Dwivedi, Hardoi UP
11. Vaidya K N Dwivedi, Varanasi
12. Vaidya Rakesh Sharma, Chandigarh
13. Vaidya Abichal Chattopadhyay, Kolkata
14. Vaidya Tanuja Nesari, Delhi
15. Vaidya Sanjeev Sharma, Jaipur
16. Vaidya Anup Thakar, Jamnagar

Disclaimer: The above advisory does not claim to be treatment for COVID 19.

MAY 20, 2020

“അമൃതം”

ക ോവിഡ്-19 വോറൻണ്ടയിനിലുള്ളവർക്കുള്ള

ആയുർ രക്ഷോ പദ്ധതി

മോർഗ്ഗകരഖ

കേറ്റ് ആയുർകവദ ക ോവിഡ് 19 റസ്പോൺസ് റസൽ

ആയുഷ് വ ുപ്പ്

ക രള സർക്കോർ

കേരള സർക്കാരിൽ നിന്നുമുള്ള ഏറ്റവും പുതിയ ഉത്തരവനുസരിച്ചു ോവാറൻ്ണ്ടയിനുള്ളവർക്കുള്ള ആയുർകവദ പദ്ധതിോേൾ നടപ്പിലാക്കുവാൻ അനുമതി ലഭ്യമായിരിക്കുന്ന സാഹചരയത്തിൽ ജില്ലാ ആയുർകവദ കോവിഡ്-19 റെസ്കപാൺസ് റസല്ലുോളിലൂറട "അമൃതും" എന്ന ആയുർരക്ഷാ പദ്ധതി നടപ്പിലാക്കുന്നതിനുള്ള റപാതുനിർകദശങ്ങൾ, അനുബന്ധ കരഖേൾ എന്നിവയാണ് ഈ മാർ്ഗകരഖയിലുള്ളത്.

റപോതുനിർകദശങ്ങൾ

1. ോൂട്ടായ പ്രവർത്തനങ്ങളിലൂറട ഒരു കമജർ ഇൻ്സ്ടിടയൂഷണൽ ോവാറൻ്ണ്ടയിൻ കേപ്രത്തിറലങ്കിലും അമൃതും പദ്ധതി തുടങ്ങാൻ ശ്രമിക്കണ്ടതാണ്
2. ോവാറൻ്ണ്ടയിനിലുള്ളവരിൽ, സ്ത്രീോേൾ, ോുട്ടിോേൾ, മുലയൂട്ടുന്ന അമ്മമാർ എന്നിവർക്ക് ഔഷധും ആയുർകവദ രുംഗറത്ത സ്ത്രീകരാഗ/ശിശുകരാഗ വിദഗ്ദ്ധരുറട ആവശയമായ നിർകേശകത്താറട നല്കാവുന്നതാകണാ എന്ന് അതാത് വേുപ്പുോേൾക്ക് പരികശാധിക്കാവുന്നതാണ്.
3. 14 ദിവസ ോോലാവധിയിൽ എല്ലാ ദിവസവും ഒരു നിശ്ചിത സമയത്തിൽ ോവാറൻ്ണ്ടയിനുലുള്ളവറര വിളിച്ചു വിവരങ്ങൾ അകനവഷികക്കണ്ടതാണ്. ആയതികലക്ക് വിദയാർത്ഥിോളുറടയും ആയുർ രക്ഷാ ടാസ്ക് കഫാഴ്സ അുംഗങ്ങളുറടയും കസവനും യുക്തിസഹമായി ഉപകയാഗികക്കണ്ടതാണ്.

4. അത്തരത്തിൽ വിദയാർത്ഥിേറളയും മറ്റും ഉപകയാഗിക്കുകപാൾ, എപ്പോരമാണ് റടലികaാൺ വഴി വിവര കശഖരണും നടകത്തണ്ടത് എന്നതിനുള്ള ഒരു മാർഗകരഖകയാ റചറിയ പരിശീലനകമാ ജില്ലാ അടിസ്ഥാനത്തിൽ അവർക്കായി ഏർറപ്പടുത്തുന്നത് നന്നാേു്ം. ആയതികലക്കു കമഖല ററസ്കപാൺസ് റസല്ലുേളുറട സഹായവും കതടാവുന്നത് ആണ്.
5. ആയുർകവദ മരുന്നുേശ്റക്കാപ്പും എറെൻഷയൽ പ്ലഗ് ലിസ്റ്റിൽ നിർകേശിച്ചിരിക്കുന്ന ആകരാഗയ പരിപാലനത്തിനുള്ള മാർYങ്ങളും കേപ്ര ആയുഷ് വേുപ്പ് നിർകേശ്ശിക്കുന്ന പ്തികരാധ മാർYങ്ങളുമായി കചർത്ത് യുക്തമായ രീതിയിൽ േവാറൻണ്ടയിനിലുള്ളവരികലക്ക് എത്തിക്കുവാൻ പരമാവധി പ്ശമികക്കണ്ടതാണ്. ആയതികലക്ക് കസാഷയൽ മീഡിയറയ ഉപകയാഗറപ്പടുത്താവുന്നതാണ്. മറ്റു ജില്ലേളിൽ തയാറാക്കിയ അത്തരും പഠന സാമഗ്രിേശ് എല്ലാ ജില്ലേളിലും പ്രകയാജനറപ്പടുത്താവുന്നതുമാണ്.
6. േവാറൻണ്ടയിനിലുള്ളവരുറട മാനസിേ ആകരാഗയ പരിപാലനത്തിനായും േ്യതയമായ നിർകദശങ്ങൾ ഉണ്ടാകേണ്ടതുണ്ട് ആയതിനായി ജില്ലാ അടിസ്ഥാനത്തിൽ സുംവിധാനങ്ങൾ അടിയന്തിരമായി സജ്ജമാകക്കണ്ടതുണ്ട്. കaാൺ വഴി നൽേുവാൻ േഴിയുന്ന മനസികോല്ലാസപ്രദമായ വിവിധ പരിപാടിേശ് ജില്ലാ അടിസ്ഥാനത്തിൽ ആസൂപ്രണും റചയ്തു നടപ്പിലാക്കാവുന്നതാണ്.
7. മാനസിേോകരാഗയ രുംഗത്ത് മലപ്പുറത്ത് പ്രവർത്തിച്ചുറോണ്ടിരിക്കുന്ന "േൂറട" ഒരു നല്ല മാത്യേയാണ്. "േൂറട" യുറട പ്രവർത്തനും സുംസ്ഥാനതലത്തിൽ ലഭ്യമാക്കുന്നതും പരിഗണിക്കാവുന്നതാണ്
8. മാനസിേോകരാഗയ പ്രവർത്തനങ്ങൾക്കായി ദ്ാരതീയ ചിേിത്സാ വേുപ്പിന് േീഴിൽ പ്രവർത്തിക്കുന്ന ആയുർകവദിേ് റിസർച്ച് ടീമിറല (ആർട്) വിദഗ്ധരുറട കസവനും ജില്ലാടിസ്ഥാനത്തിൽ ഉപകയാഗിക്കാവുന്നതാണ്. ആയുർകവദ കോകളജുേളിറല മാനസിേ കരാഗ വിദഗ്ധറര ഉൾറപ്പടുത്തി കമഖലാ

അടിസ്ഥാനത്തിൽ ജില്ലേളുറട പ്രവർത്തനത്തിന് സഹായേമാേുന്ന രീതിയിൽ പ്രതുത പ്രവർത്തനങ്ങൾ നടത്താവുന്നതുമാണ്

9. ആയതികലക്കുള്ള പരിശീലന പരിപാടിേൾക്കായി കോട്ടക്കൽ പ്രവർത്തിക്കുന്ന, ഭ്ാരതീയ ചിേികിത്സാ വുപ്പിന് േീഴിലുള്ള സർക്കാർ മാനസിേ ആകരാഗയ കേപ്രും, കോട്ടക്കൽ വി.പി. എസ്.വി. ആയുർകവദ കോകളജ് മാനസിേ വിഭ്ാഗും, കമഖലാ റസല്ലുേൾ എന്നിവിടങ്ങളിൽ നിന്നുമുള്ള സഹായും സവീേരിക്കാവുന്നതാണ്.
10. അതാതു ജില്ലേളിൽ പ്രവർത്തിക്കുന്ന ആയുർകവദ കോകളജുേറളയുും സവോരയ കമഖലയിറല ആയുകവദ വിദഗ്ധന്മാകരയുും, ആയുർകവദ രുംഗറത്ത വിവിധ സുംഘടനേറളയുും സഹേരിപ്പിച്ചുറോണ്ടു അക്കാദമിേ് സമിതിേളുണ്ടാക്കി പരിശീലന പരിപാടിേൾ ജില്ലാ അടിസ്ഥാനത്തിൽ തറന്ന, അവിറട നിലവിലുള്ള സവികശഷ സാഹചരയങ്ങൾക്കനുസ്യതമായി, നടപ്പിലാക്കുേകയാ, ആയതികലക്കു കമഖല ററസ്ഫപാൺസ് റസല്ലുേളുറട സഹായും കതടാവുന്നകതാ ആണ്.
11. ഇതുകപാറല തറന്ന ആവശയറമങ്കിൽ മാനുഷിേ വിഭവകശഷിക്കായി ജില്ലയിറല ആയുർകവദ കോകളജുേറളകയാ കമഖല ററസ്ഫപാൺസ് റസല്ലുേറളകയാ ആയുർകവദ രുംഗറത്ത വിവിധ റപ്പാaഷണൽ സുംഘടനേറളകയാ സമീപിക്കാവുന്നതാണ്.
12. നിർേിഷ്ടമായ ഔഷധങ്ങൾ 14 (പതിനാലു) ദിവസകത്തക്കാണ് േവാറൻണ്ടയിനിലുള്ളവർക്കു നൽകേണ്ടത് (ഔഷധും തയ്യാർ റചകയ്യണ്ടുന്ന രീതിേളുും മറ്റുും മുകന്ന നൽേിയിട്ടുള്ളത് ഉപകയാഗിക്കുേ. ഔഷധ നിർണ്ണയത്തിനുള്ള കപ്പാകട്ടാകോൾ ഇതികനാറടാപ്പും കചർത്തിട്ടുള്ളത് കനാക്കുേ.)
13. ആയുർകവദ ഔഷധങ്ങൾ ഉപകയാഗിക്കാൻ വിമുഖത േിാട്ടുന്ന േവാറൻണ്ടയിനിലുള്ളവർക്ക് അനുരൂ ഒന്ന് (എ)ൊൻഷയൽ പ്ലഗ് ലിസ്റ്റ്)

പ്പോരമുള്ള ജീവിതശശല ീ മാറ്റങ്ങൾ, ഭ്ക്ഷണ പ്ംമങ്ങൾ എന്നിവ ഉപകദശിക്കാവുന്നതാണ്

14. ഒരുപഞ്ചായത്തിൽ ഓകരാ ദിവസവും ആറേ ംവാറൻണ്ടയിനിലുള്ളവരുറട എണ്ണവും അതിൽ ആയുർകവദ മരുന്ന് ഉപകയാഗിച്ചവരുറട എണ്ണവും ംഴിയുറന്നടുകത്താളും ംൃതയമായി കരഖറപ്പടുത്തി സൂക്ഷികക്കണ്ടതാണ്. അത്തരത്തിൽ ജില്ലാ തലത്തിലാറേയുള്ള ംണക്കും ലഭ്യറമങ്കിൽ കോർഡികനറ്റർമ്മാർ കശഖരിച്ചു സൂക്ഷികക്കണ്ടതാണ്.
15. ംവാറൻണ്ടയിനിലുള്ളവരിൽ ആയുർകവദ മരുന്ന് ഉപകയാഗിക്കാത്തവറരയും ംഴിയുന്നപ്ച ശാസ്ത്രീയമായി കaാറളാ അപ് റചകയ്യണ്ടത് പഠന ഗകവഷണ പ്വർത്തനങ്ങൾക്കു അതയന്താകപക്ഷിതമാണ്.
16. ംവാറൻണ്ടയിനിലുള്ളവരുറട കaാറളാ അപ് എല്ലാ ദിവസവും ഒരു നിശ്ചിത സമയും (ഉച്ചതിരിഞ്ഞു *3* മണികയാട് ംൂടിയായാൽ നല്ലത്. ആ സമയത്തു വിദയാർത്ഥിംറളക്കൂടി നന്നായി ഉപകയാഗറപ്പടുത്താൻ ംഴിയും) നടത്തുംയും ഡാറ്റ അപ്ലാഡ് റചയ്യുംയും കവണും. ംവാറൻണ്ടയിൻ ംാലാവധിയിറല കaാറളാ അപ് 1 -14, 21, 28 ദിവസങ്ങളിൽ നടത്താവുന്നതാണ് (ഇത് ആയുർകവദ മരുന്ന് ഉപകയാഗിച്ചവർക്കും അല്ലാത്തവർക്കും ബാധേമാണ്)
17. ംവാറൻണ്ടയിനിലുള്ള വയക്തിയുറട കaാൺ നപർ മറ്റ് വിവരങ്ങൾ എന്നിവയ്റക്കാപ്പും പ്തുത വയക്തിയുമായി ബന്ധറപ്പട്ട വിവരങ്ങൾ നല്കാൻ ംഴിയുന്ന മററ്റാരാളുറട കaാൺ നപർ ംൂടി കരഖറപ്പടുത്തി വയ്ക്കണ്ടതാണ്.
18. കോവിഡ് 19 പ്തികരാധ പ്വർത്തനങ്ങളുമായി ബന്ധറപ്പട്ടു ഒരു ജില്ലയിറല റമഡിക്കൽ ഓaീസർമാർക്ക് ഉണ്ടാംുന്ന ചിംിത്സാ സുംബന്ധിയായ സുംശയങ്ങൾ ദൂരീംരിക്കുന്നതിനും, ജില്ലേളിറല സാഹചരയങ്ങൾ മനസിലാക്കി അടിയന്തിര ചിംിത്സാ സുംബന്ധിയായ തീരുമാനങ്ങൾ എടുക്കുന്നതിനും ജില്ലാ റമഡിക്കൽ ഓaിസർ റചയർമാനായി പ്വർത്തിക്കുന്ന ഭ്ാരതീയ ചിംിത്സാ വുപ്പിറല വിദഗ്ധരായ കഡാക്ടർമാറര ഉൾറപ്പടുത്തിറക്കാണ്ടുള്ള ഒരു റമഡിക്കൽ അശഡവസറി സുംവിധാനും എല്ലാ

ജില്ലേളിലും സജ്ജമാകക്കണ്ടതാണ്. അതിൽ ആവശയറമങ്കിൽ, വേുപ്പ് തീരുമാനമനുസരിച്ചു സ്ത്രീ/ശിശുകരാഗ വിദഗ്ധരയും ഉൾറപ്പടുത്താവുന്നതാേുന്നു.

19. പ്തുത റമഡിക്കൽ അശഡവസറി സുംവിധാനത്തിനായി ഒരു റമഡിക്കൽ കബാർഡ് രൂപ ീേരിക്കുേകയാ/നിലവിലുള്ളത് ഉപകയാഗിക്കുേകയാ ആോും. രണ്ടുമറല്ലങ്കിൽ ആർട് കപാറല ജില്ലാടിസ്ഥാനത്തിൽ നിലവിലുള്ള ോരയക്ഷമമായ ഒരു സുംവിധാനും ഇതിനായി പ്കയാജനറപ്പടുത്താവുന്നതുമാണ്.
20. ഇത്തരത്തിൽ കോവിഡ് കപാസിറ്റീവ് ആയവരുറട കaാകളാ അപ്പിനായി കഡാക്ടർമാർക്കു കവണ്ട സൗേരയങ്ങളും മാനുഷിേ വിഭവകശഷിയും ജില്ലാ അടിസ്ഥാനത്തിൽ ലഭ്യമാകക്കണ്ടതാണ്. ആയതിനായി കമഖല ആയുർകവദ കോവിഡ്-19 ററസ്പാൺസ് റസല്ലുേളുറട സഹായും കതടാവുന്നതുമാേുന്നു. േവാറൻണ്ടയിനിൽ കോവിഡ് കപാസിറ്റീവ് ആോുന്നവരുറട വിവരകശഖരണത്തിനു മാപ്തമായി ആവശയറമങ്കിൽ ജില്ലാ അടിസ്ഥാനത്തിൽ ജില്ലാ ആയുർകവദ കോവിഡ്-19 ററസ്പാൺസ് റസല്ലിന് േീഴിൽ ഒരു പ്കതയേ ടീമിറന സജ്ജമാക്കാവുന്നതാണ്.
21. േവാറൻണ്ടയിൻ കേപ്രങ്ങൾ പ്വർത്തിക്കുന്ന സർക്കാർ ആയുർകവദ കോകളജുേളിലും ഇത്തരത്തിൽ റമഡിക്കൽ അശഡവസറി സുംവിധാനങ്ങളും വിവര കശഖരണ മാർYങ്ങളും മറ്റും സജ്ജമാക്കാവുന്നതാണ്.
22. എല്ലാ ജില്ലാടിസ്ഥാനത്തിലും മുന്നിൽ വരുന്ന വിവിധങ്ങളായ സാഹചരയങ്ങൾ കനരിടുന്നതികലക്കായി, ഒരു േകപ്ണ്ടാൾ റൂും പ്വർത്തികക്കണ്ടതാണ്. കോവിഡ്- 19 പ്വർത്തനങ്ങൾക്കു പുററമ മറ്റുപല സാപ്േമിേ കരാഗങ്ങൾക്കും പ്ോതി ദുരന്തങ്ങൾ മുതലായവ കനരിടുന്നതിനും പ്തുത േകപ്ണ്ടാൾ റൂമുേൾ ഉപകയാഗിക്കാവുന്നതാണ്. േൺകപ്ാൾ റൂമുേളുറട നടത്തിപ്പും ഏകോപനവും നാഷണൽ ആയുഷ് മിഷന് ആയിരിക്കും. േൺകപ്ാൾറൂും എപ്സമയും പ്വർത്തിക്കണും ആറരാറക്കയുണ്ടാേണും മുതലായ ോരയങ്ങൾ ഭ്ാരതീയ

ചിേിത്സാ വേു പ്പ്, നാഷണൽ ആയുഷ് മിഷൻ എന്നിവിടങ്ങളിൽ നിന്നുമുള്ള തീരുമാനങ്ങൾക്കും, നിർകേശങ്ങൾക്കും വികധയമായിരിക്കും.

23. വിവിധ തലങ്ങളിറല വിവര കശഖരണത്തിനായുള്ള കേസ് ററകക്കാർഡ് കaാുംം (സി.ആർ.എaം) ഇതികനാറടാപ്പും പ്പസിദ്ധീേരിച്ചിട്ടുണ്ട് ആയവ േ്യതയമായി ഉപകയാഗറപ്പടുകത്തണ്ടതാണ്. അമൃതും പദ്ധതിക്കായി പ്പകതയേ റരജിസ്റ്ററുേശ സൂക്ഷിക്കുന്നത് പിന്നീടുള്ള ആവശയങ്ങൾക്ക് അഭ്ിേോമയമായിരിക്കും.
24. േവാറൻണ്ടയിനിലുള്ളവരിൽ ആയുർകവദ ഔഷധങ്ങളും മറ്റും ഉപകയാഗിക്കുന്നതിനായുള്ള സമ്മത പപ്തത്തിനുള്ള മാത്യേയും ലഭ്യമാക്കിയിട്ടുണ്ട്. ആയത് വാൽ്ല ആപ് മുഖാന്തിരകമാ കരാഗിയുറട അനുവാദകത്താറട കവായിസ് ക്ലിപ്പാകയാ റടേസ്റ്റ് റമകെജ് ആകയാ വാങ്ങാവുന്നതാണ്.
25. േവാറൻണ്ടയിനിലുള്ളവരിൽ ആറരങ്കിലും കോവിഡ് കപാസിറ്റീവ് ആുേകയാ േവാറൻണ്ടയിനിൽ നിന്ന് മാറ്റുന്നത് വറരകയാ ആയുർകവദ ആകരാഗയ രക്ഷ ഔഷധങ്ങൾ നൽേോവുന്നതാണ്.
26. അത്തരത്തിൽ കോവിഡ് കരാഗിേളായി മാറുന്നവരുറട േ്ളിനിക്കൽ കോഴ്്സ, ക്ലിനിക്കൽ ഒൗട്ടും എന്നിവ േഴിയുന്നപ്ര കശഖരികക്കണ്ടതും കോവിഡ് മുക്തരായാൽ പുനർജനിയികലറക്കത്തിക്കാൻ പ്രമികക്കണ്ടതുമാേുന്നു (ഇത് ആയുർകവദ മരുന്ന് ഉപകയാഗിച്ചവർക്കും അല്ലാത്തവർക്കും ബാധേമാണ്)
27. േവാറൻണ്ടയിനിലിരിറക്ക കോവിഡ് ബാധിതരാേുന്നവരുറട വിവരങ്ങൾ േ്യതയമായി സി.ആർ.എaം - ൽ കരഖറപ്പടുത്തി സൂക്ഷികക്കണ്ടതും. ആവശയറപ്പടുന്ന മുറയ്ക്ക് കോഓർഡികനറ്റർമ്മാർ മുഖാന്തിരും നിശ്ചിത കaാർമാറ്റിൽ നൽകേണ്ടതുമാേുന്നു.
28. സവോരയ ആയുർകവദ കോകളജുേളിലും, ആശുപപ്തിേളിലും പ്രവർത്തിക്കുന്ന േവാറൻണ്ടയിൻ കേപ്രങ്ങളിറല അമൃതും പദ്ധതിയുറട നടത്തിപ്പ് ഏറ്റവും അടുത്തുള്ള ആയുർരക്ഷ ക്ലിനിക്കുേൾക്കായിരിക്കും.

29. മരുന്നുേളുറട നിർമ്മാണ വിതരണ പ്രവർത്തനങ്ങൾക്കായി േവാറൻണ്ടയിൻ കേപ്രങ്ങൾ പ്രവർത്തിക്കുന്ന ആയുർകവദ സ്ഥാപനങ്ങളുറട സഹായും ആവശയറമങ്കിൽ സവീേരിക്കാവുന്നതാണ്.

30. േവാറൻണ്ടയിൻ കേപ്രങ്ങളിറലയും വീടുേളിറലയും ഔഷധ നിർമ്മാണ വിതരണത്തിന് ശുചിതവവും സുരക്ഷിതതവവും ഉറപ്പാക്കുന്ന ഏതു മാർഗ്ഗങ്ങറളക്കുറിച്ചും ജില്ലാ അടിസ്ഥാനത്തിൽ തീരുമാനറമടുക്കാവുന്നതും ആയതിനായി തകേശ്ര സവയുംഭ്രണ സ്ഥാപനങ്ങളിൽ നിന്നുൾറപ്പറടയുള്ള സഹായ സഹേരണങ്ങൾ സവീേരിക്കാവുന്നതുമാണ്. ആയുർ രക്ഷ ട്ടീക കaാഴ്ച്ച േോരയക്ഷമമാക്കുന്നതിലൂറട കമൽ പ്രവർത്തനങ്ങൾ സുഗമമാക്കാൻ േഴിയും.

31. അമ്യതും പദ്ധതിയിൽ നിന്നുമുള്ള വിവരങ്ങൾ എല്ലാ ദിവസവും റികപ്പാർട്ട് റചകയണ്ടതുണ്ട് ഗൂഗിൾ കaാുംം തയ്യാർ ചയ്ത കോഓർഡികനറ്റർമ്മാർ മുഖാന്തിരും എത്തിച്ചു നൽേുന്നതാണ്.

32. സവാസ്ഥയും സുഖായുഷയും മുതലായ പരിപാടിേളുറട ദിവസവും ഉള്ള റികപ്പാർട്ടിങ് അമ്യതും പദ്ധതിയുറട റികപ്പാർട്ടിങ് തുടങ്ങുന്ന മുറയ്ക്ക് എല്ലാ ശനിയാഴ്ചയും (അഴ്ച കതാറുമുള്ള അറേ വിവരങ്ങൾ) റചയ്താൽ മതിയാേുും. എന്നാൽ അതയാവശയ സരർഭ്ങ്ങളിൽ വിവരങ്ങൾ നൽേുവാൻ ആയുർ രക്ഷ ക്ലിനിക്കുേൾ സജ്ജമായിരികക്കണ്ടതാേുന്നു.

33. കോവിഡ്-19 പ്രവർത്തനങ്ങളുമായി ബന്ധറപ്പട്ട വിവരകശഖരണും, ആയത് സൂക്ഷിക്കുേ, വിലയിരുത്തുേ മുതലായവ അതയന്തും ഉത്തരവാദിത്തകത്താറട റചകയ്യണ്ട ഒന്നാേുന്നു. സുംക്ഷിപ്തമായ വിവരങ്ങൾ മാത്രമാണ് ഓൺശലൻ മുഖാന്തിരും സുംസ്ഥാനതലത്തിൽ കശഖരിക്കുന്നത്. വിശദമായ വയക്തിഗത വിവരങ്ങൾ കശഖരിക്കുന്നതിനും, സൂക്ഷിക്കുന്നതിനുമുള്ള അധിേോരും കസ്റ്റഡ് ആയുർകവദ കോവിഡ്-19 ററസ്പാൺസ് റസല്ലികനാട് കചർന്ന് പ്രവർത്തിക്കുന്ന വേുപ്പുേൾക്കും, പ്തുത റസൽ ചുമതലറപ്പടുത്തുന്ന സ്ഥാപനങ്ങൾക്കും വയക്തിേൾക്കും മാത്രമായിരിക്കും.

34. ഔഷധ നിർമ്മാണ വിതരണവും, വിവരകശഖരണമുൾറപ്പറടയുള്ള തുടർ പ്പവർത്തനങ്ങളുറമല്ലാും തറന്ന സർക്കാരിൽ നിന്നും, ആകരാഗയ വേുപ്പിൽ നിന്നും സമയാസമയങ്ങളിലുണ്ടാേുന്ന മാർഗനിർകേശങ്ങൾക്കനുസരിച്ചും, കപ്ബക്ക് ദി റചയിൻ നിബന്ധനേൾ പാലിച്ചുറോണ്ടുമാേണും.
35. അമൃതും പദ്ധതി തുടങ്ങിയിരിക്കുന്നതിനാൽ സവാസ്ഥയും പദ്ധതിയിലൂറട നൽേുന്ന ആകരാഗയ രക്ഷ മരുന്നുേൾക്ക് നിയപ്ന്തണും റോണ്ടുവകരണ്ടതാണ്.
36. േവാറൻണ്ടയിനിലുള്ളവരുറട പരിചരണത്തികലർറപ്പട്ടിരിക്കുന്ന കഡാകൂർമാരും മറ്റു പ്പവർത്തേരും ജില്ലാ കോർഡികനറ്റർമാരും േഴിയുന്നപ്ര കaാണിൽ ലഭ്യമായിരിക്കാൻ പ്രദ്ധികക്കണ്ടതാണ്

ഇകപ്പാഴുള്ള ഈ റോകറാണാക്കാലും നൽേുന്ന കവദനേളും പരാധീനതേളും സമാനതേളില്ലാത്ത േൂട്ടായ്മയിലൂറട നമ്മൾ അതിജീവിക്കും. പറക്ഷ ഈ പ്പതിസന്ധി പഠന ഗകവഷണ പ്പവർത്തനങ്ങൾക്കുള്ള വലിയ സാധയതേളാണ് തുറന്നു തന്നിരിക്കുന്നത്. ആയതു േൂടി പരിഗണിച്ചുറോണ്ട് കമഖല റസല്ലുേറള േൂടി ഉപകയാഗറപ്പടുത്തിറക്കാണ്ടു ജില്ലാ തലത്തിലുള്ള പഠന ഗകവഷണ പ്പവർത്തനങ്ങൾ ശക്തിറപ്പടുത്തുവാനുള്ള പ്രമങ്ങൾ നടത്താവുന്നതാണ്.

അമൃതം

ക ോവിഡ് -19 ക@ോഗ നി@ീക്ഷണ ത്തിലുള്ളവ@ുടെ പ@ിപോലനത്തിന് ആയുർകവദ ചി ിത്സ ർക്കുള്ള മോർഗ്ഗ നിർകേശങ്ങൾ

ചികിത്സയിൽ പൂർണമായ ുംം മ ൻ കൂട്ടി നിർദ്ദേശിക്കപ്പെട്ട മര ന്ന കൾ മാത്രദ്ദമ ഉദ്ദപയാഗിക്കാവൂ എന്ന പറയ ന്നര് ആയ ർദ്ദവദ രീരിയല്ലദ്ദല്ലാ. എങ്കില ുംം ദ്ദരാഗപ്പെ സുംബന്ധിച്ച ചില ധാരണകൾ ഉണ്ടാക കയ ുംം അരിനന സരിച്ച മാത്രും ചികിത്സ നടെ കയ ുംം പ്പചയ്യണും. ഇരിനായി രാപ്പെെറയ ന്ന കാരയങ്ങൾ സഹായകമാക ുംം.

സോമോനയമോയി ക@ോഗലക്ഷണങ്ങൾ ഇല്ലോത്തവർക്ക് ക@ോഗ പ്തിക@ോധത്തിനോയി നൽ ോവുന്ന ഔഷധങ്ങൾ (ോലോവധി 14 ദിവസും).

1. ഇന്ദു ോന്തും ഷോയ ചൂർണ്ണും /ഏലോ ണോദി ഷോയ ചൂർണ്ണും

(ദീപനവ ുംം, അന ദ്ദലാമനവ ുംം രദവാരാ ദ്ദരാഗത്പരിദ്ദരാധ ശക്തി വർദ്ധിെിക്ക ന്നര മായ ഔഷധുും)

രാത്രി 400 ml (2 ഗ്ലാസ്) നന്നായി രിളച്ച പ്പവള്ളെിൽ, 6 ടീപൂൺ കഷായ ചൂർണ്ണും ദ്ദചർെ് അടച്ച വയ്ക്ക ക, കാലെ് അര് വീണ്ട ുംം രിളെിച്ച് 200 ml (1 ഗ്ലാസ്) ആക്കി വറ്റിച്ച് അരിപ്പച്ചട െ് പക രി കാലെ് പ്പവറ ുംം വയറ്റില ുംം (6 am) ബാക്കി പക രി വവകിട്ട ുംം (6 pm), പ്പവറ ുംം വയറ്റില ുംം ദ്ദസവിക്ക ക.

ഗർഭിണി ൾക്കും ുട്ടി ൾക്കും : ത്ദാക്ഷാദികഷായ ചൂർണ്ണും/ഏലാ കണാദി കഷായ ചൂർണ്ണും./ നദ്ദയാപായും കഷായ ചൂർണ്ണും

2. വിലവോദി ഗുളി /സുദർശനം ഗുളി വിഷഹരരവിന ുംം ജ്വരഹരരവിന ുംം ത്പശതേമായ ഔഷധും. 2 ഗ ളിക വീരും 2 ദ്വനരും ദ്വസവിക്കാും.

3. ഷഡംഗം ഷോയ ചൂർണ്ണം. ച ക്ക് മല്ലി പ്പവള്ളമായാല ുംം ദ്വപാരാഷ്കയില്ല. ഒര ലിറ്റർ പ്പവളളെിദ്വലക്ക് 15 ത്ഗാും ചരച്ച പ്പപാടിദ്വയാ, സൂക്ഷ്മചൂർണ്ണമാണ് എങ്കിൽ ഒര ടീപൂൺ (5 ത്ഗാും) മരി. രിളച്ചാൽ പാത്രും അടയ്ക്കാപ്പര 10 മിനിറ്റ് സ്റ്റൗ സിമ്മാക്കിയിട്ട് ദ്വവവിക്കണും. അപ്പല്ലങ്കിൽ പ്പചറ രീയിൽ ദ്വവവിക്കണും, ഇര് ഒരാൾക്ക് എന്ന കണക്കിപ്പലട ക്കാും. ഏകദ്വദശും 750 മില്ലി ലിറ്റർ കാണ ുംം. ഇര് ഒര ദിവസും പലവട്ടമായി ക ടിക്കണും.

4. ുലുക്കുഴിയോൻ

ച ക്ക് / കട ക്കാപ്പൊണ്ട് ദ്വചർെ രിളെിച്ച പ്പവള്ളും സ ഖകരമായ ചൂടിൽ ശകലും ഇന്ദ െ് അപ്പല്ലങ്കിൽ സാധാരണ ഉെ് ദ്വചർെ് ദിവസും രണ്ട രവപ്പണപ്പയങ്കില ുംം കവിൾ പ്പകാണ്ട് ക ല ക്ക െിയാൻ നിർദ്ദേശിക്കാും

5. ആവി ട ോള്ളോൻ

മഞ്ഞൾ, ര ളസിയില, പനിക്കൂർക്കയില, യൂക്കാലി എണ്ണ, എന്നിവ ദ്വചർെ് രിളെിച്ച പ്പവള്ളും ആവി ശവസിക്കാൻ നിർദ്ദശിക്കാും.

6. അപ@ോജിത ധൂപ ചൂർണ്ണം

ഇര പദ്വയാഗിച്ച്, വവകിട്ട് വീടിനകും അപ്പല്ലങ്കിൽ രാമസസ്ഥലും പ കയ്ക്കണും. പ്പവള െ ള്ളി, ദ്വവെില, കായും, കട ക്, വയമ്പ്, ക ന്തിരിക്കും, എന്നിദ്വവദ്വയാ ഉദ്വപയാഗിക്കാും.

കമൽ സൂചിപ്പിച്ച നിർകേശങ്ങൾക്ക് പുറടമ ക പ്ന്ദ ആയുഷ് വ ുപ്പിൽ നിന്ന് പുറത്തിറക്കിയി@ിക്കുന്ന നിർകേശങ്ങളും യുക്തിസഹമോയി ജില്ലോതലങ്ങളിൽ തീ@ുമോനടമെുത്തു നെപ്പിലോക്കോവുന്നതോണ്. എടെൻഷയൽ പ്ലഗ് ലിസ്റ്റിൽ നിർകേശിച്ചി@ിക്കുന്ന ആക@ോഗയ പ@ിപോലനത്തിനുള്ള മോർഗങ്ങളും ഇതികനോടൊടോപ്പം നെപ്പിലോകക്കണ്ടതോണ്.

ക@ോഗിയുകെയും ക@ോഗോവസ്ഥ ടളയും പ@ിഗണിച്ച് ഉപകയോഗിക്കോവുന്ന ഏതോനും പ്പധോന ഔഷധങ്ങളും അവ ഉപകയോഗിക്കോവുന്ന അവസ്ഥ ളും ചുവടെ കചർക്കുന്നു.

കയോഗം	**കമടപോെ്ി**	**ഫലം**
ദശമൂല കട ത്രയാദി കഷായും	ദുരൻ	കഫവാരെിന് ത്പാധാനയും കൂട രലാപ്പണങ്കിൽ യ ക്തമായ മര ന്ന്. അന ബന്ധ ദുവദനകൾക്ക് നന്ന്
പAയാ ക ോുംബരയാദി കഷായും	ദുരൻ, കായും	കഫവാര ജ്വരെിൽ അന ബന്ധമായി ത്പാണ-അന്നവഹ ദുസ്രസ്സ കപ്പള ബാധിക്ക ന്ന അന ബന്ധ ലക്ഷണങ്ങദുളാട കൂടിയരാക ദുമ്പാൾ ത്പദുരയകും നിർദ്ദേശിക്കപ്പെട്ടിരിക്ക ന്ന . പിെ ദുകാപ ോിന ള്ള സാധയര നല്ലദുപാപ്പല കണക്കിപ്പലട ക്കണും.
അമ്യദുരാെരും കഷായും	പഞ്ചസാര/യ ക്ത മായ ഗ ളിക	സന്നിപാര ജ്വരെിൽ പ്പകാട ക്കാവ ന്ന ദുയാഗും. അന ദുലാമനരവമ ണ്ട് പാചന-ദീപനമാണ്. കാസ ശവാസങ്ങദുളക്കാൾ പനിയ്ക്ക് മ ൻ രൂക്കമ ള്ള സന്ദർഭങ്ങളിൽ യ ക്തും.

ഏലാ കണാദി കഷായും	പഞ്ചസാര, ജ്ീരകപ്പൊടി, ദ്കാലരക്കിൻ പ്പപാടി, ഇരട്ടി മധ രപ്പൊടി എന്നിവയ ുംം ദ്രന ുംം	രാജ്യക്ഷ്മ സദൃശമായ ശവാസ കാസങ്ങളിൽ വിധിക്കപ്പെട്ടിരിക്ക ന്ന ശമനമായ, എന്നാൽ അത്ര ലുംഘനമല്ലാെ കഷായും. പിൊന ബന്ധെില ുംം പ്പകാട ക്കാും.
പദ്ടാല കട ദ്രാഹിണയാദി കഷായും.	യ ക്തമായ ദ്മപ്പമ്പാടി ദ്ചർക്കണും.	പിെ-പിെകഫ ജ്ഞയമായ ജ്വരെിൽ ത്പധാനും. കാസശവാസങ്ങൾക്ക് ത്പദ്രയകിച്ച് സൂചന ഇപ്പല്ലങ്കില ുംം ജ്വരഹരെവദ്ധൊപ്പടാെുംം, വിഷഹരരവവ ുംം കൂടി ഉള്ളരിനാൽ സഹായകരമാക ുംം.
നദ്യാപായും കഷായും	യ ക്തമായ ദ്മപ്പമ്പാടി ദ്ചർക്കണും.	വാരാന ദ്ലാമനും, ശവാസ ഹിധ്മാ ഹരും ബലയും, ഗർഭ രക്ഷക്ക ുംം ഉെമും.
ത്ദാക്ഷാദി ഫാണ്ട/ഹിമ കഷായും	മലർപ്പൊടി, ദ്രൻ, പഞ്ചസാര,പിച്ചക െൂ.	വാരപിെ ശമനും, രക്തത്പസാദനും, മദ്നാവിത്ഭമും, ഛർേി, കാമല, മൂർച്ഛ, ദാഹും, ത്ഭമും, ര ടങ്ങിയവ പനി പ്പകാണ്ട ള്ള ക്ഷീണും, രലച റ്റ്, നിർജ്ജലീകരണും മ രലായവയ്ക്ക് ഉെമും.

[കമൽ ോണിച്ച മ@ുന്നു ശ്ക്ക് പുറടമ, എസൻഷയൽ പ്ലഗ് ലിസ്റ്റിൽ ഉൾടപ്പട്ടി@ിക്കുന്ന അഗസത്യ @സോയനം മുതലോയവയും, അമൃതോ@ിഷ്ടം, മുസ്തോ@ിഷ്ടം എന്നിവയും പ@ിഗണിക്കോവുന്നതോണ്. അതയോവശയ സന്ദർഭങ്ങളിൽ ജില്ലോതല ടമഡിക്കൽ കbോർഡു ശ്ക്ക് എസൻഷയൽ പ്ലഗ് ലിസ്റ്റിനു പുറത്തുള്ള ഔഷധങ്ങളും ഉപകയോഗത്തിനോയി നിർകേശിക്കോവുന്നതോണ്. ആയതു സംbന്ധിയോയ വിവ@ങ്ങൾ ക ോർഡികനറ്റർ മുഖോന്തി@ം എസ്.എ.സി.ആർ.സി. ക്കു എത്തികക്കണ്ടതോണ്. ചി ിത്സോ സംbന്ധിയോയും ഗകവഷണ സംbന്ധിയോയും ഉള്ള സംശയ ദൂ@ീ @ണത്തിന് എസ്.എ.സി.ആർ.സി. ക്കു കവണ്ടി പ്പവർത്തിക്കുന്ന ക്ലിനിക്കൽ റികസോഴ്സ പ്ലൂപ്പ്, റിടസർച്ച് റികസോഴ്സ പ്ലൂപ്പ് എന്നിവ@ുടെ സഹോയം ലഭയമോണ്.]

SACRC CASE RECORD FORM FOR COVID-19

Module 1: Quarantine care – Amrutham / Baseline data

Mode of recording: Direct / Telephonic Source of details: Self/Attendee/Health worker

Details of the Ayur Raksha Clinic: **Name of the attending doctor:**	Date: ……/……./20….	**Case Record No:**
Name:	Age:	Sex: M / F / T
Address:	Mobile: Landline:	
Panchayath/Municipality/Corporation:	Ward:	Host spot Yes / No
Health care worker – Yes / No	Other high-risk group – Yes / No	
In house family member under quarantine / Attending a COVID19 quarantine facility		
Travelled from:	From Reported hotspot: Yes / No	
H/O of Contact with a Suspected/Confirmed Covid19 case	Primary/ Secondary/Unknown/None	
Quarantine suggested: Yes / No From …… To ……	Nature of the quarantine – Home / Institution	
Pregnancy: Yes / No If yes: week of gestation……	Lactating: Yes / No If yes, duration .....weeks	

Co-Morbidities	As reported by the patient or from medical records. (Unk – Unknown)		
Hypertension	Yes / No / Unk	Asthma	Yes / No / Unk
Diabetes	Yes / No / Unk	Kidney disease	Yes / No / Unk
Cardiac disease	Yes / No / Unk	Liver disease	Yes / No / Unk
Chronic lung disease	Yes / No / Unk	Tuberculosis	Yes / No / Unk
Neurological disorder	Yes / No / Unk	Malignancy	Yes / No / Unk
HIV	Yes / No / Unk	Smoking	Yes / No / Unk
Others (Mention)			

Medicines advised during quarantine period: As Standalone measure / As Add on

Date	**Medicine**	**Dose & Time**	**Duration**	**Diet & Lifestyle**

If Add on, Mention the modern medicines administered: HCQ /others/ UnK

Outcome at the end of quarantine period – Tested as Covid19 positive – **Yes / No**

Module 2: Patient monitoring (To be filled if patient develops COVID-19 symptoms)

Ayurvedic Prophylactic medicine intake : Yes / No. (If Yes no of days.....)

Mode of recording: Direct / Telephonic Source of details: Self /Attendee /Health worker

Date of Onset of symptoms: ……/……../20…. Date of First recording ……/……../20….

Frequency of follow up to be decided according to available resources Mention the day on which the assessment is made on the "Day" column (Eg- 2nd, 7th etc) Put "□" mark if present / "□" if absent								
Symptom/sign	**Day**	**Day**	**Day**	**Day**	**Day**	**Day**	**Day**	**Day**
Fever								
Cough								
Sputum								
Haemoptysis								
Sore throat								
Running nose								
Wheezing								
Shortness of breath								
Chest pain								
Muscle pain								
Joint pain								
Fatigue								
Loss of smell								
Loss of taste								
Head ache								
Abdominal pain								
Nausea								
Vomiting								
Diarrhea								
Constipation								
Lymphadenopathy								
Inability to walk								
Conjunctivitis								
Bleeding (mention site)								
Altered consciousness / Confusion								
Others – Mention								

(IN CASE OF INSTITUTIONAL CARE, MAINTAIN A DAILY VITALS CHART AND ATTACH IF POSSIBLE)

Management in symptomatic phase: As standalone / As add on (Additional sheets can be added)

Date	Medicines	Dose & Time	Duration	Diet & Lifestyle

Complications:			
Pneumonia	Yes / No	Cardiac arrest	Yes / No
ARDS	Yes / No	Seizure	Yes / No
Cardiac arrythmia	Yes / No	Shock	Yes / No
Renal failure	Yes / No	Liver dysfunction	Yes / No
Others – Mention			
Necessity of ICU / High dependency care unit:		Yes / No	
Oxygen therapy:	Yes / No	Ventilation: Yes / No If Yes - Noninvasive (BIPAP/CPAP) / Invasive	

Laboratory investigations: (FA = first assessed / LA = last assessed) (IF AVAILABLE)					
Parameter	**FA**	**LA**	**Parameter**	**FA**	**LA**
Haemoglobin (g/L)			Creatinine (µmol/L)		
WBC count (x109/L)			Sodium (mEq/L)		
Platelets (x109/L)			Potassium (mEq/L)		
APTT/APTR			Procalcitonin (ng/mL)		
PT - INR			CRP (mg/L)		
LDH (U/L)			ESR (mm/hr)		
ALT/SGPT (U/L)			Creatine kinase (U/L)		
Total bilirubin (µmol/L)			Troponin (ng/mL)		
AST/SGOT (U/L)			D-dimer (mg/L)		
Covid19 RT PCR			X ray Chest PA		
Others (specify)					

Outcome assessment: Direct / telephonic	**Date of discharge/end of care:** ……/……../20…..
Condition at discharge/end of care:	Full Recovery / With complications / Death / Unk
Ability to self-care at discharge :	Same as before / Better/ Worse / Unknown

Module 3 – Post Covid19 -Convalescent care (Punarjani)

Mode of recording: Direct / Telephonic Source of details: Self /Attendee /Health worker

Post Covid19 symptoms - Frequency of follow up to be decided according to available resources Mention the day on which the assessment is made on the Day column (Eg- 2nd, 7th etc) (attach additional sheets if needed) . Put "□" mark if present / "□" if absent

Symptom/Disease	Day	Day	Day	Day	Day	Day
Breathing difficulty						
Exertional dyspnoea						
Fatigue						
Weight loss						
Loss of smell						
Loss of appetite						
Constipation						
PTSD						
Anxiety						
Depression						
Others – Liver dysfunction/ Chronic lung disease/ Chronic Kidney disease/ Cardiac dysfunction/ Neurologic manifestations / Mention specifically -						

Medicines for Convalescent care				
Date	**Medicine**	**Dose &Time**	**Duration**	**Diet & Lifestyle**
Condition at review after ..... days		Full Recovery /Referral/ Death / Unknown		
Other comments:				
Name of the attending physician:		Signature:		

Instructions for filling the CRF

1. The CRF is to be filled by a doctor or a trained health volunteer.
2. There are three modules in the CRF, which can be used for evaluating subjects under quarantine, disease care as well as convalescent period respectively.
3. Health workers include medical, paramedical, health inspectors as well as other ancillary staff associated with hospitals, nursing homes and clinics.
4. Other high-risk group include police, fire force, volunteers and other public servants who have increased chances of exposure with patients.
5. All points need to be filled only after a detailed enquiry with the person in quarantine/close relative/attendee/health worker.
6. In options given as Yes/No , Put "□" mark for whichever is applicable
7. In options given as xxxxx / yyyyy , please put tick mark for applicable ones.
8. The CRF needs to be filled strictly adhering to the social distancing and other precautionary measures.
9. The day of first visit or initiation of administration of medication is to be considered as the first day. The subsequent evaluations can be done on 7,14,21, 28th days or can be decided based on the availability of resources in the field. The follow ups can be carried out through telephonic conversations. Indicate the status of the patient in the appropriate column by putting a tick mark, if present and cross mark, if the symptoms are absent, after entering the correct date
10. In the diet and lifestyle column, the regimen advised can be entered specifically or mention the typical annexures (as Annexure I, Annexure II etc) given in SACRC protocol.
11. The option 'others' need to be filled, wherever needed, in the detailed manner.
12. The final comments need to be put in by the investigator, who analyses the CRF at the RACRC, and his signature need to be put at the right place.
13. Informed consent form, attached with the CRF shall be deliberated and consent obtained either from the patient or guardian (with necessary precautions) or by other means like telephone or electronic modes like WhatsApp / email.

സമ്മത പത്രം

ക ോവിഡ്19 ക ോഗ ത്പതിക ോധത്തിന്റെ ഭോഗമോയി സംസ്ഥോന സർക്കോർ ആയുർകവദ വ ുപ്പ് മുഖോന്തി ം നടത്തുന്ന ആയുർകവദ ചി ിത്സ സംബന്ധിച്ച വിവ ക ഖ വിശദമോയി വോയിക്കു യും, കMോക്കൂർ എന്റെ സംശയങ്ങൾ ദൂ ീ ിച്ചു ത ു യും ഈ വിവ ങ്ങൾ എനിക്ക് പൂർണമോയും കബോധയറപ്പടു യും റചയ്തി ിക്കുന്നു.

ത്പസ്തുത ചി ിത്സോ വവദയനി ീക്ഷണത്തിൽ ഉപകയോഗിക്കുകപോൾ സോധോ ണയോയി പോർശവഫലങ്ങക ോ മറ്റ് ഉപത്ദവങ്ങക ോ ോണോെ ിലല എന്നും, ആവശയം വ ുന്ന സന്ദർഭങ്ങ ിൽ എനിക്ക് വവദയസഹോയം യഥോവിധി ലഭയമോക്കുറമന്നും ഉെപ്പു നൽ ിയിട്ടുണ്ട്.

ഈ പദ്ധതിയിൽ എന്റെ പങ്കോ ിത്തം സവകമധയോറണന്നും ഈ പദ്ധതി പൂർണമോ ുന്നതിന് എന്റെ സഹ ണം ആവശയമോറണന്നും ഞോൻ ങ്ങിയുന്നു. എങ്കിലും പദ്ധതിയുറട ഏതു ഘട്ടത്തിലും ത്പകതയ ോ ണങ്ങൾ നൽ ോറത പിന്മോെോനുള്ള അവ ോശം എന്നിൽ നിക്ഷിപ്തമോറണന്നും അതുമൂലം എനിക്ക് ലഭയമോകക്കണ്ട ചി ിത്സയും മറ്റ് സൗ യങ്ങ ും നികേധിക്കറപടു യിറലലന്നും ഞോൻ മനസിലോക്കിയിട്ടുണ്ട്

ഈ പദ്ധതിയിൽ എറന്തലലോമോണ് ഉൾറപട്ടിട്ടുള്ളത് എന്ന ോ യം ഞോൻ മനസിലോക്കിയിട്ടുണ്ട്. ഈ പദ്ധതിയിൽ പറങ്കടുക്കുന്നതിന് ഞോൻ സമ്മതം നൽ ിയിട്ടുണ്ട്.

കപർ	ഒപ്പ്	തിയ്യതി
സോക്ഷിയുറട കപർ	ഒപ്പ്	തിയ്യതി
കMോക്ടുറട/ ആക ോഗയത്പവർത്ത ന്റെ	കപർ	ഒപ്പ്