

LITERARY REVIEWS

Trisutra (Aetiology-Symptomatology-Therapeutic) Profile of COVID-19

*Sudipta Kumar Rath, **Asit Kumar Panja, ***Shrinivas Vadeyar, ****Dinesh Kumar Singh

*Associate Prof. PG Dept. of Dravyaguna, **Associate Prof. PG Dept. of Maulik Siddhanta, NIA, Jaipur, ***CEO, Pavaman Pharmaceuticals and Maitrei Ayurveda Clinic, Bijapur, Karnataka, ****CEO, Sanjibani Ayurveda Clinic and Panchakarma Centre, Gorakhpur, UP

ABSTRACT

Background – Every therapeutic application in Ayurveda has robust principle(s) behind it. Yukti (rationale) is the linkage between the Siddhanta (principle) and Prayoga (application) which are the end points of the entire Chikitsa (therapeutic) process. This process involves deciphering of doctrines and principles which are given in Sutra (codified) manner. The entire Ayurveda comprises of three basic codes namely Hetu(Aetiology), Linga (Symptomatology) and Aushadha(Therapeutics). Ayurveda identified evolution shall remain inevitable and new diseases will surface with time. The successful mitigation of such new disease challenges shall involve precise translation of the principles against the place and time of occurrence to draw a plan of action. SARS – CoV - 2 (COVID-19) is a novel, evolving but serious health challenge before the globe and no health science is yet to find any reasonable solution for this. Ayurveda can contribute to effective mitigation of this challenge, both prophylactic and curative. But this has to be preceded with thorough and correct understanding of COVID-19 in terms of Ayurveda. Objective – The present article aims to develop the Trisutra Profile of Covid-19 by literature review which will be enabling for development of treatment protocols and effective control measures. Method – 14 Systematic Reviews and Meta-analytical studies on Covid-19 involving aetiology-symptomatology were analysed and interpreted in terms of Ayurveda. The aushadha sutra was suggested on basis of literature pertaining and relevant to hetu and linga sutra of Covid-19. Based on the analysis the Trisutra Profile of Covid-19 is suggested. Results – Covid-19 is a Avyapanna ritu janya janapadodhvasa vyadhi effectuated through visha / bhutabhishanga and aupasrgika (hetu), commonly clinically manifested as Sama Vata-Piitaja Jvara (linga) and can be

**Address for Correspondence:****Prof. Sudipt Kumar Rath**Associate Professor,
Dept. of Dravyaguna,
National Institute of Ayurveda, Jaipur.**Email ID :** sudipt@gmail.com**Contact No :** 9828376668

managed by Sthanaparityaga and appropriate treatment (chikitsa). Conclusion – This paper demonstrates the Trisutra profiling of Covid-19 which could help in developing effective prophylactic and curative protocols for management of Covid-19 by Ayurveda.

Keywords : Trisutra, Hetu, Linga, Aushadha, Covid-19, Aetiology, Symptomatology, Treatment

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Introduction

SARS – CoV - 2 (COVID-19) is a novel, evolving but serious health challenge before the globe and no health science is yet to find any reasonable solution for this. The magnitude of this challenge has exposed the inadequacy of healthcare systems of almost every nation. As on date there were 19.1 million confirmed cases of Covid-19 and it has caused 7.16 lakh deaths globally and the numbers are growing steadily with each passing day^[1] While the conventional biomedicine is still exploring reasonable solution amidst the damages to both human lives and healthcare infrastructure, the globe logically looks in anticipation towards the traditional healthcare systems. The sheer sustenance of traditional medicines for such long periods of time and different approach in understanding and practising medicine do make a case for such a hope.

Ayurveda is one of the most prominent and oldest surviving traditional medicines. The uniqueness of Ayurveda lies in its robust principle based healthcare approach. Yukti (rationale) is the linkage between the siddhanta (principle) and prayoga (application) which are the end points of the entire chikitsa (therapeutic) process.^[2] This process involves deciphering of doctrines and principles which are given in Sutra(codified) manner. The entire Ayurveda comprises of three basic codes namely Hetu(Aetiology), Linga (Symptomatology) and Aushadha(Therapeutics)^[3] Ayurveda identified evolution shall remain inevitable and new diseases will surface with time. The successful mitigation of such new disease challenges shall involve precise translation of the principles against the place and time of occurrence to draw a plan of action.^[4] Ayurveda can contribute to effective mitigation of Covid-19 like challenges, both prophylactic and curative provided the challenge is understood thoroughly and correctly in terms of Ayurveda.

Every disease process in Ayurveda should be understood in three basic codes i.e. Hetu (Aetiology), Linga (Symptomatology) and Aushadha(Therapeutics) before initiating action.^[5] Against this background this paper aims to do Trisutra profiling of Covid-19 which would

facilitate development of effective treatment protocols and control measures.

2. Methodology

In the current evolving scenario of Covid-19, a lot of information is available in the public domain about its aetiology, symptomatology and treatment with varying degree of variation depending upon many factors like place, race, season, etc. A handful of meta analysis are also available in these lines. Few articles have also been published from Ayurveda perspective. This article uses a multi layer approach by (1) study of existing literature and meta analysis thereof pertaining to aetiology-symptomatology-treatment of Covid-19, (2) review of these information from Ayurveda perspective on basis of relevant Ayurveda literature and (3) structuring of the review outputs into a suggestive Trisutra profiling.

Pubmed was searched for 3 key words Covid-19; aetiology/etiology, Covid-19; symptom and Covid-19, treatment. The search yielded around 7420 articles^[6] and 84 meta analysis^[7] for aetiology, around 8772 articles^[8] and 72 meta analysis^[9] for symptoms and around 866 articles^[10] and 6 meta analysis^[11] for treatment. After initial screening it was decided to use the relevant 14 PubMed, EMBASE published systematic reviews and meta-analytical studies for further systematic analysis and review. Alongside relevant documents available at WHO, US CDC, Ministry of Health GOI and Ministry of AYUSH, GOI were also studied appropriately.

Subsequent analysis of Ayurvedic literature was done pertaining to Hetu, Linga and Chikitsa of Covid-19 like conditions. The three most authoritative texts namely Charaka Samhita, Sushruta Samhita, the duo of Ashtanga Hridaya and Ashtanga Samgraha along with their important commentaries by Chakrapani, Gangadhar, Dalhana, Arundatta, Hemadri and Indu formed the pivot of this analysis. This was supplemented with the inputs from texts like Bhavaprakasha, Sharangdhar, Madhava Nidan and Yoga Ratnakar. Few review articles and case studies pertaining to Covid-19 and Ayurveda were also utilised in this process for review. The Covid-19 is a new infectious, highly contagious disease and affected

almost all nations across the globe. Therefore, Ayurveda literature pertaining to Janapadodhvasa (epidemic), contagious (aupasargika), unnamed disease entity, Agantuja (exogenous aetiology), Jvara (Fever), Bala (non-specific immunity), etc. were analysed.

Based on the review and analysis, the summarised findings were structured into a Trisutra profiling of Covid-19 disease.

3.Observations and Results

3.1.Hetu (Aetiology)

Officially the disease is named as COVID – 19 and it is caused due to the virus named as SARS-CoV-2.^[12] This is a highly contagious disease and has affected population across all continents and almost all countries. This has thus been declared as pandemic by the WHO on 11th March 2020.^[13] This primarily is a respiratory infection and the infection is spread through respiratory droplets and contact routes.^[14,15,16,17,18,19] The same has been corroborated by WHO by in its updated report of 9th July 2020 regarding mode of transmission. Though there have been apprehensions of airborne transmission but the same has not been confirmed by any study. Droplet transmission occurs when a person is in in close contact (within 1 m) with someone who has respiratory symptoms (e.g., coughing or sneezing) and is therefore at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets. Transmission may also occur through fomites in the immediate environment around the infected person.^[20] Thus, based on the available information it can be said that transmission of Covid-19 can happen either by direct contact or indirect contact with surfaces or things that have been contaminated.

This information can be correlated with an unnamed disease entity concept of Ayurveda. This states that it is practically impossible to describe all the diseases by name. The physician has to identify the vitiation of doshas, source and sites of affliction, nature of the disease, etc. of any disease and initiate therapeutic action.^[4] The viral aetiology of Covid-19 disease can be incorporated under the Agantuja (exogenous) type^[21], Abhishanga

subtype^[22] and bhuta / visha abhishanga category^[23] of Jvara (fever). The term bhuta has been explained by commentators like Chakrapani as Visha-krimi^[24] whereas Yogindranath Sen states that bhuta means that has existence beyond the vision capabilities of human eyes and does not belong to the described bhutagrama (plant and animal kingdom)^[25]. These explanations indicate towards microscopic virulent organisms. The pandemic nature of Covid-19 finds similarities with the doctrine of Janapadodhvasa(epidemics) described in Ayurveda, in which people belonging to a community are affected simultaneously despite having difference in age, dosha condition, Prakriti, physical strength, dietary habits, etc.^[26,27] Sushruta has also mentioned about epidemics to occur without any derangement in seasonal signs wherein diseases like cough, dyspnoea, fever, vomiting, etc. simultaneously affect most in a community and the disease is transmitted through air.^[28] The highly contagious nature of Covid-19 has a striking similarity with the Aupasargika roga (contagious disease) mentioned in Ayurveda. Sushruta states that sometimes diseases like Kustha (skin disease), Jvara(fever), etc. can pass on from one person to another person due to direct or indirect contact.^[29] Chakrapani states it is due to Rakshogana (microscopic organism) the diseases assumes contagious character and become epidemic.^[30] Vijayrakshita commented Aupasargika (contagious) diseases as Bhuta upasargaja (diseases caused due to infection with bhuta).^[31]

3.2. Linga (Symptomatology)

The systematic review of the 14 published meta-analysis revealed that Covid-19 disease presents itself with varied symptomatology. These studies analysed data from various countries like China, the UK, the USA, Singapore, Italy, Australia, Japan, Korea, the Netherlands, and India. A study covering 656 patients revealed that symptoms were Fever - 88.7%, Cough - 57.6%, dyspnea - 45.6%.^[32] A study covering 6892 patients revealed that symptoms were fever (83.4%), cough (60.5%), fatigue (33.8%), sputum (28.9%), dyspnea (22.1%), myalgia (20.6%), chest tightness / pain (16.3%), sore throat (13.5%), headache (11.2%), diarrhea (7.5%), nasal congestion / rhinorrhea

(6.7%), nausea / vomiting (5.6%), pain abdomen (4.6%), and hemoptysis (1.7%).^[33] In a review covering 190 paediatric studies revealed the common symptoms were fever (59%), cough (46%) and gastrointestinal manifestations (12%).^[34] In a review covering 3600 patients the incidence of symptoms were as follows fever (83.3%), cough (60.3%), fatigue (38.0%), sputum production (30%), shortness of breath (30%) and myalgia (30%).^[35] A review comprising of 43 studies and 1675 patients showed symptomatology of fever (71.4%), cough (57.1%), generalised weakness (42.9%), nasal congestion (14.3%), sneezing (14.3%), rhinorrhoea (14.3%), sore throat (14.3%), Pleuritic chest pain (14.3%) and diarrhoea (28.6%).^[36] A review comprising of 29 studies and 6064 patients for manifestations of gastrointestinal symptoms revealed that nausea or vomiting (6%), loss of appetite (21%), abdominal pain (3%) were main symptoms with evidence of liver injury was 19%.^[37] Another review covering 50466 patients showed fever (89.1%), cough (72.2%), muscle soreness and fatigue (42.5%) were the presenting symptoms.^[38] A study revealed fever (62.9%), cough (36.8%), sore throat (22.6%), dyspnoea (15.7%), diarrhea (15.6%) were the symptomatology. [39] Fever (70.6-100%), dyspnea (85.7%), cough (78%) and fatigue (22-61.9%) were found to be the presenting symptoms of Covid-19 disease as per another review.^[40]

A review comprising of 24410 patients showed that fever – 78%, Fatigue - 31%, Myalgia – 17%, Rigors – 18%, Arthralgia – 11%, Cough – 57%, Dyspnea – 23%, Chest Pain – 7%, Wheeze – 17%, Sore Throat – 12%, Rhonirrhea – 8%, Diarrhoea – 10%, Headache – 13% and Confusion – 11% were the symptoms observed.^[41] The review of symptoms in 2855 children and adolescents revealed that 95% had fever, 37% cough, 4% diarrhoea, 2% nasal congestion and 1% dyspnoea.^[42] A meta-analysis of 11609 patients for neurological and musculoskeletal features revealed that 35% had smell impairment, 33% taste impairment, 9% myalgia, 12% headache, 10% back pain, 10% dizziness, 3% for acute cerebrovascular disease and 2% impaired consciousness.^[43] European Centre for Disease Control (ECDC) in its report of 30th June showed that Covid-19 patients are presenting with headache

(70.3%), loss of smell (70.2%), nasal obstruction (67.8%), cough (63.2%), asthenia (63.3%), myalgia (62.5%), rhinorrhoea (60.1%), gustatory dysfunction (54.2%) and sore throat (52.9%) and fever (45.4%).^[44] The Cochrane database of systematic reviews showed that most patients presented with cough, sore throat, high temperature, muscle or joint pain, fatigue, or headache.^[45]

To sum up, this disease manifests commonly with symptoms like fever, malaise, cough, cold, anosmia, sneezing, ocular pain, fatigue, sputum production, arthralgia, tachypnea, palpitation, headache, chest tightness, shortness of breath, chills, myalgia, sore throat, anorexia, weakness, diarrhea, rhinorrhea, dizziness, nausea, altered level of consciousness, vomiting, abdominal pain. Some symptoms were observed in very few patients like tonsil swelling, haemoptysis, conjunctival injection, lymphadenopathy and rash.

3.3. Aushadha (Therapeutics)

Grossly the principles involving therapeutic management of Janapadadhvansa, aupasargika diseases involving Jvara as the common presenting disease is employed for the management of Covid-19 disease. Ayurveda advocates the Aushadha (therapeutics) should be preceded by proper examination of the presenting symptoms with respect to desha (place), kala (time), etc.^[46] Thus, we have refrained from commenting in detail about the therapeutics before the discussion on hetu and linga sutras.

4. Discussion

The Ayurvedic approach to understanding of the disease and symptomatology in general includes three factors known as trividha bodhya samgraham (three parameters of understanding). They are vikara prakriti (the nature of the disease) - which includes specific feature and impact of the disease and dosha involvement, adhishthantara (sites of affliction) and hetu vishesha i.e. specific cause for dosha vaishamya (vitiation) like ruksha(dry) or sheeta(cold) indulgence for vata dosha vitiation.^[47]

The nomenclature, profiling and classification of any clinical condition is primarily done to decide the therapeutic course of action. [48] A clinical condition

can present with varied symptomatology despite having the similar hetu due to various other factors. Therefore a physician though can rely on apparent nomenclature of the presenting condition for preliminary course of action but ultimately the intervention will depend upon the actual set of presenting symptoms and aetiology.

4.1. Hetu Profile of Covid-19

1. Janapadodhvansa Vyadhi (Epidemic) - This disease affects a major part of the community irrespective of their prakriti, immunity, dosha condition, etc. thus this can be termed unequivocally as a Janapadadhvansa vyadhi. [49] There is no apparent deterioration or derangement of the natural factors as no unnatural seasonal signs are seen in the areas affected by this pandemic. Thus, this can be classified as Avyapannaritu Janapadhvansa Vyadhi. [50] Dalhana has interestingly referred to transmission of such diseases through air and route of infection can be nasal mucosa and skin. [51] This classification is very important because it gives clue to the management of such condition.

2. Nija or Agantuja - There are few textual references which can be interpreted as supporting evidence of the Hetu of this disease as Agantuja. [21-24] The argument assumes Sars-CoV-2 virus as Bhuta (minute organism) and thus is an Agantuja Hetu. But the very definition of Nija or Agantuja states that Agantuja vyadhis are the ones where symptoms appear before dosha vitiation immediately after exposure to Hetu, but finally dosha vitiation also happens. This means that in Agantuja etiology there will be a period where symptoms can be seen without dosha vitiation. [52] But practically in Covid-19, symptoms appear after a certain period from the exposure to the incubation period and in many cases no symptoms appear. This period can be assumed as the period of Dosha-dushya Samurchhana, after which depending upon the Bala (immunity) of the host symptoms might appear. Therefore, it should not be considered as a disease of Agantuja origin. If any disease caused by minute organisms is considered as Bhuta-Abhishangaja Agantuja then with that logic bacterial / viral infection should also be termed as Agantuja. Further, if it is considered as

Agantuja then the management principle should also be as that of Agantuja. But practically everyone is treating and getting result by treating the disease as per Nija disease principles.

3. Aupasargika (contagious) - This is an Aupasragika vyadhi because it is highly contagious and transmits from person to person.

4.2. Linga Profile of Covid -19

Based on the analysis of the 14 meta-analyses and Cochrane database, it is observed that Coronavirus disease 2019 (COVID-19) manifests with a wide spectrum symptomatology having a total of 32 symptoms. These symptoms can be categorized into three types on basis of their percentage of incidence as

- Symptoms appearing in more than 50% of the patients - fever, malaise, and cough and cold.
- Symptoms present in 5-49% of patients - anosmia, sneezing, ocular pain, fatigue, sputum production, arthralgia, tachypnea, palpitation, headache, chest tightness, shortness of breath, chills, myalgia, sore throat, anorexia, weakness, diarrhea, rhinorrhea, dizziness, nausea, altered level of consciousness, vomiting and abdominal pain.
- Symptoms present in <5% of patients - tonsil swelling, haemoptysis, conjunctival injection, lymphadenopathy and rash.

Further it was observed that 50% of patients had cough, sore throat, high temperature, muscle or joint pain, fatigue, or headache. However, cough and sore throat were also common in people without COVID-19, so these symptoms alone are less helpful for diagnosing COVID-19. High temperature, muscle or joint pain, fatigue, and headache substantially increase the likelihood of COVID-19 disease when they are present. Signs and symptoms were found, which fall into four different categories: systemic, respiratory, gastrointestinal and cardiovascular. No studies assessed combinations of different signs and symptoms and results were highly variable across studies.

Most had very low sensitivity and high specificity; only six

symptoms had a sensitivity of at least 50% in at least one study: cough, sore throat, fever, myalgia or arthralgia, fatigue, and headache. Of these, fever, myalgia or arthralgia, fatigue, and headache could be considered red flags (defined as having a positive likelihood ratio of at least 5) for COVID-19 as their specificity was above 90%, meaning that they substantially increase the likelihood of COVID-19 disease when present.

Key symptoms that have been associated with mild to moderate COVID-19 disease include: troublesome dry cough, fever greater than 37.8 °C, diarrhoea, headache, breathlessness on light exertion, muscle pain, fatigue, and loss of sense of smell and taste.

Red flags indicating possible pneumonia include breathlessness at rest, loss of appetite, confusion, pain or pressure in the chest, and temperature above 38 °C.

The above symptoms can be interpreted in Ayurveda as Fever - Jvara, Myalgia - Angamarda, Arthralgia - Sandhishula, Fatigue - Shrama/Klama, Headache - Shirashla. Further, it was also observed that Jvara is most consistent, cause maximum discomfort and most predominant and symptoms also indicate Sama status, which can be confirmed by Hetu and Upashaya.

Taking all these symptoms and disease with red flag symptoms a differential diagnosis was attempted as per Ayurveda. Tables.(1 to 10)

Table -I Fever (Jwara)

<i>Amajvara</i>	<i>Kaphajjvara</i>	<i>Pitta-masurika</i>
<i>Amavata (samanya)</i>	<i>Kaphajrohini</i>	<i>Pralepakajvara</i>
<i>Shadruparajayakshma</i>	<i>Mamsagatamasurika</i>	<i>Pratamaka shvasa</i>
<i>Adhrusha</i>	<i>Medogatamasurika</i>	<i>Romantika</i>
<i>Anyedyushkajvara</i>	<i>Medogatamasurika</i>	<i>Santatajvara</i>
<i>Bahirvegajvara</i>	<i>Marmakshata-samanyalingam</i>	<i>Satatajvara</i>
<i>Caturthakajvara</i>	<i>Masurika</i>	<i>Trityakajvara</i>
<i>Caturthakaviparyayajvara</i>	<i>Niramajvara</i>	<i>Triruparajayakshma</i>
<i>Caturthakaviparyayajvara</i>	<i>Pacyamanajvara</i>	<i>Vatashleshmajvara</i>
<i>Galaugha</i>	<i>Paittikakasa</i>	<i>Vatashleshmajvara</i>
<i>Jvara</i>	<i>Paittikapratishyaya</i>	<i>Vatabalajakajvara</i>
<i>Kshatajakasa</i>	<i>Pittajamavata</i>	<i>Vatajvara</i>
<i>Kshayajakasa</i>	<i>Pittajarajayakshma</i>	<i>Vrinda</i>
<i>Kaphajjvara</i>	<i>Pittajvara</i>	

Table – II Myalgia (angamarda)

Amavata (samanya)
Pitta-masurika
Kaphajjvara
Masurika
Vatajvara
Jvara

Table – III Arthralgia (Sandhishula)

Vata-masurika
Kshatajakasa
Vatapittajvara
Vatashleshmajvara
Ativridhamavata
Vata-masurika
Sannipatikajvara
Antarvegajvara

Table – IV Fatigue (shrama/klama)

Amajvara
Amavata (samanya)
Kaphajajvara
Kapha -masurika
Kamajajvara
Vata -masurika
Rasagatajvara
Vatabalasakajvara

Table – V Headache (Shirashula)

Vatikakasa
Vatashleshmajvara
Kapha -masurika
Oshadhjgandhajajvara
Kaphajakasa
Vatajvara
Vatapittajvara
Sannipatikajvara
Rukshadibhojananimittodavarta
Vatajacaturthakajvara
Kupitavayo kupitavayo karyam
Vatapittatritiyakajvara

Disease wise presence of red-flag symptoms

Table – VI Amavata (samanya)

Arthralgia(sandhishula)
Fever (Jvara)
Myalgia(angamarda)
Fatigue (shrama/klama)

Table – VII kaphajajvara

Fever (Jvara)
Myalgia(angamarda)
Fatigue (shrama/klama)

Table – VIII Vatajvara

Fever (Jvara)
Myalgia(angamarda)
Headache (shirashula)
Arthralgia (sandhishula)

Table IX - Vatashleshmajvara

Fever (Jvara)
Arthralgia (sandhishula)
Headache (shirashula)

Table X - Vata-pittaja jvara

Fever (Jvara)
Arthralgia (sandhishula/ parvabheda)
Headache (shirashula)
Fatigue (shrama/klama/Arati)

Based on the symptomatology, it seems that the provisionally it can be diagnosed as **Vatajajvara/vatapittaja- Amavastha**.

4.3 Aushadha Profile of Covid -19 (outline)

As discussed earlier, the nomenclature, classification and profiling of any disease is primarily done to decide the Aushadha sutra. Ayurveda attaches logical reasoning as the utmost criteria for final decision on therapeutic intervention. Therefore, any success not preceded by logical reasoning is considered as success by chance and is not acceptable.^[53] From the discussions above, it is clear that Covid-19 disease is an Aavyapannaritujanya Janapadadhvansa Aupasargika Vyadhi which presents commonly with Jvara associated with other symptoms. There are also instances when patients have presented with other symptoms but no fever. Further, most of the infected people remained asymptomatic. Therefore, therapeutic intervention should be as follows –

1. *Sthana Parityaga* – *Sushruta* has advised the Sthana parityaga as the first line of intervention required in such type of epidemic diseases. Sthana parityaga is interpreted by Dalhana as moving to a healthy/ unaffected locality.^[54] Chakrapani in Bhanumati commentary has interpreted its interestingly by stating that parityaga means complete avoidance of contaminated place and things.^[55] The term parityaga can be interpreted on basis etymology as paritah (complete) tyaga(avoidance/withdrawal) – a striking resemblance with the concept of self-isolation. Therefore, as per Ayurveda the first thing the person is required to do when infected is self-isolation.

2. *Daivavyapashraya* – *Charaka* has clearly stated that Adharma (lapses) committed at a community level is the primary cause for Janapadadhvansa diseases^[56]. Dalhana states that Adharma is the primary cause for such diseases and thus Daiva vyapashraya chikitsa is required.^[57] Chakrapani has also stated that Daivavyapashraya as the remedy for Adharma.^[58] *Sushruta* has stated 16 such interventions like shantikarma (control of the senses), prayaschita (remorse), etc. as the daivypashraya chikitsa for such epidemic diseases. These measures are to be undertaken at community level both by the infected and

non infected people.

3. Treatment of the individual patients –

As observed from the available data that different patients are presenting with different sets of symptoms and therefore it is not sensible to suggest any blanket therapeutic plan for all. Based on the patterns seen commonly the following therapeutic management can be planned.

A. Initial 7 days – Pachana without medicine or with Paniya Kalpana (decision to be arrived on basis of the bala of the person and agni)

B. After 7 days –

- Pachana / Shamana with medicine. The medicines can be decided based on condition of the person.
- Tarpana with Yavagu as food once appetite is restored.
- Pathya ahaar is essential throughout the course based on condition.

D. Warm water to be used throughout the course.

It is to be noted that Ayurveda treats the person presenting with symptoms not the disease, thus therapeutics in Ayurveda is tailor made from person to person. Sometimes Covid-19 infected persons present themselves with only gastrointestinal symptoms or only loss of smell or only with stuffy nose. In such cases it is obvious the course of therapeutics will change.

5. Conclusion

Based on the observed data and review thereof, the trisutra profile of Covid-19 disease can be derived on basis of an Aavyapanna ritu janya janapadadhvansiya aupasargika vyadhi which most commonly presents with Sama Vata-pittaja jvara and can be managed with the therapeutic principles applicable to such diseases.

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सारांशः

पृष्ठभूमि – आयुर्वेद में प्रत्येक चिकित्सीय प्रयोग सिद्धांतों पर आधारित है। युक्ति, सिद्धान्त और प्रयोग के बीच की कड़ी है जो संपूर्ण चिकित्सा प्रक्रिया के प्रान्त विंदुएं हैं। इस प्रक्रिया में सूत्रबद्ध सिद्धांतों की व्याख्या शामिल है। संपूर्ण आयुर्वेद तीन सूत्रों पर आधारित है – हेतु, लिंग, औषध। आयुर्वेद संसार में क्रम विकास को अपरिहार्य मानते हुए यह स्वीकार किया है की समयानुसार नए व्याधियों का प्रादुर्भाव होगा। आयुर्वेदीय सिद्धांतों का देश-काल के संदर्भ में सठिक व्याख्या एवं प्रयोग किया जा कर इन नए व्याधियों का सफल चिकित्सा किया जाना संभव है। SARS – CoV – 2 (COVID-19) एक ऐसा नया परन्तु क्रमविकाशशील व्याधि है, जो दुनिया के सामने एक गंभीर स्वास्थ्य चुनौती है। इसके लिए कोई भी स्वास्थ्य विज्ञान अभी तक कोई उचित समाधान नहीं खोज पाया है। आयुर्वेद इस चुनौती के प्रभावी शमन – रोगनिरोधी और उपचारात्मक दोनों में योगदान कर सकता है। परन्तु यह आयुर्वेद के संदर्भ में COVID-19 की पूरी और सही समझ के साथ होना चाहिए। उद्देश्य – इस लेख का उद्देश्य साहित्य समीक्षा द्वारा कोविड –19 के त्रिसूत्र रूपरेखा को विकसित करना है, जो उपचार प्रोटोकॉल और प्रभावी नियंत्रण उपायों के विकास करने में सहायक होगा।

विधि – Covid-19 के हेतु और लिंग से सम्बंधित 14 व्यवस्थित अध्ययनों और मेटा-विश्लेषणात्मक अध्ययनों का आयुर्वेद के संदर्भ में विश्लेषण और व्याख्या की गई। औषध सूत्र का व्यवस्थापना हेतु और लिंग के आधार पर शास्त्र से किया गया है। विश्लेषण के आधार पर ब्बअपक-19 के त्रिसूत्र प्रोफाइल का प्रस्तावना दिया गया है।

परिणाम – Covid –19 एक अव्यापन्नऋतू जन्य जनपदोर्ध्वंसीय औपसर्गिक व्याधि है, जो जाना सामान्य को विष ६ भूतभिषङ्ग से होता है। यह सामान्यतः साम वात पित्तज ज्वर के लक्षण के साथ प्रकट होता है। इसे स्थान परित्याग एवं उपयुक्त चिकित्सा द्वारा शमन एवं नियंत्रण किया जा सकता है।

निष्कर्ष – इस लेख Covid-19 के त्रिसूत्र को प्रदर्शित करता है जो की इसकी प्रभावी रोगनिरोधी और उपचारात्मक प्रोटोकॉल विकसित करने में मदद कर सकता है।