



Correspondence

Reactions from Traditional Medical Systems to COVID-19 outbreak: Time to tread cautiously



Dear Editor,

The current episode of novel Coronavirus infection (SARS-CoV-2) resulting in Coronavirus disease 2019 (COVID-19) was first reported from Wuhan, China on 31 December 2019 [1]. 1,09,577 confirmed cases and 3809 deaths have been reported as of 9 March 2020 with the majority of them reported from China and a small proportion of cases and deaths reported from 104 countries/territories [2]. By declaring the outbreak public health emergency of international concern (PHEIC), WHO emphasized the urgent need to coordinate international efforts to investigate and better understand COVID-19 and to reduce the risk of further international spread. People with COVID-19 should receive supportive care to help relieve symptoms as there is no specific treatment recommended [3,4]. However, there are claims from various quarters, especially from Traditional Chinese Medicine (TCM), Korean oriental medicine and Indian systems of medicine, collectively known as AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Sowa-Rigpa and Homeopathy). Traditional Medicine (TM)/Complementary and Alternative Medicine (CAM) have a long history of use in health maintenance and in disease prevention and treatment, particularly for chronic disease. However, the effectiveness of these TM/CAM medicines for infectious disease outbreaks is subject to debate for a long-time [5].

The TCM group had earlier documented their experience during the SARS outbreak along with allopathic medicines [6]. However, the recent claims regarding the management of COVID-19 received criticism from the global community when there were reported claims of curing of patients infected with novel Coronavirus pneumonia through a combination of TCM and Western medicine in Wuhan [7,8]. In India, the AYUSH systems of medicines issued an "Advisory on Coronavirus". The advisory suggests "Homoeopathy for Prevention of Coronavirus Infections" and "Unani Medicines useful in the symptomatic management of Coronavirus infection". The advisory listed several "Preventive Management Steps" as per Ayurvedic practices, and several "Unani Medicines useful in the symptomatic management of Coronavirus infection". This advisory mentions external applications such as nostrils application and massage on scalp and chest, and contains the elaborate charts of extracts of Unani drugs to be taken along with a medicine called *Sharbat Khaksi* [9].

The claims from TM/CAM on COVID-19 have raised concerns due to the novel nature of the infection, the existing knowledge gaps and the panic about the impending pandemic. Firstly, the claims

on curing or preventing (or prophylactic) COVID-19 are not in line with international and national guidelines on this episode. WHO has recommended symptomatic management to help relieve symptoms, for severe cases, treatment should include care to support vital organ functions and no specific anti-viral treatment for COVID-19. Indian Council of Medical Research (ICMR) sought approval from the Indian Drug Controller General of India (DCGI) for "restricted use" of a combination of drugs to treat novel Coronavirus infection which are commonly used in highly active antiretroviral treatment (HAART) [10].

Secondly, the claims can come in the way of the ongoing efforts needed for early identification of cases. As part of the public health measure, the key to cutting down transmission and therefore, the consequences, is syndromic surveillance for potential cases for timely initiation of quarantine or supportive care/management. The TM/CAM claims may encourage self-medication specifically among those having signs/symptoms of acute respiratory illness [fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)] and therefore, put close contacts at higher risk of infection and thereby hampering public health efforts to reduce/halt transmission. It can be counterproductive to the implementation of screening, quarantine and surveillance guidelines. Lastly, such claims of TM/CAM at the time of public health emergency may bring setbacks to the ongoing and proposed efforts to promote research and practice of integrative medicine. The TCM group has recently collaborated with allopathic medicine specialists during the SARS outbreak [6]. In the Indian subcontinent, in fact, published studies provide evidence of the anti-viral properties of the herbal extracts with its origin from these systems [11–13]. The Ayurveda experts are working closely with the medical research community for a randomized controlled trial of an anti-dengue formulation [14].

In view of the concerns articulated above, during the pandemic of COVID-19 or such public health emergencies, the TM/CAM community of professionals needs to collaborate with public health systems at various levels to achieve the common goal. Currently, infectious disease experts and public health professionals are striving to understand the transmission dynamics of COVID-19 and research is on to find treatment and prevention modalities. Any misleading claims from TM/CAM may be detrimental to the global efforts to tackle the current epidemic. We may have to take clues from the path taken by China [15]. It is possible to collaborate and contribute during such public health emergencies. In the short-term, it is important to remain neutral and identify the strengths and limitations of the TM/CAM systems through review by experts. It is useful to have plans for collaborations among

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trans-disciplinary teams to identify potential leads and then develop research protocols for evaluating them through scientific peer-review process.

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Conflict of Interest

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Muthappan Sendhilkumar, Ponnaiah Manickam*
ICMR-National Institute of Epidemiology (ICMR-NIE), Chennai, India

* Corresponding author. ICMR-National Institute of Epidemiology (ICMR-NIE), Tamil Nadu Housing Board, Ayappakkam, Near Ambattur-600077, Chennai, Tamil Nadu, India.
E-mail addresses: manickamp@gmail.com, manickam@nie.gov.in (P. Manickam).

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