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A Review of Ayurvedic Approach in Convalescent Care.

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ABSTRACT:

Introduction: Most of the diseases come up or get worsened with the results of staggering health condition of its survivors. It was happened in case of Covid pandemic too. It definitely had a deleterious impact on human health and economy. This certainly hint towards the need to implement a health promotion strategy during the period of convalescence. Convalescence is the period of recuperation of health after a serious illness or injury or weakness. The care given during this period are meant to improve immunity, body strength and vitality in a systematic manner by providing gradual nourishment and also to prevent further occurrence of the disease.

Materials And Methods: A comprehensive literature search related to convalescent care and description related to basic principles of Ayurveda using all available Ayurvedic compendium, research papers, editorials and review papers from various databases were thoroughly screened, compiled, analyzed and presented in a systematic manner.

Results And Discussion: Health is depended up on *Bala*. Convalescent care in *Ayurveda* comprises the practices that enhance *Bala* and *Vyadhikshamatva* and improve the quality of life after an illness/weakness, gradually bringing back to normalcy. In *Ayurveda*, the intention of convalescent care is to bring back *Dhatu-samyak* which was deranged by a disease or due to intense treatment-*Bheshajakshapita*. Such a care is essential during some physiological conditions like *Garbha kaala* and *Soothika kaala* also.

Keywords: Convalescence, Immunity, *Bala*, *Bheshajakshapita*, *Vyadhikshamatva*

INTRODUCTION

The world has shown a remarkable resilience, its ability to rise to the occasion; reorienting itself to the crisis after a roaring pandemic which has demonstrated the innovative thinking and strength of medical fraternity. Most of the diseases come up or get worsened with the results of staggering health condition of its survivors. It was not different in case of Covid pandemic too. It definitely had a deleterious impact on human health and economy, pointing towards the need to implement a health promotion strategy

during the period of convalescence. Convalescence is the period of recuperation or restoration of health after a serious illness/injury/weakness.¹ The care given during this period are meant to improve immunity, body strength and vitality in a systematic manner. For that depending on an integrated system of medicine would be more appropriate rather than following a single system of medicine. Convalescent care practices in *Ayurveda* mainly aims at regaining the health deranged by a disease/ physiological condition/ treatment. It also gives due consideration to



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prevent further occurrence of diseases. Components of convalescent care practices in *Ayurveda* mainly includes *Pathya ahara-vihara seva*, which ensures proper *dhatu poshana*, suitable *bheshaja* aiming to improve the *agni bala* and certain *kriyakrama* for overall health of mind and body.

AIM

The present article is conceived as a review article aimed on reviewing the concept of convalescent care practices in contemporary medicine and ancient Ayurvedic wisdom.

MATERIALS AND METHODS:

A comprehensive literature search related to convalescent care and description related to basic principles of Ayurveda using all available Ayurvedic compendium, research papers, editorials and review papers from various databases were thoroughly screened, compiled, analyzed and presented in a systematic manner.

RESULTS AND DISCUSSION

Convalescence also refers to the later stage of an illness/infectious disease when the patient recovers and returns to previous health, but may continue to be a source of infection to others even if feeling better.² A person who is getting better after a serious illness or injury is termed as convalescent.³ The care given during this period are meant to improve immunity, body strength and vitality in a systematic manner. There are two types of convalescent care:- Sub-acute care and Post-acute care.

Sub-acute care are for patients who have received an acute care for a serious illness/ trauma who are still in need of frequent assessment or medical/ rehabilitative care. It includes conditions requiring IV therapy, tube feeding, complex wound care and ventilation care. Post-acute care is given as a continued treatment after a hospital stay. It mainly emphasise on recuperation and rehabilitation. Its goal is to maximize patients' wellness and independence. It can be short-term rehabilitative care or long-term restorative care. It includes the care given in the recovery stage of cardio pulmonary diseases, cerebro-vascular accidents, other neurological disorders and orthopaedic surgery.

There is various therapy included under convalescent care.⁴ They are:

- Occupational therapy
- Speech therapy
- Psychotherapy

- Physiotherapy

Occupational therapy helps to coordinate physical and mental abilities with daily activities like bathing, dressing. It aims at making the person as independent as possible. Speech therapy helps to develop communication, thinking and reasoning skills of the affected individuals. It also helps to treat those individuals who have trouble in swallowing. Psychotherapy assists in improving patient motivation, attitudes and coping skills. Physiotherapy helps to regain physical strength, endurance and coordination through a variety of exercises and activities.

Convalescent care in communicable diseases

Generally, any communicable disease progress through 5 stages namely⁵:

Period of incubation: it starts before the manifestation of disease after the entry of pathogen in to the body

Prodromal period: in this stage the pathogen multiplies and the host experiences general signs and symptoms of the disease.

Period of illness: during this period signs and symptoms of the disease are most obvious and severe.

Period of decline: in this stage, number of pathogens begin to decrease along with decline in the signs and symptoms

Period of convalescence: the stage where the person is returning to the normal function but continue to be a source of infection

Convalescent care practices are to be provided during the period of convalescence of the disease.

Following is a chart showing convalescent period for certain communicable diseases on an average basis. This may be lesser in some patients or may extend further which depend on the patient's immunity. TABLE:1.

Communicable diseases and their convalescent period

General convalescent care for communicable disease include:

- Ensuring adequate rest
- Maintaining fluid- electrolyte balance
- Ensuring personal hygiene
- Ensuring proper diet and sleep

Convalescent care in non - communicable diseases

Non-Communicable Diseases involve multiple risk factors making them a complex one and hence it possesses prolonged and indefinite period of convalescence. Stroke, Spinal cord injury, Amputation, Major multiple trauma, Hip fracture, Brain injury, Neurological disorders like-multiple sclerosis, Parkinson's disease, Burns, Joint replacements- knees, hips are some examples. Speech

therapy, occupational therapy are the major care provided for Stroke cases during convalescence and the initial 3 months show maximum improvement.⁶ Physiotherapy is advised in fracture cases as a part of convalescent care and psychotherapy in cases of psychosomatic disorders.

Concept of convalescence in Ayurveda

Ayurveda focus on the concept of *Suddha Chikitsa* in its treatment methodology that is a practice of treatment which not only aim to eliminate a disease from its root cause i.e. *Nidana parivarjana* but also ensures that it does not provoke occurrence of yet another disease(s).⁷ This is made further evident by the concept of *bheshaja kshapita* mentioned by Acharya Vagbhata. It explains about the care which is to be given for those who are exhausted after intense course of treatment- *Bheshajakshapita*- by providing gradual nourishment to bring them back to normalcy and to prevent further occurrence of any disease.⁸ This includes following practices:

- 1) *Ahara*- the diet suggested during this stage are namely, *saali, shashtika, mudga, ghrita* etc. which are the same foods mentioned under the concept of *nityasevaniya ahara*. This type of diet satisfies the criteria of balanced diet, providing proper nourishment, immunity, *bala* and *ojas*. All other *ahara dravya* with similar properties can also be advised in this condition as per its availability.
- 2) *Bheshaja*- the medicines suggested in this stage mainly includes- *Deepana pachana ruchya* and *hridya* drugs for proper functioning and maintenance of *Agni*.
- 3) *Kriyakrama*- it includes procedures like *Abhyanga, Snana, Udvartana, Niruha* and *Sneha vasti*. Not all the procedures may be required for every person. It is to be advised according to the condition of the patients as per the *Yukti of Vaidya*.

All these practices aims to increase the efficiency of *Agni* at various levels and results in vivid intellect, complexion and senses and the person will have excellent virility and longevity of life. This is the basic principle of convalescent care in *Ayurveda* which includes- *srotosodhana- Deepana-pachana* and *poshana* in a sequential order resulting in enhanced *agni bala* and *sarira bala* which further enhance *ojas*, paving a way to improved *Vyadhikshamatva*.

There are 2 phases of convalescent care in *Ayurveda*. Phase 1 begins after a fast, fever, severe illness, where the convalescent patient is depleted or dehydrated while phase 2 intends to provide the required extra nourishment for building and rebuilding the *dhatu*s after removing *Srotorodha*, which also includes the care given during certain physiological conditions like pregnancy, lactation

etc.⁹ Phase 1 intends to remove *ama* and normalise *agni* and also ensure proper hydration. Use of *Deepana* and *pachana dravya* like *jeeraka, misi, dhanyaka* as a part of dietetic regimen can be suggested for normalising *agni*. Studies have proven that *dhanyaka* is a rich source of Fe, Mg, Mn and nourishes *rasa* and *rakta* which are depleted during the stage of convalescence.

Studies have shown that *Deepana* drugs have namely two properties stomachic and secretagogue.¹⁰ The stomachic property increases the gastric secretion and the secretagogue action stimulates the secretory organs. This results in increase in the *agni* by removal of *dhatu leena-sroto leena ama dosha*. *Pachana dravyas* generally stimulates duodenum, liver and pancreas to secrete digestive juices and hormones, bile and pancreatic juice respectively finally resulting in proper digestion.¹¹ To ensure proper hydration right use of liquids in right quantity at right time is to be followed. This includes use of varieties of liquids and liquid preparations. Warm water or luke warm water can be used in a regular basis. Coconut water is an ideal rehydrating fluid with excellent electrolyte content. Tender coconut water nourishes *rasa* and is helpful in conditions like *pitta vridhi, pravahika, athisara, madatyaya* and *suryaatapa*.¹² Spiced teas, for e.g.:- tea prepared out of coriander seeds (*Coriandrum sativum*), dry ginger (*Zingiber officinale*) helps in clearing toxins and also contributes to oral rehydration.¹³ Varieties of *pathya kalpana* like *mada, peya, yavagu, vilepi, tarpana, yusha, mamsa rasa* can also be used as per the condition of the disease and the patient. Use of fruit juices as per the *agni* of patients are recommended. It helps in nourishing *rasa dhatu*. *Draksha rasa* is indicated during the convalescing period in *jwara, Raktapitta mada* etc. *dadima phala rasa* is indicated in the convalescing period of *atisara* and *pandu*. Milk is advised for those who are exhausted by the disease as well as the drugs wherein the patients lack various nutrients and the immunity status is hampered in general.¹⁴ Milk has many components that have been shown to influence the immune function. Milk proteins (casein and whey), when included in dietary formulation, has been detected to have an immunomodulatory action by enhancing the lymphocyte function.¹⁵ Moreover cow's milk has been proved with the presence of anti-oxidants - tocopherol, ascorbat, -carotene, glutathione which also help in reducing the inflammation by free radical scavenging action as well as nourishes the tissues.¹⁶ In *Ayurveda* classics cow's milk is stated as a *dhatu vardhana* and *rasayana* supports this evidence.¹⁷ It is also mentioned that in such exhausting conditions milk act as *Amrita*.¹⁴

Ksheera prayoga is an inseparable part of treatment in *Udara vyadhi* with multi-dimensional utility in various stages. It is a balanced diet so it prevents any weakness in body, increases the protein level which further lessens the swelling occurring due to reduced oncotic pressure. Milk, if administered in *Alpa and Satmya Matra*, alleviates *Dosha* and if administered in excess quantity, facilitates *Shodhana* (bio purification). A unique property of milk is that it performs *Doshashodhana* and *Brimhana*. In *Udara roga* due to vitiation of *Udakavahasrotas*, *Trishna* is seen in patients. Milk by virtue of its *Preenana Karma* and *Sheetaveerya*, helps in relieving *Trishna*. Milk promotes *Nityavirechana* due to its *sara guna* and acts as *Rasayana* (rejuvenator) which prevents recurrence.¹⁷ Contemporary medicine recommends 1.2 gm/kg/day proteins and 2000 Cal energy in ascites and it can be fulfilled by milk-only-diet administration.

Phase 2 of convalescence begins after phase 1. It include the stages of *santarpana* and *rasayana*. *Santarpana* using *mamsa, ksheera, ghrta*, etc results in nourishment, increased strength and disease recovery. Use of *rasayana* help in nourishing the depleting *dhatu*s and stabilise the weakened *doshas* as they enhance the bio-availability of drugs/foods in to tissues.¹⁸ Use of *medhya rasayana* in neurodegenerative diseases helps in maintaining cell life and also help to balance the mind and the body.¹⁹ Use of *silajathu rasayana* as a convalescent care in HIV patients help in preventing recurrent opportunistic infections among them.²⁰

Major domains of convalescent care in *Ayurveda* can be considered mainly under 5 headings. TABLE: 2 Domains of convalescent care in *Ayurveda*

Convalescent care in *Nija Vyadhi*

In *Nija vyadhi* for example, in case of *Jwara*, after *langhana* and *shadaha Chikitsa*, *dasaaha chikitsa* is explained. From this stage onwards, convalescent care practices in *jwara* begins. At this stage, *agni bala* remains in a decreased state and the patient will be in state of dehydration. So here convalescent phase 1 is considered and at this stage, various *oushadha siddha peya* are given to correct the *agnimāndya* and dehydration. After this stage patient enters to convalescent phase 2 wherein practices that impart *dhatu poshana* are adopted which include the use of *ghrita, ksheera, mamsa rasa, yusha* accordingly.²¹ The same approach can be adopted in other *nija vyadhies* efficiently while considering the *rogi roga bala*.

Convalescent care in *Agantuja vyadhi*

Convalescent care also includes the care to regain mental wellness as it can be seen in *agantuja* type of *jwara* where

the patient is provided with the things he like.²² In case of *agantuja vyadhi* like *vrana roga*, convalescent care begins from the day *pradhana karma* is performed till the patient is physically and mentally fit to resume his normal day to day activities. The *pathya ahara* mentioned in *vrana chikitsa* like *amalaka, dadima* and *ghrita* helps to enhance the production of collagen thus contributing to timely and proper wound healing.²³

An *agantuja vyadhi* of recent origin- Covid 19, response of Kerala state to COVID-19, led by the health department was highly appreciated. The government availed services from the AYUSH system for overcoming the undulations created by managing mild COVID-19 cases.²⁴ A State *Ayurveda* COVID-19 Response Cell (SACRC) of Kerala state was specifically constituted at the State, Regional and District levels for the effective implementation Ayurvedic strategies for the prevention, mitigation and rehabilitation of COVID-19. Mass recognition has been provided by the Government of Kerala on different treatment packages, such as *Swasthyam* (maintaining health) (scheme focusing on lifestyle guidelines including daily regimen, seasonal regimen, diet, exercise etc), *Sukhayushyam* (enhancing health) (scheme to enhance the immunity of elderly people), *Punarjani* (revival of health) (scheme on medicines to prevent secondary diseases for those recovered from COVID-19), *Amritham* (preventive medicine) (scheme on preventive medicines to those in quarantine), and *Niramaya* (disease prevention) (online consultations with doctors and to get medicines from the nearest centers). These have effectively reached the public. Moreover, the Ayurveda medicines made available for the people in quarantine, during the convalescent period and for those diagnosed with COVID-19 at their doorsteps through the local statutory government bodies. The results of *Punarjani Scheme* implemented for comprehensive Ayurvedic convalescent care programme for COVID 19 patients in the recovery phase shows that there were no post-covid issues for 70% patients under *Punarjani* project.²⁵

Convalescent practices and *panchakarma* procedures

The concept of *parihara kala* can be synonymous to the convalescent period in which body recover from the impact of intense treatment. After proper elimination of doshas from the body *agni* weakens and hence it is not recommended to take the usual diet immediately. Therefore, a dietary practice which improves *agni* should be advised following an order. This is achieved by the practice of *samsarjana krama* or *peyadi krama* from *peya* to *odana*. This successive order of *anna kala* is decided

with respect to increase in the *guruta* of food items and this special dietary regimen from *peya* to *odana* is an excellent promoter of *agni* which has been low after *shodhana*.¹¹

Garbhini paricharya in convalescent aspect

All the health promotive practices mentioned under antenatal care are included under Phase 2 convalescent care aspect. *Garbhini paricharya* refers to complete systemic care provided to the *garbhini* in turn protecting the fetus and also improving the physical and psychological health of mother and her ability to withstand the labor. Use of *Garbhasthapana* dravyas have proved in promoting nutrition at the level of *rasa- agni- srōtas* accomplishing the aim of convalescent care.²⁶

Soothika paricharya in convalescent aspect

In a *Soothika*, *Vata* is vitiated, *Agni*, *Bala* and *Dhatus* are weak. *Soothika paricharya* aims at ensuring a normal puerperium and regaining the vitality. The care includes following *pathya ahara* and *vihara* help in improving the *sarira bala* certain *kriyakrama* like *abhyanga*, *snehapana*, *udvartana*, *yonidhupana* helping in involution and practice of *yoga* for physical as well as mental health.²⁷

Role of Yoga and Meditation during convalescence

Yoga ensures optimum physical activity and improve endurance and flexibility also provides a balanced union between mind and body. *Yogasanas* are not only a form of physical exercise but also the method of gaining the perfect mental and physical relaxation and hence can be practiced on a daily basis to get both preventive and curative effects.²⁸ The *Shadkarma* procedures detoxifies, imparts cleanliness and strength to the body.²⁹ Breathing exercises helps in clearing the *prana* channels and helps reduce stress manifestation.^[30] Meditation practices provides a focus on self-awareness and helps in attaining self-control and a sense of wellbeing which is much required during the convalescent phase irrespective of disease.³¹

CONCLUSION

Convalescence is the restorative phase to improve immunity, body strength and vitality in a systematic pattern. In Ayurveda, the intention of convalescent care is to bring *Vyadhi kshapita* and *bheshaja kshapita* back to normalcy by imparting *srotosudhi*, *ama pachana* and *brimhana*. It is said that *Arogya* depends on *bala* and this *bala* is equivalent to *Vyadhikshamatva* and is of 3 types *sahaja* (innate immunity), *kalaja* (acquired immunity) and *Yuktikrita bala* which is attained by *pathya ahara vihara*. Convalescent care practices include such diet and regimen that impart *Yuktikrita bala*. All the regimens mentioned for

swastha- i.e. the practice of *sadvritta- dinacarya- ritucharya- achara rasayana-* can also be implemented as a part of convalescent care for improved quality of life and for better attainment of health.

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TABLE:1. Communicable diseases and their convalescent period

DISEASE	DURATION
Typhoid	4- 8 weeks
Dengue fever	6 th day of illness- few weeks
Acute viral hepatitis	2 - 4 weeks
Chikungunya	10 th day- few weeks
Covid-19	Mild- 2 weeks, severe- 6 weeks

TABLE: 2 Domains of convalescent care in Ayurveda

DOMAIN 1	<i>Nija vyadhi</i>
DOMAIN 2	<i>Agantu vyadhi</i>
DOMAIN 3	<i>Panchakarma</i> procedures
DOMAIN 4	<i>Garbhini paricharya</i>
DOMAIN 5	<i>Suthika paricharya</i>

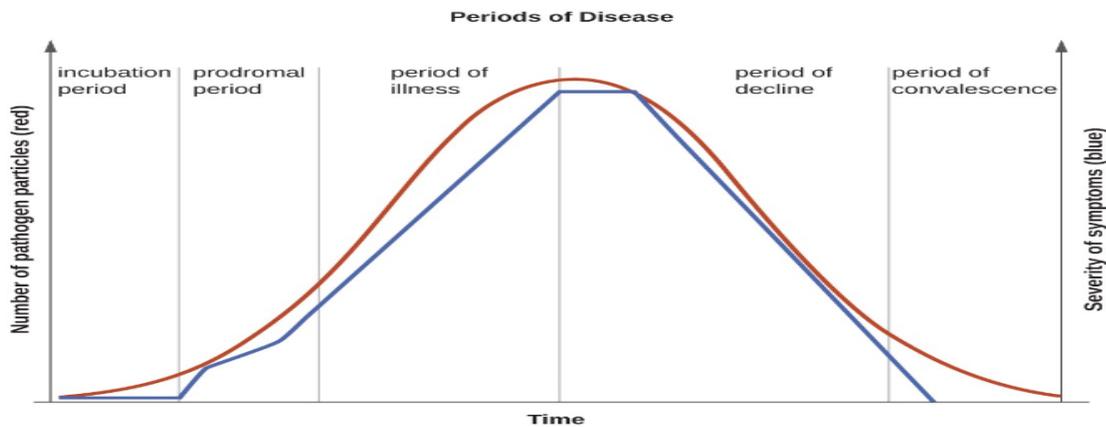


Figure 2. The progression of an infectious disease can be divided into five periods, which are related to the number of pathogen particles (red) and the severity of signs and symptoms (blue).