

An online cross-sectional survey on knowledge, attitudes, practices and perspectives of homoeopathic practitioners towards COVID-19

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Abstract

Background: In the light of pandemic of coronavirus disease (COVID-19), identification of level of epidemic preparedness and understanding of homoeopathic practitioners is required to utilise their services in mainstream healthcare effectively. **Objective:** The objective of this study was to identify knowledge, attitudes and practices of homoeopathic physicians about COVID-19. **Methodology:** An online cross-sectional survey was undertaken in the midst of the epidemic in India when services of homoeopathic doctors were under consideration. The ten knowledge questions were scored and analysed to identify differences with sociodemographic variables. Responses to the ten questions on attitudes and practices were analysed to identify differences in the domains, differing significantly in knowledge scores. **Results:** Out of 3901 responses received over 2 days, 3595 were included for analysis. Knowledge scores significantly differed with qualification (graduates – 8.60 ± 1.38 , post-graduates – 8.84 ± 1.29 and other qualifications – 8.56 ± 1.31) and years of practice (<10 years – 8.57 ± 1.38 and >10 years – 8.84 ± 1.30). Gender was not identified as a variable to affect knowledge scores significantly. Attitudes and practices were also identified to be more favourable in participants with more than 10 years' experience. **Conclusion:** Homoeopathic physicians have largely been able to maintain a high level of currency of knowledge, purely on their own accord. Specific aspects related to patient care and practices need to be further enhanced. Practitioners affirmed that homoeopathic medicines need to be validated on a group of patients before mass treatment/prevention can be identified for which immediate access to patients is required.

Keywords: Attitude, COVID-19, Homoeopathic physicians, Knowledge, Practice

INTRODUCTION

The International Health Regulations (2005) Emergency Committee of the World Health Organization (WHO) declared the novel coronavirus disease (COVID-19) (initially termed novel coronavirus (2019-nCoV) a public health emergency of international concern, on 30 January 2020; the same day as India had reported its first confirmed case of the condition.^[1,2] The WHO directed all countries to prepare for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection.^[3]

From 30 January 2020 to 24 March 2020, there were 372,755 confirmed cases and 16,231 deaths globally and 434 confirmed cases and 9 deaths in India,^[4] when India was brought under complete lockdown for a period of 21 days (up to 14 April 2020) to contain the spread of the epidemic.^[5]

The Ministry of AYUSH (AYUSH is an acronym for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) in India had released its advisory on COVID-19 on 6 March 2020^[6] detailing homoeopathic medicines which have an antiviral effect and can act as immune enhancers. The Ministry of AYUSH also initiated the process of seeking concepts and proposals from AYUSH practitioners on innovative and traditional ways to handle the pandemic through its website.^[7]

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The Ministry of AYUSH also issued a call inviting AYUSH practitioners including Homoeopathic physicians as volunteers to fight against the virus.^[8] The precise modalities of utilisation of services of homoeopathic physicians were not detailed. However, they were encouraged to train themselves as per the guidelines/training material, a list of which was published on 1 April 2020.^[9] As on 1 April, no proposal for treatment of confirmed or suspected cases of COVID-19 by homoeopathic medicines issued by the Government of India could be identified.

Role of Homoeopathy in prevention, control and treatment in epidemic disease conditions including influenza, Japanese encephalitis, dengue and other infectious diseases through historical, clinical and experimental evidences has been frequently reported.^[10-15] The homoeopathic physicians in India are trained practitioners, who have undergone 5 years of training with the study of subjects of both modern medicine and Homoeopathy, trained in pre-clinical and clinical subjects. Potential role of homoeopathic practitioners for imparting behaviour change modifications (in context of HIV/AIDS) has also been reported,^[16,17] which provide a model on the basis of which homoeopathic practitioners can be effectively utilised as behaviour change (for hygiene and social distancing behaviours) catalyst in the present epidemic as well.

This workforce can greatly enhance the overall availability of skilled medical resources in the country and can play a major role in the provision of general healthcare and availability of prevention and treatment modalities for patients of COVID-19.

However, to involve homoeopathic practitioners in the mainstream healthcare services, an identification of their level of epidemic preparedness and understanding of the novel disease condition was needed. It was also imperative that the perspective of homoeopathic practitioners was identified and collated at a single platform. This survey study was, therefore, designed to assess the current level of knowledge, attitudes and practices (KAP) on novel COVID-19 among homoeopathic physicians.

METHODOLOGY

Survey population

A cross-sectional online survey was conducted from 2 April 2020 to 4 April 2020. The survey questionnaire prepared was circulated on the social media sites (including WhatsApp®, Facebook® and Telegram®) to homoeopathic practitioners individually and practitioner groups requesting them to forward the questionnaire to their homoeopathic colleagues.

Homoeopathic practitioners including post-graduation students of Homoeopathy from India were included in the survey. Students and interns currently pursuing bachelor's degree and non-Homoeopathy qualified persons were excluded.

No fixed sample was proposed for the study. The attempt was to reach to as many practitioners as possible through social media. However, the survey was fixed for the duration of 2 days, irrespective of the number of responders.

Questionnaire

A questionnaire was created on Google Forms comprising 4 parts. The first section was a brief about the objectives of the survey and the consent of the participants. The second section was sociodemographic information including age, gender, educational qualification, years of practice and region of practice. The third section on KAP comprised ten questions on knowledge and ten on attitudes and practices. All questions had three options: 'Yes', 'No' and 'Don't know' (with an exception of one question having the option of 'Maybe' instead of Don't know). The fourth section was on current practice in terms of clinical exposure during the lockdown days. The face validity of the questionnaire was assessed by two homoeopathic researchers: one with more than 35 years of experience and the other with 20 years of experience. Survey process was pilot tested by two experts: one homoeopathic practitioner with 25 years of experience and another, an academician with 6 years marketing research experience.

Statistical analysis

Frequencies of correct response to knowledge questions and frequency of responses to questions of attitudes and practices were described. Response of practitioners in terms of current clinical practice and exposure was collated. Knowledge scores were calculated as a total of all correct responses and compared according to demographic characteristics using independent samples *t*-test or one-way analysis of variance, as appropriate. Response to attitude and practice questions was compared on the basis of qualification and years of experience of the practitioners using Chi-square test. Data analyses were conducted with SPSS version® 17.0. The statistical significance level was set at $P < 0.05$ (two-sided). Descriptive responses to questions on number of patients treated, risk assessment conducted and referred were modified to the nearest figures to bring in homogeneity in data.

RESULTS

Responses received

A total of 3901 responses were received, out of which 306 (7.8%) responses had to be excluded due to various reasons [Figure 1], while 3595 responders were included for analysis.

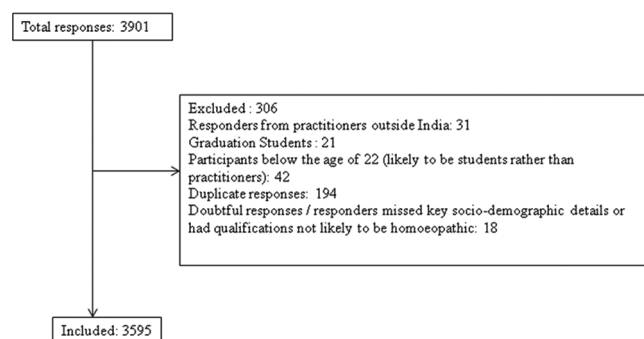


Figure 1: Survey response

The survey was conducted from 2 April 6:00 PM (IST) to 4 April 7:20 PM (IST). There was a slight delay in closing the survey due to a problem related to internet connectivity. Over a period of 49 h, the response rate was approximately 78 responses per hour, i.e., more than 1 response per minute.

Sociodemographic profile

Age, gender, qualification, years of practice [Table 1] and place of practice [Table 2] were the sociodemographic variables identified for the respondents. Although mandatory, the questions had open responses, and therefore, random digits or typographical errors were identified in some responses, which could not be included in the sociodemographic profile. Responses from participants where the sociodemography could not be ascertained in more than two variables were excluded as doubtful responses and not included in the analysis.

Age of the participants was between 23 and 78 years, and 94.7% were below 50 years. There were an equal number of both male (49.86%) and female (50.14%) participants. A large number of participants were graduates (60.18%) in Homoeopathy. More than 50% of the participants had <10 years of practice ($n = 1318$).

Place of practice

Responses were received from all over India with the exception of union territories (UTs) of Ladakh and Lakshadweep. Three thousand five hundred and seventy-six participants were

practicing in single states, 7 in two states and 12 participants were either not practicing or did not respond to the question.

Response to knowledge questions

Response to KAP questions was mandatory in the survey and had fixed choice [Table 3]. Most of the responders (more than 80%) had a fair knowledge about the novel coronavirus infection and related information except on the first question, i.e., the other respiratory syndromes caused by coronaviruses. The response to the question if the novel virus can survive over plastic for 3 days was average, with 35% of the participants responding in negative or don't know to the question.

Gender was not identified as a variable to affect knowledge scores significantly, implying that both male and female participants fared equally. Participants were segregated into two groups with 10 years or more of practice and <10 years of practice to identify the difference between knowledge scores. Knowledge scores significantly differed with qualification and years of practice [Table 4]. *Post hoc* test identified a significant difference between graduates and post-graduates but no difference between other qualifications with either graduates or post-graduates. Age was not used as a variable since it was presumed that age will have a dependent effect on both qualification and years of practice.

Attitude and practice

Attitudes and practices were identified for all participants

Table 1: Sociodemographic profile of responders

Sociodemography	Variable	<i>n</i>	(%)
Age	23-25	374	(90.12)
	26-30	947	
	31-35	672	
	36-40	571	
	41-45	398	
	46-50	278	
	51-55	165	(9.87)
	56-60	112	
	61-65	58	
	66-70	12	
Gender	71-75	6	
	76-80	2	
Gender	Male	1793	(49.86)
	Female	1802	(50.14)
Qualification	Graduates (including bachelor and previously granted diploma holders)	2164	(60.19)
	Post-graduates in Homoeopathy (including masters and previously granted master diploma holders)	1340	(37.26)
	Other qualifications (post-graduation degrees, diplomas other than Homoeopathy)	91	(2.53)
Years of practice	<1	14	(53.35)
	1-<10	1904	
	10-<20	914	(46.56)
	20-<30	475	
	30-<40	175	
	40 or >40	40	
	0	70	
No response	3		

Table 2: State/union territory-wise number of responders

State	n
Andaman and Nicobar Islands	3
Andhra Pradesh	146
Arunachal Pradesh	3
Assam	21
Bihar	39
Chandigarh	34
Chhattisgarh	36
Dadra and Nagar Haveli	2
Daman and Diu	1
Delhi	332
Goa	2
Gujarat	207
Haryana	80
Himachal Pradesh	6
Jammu and Kashmir	9
Jharkhand	21
Karnataka	114
Kerala	287
Madhya Pradesh	96
Maharashtra	711
Manipur	12
Meghalaya	2
Mizoram	5
Nagaland	9
Odisha	39
Puducherry	9
Punjab	60
Rajasthan	196
Sikkim	1
Tamil Nadu	303
Telangana	198
Tripura	9
Uttar Pradesh	405
Uttarakhand	19
West Bengal	159
Delhi and Haryana	2
Haryana and Rajasthan	1
Haryana and Uttar Pradesh	1
Gujarat and Maharashtra	1
Odisha and West Bengal	1
Tripura and West Bengal	1

using mandatory questions with fixed responses [Table 5]. A large number of responders (47.37%) could not differentiate between quarantine and social distancing and considered them as the same.

Further, attitudes and practices were identified in terms of the variables where knowledge scores differed significant, i.e., for qualification [Table 6] and years of practice [Table 7].

Current practice

Most of the practitioners were able to continue with their clinical practices, whereas 38.29% of the practitioners stated that they had to discontinue practice because of lockdown, leading to movement restriction. Only 12.29% of the respondents said that their practice was discontinued due to factors other than lockdown. No details on these factors were, however, identified [Table 8].

Treatment of patients with cough and fever

In response to the question of number of patients treated for cough and fever in the past 10 days, i.e., since the beginning of the lockdown period [Table 9], 533 practitioners did not respond; whereas 1404 (39.05%) responded to this query as 0 or none; 55 did not give any figure and rather responded as few or many or as yes. In case of rest of responses, the range of number of patients treated was from 1 (91 responders) to 701 (1 responder). These included consultations both face to face and through telephone.

Eleven responders gave patient figures in 1000s, which did not appear to be plausible for a single practitioner to treat over a period of 10 days.

In terms of response to number of patients in whom risk identification for COVID-19 has been done [Table 10], 555 practitioners did not respond to the query and 2367 responded 0; 35 responded as few, not many or many or yes, without giving any figures. The range of patients was 1 (119 responders) to 555 (1 responder).

Two responders gave figures in 1000s which were again implausible.

In response to the query as to number of patients of cough and fever referred for laboratory or radiological investigations in the past 10 days [Table 11], 582 responders did not respond and

Table 3: Response to knowledge questions

Quest number	Query	Yes (%)	No (%)	Don't Know (%)
1	MERS, SARS and COVID-19 are all due to coronaviruses	2780 (77.33)	694 (19.30)	121 (3.37)
2	COVID-19 is caused by severe acute respiratory syndrome coronavirus 2	3113 (86.59)	354 (9.85)	128 (3.56)
3	80% of patients of COVID-19 suffer from mild illness	3162 (87.96)	343 (9.54)	90 (2.50)
4	Presence of systemic disease increases severity in COVID-19	3440 (95.69)	97 (2.70)	58 (1.61)
5	Children can get COVID-19 infection	3271 (90.99)	250 (6.95)	74 (2.06)
6	Novel coronavirus can survive over plastic for 3 days	2370 (65.92)	680 (18.92)	545 (15.16)
7	Age above 65 years is a poor prognostic indicator	3126 (86.95)	113 (3.14)	356 (9.90)
8	Diagnosis of COVID-19 necessarily requires RT PCR to identify viral RNA	3023 (84.09)	136 (3.78)	436 (12.13)
9	Specimens for testing of SARS CoV-2 are nasopharyngeal/oropharyngeal swabs	3414 (94.97)	74 (2.06)	107 (2.98)
10	Incubation period of COVID-19 is between 2-14 days	3542 (98.53)	31 (0.86)	22 (0.61)

COVID-19: Coronavirus disease

2382 mentioned 0; 22 responded as few, many, rare and yes. The range of patients referred was from 1 (151 practitioners) to 582 (1 responder).

55.41% of the responders had either not treated any patients with cough and fever or did not respond to this query in specific numbers. Furthermore, 83.05% of the practitioners had not conducted any risk assessment.

DISCUSSION

Homoeopathic practitioners in this cross-sectional survey presented a high response rate, expressing their willingness to participate in the survey. These physicians have been able to maintain a high level of currency of knowledge, purely on their own accord. Level of disease-based knowledge and prevention of the condition is highly satisfactory, although a better understanding of the viruses in the family of coronavirus is needed. Physicians with higher qualifications, beyond the basic graduation, fared better in all aspects, i.e., KAP. The same is true for physicians with higher years of experience.

Questions related to attitudes and practices identified the preventive and treatment-related aspect of the disease condition, both in terms of public health and Homoeopathy. In most of the questions, practitioners exhibited a favourable attitude and

practices as governed by current regulatory requirements in the light of evolving discernment of the novel viral disease. Persons with post-graduation and additional qualifications beyond mandatory graduation required for practice fared better than only graduates in knowledge scores, reflected in attitudes and practices as well. The years of experience also enhance an understanding of disease conditions and necessary requirements for prevention and treatment, implying their more practical approach.

The concept of differentiating between social distancing and quarantine is an area of further deliberation as the response was mixed (with only 51.99% affirming that both are different). Although post-graduates and high experience practitioners fared better in this response, a large proportion of practitioners are not aware of this very essential preventive aspect along with its legal and social implications.

How far do droplets carry the infection and survival of the virus on different surfaces can possibly create confusion as new knowledge about the virus is coming every day,^[18,19] which could be distinct from previously existing knowledge about coronaviruses.^[20,21]

Severity of disease was another question to which mixed response was received, largely due to lack of exposure to clinical cases by homoeopathic physicians and dependency on newspaper reports and social media presenting a grim picture of the epidemic. Severity of cases, beyond media reports, requires an understanding of clinical picture from both disease and homoeopathic perspectives.

Where, on the one hand, 80.72% of the practitioners acknowledged that there is currently no effective cure for the conditions, 44.37% were of the opinion that Homoeopathy is a confirmed treatment. This is in spite of the fact that 98% affirmed that the medicines need to be validated on group of patients, and as yet, no such study has either been conducted, nor are such data currently available in public domain. Graduates were more convinced about Homoeopathy being a confirmed treatment, rather than post-graduates, although both groups fared equally in response to need for validation.

Table 4: Knowledge score by demographic variables

Characteristics	Number	Knowledge score, mean ± SD	P
Gender			
Male	1793	8.67±1.38	0.395*
Female	1802	8.71±1.32	
Qualification			
Graduates	2164	8.60±1.38	0.000**
Post-graduates in Homoeopathy	1340	8.84±1.29	
Other qualifications	91	8.56±1.31	
Years of practice			
<10	1988	8.57±1.38	0.000*
10 or more	1604	8.84±1.30	

*Independent t-test. **ANOVA. SD: Standard deviation, ANOVA: Analysis of variance

Table 5: Response to attitude and practice questions

Quest number	Query	Yes (%)	No (%)	Don't know (%)
11	Handwashing should be done at least for 20 s	3506 (97.52)	79 (2.20)	10 (0.28)
12	Hands can be washed with any soap and water	3319 (92.32)	265 (7.37)	11 (0.31)
13	A person can infect others even during incubation period	3422 (95.19)	110 (3.06)	63 (1.75)
14	Respiratory secretion droplets normally do not travel >6 feet (about 2 m)	3219 (89.54)	271 (7.54)	105 (2.92)
15	Social distancing is same as quarantine	1703 (47.37)	1869 (51.99)	23 (0.64)
16	There is currently no effective cure for COVID-2019	2902 (80.72)	540 (15.02)	153 (4.26)
17	COVID 19 severity varies from mild to critical according to nature of contact	2109 (58.66)	1309 (36.41)	177 (4.92)
18	Homoeopathic medicines are a confirmed treatment for COVID-19	1595 (44.37)	1397 (38.86)	603 (16.77)
19	Nosodes are the only method of prevention of infectious illnesses	677 (18.83)	2535 (70.51)	383 (10.65)
20	Homoeopathic medicines need to be validated on a group of patients before mass treatment/prevention can be identified	3513 (97.72)	47 (1.31)	35 (0.97)

COVID-19: Coronavirus disease

Table 6: Variation in attitude and practice response by qualification

Quest number	Query	Graduates (n=2164)			Post-graduates (n=1340)			Others (n=91)			P*
		Yes (%)	No (%)	Don't know (%)	Yes (%)	No (%)	Don't know (%)	Yes (%)	No (%)	Don't know (%)	
11	Handwashing should be done at least for 20 s	2103 (97.18)	56 (2.59)	5 (0.23)	1313 (97.99)	22 (1.64)	5 (0.37)	90 (98.90)	1 (1.10)	0 (0.00)	0.307
12	Hands can be washed with any soap and water	1996 (92.24)	161 (7.44)	7 (0.32)	1234 (92.09)	102 (7.61)	4 (0.30)	89 (97.80)	2 (2.20)	0 (0.00)	0.402
13	A person can infect others even during incubation period	2053 (94.87)	74 (3.42)	37 (1.71)	1281 (95.60)	34 (2.54)	25 (1.87)	88 (96.70)	2 (2.20)	1 (1.10)	0.602
14	Respiratory secretion droplets normally do not travel >6 feet (about 2 m)	1914 (88.45)	173 (7.99)	77 (3.56)	1222 (91.19)	93 (6.94)	25 (1.87)	83 (91.21)	5 (5.49)	3 (3.30)	0.031
15	Social distancing is same as quarantine	1081 (49.95)	1064 (49.17)	19 (0.88)	577 (43.06)	759 (56.64)	4 (0.30)	45 (49.45)	46 (50.55)	0 (0.00)	0.000
16	There is currently no effective cure for COVID-19	1712 (79.11)	352 (16.27)	100 (4.62)	1120 (83.58)	173 (12.91)	47 (3.51)	70 (76.92)	15 (16.48)	6 (6.59)	0.016
17	COVID-19 severity varies from mild to critical according to nature of contact	1268 (58.60)	789 (36.46)	107 (4.94)	781 (58.28)	491 (36.64)	68 (5.07)	60 (65.93)	29 (31.87)	2 (2.20)	0.587
18	Homoeopathic medicines are a confirmed treatment for COVID-19	1027 (47.46)	797 (36.83)	340 (15.71)	519 (38.73)	578 (43.13)	243 (18.13)	49 (53.85)	22 (24.18)	20 (21.98)	0.000
19	Nosodes are the only method of prevention of infectious illnesses	483 (22.33)	1415 (65.39)	266 (12.29)	168 (12.54)	1067 (79.63)	105 (7.84)	26 (28.57)	53 (58.24)	12 (13.19)	0.000
20	Homoeopathic medicines need to be validated on a group of patients before mass treatment/prevention can be identified	2107 (97.37)	29 (1.34)	28 (1.29)	1316 (98.21)	18 (1.34)	6 (0.45)	90 (98.90)	0 (0.00)	1 (1.10)	0.116

*Chi-square test. COVID-19: Coronavirus disease

A mere 18.83% were of the opinion that only nosodes can be used for prevention, implying that validation of existing medicines can be focused on, and there need not be a race to develop new nosodes. Significant difference existed between the responses of graduates from that of post-graduates in this regard. It needs to be emphasised on the practitioners, particularly the graduates, that development of nosode is a time-consuming process, involving a high level of technological involvement for isolation and standardisation of starting material and the finished product, i.e., the mother tincture to prepare a nosode with a high safety profile.^[22] Most of them might not be aware about the requirement of establishing pre-clinical safety before human use.

In spite of the lockdown in the past week of March 2020, about half of the practitioners were able to continue with their clinical practices. However, no treatment of patients with fever and cough by half of the practitioners and no risk assessment of patients by more than 80% was reported, which could probably be due to lack of specific guidelines available to homoeopathic practitioners for risk assessment, before the lockdown. This aspect needs special consideration, when devising strategies for healthcare delivery by any practitioner, during the pandemic. There is a need to develop explicit understanding of practical aspects of isolation, social distancing and quarantine. Furthermore, specific guidelines on how and in whom risk assessment needs to be done, at what stage of the pandemic, need to be imparted to practitioners.

Many practitioners, in their general remarks, also expressed their willingness to treat patients, and identify preventives, which at larger scale requires directions from the Ministry of AYUSH, Government of India. A large number of practitioners believed the Central Council for Research in Homoeopathy and the Ministry of AYUSH should come up with treatment guidelines for using homoeopathic medicines in COVID-19, implying that the treatment should be based on validated strategies.

Further enhancement of attitudes and practices with a background of a good level of knowledge can be conducted by streamlining treatment guidelines, practical trainings, exposure to patients, facilities providing isolation and quarantine, a first-hand experience in identifying severity of disease condition, on the basis of which this workforce can be included in the healthcare delivery system, for both public health measures enforcement and treatment as well as prevention strategies.

Homoeopathic practitioners form a valuable, well-trained human resource which can be optimally utilised in the healthcare delivery system in the country, in the wake of the present pandemic, with due consideration of practical aspects of risk assessment, triage, clinical care and prevention strategies.

The survey had a mass outreach by electronic media, and the practitioners were easily available and ready to complete the

Table 7: Variation in attitude and practice response attitude and practice by years of experience

Quest number	Query	<10 years (n=1988)			10 years or more (n=1604)			P*
		Yes (%)	No (%)	Don't know (%)	Yes (%)	No (%)	Don't know (%)	
11	Handwashing should be done at least for 20 seconds	1923 (96.73)	60 (3.02)	5 (0.25)	1580 (98.50)	19 (1.18)	5 (0.31)	0.001
12	Hands can be washed with any soap and water	1771 (89.08)	212 (10.66)	5 (0.25)	1545 (96.32)	53 (3.30)	6 (0.37)	0.000
13	A person can infect others even during incubation period	1874 (94.27)	71 (3.57)	43 (2.16)	1545 (96.32)	39 (2.43)	20 (1.25)	0.015
14	Respiratory secretion droplets normally do not travel more than 6 feet (about 2 m)	1722 (86.62)	182 (9.15)	84 (4.23)	1494 (93.14)	89 (5.55)	21 (1.31)	0.000
15	Social distancing is same as quarantine	1002 (50.40)	968 (48.69)	18 (0.91)	698 (43.52)	901 (56.17)	5 (0.31)	0.000
16	There is currently no effective cure for COVID-2019	1577 (79.33)	318 (16.00)	93 (4.68)	1324 (82.54)	220 (13.72)	60 (3.74)	0.049
17	COVID-19 severity varies from mild to critical according to nature of contact	1152 (57.95)	733 (36.87)	103 (5.18)	954 (59.48)	576 (35.91)	74 (4.61)	0.560
18	Homoeopathic medicines are a confirmed treatment for COVID-19	907 (45.62)	776 (39.03)	305 (15.34)	685 (42.71)	621 (38.72)	298 (18.58)	0.026
19	Nosodes are the only method of prevention of infectious illnesses	392 (19.72)	1365 (68.66)	231 (11.62)	283 (17.64)	1169 (72.88)	152 (9.48)	0.017
20	Homoeopathic medicines need to be validated on a group of patients before mass treatment/prevention can be identified	1937 (97.43)	28 (1.41)	23 (1.16)	1573 (98.07)	19 (1.18)	12 (0.75)	0.387

*Chi-square test. COVID-19: Coronavirus disease

Table 8: Current practice

Present practice status	n (%)
Continuing	1776 (49.40)
Not practicing because of lockdown	1377 (38.30)
Not practicing because of other reasons	442 (12.29)

Table 9: Treatment of patients with cough and fever

Number of patients of cough and fever treated	Number of practitioners
<10	870
10-<50	559
50-<100	99
100-<500	71
500-<1000	4

Table 10: Practitioners conducting risk assessment for coronavirus disease

Number of patients in whom risk assessment done	Number of practitioners
<10	488
10-<100	133
100-<500	15

survey, probably due to the complete lockdown and there being a larger emphasis on electronic communication rather than personal, face-to-face interactions. The strengths of the study are that real-time data could be collected in a short period of time on digital platform.

The study limitations are that the survey was conducted only for a period of 2 days. The practitioners who were active on social media are, therefore, more likely to be responders, rather than those who had limited activity on social media. Although presently there are no means to identify the same, there is a possibility that these persons had a larger exposure to COVID-19-related information coming on social media and more interactions with other practitioners than others. Furthermore, although participants were from all age groups, number of participants dwindled with age, which could be due to technological challenges, or other practical limitations.

CONCLUSION

Homoeopathic physicians have largely been able to maintain a high level of currency -of knowledge, purely on their own accord. Practitioners affirmed that Homoeopathic medicines need to be validated on a group of patients before mass treatment/ prevention can be identified for which immediate access to patients is a must. Further recommendations for inclusion of practitioners in COVID – 19 related patient and population care strategies are given.

Recommendations

1. Homoeopathic practitioners have been largely able to keep themselves updated about the current pandemic, but need to be trained on practical aspects of the condition, including its presentation in various stages. Training modules need to have a flexible approach to accommodate both graduates and PGs and persons with varied years of experience
2. In the practitioner resources, specific guidelines for risk assessment and subsequent modes of social distancing,

Table 11: Practitioners referring patients with cough and fever for laboratory/radiological investigations

Number of patients referred for laboratory/radiological investigations	Number of practitioners
<10	561
10-50	41
100-500	7

isolation and quarantine need to be emphasised, which the practitioners are required to follow in their clinical practice

- Homoeopathic practitioners can be involved in the healthcare delivery system during this pandemic as screeners, behaviour change counsellors and treatment providers. However, standard treatment guidelines need to be formed for homoeopathic treatment, using drugs validated on patients
- There is a potential for homoeopathic practitioners to contribute significantly in control and treatment of pandemic
- Larger outreach of authentic sources of information will further enhance the KAP of the practitioners and better utilisation as medically trained human resources for pandemic treatment and control.

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Conflicts of interest

None declared.

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कोविड-19 के प्रति होम्योपैथी चिकित्सकों के ज्ञान, मनोवृत्ति, अभ्यासों और दृष्टिकोणों पर एक ऑनलाइन क्रॉस-सेक्शनल सर्वेक्षण

पृष्ठभूमि: कोरोना वायरस (कोविड-19) की वैश्विक महामारी के संदर्भ में, होम्योपैथी चिकित्सकों के महामारी से निपटने की तैयारी के स्तर की पहचान और उनकी समझदारी को मुख्यधारा के स्वास्थ्य की मुख्यधारा में उनकी सेवाओं को प्रभावी रूप से उपयोग किये जाने की आवश्यकता है।

उद्देश्य: इस अध्ययन का उद्देश्य कोविड-19 के बारे में होम्योपैथी चिकित्सकों के ज्ञान, मनोवृत्ति और अभ्यासों को पहचान करना था।

विधि: भारत में महामारी के बीच उस समय एक ऑनलाइन क्रॉस-सेक्शनल सर्वेक्षण किया गया, जब होम्योपैथी चिकित्सकों की सेवाएँ प्राप्त करने पर विचार किया जा रहा था। दस ज्ञानवर्द्धक प्रश्नों पर अंक प्रदान किये गये और उनका विश्लेषण सामाजिक-जनसांख्यिकीय परिवर्तनशील वस्तुओं के साथ अंतरों को चिन्हित करने के लिए किया गया। मनोवृत्ति और अभ्यासों पर आधारित दस प्रश्नों पर प्राप्त प्रतिक्रियाओं का विश्लेषण डोमेनों से प्राप्त अंतरों को पहचानने के लिए किया गया था जो ज्ञान के अंकों से महत्वपूर्ण रूप से भिन्न था।

परिणाम: 2 दिनों के दौरान प्राप्त 3901 प्रतिक्रियाओं में से 3539 को विश्लेषण के लिए सम्मिलित किया गया। ज्ञान के अंक योग्यता (स्नातक - 8.60 ± 1.38 , स्नातोकोत्तर - 8.84 ± 1.29 और अन्य योग्यता - 8.56 ± 1.31) एवं प्रैक्टिस के वर्षों (10 वर्ष से कम - 8.57 ± 1.38 और 10 वर्ष से अधिक - 8.84 ± 1.30) महत्वपूर्ण रूप से भिन्न पाए गये। लिंग की पहचान ज्ञान के अंकों को महत्वपूर्ण रूप से प्रभावित करने के लिए एक परिवर्तनशील वस्तु के रूप में नहीं की गई। मनोवृत्तियाँ और अभ्यास 10 वर्षों से अधिक अनुभव वाले प्रतिभागियों में अधिक अनुकूल पाए गए।

निष्कर्ष: होम्योपैथी चिकित्सक एक उच्च स्तर के ज्ञानकोष को शुद्ध रूप से परस्पर सामंजस्य के साथ बनाए रखने में पर्याप्त रूप से सफल रहे हैं। रोगी की देखभाल और प्रक्रियाओं से सम्बन्धित विशिष्ट पहलुओं को आगे बढ़ाए जाने की आवश्यकता है। चिकित्सकों ने दृढ़ता से कहा है कि होम्योपैथी औषधियों को सामूहिक उपचार/रोकथाम की पहचान किये जाने से पूर्व रोगियों के एक समूह पर सत्यापित किए जाने की आवश्यकता है, जिसके लिए रोगियों तक तुरंत पहुंच बनाए जाने की आवश्यकता है।

Une enquête transversale en ligne sur les connaissances, les attitudes, les pratiques et les perspectives des praticiens homéopathes vers Covid-19

Contexte: Compte tenu de la pandémie de coronavirus (COVID-19), l'identification du niveau de préparation à l'épidémie et la compréhension des praticiens homéopathes sont nécessaires pour utiliser efficacement leurs services dans les soins de santé traditionnels. **Objectif:** L'objectif de cette étude était d'identifier les connaissances, les attitudes et les pratiques des médecins homéopathes concernant COVID-19. **Méthodologie:** Une enquête transversale en ligne a été entreprise au milieu de l'épidémie en Inde lorsque les services de médecins homéopathes étaient à l'étude. Les dix questions sur les connaissances ont été notées et analysées pour identifier les différences avec les variables sociodémographiques. Les réponses aux dix questions sur les attitudes et les pratiques ont été analysées pour identifier les différences dans les domaines, différant considérablement dans les scores de connaissances. **Résultats:** Sur 3901 réponses reçues pendant 2 jours, 3595 ont été incluses pour l'analyse. Les scores de connaissances différaient considérablement selon la qualification (diplômés - $8,60 \pm 1,38$, post-diplômés - $8,84 \pm 1,29$ et autres qualifications - $8,56 \pm 1,31$) et années de pratique (<10 ans - $8,57 \pm 1,38$ et > 10 ans - $8,84 \pm 1,30$). Le sexe n'a pas été identifié comme une variable affectant significativement les scores de connaissances. Les attitudes et les pratiques ont également été jugées plus favorables chez les participants ayant plus de 10 ans d'expérience. **Conclusion:** Les médecins homéopathes ont largement pu maintenir un haut niveau de l'aune de la connaissances, de leur propre chef. Les aspects spécifiques liés aux soins et aux pratiques des patients doivent être encore améliorés. Les praticiens ont affirmé que les médicaments homéopathiques doivent être validés sur un groupe de patients avant qu'un traitement / prévention de masse puisse être identifié pour lequel un accès immédiat aux patients est requis.

Encuesta transversal en línea sobre conocimientos, actitudes, prácticas y perspectivas de los practicantes homeopáticos hacia Covid-19

Antecedentes: A la luz de la pandemia de enfermedad coronavirus (COVID-19), se requiere la identificación del nivel de preparación y comprensión epidémica de los profesionales homeopáticos para utilizar sus servicios en la atención sanitaria convencional de manera eficaz. **Objetivo:** El objetivo de este estudio fue identificar conocimientos, actitudes y prácticas de médicos homeopáticos sobre COVID-19. **Metodología:** Se realizó una encuesta transversal en línea en medio de la epidemia en la India, cuando se estaban considerando los servicios de médicos homeopáticos. Las diez preguntas de conocimiento fueron puntuadas y analizadas para identificar diferencias con variables sociodemográficas. Se analizaron las respuestas a las diez preguntas sobre actitudes y prácticas para identificar diferencias en los dominios, que difirieron significativamente en las puntuaciones de conocimiento. **Resultados:** De las 3901 respuestas recibidas en 2 días, se incluyeron 3595 para análisis. Los resultados de los conocimientos diferían significativamente con la calificación (graduados – 8.60 ± 1.38 , postgraduados – 8.84 ± 1.29 y otras calificaciones – 8.56 ± 1.31) y los años de práctica (<10 años – 8.57 ± 1.38 y > 10 años – 8.84 ± 1.30). El género no se identificó como una variable que afectara significativamente a las puntuaciones de conocimiento. También se determinó que las actitudes y prácticas eran más favorables en los participantes con más de 10 años de experiencia. **Conclusión:** Los médicos homeopáticos han podido mantener un alto nivel de conocimiento, por su propia voluntad. Es necesario mejorar aún más los aspectos específicos relacionados con la atención y las prácticas de los pacientes. Los médicos afirmaron que los medicamentos homeopáticos deben validarse en un grupo de pacientes antes de que se pueda identificar el tratamiento/prevención en masa para el que se requiere el acceso inmediato a los pacientes.

Eine Online-Querschnitterhebung über Wissen, Einstellungen, Praktiken und Perspektiven von homöopathischen Praktikern auf dem Weg zu Covid-19

Hintergrund: Angesichts der Pandemie der Coronavirus-Krankheit (COVID-19) ist die Identifizierung des Ausmaßes der epidemischen Vorsorge und des Verständnisses von homöopathischen Praktikern erforderlich, um ihre Dienste in der allgemeinen Gesundheitsversorgung effektiv zu nutzen. **Ziel:** Ziel dieser Studie war es, Wissen, Einstellungen und Praktiken homöopathischer Ärzte über COVID-19 zu identifizieren. **Methodik:** Eine Online-Querschnittsumfrage wurde mitten in der Epidemie in Indien durchgeführt, als Dienstleistungen homöopathischer Ärzte in Betracht gezogen wurden. Die zehn Wissensfragen wurden bewertet und analysiert, um Unterschiede zu soziodemografischen Variablen zu identifizieren. Die Antworten auf die zehn Fragen zu Einstellungen und Praktiken wurden analysiert, um Unterschiede in den Bereichen zu identifizieren, die sich in den Wissensergebnissen erheblich unterschieden. **Ergebnisse:** Von 3901 Antworten, die über 2 Tage eingegangen sind, wurden 3595 zur Analyse berücksichtigt. Wissensergebnisse unterscheiden sich deutlich mit DerQualifikation (Absolventen – 8,60 bis 1,38, Postgraduierte – 8,84 bis 1,29 und andere Qualifikationen – 8,56 x 1,31) und Praxisjahre (10 Jahre – 8,57 bis 1,38 Jahre und > 10 Jahre – 8,84 bis 1,30 Jahre). Das Geschlecht wurde nicht als Variable identifiziert, die die Wissensergebnisse signifikant beeinflusst. Auch bei Teilnehmern mit mehr als 10 Jahren Erfahrung wurden Einstellungen und Praktiken als günstiger eingestuft. **Fazit:** Homöopathische Ärzte konnten weitgehend ein hohes Maß an Wissenswahrung aufrechterhalten, rein eigens. Spezifische Aspekte im Zusammenhang mit der Patientenversorgung und -praktiken müssen weiter verbessert werden. Die Praktiker bestätigten, dass homöopathische Arzneimittel an einer Gruppe von Patienten validiert werden müssen, bevor eine Massenbehandlung/-prävention identifiziert werden kann, für die ein sofortiger Zugang zu Patienten erforderlich ist.

虽然大多数研究表明顺势疗法药物可以调节细胞因子合成，但细胞因子调制的机制仍然未开发。

背景: 鉴于冠状病毒大流行病 (COVID19)，需要确定流行病防备水平和顺势疗法医生的理解，以有效地利用他们的服务在主流医疗保健。客观: 这项研究的目的是确定知识、态度和做法的顺势疗法医生关于COVID 19。

方法学: 当顺势疗法医生的服务正在考虑之中，在印度的流行之中进行了在线横断面调查。对十个知识问题进行了评分和分析，以确定与社会人口变量的差异。对关于态度和做法的十个问题的答复进行了分析，以确定领域的差异，在知识分数方面差异很大。

结果: 在两天内收到的3901份答复中，有3595份被列入分析范围。知识分数显著差异与资格 (毕业生 – 8.84 ± 1.38 ，研究生 – 8.84 ± 1.29 和其他资格 – 8.56 ± 1.31) 和实践年 (<10年- 8.57 ± 1.38 和>10年 – 8.84 ± 1.30)。性别没有被确定为显著影响知识分数的变量。还发现，有10年以上经验的参与者的态度和做法更有利。**结论:** 顺势疗法医生在很大程度上已经能够保持高水平的知识货币，纯粹是自己的。与病人护理和做法有关的具体方面需要进一步加强。从业人员确认顺势疗法药物需要对一组患者进行验证，然后才能确定需要立即接触患者的大规模治疗/预防。