



### TELE-CONSULTATIONS IN THE WAKE OF COVID-19 - SUGGESTED GUIDELINES FOR CLINICAL SHALAKYA CITING SUCCESSFUL CASE STUDIES

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#### ABSTRACT

Tele medicines / tele Ayurveda has been in vogue since few years and enhanced demand added importance during the pandemic both for easy accessibility and to prevent spread of infection. The field of Shalakya is often at the forefront of technological advances in medicine including telemedicine and the use of unique techniques. WHO defines telemedicine as also Tele ophthalmology, speaks about its importance, limitations and it is the need of the hour. Ministry of AYUSH has advocated tele consultation and given guidelines also. This has empowered physicians and given guidelines to set precise practical approaches. Advantages and limitations of tele Shalakya are to be understood, accepted and published just as Tele ophthalmology.. Its easier for clinicians dealing with patients who have adopted and are familiar with principles and practices of Ayurveda. During this pandemic prevention of transmission of infection from patient to clinicians is the biggest advantage. Case series of shalakya, who have taken tele consultation during this pandemic are reported here :simple allergy in eyes, sty, injury to eye due to fall at home, bleeding in eye (probably eye strain or mild COVID)Assists in mitigating symptoms and prevents spread of infection. Tele ophthalmology, almost in vogue since the early 90s, today is popular for screening in rural areas and sharing the images seeking guidance on management and referring cases needing surgery of specific eye conditions. Shalakya tele consultation has limitations as visual acuity, intraocular pressure, retinal pathology cannot be visualized but can be overcome by adopting latest technologies like in Allopathy.

**Keywords:** Tele shalakya, medico legal, Transmission of infection, video consultation.

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## INTRODUCTION

WHO and AYUSH recommend tele consultation and have given suitable guidelines <sup>[1]</sup>

Dissemination of Knowledge has no borders or barriers and can be known as unique University of global health care applying both information and communication technology (ITC) to reach all. Accessibility, affordability, quality, and safety are key issues facing healthcare in both developed, less economically developed countries in rural or urban populations and adopting telecommunication plays a prominent preventive role in this pandemic age <sup>[2]</sup>

Tele medicine has advantages and disadvantages depending on local skills, computer literacy among medical professionals, management of computer service, internet connectivity, data about the utility of this much needed technology. All the above need to be given serious thought by policy makers globally as telemedicine can be shared worldwide, Sharing experts from all systems of medicine in various regions in a vast variety of languages can be of immense, cost effective health care globally. <sup>[3][4][5][6]</sup>

**AIOS-** All India Ophthalmological Society tried to find out practice, attitude, problems faced by Ophthalmologists by conducting a nationwide survey about Tele-Ophthalmology. It showed 17.5% already have been utilizing

tele Ophthalmology and 98.6% interested to incorporate it in their practice. <sup>[7]</sup>

This article shares teleshalakya, its utility with examples of selected cases managed by tele shalakya and guidelines based on many years of experience. Tele ophthalmology has been in vogue since long assisting in several remote areas and bringing expertise. Tele equipments ensuring safety about patient data needs to be utilized. Data about retinal images from remote areas can be transferred to experts. <sup>[8][9]</sup>

## The Association of Shalakis (TAS) and TeleShalakya

(<http://theassociationofshalaki.com>)

Many stalwarts in the association are globally recognised for their immense work done for prevention of blindness, innovation in cataract and other surgeries, best teachers, well acclaimed clinicians, heading research institutes and most prominent aspect is their expertise in tele communication skills and are exemplary in several aspects. National, international, regional conferences have been held frequently under the aegis of TAS and bringing youngsters and experienced Shalakis to share expertise, experiences and inspire young aspirants has been one major annual event apart from other academic activities. Just as in tele ophthalmology scans, images and such data transfer could be very beneficial,

Publication of Shalakya articles, recognition by awards an indication of leadership of this special branch of Ayurveda. And many have written text books to lead students.<sup>[10][11][12][13][14][15][16]</sup>

Aim of study (a)Tele Shalakya to ensure easy and quick transfer of images, scans, photos from remote rural areas to the expert who could advise suitable management and if need be advise emergency first aid and to bring for surgery or latest technological management.(b)prevent spread of infection from patient to doctor and visa versa.(c)Early diagnosis of diabetic retinopathy etc conditions for early management,

Materials and methods: During covid patients in need of medical support were advised to take tele consultation and not to move around until absolutely necessary so patients in need of medical guidance and who were taking Ayurveda management, who voluntarily approached for medical guidance were treated and all such cases have been reported. So every case was treated on personalized understanding.

Tele consultation means distance healing, bringing patient nearer to general physician and specialist if need be and assisting early diagnosis, deciding prognosis, and suitable management.

Utilizing audio-video consultations sometimes twice a day later followed by once a day so on

as case demands but taking a look at the tele ophthalmology it is imperative to adopt much more in shalakya .Many cases have benefited by tele shalakya in this pandemic and referring one such case <sup>[17]</sup>

Cases managed by Tele shalakya have been reported here to showcase that guidelines are based on experience.

Stye - repeated stye, various growths (one case reported from different topics)

Headache, migraine, or different types of pain in and around eyes,

Herpes zoster, simplex, fluctuation of blood sugar resulting in visual fluctuation.

Allergic conjunctivitis, burning sensation, itching in eyes, simple symptoms to general practitioners and major symptoms like detachments, unilateral vision loss etc<sup>[18][19]</sup>

need to be referred it can be identified only by experienced doctors .So a tentative guidelines drawn up based on experience are as below Guidelines for Tele Shalakya are listed here -an initial attempt to be contemplated by stalwarts Some conditions which could be helped heal by tele consultation during the pandemics are reported.

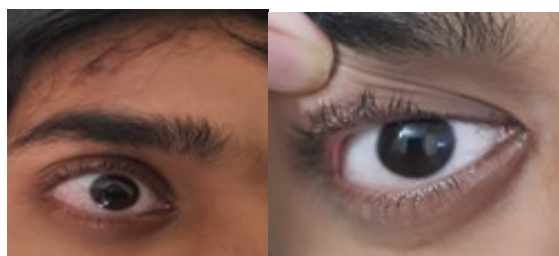


**Fig. 1. Tele shalakya – depicting various conditions ,differential diagnosis in red eye**

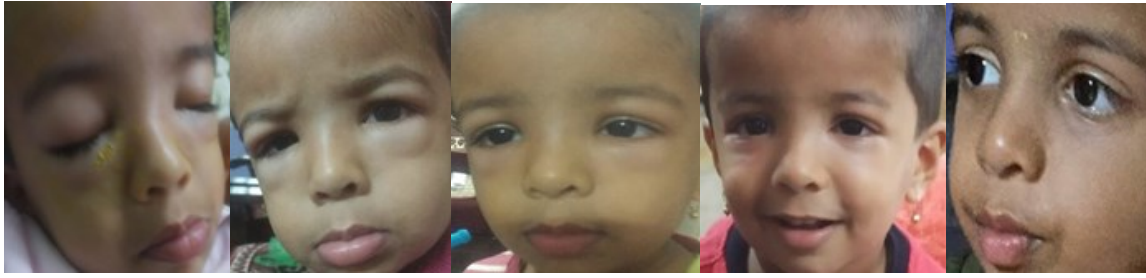
### Photos of Tele -Shalakya

Itching and redness every evening—controlled by clearing bowels by advising Avipathikara

churna 1 teaspoon equal sugar in 100 ml hot water at bed time.



**Fig. 2. Before & after management of Case of simple allergy in a teenager**



**Fig. 3. Management of Allergy in 3 year old for a s**Advised amrutha satwa 1.2 teaspoon with honey thrice a day for two days.

#### Case 2 simple eye allergy

Allergy in the eye could be due to seasonal vagaries, food, or insect bite so on. Stopping simple styte probably caused due to mild myopia --was advised snehana sweden (boiled rice one small ball add one drop of ghee and use this ball to do ) allergens is most important to get quick results.

Photo 1 to 4 (36 hours) Simple medicines like haridra, amrutha, yasti has given immediate relief

**Case 3** - Progression of treatment in Netrabhigata in 18 month old baby throughout 8 days.



**Fig. 4. Netrabhigata**

This infant aged 18 months is the case study depicted here. Baby fell down from TV stand and developed bleeding. and crying inconsolably.

Medicines given by mother also an Ayurveda graduate.

1. Purana ghrtabidalaka

2. Triphala + yastimadhu decoction seka three times a day.

3. Bonnison syrup ½ teaspoon thrice a day.

4. Balachaturbdra rasa ½ teaspoon twice a day.

In 8 days, the baby became totally happy and healthy.

Mother was anxious about the baby's vision and further pain mitigation, which was controlled by seka and bidalaka. Mother was Ayurveda doctor so therapy was easy

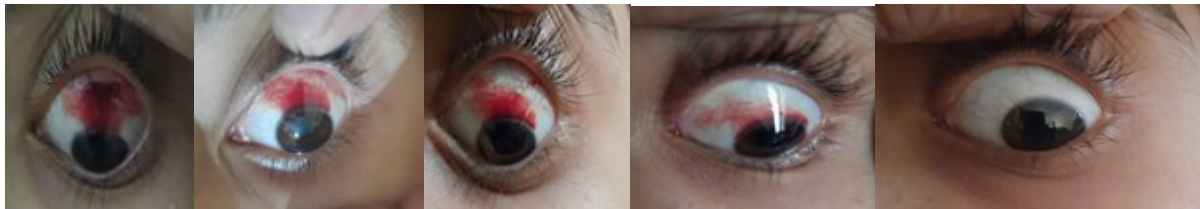
**Fourth case-** subconjunctival bleeding with no other symptoms. Patient's father sent photos on WhatsApp twice daily. Patient a girl of 11 years exposed to online classes and TV for more than 6 to 8 hours daily.

Treatment: Rose water pack on closed eyes twice a day. Orally was advised-

Prawalpanchamrutha bhasma  $\frac{1}{4}$  teaspoon + honey twice a day It's one year since it happened and has not recurred so it's not

Eales disease and as general, the health of patient has been good. It was scary to look at and had no other symptoms like repeated bleeding nor burning or pain nor discharge. Patient was followed up for more than one year during COVID 19 and no repeat of the subconjunctival bleeding was present. So, it was not of any serious pathology.

Case four - of Sub conjunctival Haemorrhage management for 24 days



**Fig.5. Sub conjunctival bleeding in a young girl exposed to excessive**

#### **Case five Sty**



**Fig.5. case of sty**

Baby of 2 years showing sty, swelling around eyes

Both fomentation and oleation was given three times and patient got relief

Advantages

Saving patient and doctor from getting infected during the pandemic but still assisting patient when ever in need and possible but diagnosis, detailed examination, management

and prognosis is not easy as it needs to be managed with huge barriers.

### **Disadvantages and limitation of tele shalakya consultation in the pandemic**

As checking detailed visual acuity, intraocular pressure and getting to see layers of retina are not plausible during the pandemic but later tele shalakya can adopt all latest technologies to give the best to patients in rural areas or inaccessible places. Emergency first aid, management with tele guidance is one advantage for immediate care

As depicted tele shalakya is beneficial in some cases of primary care but urgent studies in shalakya are needed to get sufficient data to adopt in most cases .Pandemics, large scale disaster

In conclusion teleshalakya adding new technology can help integration to every remote rural areas ,there by improving quality

**Guidance :** (a)Patient acceptance for audio video consultation is most important before such a consultation. .(b).Guidelines drawn for Tele ophthalmology can be adopted .(c) Care needs to be taken during probable Diagnosis, prognosis and management as Shalakya medicaments are not easily available as medicines for other conditions.(d).Patients and patients attendants need to be attentive ad smart to follow all instructions to get Quick results<sup>[2][21][22]</sup>

### **Tele shalakya consultation in post pandemic— future over view**

Tele shalakya can adopt technology for diagnosis and screening of shalakya conditions at all stages from Allopathic medicines and learning during post pandemic and also enhance the data of the utility can add to the principles and practices and reach higher and wider population.

**In conclusion-** tele ophthalmology is an exciting new technology which can help in integration of all urban and rural health care centers in India and improve the quality of medical services in the presently underserved and impoverished sections particularly in remote rural areas of developing countries. It is to be noted that tele-consultation does not grant immunity from medico-legal liabilities.

*Multiple studies have demonstrated the reliability of tele-ophthalmology for use in screening and diagnostics and have demonstrated benefits to patients, physicians, and adopting it and more for Tele Shalakya shall enhance popularity of shalakya.*

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