

Electropathy
Practitioner's
GUIDELINES
for
COVID 19

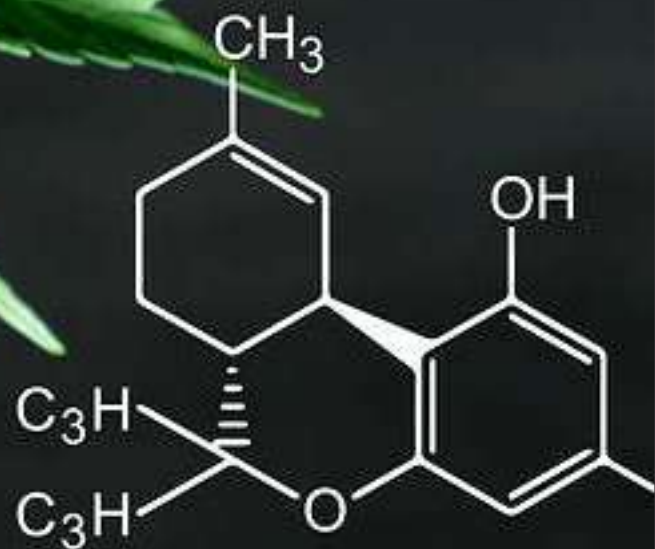
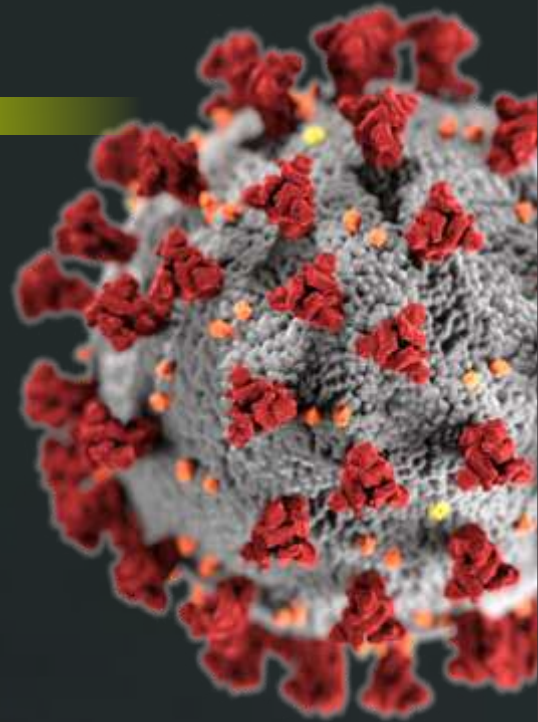


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1.1 COVID - 19

COVID-19 is an infectious disease caused by the most recently discovered coronavirus. Coronaviruses are a large family of viruses which may cause illness in humans and animals. In humans, several Coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

1.2 History

The outbreak of Novel coronavirus disease (COVID-19) was initially noticed in a seafood market in Wuhan city in Hubei Province of China in mid-December, 2019, has now spread to 216 countries/territories/areas worldwide. WHO (under International Health Regulations) has declared this outbreak as a “Public Health Emergency of International Concern” (PHEIC) on 30th January 2020. WHO subsequently declared COVID-19 a pandemic on 11th March, 2020.

1.3 How does it spread

People get infected by COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe-in these droplets from a person infected with the virus. This is why it is important to stay at least 1 meter away from others. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected-by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub.

1.4 Incubation period

The median incubation period is 5.1 days (range 2–14 days). The precise interval during which an individual with COVID-19 is infectious is uncertain. As per the current evidence, the period of infectivity starts 2 days prior to onset of symptoms and lasts up to 8 days. The extent and role played by pre-clinical/asymptomatic infections in transmission still remain under investigation.

1.5 Pathophysiology

1. ARDS: the primary pathology ARDS, characterized diffuse alveolar damage (e.g. including hyaline membranes). Pneumocytes with viral cytopathic effect are seen, implying direct virus damage
2. Cytokine storm: Emerging evidence suggest that some patient may respond to COVID-19 with an exuberant cytokine storm reaction
3. Clinical markers of this may include elevations of C-reactive protein and ferritin, which appear to track with disease severity and mortality.

Diagnosis

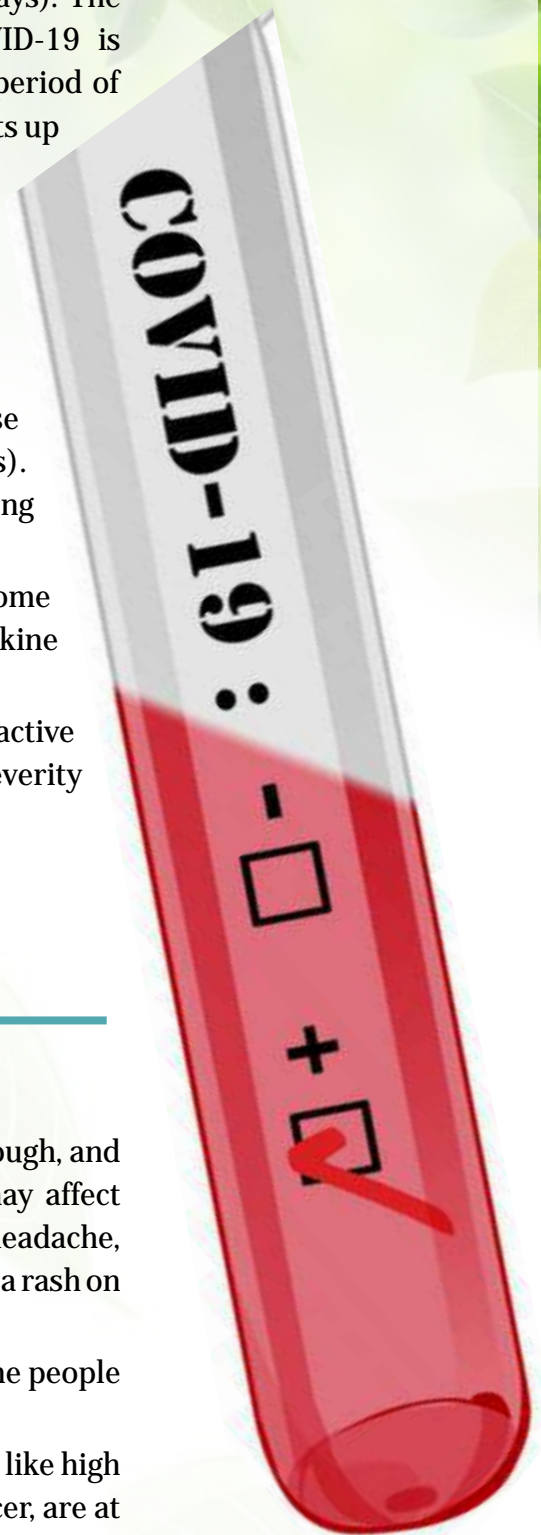
2.1 Clinical Features

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes.

These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms.

Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing serious illness. However, anyone can catch COVID-19 and become seriously ill. People of all ages who experience fever and/or cough associated with difficulty breathing/shortness of breath, chest pain/pressure, or loss of speech or movement should seek medical attention immediately.

Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.



2.2 Case definition –

Suspect case - A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

Probable case - A suspect case for whom testing for the COVID-19 virus is inconclusive. OR testing could not be performed for any reason.

Confirmed case - A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

2.3 Stages of illness-

Mild

Clinical presentation -	Patients with uncomplicated upper respiratory tract infection may have mild symptoms such as fever, cough, sore throat, nasal congestion, malaise and headache
Clinical parameters -	Without evidence of breathlessness or Hypoxia (normal saturation).
Remarks	Managed at home with Electropathy treatment.

Moderate

Clinical presentation -	Pneumonia with no signs of severe disease
Clinical parameters -	Adolescent or adult with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO ₂ <94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute. Child with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO ₂ <94% (range 90-94%) on room air, Respiratory Rate more or equal to 24 per minute. Fast breathing (in breaths/min): < 2 months: ≥ 60; 2-11 months: ≥50; 1-5 years: ≥40
Remarks	Managed in Clinic/Hospital with Electropathy treatment under continues observation or may refer to Dedicated Covid Health Centre (DCHC)

Severe

Clinical presentation	<ol style="list-style-type: none"> 1. Severe Pneumonia 2. Acute Respiratory Distress Syndrome 3. Sepsis 4. Septic Shock 	Remarks - Immediate refer to Dedicated Covid Health Centre (DCHC) or inform to central/state Helpline number.
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2.4 Differential diagnosis

Symptoms of COVID-19 infection are similar to those of other cold and flu viruses. Differential diagnosis should include the possibility of a wide range of common respiratory disorders

Manifestations of Various Types of Pneumonia

	COVID-19	Other Viral Pneumonias	Common Pneumonia
Pathogenic factors or pathogens	SARS-CoV-2	Influenza A and B viruses, parainfluenza virus, cytomegalovirus, adenovirus, respiratory syncytial virus	Bacteria (such as streptococci), mycoplasma, and chlamydia
First symptoms	Fever and dry cough in most cases, diarrhoea in some cases	High fever, cough, pharyngitis, myalgia, Etc	Nasal obstruction, rhinorrhea, etc, mild in most cases
History of exposure to COVID-19	History of exposure to Wuhan or other epidemic regions, mostly males aged 40-60 years	In winter and spring, common in children, and less common in adults or the community	Common in winter, common in children and the community
Laboratory examination	Positive NAAT result, normal or low WBC count, low lymphocyte count, and high serum CRP concentration	Positive NAAT results for the detection of influenza A and B viruses, parainfluenza virus, cytomegalovirus, adenovirus, and respiratory syncytial virus; increased lymphocyte count	Elevated WBC count, high erythrocyte sedimentation rate, and significantly high CRP concentration
Chest CT manifestations	Early stage: pure GGOs Progressive stage: multiple GGOs, consolidations in lesions, crazy-paving pattern. Advanced stage: diffuse exudative lesions, lung whiteout	Interstitial inflammation, high-attenuation reticular patterns or multiple highattenuation fibrous streaks, localized pulmonary edema or (and) atelectasis	Bronchial pneumonia, lobar pneumonia, bronchial wall thickening, centrilobular nodules, multiple consolidations mainly involving lung parenchyma

2.5 Diagnosis with tests

1. **Initial respiratory tract specimen collection for diagnosis and screening of patients with COVID-19 pneumonia:**-Within 5 to 6 days of the onset of symptoms, patients with COVID-19 have demonstrated high viral loads in their upper and lower respiratory tracts. A nasopharyngeal swab and/or an oropharyngeal swab are often recommended for screening or diagnosis of early infection.

2. **Haematological indices:-**

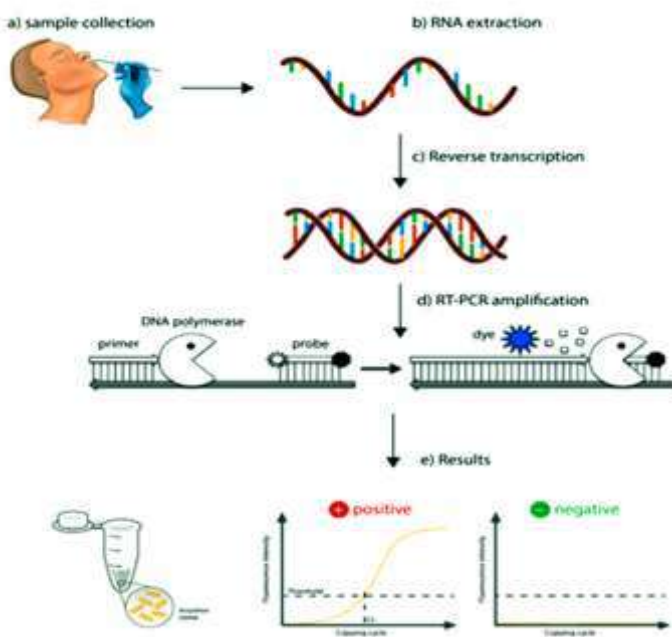
In first week - white blood cells (WBCs), neutrophils, lymphocytes, monocytes, eosinophils, red blood cells (RBCs), hemoglobin, neutrophil lymphocyte ratio (NLR), platelets (PLT) and platelet lymphocyte ratio (PLR) decreased.



CBC		
WBC	5.88	[10 ⁹ /L]
RBC	4.45	[10 ¹² /L]
HGB	136	[g/L]
HCT	0.396	[L/L]
MCV	89.0	[fL]
MCH	30.6	[pg]
MCHC	343	[g/dL]
RDW-CV		
PLT		[10 ⁹ /L]
MPV		
Differential		
NEUT	3.47	[10 ⁹ /L]
LYMPH	1.96	[10 ⁹ /L]
MONO	0.31	[10 ⁹ /L]
EO	0.11	[10 ⁹ /L]
BASEO	0.02	[10 ⁹ /L]
IG	0.01	[10 ⁹ /L]
NRBC	0.0	[/100WBC]

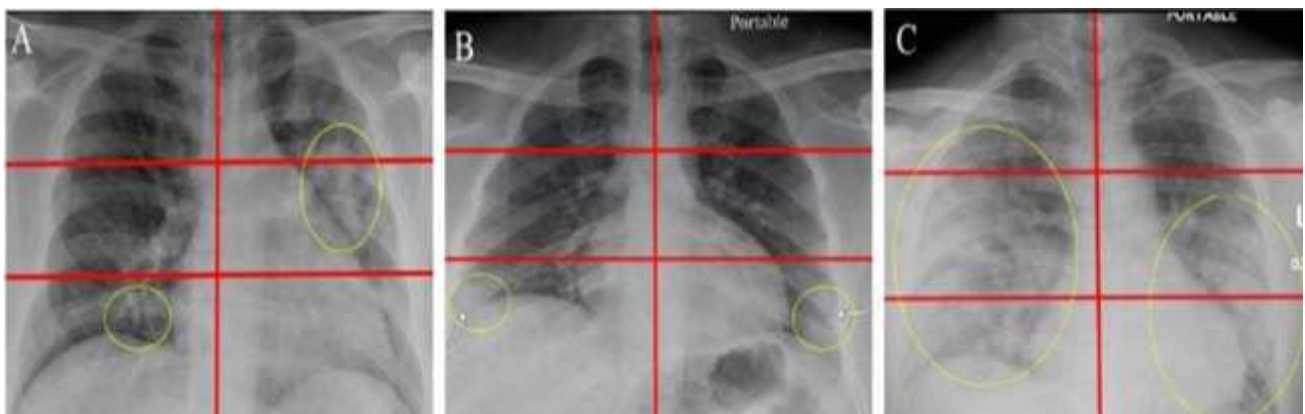
3. **Serology:-** Serological testing consisted of an enzyme-linked immunosorbent assay and NAT (Nucleic acid test). Immunoassay is designed to detect immunoglobulin M (IgM) and immunoglobulin G (IgG) antibodies against the N protein of SARS-CoV-2. Serial examination of COVID-19 patients resulted in IgM seroreactivity by day 4 post-symptom onset, which peaked by day 9. In contrast, IgG sharply increased 12 days after symptom onset.

NAT (Nucleic acid test):-It is significant for the diagnosis of SARS-CoV-2 infection. (SARS- severe acute respiratory syndrome).



Reverse transcription polymerase chain reaction is a laboratory technique combining reverse transcription of RNA into DNA and amplification of specific DNA targets using polymerase chain reaction. It is primarily used to measure the amount of a specific RNA. This is achieved by monitoring the amplification reaction using fluorescence, a technique called real-time PCR or quantitative PCR. Combined RT-PCR and PCR are routinely used for analysis of gene expression and quantification of viral RNA in research and clinical set.

4. **ABG:-** (Aterial blood gas test) ABG evaluate lung function by measuring blood pH, oxygen and carbon dioxide to monitor treatment for lung diseases. It detects an acid-base imbalance in the body, which may indicate a respiratory, metabolic, or kidney disorder.
5. **Serum lactate dehydrogenase:-** Investigation of a variety of diseases involving the heart, liver, muscles, kidney, lung, and blood. Marked elevations in lactate dehydrogenase activity can be observed in megaloblastic anemia, Hodgkin disease, abdominal and lung cancers, severe shock and hypoxia. Moderate to slight increase in LDH levels are seen in myocardial infarction, pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infection mononucleosis, progressive muscular dystrophy, liver disease.
6. **Radiological parameter:-** The imaging features of COVID-19 pneumonia are diverse, ranging from normal appearance to diffuse changes in the lungs. In addition, different radiological patterns are observed at different times throughout the disease course. With respect to the frequency and distribution of lung zone opacities. The right lower (42%) and left lower (38%) lung zones were most frequently affected, followed by the right middle (23%) and left middle (25%) lung zones, and least by the right upper (4%) and left upper (3%) lung zones. No patients had pneumothorax or significant pleural effusion.



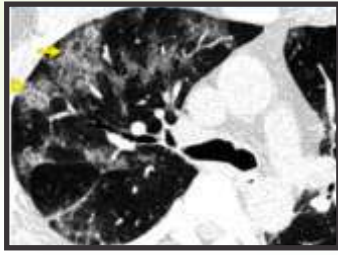
7. **CT-scan:-** The diagnosis is made by a positive PCR test, which is highly specific. CT has a higher sensitivity but lower specificity and can play a role in the diagnosis and treatment of the disease. Various pattern are appreciated on Scan.

- a. **Ground glass:-** Ground glass (GGO) pattern is the most common finding in covid-19 infections. They are usually multifocal, bilateral and peripheral, but in the early phase

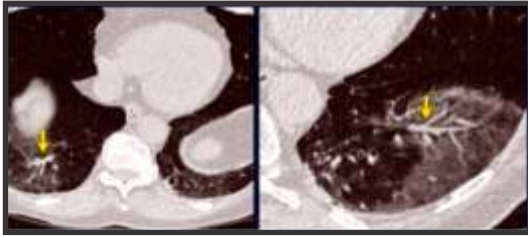


of the disease the GGO may present as a unifocal lesion, most commonly located in the inferior lobe of the right lung.

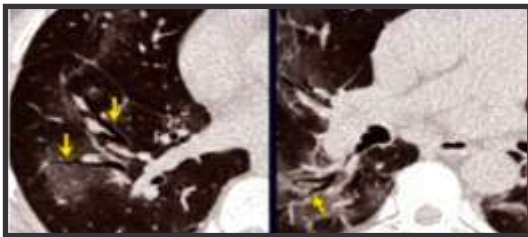
image of patient who had fever, progressive coughing and shortness of breath. The PCR test was positive for COVID-19. There are widespread bilateral ground-glass opacities with a posterior predominance.



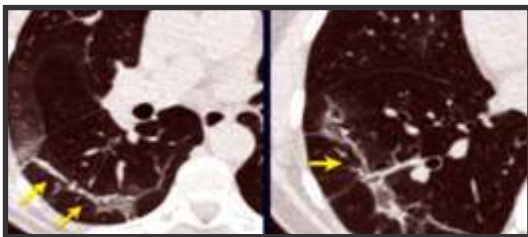
b. *Crazy paving*:- Sometimes there are thickened interlobular and interlobular line in combination with a ground glass pattern. This is called crazy paving.



c. *Vascular dilatation*:- A typical finding in the area of ground glass is widening of the vessels



d. *Traction Bronchiectasis*:- Another common finding in the areas if ground glass is traction bronchiectasis.



e. *Subpleural bands and Architectural distortion*:- in some case there is architectural distortion with the formation of subpleural bands.

f. *Initial CT-findings*:- Initial CT findings in COVID-19 cases include bilateral, multilobar ground glass opacification with a peripheral or posterior distribution, mainly in lower lobes and less frequently in the middle lobe. Consolidation superimposed on GGO as the initial imaging presentation is found in a smaller number of cases, mainly in the elderlu population. Septal thickening, bronchiectasis, pleural thickening, and subpleural involvement are some to the less common finding, mainly in the later stages of the disease. Pleural effusion, pericardial effusion, lymphadenopathy, cavitation, CT halo sign, and Pneumothorax are some of the uncommon but possible findings seen with disease progression.





Electropathy

Management of COVID-19

3.1 Prophylactic approach

Since the era of count Caesar Mattei there are many examples of the use of Electropathy medicines during the outbreak of epidemics, endemics and pandemics. And at such oblivious times, Electropathy medicines have proven effective time and again.

It would be of immense benefit if we use the prescribed Electropathy medicines in this global pandemic as a precautionary measure.

Scrofoloso-1 (S-1):

1. **Medicinal Property:** Prophylactic, Nutritive, Anti-phlogestic, Anti-Scrofolous, Diuretic, Stimulant, Nervine

Vermifugo-1 (Ver-1):

1. **Medicinal Property:** Vermifuge, Germicide, Nervine, Anti-periodic, Antispasmodic, Laxative

How to use:

1. D-3 nature: 10-10-10 drops with lukewarm water
2. D-4 nature: 15-15-15 drops with lukewarm water

Medicine Course:

1. **Containment Zones:** (Highly infected zone):
 - a. Dosage: Regular dose until the infection is reduced in this zone
2. **Buffer Zone:** (Zone attached to containment zone)
 - a. Dosage: 15 day medicine course, 7 day break and then 15 day medicine course again.
3. **Green Zone:** (Potential Safe zone)
 - a. Dosage: A 15 day medicine course

Other Useful Medicines

1. Limfatico-1 (L-1)
2. Scrofoloso-10 (S-10)
3. Angiotico-3 (A-3)
4. Red Electricity
5. Yellow Electricity

3.2 Symptomatic approach

3.2.1 Management of mild cases

In the containment phase, patients with suspected or confirmed mild COVID-19 are being isolated to break the chain of transmission

Mild cases can be managed at Health Care Centre or at home subject to conditions stipulated by MOHFW in the home isolation guidelines available at.

<https://www.mohfw.gov.in/pdf/RevisedguidelinesforHomelsolationofverymildpresymptomaticCOVID19cases10May2020.pdf>

Detailed clinical history is taken including that of co-morbidities. Patient is followed up daily for temperature, vitals and Oxygen saturation (SpO₂).

Counsel patients with mild COVID-19 about signs and symptoms of complications that should prompt urgent care. Patients with risk factors for severe illness should be monitored closely, given the possible risk of deterioration. If they develop any worsening symptoms (such as difficulty breathing, chest pain, dehydration, etc.), they should be immediately admitted to a Dedicated Covid Health Centre.

Mild COVID-19 cases may be given symptomatic treatment such as

Medicine	For
Anti pyretic (F1 & S10)	Fever and pain
Anodyne (WE)	Headache and fatigue
Anti Catarrh & Expectorant (P4 & C13)	Cough & Sore throat
Electropathy Cough Syrup	Unproductive Cough

Note– Should advice to take adequate nutrition and appropriate rehydration.





3.2.2 Management of Moderate Case

In moderate COVID-19 case, we should treat ONLY if there are common symptoms of pneumonia, otherwise immediately refer to a Dedicated Covid Health Centre /Hospital.

Patients with suspected or confirmed moderate COVID-19 (pneumonia) are to be isolated. The defining clinical assessment parameters are Respiratory Rate of more than or equal to 24 and oxygen saturation (SpO₂) of less than 94% on room air (range 90-94%).

The patient will undergo detailed clinical history including co-morbid conditions, measurement of vital signs, Oxygen saturation (SpO₂) and radiological examination of Chest X-ray, Complete Blood Count and other investigations as indicated.

Moderate COVID-19 cases may be given symptomatic treatment such as

Medicine	For
Anti phlogestic (P1 & C5 200 dil.)	General pneumonia
Anti pyretic (F1 & S10)	Fever and pain
Anodyne (WE & BE)	Headache and fatigue
Anti Catarrh & Expectorant (P4 & C13)	Cough & Sore throat
Electropathy Cough Syrup	Unproductive Cough

Note – Should advice to take adequate nutrition and appropriate rehydration with regular breathing exercise or Pranayam.

Electropathy Medicine in Brief

S.N.	MEDICINE	PLANTS	PROPERTIES
1	SCROFOLOSO-1 (S - 1) <u>9 Plants</u>	Cochlearia officinalis, Hydrastis canadensis, Matricaria chamomilla, Nasturtium officinalis, Scrophularia nodosa, Smilax medica, Tussilagio farfara, Veronica officinalis, Strychnos nux vomica	Prophylactic, Nutritive, Antiphlogistic, Anti scrofulous, Diuretic, Stimulant, Nervine
2	VERMIFUGO-1 (VER - 1) <u>7 Plants</u>	Allium sativum, Dictamnus albus, Ruta graveolens, Thymus serpyllum, Imperatoria ostruthium, Chenopodium anthelminticum, Euphorbium officinalis	Vermifuge, Germicidal, Nervine, Anti-periodic, Antispasmodic, Laxative
3	SCROFOLOSO-10 (S - 10) <u>15 Plants</u>	Erythraea centaurium, Cinchona calisaya, Salix alba, Scrophularia nodosa, Aesculus hippocastanum, Berberis vulgaris, Cetraria islandica, Cinchona succiruba, Hydrastis canadensis, Cochlearia officinalis, Nasturtium officinalis, Smilax medica, Tussilago farfara, Sambucus nigra, Veronica officinalis	Anti choleric, Febrifuge, Prophylactic, Anti phlogestic, Antiemetic, sedative, Stimulant, Spasmodic
4	ANGIOTICO - 3 (A - 3) <u>7 Plants</u>	Arnica montana, Avena sativa, Sanguinaria canadensis, Hydarstis canadensis, Malva silverstris, Pulsatilla vulgaris, Artemisia abrotanum	Anti anemic, Astringent, Pectoral, Hematinic, Styptic, Anti acid, Anti scrofulous
5	FEBRIFUGO - 1 (F - 1) <u>9 Plants</u>	Cinchona calisaya, Cinchona succiruba, Aconitum napellus, Erythraea centeurium, Aesculus hippocastanum, Berberis vulgaris, Salix alba, Cetraria islandica, Sambucus nigra	Febrifuge, Anti periodic, Cholagogue, Anti phlogestic, Anti epileptic
6	LINFATICO-1 (L - 1) <u>8 Plants</u>	Humulus lupulus, Menyanthes trifoliata, Fucus vesiculosus, Erythrea centaurium, Pulmonaria officinalis, Oxalis acetosella, Simaruba amara, Echinacea angustifolia	Work on WBC, Antiphlogistic, Anti biotic Anti acid, Anti rheumatic Vascular

S.N.	MEDICINE	PLANTS	PROPERTIES
7	PETORALE-1 (P - 1) <u>6 Plants</u>	Phellandrium aquaticum, Uragoga Ipecacuanha, Allium cepa, Poligala amera, Adiantum capillus veneris, Eucalyptus globulus	Pectoral, Antiphlogistic, Expectorant,
8	PETORALE- 4 (P - 4) <u>7 Plants + F-1</u>	Arnica montana , Phellandrium aquaticum, Uragoga ipecacuanha, Allium cepa, Poligala amera, Adiantum capillus veneris, Eucalyptus globules, Febrifugo-1	Pectoral, Antiphlogistic, Expectorant, Anti catarrh, Anti asthmatic
9	CANCEROSO - 5 (C - 5) <u>5 Plants</u>	Conium Maculatum, Rhustoxico dendron, Phytocacca decandra, Vincetoxicum Officinalis, Pimpinella Saxifraga	Digestive, Tonic, Astringent, Anti-Scrofolous, Anti scorbutic, Sedative, Parasitic, Anticancer, Anti-rheumatic, Prophylactic
10	CANCEROSO - 13 (C - 13) <u>6 Plants</u>	Rhustoxicodendrom, Vincetoxicum Officinalis, Alianthus Glandulosa, Conium Maculatum-, Pimpinella Saxifra, Atropa Belladonna	Desiccant, Anti diphtheria, Anti cancer, Anti inflammatory, Expectorant
11	WHITE ELECTRICITY (WE) <u>15 Plants</u>	Arnica Montana, Petroselinum Sativum, Guaicum Officinalis, Ruta Graveolens, Achillea Millefolium, Anthemis Nobilis, Avena Sativa, Genista Scoparia, Sanguisorba Officinalis, Sanguinaria Canadensis, Taxus Baccata, Viscum Album, Cimicifuga Racemosa, Taraxacum Officinalis, Agaricus Musgarius, Menyanthes Trifoliata	Neuralgic, Soothing, Vascular, Hypnotic, Calming
12	RED ELECTRICITY (RE) <u>5 Plants</u>	Rhododendron Ferrugineum, Rosmarinus Officinalis, Rosa China, Vitis Vinifera, Aconotum Napellus	Tonic, Anodyne, Stimulant, Antiphlogistic
13	YELLOW ELECTRICITY (YE) <u>5 Plants</u>	Ruta Graveolens, Podophyllum Palatatum, Sambucus Nigra, Chelidonium Majus Allium Cepa	Vermifugo, Purgative, Anti emetic, Anti anemic
	BLUE ELECTRICITY (BE) 7 Plants	Cinchona Calisaya, Capsella Bursa Pactoris, Pinus Maritima, Saliva Officinalis, Pinus Nigra, Saliva Sclarea, Ervum Lens	Astringent, Pectoral, Anodyne, Styptic, Refrigerant Anti syphilitic

General Preventive Measures

5.1 Guidelines for Electropathy Practitioners:

- ☞ **Prophylactic** - Every practitioner and staff member should take 15-15 drops of S1 + Ver1 twice daily for prevention from this pandemic.
- ☞ **Sanitization**- Proper arrangements should be made for sanitization and cleanliness of the Clinic/Health center.
- ☞ **Appointment** - Make sure that the patients have prior appointments before their visit to the Clinic/health center so that there is minimum clustering of people at the premises.
- ☞ **Social Distancing** - Keep proper arrangements for patients in the waiting room such that there is at least 3ft distance between 2 visitors.
- ☞ **Visitor Record** - We have to keep a proper record of each and every patient visiting our clinics/health centers. This record can be maintained in a register or can be collected via a separate form.

Template for Register/Patient-form

1. Name
2. Address
3. Mobile No.
4. Information about family members having any symptoms of fever, cough, cold.
5. Details about travel in the past months.
6. Signature

- ☞ **Arogya Setu** - It is mandatory for every practitioner and staff members to download and use “Arogya Setu” app on their respective mobile phones.
- ☞ **Face Mask**- It is mandatory for every practitioner and staff members to wear face mask.
- ☞ **PPE** - Use gloves, face shield or any other personal protective equipment (PPE) if necessary.
- ☞ **Temperature Check**: Ensure to check the patient's body temperature before consulting. Use of thermal scanner will be highly appreciated.



Aarogya Setu

मैं सुरक्षित | हम सुरक्षित | भारत सुरक्षित



5.2 Guidelines for Everyone:

→ Instructions by AYUSH

- Drink warm water throughout the day.
- Daily practice of Yogasana, Pranayama and meditation for at least 30 minutes as advised by Ministry of AYUSH (#YOGAatHome #StayHome #StaySafe)
- Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) are recommended in cooking.
During dry cough / sore throat:
 - Steam inhalation with fresh Pudina (Mint) leaves or Ajwain (Caraway seeds) can be practiced once in a day.
 - Lavang (Clove) powder mixed with natural sugar / honey can be taken 2-3 times a day in case of cough or throat irritation.
- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 meter (3 feet) distance between yourself and others. When someone coughs, sneezes, or speaks they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person has the disease.
- Avoid going to crowded places. Where people come together in crowds, you are more likely to come into close contact with someone that has COVID-19 and it is more difficult to maintain physical distance of 1 metre (3 feet).
- Avoid touching eyes, nose and mouth. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands. Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others. Why? Avoiding contact with others will protect them from possible COVID-19 and other viruses.
- Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities. Local and national authorities are best placed to advise on what people in your area should be doing to protect themselves.



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This content is meant for Electropathy practitioners situated in the state of Rajasthan (India). All Electropathy practitioners may adopt these guidelines as per feasibility and prevailing conditions. EHCP tries to ensure that the information provided is accurate and up to date, but we do not warrant that it is Electropathy Medical practitioners should use their own professional judgment in using this information and caring for their patients and the information herein should not be considered a substitute for that.

Electropathy practitioner situated outside the state may use these guidelines at their own will. EHCP will not be responsible in case of failure.

This document is of general nature and does not claim any specific prevention or cure for COVID-19. We strongly recommend that users independently verify specified diagnosis, treatments and follow up and ensure it is appropriate for your patient within your region. These measures may possibly boost an individual's immunity against infection and provide symptomatic relief to the patients.

Electropathy practitioners should follow the instructions issued from time to time by World Health Organization, Ministry of Health & Family Welfare and Ministry of AYUSH, Government of India, Health Department, Government of Rajasthan.



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Keep your Immune System Strong with *Electropathy Medicines*

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- खांसी और जुकाम
- बुखार
- सांस लेने में तकलीफ
- नाक बहना
- गले में खुराश
- उल्टी
- सांस की बीमारी



इलेक्ट्रोपैथी दवाओं से
अपने इम्यून सिस्टम को
स्ट्रॉंग रखें।

इलेक्ट्रोपैथी दवा -

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तीन बार गुनगुने पानी से लेते रहे।

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