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# The Pandemic in India; A Therapeutic Reawakening. By Manab Bose

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## Introduction.

COVID-19 started in December 2019 with a cluster of about 40 cases of pneumonia of unknown etiology, some of the patients being vendors and dealers in the Huanan Seafood market in Wuhan, China. World Health Organization (WHO), along with Chinese authorities, started working together and the etiological agent was soon established to be a new virus and was named Novel Corona Virus (2019-nCoV). Meanwhile, on 11 January 2020, China announced the first Covid-19 related death of a 61-year man, exposed to the seafood market (WHO, 2020a). Over a period of few weeks, the infection spread across the globe in rapid pace (WHO, 2020b). Looking at the stretch of countries this outbreak spread to, WHO declared it a Public Health Emergency of International Concern on 30 January 2020 (WHO, 2020b, 2020c). Amidst the increasing deaths in China, the first death outside China was of a Chinese man from Wuhan, reported in the Philippines on 02 February 2020. On 11 February 2020, WHO announced a name for the new coronavirus disease: COVID-19 (WHO, 2020c). On the 11 of March 2020, WHO declared COVID-19 a pandemic as by then about 114 countries were affected (WHO, 2020c).

Despite its origins in Asia, populations in Europe and the Americas have been more severely impacted by Covid-19, both in health and economic terms. The significantly poorer socio-economic conditions and less developed healthcare systems should have predicted a greater impact in Asia. The much higher population density and large number of slums in Asia, physical distancing should have been more difficult and that should have enabled easier spread of the virus in Asia. How then does one interpret the relatively better outcomes in Asia as compared to Europe and the Americas?

The government in India declared lockdown quite early on 24 March 2020, which raised hopes that it wouldn't affect us severely. It soon dawned on us that our preoccupations with family and community safety was making us take seriously government directives about safety protocols in public spaces, without grudge. The virus was also gaining considerable entry through Indians rushing back from countries where it had already spread. There was no fool-proof way to prevent it from spreading in India, the second largest country in the world in terms of population.

Containment strategies with isolation and contact tracing were vigorous across Asia. In India, a greater degree of state authority and control has been important determinants even for activists protesting the introduction of draconian laws, unlike activists and the public seen on TV violating safety protocols when protesting in the streets of London, Paris, Amsterdam, Berlin, New York and raising the important civil liberty issue about the balance between individual freedom and privacy on the one hand and greater governmental powers. WHO has praised India's model of "cluster containment" – initiated in Kerala and in Dharawi, Mumbai, Asia's biggest and densest slum.

Personal discipline combined with concern and respect for others helped contain the spread. This was evident in five major sports events when people normally tend to let down their guard in the excitement of entertainment. The 13<sup>th</sup> edition of the Indian Premier League 2020, an annual cricket extravaganza, was conducted in three UAE locations, from 19 Sept 20 to 08 Nov 20. Six hundred cricketers and associated managers and administrators of eight teams from across the world came together in sanitized bubbles for three months, played 51 matches and not one case of Covid-19 infection! (Dahiya, Vijay in The IPL Diary. Outlook. 30 Nov 2020). Following this, the annual I-League in Kolkata and the Indian Super League in Goa, two annual professional soccer events in India, kicked off from mid-November 2020 till 27 March 2021. Not a single Covid-19 infection was reported from the twenty-two teams and their players and managers from all over the world. Finally, the visit of the English Cricket Team to India, starting with the first Test on 05 February 2021 till the last one-day, 50-over version on 28 March 2021, did not report any Covid-19 infection. Sports, sans spectators, continues to be therapeutic.

## **Studies and Reports.**

A study attempted to assess the knowledge, attitude, anxiety experience, and perceived mental healthcare needs among the adult Indian population, in the midst of the pandemic.

This was an online study and all the 662 respondents had access to the internet. Respondents were at least 18 years old, able to understand English, and willing to give informed consent. Data collection was initiated from 22 to 24 March 2020, and the researchers were able to collect data from across various regions of India. The soci

demographic range included age, gender, occupation, education, domicile, area of residence, and religion. The online self-reported questionnaire developed by the investigators contained six sections related to awareness (knowledge), attitude, anxiety, and mental healthcare perception during the pandemic, all measured in a Likert scale. There were six multiple choice questions in the awareness section. The attitude section contained seven items. The section on anxiety had eighteen items with the ratings ranging from never, occasionally, sometimes, often, and always. The section on mental healthcare perception was assessed by four items. Descriptive statistics was used in the study to analyze the findings. Mean and standard deviation and proportions were used to estimate the results of the study.

The respondents had moderate knowledge about Covid-19, and adequate knowledge about its preventive aspects. The attitude showed peoples' willingness to follow government guidelines on quarantine and social distancing. The anxiety levels identified in the study were high. More than 80% were preoccupied with thoughts about the virus and 72% reported the need to use gloves and sanitizers. In this study, sleep difficulties, paranoia about getting infected, and distress provoked by social media, were reported in 12.5%, 37.8%, and 36.4% participants respectively. The need to address mental healthcare challenges was perceived in more than 80% of respondents (Asian Journal of Psychiatry, Vol. 51, June 2020, by Deblina Roy et al).

Another study, covering many low-income nations in Asia, reported that available healthcare infrastructure and trained healthcare providers to deal with pandemic conditions is inadequate. While manpower for intensive care and medical care is itself less, there is a staggering paucity of mental healthcare personnel. In India, according to reports from the Indian Union Ministry of Health and Family Welfare, the country needs around 15000 to 17000 psychiatrists in order to achieve an ideal ratio of psychiatrists to population of 1:6000 to 1:8000. Currently, the situation is abysmal with only 6000 psychiatrists (one psychiatrist for over 1.25 lakh people), and the World Mental Health Atlas puts the figure at 0.3 psychiatrists per 100000 population (World Health Organization, 2015). Even if population growth rates and attrition rates of Psychiatrists is held at 0%, India will require 2700 new psychiatrists annually to fill the gap in the next ten years (Garg et al., 2019).

Access to proper mental healthcare facilities was initially a hurdle during the lockdown. Most psychological facilities and outpatient departments were non-functional, and the curtailment of transport during lockdown added to the misery. Patients with psychological illness were often alone at home. There were instances where caregivers and patients remained together due to the enforced lockdowns, when many patients got irritable and upset due to the lack of movement and freedom. Patients suffering from schizophrenia experienced delusions and hallucinations, and also developed new delusions from the gossip circulating about the pandemic. Patients with Obsessive Compulsive Disorder showed relapse of symptoms, and the sanitization and cleanli

drives exacerbated their obsessions and compulsions in the form of repeated sanitizer use, repeated hand-washing, and rigorous cleanliness. Patients with panic disorder showed a resurgence of their panic symptoms and panic attacks. Moods were depressed and depressive symptoms worsened while some patients developed suicidal thoughts and feelings. Withdrawal symptoms were observed in patients with substance abuse to alcohol and drugs. Withdrawal reactions and relapse of psychiatric symptoms ensued due to the nonavailability of psychotropics during periods of lockdown (Asian Journal of Psychiatry, Vol. 51 April 2020, by Avinash De Sousa et al).

A WHO survey in 2015 says that one in every five Indians may suffer from depression at least once in their lifetime, which is equivalent to 200 million people. The report also says that the percentage of women affected because of depression is 50% higher than men. In India, diagnosis of a severe psychological illness is the source of extreme stigma in the family, and impacts the quality of care a patient receives from other medical departments. Many of the symptoms the patient experiences can be attributed to psychopathology rather than physical causes. We are aware that individual instances of depression are normally addressed within the Indian family even today. A senior uncle or aunt or cousin will be called upon to step in and counsel an adolescent family member struggling to get out of a period of "feeling low". This practice, invariably founded on care and compassion within the family and the community, remains confined within family walls. Even when the intervention of a therapist is sought outside the home, the process is one of affiliation and inclusion rather than strictly professional. India needs more research on the subject.

### **Sukrut's experience.**

Sukrut India is a psychotherapy clinic, started in 2003 in Bangalore ([www.sukrutindia.in](http://www.sukrutindia.in)). Therapists from Sukrut engaged with clients online throughout the lockdown, especially with its key client, Parikrma Humanity Foundation, ([www.parikrmafoundation.org](http://www.parikrmafoundation.org)) and its 2000+ students and their families. They reported weekly on the multiple psychosocial factors that came to the surface. Although the enforced lockdown caused financial stress to all professions and brought economic stress to the common man, PHF families consisting of daily-wage workers and small businesses earning on a daily basis were the worst affected. As the lockdown progressed, uncertainty about the future increased stress causing depression and anxiety. With PHF families, other factors like small houses, the interpersonal dynamics within the families, salary cuts, burden of loans, and the pressure to vacate rental premises aggravated the stress. Such psychosocial dynamics also impacted planning mental health interventions. To minimize the stress Sukrut, along with PHF, reached out to the students and their families after a quick assessment of their livelihood needs. Sukrut – PHF maintained social distancing in the field and distributed essential groceries and necessities to the families, along with therapy and emotional support to those in need. Sukrut and PHF are two rare organizations in India who ensured that salaries of all therapists and teachers & sta

was paid. Sukrut also extended therapy and livelihood support to teachers and staff from other fee-charging schools which insensitively cut salaries, forcing single-income families to seek help.

When schools all over India began to shut as soon as lockdown was announced from 24 March 2020, Sukrut joined hands with PHF to launch online classes from 22 May 2020. Titled Reach-V School, Sukrut therapists and PHFs community of in-house social workers coordinated with parents to ensure that all students attend the online school. Well-wishers and donors provided online-link equipment to PHF students who could not afford to buy what was needed to connect with Reach-V School. This support also helped Sukrut to connect with students and families for online therapy. Online classes opened a new space for students to be creative and explore untested talent and skills such as creative writing and crafts. Gradually, PHF students began to participate enthusiastically in online classes, ensuring that learning continued. National and local festivals were celebrated online, which also gave a platform to the students and their parents to exhibit their talent. Sukrut therapists conducted online life-skills sessions, and created the space to express difficult emotions.

PHF teachers were positive in accepting this change in pedagogy, especially after online training sessions by Sukrut which explained online teaching methods and gave comfort that technology could be harnessed during these unfamiliar times. Although challenging, the shift was a smooth transition delivered by a team of PHFs IT professionals and therapists from Sukrut. An online teachers' platform provided space once a week for teachers to voice their anxieties, and for Sukrut to address these. Teachers were also provided individual counselling sessions and workshops, enabling them to cope proactively during the pandemic.

Sukrut has been working closely with other NGOs to raise awareness of mental health and its treatment. They worked closely with clients to design and deliver online sessions on mental health. Students were trained in skills like self-management, cyber safety, and mental health awareness. Workshops were conducted for adolescent students on relationship issues and stress at home.

Sukrut held several seminars and therapeutic sessions, both online and physical, one of which was an online discussion about Winnicott's July 1957 paper offering an invitation to "make an examination of the capacity of the individual to be alone, acting on the assumption that this capacity is one of the most important signs of maturity in emotional development". It is true that psychoanalytical literature has a lot on the fear of being alone. Some Indian therapists began to realize that this was an opportunity to explore the positive aspects of the capacity to be alone. They exchanged notes on their ability to get in touch with their good relationship to internal objects and how these enabled proactive living even when external objects and stimuli were absent because of the lockdown. Klein informs us that an individual's capacity to be alone is dependent

experiences of good mothering, leading to the belief that the environment of confinement is benign.

Another bi-weekly online meeting brought together a dozen psychotherapists on the subject of confinement at home. Our homes became reflective space, very much on the lines of Gaston Bachelard's "In The Poetics of Space". We eulogized our interior spaces through a detailed phenomenological investigation that revealed the resonances between the warmth of home and the vibrancy of poetry and imagination, making the "house ... our corner of the world" which offered "protected intimacy" to take shelter and to dream in peace. Topo-analytically, Bachelard extends this analysis to different rooms and articles of furniture in the house, picturing the house to be a secure sanctuary whose filaments fire together personal thoughts, memories, and dreams. This renewed relationship with our homes, in the context of the pandemic, implied a related question: staying at home reduces the reproduction number ( $R_0$ ) of the virus which is the number of infections generated by each infected person. It also provided a temporary reprieve for the Government to deal with the shortage of medical equipment, and to adequately prepare for exigencies, should things get worse. By refashioning the scientific rationale of social distancing as moral, it allowed us to perceive social distancing as an intentional and moral stance, and our staying at home as a necessary exercise. The home in the time of the Covid-19 pandemic was, therefore, reconstructed as a space of action and solidarity, as social distancing is one of the few community mitigation strategies that are visible and viable. Bachelard argued that the structural integrity of the house appears to permeate the human with the dignity of solitude. The primal images and the poetic voices cocooned in the dream-house of our childhood helped us revisit the meanings of intimacy that thrive and persist in the interiors of our homes. We attached meanings and memories to our homes, building them up as abodes of calm, security, repose, safety, and sanctuary against external threats. Our modern homes held the same functionalities and shelter-making, even in the time of the pandemic, and was one major therapeutic awakening for most of us.

### **Other Experiences. Lessons Learnt.**

Domestic helpers, small local shops selling groceries and items of daily use, and vendors selling fish, eggs, vegetables felt helpless during the peak lockdown period in India. However, when unlock phases started, domestic helpers began to re-join work and received their unpaid salary for the months of lockdown. The fear of losing salary had a positive impact, because they learnt to utilize their meagre resources carefully. At the same time, the fear of getting infected made them anxious to do their job very fast and go back home, clean-up, and stay indoor for the rest of the day.

India has instances where Covid-19 patients visited faith healers while simultaneously seeking help from modern methods of therapy. Direct access to mental healthcare services after the onset of illness is not a prominent pathway in slums and rural are

India. The reason for the same is the magico-religious model of causation of psychological disorders and faith in black magic and exorcism. Traditional and religious leaders, although offering diverse but temporary therapy, impart wrong impressions about the Covid 19 and ignore social distancing. Combating these blind beliefs continues to be a challenge.

The fear of getting infected made many middle-age and elderly people almost non-functional. The constant use of a sanitizer, stopping the delivery of hard-copies of newspapers and magazines / journals, and not allowing any service person to enter the house for essential repairs made their lives miserable. Fear restricted them from even to think about going out by maintaining safety protocols. A couple, who enjoyed high-altitude trekking in the Himalayas every year, kept themselves completely shut within the four walls of their home!

The pandemic left us in India with a unique opportunity to re-imagine and reawaken our fractured connection with nature. With lockdown, there was resurgence in birding activities and curiosity about wildlife that live in our backyards. There was negligible human activity during the lockdown in India, resulting in lower levels of pollution. The 50<sup>th</sup> anniversary of World Day was on 22 April 20, in the midst of a worldwide panic. This year Bangalore had a winter like that of the old Bangalore, which residents enjoyed the most. A CNN report on 03 April 20 mentioned that around the world, seismologists observed a lot less ambient seismic noise — meaning, the vibrations generated by cars, trains, buses and people going about their daily lives. And in the absence of that noise, Earth's upper crust was moving just a little less. Similar reports from Science Alert on 04 April 20, as well as National Geographic of 06 April 20, brought to our notice that flights are grounded, fewer trains are running, rush hour is gone. The world – particularly in Indian cities – looked drastically different during the pandemic. According to seismologists, that drastic reduction in human hustle and bustle caused the Earth to move substantially less. The planet was “standing still”. Kanchenjunga, the second highest mountain in the world, was clearly visible 300 Km away in India. No one had seen such a clear picture from that distance in the last 70 years!

For many of us in India, the initial periods of lockdown were fun because all members of the family were at home, in vacation mood. There were positive effects on the immunity of people. Alternative schools of medicine and healthcare like Ayurveda, Yoga, Unani, Siddha, and Homeopathy was being promoted to enhance the immunity system in individuals. Some families began experimenting to improve their immunity by eating healthy food and taking substitutes. In order to maintain homeostasis, individuals resorted to cooking and trying new dishes. For almost six months life revolved around home-delivery of essentials, what was really needed to survive. Almost immediately after lockdown came into force, home delivery systems in cities, as extensions of e-commerce, became rigorous and began improving their efficiency metrics day-by-day based on online customer feedback. The government released its food-grain stocks

ensuring that a minimum quantity of essentials was available even to migrants, through the Public Distribution System (PDS) in the villages. An early mantra for urbanites seemed to be “each man for himself”, but we soon **learnt to live with what is necessary** and that **minimum is enough**, key Covid-19 lessons for Indians, irrespective of status.

After 34 years, a new National Education Policy was launched in India, reforming the current system. This is a boon to the entire country as the policy unfolds student-centric learning and universalization of education from entry at school up to the specialization a student wishes to pursue.

India’s prehistory taught this old cliché: unity in diversity. We live in a geographical region that is a common civilizational and conversational area. The topics of our intellectual and cultural discussions, debates and disputes are uniquely our own but we do not have a consensual set of answers: our answers and responses are dependent upon the different traditions and historical experiences that different groups among us carry. We as Indians have lived through the same history too, but we have experienced some of it from different ends. The difference in political or even eating preferences between southern and eastern India on the one hand, and northern and western India on the other hand, are a reflection of the kind of differences that there are, and some of them are deep (Joseph, Tony. *Early Indians: The Story of Our Ancestors and Where We Came From*. Juggernaut Books, New Delhi, India. 2018).

### **Going Forward, Reawakened.**

The role of the World Health Organization has been ineffective in coordinating a global response to the pandemic. WHO has only limited powers ceded to it by sovereign nation members, but needs to reorganize so as to collate and provide accurate information which can be shared across countries. Accuracy of data must not be sacrificed at the altar of “controlled messaging” driven by nationalistic or political objectives. Given our weak global outbreak surveillance systems, we need to become more aware about the virtues of an integrated global response. All of us have an important responsibility to combat conspiracy theories and rumors while promoting dissemination of accurate information of what we know, what we don’t know, and what the information means. We now know that we are all vulnerable and must share the global responsibility of addressing the worldwide shared vulnerability to infectious diseases with pandemic potential. The focus needs to be on collective problem-solving and not in blaming and shaming (Editorial, *Asian Journal of Psychiatry*, Vol. 55, Jan 21).

The pandemic exposed weaknesses in India’s public health preparedness, and the structure of our healthcare systems. The pandemic has also exposed glaring health disparities which provide an impetus for reducing such inequities. Easy access to mental health professionals for addressing emotional stress and other psychological issues



during crisis, is needed. In view of this pandemic and the resources we need, it is important to train primary care physicians, specialists in other medical services, and psychologists about the essentials of psycho-therapeutic interventions.

Small, independent business, particularly food and agri-businesses, have always received patronage in India from the communities where they are located in spite of the mushrooming of glitzy food malls. They remained open for shorter durations during lockdown, maintaining strict safety protocols with customers. We hear people across the globe now speak out in support of small business, because they have been the hardest hit from lockdowns and economic recessions. Post Unlock 3 from November 2020, small eateries and cafes reopened and offered contactless service.

The video of George Floyd – a white police officer's knee on the neck of a 46-year black man struggling for his dying breath on 25 May 2020 – was all over local TV, raising national awareness that black people are three times more likely to be killed by police than are white people. Alarming, however, is TV news footage about racist violence on Asian Americans, and our fears for the wellbeing of friends and family living in the West. The Indian cricket team toured Australia from November 2020 to January 2021; the good news was that no case of Covid-19 was reported; we wish the same could be reported about the shameless racist attacks by white cricketers unable to shift from their supremacist stance even in a sports event, and accept defeat in the hands of non-white cricketers, that too on home soil. The Times of India on 07 April 21 quoted Sourav Ganguly, India's celebrated cricket captain in the 1990s and current President of the Board of Control for Cricket in India (BCCI): Bio-bubbles are tough, but Indian cricketers are more tolerant in dealing with mental health issues compared to England and Australian teams.

In the midst of a raging pandemic, we saw Trump on local TV selling WMDs to India in the hope of securing another term in office, and the French-made Rafale jets landing on Indian soil to fulfil another INR 59000 Cr deed of sale for 56 such WMDs. Indians know that the military spending by NATO members was US\$1035Bn, in 2019. For USA it was US\$732Bn in 2019. On 27 May 2020, at the height of a raging pandemic, the EU proposed a US\$10.7Bn military budget, for the period 2020 to 2027, to lift Western economies through export. [www.sipri.org](http://www.sipri.org). Confinement brought a unique awakening for many Indians, although awareness-building activities have been in progress for more than a decade, initiated by subaltern historians and public intellectuals. It was sad to hear on TV and read in newspapers that a military faceoff with China, our immediate civilizational neighbor, had been thwarted by showing off our military muscles. Absurdly high military budgets overshadow the current reality of the human condition mired in economic inequality, lack of new jobs, and declining living standards. Militarization of the police will increasingly crush public protests that will escalate. The other pandemic of racism, fascist preoccupations, and persecutory retaliation by both the powerful and the vulnerable will continue. Gandhi is supposed to have said: An eye for an eye will

leave the world blind! Wrongdoings need public acknowledgement, by both individuals and nations, and our collective shame of harming the “other” needs voice. Reawakening these therapeutic steps will lead to real healing between people.

The speed with which vaccines have been developed has been spectacular. A vaccine from UK (Covishield) was the first to get approval in India, followed by a local one (Covaxin) which has been a huge victory, re-establishing pride in indigenous research. Both vaccines were rolled out in India from 16 January 2021. Vaccines have also been developed in China, the only other Asian country, and Russia and USA. Despite the rapidity with which effective vaccines have been developed, when the world’s population will receive them is uncertain.

True to our “vasudhaiva kutumbakam” tradition – India’s civilizational ethos of inclusiveness and fraternity – we have shared 60 million units of the vaccine with 75 countries. And, finally, India had in place a system of vaccine delivery to its people that rivals the world. On this last point, let me offer a comparison. America had opened vaccination to its 65-plus population in mid-January 2020. But the chance of getting an appointment within walking distance were so great that this friend could get the 1<sup>st</sup> shot only on 21 March 2021, that too after continuous web searches for more than two weeks. In contrast, I could walk to a nearby hospital in Bangalore without appointment and get the 1<sup>st</sup> jab within half an hour. Using my ID, the staff at the hospital registered me on the national portal. By the time I left the hospital, I was pleasantly surprised to see on my smartphone the digital vaccination certificate with a QR code, the date and type of vaccine, and the name of the hospital – all this information on the letterhead of the Ministry of Health and Family Welfare. My friend in Seattle was given a hard-copy of the same information, filled-in hand by the nurse administering the shot.

Most of us made use of the confinement in reflection, analyzing our needs, helping others get over the loneliness, and bridged the contact-gap by using technology. Life across India by the end of 2020 had begun to go back to pre-Covid times quite rapidly, after Unlock 1 kicked-in on 08 June 2020. Overall, as a country surfacing from the challenges of loss, India has been able to sustain and move forward because of the hope, warmth, and inclusiveness that has not died in our families and our communities. For those of us who stayed away from home for long periods due to work, this was a therapeutic reawakening.

The first Covid-19 case was reported in India on 27 Jan 20, in Kerala. Infections dropped to 20,826 on 17 Jan 21, and began showing a decline of about 2% each day. Of the 11846,652 total cases in India (reported officially as on 26 March 21), 11264,637 (99%) had recovered, and 160,983 people died (1%). At the end of one year since the onset of Covid-19 crisis, India takes pride in accomplishments in a few areas. First, at 11.9 per 100000 individuals, the death rate due to Covid-19 is the lowest among the 20 most affected countries. The corresponding rate in Czech Republic, the country with the

highest rate in this group, is 235.8. India fares almost equally well in terms of deaths as a percent of total infections. With its value at 1.4%, it ranks 19<sup>th</sup>. among the 20 most affected countries. Only Turkey in this group is better than India with a case-fatality ratio of 1.0%.

The Times of India on 07 April 21 quoted research by the Thought Arbitrage Research Institute. The study, started in the 1990s, of 200000 people in 21 States found that about one in 10 Indians suffer from a Non-Communicable Disease (NCD): hypertension and diabetes have become bigger killers than infectious diseases in India. In India, we read unconfirmed news items praising our personal immunity system built on the effects of the inoculation we received as an infant against diphtheria, small pox etc., the spices in our food and, finally, our resistance to the common cold. On 29 June 2020, News 18 reported that Dairy Day has launched its new range of ice-creams with two new flavor – haldi (turmeric) and Chyawanprash (an Ayurvedic health supplement) – for immunity. According to this report, the co-founder of Dairy Day said: This is the first time in the ice-cream industry that haldi is being used. The haldi ice-cream constitutes turmeric, pepper, honey, and the Chyawanprash flavor will have dates. Again, on 29 June 2020, an official from the Animal Resources Development Department of the Government of West Bengal released this to the Press Trust of India (PTI), about the launch of Aarogya Sandesh – cottage cheese from cow milk mixed with pure honey from the Sunderbans. This delicatessen will also have extracts of tulsi leaves, an anti-infection plant that is present inside almost every village home in India. No artificial flavors would be added to the sweetmeat which will be available in the department's outlets in the city and neighboring areas, he said. The savory will boost the immune system as a whole but it is not a COVID-19 antidote, the official said.

None of them are scientifically proven to be 100% effective just yet, though. We could also see that the Indian economy had begun to bounce back.

### **Ouch! Not Over Yet**

The resurgence of a mutated version of the virus from 20 March 21 has been a bonfire of vanities. Since the home front was fine, the Ministry of External Affairs gave away 60 Mn doses. Facts on the ground will not allow Government spins about the shortage of Oxygen cylinders, people dying in hospital parking lots, overburdened crematoria active 24 hours.

Unlike the first wave, there is desperation and panic. There has been no effort to forecast the path of this pandemic, no contingency planning, no effort to stockpile oxygen, drugs, vaccines.

On 20 March 21, the pharmacy of the world had vaccinated 44 Mn of its 1.4 Bn population, a paltry 3.3 doses per 100 persons compared to Brazil's 6.4 and the EU's

## 13.1.

The Times of India reported a therapist's tweet on 24 April 21 that she was seeing 40 patients per week, and that enquiries were rising with the second wave

**We cannot solve our problems with the same thinking we used when we created them – Albert Einstein.**

### ■ In Residence

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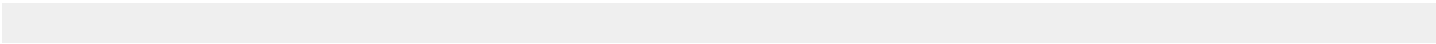
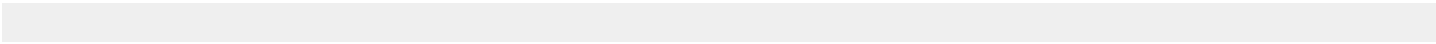
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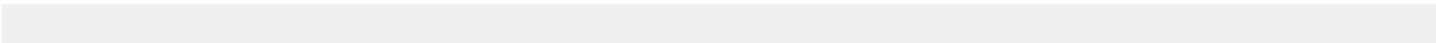
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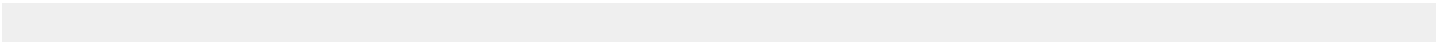


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