

Covid-19 and Related Myths in Indian Community

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ABSTRACT:

31ST December 2019, was the day the WHO came to know about the new corona virus after a cluster of pneumonia cases caused by the virus in Wuhan province of China. On March 11 2020 WHO declared COVID-19 as pandemic. Since then the world hasn't remained the same. It has not only changed the medical community, but also the overall mind-sets and behaviour of people worldwide. What began as a Whatsapp forward, was soon analysed worldwide through various social platforms, media and publications. The novel corona virus SARS-CoV-2, has spread from Wuhan, China to almost ALL the continents and along with it spread the rumours and myths and misinformation regarding it. The virus killed tens of millions of people, and engraved fear in the minds of the hundreds of millions. The paranoia and panic led to people to form their own speculations and have their own conclusions. Not just the fear, but the incomplete information with respect to the virus and the disease in itself has caused confusion in not just common population but the medical fraternity as well. Months of research and studies on the virus and the disease has helped clear the myths surrounding it. But yet these myths still exist amongst the people receiving misinformation and rumours and among the ones who have no access to a legitimate source of information. So let's bust some myths surrounding the virus that changed the world.

KEY WORDS:SARS-COV-2, COVID-19, Myths, Actuality

INTRODUCTION:

On March 11 2020 WHO declared COVID-19 as pandemic. Since then the world hasn't remained the same. It has not only changed the medical community, but also the overall mind-sets and behaviour of people worldwide. The novel corona virus SARS-CoV-2, has spread from Wuhan, China to almost ALL the continents and along with it spread the rumours and myths and misinformation regarding it. The virus killed tens of millions of people, and engraved fear in the minds of the hundreds of millions. Some lost friends and family and some saw it happening around. The paranoia and panic led to people to form their own speculations and have their own conclusions. Incomplete knowledge is far more dangerous than no knowledge at all. And worse is, having false knowledge. So surrounding this global phenomenon are various myths and

its the need of the hour to decipher the actuality behind them. (1) (2)

MYTH: Widely held, but false belief.

ACTUALITY: The state of existing reality.

1. **MYTH:** Exposing oneself to temperatures 25 degrees Celsius and above can forestall the COVID – sickness.

ACTUALITY: According to the World Health Organization, you can get COVID-19, regardless of how bright or sweltering the climate is. Nations having serious warmth additionally have COVID-19 positive cases. There is no connection between temperature variety and COVID spread. Countries having warmer climates and countries having colder climates, both have been affected irrespective of the climate variation. To be secured, you should clean your hands and ought not to contacting your mouth, eyes and nose. (1) (2)

2. MYTH: in the event that you can save your breath on hold for over 10 seconds with no sentiment of disquiet or hacking imply that you can never be tainted with Covid sickness (COVID-19) or any infection of the lung.

ACTUALITY: The best-shared side effects of COVID-19 are dry-cough, sleepiness and high temperature. Barely any individuals may likewise show indications of serious types of the illness, e.g., pneumonia. The best procedure to check in the event that you are contaminated with COVID-19 sickness is by doing a research center test. Doing breathing activity won't give us affirmation about being infected with Covid or not. Breathing variations are caused by multiple factors. So this is not helpful in deducing whether you are affected with COVID-19 or not.(3) (4)

3. MYTH: Mosquito nibbles can communicate new COVID-19 sicknesses.

ACTUALITY: Evidence has not been discovered indicating that the COVID-19 infection can spread by mosquito's nibble. Coronavirus is a respiratory-infection which communicates basically over beads delivered when the individual contaminated sniffles or coughs, or over salivation beads or nasal release. Mosquitoes are not known carriers of droplet infections. To be ensured, keep your hands clean and keep a good ways from any individual who is coughing and wheezing or indicating manifestations of COVID-19. (4) (5)

4. MYTH: Can thermal scanners effectively distinguish people affected with COVID?

ACTUALITY: Thermal scanners help in detecting individuals who are having a high temperature, which is one of the side effects of Covid. However, recognition of people who are tainted with COVID 19 yet don't have a fever is impossible as it takes around 2 - 10 days for individuals who are unhealthy to show side effects of fever.

Also, fever can be caused by many other illnesses. So it is absolutely not helpful in deducing the affection with the illness or not. (6) (7) (8)

5. MYTH: Can the use of chlorine or liquor on your body help to demolish or execute the new COVID-19 infection?

ACTUALITY: No. Utilization of chlorine or liquor on your body assists with willing not annihilates or slaughters the new COVID-19 infection, which has at this point entered your body. Use of such materials can make hurt garments, eyes, mouth, skin and so on we can utilize both chlorine and liquor for cleaning of surfaces. In any case, it should be done under the appropriate proposal of specialists. Simply, washing yourself with soap and water after exposure is more appropriate preventive measure.(5)

6. MYTH: some people say that pneumonia antibodies safeguard you against the new COVID-19.

ACTUALITY: No. Pneumonia antibodies, as pneumococcal immunization and Haemophilus flu type B-immunization, can't give us insurance against Covid. Examination is proceeding to create immunizations against COVID-19, which is upheld by the World Health Organization. (5)(6)(8)

7. MYTH: Does more aged individuals are affected by COVID-19, or much more youthful matured individuals can get affected?

ACTUALITY: - Individuals of any age have equivalent opportunities to get tainted with new Covid (2019-nCoV). This infection can occur irrespective of age, gender or geology. In any case, old people and people having ailments like diabetes, asthma, and sickness of the heart discovered to be generally defenseless to getting seriously influenced by the infection. The comorbidities and the immunity has a major role in influence of the disease on the patient.(7)

8. MYTH: Can be cleaning your nose consistently with saline assistance shield

you from defilement with the new COVID-19?

ACTUALITY: No evidence has been discovered that cleaning your nose oftentimes with saline assistance shield you from disease with the new COVID-19. In any case, there is almost no proof that cleaning your nose oftentimes with saline can make individuals get well quicker from the regular virus. All things considered, cleaning your nose consistently with saline has not demonstrated to forestall contaminations of the respiratory framework.(8)

9. **MYTH:** Can felines and canines communicate Covid?

ACTUALITY: Presently, we have altogether less proof that COVID-19 can be irresistible to canines and felines. However, in Hong Kong, a canine whose expert had COVID-19 created COVID-19 contamination. Yet, this canine didn't show any side effects. A charge is going on the noteworthiness of this case. For the present, Prof. Jonathan Ball, "Teacher of Molecular Virology at the University of Nottingham" in the United Kingdom, said that "they need to separate between genuine disease and simply recognizing the presence of the infection". "It is flawed that it is so applicable to the human episode, as the vast majority of the worldwide flare-up has been driven by human-to-human transmission. It is doubtful that Covid could spread to another canine or a human as a result of the low degrees of this infection. The genuine driver of the flare-up is people". (2)(4) (5)(8)

10. **MYTH:** Can security be given against COVID-19 by utilizing Face covers?

ACTUALITY: Health-care suppliers utilize careful face veils, which receive solidly around their face and watchman them against disease. Once use covers or fabric face veil can't offer such assurance, as they can't stop minute viral particles from entering in. However, this cover can

help stop the transmission of beads. CDC, for example "The Centers for Disease Control and Prevention" asserted that people should wear fabric face covers or dispensable veil in broad daylight places where it very well may be trying for us to keep a separation of one meter from every others. The line "do gajkidurihaijaruri" a message that is basically a mantra to follow during this time of global pandemic, meaning a distance of 2 yards at least is necessary in protecting oneself from the infection and also protecting others. It is basic to wear a veil/mask and follow the convention like not contacting the cover and face subsequent to wearing a cover. Even in the wake of wearing a veil, it is fundamental to rehearse social removing. The surgical masks and N95 do provide greater protection compared to a simple cotton mask, but the availability of surgical masks and N95 respirators varies with different places, so if possible, they should be reserved for the frontline workers and all the people who are more at risk like the health care workers. (5) (7) (9)

11. **MYTH:** The disease caused by COVID – 19 is similar to common flu like illness.

ACTUALITY: This infection is caused by the SARS-Cov-2 virus causing the ultimate COVID-19 disease. This disease has symptoms almost just like flu, for example it causes fever in almost 99% of cases, cough in 59% of cases and body aches in 35% of cases. These are symptoms are similar to the symptoms found in cases of flu. Now, both the illnesses, that is the COVID-19 and the Flu can be fatal and cause pneumonia and their symptoms can occur in the mild, moderate or severe form. But, the overall fatality and danger caused by COVID-19 is reportedly more. Several countries are trying to determine the cause of this high fatality rate caused by COVID-19 through various data analysis but comparatively, case fatality rate of COVID-19 is multiple

times higher than case fatality rate of seasonal flu.(8)(9)

12. MYTH: Some people say that the SARS-Cov-2 is an altered form of common cold virus and nothing else.

ACTUALITY: SARS-Cov-2 is a part of Corona virus family. There are multiple types in this family that have different forms due to their different surface proteins. One such type of virus is the one that causes common cold. But it is completely different from SARS-Cov-2 with respect to the pathology it causes.(7)(9)

13. MYTH: Some say that for “catching” Corona virus, one has to be with someone for 10 mins or more.

ACTUALITY: As a matter of fact the longer a person stays with an infected person, the likelihood of him getting infected increases. But the rate of infection cannot be determined by a specific time criteria. As it is known this infection is spread by contact and spread by droplet infection. So any amount of time a person stays in contact with the infected patient, if the droplets anyhow reach the non infected person via hands, clothes, protective gear or any other objects, then the non infected person is at high risks of getting infected. For example, if a person is wearing a mask and has come in contact with an infected patient for less than a minute, but his hands touched the object contaminated by the droplets spread by coughing and sneezing of patient and the non infected person without sanitising his/her hands touches mask, removes mask or touches nose or mouth then the chances of infection rises. So, time of exposure cannot be the criteria to determine whether or not the person can be infected.(5)(7)

14. MYTH: Some people say having a high temp water shower would keep you from getting COVID-19 illness.

ACTUALITY: Having heated water shower won't shield you from getting COVID-19 sickness. Basically, washing up with high temp water can be hurtful, as

it can cause burn to your skin. The most incredible strategy to shield your-self is by cleaning your hands and keeping up appropriate cleanliness. This will help by wiping out infections on your hands surface and try not to contact your eyes, mouth, and nose. Cleaning hands regularly with sanitizers or washing hands for atleast 20 seconds with soap and water is very much effective in protecting yourself from the infection. (1)(5)

15. MYTH: some people say alcohol consumption reduces the risk of COVID-19 infection.

ACTUALITY: Alcohol consumption is harmful and not beneficial with respect to the COVID-19 infection. Alcohol is very much effective in disinfecting the skin, but consumption has no benefits, but only health risks. WHO states that “Consuming any alcohol poses health risks, but consuming high strength ethyl alcohol (ethanol), particularly if it has been adulterated with methanol, can result in severe health consequences, including death.”

In fact, heavy consumption of alcohol, weakens the immunity and thereby putting the consumer more at risk of getting infected.

Also, alcohol is a known cause of multiple diseases like hypertension, cirrhosis, etc. which are in fact co morbidities which puts the patient more at risk. (8) (9)

16. MYTH: Some people say that home remedies are helpful in treatment of COVID-19 illness.

ACTUALITY: no home remedies can ever cure a patient of COVID_19 illness. The right management is by getting tested and under the supervision of a certified healthcare professional. Ideally, the management of this disease is preferred in hospitals only, as it not only ensures a proper treatment of the patient but also ensures the containment of the spread of infection by the patient. But in the scenario of global pandemic, treatment at home with strict containment and quarantine

measures and under the treatment guidelines by the doctors is preferred.

No amount of herbal teas, warm water, lemon or self medication can cure you or protect you from COVID-19.

The only method of prevention is distance, isolation and protective measures and only treatment is by healthcare professionals.(7)(9)

17. MYTH: some people say that everyone affected with COVID-19 dies eventually.

ACTUALITY: This is absolutely not true. Of course this is a disease that has cause billions of deaths globally, but it does not kill everyone affected. The disease has different course and different outcome in different people. It varies as per the persons health status, immunity, associated comorbidities and type of healthcare received. As per some reports, 80% of people experience milder symptoms and do not require hospitalisation. Some sero surveys taken by different countries have suggested that a larger percentage of population has been already affected by the infection with extremely mild symptoms and some with no symptoms at all. So to think and tell that this disease only kills the person affected is nothing but causing chaos and panic, which infact stops people from getting tested out of fear of death. (1) (2)

18. MYTH: Some people say that the chances of getting infected by COVID is more in the colder months compared to warmer months.

ACTUALITY: NO. This is not true. The chances of getting infected by the virus are the same irrespective of the months. So far, no seasonal variation has been known in case of COVID-19 infection. This is not like seasonal flu. No matter what season or month it is the chances of getting infected are high as long as this pandemic is on surge. So to assume that the risks of getting infected in the warmer months and to presume that the pandemic shall be over by the summer time are nonsense. The

only way to battle this disease is by following the measures and advisories issued.(5)(7)

In these difficult times of an ongoing global pandemic, it is necessary to keep the facts checked and not believe in any random rumour. It is necessary to minimize the chaos caused by the global pandemic and with necessary precautions start normalising every day. (7)

Here are some facts about the disease that should be known to clear any assumptions and myths (10-13).

This disease has varied outcomes and course in different individuals (14-16).The common symptoms are:

- fever
- dry cough
- Tiredness

The less common symptoms are:

- aches and pains
- sore throat
- diarrhoea
- headache
- loss of taste or smell

Serious symptoms:

- difficulty in breathing or shortness of breath
- chest pain

CONCLUSION:

COVID-19 pandemic has impacted the world in a really serious way. It will take at least this complete decade to fade out the ripples caused by this pandemic. The effect it has caused economically and health wise has forced us to change our perspective on the amount of importance we have given to healthcare, emerging diseases and the necessity of research in field of medicine. Not just this, but it has also made us think about our over reliance on social media when it comes to health. Not everything can be googled and cured. And not everything on the internet needs to be believed. It's necessary to have transparency when it comes to treatment of patients so that the faith of the people in

the medical fraternity is restored and they do not have to rely on extracting information from sources like social media. For this a huge change is to be made in communication skills of health professionals, government policies to deal with health emergencies and the preparedness of the nation for such pandemics just like disaster management and mitigation. Only then such pandemics can be fought without the problems of spreading rumours and believing myths.

REFERENCES:

- [1] Amgain K, Neupane S, Panthi L, Thapaliya P. Myths versus Truths regarding the Novel Coronavirus Disease (COVID-2019) Outbreak. *Journal of Karnali Academy of Health Sciences*. 2020 Apr 7;3(1).
- [2] Carbone M, Green JB, Bucci EM, Lednický JA. Coronaviruses: facts, myths, and hypotheses. *Journal of Thoracic Oncology*. 2020 May 1;15(5):675-8.
- [3] Haque AU. Corona Virus: Myths and Epidemiological Considerations. *International Journal of Pathology*. 2019;17(4):142-3.
- [4] Kebede Y, Birhanu Z, Fufa D, Yitayih Y, Abafita J, Belay A, Jote A, Ambelu A. Myths, beliefs, and perceptions about COVID-19 in Ethiopia: A need to address information gaps and enable combating efforts. *PloS one*. 2020 Nov 30;15(11):e0243024
- [5] Mercurio AM, Gianakos AL, Mulcahey MK, Sutton KM. Five myths of COVID-19 for the team physician. *HSS Journal®*. 2020 Nov;16(1):173-8.
- [6] Rabbani U, Al Saigul AM. Knowledge, Attitude and Practices of Health Care Workers about Corona Virus Disease 2019 in Saudi Arabia. *Journal of epidemiology and global health*. 2020 Aug.
- [7] Sajed AN, Amgain K. Corona virus disease (COVID-19) outbreak and the strategy for prevention. *Europasian Journal of Medical Sciences*. 2020 Mar 29;2(1):1-3.
- [8] Sarla GS. COVID 19: Myths and Facts. *Research & Review: Management of Emergency and Trauma Nursing*. 2020;2(2):5-8..
- [9] Yamin M. Counting the cost of COVID-19. *International Journal of Information Technology*. 2020 May 13:1-7.s
- [10] Khatib, M.N., S. Gaidhane, M. Khatib, M. Ahmed, A. Gaidhane, and Z.Q. Syed. "SARS-CoV and SARS-CoV-2: Similar Viruses with Different Trajectories." *WutanHuatanJisuanJishu* 16, no. 5 (2020): 544–48.
- [11] Mandwar, S., S. Dharampuria, G. Nimbalkar, K.G. Chhabra, and A. Reche. "Misconceptions and Myths about COVID-19." *International Journal of Research in Pharmaceutical Sciences* 11, no. Special Issue 1 (2020): 1319–22. <https://doi.org/10.26452/ijrps.v11iSP L1.3630>.
- [12] Masurkar, D., and P. Jaiswal. "Myths about COVID-19." *International Journal of Research in Pharmaceutical Sciences* 11, no. Special Issue 1 (2020): 907–12. <https://doi.org/10.26452/ijrps.v11iSP L1.3124>.
- [13] Srivastava, K.C., D. Shrivastava, K.G. Chhabra, W. Naqvi, and A. Sahu. "Facade of Media and Social Media during Covid-19: A Review." *International Journal of Research in Pharmaceutical Sciences* 11, no. Special Issue 1 (2020): 142–49. <https://doi.org/10.26452/ijrps.v11iSP L1.2288>.
- [14] Toshida, T., and C. Jagruti. "COVID-19 – Rumours and Facts in Media." *International Journal of Research in Pharmaceutical Sciences*

- 11, no. Special Issue 1 (2020): 171–74.
<https://doi.org/10.26452/ijrps.v11iSP L1.2344>.
- [15] Mahapatra, J., and P. Nikhade. “Covid-19: A Pandemic Situation.” *International Journal of Research in Pharmaceutical Sciences* 11, no. Special Issue 1 (2020): 787–95. <https://doi.org/10.26452/ijrps.v11iSP L1.3084>.
- [16] Mehta, J., S. Baliga, N. Thosar, N. Rathi, S. Jain, R. Srivastava, and R. Waykar. “Management of Pandemic Crisis: COVID-19.” *International Journal of Research in Pharmaceutical Sciences* 11, no. Special Issue 1 (2020): 885–91. <https://doi.org/10.26452/ijrps.v11iSP L1.3110>.