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Dr. S Tamilselvi
B.sc (Nursing) IV year,
Saveetha College of Nursing,
Saveetha Institute of Medical
and Technical Science,
Chennai, Tamil Nadu, India

G Indhumathi
B.sc (Nursing) IV year,
Saveetha College of Nursing,
Saveetha Institute of Medical
and Technical Science,
Chennai, Tamil Nadu, India

Corresponding Author:
Dr. S Tamilselvi
B.sc (Nursing) IV year,
Saveetha College of Nursing,
Saveetha Institute of Medical
and Technical Science,
Chennai, Tamil Nadu, India

“A study to assess the knowledge, attitude and practice regarding Kabasura Kudineer among people residing at Kundrathur”

Dr. S Tamilselvi and G Indhumathi

Abstract

Covid-19 could also be a diseases caused by SARS COVID-2. The first case was to be recognized in china, Wuhan. The Risk factors of sars-cov-2 is shut contact with in 2m with anyone who has covid-19 coughed or sneezed by means of infected man and women and their signs and symptoms are exposure after 14days.symptoms are fever, cough, shortness of breath and tiredness. Kabasura Kudineer chooranam contains 15 substances for positive management of common respiratory illness. There was no side effects upon taking this Kabasura Kudineer Chooranam. The present study was to assess the knowledge, Attitude, Practice regarding Kabasura Kudineer among people residing at Kundrathur. A quantitative approach research design was used to conduct the study in Kundrathur, Chennai. 60 samples were selected by using non-probability convenience sampling techniques. The mean score of knowledge was 8.43 ± 1.73 , the mean score of attitude was 25.12 ± 3.43 and the mean score of practice was 6.78 ± 1.73 . The calculated Karl Pearson's Correlation value of $r=0.645$ between knowledge and attitude, $r=0.474$ between knowledge and practice and $r=0.510$ between attitude and practice shows a moderate positive correlation which was found to be statistically significant at $p<0.001$ level. This clearly infers that when knowledge regarding Kabasura Kudineer among people increases their attitude and practice level also increases. There was a significant relationship between level of knowledge, attitude and practice of Kabasura Kudineer among people residing in Kundrathur with their selected demographic variables was accepted. The result revealed significant association of level of knowledge, attitude and practice of Kabasura Kudineer among people residing in Kundrathur with their selected demographic variables was not accepted for the demographic variables.

Keywords: Assess, knowledge, Practice, Attitude, Kabasura Kudineer, Covid-19

Introduction

Covid-19 could also be disease caused by SARS COV-2 [1]. The first case was to be recognized in china, Wuhan. On fourteenth April 20, 2020 affected cases about 17,73,084 and death records are 1,11,652 worldwide [2]. Risk factors for SARS COV-2 co-morbid diseases, aged people, who have low immune system. Close contact with anyone who has Covid-19 coughed or sneezed [3]. Preventive health measures are retaining bodily distance, isolation, protecting, hand hygiene. The use of covering mask has been endorsed publicly putting to limit the threat of exportation [4]. The Government of India currently declared "AAROGYAM" scheme under advised Kabasura Kudineer as a clinical administration for Covid-19 and the immunity supporter [5].

The scope of herbal medicine usually consists of fungal and bee products, additionally as minerals, shells and certain animal parts. Herbal medication is moreover known as Phytomedicinal or Phytotherapy [6]. The Kabasura Kudineer chooranam for Covid-19 and swine flu and Nilavembu Kudineer for dengue, Chikangunya and Covid-19 [7]. Knowledge of germ and their unfold of contamination is definitely referred in siddha which is confirmed via Kirumiyal Vanda Thodam Perugavundu sentences seen in "Guru Naadi" [8]. Kabasura Kudineer chooranam may want to also be a poly herbal siddha formula containing 15 substances endorsed for positive management of common respiratory illnesses like cold, cough, breathing problem and flu due to the fact the most important organ of Kapha is lungs. Kabasura Kudineer have effective anti-viral, anti-bacterial, anti-fungal, anti-pyretic, analgesic, anti-oxidants property.

In many studies have disclosed that Kabasura Kudineer is that the anti-inflammatory homes aids in decreasing swelling within the air passages [9]. This chooranam consists of the subsequent components mixed in equal proportions of 6.66% of every compound to make the formulation. The daily intake of Kabasura Kudineer was 20-50 ml per day [10].

There was no side effects taking this Kabasura Kudineer chooranam, it is regularly fine to hunt the advice of an ayurvedic physician before taking it. This formula is secure when taken in conjunction with homeopathic medicine [11]. It additionally does not any negative results when taken this Kabasura Kudiner with multivitamin and mineral supplements [12].

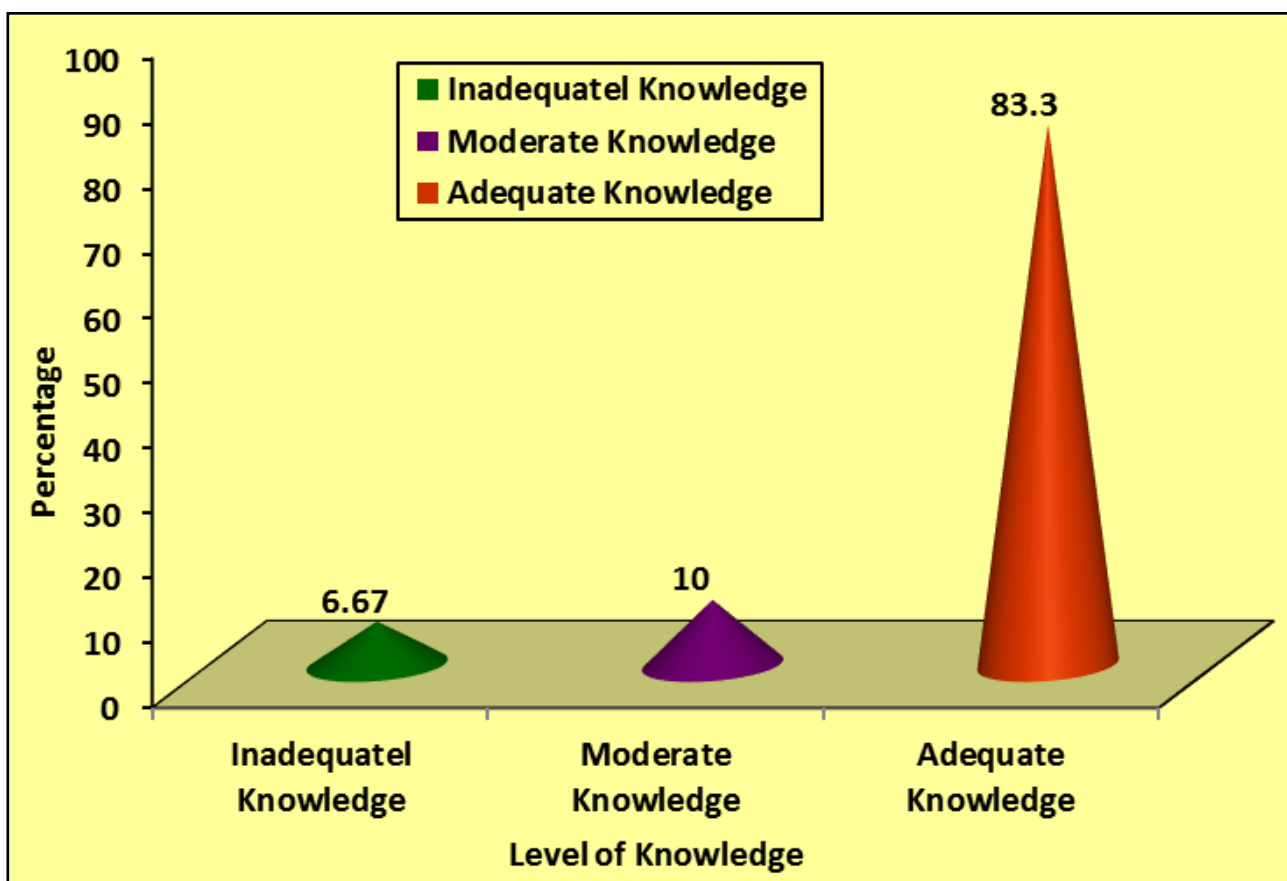
Materials and methodology: A quantitative research approach was conducted at the Kundrathur using non-experimental descriptive research design. A non-probability convince sampling technique was used to select 60 samples. The purpose of this study was to assess the knowledge, practice and attitude regarding Kabasura Kudineer among people residing in Kundrathur. The data was carried out with the prior permission of the village head and obtained permission from participants also. A self-structured questionnaire was developed to assess the knowledge,

Practice and Attitude regarding Kabasura Kudineer among people with consist of 30 questions on the general aspect. Use descriptive and inferential statistics to analyse data. The characteristics of the sample are described by frequency and percentage chi-square test is used to assess the knowledge, Practice and Attitude regarding Kabasura Kudineer with selected demographic variables.

Results and discussion

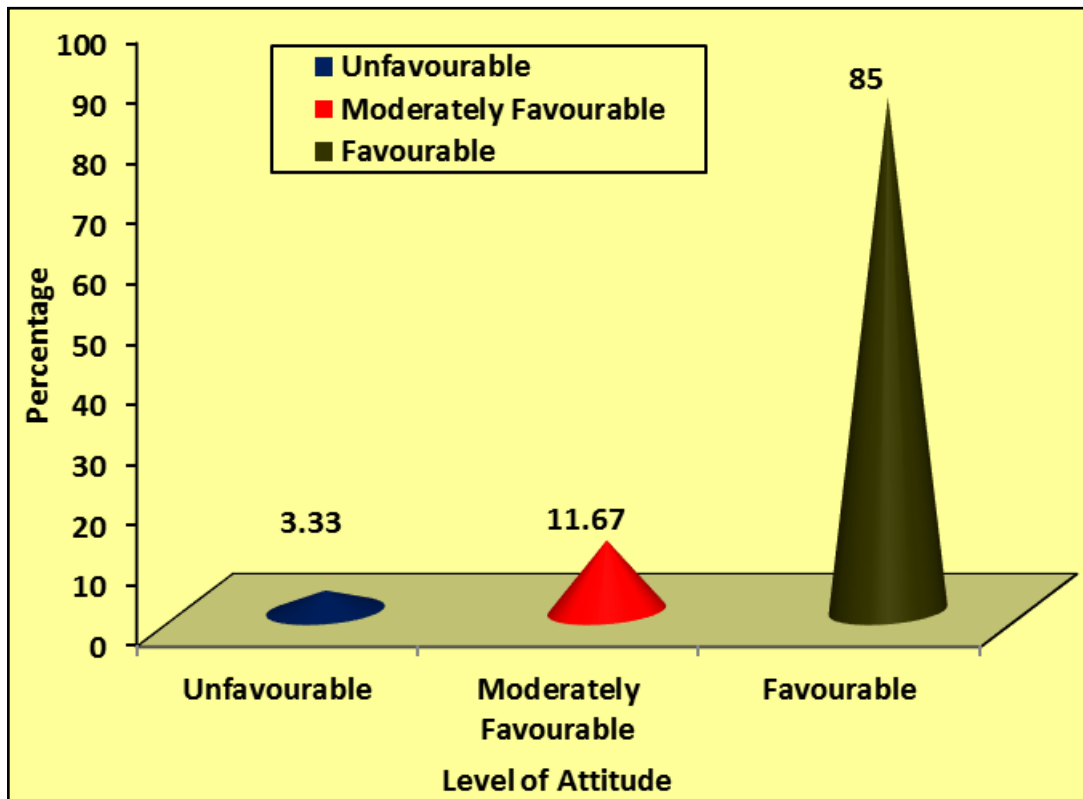
Section A: Demographic Variables: The major findings of this study shows that, the most of the people 23(38%) were aged between 18-25 years, 34(56.7%) were male, 16(26.7%) had higher secondary education, 32(53.3%) were private employee, 43(71.7%) belonged to nuclear family, 36(60%) were married and 27(45%) had a monthly income of 10,000 – 20,000.

Section B: Assessment of level of knowledge, Attitude and Practice Regarding Kabasura Kudineer among People



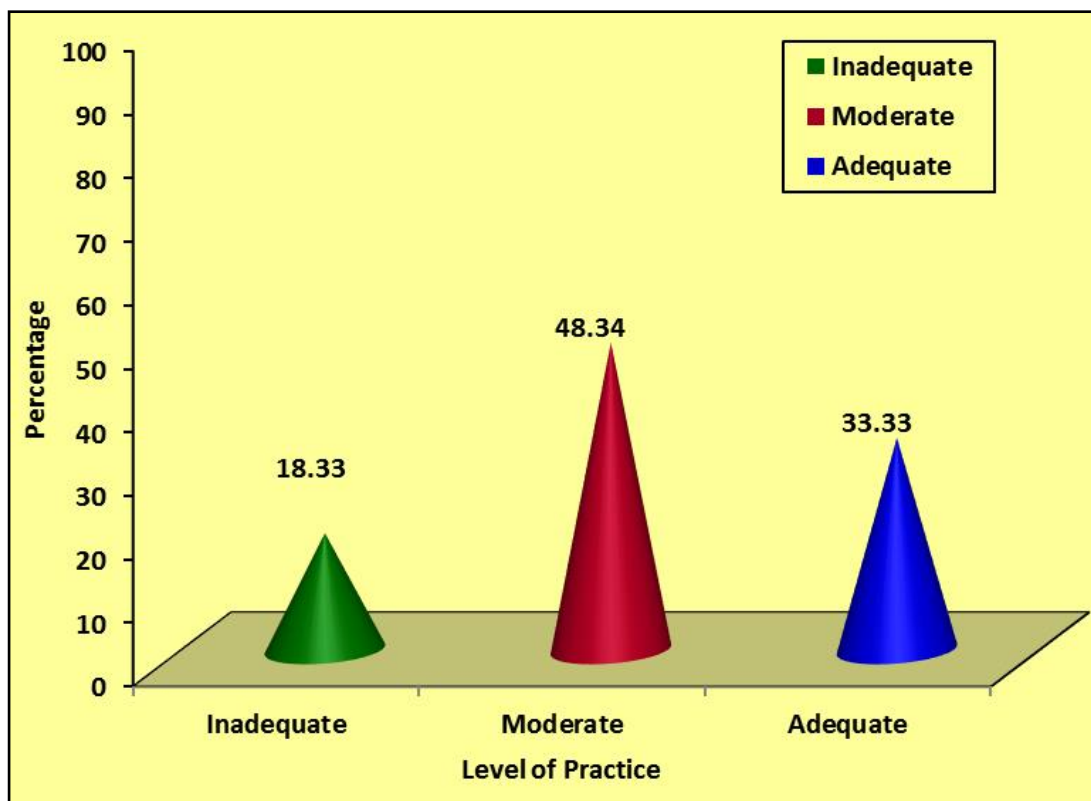
Percentage distribution of level of knowledge regarding Kabasura Kudineer among people

The picture shows that 50(83.3%) had adequate knowledge 6(10%) had moderate and 4(6.67%) had inadequate knowledge regarding Kabasura Kudineer.



Percentage distribution of level of attitude regarding Kabasua Kudineer among people

The picture shows that 51(85%) had favourable attitude, 7(11.67%) had moderately favourable attitude and 2(3.33%) had UN favourable attitude regarding Kabasura Kudineer.



Percentage distribution of level of practice regarding Kabasura Kudineer among people

The picture shows that 29(48.34%) had moderate practice, 20(33.33%) had adequate practice and 11(18.33%) had inadequate practice regarding Kabasura Kudineer. The analysis revealed that 29(48.34%) had moderate

practice, 20(33.33%) had adequate practice and 11(18.33%) had inadequate practice regarding Kabasura Kudineer. These findings are consistent with the following study done by Dharani Bala (2021) ^[11] conducted a study to understand

the attitude, belief and self-use of Kabasura Kudineer among people in Tamil Nadu, India. A cross-sectional questionnaire survey was conducted among various people in Tamil Nadu, India wherein data was collected from 200 participants. A cross-sectional study involving explanatory/descriptive research design was considered for the study. For the analysis of collected data statistical package for SPSS software version 25.0 was used. The urban participants who participated in the study were 80.5% and the rural participants were 19.5%. The significant P value (0.002) indicated that people use Kabasura Kudineer because allopathic medicine is less effective medicine and the significant P value (0.001) shows that Kabasura Kudineer is taken as a self-medication among Tamil Nadu people. Conclusions: The findings of the study revealed the better empowerment of people in the select region towards the use of Kabasura Kudineer.

Section C: Relationship between knowledge, attitude and practice regarding Kabasura Kudineer among people

The major findings of the study shows that mean score of knowledge was 8.43 ± 1.73 , the mean score of attitude was 25.12 ± 3.43 and the mean score of practice was 6.78 ± 1.73 . The calculated Karl Pearson's Correlation value of $r=0.645$ between knowledge and attitude, $r=0.474$ between knowledge and practice and $r=0.510$ between attitude and practice shows a moderate positive correlation which was found to be statistically significant at $p < 0.001$ level. This clearly infers that when knowledge regarding Kabasura Kudineer among people increases their attitude and practice level also increases.

Hence the research hypothesis H_1 that stated earlier "There is a significant relationship between level of knowledge, attitude and practice of Kabasura Kudineer among people residing in Kundrathur with their selected demographic variables" was accepted.

Section D: Association of level of knowledge, attitude and practice regarding Kabasura Kudineer among People with selected demographic variables

The major findings of the study shows that none of the demographic variables had shown statistically significant association with level of knowledge, attitude and practice regarding Kabasura Kudineer among people.

Hence the research hypothesis H_2 that stated earlier "There is a significant association of level of knowledge, attitude and practice of Kabasura Kudineer among people residing in Kundrathur with their selected demographic variables" was not accepted for the demographic variables.

Conclusion

This study investigated the level of knowledge, Attitude and Practice regarding Kabasura Kudineer among peoples in Kundrathur. In this Findings of the present study revealed that, the existing level of knowledge and Attitude of Kabasura Kudineer was adequate and moderate in practice. In association none of the demographic variables had shown statistically significant association with level of knowledge, attitude and practice regarding Kabasura Kudineer among peoples. It was evident there is a lack of awareness and practice on Kabasura Kudineer and there is need to improve the practice to promote positive attitude towards Kabasura Kudineer.

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Authors contribution: All the authors actively participated in the work of study. All the authors read and approved the final manuscript.

Conflict of interest: The authors declare no conflict of interest.

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