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Quarantine and social distancing: scientific means in Indian traditional culture

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Abstract

Coronavirus disease (COVID-19) pandemic has introduced the term quarantine worldwide. The concept of quarantine is not new in Indian culture. It is practised in Indian society since ancient times mainly during the ceremony of birth and death, during which there are high chances of infection. Quarantine is a modern form of concept 'Sutak or Patak' of our Hindu culture, which means preservation and restoration. According to our rituals after birth and death rituals quarantine or isolation have been followed by Indian people. Social distancing is being followed and maintained by the Namaste concept of our traditional culture while showing respect and gratitude. Lockdown triggered by corona pandemic has reminded, re-evaluated and relooked our ancient and traditional way of living and life. The current Pandemic (COVID-19) scenario has given an enlightening message and lesson of revisiting and revalidating our traditional culture and customs which are not only based on scientific principles but are also true in the present situation of this acute infectious respiratory disease.

Keywords: COVID-19, Namaste, Patak, Quarantine, Sutak

1. Introduction

Coronavirus disease (COVID-19) pandemic has introduced the term quarantine worldwide. The word 'quarantine' was derived from the Italian words '*Quaranta giorni*' which means forty days (Sehdev, 2002). The book of Leviticus in the Bible refers to restrictions for leprosy and the word quarantine was termed to prevent the spreading of the Black Death (epidemic of bubonic plague) in the fourteen century in Britain also (Newman, 2012; Rosenberger et al., 2012). Quarantine is being practiced at various places in the world for a long time as a measure of disease prevention. Ouarantine may be applied at the individual or group level which normally involves restriction to their home or a designated facility (Cetron and Landwirth, 2005). During chickenpox or smallpox (before eradication), the common practice in India was to keep a child in a separate room, not allowing him/her to play with other children. They had to avoid visiting each other's house and refraining others to come to one's house was one of the oldest examples of isolation to prevent the spread of infection. Though, the rationale for restrictions was described to please the Goddess for early recovery yet the motive was isolation to prevent the disease from spreading. Moreover, a visit to the temple after recovery can be considered as a method of the announcement of recovery and completion of isolation period (Nicholas, 1981; Saxena et al., 2014). In terms of COVID-19, this is used to break the spreading of the chain of corona virus among the people. Social distancing and the concept of quarantine have always been a form of public-health response to any pandemic from the time of the black death in the mid-1300s and the first outbreak of cholera to the 1918 influenza pandemic (Cohen, 1974). The first instance of an organized quarantine as a state-led strategy was first introduced in 1377 in Dubrovnik on Croatia's Dalmatian Coast. The black death or the great bubonic plague emerged in Italy and pandemic word was introduced to mankind. It was the most devastating plague in

history that decimated about 200 million people (Cohen, 1974).

Ouarantine helped to shorten the first influenza pandemic of the 21st century: the 2009 influenza H1N1 outbreak, mainly by preventing more people from getting it (Fineberg, 2014). Yellow fever in ports of France, Spain and Italy by the turn of the 18th century forced governments to use quarantine again. The initial response to the first waves of cholera outbreaks was essentially physical separation (Morris, 1976). After the SARS outbreak in 2006, many studies are recommending for the use of aggressive quarantine strategies for controlling the spread of rapidly emerging infectious diseases (Fraser et al., 2004; Day et al., 2006). During COVID-19, the mass quarantine strategies used by countries like Italy and India are aimed to flatten the curve of COVID-19 infections in these countries. It is estimated that without social distancing measures in place, a COVID-19 positive person can infect 406 persons in 30 days. If social distancing measures are in place and social exposure is reduced by 75%, then an infected person can spread the infection to only 2.5 more persons at the end of 30 days (Lu, 2020).

The concept of quarantine is not new in Indian culture. Quarantine has been an important practice of Indian society since ancient times especially during birth and death ceremonies when the probability of contamination/infection is at high risk. It is a modern form of the concept of Sutak or Patak which is part of the Indian tradition and embedded in the roots of Indian culture and beliefs since the beginning (Bhattacharya et al., 2008). These words are used in place of quarantine and are recommended and practiced during the time of birth and death of someone in Indian society. India's traditional way of greeting with a 'Namaste' has become global during coronavirus disease (COVID-19) pandemic. Namaste is being practiced in India since many centuries revealing both spiritual and scientific values and importance (Rajput, 2016; Vandali and Biradar, 2018).

2. Quarantine and social distancing concept in India

2.1. During child birth

Life has so many different phases and there are so many different events attached to each phase of life. In Hinduism, each event has a

traditional history, innumerable beliefs, customs and traditions. One of the customs is the birth of a new born, which is an occasion for much joy and celebration. The customs and traditions start before the baby is born and may continue for up to a year after birth. Our ancient system has made sure the proper development of every newborn child with the help of *Sutak* period. In Indian culture, Sutak is a term commonly used for the birth pollution of the mother (Jeffery and Jeffery, 1993; Bhattacharya et al., 2008). When a child is born; mother and newborn baby are kept in an isolated room for 10 to 30 days to observe 'Sutak' (Manu, 1920). Traditionally, the period of Sutak is ten days for brahmins, twelve for Kshatrivas, sixteen to twenty days for Vaishyas and thirty days for Shudras (Manu, 1920; Yajurveda, 2015). The Sutak period to different castes is relative to their work nature. As in the medieval times, women of *Shudra* was physically stressed and weak as they had to do a lot of physical hard work in the fields and homes of upper caste people (Agarwal, 1999). This was the reason that their Sutak period was the longest so that their bodies completely recover and regain their physical strength to sustain their daily chores.

A woman after giving birth to a child becomes very weak and tired. She requires a period of good rest, so that her body replenishes the strength, lost while giving birth (Grewal et al., 2008; Jain and Levy, 2013). Maintenance of physical distance is one of the important rituals for the mother. She is not allowed to mix with people and is confined to her room for a particular period so that her body recovers well (Singh and Nath, 1999). She is not allowed to work and do any task because of this reason only. Also, the new-born child is very sensitive and fragile to infections. Its body is not immune to antigens and its immunity develops slowly with time. It could catch infections from the people around it (Iyengar et al., 2008). That's why Sutak forbids touching or going near to the newborn for ten to thirty days.

During this period, both are bathed in medicated water frequently and their diet is also special being fully nutritious and balanced (Mantle, 2003; Bandyopadhyay, 2009; Naraindas, 2009). During the 'Sutak' period, the other family members were also not allowed to attend holy places, functions and ceremonies associated with mass gatherings (Singh and Nath, 1999). The

scientific means of which is to prevent the spread of infectious disease, if any. The science behind 'Sutak' is to maintain isolation for the next 40 days to prevent transmission of infection in both mother and child. This period enables the mother to recover from weakness and recoup her health. Likewise, today also current science recommends isolation for immature infants by incubating for a certain period for safe and healthy living of baby until its adaptation in the new environment. This practice further avoids any external infection.

After the completion of *Sutak* period, the rituals are followed by various *samskaras* such as *namakarana* (naming the baby after 10 to 12 days of birth), *nisramana* (first outing of the child after 3rd to 4th month), *annaprassana* (weaning of the child in 6th month), *chuda karma* or *mundan* ceremony (cutting of hair between 1st and 3rd year), *karnavedha* (ear piercing between 3rd to 5th year) and the *upanayana* or *yagnopavit* (investiture of sacred thread from 8th year) marks the transition of a child from the infantile stage of play to the serious stage of study and *sadhana* (Gatrad *et al.*, 2004).

2.2. During death ceremony

Sutak observed during death is also known as Patak. At the time of death 12-16 days are considered as 'Patak' (Ernest and Subrahmanyam, 2009). Consideration of 'Patak' is a highly meaningful ceremony followed by all the family members and relatives of the dead individual (Ernest and Subrahmanyam, 1911). In this family member maintain restricted movements outside, temples and perform religious activities (Anantha Murthy, 1978).

The science discipline behind 'Patak' concept explains that causality may be due to any contagious disease, long sickness or due to old age. If any mis happening is due to contagious/infectious disease, the belongings and things of the concerned person and other family members may come in contact with other people, which may lead to chances of contamination. After the cremation of the dead body (agni-samskaras), compulsory bath for all family members was necessary to avoid any kind of infection (Eknath, 2008). Chewing of Azadirachta indica A. Juss. (Neem) leaves (antibacterial, antimalarial, antiviral and antifungal) was also an essential and important habit after the cremation. This is

done to disinfect the mouth which is prone to be infected at a cremation ground (Singh, 2015). In scientific terms it is also a form of thirteen days 'quarantine period' which includes a restriction of participation of family members in any mass gathering (marriages, temples, etc.), that stops or restricts the spread of contagious disease, if any, among other people. Women wash and clean the house and discard the personal belongings of the dead people. Cooking of food for the next three days was also restricted in a home where someone died. Food is prepared by neighbors and provided to the house of the deceased (Bhalla, 2014). The science behind this ritual is to avoid the chances of any kind of contamination through food/kitchen or any contact among the family members. The transmission of bacterial contamination is most crucial in the first three days if it is persisting in the house.

After agni-samskaras various rituals are followed such as immersion of asthi (Bones of the deceased). Asthi is collected either on the day of cremation or the 3rd, 7th or 9th day and are immersed in flowing water before the 10th day. On 10th day, pindadan is performed in a Shiva temple or a temple of an inferior Deity situated on the bank of a river. On the 11th day, panchagavya home (Fire-sacrifice to appease Deities) is performed in the house and panchagavya (A mixture of cow's milk, curd, ghee, cow's urine and cow dung) is sprinkled all over the house. On the 13th day, patheya shraddha is performed and the ritual of *Nidhanshanti* is performed in which all the near and dear ones are invited and served a sweet meal (Ernest and Subrahmanyam, 2009).

2.3. Social distancing by greeting concept 'Namaste'

Social distancing is the new buzz word that is doing rounds and globally, people are being encouraged to practice it to slow down the spread of the virus. India's traditional way of greeting with a 'Namaste' has become the IT thing in the world with big wigs during coronavirus disease (COVID-19) pandemic (Singh et al., 2020). This form of greeting does not involve any type of physical contact. Thus it reduces the chance of infection which could otherwise spread in the hospital and community environment. There is enough scientific evidence that microorganisms spread through the hands of patients, their relatives, and healthcare workers (WHO,

2009). The guidelines of the WHO to control the swine flu and influenza (by H1N1 virus) more or less pandemic in 2010, also include hand hygiene. Recently, due to the rampant spread of the coronavirus (COVID-19) and the huge toll of deaths, it caused across the geographies. Many world leaders felt that by shaking the hands with people who carry the microbes of coronavirus on their hands is a sure way of spreading corona infection. Namaste is being practiced in India for many centuries (Singh et al., 2020). The word Nama occurs in the Rigveda as well as in later Vedic texts. The Namaste is a customary Hindu greeting in the Indian subcontinent, southeast's Asia, and Indian Diaspora and worldwide (Singh, 2015). Namaste has now grabbed the attention of world leaders as a potentially safe way of greeting people. Former US President Donald Trump, Prince Charles, President of France Emmanuel Macron, and Israel Prime Minister Benjamin Netanyahu and others have adapted India's way of greeting one another. India's honorable Prime Minister Narendra Modi and other personalities have also been urging people to maintain social distance and greet each other with 'Namaste' instead of a handshake. The corona crisis has brought us back to our traditional practices of 'Namaste', washing our hands and feet before entering our home, taking food or performing any religious activity, etc. and practicing cleanliness in full strength all around the world.

Namaste is a gesture of showing one's gratitude, respect, inclusiveness and integrity, without any physical touch between two individuals. Namaste is described as a combination of two Sanskrit words: Namah (to bow or bend) and te (to you), with the two influences behind this word being 'matter and spirit' (Nambiar 1979). He explains the secret of *Namaste* is the 'blending of matter with the spirit or the mortal body with the immortal soul, as demonstrated by the folded hands' (Nambiar, 1979). He also stated that gesture of Namaste as the expression of humility i.e. "I recognize God in you". Similarly related word 'Namaskar' was described by Chatterjee (1996). He summarized this term as an ancient Hindu word used to describe a posture of greeting the sacred in others by 'touching of the forehead with folded hands as the thumbs touch the forehead several times as if one is respecting the other by touching the point of the third eye or between the eyebrows' (Chatterjee, 1996). This term has crossed its boundaries of Indian culture and is merging and accepting in America's culture today to greet others and is often said after yoga classes, with the usual translation being 'the sacred in me honors the sacred in vou. Many foreign authors also have written about Namaste as 'the God in me greets the God in you' (Cessna, 2011), 'to honor the spirit within' (Duffin, 2012) or "I bow to you" (Cotton, 2011). In the USA 'Namaste care' programme is being carried for caring of people with advanced dementia at the end of their lives (Simard, 2007). The Indian Army has code-named its anti-COVID-19 campaign as 'operation Namaste' to help the government in its fight against the pandemic.

The Indian way of greeting 'Namaste' which is getting popular across the world has deeper spiritual and scientific meaning. Spiritually, 'Namaha' removes all egos and one bow down to the God, creator within others and heartily express warm welcome and fellowship, and affection. The finger mudra formed during the Namaste is called 'anjali mudra', states that when fingers of our both palms come in contact together, it makes the connection with upper body and nerve-web of our brain. This connection incorporates the feelings of calmness and wellbeing (Stutley, 1985; Rajput, 2016). It also has scientific value as act as a healing power in various health problems such as cardiac and neurological problems (Tripathi et al., 2017; Vandali and Biradar, 2018). The scientific reason behind 'Namaste' is to avoid any physical contact to restrict the transmission of any kind of contagious diseases to one another and also to stops the spread of negative vibes that can be in the form of spiritual incorporeal or individual divine energy (Bhattacharya and Singh, 2019).

3. Conclusion

This article reflects and highlights the pinnacle of Indian sense of hygiene through various rituals and culture of birth celebration 'Sutak' and death ceremony 'Patak'. Traditionally both not only have a great spiritual and religious importance but also have scientific values. Sutak period, in form of isolation and quarantine, provides the chance of recovering health and strength of the mother and also protect the newborn from the infections from the surrounding and people

around it. The execution of *Patak* also includes forbidding family members to attend public ceremonies, etc. as their contact with others may result in the spread of sickness. One of the ways of greeting with other 'Namaste', is grabbing the considerable attention worldwide as a potentially safe method of welcoming people. Since in *Namaste*, there is no physical contact with the other person, social distancing is maintained, so there is no risk of spreading infectious diseases to or from other people. Today also, isolation, quarantine and social distancing are the most important way to prohibit the transmission of coronavirus. The current pandemic (COVID-19) is giving a message to readdress and reevaluate our rituals and traditional way of living, which are based on scientific values also.

References

- Agarwal S 1999. Genocide of women in Hinduism. Sudrastan Books, Jabalpur, India, pp. 75.
- Anantha Murthy U R 1978. Translated from Kannada by A. K. Ramanujan. Samskara: A Rite For A Dead Man. New York: Oxford University Press- 1989, pp. 158.
- Bandyopadhyay M 2009. Impact of ritual pollution on lactation and breastfeeding practices in rural West Bengal, India. Int. Breastfeed J. 4(1): 1–8.
- Bhalla P P 2014. Hindu Rites, Rituals, Customs and Traditions. New Delhi, Pustak Mahal, pp. 328.
- Bhattacharya A, Dwivedy R, Nandeshwar S, de Costa A and Diwan V K 2008. To weigh or not to weigh' sociocultural practices affecting weighing at birth in vidisha. Indian J. Neonatal Nursing 14 (6): 199–206.
- Bhattacharya S and Singh A 2019. *Namaste!!* Greet the Indian way: Reduce the chance of infections in the hospitals and community. Chrismed J. Health. Res. 6: 77-88.
- Cohen D 1974. The Black Death. Publisher: Franklin Watts, 1347-1351.
- Cessna M 2011. *Namaste*: old promises, new language. Human Development, 3: 42–43.
- Cetron M and Landwirth J 2005. Public health and ethical considerations in planning for quarantine. Yale J. Biol. Med. 78(5): 329.
- Chatterjee G 1996. Sacred Hindu Symbols. New Delhi, Abhinhav Publications, pp.118.
- Cotton C 2011. *Namaste:* a spiritual approach to grading. Eng. J. 100: 108–119.
- Day T, Park A, Madras N, Gumel A and Wu J 2006. When is quarantine a useful control strategy for emerging infectious diseases. Am. J. Epidemiol. 163: 479–485.
- Duffin C 2012. How *Namaste* principles improve residents' lives. Nursing Older People, 24: 14–17.
- Eknath E 2008. The Upanishads, 2nd edition. CA: Nilgiri Press, Series: Classics of Indian Spirituality, pp. 384.

- Ernest W and Subrahmanyam S V (Ed.) 1911. The Garuda Purana. Allahabad: Pāṇiṇi Office. pp. 1-169.
- Ernest W and Subrahmanyam S V 2009. The Garuda Purana. (Trans.) Lexington, KY: Forgotten Books, pp.120.
- Finberg H V 2014. Pandemic preparedness and responselessons from the H1N1 influenza of 2009. N. Engl. J. Med. 370: 1335-1342.
- Fraser C, Riley S, Anderson R M and Ferguson N M 2004. Factors that make an infectious disease outbreak controllable. Proc. Natl. Acad. Sci. USA. 101: 6146-6151.
- Gatrad A R, Ray M and Sheikh A 2004. Hindu birth customs. Arch. Dis. Child. 89: 1094–1097.
- Grewal S K, Bhagat R and Balneaves L G 2008. Perinatal beliefs and practices of immigrant Punjabi women living in Canada. J. Obstet. Gynecol. Neonatal. Nurs. 37(3): 290–300.
- Iyengar S D, Iyengar K, Martines J C, Dashora K and Deora K K 2008. Childbirth practices in rural Rajasthan, India: implications for neonatal health and survival. J. Perinatol. 28: S23-S30.
- Jain A and Levy D 2013. Conflicting cultural perspectives: meanings and experiences of postnatal depression among women in Indian communities. Health Care Women Int. 34(11): 966–979.
- Jeffery R and Jeffery P M 1993. Traditional Birth Attendants in Rural North India: The Social Organization of Childbearing. In: van Teijlingen E, Lowis G, Mc Caffery P and Porter M (eds). Midwifery and the medicalization of childbirth: comparative perspectives, New York, Nova Science Publishers, pp. 265–278.
- Lu M 2020. The math behind social distancing. (https://www.visualcapitalist.com/the-math-behind-social-distancing/).
- Mantle F 2003. Developing a culture-specific tool to assess postnatal depression in the Indian community. Br. J. Commun. Nurs. 8(4): 176–80.
- Manu 1920. Manu Smriti: The Laws of Manu with the of . Translated by Ganga Natha Jha. University of Calcutta, India, 10.
- Morris R J 1976. Cholera 1832: The Social Response to an Epidemic, bibl. Index, map. New York: Holmes and Meier, pp. 230.
- Nambiar A K K 1979. *Namaste*: Its Philosophy and Significance in Indian Culture. Delhi: Spiritual India, Publishing House, pp.139.
- Naraindas H 2009. A Sacramental Theory of Childbirth in India. In: Selin H (eds.) Childbirth across cultures. New York, pp. 95–106.
- Newman L S K 2012. Shutt up: bubonic plague and quarantine in early modern England. J. Soc. Hist. 45(3): 809-834.
- Nicholas R W 1981. The Goddess Sitala and epidemic smallpox in Bengal. J Asian Stud. 41: 21-45.
- Rajput M S 2016. The source, meanings and use of *Mudra* across religions. Int. J. Comp. Res. Dev. 1(1): 36-41.
- Rosenberger L H, Riccio L M, Campbell K T, Politano A D and Sawyer R G 2012. Quarantine, isolation, and

- cohorting: from cholera to Klebsiella. Surg. Infect. (Larchmt). 13(2): 69-73.
- Saxena S, Gupta S B, Kariwal P and Shrotriya V P 2014. Traditional beliefs and practices among women regarding chickenpox in the era of vaccination: A social scenario in Rohialkhand region (Bareilly) of Uttar Pradesh, India. Indian J. Forensic Community Med. 1:35-40.
- Sehdev P S 2002. The Origin of Quarantine. Clinical Infec. Dis. 35(9): 1071-1072.
- Simard J 2007. The end-of-life *Namaste* Care program for people with dementia. Health Professions Press, Baltimore. pp. 232.
- Singh K V 2015. Hindu Rites and Rituals: Origins and Meanings. Penguin Books Hinduism, pp. 267.
- Singh C and Nath P 1999. Hindu manners, customs and ceremonies. Delhi: Crest Publishing House, Paperback pp. 190.
- Singh R, Singh G and Singh V 2020. Namaste: The

- traditional Indian way of greeting goes global during coronavirus disease (COVID-19) pandemic. J. Anat. Soc. India. 69 (2): 65-66.
- Stutley M 1985. The Illustrated Dictionary of Hindu Iconography, London, Imprint-Routledge, pp. 210.
- Tripathi D, Kalantri Y, Kumar H, Chitnis V, Chitnis S, Kalantri R C and Bhatt J K 2017. Effect of yoga hand *mudra* on cardiac and neurological parameters in preventing heart attack. Res. J. Recent Sci. 6 (2): 16-20.
- Vandali V and Biradar R B 2018. *Yoga mudras*: benefits. Int. J. Advan. Nur. Manag. 6(4): 324-328.
- Yajurveda B 2015. Vishnu Smriti. (Trans), Create Space Independent Publishing Platform, pp.3 34.
- WHO 2009. Guidelines on Hand Hygiene in Health care. 11 March 2010: *Namaste* by President of France Emmanuel Macron, Frances Macron Models Virus Proof Greeting The-*Namaste*. (https://www.who.int/gpsc/5may/tools/9789241597906/enhttp://www.usnews.com).