Cultural Behaviour and Health Beliefs during COVID-19: Grasp Something as a Remedy

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Dear Editor,

The novel coronavirus (SARS-CoV-2) is responsible for COVID-19, created the pandemic condition over 188 countries and the global death toll raised to 411,260 as of June 10, 2020 [1]. In this situation, researchers are putting tireless effort to find out the solution like vaccine or medicine. Concurrently, people from different regions, leaves no stone unturned to get rid of the unprecedented situation considering their cultural practices, religious beliefs and myth despite scientific evidence.

Currently, people from South-Asian region are taking traditional medicinal herbs, e.g., garlic (*Allium sativum*), asiatic pennywort (*Centella asiatica*), holy basil (*Ocimum tenuiflorum*) and black seeds (*Nigella sativa*) for protecting themselves from COVID-19. People from this region are also applying strong religious beliefs. In India, dubious cow dung and cow urine were sold as the panacea even the alcohol-free hand sanitizer was made of cow urine and surprisingly, it was available on Amazon India. A group of women in India chanted the verse 'Corona Vag Ja' to banish the coronavirus; shortly, it has

become a highly viewed video on YouTube. To raise awareness among people about the pandemic, an Indian priest put a mask on the goddess's face. Whereas in Bangladesh, a religious preacher Mufti Kazi Ibrahim gave the formula $1.7 + 6 = 13$ for preparing COVID-19 vaccine from fig, olive, black seeds, honey, date and the holy water from Mecca (Zamzam). Thousands of Muslims prayed in proximity for COVID-19 remedy in Laxmipur, Bangladesh without fearing the possibility of raising active cases.

Moreover, people around the world are experiencing disinfectant-based (e.g. floor cleaner) homemade hand sanitizer, drinking vodka or alcoholic drinks (having an inadequate proportion of alcohol to assassinate germs), holding the breath for 10 seconds to check fibrosis (unapproved COVID-19 symptoms). Other practices such as taking a hot bath, extreme sun exposure, staying at warmer places, using hairdryers or ultraviolet lamps and spraying chlorine or alcohol all over the body or gargling also prevalent without any proven efficacy, may

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pose harmful health consequences. People are avoiding 5G mobile network by the fallacious belief that coronaviruses can transmit through mobile network and radio wave. Coronavirus has also created panic in the public mind that practices like drinking every 15 minutes interval, drinking hot water and avoiding ice cream, are getting viral in social media.

COVID-19 also opened the window of the illegal business. For example, Jim Bakker from the USA is selling a nostrum named 'Silver Solution' for treating COVID-19 having "no proof" stated by Dr Peter Lurie, president, CSPI (Center for Science in the Public Interest), USA. Two Canadian from Genesis II Church also claimed that Miracle Mineral Solution (MMS) made of Chlorine Dioxide Solution (CDS) could prevent coronavirus; however, Health Canada restrains MMS as an "unauthorized drug" containing a hazardous bleaching agent.

Till now, The USFDA authorized Remdesivir is giving some hope in COVID-19 treatment for hospitalized patients [2]. However, personal precautions, including regular handwashing, maintaining social distance and staying at home are the key recommendation by the World Health Organization (WHO).

2. CONFLICTS OF INTERESTS

There is no competing interest.

3. ACKNOWLEDGEMENT

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REFERENCES

1. (2020) Johns Hopkins university & medicine. Coronavirus resource center.
2. (2020) The food and drug administration (FDA). Remdesivir EUA letter of authorization.