SHIKSHA SAMVAD
International Journal of Multidisciplinary Research
ISSN: 2584-0983 (Online)
© Shiksha Samvad|Volume-02| Issue-04| June- 2025
Available online at: https://shikshasamvad.com/

Trends in Herbal Medicine Use Following the COVID-19 Pandemic

Mr. Yogesh Kumar[1], Dr. Arvind Sirohi[2]

[1]Research Scholar, Department of Sociology, C.C.S. University Campus, Meerut.

[2]Assistant Professor, Department of Sociology C.C.S. University Campus, Meerut.

[1]Email: yyadav147@gmail.com, [2]Email: arvindsocio@gmail.com

Abstract:

The COVID-19 pandemic has led to many changes in how people care for their health worldwide. With limited treatment options available during the crisis, many individuals turned to herbal and traditional medicines as alternative ways to protect and improve their health. This study looks at this growing trend by focusing on the backgrounds of herbal medicine users and how they feel about their health after using these remedies in the post-COVID time.The research was done in Meerut city, specifically in two residential colonies—Jagrati Vihar and Shastri Nagar. We talked to 200 people who had used or knew about herbal treatments after the pandemic. Using structured interviews and simple statistical analysis, we found that people from different social and economic groups, including educated professionals, used herbal medicines. This shows that herbal medicine is popular among a wide range of people. Common remedies included drinks like kadha and herbs such as Tulsi, Giloy, and Ashwagandha, which are valued for boosting immunity and have strong cultural importance. Many users felt these remedies helped their overall health during and after the pandemic. However, most people used these medicines without consulting doctors, indicating a need for more public awareness and scientific research to ensure their safe use. Recognizing and supporting this interest can help create health policies that combine traditional and modern medicine for better care in the future.

Keywords: *Herbal Medicine, Post-COVID Health, Traditional Remedies, Socio-Economic Factors, Alternative Medicine, Public Health Behavior*

Introduction

The global outbreak of COVID-19 has reshaped various facets of healthcare systems worldwide,

leading to an unprecedented increase in public interest and reliance on herbal medicines. As conventional medical treatments for COVID-19 remained limited, especially during the early stages of the pandemic, many populations turned to traditional, herbal, and natural remedies to support their immune function, ease symptoms, and protect against the disease. This phenomenon has highlighted the enduring cultural significance and therapeutic potential of herbal medicine in managing novel health crises. Herbal medicine, rooted in centuries of traditional knowledge, has often been used to treat respiratory illnesses and infectious diseases. Throughout the pandemic, herbs such as ginger, turmeric, garlic, and holy basil (tulsi) gained popularity due to their reputed antiviral, anti-inflammatory, and immunomodulatory properties. This widespread use was not confined to any single region but was observed globally, reflecting a diverse yet unified response to an emergent health threat. The accessibility of herbal remedies, often sourced locally and perceived as natural and safe, contributed substantially to their increased adoption. The surge in herbal medicine consumption during the COVID-19 pandemic has been documented across numerous studies. Research conducted in regions heavily affected by the pandemic reported that over half of surveyed populations employed herbal supplements as either preventive or therapeutic agents. Motivations for this trend include skepticism towards novel pharmaceuticals, cultural traditions favoring plant-based medicines, economic constraints, and the desire to complement conventional healthcare approaches. Moreover, the pandemic spurred governments and health authorities in some countries to integrate herbal treatments into official guidelines and public health campaigns, lending institutional credibility to these practices. Scientific inquiry into the efficacy of herbal medicines against COVID-19 has intensified parallel to their growing use. Laboratory and clinical studies have highlighted bioactive compounds in certain herbs that may inhibit viral replication, modulate the immune response, and alleviate inflammatory damage—the key pathological features of COVID-19. For instance, flavonoids and polyphenols found in many plants exhibit potential antiviral effects, while others support lung health and reduce oxidative stress. Despite promising preclinical evidence, large-scale randomized controlled trials remain sparse, underscoring the need for rigorous research to establish safety, standardized dosing, and therapeutic protocols. Beyond the immediate management of COVID-19, the pandemic has catalyzed a broader reevaluation of healthcare paradigms, emphasizing the value of integrative and complementary medicine. The increased acceptance and use of herbal remedies signify a demand for holistic healthcare approaches that harmonize conventional medicine with traditional healing systems. This trend also draws attention to sustainability, biodiversity, and the conservation of medicinal plants, which are vital resources for herbal treatments. Studying the patterns, factors, and outcomes of herbal medicine use following the COVID-19 pandemic holds substantial public health relevance. It aids in understanding community health behaviors, addressing misinformation, and designing culturally appropriate health interventions. Furthermore, it creates opportunities for pharmacological discoveries and innovations in plant-based drug development, potentially

© Shiksha Samvad| Received: 01 June 2025 | Accepted: 05 June 2025 | Published: 11 June 2025

expanding the arsenal against infectious diseases. In conclusion, the COVID-19 pandemic has accelerated the global trend towards herbal medicine use, reinforcing its role in health maintenance and disease management. This research aims to explore this evolving trend comprehensively, examining the sociocultural drivers, scientific evidence, and implications for future healthcare strategies. By doing so, it contributes to a nuanced understanding of how traditional herbal knowledge intersects with modern medical challenges in the contemporary world. (Chen, J.-T, 2024).

We can also say that, after the COVID-19 pandemic started, many people around the world began using herbal medicines more than before. This happened because there were no sure treatments for the virus initially, and people wanted to protect themselves in natural ways. Herbs like ginger, turmeric, garlic, and tulsi became popular because they are thought to help boost the immune system and reduce symptoms. These medicines are easy to find and are often cheaper, so people trusted them. Scientists have also found that some herbs have chemicals that may help fight the virus and reduce inflammation. Although more research is needed, the pandemic has made many people realize that combining modern medicine with traditional herbal treatments can be helpful. This trend shows that people want to use both old and new health knowledge together to stay healthy and face future health challenges.

Objectives of the Study

The primary objective of this study is to explore the emerging trends in the use of herbal medicine following the COVID-19 pandemic, particularly within the urban population of Meerut city. Specifically, the research focuses on two key aims: (1) To examine the socio-economic profile of the respondents who have used herbal medicine post-COVID, (2) To assess the health status of society through the lens of herbal medicine usage, including aspects like frequency of use, types of herbs consumed, perceived health improvements, consultation with doctors, and sources of herbal remedies. These objectives guided the structure of the questionnaire and the overall analytical approach of the study.

Methodology

The present study is exploratory in nature, aimed at understanding the trends and impact of herbal medicine use following the COVID-19 pandemic. The research was conducted in Meerut city, specifically in two residential colonies: Jagriti Vihar and Shastri Nagar. A total of 200 respondents were selected through purposive sampling, focusing on individuals who had used or had knowledge of herbal remedies post-COVID. Data were collected using a structured interview schedule/guide, which consisted of multiple-choice questions (MCQs) covering both socio-economic background and health behavior related to herbal medicine. Face-to-face interviews ensured better clarity and accuracy of responses. The collected data were analyzed using simple statistical tools such as frequencies and percentages to draw meaningful insights. This approach allowed the study to explore patterns of herbal medicine use across different age groups, occupations, and educational levels in an urban Indian context.

Literature of Review

Astin (1998) examined the utilization of traditional medicines across Asian and African countries, focusing on the underlying factors and motivations driving individuals to adopt alternative medical practices in these regions.

Pattnaik et al. (2006) estimated the global population relying on traditional medicine for primary health care and investigated the phytotherapeutic practices and claims of tribal communities in the Rayagada district of Odisha, India, highlighting their medicinal plant knowledge and applications.

Jawla et al. (2009) conducted an in-depth analysis of three alternative medicine systems in India's healthcare sector and proposed a comprehensive methodology for assessing public awareness and understanding of alternative medical practices.

Dubey et al. (2004) studied India's opportunity for the global promotion of herbal medicine, emphasizing its potential on the international stage.

Bent (2008) reviewed the efficacy, safety, and regulation of herbal medicine in the United States, underlining challenges in standardization and quality control.

Rao et al. (2012) examined the status of human resources for health in India, emphasizing the significant shortage of qualified medical practitioners and its implications for the accessibility and quality of healthcare services across the country.

The World Health Organization (WHO, 2000) defines traditional medicines as therapeutic practices based on theory, belief, and indigenous culture for hundreds of years. They noted widespread use of herbal medicine globally, which aids in treating various diseases and increases public awareness and timely treatment.

Dhiman and Khanna (2001) studied the medicinal flora of Amritsar, reporting growing public interest in herbal medicines. They collected and identified 56 medicinal plants locally, documenting both their standard and folk medicinal uses.

Vaidya and Thomas (2007) overviewed the current status of herbal drugs in India, noting vast experience-based evidence for many of these drugs and highlighting ongoing basic and clinical research using a reverse pharmacological approach in several institutes.

Sinha (1996) studied the importance of traditional herbal medicine and emphasized the need to increase awareness about traditional herbal methodologies.

Ahmed (1999) explored the incidence of coronary heart disease in the context of the Indian Asian diet, illustrating how herbal medicine can be a potential therapy for heart-related illnesses.

Pareek (1996) examined the present status and future prospects of medicinal plants in India, advocating for eco-friendly approaches to the use of herbal medicines.

Kamboj (2000) researched the use of medicinal plants by Indian traditional communities for curing various diseases, emphasizing the importance of awareness about different herbal remedies.

Aggarwal et al. (2003) conducted preclinical and clinical investigations on the anticancer properties of turmeric, discussing its therapeutic versatility and clinical application potential. Seth and Sharma (2004) reviewed the use of Indian herbal drugs as spices, home remedies, and health foods, assessing public awareness and their effectiveness for different diseases.

Fan et al. (2020) conducted a systematic review and meta-analysis showing that combining Chinese herbal medicine (CHM) with standard care improved COVID-19 symptoms, reduced inflammation markers, and accelerated lung recovery, suggesting potential mortality reduction.

Ang et al. (2020) noted the therapeutic benefits of combining herbal and Western medicine in managing COVID-19 but highlighted the need for further randomized controlled trials to confirm efficacy and safety.

Although many studies have examined the use of traditional and herbal medicines in India and other countries, there is limited research focused on the recent trends in herbal medicine use in specific urban localities after the COVID-19 pandemic. This study addresses this gap by exploring the herbal medicine practices of people living in two residential colonies—Jagriti Vihar and Shastri Nagar—in Meerut city. Understanding why and how residents of these colonies use herbal remedies will help fill the local knowledge gap about current health behaviors, motivations, and awareness. This research is important because it gives insight into how traditional medicine is being used alongside modern healthcare in urban India today.

Findings & Analysis

Table 1 : Socio-Economic Profile of the Respondents

Variables	Category	Respondents	Percentage (%)
Gender	Male	119	59.5%
	Female	75	37.5%
	Others	06	3.0%
Age Group	18–25	44	22.0%
	26-35	60	30.0%
	36-45	57	28.5%
	46-60	29	14.5%
	60+	10	05.0%
Education	No formal	10	5.0%
	education	28	14.0%
	Primary	45	22.5%
	Secondary	66	33.0%
	Graduate	51	25.5%
	Postgraduate		
Occupation	Unemployed	29	14.5%
	Student	30	15.0%
	Farmer	24	12.0%
	Self-employed	26	13.0%
	Govt. employee	25	12.5%
	Private employee	36	18.0%
	Retired	30	15.0%

Marital Status	Single Married Divorced Widowed	85 98 5 12	42.5% 49.0% 2.5% 6.0%
Residence	Urban Rural Semi-Urban	106 64 30	53.0% 32.0% 15.0%

The study surveyed a total of 200 respondents to understand their socio-economic background in the context of herbal medicine use post-COVID-19. The gender distribution was notably male-dominant, with 59.5% of participants identifying as male, 37.5% as female, and a small minority (3%) identifying as other genders. This skew toward male respondents could be attributed to higher male participation in community healthcare or public spaces post-pandemic. When analyzing the age group, the largest proportion (30%) fell within the 26–35 years category, followed by 28.5% in the 36–45 years group. A younger demographic (18–25 years) made up 22% of the respondents, while older age groups (46–60 and 60+) comprised 14.5% and 5% respectively. This indicates that the majority of herbal medicine users were from the working-age population, particularly young adults. In terms of educational background, 33% were graduates and 25.5% had postgraduate degrees, showing a well-educated base of herbal medicine users. 22.5% had completed secondary education, while a smaller portion had primary or no formal education, making up 14% and 5%, respectively. This reflects that awareness and adoption of herbal remedies may be linked to education level. The occupational profile was fairly diverse. Private employees represented the highest proportion at 18%, followed closely by students (15%), retired individuals (15%), and unemployed participants (14.5%). Government employees (12.5%), farmers (12%), and self-employed individuals (13%) also had a significant presence. This variety suggests that herbal medicine appeals across job sectors, including both active workers and retired individuals. Regarding monthly income levels, the sample was spread across all income brackets. About 22.5% earned less than ₹10,000, while an equal 22.5% were in the ₹25,000–₹50,000 range. 20% of the respondents reported earning more than ₹1,00,000, and 18% fell in the ₹50,000–₹1,00,000 bracket. Only 17% reported incomes between ₹10,000 and ₹25,000, indicating that both low- and high-income groups are engaging with herbal solutions post-COVID. In terms of marital status, 49% were married and 42.5% were single, while 6% were widowed and 2.5% divorced. This reflects a mostly family-oriented demographic, which may influence healthcare choices such as using herbal remedies. Finally, when looking at the residential distribution, 53% of respondents were from urban areas, while 32% were from rural regions and 15% from semi-urban

locations. This urban dominance suggests that access to herbal medicine—through shops, clinics, or online platforms—may be more widespread in cities.

Table 2: Health Status After Herbal Medicine Use

Variables	Response	Count	Percentage (%)
Used Herbal After COVID	Yes No	137 63	68.5% 31.5%
Health Improved After Herbal Use	Yes No	139 61	69.5% 30.5%
Frequency of Herbal Use	Daily Weekly Occasionally Rarely	54 41 54 51	27.0% 20.5% 27.0% 25.5%
Type of Herbal Product Used	Kadha Giloy Tulsi Ashwagandha Others	45 38 42 37 38	22.5% 19.0% 21.0% 18.5% 19.0%
Consulted Doctor Before Use	Yes No	65 135	32.5% 67.5%
Used Herbal for COVID Symptoms	Yes No	116 84	58.0% 42.0%
Herbal Medicine Source	Home-made Ayurvedic store Online Local healer	47 56 54 43	23.5% 28.0% 27.0% 21.5%
Experienced Any Relief	Yes No Not Sure	75 64 61	37.5% 32.0% 30.5%

This study sought to assess the perceived health benefits and usage patterns of herbal medicine following the COVID-19 pandemic. A total of 200 respondents participated in this section, sharing insights into their health behavior and experiences with herbal remedies. To begin with, a significant majority—68.5% of the respondents—reported that they had used herbal medicine after the outbreak of COVID-19. In contrast, 31.5% had not incorporated herbal treatments into their post-pandemic routine. This high uptake shows the growing trust in natural and traditional medicine as a form of preventive or supportive care. Among those who used herbal remedies, 69.5% believed their health improved as a result of herbal consumption. This suggests that most users perceived a positive health impact, while 30.5% did not observe any significant improvement, reflecting a moderate but meaningful level of benefit perception. When examining the frequency of herbal usage, responses were spread fairly evenly. About 27% used herbal

products daily, while another 27% used them occasionally. 25.5% reported using them rarely, and 20.5% used them on a weekly basis. This distribution indicates varied health needs and habits—some used herbal medicine routinely, while others turned to it sporadically, perhaps during illness or seasonal changes. As for the types of herbal products used, there was a relatively balanced preference across options. 22.5% used kadha, a traditional herbal decoction. 21% used tulsi (holy basil), 19% used giloy, and 18.5% used ashwagandha, with 19% opting for other herbal solutions. This mix reflects the diversity in public choices and awareness of Ayurvedic herbs known for boosting immunity and respiratory health. An important factor considered was whether respondents consulted a doctor before using herbal medicines. The majority—67.5%—did not consult any medical professional, while 32.5% did. This suggests a tendency toward self-medication or relying on traditional/home remedies rather than seeking formal advice, which could be both culturally influenced and convenience-driven. Regarding herbal use for COVID-19 symptoms specifically, 58% of respondents confirmed they used herbs to address or prevent such symptoms, whereas 42% did not. This shows a substantial segment of the population actively turned to traditional solutions during the pandemic for symptom relief or immunity support. The study also explored the source of herbal medicines. The highest share—28%—purchased from Ayurvedic stores, followed by 27% who used online sources and 23.5% who relied on home-made preparations. 21.5% received their herbal medicine from local healers. This variety in sourcing shows the blend of modern accessibility and traditional practices still active in communities.

Finally, when asked whether they experienced relief after using herbal medicines, 37.5% reported clear benefits, while 32% did not feel any improvement. Interestingly, 30.5% were unsure, possibly due to concurrent use of other treatments or subjective perceptions of wellness.

CONCLUSION:

The COVID-19 pandemic marked a pivotal moment in global health behavior, reshaping the way individuals perceive, seek, and practice healthcare. One of the most notable shifts observed during and after the pandemic has been the resurgence in the use of traditional and herbal medicines. This study, encompassing a diverse and humanized sample of 200 respondents, aimed to explore the socio-economic profile of herbal medicine users and evaluate the health status of society based on herbal medicine use in the post-pandemic period. The findings from the first objective reveal that herbal medicine usage transcends economic, educational, and residential boundaries, although certain patterns do emerge. A majority of respondents were male (59.5%), largely representing the working-age group between 26 and 45 years, and a significant portion had graduate or postgraduate education, suggesting that awareness and acceptance of herbal medicine may be positively influenced by education. Employment status varied widely, ranging from private sector employees and students to farmers and retirees, indicating the broad demographic reach of herbal remedies. Moreover, both urban and rural residents were active users, though urban populations showed slightly greater representation—perhaps due to easier access to Ayurvedic stores, digital platforms, and awareness campaigns. From the second

objective, it becomes clear that the role of herbal medicine in post-COVID health behavior is not only prominent but also multifaceted. Over two-thirds of respondents reported using herbal remedies after COVID-19, and a significant portion of them believed these remedies positively impacted their health. Products like kadha, giloy, tulsi, and ashwagandha were frequently consumed, reflecting traditional Indian Ayurvedic wisdom. Importantly, a wide range of respondents used these not only as a general health tonic but also specifically for COVID-19 symptom management, highlighting their perceived effectiveness in respiratory and immunity-related conditions.However, the study also uncovers areas of concern and caution. A considerable number of respondents (67.5%) used herbal remedies without consulting a doctor, which raises questions about self-medication, dosage control, and potential side effects. Though most respondents experienced some relief, a sizable percentage reported no noticeable effect or uncertainty, which underlines the need for scientific validation and public education about proper use and limitations of herbal treatments.

Another compelling insight relates to the sources from which people obtained herbal medicines. The reliance on home remedies, local healers, and Ayurvedic stores shows the enduring presence of traditional health networks. Simultaneously, the growth of online procurement points toward a modernized, tech-enabled health-seeking behavior that bridges age-old practices with present-day convenience. In conclusion, this study underscores the renewed relevance of herbal medicine in a post-pandemic world, not merely as a cultural fallback but as a genuine healthcare choice driven by perceived safety, affordability, and immunity-boosting potential. The broad demographic involvement suggests that herbal medicine is not limited to any one socio-economic group but is rather a cross-cutting health strategy for many. Going forward, greater integration of herbal medicine with formal healthcare systems, public education campaigns, and scientific research will be essential to ensure safe and effective use. If supported with appropriate policy frameworks, this revival of herbal practices may well complement mainstream medicine and lead to a more holistic and inclusive approach to health and wellness in India and beyond.

References

- Aggarwal B.B., Kumar A., Bharti A.C.; Anticancer potential of curcumin: preclinical and clinical studies. Anticancer Res, 2003; 23:363-98.
- Ahmed S.;1999: Coronary heart disease: “The Indian Asian diet.” Nurs Stand ; 13:45-47.
- Ang, L., et al. (2020). Herbal Medicine for the Treatment of Coronavirus Disease 2019 (COVID-19): A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Journal of Clinical Medicine*, 9(5), 1583. doi:10.3390/jcm9051583
- Astin J.A.; Why patients use alternative medicines: results of a national study, JAMA, 1998, 279 (19), 1548-1553
- Bent S.; Commonly used herbal medicines in the United States: a review. Am J M., 2004;116:478–485.

- Chen, J.-T. (Ed.). (2024). Traditional and herbal medicines for COVID-19 (1st ed.). Routledge.
- Dhiman A.K. and Khanna D.R.; Notes on medicinal flora of Guru Nanak Dev University Campus, Amritsar. Environ. Conser. J. 2001; 2(1), pp 45-47
- Dubey N. K., Rajesh Kumar and Pramila Tripathi: Global promotion of herbal medicine: India's opportunity, Current Science, 10 January 2004; Vol. 86, No. 1, C
- Fan, A. Y., et al. (2020). Chinese herbal medicine for COVID-19: Current evidence with systematic review and meta-analysis. *Journal of Integrative Medicine*, 18(5), 385-394. doi:10.1016/j.joim.2020.07.008
- Jawla Sunil, A.K. Gupta, Rachit Singla, Varun Gupta; General awareness and relative popularity of allopathic, ayurvedic and homeopathic systems, Journal of Chemical and Pharmaceutical Research, 2009; 1 (1):105-112
- Kamboj, V.P. (2000): "Herbal Medicine. Current Science", 78(1):35-39
- Pareek, S.K.; Medicinal plants in India: Present status and future prospects. In: Gautam, P.L., et al. (Eds), Prospects of Medicinal Plants, Indian Society for Plant Genetic Resources, 1996; NBPGR Campus, New Delhi. Pp. 5 -14.
- Rao G.H.J. and Laxmi P.; Anti diarrhoeal activity of Ziziphus jujube leaf extract in rats, International Journal of Pharma and Bio Sciences, 2012, 3(1):532-538
- Seth S.D., Sharma B. Medicinal plants of India. Indian J. Med. Res. 2004;120:9–11.
- Silveira, D., et al. (2020). COVID-19: Is There Evidence for the Use of Herbal Medicines as Adjuvant Symptomatic Therapy? *Frontiers in Pharmacology*, 11, 1479. doi:10.3389/fphar.2020.01479
- Sinha R.K.; Ethnobotany: The renaissance of traditional herbal medicine. INA Shree Publication, xvi, 1996
- Vaidya Ashok D.B. and Thomas P.A. Devasagayam; Current Status of Herbal Drugs in India: An Overview, J Clin Biochem Nutr. 2007; 41(1): 1–11
- Yang, Y. (2020). Use of herbal drugs to treat COVID-19 should be with caution. *The Lancet*, 395(10238), 1689-1690. doi:10.1016/S0140-6736(20)31143-0

Cite this Article:

Mr. Yogesh Kumar & Dr. Arvind Sirohi, "Trends in Herbal Medicine Use Following the COVID-19 Pandemic" *Shiksha Samvad International Open Access Peer-Reviewed & Refereed Journal of Multidisciplinary Research, ISSN: 2584-0983 (Online), Volume 2, Issue 4, pp.268-277, June 2025. Journal URL: https://shikshasamvad.com/*

CERTIFICATE

of Publication

This Certificate is proudly presented to

Mr. Yogesh Kumar[1]& Dr. Arvind Sirohi[2]

For publication of research paper title

"Trends in Herbal Medicine Use Following the COVID-19 Pandemic"

Published in 'Shiksha Samvad' Peer-Reviewed and Refereed Research Journal and E-ISSN: 2584-0983(Online), Volume-02, Issue-04, Month June 2025, Impact-Factor, RPRI-3.87.

Dr. Neeraj Yadav
Editor-In-Chief

Dr. Lohans Kumar Kalyani
Executive-chief- Editor

Note: This E-Certificate is valid with published paper and the paper must be available online at: https://shikshasamvad.com/