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## Editorial

## Editorial: Herd mentality, herds of migrants/people, and COVID-19 in India



In this era of COVID-19 pandemic, even scientifically tempered physicians are prone to believe sensationalism, rumors and anecdotal data, more so when it is in the form of repetitive barrage on social media. Story of chloroquine (CQ) and hydroxychloroquine (HCQ) is a prime example of widespread 'herd mentality'. Since doctors (and even patients) are well conversant with these drugs in India, having used it in tropical diseases like malaria, amoebiasis etc., it was 'easy for them to believe' regarding its 'magical effects'. When first reports of 'efficacy' of these compounds came in, we were inundated with the queries mostly for the prophylaxis rather than treatment of COVID-19, despite no evidence of its benefit. At this time, even apex scientific research agency of India, Indian Council of Medical Research (ICMR), hurriedly issued guideline for prophylaxis of COVID-19, thus clearing use of HCQ in high risk contacts [1]. Interestingly, no other health agency globally has given such directive till date.

After ICMR directive for prophylaxis of COVID-19 for Indians, there were long waiting lines in front of medical shops for buying these drugs, even without authorized prescription. This 'herd mentality' of taking HCQ as 'prophylactic drug' was seen far and wide amongst physician community as well, although most of them were not in contact with any COVID-19 patient. As a result, patients who genuinely needed HCQ (e.g. for rheumatoid arthritis) could not get it [2]. Concerns regarding lack of evidence of CQ or HCQ in human trials for mass prophylaxis for COVID 19 was expressed by only a few [3,4].

Meanwhile, herd mentality continues unabated in India; social media is still dominated by how to take these drugs and inquiry about their doses. Interestingly, while people are still deeply engaged in such conversations, little attention have been given to the damaging 'herd behavior' e.g. not following balanced diets, exercise and social distancing. Mass gatherings continued during lockdown (e.g. herds of migrants returning to their native places from cities, herd of people gathering in religious assemblies, in meetings of 'super spreader' preachers [5] and clustering at marriage ceremonies) despite major spread of COVID-19 have been witnessed in other countries following such events.

In India, messages to obviate such 'herd mentality' (blindly following untrusted advice regarding prophylaxis and treatment) and 'herd behavior' (e.g. joining celebrities, preachers etc., in religious and social events) has to be strongly communicated to all segment of society, including physicians.

## Declaration of competing interest

Nothing to declare.

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