

Khun Vivek Dhawan ([00:00:00](#)):

My Mega friends, family members and everyone who has joined this talk, warm welcome. Warm welcome to my first episode on Good Health By Yourself, hosted by Wellness We care an initiative of Mega We Care. A conversation on Truth about Wellness. I'm in conversation today with Dr. Sant. This is a wellness we care initiative to help us search for the truth behind all the stories that we hear every day. There's so much in the news, all kinds of news from TV to newspapers to Google, Baba as I call them. They have everything available at a call, but at the same time, we all still remain very confused. So our endeavor here is to search. We don't claim to know everything, and we don't aim to crucify anybody here and find faults in anybody on these talks. This is a scientific journey, looking at present knowledge, knowledge that is scientifically documented and there's enough evidence to show that they actually work.

Khun Vivek Dhawan ([00:01:19](#)):

And to get out of medical jargon so that a lot of us who are normal human beings like me, I'm also an engineer by the way but I have been in the medical industry for a while. So probably I think I know a little bit more than others, but for the common person to be able to make sense of what's going around us. And the key objective here for all this initiative that we have started is to help people stay healthy as long as they live. Now, before I go any further, I would like to tell you, it's a disclaimer, that I actually run a pharmaceutical industry business, and I'm not going to be selling any of my products here or promoting any medicines that we make, that's not the objective. And I will try not to do anything at all. This is all about Good Health By Yourself, it's helping you to stay healthy as long as you live.

Khun Vivek Dhawan ([00:02:15](#)):

Now, let's get into some house rules. This is a conversation. So I will be talking to Dr. Sant . The first part of our session about an hour will be a talk where I'll be asking him questions and he'll give you straight, simple answers. After that, we have a Q&A. On top of your screen on the top end right side, I'm told there's a question mark. And that question mark is where you can type your questions in. We have a medical team sitting behind and they will evaluate, review what has been answered and what we think we can answer and raise those questions. Anything that remains unanswered, we will try and put them in a chat.

Khun Vivek Dhawan ([00:03:02](#)):

So let's begin. Dr. Sant, a cardiologist, a surgeon who changed his life to change his health. So I call him the Saint Doctor because in my understanding in Sanskrit, I come from India. So sand means Saint. So he's really a saint who's taken on to himself to help people stay healthy as long as they live. So I joined him on this journey to spread this message, to reach out to people in the developing parts of the world before they become like the developed world. Before they become obese, before they have all those non-communicable diseases that is tormenting the developed world. And before it becomes unaffordable, not only for you personally for your own pocket, for your own insurances and for the governments of the country who go bankrupt trying to provide cure for people that they can manage. And they can make some effort to manage by themselves.

Khun Vivek Dhawan ([00:04:08](#)):

And I love that you lose the chance of living your golden years of your life, enjoying life with your loved ones. So with that, this initiative was started. And this is one of my first conversations with Dr. Sant. Today, we are tapping on something which you all know a lot about. I'm sure you

know a lot more than I do about COVID-19. Even if I try to tell you, you all have all the answers, but we are still going to try.

Khun Vivek Dhawan ([00:04:38](#)):

COVID-19 has been around since 2019 towards the end. We're probably about 18 months to two years into COVID. It doesn't seem to be going away. Every time we think it's gone, a new variant comes along. And especially for me, what matters is because we work in developing countries. I have colleagues who are joining me today from 33 different countries, as far as Peru where the pandemic started very early and devastated the country. To now like Myanmar where we are seeing phenomenal impact of COVID where hospital facilities, medicines so as well as treatment is not available. And all of us who thought that we were saved.

Khun Vivek Dhawan ([00:05:29](#)):

For a while I thought we had all this immunity because a long ago, there was all this news in the news that, okay, we have high viral load. We've been BCG vaccinated. And all these reasons were given why COVID did not want to come to the developed world. But it doesn't seem to be true. After the developing world has had his own fair share of COVID and that is now tormenting us right near our own houses. It's next door and we can't run away from it. So with that in mind, I thought it's a good idea to search for some practical tips, knowledge about COVID.

Khun Vivek Dhawan ([00:06:11](#)):

So let me begin, let me begin. Let me welcome Dr. Sant. Let me begin with asking questions to Dr. Sant. My first question to Dr. Sant today that really, I think concerns me very much. Does COVID affect all of us equally? The rich, the developed world, the poor world, the elderly, the young, the smaller children, the obese, and the one with disease and the healthier? So, Dr. Sant, tell us what is your view on how COVID effects us? Does it discriminate or it doesn't? Over to you.

Dr. Sant ([00:06:54](#)):

Rich or poor? Developed or undeveloped? All are affected equally, but may not be equal in term of individual age and individual health status. Does it affect the elderly more? Yes, it does. The elderly. If you look at the USA national statistic of about 600, 000 mortality death from COVID, 91.9% belongs to the age group from 55 years up. So definitely COVID affect the elderly more. And from the health status perspective, the most evident is the obesity, relation between obesity and mortality of COVID. One study done at the University of North Carolina, they used the cut off body mass index 30, which is the cut off for the obesities. Above that chance to be admitted to the hospital for COVID patients. If they have beyond 30 BMI. The chance increase 113% for hospitalization. The chance increase 74% for admission to intensive care and the chance increase 48% for dying. I mean, for mortality.

Dr. Sant ([00:08:44](#)):

So from health status perspective, obesity is obviously affected by the COVID. About the age, elderly is bad of course, but look at the young people under 18 years old. They are quite spared from the effect of COVID in term of mortality. This age group. I mean, those under 18 years old, they contribute to 13% of COVID infection, 13. 1-3. But then mortality is only 0.7. So they are very safe from with mortality, for the young. Except three small subsets: the obese children, the asthmatic and chronic allergic disease children and very small child of smaller than one year. Probably because the narrowing areas in this small subset group. Talking about the chronic disease. Obesity is not only one, but it's number one. Actually we identify six or seven chronic

non-communicable disease who increased mortality in COVID obesity is number one, diabetes, heart disease, hypertension, chronic kidney disease, chronic lung disease, and cancer. All of these chronic communicable disease contribute towards the outcomes of COVID. So that's the overall picture of our COVID effort.

Khun Vivek Dhawan ([00:10:42](#)):

Thank you, Dr. Sant. That's good. So I should start, we should all start losing weight. Maybe we have to join some weight loss classes and do something about it quickly before we get COVID. All right. One question that always comes to mind. I mean, I personally had some fever symptoms the other day. Two days ago I was suffering and I got chills and cold. And the first thing I did was reach out to a COVID kit and fortunately I had one AKT test lying at home. So I did it and said, good, I'm COVID-free. So I think a lot of us have this fear now, anything, whether you have a cold or cough, it always feels like COVID.

Khun Vivek Dhawan ([00:11:17](#)):

I want you to tell us something about what's your advise on how do I find out if I have COVID? What are the symptoms? How do I know I have COVID? And when do I actually test? Do I start with an AKT test. Okay. There are a lot of videos to tell you how to do them right. And after doing an AKT test, when do I go into an RT-PCR test? What kind of testing do I do to determine whether I have COVID first of all? Because that's probably in everybody's mind. Do I have to do this all over ow? Most of our countries where we are in all the developing world, we don't have governments doing COVID test for us free, not easily available.

Khun Vivek Dhawan ([00:11:53](#)):

And sometimes some place is very expensive at the same time. So before we jump into it, it costs a lot of money. And I'm talking about middle-class people working. I'm sure the rich and the famous can do a lot of tests every day and get them done at home. But are there suggestions from you on how do we go about testing and finding out that we have COVID? Over to you, Dr. Sant.

Dr. Sant ([00:12:18](#)):

As a matter of self-diagnosis. To do self-diagnosis, you require two components. Component one, the exposure to the COVID infected patients that's got a better history. Component two, you develop symptoms. The most common three symptoms: fever, dry cough and fatigue. And there are another something like 12 less common symptom. Loss of taste or smell, nasal congestion, sore throat, red eyes, conjunctivitis, headache, muscle and joint pain, skin rash including urticaria, nausea and vomiting, diarrhea, or dizziness, sleep disorder and emotional disorder like irritability, confusion, and anxiety or depression. All of these are COVID symptom. So whenever you're exposed to infect that person and you developed any of these symptoms, then you diagnose yourself as you probably have COVID.

Dr. Sant ([00:13:41](#)):

About the test, you mentioned ATK, the antigen test kit, or what we call rapid test. Is it accurate? Yes, it is accurate if the test result is positive because it has very high specificity, something like 99.9% specificity is positive. It is very likely that you'll get the disease. But when the test result is negative, it is not very sensitive. Practically it's quite means nothing. So if the history of exposure and the symptoms are very suggestive and the ATK test result is negative, you should go further to repeat the test. I'll seek for better test which is the RT-PCR test. RT-PCR is a much more sensitive. Something like 96.7% sensitivity and 100% specificity. So it's the most accurate

test so far we have. But the ATK test is very useful in a setting that you cannot get access to RT-PCR and you cannot get access to a government or health system. If ATK test positive, you can go ahead to do self-isolation based on that. The diagnosis from positive ATK test for 99.9% or something confidence that you get the disease. Go ahead to do self-isolation. That is the benefit of ATK test.

Khun Vivek Dhawan ([00:15:37](#)):

So, Dr. Sant, you mentioned now, I know I've done my ATK test. Suppose it turns out negative, then I should be going to do an RT-PCR test because the negative results specificity is low in ATK test. But that's when I should be trying to get myself an RT-PCR test. Very good. But as I said, in some of our countries where we are, I mean, I'm talking about, we work in 33 developing countries from Ethiopia down to Nigeria, Ghana. Yeah. There are tests available if you're a medical professional, but there are many people either can't afford it or the availability is very poor. What is your suggestion? What should we do? The next steps if the ATK tests are positive, do I need to look for another RT-PCR test or do I just self isolate? Or if it's negative, should I look for an RT-PCR test because it's very necessary for me to find out I'll just self isolate? Any suggestions on that, Dr. Sant?

Dr. Sant ([00:16:40](#)):

I think if you cannot get access to the healthcare system if the ATK test is positive, you go ahead doing a self-isolation straight away. No problem. But if the ATK test is negative, still, if the exposure and history of exposure was a week and the symptoms, you should go ahead to do self-isolation. So either negative or positive, we should go ahead doing self-isolation.

Khun Vivek Dhawan ([00:17:15](#)):

All right. So that's good. Finally, one understand that there are ways if I don't have the possibility to test, I should self isolate. That's something that I've just understood now. So whatever happen next time, I'm going to self isolate. Dr. Sant, sometimes, I mean, being in the industry, I hear from friends and people who live in different parts of the world. With all these tests available, especially if you can afford it, you find that you are now advised to do a lot of other tests. If you have COVID or you have the possibility of COVID.

Khun Vivek Dhawan ([00:17:46](#)):

I mean, there's so many tests that test. I mean, a CT scan of your chest, an x-ray of your chest, hemogram, a CRP, a D-Dimer test. I mean, there are so many tests being advised now for people to go and do while they are potentially either they are COVID positive, or they could have symptoms that are COVID positive. What is your advice on this testing? Is this something that we have to wait for a medical doctor in a situation when we were hospitalized to take that decision? Or we should be running out and doing them on our own? Please guide us.

Dr. Sant ([00:18:29](#)):

For the PCR positive, the diagnosis is finalized because the PCR is 100% specificity. So there is no need for other tests. There will be only small amount of patients. Something like 3%, whose history of exposure were very definite and the symptom were very suggestive. But the PCR test is negative. There are only 3%, I think, in those cases. I think CT scan to confirm the diagnosis probably useful, but that is the in-hospital setting. Those patients usually is admitted already in ordinary ward or in intensive care already, but the tests come out negative. That's when they want a CT test.

Dr. Sant ([00:19:28](#)):

For other tests like hemogram or CBC, it is for the diagnosis of incidental bacterial infection. It's useless in diagnosis of COVID. For the CRP, that is for diagnosis of the hyper activity of immune system, which occurred late stage of COVID inside hospital only to have these tests outside the hospital. D-dimer is for diagnosis of thrombolytic activities, which usually occur of the clot formation. As we already know that clot formation occur in late stage disease of COVID disease in hospital, not outside hospital. So outside hospital you can make use of only ATK test or RT-PCR tests. That's all, no other tests are required.

Khun Vivek Dhawan ([00:20:25](#)):

Thank you. Well, I get a bit of idea. I will not run after tests because I've been told I should do a lot of tests. I'll wait till the doctors tell me to do it. In places where we live, Dr. Sant, we have challenges by sheer nature of the environment and the housing facilities. We have a family member living in joint families. You have few bedrooms, few toilets. If you have enough, I can lock myself in my own room and my food can be sent under the door. But if I can't and a shortage of hospital beds, I mean, I know it's very difficult to get a bed in Thailand as well nowadays. And there were times in India that we had last three, four months ago, we had complete chaos and huge tragedy going on with no oxygen available.

Khun Vivek Dhawan ([00:21:19](#)):

That's a different problem, availability of medical supplies. But just to understand that at a certain stage, when is the right time to self isolate? And if you are going to self isolate within the family, not in a common house, are there any suggestions and guidelines on how we can manage ourself if we don't have the luxury of having a hotel, having a big house? What should I do? Should I move out and let the people with COVID live in? And how do I manage within that role? I also self isolate with them.

Khun Vivek Dhawan ([00:21:52](#)):

I want some help to guide us to live together. This is practically true in a lot of our lives, and we need to help them. We need to help our elderly parents. And sometimes our loved ones need us close to them while we are not positive, but they are positive. So some advise on self-isolation, including what are your suggestions during this time on treating ourselves on managing us during the self-isolation in terms of hydration, food, all the other thing that we need to do about managing this? I mean, it's a larger question that we have in the places where we live, but it'd be good to hear some advice from you as to how we can do that in the places where we are in the countries where we live in. Over to you, Dr. Sant.

Dr. Sant ([00:22:37](#)):

Going through isolate, whenever you expose to infected COVID patients, that is the time to start isolation, self-isolation at least 14 days. And how to do self-isolation? There are seven important components. Number one is about the bedroom. If one can afford the isolate bedroom, that is the best.

Dr. Sant ([00:23:03](#)):

... can afford the isolate bedroom, that is the best. But if that is not possible, the patient's bed should be put far away from other people's bed, at least one meter, and the room must be well ventilated, open windows, no air condition.

Dr. Sant ([00:23:18](#)):

Number two, is to always wear mask even inside your own home. All the time. Number three, keep distancing from people inside the house, at least one meter distance. Number four, is clean hands often. Number five, you cannot go to work or go to public place, that is the definition of isolation. And number six, your supplies, you got to ask other people to bring in your supplies. Number seven, in communication with other people nowadays you will need telephone or online communication. Try not to direct face to face communication.

Dr. Sant ([00:24:02](#)):

Concerning what we call the disease management, during the self-isolation. Number one, is you've got to change your food. Change toward more plant-based food, because the one big case control study done in six countries, show that those who eat plant-based food have 73% lower risk of COVID infection. So you should change food, more toward fruits and vegetable, less on animal meat.

Dr. Sant ([00:24:37](#)):

Number two, you got to drink a lot of water because dehydration is the contributing factor to clot formation. Number three, you need regular exercise, particularly breathing exercise. Also, you've got to learn to lie on your tummy, in prone position.

Dr. Sant ([00:24:58](#)):

Number four, you've got to manage your own stress because stress contribute to immune suppression. You've got to manage your stress, do meditation, muscle relaxation, Tai Chi, yoga, or whatever that help you not to meddling with your own thoughts. That is the most important four components of disease management. Nutrition, regular water intake, regular exercise, and manage your own stress.

Khun Vivek Dhawan ([00:25:23](#)):

Well, that's good news. Looks like I'm getting there. I'm on a plant-based diet. So I should not get COVID. Great. Now, after the isolation and hydration and doing all the right things, I think there is a question which, being in the medicine industry and since we like to treat things with drugs all the time, which is good, I mean, drugs are important. I have nothing against them. Vaccines are very important. Hats off to everybody. This is record history in the world, that vaccines were developed in record time and they are available to the world, which has never happened in history. And they're supplied, although we complain about shortages, but to get eight, nine billion vaccines out in one year's time is a huge success story for the industry. I think it's going to change the way the world looks at medicine.

Khun Vivek Dhawan ([00:26:17](#)):

But at the same time, there's a mad rush to all kinds of medicine. A lot of times, I mean, personally me as well. I'm guilty of it as well. I mean, when the first wave came, were very big, so we also thought about buying 100, 200 tablets and keep it in the office just in case.

Khun Vivek Dhawan ([00:26:41](#)):

But then the WHO said, "Oh no. It's not needed. It doesn't have the scientific basis." But it was used. And now there are many more, there's Ivermectin, there are seminars going on Ivermectin and people send me messages. Can you supply? Sorry. We don't produce Ivermectin. Other than that, yes we have had approval by the US FDA of Remdesivir. Now, that's all stories to

Favipiravir, which is another drug from Japan for flu. It's been repositioned for COVID and there is a whole rush to make a lot of Favipiravir available to people in their daily packs. So you take them every day and everybody's so

Then you have meds, you have monoclonal antibodies, like a price at 500 available at \$2,000 and not available. So, and the steroids that in some parts of the world, steroids were used. And steroids led to black fungus, small fungus, et cetera as well.

Khun Vivek Dhawan ([00:27:39](#)):

So there's a lot of things going on. Various people wanting to look after our loved ones. We want to protect ourselves. We don't care what happens to the neighbor next door. We want to have drugs at home just in case because in the places where we had no hospitals, no beds, no doctors. What do you do? You have to look out. There's nothing wrong with it.

Khun Vivek Dhawan ([00:27:58](#)):

So I'm just trying to find out your advice on other thing that we should stock up on or what's the right science at the moment behind all these drugs that we are talking about, at least to give us a real view on where the science lies in what should we be doing. So over to you Dr. Sant.

Dr. Sant ([00:28:18](#)):

I think this is very serious matter. I just learned from you that that people use steroids and follow by the complicated viral fungal infection. Let's go through those medications you mentioned the names one by one.

Dr. Sant ([00:28:40](#)):

The first one is Ivermectin. There are a lot of research done on Ivermectin. Some say, it's good I mean, for COVID infection, some say it's not good. But the best evidence is meta analysis of randomized controlled trials done by Cochrane library. They reveal 14 randomized control trials covering 1,678 patients.

Dr. Sant ([00:29:13](#)):

The result of the review showed that Ivermectin is not different from placebo in term of mortality. Vital clearance, need for ventilation support, hospital length of stay and COVID prevention. So I do not recommend using Ivermectin or storing Ivermectin at home at all because the scientific evidence does not support that.

Dr. Sant ([00:29:47](#)):

Number two is that'll be severe. It is in the standard guideline of treatment of COVID in USA, is that belong to the group what we call a antiviral drug. There aren't a lot of research over antiviral drugs and COVID, but the best evidence is one randomized controlled trial covered 1062 patients. But did they did this trial for those patients who already had pneumonia? All of them are hospital mostly. And the mechanical ventilation, the trials showed that then this will be a shortened recovery time. Then the placebo say 15 days for placebo. I mean recovery time, the time that they have symptom. 15 days for placebo group shorten to 10 days for Remdesivir group. But Remdesivir makes no difference in term of mortality. Since, pneumonitis occur mostly in hospital. So the likelihood of using Remdesivir at home is very low.

Dr. Sant ([00:31:19](#)):

I think I do not recommend using Remdesivir at home. Because the research done in severe case in the hospital and the benefit is only short term, symptomatic time, not make any difference on mortality, which we care. Most we care outcome is mortality. The third, that you mentioned Favipiravir, in Thailand is very popular in Thailand. They even put Favipiravir in the home kit. It is also an antiviral drug. I think the best evidence about Favipiravir is the meta analysis done in late May. I think it showed that Favipiravir, that they leave symptom at base even better than the control group, but it makes no difference in terms of viral clearance, the need for oxygen, need for respiratory support and needs for ICU admission and mortality, all are the same.

Dr. Sant ([00:32:34](#)):

I mean, between favipiravir and control group. Also I do not recommend storing or taking Favipiravir as part of the treatment of COVID in the hospital. It may be useful to shorten or to reduce the symptom a little bit, but nothing else. It cannot reduce mortality. Hydroxychloroquine, like you said, actually, Hydroxychloroquine now is already proven that it is useless in treatment of COVID. And unfortunately, the research publication that support the use of Hydroxychloroquine was kind of turned out to be a fake research based on the fake data and that research had been removed from the journal anyway. The last drug, you mentioned a monoclonal antibody, the most famous one is Tocilizumab, the common name is Actemra. It is proven. This drug is proven to reduce mortality but only in using combination with steroids.

Dr. Sant ([00:33:55](#)):

In hospital setting, they use in hospital setting. Most patients under mechanical ventilation does not cure virus, but it does reduce mortality. So it is very useful that in last stage of COVID. Of course, last stage is hospital treatment, not home treatment.

Dr. Sant ([00:34:15](#)):

So I do not recommend to store Tocilizumab at home. It is very expensive anyway and not worth storing. But if you had severe symptom in hospital, doctors we use it anyway.

Dr. Sant ([00:34:32](#)):

The last one is So no other steroids. Also there, there is one good study published in New England journal that takes one with us on proven to reduce mortality in severe case. In severe case who need respiratory support.

Dr. Sant ([00:34:52](#)):

Also similar to Tocilizumab steroid it act on reduce hyper active immunity, not killing virus. So it is used in very late stage of disease when the immunity is very hyper active. It is good drug but to be used in hospital, not at home. So at home, I don't think we should store any medication for using at home at the moment.

Khun Vivek Dhawan ([00:35:23](#)):

Thank you Dr. Sant, this clarifies some of questions in my mind that have been, but I'm thinking of buying and keeping in my house. I have a nice refrigerator but also thinking about the fact that if we don't store and when we hear about the number of severe cases in any part of the world, when the world was going under, the developed world was going where elderly, they had 8% mortality and severe cases were only in a certain range of 3-4%, more than 70-80% people are asymptomatic. The real, the severe cases are very limited. So if you leave the drug I'm sure

it has a higher chance of reaching out to the people who need them rather than having them and then not being able to use them at home. Spread it, as we say, in vaccines, I hear them talking all the time that nobody's safe.

Khun Vivek Dhawan ([00:36:19](#)):

So I think it's important that we make sure drugs are available to the right people and the right place.

Khun Vivek Dhawan ([00:36:25](#)):

Ladies and gentlemen, we are live. If you have Q and A, you should put them in now because our team will evaluate so that they can keep getting them. As, you keep writing. If you have thoughts in your mind keep putting them on. So that when the time comes, we can answer them and try and answer a lot of your questions as much as we can.

Khun Vivek Dhawan ([00:36:45](#)):

All right, so now let's move on to something more simpler I mean, I've had COVID. Now I'm free. I get an RTPCR test. I come home. Now, how freely can I mingle with them? Sometimes there's this, other friend who had COVID and his wife had, and they lived together and they reached the end of his 21st day or after 14 days. But he still had some remanence left over and he was in the office. He was meeting and mingling with us at times. So when am I free to go out and meet my loved ones or my friends and not wear a mask, or I still need to continue as good habit doing it for a long time. What's your suggestion? What's your guidance on this?

Dr. Sant ([00:37:31](#)):

Uh-huh (affirmative) The question about waiting to discontinue isolation, there was a very good research done in Taiwan. We called it the contact tracing research. They follow the post COVID patients. And that research proven that after day six, from the onset of symptom after day six, the virus, if it's still there, it will not be viable or it will not contagious anymore after day six. So nowadays, it is agreement all over in medical community, all over the world. That after day 10, I mean 10 days after the onset of symptom on condition, that there is no fever. During the last 24 hours, you are free to be discontinued from self-isolation, 10 days of the onset of syndrome, no fever during the last 24 hour. Then you are freed. No more isolation need. There is exception to this rule.

Dr. Sant ([00:38:55](#)):

One exception for those patient, what we call immuno insufficiency patient, immunocompromised patients like HIV, infection patients or cancer patient in the immune system, like a leukemia, lymphoma or something like that. In those patient immunodeficiency patient, the isolation time should be extended from 10 days to 20 days. But for overall 10 days of the onset of symptoms, no fever during the last 24 hours, you are free.

Dr. Sant ([00:39:34](#)):

But having said that, beyond that. Still general, what you call universal precaution still need to be done. Wearing mask, social distancing, clean hands still need to be carry on, but just the isolation that can be discontinued.

Khun Vivek Dhawan ([00:39:55](#)):

All right. So we need to still maintain good hygiene. Good discipline. As far as COVID behavior is concerned, masking, washing, keeping distance. If you want to get rid of COVID in all parts of the world. Something I think you've already talked about before, but I just wanted to ask this again. If I'm in touch with someone who has COVID, what should I do? Should I test? Should I isolate? Wait and watch? Because a lot of times we are thinking, yes, in our companies we have all these issues. I mean, in the lab, we have a chemist who came in there, but we see them a little bit of time. We talk to them, but we are wearing masks. We have lunch with them. At times, there are many times there's this you hear? I went to a bicycle shop and the next day they told me that somebody had come at 10 o'clock while you were here.

Khun Vivek Dhawan ([00:40:49](#)):

He's tested positive with COVID. Now I'm sitting at home and saying, should I go and test? What should I do next? So any advice on what should I do? Should I just watch and look at my symptoms just watching, look at my symptom, like your advice before the list of things to watch for? Or should I just isolate? Should I go and do an ATK Test and then wait and watch? What is your guidance on testing? Because in an environment we live and work. We have teams, we have medical drugs, we have offices. We still come in to small number. And factories closed. We have a factory running and we have people coming. We can't, all of us stay and work at home. And it's a fact of life. Livelihoods are also important. We can't just close down and close the factory. So your advice will be very helpful Dr. Sant on this matter.

Dr. Sant ([00:41:35](#)):

Well the rule of thumb is that once you are exposed to the infected person, you need 14 days, self-isolation regardless of the test or not as the rule of thumb, just exposed to it. In fact, that person we've got to pull for self-isolation for 14 days, every test or not is optional. It's not important, self-isolation after exposure is the most important to do.

Khun Vivek Dhawan ([00:42:11](#)):

Okay? So that's clear, whatever happens. If we think that we've been exposed, doesn't matter one minute, two minute, three minute, eight minute. It doesn't have to be, did I touch them? I was wearing a mask, but if we believe that we have been exposed, should isolate.

Dr. Sant ([00:42:26](#)):

Right.

Khun Vivek Dhawan ([00:42:27](#)):

Okay. Now there's COVID, COVID-A, Delta, there is Beta all these things but a lot of something I hear now called long COVID, COVID long, and COVID doesn't go away. You had COVID and the COVID stays with you and continues to show symptoms for a long time. Even though your RTPCR tests are fine, everything is clear. You can have good antibodies. You've got a vaccination done. What are, how do I know I have long COVID and what are the symptoms? Then probably what can I do about it? How do I protect myself? How do I get back to normal life? How do I start living and becoming normal if I have long COVID. So your thoughts, your suggestions on long COVID and what can we do about it?

Dr. Sant ([00:43:18](#)):

By definition, the definition of long COVID is defined as every persistent of symptoms beyond four weeks, usually a short COVID, everything should end before the end of four weeks, but

after four weeks, if some symptoms to persist, that is called long COVID. In these people. Some are PCR still positive, some are PCR already negative. So the symptoms, it's better to review the symptom.

Dr. Sant ([00:43:59](#)):

Okay. The symptoms of COVID. Since COVID can involve every organ system. So the symptom is very varied. I will run down a symptom. Short of breath, fatigue and for particular, for long COVID post exercise and or simply poor exercise, endurance, brain fog, brain fog I mean cognitive impairment. You cannot think sharply and you cannot remember. You cannot focus, that's brain fog, cough, chest pain, headache, palpitation or tachycardia, pain in the joint, pain in the muscles. I mean, a feeling numbness or tingling sensation all over the skin, right over the body, abdominal pain, diarrhea, insomnia, or other sleep disturbance, feel lightheadedness, inability to do daily function, skin rash, or urticaria, more disorder, like a irritability, depression, anxiety, loss of smell and taste. In women, a menstrual cycle, these events, all this symptom of COVID. If any of them persist beyond four weeks, that's what we call a long COVID. Unfortunately, we don't know how to treat long COVID yet, because we do not know the cost of long COVID.

Dr. Sant ([00:45:47](#)):

So far we can do at the moment is we do symptomatic treatment and we do a rehabilitation program based on planned, good nutrition, science based management, that all we do not have specific treatment.

Dr. Sant ([00:46:03](#)):

Best management . We do not have specific treatment for long COVID yet.

Khun Vivek Dhawan ([00:46:06](#)):

Oh my god. So that's a long list of problems which we could have anyway, even if you don't have COVID so if I had diarrhea for a day, doesn't mean I have long COVID, but if it persists regularly over a certain period of time, it has to be persistent, has to stay on, has to be long, and doesn't go away easily, symptoms that stay with us. And if you have had COVID, we can connect it with COVID so I think there is still work going on, I hear there are studies in progress, I here in the UK there's work, a lot of studies, a lot of evaluation going on on how to manage patients with long COVID, some six, 7% of people with COVID have been found to have long COVID, that's my understanding from the research that I've seen. I don't know how correct that is, maybe Dr.

Dr. Sant ([00:46:50](#)):

Yeah, it is.

Khun Vivek Dhawan ([00:46:51](#)):

... Can confirm that, about six, 7% seem to have some varying symptoms that carry on, not all, but six, 7%. Well, so COVID has not only COVID, but it has some other parts that stay on with us and don't go away very easily.

Khun Vivek Dhawan ([00:47:06](#)):

Well, Dr. Sant, I think of COVID the medical side, the physical side, we also, I mean, life has been a year and six months, I mean, for me sitting at home, I don't fly anywhere anymore, I've

become a home bird, I've become a quite good man, exercise, eat well, which I was, but a lot of exercise. But other than that, 24 hours, what do you do? Netflix, movies, read, people who can afford it probably watch, you don't go out very much, you don't meet friends anymore. There's no hugging, or meeting, or touching, or kissing. So it's all about home and home and home.

Khun Vivek Dhawan ([00:47:44](#)):

And not only us, but then you have the younger people who are waiting to get into universities, don't interact with friends, and I'm sure there's an impact on your mind, on your mental state and how... And that is very concerning, I read that there is a serious, a lot of work going on on how this is affecting children going to school, kids going to university, people working and their lifestyle, and when they come back to work, how things will change.

Khun Vivek Dhawan ([00:48:11](#)):

What is your view? This is from a more psychological, and a more mental state of mind, it's not purely medical, I'm sure there's a medical connection to it, but any recommendations on what we can do to learn to live with it better and keep our mental state active, healthy, and alive while COVID still continues because it didn't seem to be going away very soon so any thoughts on this?

Dr. Sant ([00:48:41](#)):

Well, looking from another angle. COVID gives us more time to learn to be here and now. Instead of television, internet, why don't we try and spending time in meditation yoga, muscle relaxation, that expand ourself, not too meddling with our own thought, and maybe just sit quietly in quiet nature.

Dr. Sant ([00:49:22](#)):

Yes, try not to meddling with our own thought. COVID gives us two directions to go. One direction is loneliness, the other direction is solitude. Loneliness is defined as being unhappy when being alone. Solitude is defined as being happy when being alone. Actually your name, means solitude. So it's up to us to choose which direction we will go, loneliness or solitude. COVID gives us time and we can choose the direction to go.

Khun Vivek Dhawan ([00:50:07](#)):

Dr. Sant says it's a good time to look inside and maybe spend some time with ourselves, learn to enjoy the happiness we have. I know it's tough, I know we are very social human beings and not doing something in action is completely means you are not doing anything at all, but that's not true, doing nothing is also doing something. So I think it's a learning for the world when we become not self-centered, but self-oriented, and make changes to our own mind and our own health. So thank you Dr. Sant.

Khun Vivek Dhawan ([00:50:44](#)):

Now let's move on to talk about further questions. We have done long COVID, we have talked about mental health, I mean, all of us are worried, "When will this lockdown away? Is there ever going to be a end to this COVID? Last time he said six more months, I remember when I went to Indonesia on the 10th, I said, "Nevermind, one month, we'll be back again. See you soon." But it doesn't seem to be happening, it keeps adding six months, six months, nine months. Now from 60% herd immunity to 70, now I hear that herd immunity level's gone up to 80%.

Khun Vivek Dhawan ([00:51:26](#)):

But at the same time, I mean, fortunately I watch football so I've been... Thank God I'm back to watching EPL, and everybody's sitting with no mask, and the stadiums are fully, 60, 80,000 people watching football while they're all happily watching football, and there seems to be no lockdown, but they still have 30,000 cases a day, and I don't know, 900 hospitalization and 90 deaths. So any thoughts on when do you think, or what's the right timing, when do you think this will happen? When this opening up, especially in the developing world?? I mean, I'm sure you cannot tell us about every country when will Peru open up, or when will Ukraine open up, or when will Nigeria open up? But a general part, when you think we will reach, or the world will probably become more open to travel, more open to ?

Dr. Sant ([00:52:26](#)):

We are having issue here. Number one is dealing with the outbreak of one disease. Number two is dealing with the variant virus, new variant virus keep coming. Let's discuss, number one, dealing with the outbreak of one disease. There are only three ways to deal with this, and the first way is what we call suppression or lockdown. Lockdown, unfortunately, not many country can do this effectively, but some country did it effectively, like China, Singapore, and] good example.

Dr. Sant ([00:53:05](#)):

For those who cannot do lockdown effectively, they step back to do the second call mitigation. Mitigation mean trying to delay the spreading of the disease so that the healthcare system of the country can cope with the number of infected patients, and the vaccine to come and shorten the mitigation period. The first strategy for countries where vaccine is not available is what we call unmitigation, or simply just let it blow in. Accepting short period of time with some authorities and then they acquire. Or dealing with one disease is one of being more complicate than this. But with variant virus coming again and again. That is the other story, that it is a world problem by now.

Dr. Sant ([00:54:21](#)):

In United Kingdom and in Israel, it's not a matter of invalidity of herd immunity concept. The herd immunity concept is still valid, but it's a matter of all vaccine cannot cope with the virus variant, and when you face this problem, I don't know how many variants to come, how many years in the future that is needed to cope with it. So for the newly variant virus, no one knows what is the future.

Khun Vivek Dhawan ([00:55:09](#)):

All right. So there are more questions than answers. I mean, at the moment what we know is the Delta variant is well looked after by the some of the vaccines. So now we come to a new topic, vaccines, I think everybody's interested. What about vaccines? There is the Chinese vaccines, Sinovac, Sinopharm, approved by the WHO, and we cannot fight the WHO, or the CDC, or the NHS. They are not approved in the US, then you have the AstraZeneca vaccine, which is the cheapest of the lot, easy to manage, easy to deliver, not major issues in storage. So then we have the mRNA vaccine, which are top, can call the Mercedes, or whatever you call them, the E Classes of vaccines, everybody wants them because if I had this then I can say, "I've got mRNA vaccine."

Khun Vivek Dhawan ([00:56:03](#)):

So it's a lot of vaccines that. We want to understand which vaccines, are there any better than the other? Do I need to take one or the other if I have the option, do I choose? But in many cases I don't have options then I take what I get. Do I fly to the US and get the mRNA vaccine if I can afford it because I can fly there, there is vaccine tourism around now so I can also do that if I can afford it. So what vaccine should I be taking? I mean, there are a lot of questions on vaccine where we can... That's one area.

Khun Vivek Dhawan ([00:56:41](#)):

Number two, there's also a lot of advise now even Thailand today announced they've been talking about it, if you've had Sinovac you should have the next shot of Astra, if you have had two Sinovac, your immunity drops within three, four months so you should be having the next shot whether it's Astra, or even we hear the Pfizer donations have come, the mRNA should be given to medical workers first. Okay, anybody who's taken a Sinovac should get an mRNA vaccine. So that's the other part, second part. People who got Sinovac should get...

Khun Vivek Dhawan ([00:57:11](#)):

But then you have the next, we hear Angela Merkel, Germany, among few countries, have said, "Astra plus modern give you the best protection." So combination vaccines are probably better. While the WHO still says take two, the same two, then stay there. So there is all these things that are in our mind, we hear every day. And recently, that's about a few days ago, one or two days ago, CDC and the US government announced, eight months later, you need a third shot. And Israel has already started and announced giving third shots to their residents of Israel, even though they had a very high vaccination rate with all Pfizer vaccines. But these are all these questions on vaccines that I probably will try and put it at one so that you can probably keep answering them one after the other. There are many more I will probably take up as you answer these, and if some of them have missed. But Dr. Sant, maybe you can give us a good overview on what do you think about vaccines and vaccination?

Dr. Sant ([00:58:17](#)):

So we have three choices here. Which vaccine, and mixing the vaccine, and how many shots do we require? Let's discuss which vaccine first. On vaccination, part of view, the most important thing is vaccination coverage. Unfortunately the full coverage is hard to achieve in many countries because they do not have enough vaccine to go around. From the medical perspective, which vaccine is not as important as vaccine coverage. Each vaccine designed has its own good and bad points.

Dr. Sant ([00:59:09](#)):

All vaccines approved by WHO enough in terms of preventing infection and reducing mortality for the original virus they are designed to cover. For the new variants flare up, that is another story. Usually new virus and the new variants require for new vaccine, that's a kind of a rule of thumb. You cannot tell which vaccine is better than another vaccine in this stage because new variant just out, you don't know how many to come. We need more time to assess efficacy of each old vaccine against each new variant. At this stage vaccine coverage is still far from achievement, I think whichever vaccine is okay, just try to get fully coverage injection.

Dr. Sant ([01:00:04](#)):

Now the mixing vaccine., it never an idea in medical community before because mixing vaccine, it means we discard the of very good competency clinical trial we have done for that vaccine to believe in and not well-structure information during the usage of the vaccine. So mixing vaccine

is not standard practice, we need time for research, which should be mixed with which. Anyway, from the mechanism of action point of view, let me use something like one minute to clear here a little bit. Our immunity system concerning using vaccine, it is divided into two sub system. The first one we called a cell mediated immune response, or CMIR, which one is mean, get to more the disease then we cell like CD4, CD8, to kill the disease. Another subsystem is humoral immune response, or HMIR, which mean the body produce a molecule called antibody to kill the disease. Some vaccine is good at stimulation C M I R system, some vaccine is good at stimulation HIR system. So mixing them up may end up with much better immunity. But we need time to evaluate that. At this stage, we cannot say which should be mixed with which vaccine.

Dr. Sant ([01:01:59](#)):

About the third shot, the number of shots required for each vaccine, it depends on the research done for that vaccine. Naturally, some vaccine need only one shot, usually they did two shots. Some vaccine like hepatitis B need three shots, some need four. So we don't know yet at the moment because COVID vaccine was brought out quite urgently on the assumption that two shots should be enough, but we don't know, we need more time to assess number of shots required. But the important thing is that it is we will see that in underdeveloped country, they do not have enough vaccine to go around for the third shot. So they keep on producing new variants because in the outbreak, mass infection, you produce a lot of new variant. But in the developed countries, they already accomplished their second shots so they are thinking about producing new vaccine to COVID new variant. So it's kind of, again, that never end. The poor country produce new variants, the country produce new vaccine. like this. And I don't know where it will end, I don't know.

Khun Vivek Dhawan ([01:03:22](#)):

Oh my god. So stop here. You mean the because herd immunity has not been reached, the mutation happens, and you will see new variants coming in. So like I said safe, nobody's safe so I think we need to vaccinate, we need to get more people who have COVID, are building immunity so we see less variants, and hopefully see improvements in our health ambition.

Khun Vivek Dhawan ([01:03:50](#)):

Dr. Sant, there is another issue was a concern, I mean, I take a vaccine but anytime you hear, "He was vaccinated, he got Pfizer, but he got COVID." "He got Astra, he got COVID." Okay, vaccine and they got COVID. So having the vaccine, whether it's mRNA or vector or any one of those, you still have a chance of getting COVID. And after getting COVID for a while, originally, I remember reading some research here, when actually Israel did the original studies, that by taking mRNA you also reduce transmission rates. But with the Delta variant the transmission rates have not gone down because it's up in the US, it's up in UK, it's also growing in Israel, and China that had completely locked down, every corner it also sneaked into somewhere or the other, I don't know how it's got in, but it's there now in all these places. So does taking vaccine, does it stop us from getting COVID, A, does it stop transmissions, and if it doesn't do both of them, then why should I be taking vaccines? not taking it? What's your advice on that?

Dr. Sant ([01:05:04](#)):

Based on the information so far, getting vaccine surely does reduce infection rate and reduce overall mortality, but it is not 100%, or not close to 100% because the coming of new variant viruses. So in addition to depending on vaccine, we will need something like personal measure

to prevent ourselves from getting infection, particularly from those variant viruses which are not covered by the current vaccine.

Dr. Sant ([01:05:51](#)):

What needs to be done is that firstly we got to stick to what you call universal precaution as a personal prevention measure, always wear mask, social distancing, clean hands often, and get vaccine if possible. Secondly, we've got to change our own diet to have more plant-based diet, more fruits and vegetables, less animal products. And thirdly, we've got to maintain regular exercise so that our immune system can maintain its function. Fourthly, we've got to get adequate sleep because the immune system needs that.

Dr. Sant ([01:06:41](#)):

And fifthly, we need to expose ourselves to nature a bit, particularly the sunlight. Sunlight provides us vitamin D, which is vital for immune function. And if that is not possible, I mean, we can not get exposed to sunlight, I would recommend supplement with the vitamin D. And sixthly, we've got to manage our own stress, learn to live here and now without negative thoughts, without meddling with our own thoughts.

Dr. Sant ([01:07:21](#)):

And seventhly, nutrition is not adequate, I mean, cannot properly eat, I would recommend supplement of vitamins and minerals, particularly vitamin A, vitamin C, vitamin D, and vitamin E, and zinc. But for patients whose inpatient status is normal, there is no evidence to show that any supplement can help reduce COVID mortality, just for those whose nutrition status is abnormal, that supplement will help. So, I think these seven things we need to do to protect ourselves from dying. During we are waiting for the best vaccine to cover all variants to come, which no one knows when we get that kind of vaccine.

Khun Vivek Dhawan ([01:08:20](#)):

Okay. Thank you. That gives us a very clear picture. I think we have talked about opening up of countries just now so maybe the next question we can move on because you did speak about it, you mentioned about how and when you think the countries can open up, you did explain to us on how this herd immunity will be achieved. But I think the question that comes to mind is what do you think is the way forward? I hear you talking about good health, talking about the good sleep, building immunity, but this is not just about today. I mean, there can be another pandemic...

Khun Vivek Dhawan ([01:09:02](#)):

This is not just about today. I mean there can be another pandemic. There can be another virus. There can be another variant. But on a long term basis, if you look at the world, look at country, look at yourself and when we say. This is all about good health by yourself, you are equally responsible for your own health. We can depend on the Doctor, we can depend on the Medical Society, Pharmaceutical companies and the Government to provide us all the beds and the medicines but what about us? What can we do ourselves to look after our health so that this kind of pandemic that will keep coming and there is no end to that variants flying around. Can we do something?

Khun Vivek Dhawan ([01:09:39](#)):

I'm sure there are 15%-20% genetic cases and a lot of things that we can't solve all the problems. But can we make ourselves more full-proof against all these diseases that will keep

coming and it's not going to come to an end. Can we do something about it? Do you have any suggestions on how we can make these changes in our life to stay healthy, to remain healthy. To get healthy and probably be able to fight these infections and the new viruses that will keep coming and there's no end to it because other than taking vaccines every year when they develop them.

Dr. Sant ([01:10:15](#)):

Yeah. I think COVID time is probably the best time to start thinking about this and when to start taking health into our own hands. Usually have this taken care by the Government, by health authority, by Doctors but COVID have showed us that that does not work. So it needs to take health into our own hands because one us from COVID or from any disease is our body. If properly fit, properly taken care of, this body is very good design. It can heal itself from any disease. No one can take care of our body as good as ourself. So I think COVID time is the high time that we should bring health into our own hand and start taking care of ourself. Do not rely on the Public Health Establishment or Doctors. Just rely on you on your own to take care of your own health. I think that's the key point

Khun Vivek Dhawan ([01:11:56](#)):

Thank you so much Dr. Fantastic to hear you and get a honest opinion looking around and trying to make people stay healthy as long as they responsibility lies with you. We are not magicians, we make medicine, yes. You are sick, you need them you need to you need to operate. You need to see the Dr, yes they are important. But at the same time I think a lot of power lies in your own hands to make that change to make that difference.

Khun Vivek Dhawan ([01:12:37](#)):

It is the only answer that doesn't lie in a pill. The answer also lies on us making lifestyle changes. And there are ways to do that to grt yourself. Get your weight right, eat right, exercise right, sleep right and I think we can all make an effort in the right direction. Ans that will probably reduce the worries we have and probably reduce the possibility. It doesn't say eliminate, nothing 100% proof but it at least improves your chances of going through these different, difficult pandemics and all kinds of non-communicable diseases. So that's the message from Dr. Sant that's the message from Good health by yourself, that's the message from Wellness We Care an initiative by Mega We care and we care for your wellness that's why we are here. That's our only life objective, that's the purpose why we are here.

Khun Vivek Dhawan ([01:13:27](#)):

So before I close, we have a few questions that have not been covered, questions that I received here seems to be on the children. For children less than 12 years, we have to handle them differently. We are hearing there are more cases appearing in children and there are guidance now here are being available, vaccines are being approved for children between 12 and under 18 already in UK and US, What about children in the 12 and kids especially in terms of vaccination? And somebody said, you can't use the vaccination as a stop gap arrangement, I don't know that. I don't know if I will answer but let Dr. Sant answer what he thinks about children and the vaccination for children. And how do you manage them and is influenza vaccine option as a vaccine for Covid. Dr, Sant over to you.

Dr. Sant ([01:14:37](#)):

Firstly, vaccination for children under 18. The usefulness of doing this is to prevent them to carry the disease to elderly people. But to protect the children them self, I think it is not necessary because the mortality rate of this is good is very low. Except for only few subjects of children. Obese children, children with Asthma and Chronic disease and small children under one year. In these three subjects, probably if possible they need vaccination to reduce mortality. There is they do need vaccine to reduce their own mortality. That vaccination will prevent them from carrying the disease to elderly people. Another point worth mentioning is the newborn babies. The new born babies their immune system is not well developed so they can contract Covid from adults easily. So it us very important that we have to isolate infected adults from the newborn babies always. For instance if a breastfeeding mother contract covid, she should be isolated from her babies because the babies can contract Covid easily.

Dr. Sant ([01:16:10](#)):

Concerning the influence of vaccination to prevent Covid at the moments, we unfortunately do not have evidence to show that. We believe that influence of vaccination will increase immunity to SARS-CoV-2 virus which is the cause of the Covid as well. Just the believe no evidence.

Khun Vivek Dhawan ([01:16:37](#)):

So, yes, without evidence you cannot go and take it unless you want to be the scapegoat, the first person to try out and it is a decision that you can make. We have also this question which is common probably in many cases. What should be the domestic air-condition, how to use air-condition in offices Also, says "You mentioned a while ago that we should ventilated, we should have more open spaces, we should be wearing a mask in the office when we are in air-condition" number one. Number two do you believe that this virus is an airborne virus and is it an airborne virus, so that's why you need to do that. And is it a good idea to take hot steam, gargling salt water, will it reduce the possibility of the Covid virus get covid infection or if you are already infected it doesn't do anything at all. So all related to airborne and masking in air-conditioner, what's your view on this Dr. Sant.

Dr. Sant (01:17:53)

About the air-condition, there is a very good study done by Harvard. They put the covid virus on the airosole, small particle of the ari, small particle floating in the air and let that particle with Covid virus float around in the air-conditioned room with closed doors and windows closed. And we define such room as poorly ventilated room, basically, it's an air-conditioned room. A particle can travel all over the room and it can stay on the air for at least three hours. And, another study done in the China in the restaurant with the air-condition room, people can get covid if they sit far away from each other but in the same air-conditioned room. The evidence at the moment that does not support staying in the air-conditioning room with people who may be infected with covid virus. Better to open doors and windows. And you asked if Covid virus in airborne, it's not the belief, it is the fact that Covid virus travel through the aerosol and through the droplet in the air, so it is an airborne virus of course.

Khun Vivek Dhawan (1:18:30)

And does the steam and gargling help?

Dr. Sant ([01:18:56](#)):

One thing worth mentioning is that a study done with the Sars-cov1 virus, Sars-cov1 virus is kind of a brother-sister of Sars-cov2 virus. this virus is very sensitive to heat, at the 38 degree Celsius they all die, So the one thing is that. If you get fever, you should not take anti-biotic, You should get a blanket so that your temperature is keeping high and that way your body will shiver and sweating and after that you can go and take a bath. That is probably the best way to use body heat to kill virus. For the hot steam, there is no research that. I don't know. It may help, it may not help. I don't know. But keep your body temperature high during the fever. It is very sensible to do.

Khun Vivek Dhawan ([01:20:20](#)):

All right. This question also comes to mind that when the time to run to the hospital, home isolation, I have mild symptoms, when started, When is the time when I should be worrying and saying let me find a room, let me get to the hospital because now it's getting just beyond that point, is there certain indication there ?

Dr. Sant ([01:20:47](#)):

The only one symptom that indicating that you're getting worse, the doorway to cemetery, means doorway to bad outcome is the dyspnea, inadequate breathing. You feel that it is difficult to breathe, not enough air. Whenever you have these symptoms, it is the indication that pretty soon you will die. So at this point you got to seek hospital treatment, no other way else. So the difficulty in breathing is very significant symptom.

Khun Vivek Dhawan ([01:21:42](#)):

So that means that you want to be that feeling that you can't breathe very well and you're getting more and more difficult. It's about time to find and start searching for hospital bed and the treatment.

Khun Vivek Dhawan ([01:21:57](#)):

The last and final question one more would like to ask Dr. Sant, There's something called vaccine hesitancy in some places they called anti-vaccine, we started to hear that they do not want this and some said, they do not want that. And suddenly when covid went of the roof, then they have to get whatever they can get. the vaccine and we try very hard to convince them that it's not about you its about others too. Saw in the very famous series called friends and she said that it's not about me I have to take the vaccine because if I don't take it and I give it to someone else that's even worse because I may be fine. But, what about the others ? So you do it for others, not only for yourself. So and truly it was fantastic but, it's very hard to convince people when they are asking you, what can we do about it. A, we can do nothing and we convince them and there are rules, about it so many companies have mentioned now that is you can't come to work. If you are not vaccinated. If you are not vaccinated you can't do this. Unfortunately, you don't have to affect another 100 people and stop working

Khun Vivek Dhawan ([01:23:48](#)):

So you right or wrong its against your human rights. But what are the chances? Any thoughts on that?

Dr. Sant ([01:23:59](#)):

I think vaccine hesitancy, one of the causes is what we call is mass media. Based on what we call conspiracy theory which in medical terms cover nonsense thing. From medical point of view, from a scientific evidence point of view. Vaccination coverage is the only way to subdue the outbreak of the disease and we learn that from very serious diseases before like Polymyositis and Small pox even measles in small child. We can subdue the disease by vaccination coverage.

Dr. Sant ([01:24:56](#)):

So vaccination coverage is a joint between people in society. Everybody need to help to reach the full vaccination coverage which is 70% or 80% coverage. Otherwise, the whole society will not be protecting from the disease. So I think it is sensible to make rule or to make a law to compel people to get vaccination. Discard the nonsense conspiracy theory. I don't recognize those conspiracy theory because I base my advice and decision on scientific data only.

Khun Vivek Dhawan ([01:25:45](#)):

A lot of discussion on vaccinated and unvaccinated people. Now on vaccinated people, unvaccinated people we are seeing some studies recently and yesterday only I am reading. Said "The number of deaths that happen in UK majority 55% of the people who are unvaccinated". Even though they are 55, yes the vaccinated also died but majority of them happen to unvaccinated.

Dr. Sant ([01:26:11](#)):

That is true.

Khun Vivek Dhawan ([01:26:12](#)):

And the second had happened to people who had one shot, and the third to who have both shots. So the question we will ask you is the reason vaccinated and unvaccinated people. What's the chance of contracting Covid if that's the measure? What's the chance of transmitting covid? Transmission and contraction is not very different because you still get it. But the real effect of vaccination is hospitalization and death and severity and that seems to be a benefit of having being vaccinated and there is enough evidence to show that yes there is a difference between vaccinated and un-vaccinated when it comes to hospitalization and when it comes to mortality

Dr. Sant (01:27:09)

Yes, that is true, looking from the individual point of view. In one's case vaccination proven to reduce infection and increase mortality for oneself. but for the whole society taking vaccine has to be a joint venture to help the whole society achieve vaccine coverage.

Khun Vivek Dhawan (01:27:45)

All right. So that brings me to the last question. Is there any preferred vaccine for pregnant, breastfeeding mothers? And is there any stage in pregnancy, when is the right time to do that? And do you have any suggestions on that or you disapprove any suggestions here?

Dr. Sant (01:28:06)

At the moment we don't have vaccine that has been tested in pregnant or breastfeeding women, so there is no answer for this yet. And it is very important to not ignore the fact that pregnant women are another isolated and different group from other people. Because we learned hardly from which created from 35000 malformed new born babies, because we not factored that pregnant women are different group of people, so I think we have to wait for the study for new version of vaccine that will be properly tested in pregnant women. I don't think providing vaccine to pregnant women that is not tested is a good idea.

Khun Vivek Dhawan (01:29:15)

Well, ladies and gentlemen and my friends from 33 countries, your families and all our friends who I know and we know, thank you for joining today, its my first episode, if we didn't do well, I am sorry, If we didn't answer, again I apologize, we had lots of question, we tried to cover as many we can. This will be available on Youtube, you can go back and see the videos again. We will have transcript available as well. And we can answer some questions online later on as we go along, If you want us to talk about future episode, please suggest, we will also consider of doing them. So till then I wish you all life, hope you are able to live through this Covid that is not going anywhere soon, it will take a while and we have learned to live with it in these 18 months. I think we have to do so for some more time. So, wishing all safe, good health. Please make a difference, please make a change, please go out and do something about it yourself. Change your diet, change your lifestyle, little bit of exercising, keep well and stay healthy. That's the only way this world can become a healthier place, its all in your hands. Good Health By Yourself. So thank you. Swadee kurb from Thailand. Thank you Achaan Dr. Sant who was very kind to do this who has knowledge and is expert for his time and efforts. Thank you gentleman, thank you friends. Thank you everybody. good night. Have a good evening.

Thank you.