

THE LAST 4 MINUTES

By
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DEDICATION

Dedicated to my angel daughter Ivy,
loving wife Neerja
&
caring parents
Shri Bikash Roy Chowdhury
Shrimati Lila Roy Chowdhury

CONTENTS

Curing Death	7
Heart Medicine & Heart Attack	43
The True Solution	66

CURING DEATH

Note: This book is adapted from the lecture delivered by the author at Siri Fort Auditorium on 27th Dec 2019, in the presence of delegates from 6 countries. To view the lecture go to www.coronakaal.tv/curingdeath

Can we cure death? Is it possible to bring a dead person back to life? **The answer is Yes**, to a great extent, if it is a clinical death, meaning that within the first 10 minutes or more specifically the first 4 minutes of death, it's a temporary death and there is a good chance to give a second life to the dead person. To understand the entire process, let's start with one cell, specifically the **Beta-cell**.

If you are familiar with Diabetes Type 1, then you must be familiar with the saying “**Once the Beta cells are dead, they cannot be revived, hence Type 1 Diabetes patients should remain insulin dependent life-long**”. However, I have helped several Type 1 Diabetes patients to get off insulin

and in one case, after being on insulin for seven long years.



Reversal of Type 1 Diabetes Using Plant-Based Diet: a Case Study

Journal of the Science of Healing Outcome
Vol.13 No.50 Jan 2021

Similarly, the dead bone cells can also revive leading to the cure for bone disease.



**Clinical trial of the DIP Diet by
All India Institute of Ayurveda
(Under Ministry of AYUSH, Govt. of India)**

Ctri/2018/12/016654

And also, several of my patients revived from complicated heart condition, proving that even the dead heart cells can revive.




Reversal of Atrial Septal Defect Using A Plant Base Diet: A Case Study)

EC Cardiology 6(8);2019:6(8):811-813

Although the concept of revival of the Beta-cells or the heart cells or bone cells is new to the medical world, I have proven through my published case studies and clinical trials, reversing a clinically dead person is not new.

Clinical death is also referred to as Cardiac Arrest.


Are cardiac arrest and heart attack the same? No. They both are different. Whatever you see in the movies - the cinematic heart attack- a person keeping his hand on the chest, falls to the ground, is taken to the hospital and gets alive. Actually, this is not heart attack; it is cardiac arrest. So cinematic heart attack- whether Hollywood or Bollywood, it is seen 67% of the time, the patient remains alive.



Filmy Success to reverse Cardiac Arrest (67%)
<i>(New York Times, July 17, 2014)</i>

A research was conducted wherein the scenes of heart attack (rather cardiac arrest) from all the movies were taken into consideration, where the patient goes to the hospital and most of the times,

he revives. The truth is that if you suffer cardiac arrest, your chances of survival are less than 10%. It means out of 100 people suffering from cardiac arrest, only 10 patients will live; remaining 90 would die.



Real life reversal of Cardiac Arrest (<10%)
<i>Ann Transl Med. 2019 Sep;7(17):413</i>

Why all this confusion? Whatever we see, we start believing; we start associating ourselves with Hollywood or Bollywood movie scenes. You see someone falling on the ground, your immediate reaction is to take him to the hospital. Are you in real sense increasing his chances of survival by taking him to the hospital? It seems quite obvious that by taking him to the hospital, we are helping him to revive or to live longer but in reality, this is not true.

Let me give you an analogy. If the human beings are in trouble, most often, they go to the temple, pray and offer something to the deity. Do you think the money or other offerings go to the God? No,


certainly not. Do you think the offering to the deity alleviate your sufferings? Is there any correlation between the offerings (in the form of money) and the solution to the problem? No. Still we do it. If you think rationally, you know that there is absolutely no connection between the offerings and alleviation of the problem? I don't say that you should not go to the temple or you don't pray. Is there any logic that if you donate a particular amount to the deity, you would get a particular result? The truth is that there is absolutely no connection between offerings and the end result, still we do it.

Similarly, a person who suffers from cardiac arrest or heart attack, does his chances of revival increase if we take him to the hospital? It is a very important question because any one of us may confront such a situation.

Difference between Cardiac Arrest and Heart Attack

Heart attack, in simple terms, means death of some heart cells. Wherever the cells die, we get pain. When these cells in the heart die, we get chest

pain. This is called heart attack. Whereas cardiac arrest is death. There is no pulse, no breathing and no response.



Difference	
Heart Attack	Cardiac Arrest
Death of some Heart cells	Death
Pain in chest	No pulse No breathing No response

What we see in the movies is cardiac arrest. Thus, cardiac arrest and death are the same. It means, one day we are all going to suffer from cardiac arrest. This is the truth. Another bitter truth is that we are all born to die. When someone dies, there is no pulse, no breathing and no response. However, in real situation when someone dies the cause of death is automatically decided based on his medical history. When a person suffering from heart disease dies, it is labelled as death due to cardiac cause. When a person suffering from Cancer dies, it is called death due to Cancer. In reality, whatever may be the victim's medical history, technically, he dies of cardiac arrest only.

Because of this misconception, the chances of revival are limited, to about 6% to 10%. Let us talk about how we can increase the chances of revival.

Here, I am going to reveal a very important truth. When someone dies, for the first ten minutes, the death is temporary; it is not permanent. The first ten minutes are very important especially the first four minutes because during that time, the body has enough oxygen for the brain to live. There is no breathing in the dead body but there is enough oxygen for the next four minutes. If you think you will take the person to the hospital, you would be simply losing those precious four minutes. Even if the person dies just adjacent to the hospital, it is not possible to take the person to emergency in the next four minutes? Thus, the very thought of taking him to the hospital is losing the last four minutes.

Normally, it is said that 10% of the death is due to cardiac arrest.

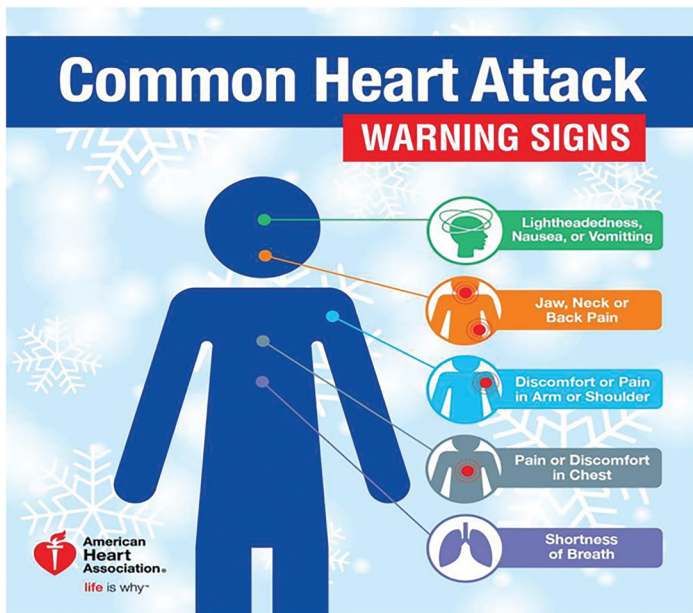


10% death is because of Cardiac Arrest

Indian Heart Journal 2014 (66) s18-s23


This refers to the person who already had some heart disease and died; the remaining deaths are not considered deaths due to cardiac arrest. But going by the definition or clinically, cardiac arrest and death are one and the same.

Moving further, which of the two - heart attack or cardiac arrest- is more dangerous? Heart attack is not that dangerous. Can we do something about it? Yes. How would you identify if a person has a heart attack? If a person reports pain in the marked places (refer image).




There are chances that he may be suffering from heart attack. Try to understand this. I said he may be suffering from heart attack; I didn't say that he is suffering from heart attack. Remember, the pain is unbearable; he is screaming with pain. It may or may not be a heart attack. What to do in either situation?

Remember, not every pain in the chest is heart attack.



**Not every pain
in chest
is heart attack**

The chest does not have just the heart; it has many other organs. So, every pain in the chest is not heart attack. If you understand this, then you would know how critical or how important are these symptoms. Following are the symptoms of heart disease and heart attack.



	Heart Disease
Fatigue	Mitral valve prolapse
Breathless	Mitral insufficiency
Weakness	Aortic insufficiency
Edema	Aortic stenosis
Chest pain	Coronary artery disease


Let me begin with heart disease. You need to understand a little bit of anatomy to make it easy. The end result would be that you would not fear heart attack or chest pain or cardiac arrest. You would know that if these occur to anybody, what to do? It is important not only to learn for yourself but also teach other people around you, then only it will be helpful to you whenever needed. If you think you are cardiac arrest proof, you are badly mistaken. So, the journey will not end with your learning; it will end only when you teach people around you.

As you are all aware, the heart has four chambers- two at the top and two at the bottom. The heart arteries, atria (singularly known as atrium), ventricles and four walls. The wall can be sick- it can have some inflammation or some kind of wound. Will the inflammation on the wall of the heart give you pain? Yes. But that is not a heart attack. It can be Endocarditis, Myocarditis or Pericarditis.

There are many other names. What is important is 'itis'. 'itis' means there is some inflammation. Endo means internal walls have inflammation. The

names are different but the problem is the same 'itis' or 'tis' meaning inflammation. The first part of the disease relates to the location and the second part- what is happening. In the joints, is Arthritis, Otitis (infection in Ears), Pancreatitis (infection in Pancreas), Gastritis (infection in Stomach) etc. These are all very confusing but the end result is fatigue, breathlessness, weakness, Edema (swelling), chest pain.


Whatever be the location of the pain, the end result is the same. The list of heart disease is long. Mitral valve prolapse, mitral insufficiency, aortic insufficiency, aortic stenosis- all are related to the four valves.



	Heart Disease
Fatigue	Mitral valve prolapse
Breathless	Mitral insufficiency
Weakness	Aortic insufficiency
Edema	Aortic stenosis
Chest pain	Coronary artery disease

The valves may have calcium deposit-stenosis; the valve may not be able to open or close properly- insufficiency. So, the nomenclature is according to

the location. Whatever the disease, the symptoms remain the same. Heart failure- the heart is unable to pump the desirable amount of blood. Cardiomyopathy- it is related to the wall of the heart. And then there is an interesting disease called TAKOTSUBO meaning ‘a broken heart’.



Symptoms	Heart Disease
Fatigue Breathless Weakness Edema Chest pain	Heart failure Cardiomyopathy Coronary Artery Disease TAKOTSUBO Coronary Arteries disease


Somebody can die of a broken heart too. It means somebody’s heart got broken due to some emotional problem and at that time, one of the chamber-left ventricle becomes bigger like a pot. This is called TAKOTSUBO. All give the same symptoms but it is not heart attack; it can be heart disease. It gives the same symptoms of heart attack.

Out of all heart diseases, coronary artery disease is quite important. The heart contains blood vessels.

These vessels get blocked due to cholesterol or calcium or other reasons; as a result, the blood will not flow to the particular artery thus resulting in the death of cells nearby. The death of cells gives you pain and this is called heart attack.

You may get chest pain due to so many conditions and all the conditions are related to heart only and one of them may be called heart attack. If you go to the hospital with chest pain/discomfort, most likely, they will relate it to heart attack and coronary artery disease. Simply because for coronary artery diseases, they have a huge business set up like Angioplasty, Angiography, bypass surgery etc. But the truth is that every pain may not be heart attack; or every pain may not be Angina. There are so many ways the heart may not work properly. Out of them, one is the case where you can say it is truly heart attack. The chances of this happening are not as much as we expect it to happen. You may be suffering from heart disease but that should not be called heart attack; you may have symptoms of heart attack but that may not be actually heart attack. This is the first part.

Moving over to the second part, chest pain can be because of inflammation in the chest wall and even that can cause symptoms similar to heart attack.



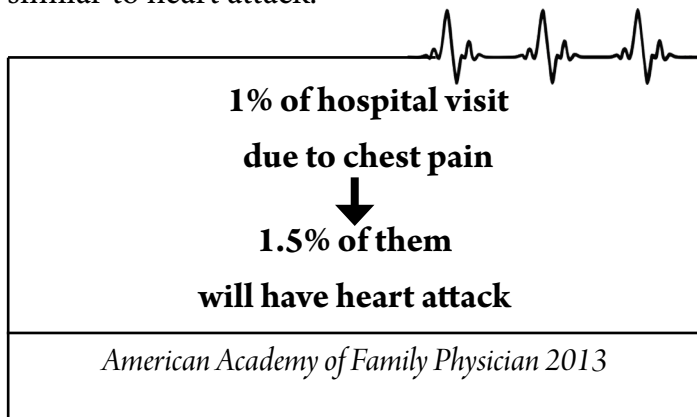
Chest pain-others
Differential Diagnosis of Chest Pain
Chest wall pain
Gastroesophageal reflux disease
Panic disorder/anxiety state
Pneumonia

However, the most important is Gastroesophageal reflux disease - it means the pain is from the stomach. The food that we eat goes through the food pipe. There is a valve in the food pipe which prevents the food from coming up, but sometimes the kind of food that we eat is not stopped by the valve. For instance, if I close the door, people will not be able to come in but if somebody pushes the door hard, the door may break or it may open and the person would be able to enter. The same is the case with the oesophageal valve. Normally, the food can be prevented from getting back up into your

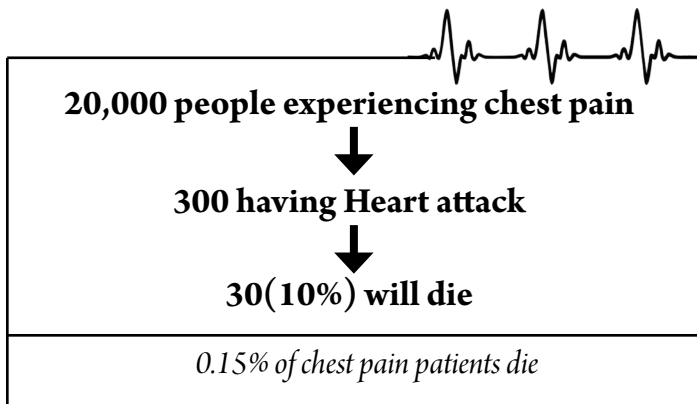
oesophagus but sometimes depending upon the kind of food we consume, it cannot be stopped by the oesophageal valve. It gives the same kind of pain, same kind of discomfort as in the case of heart attack; as a result (believing it to be a heart attack), people panic and the patient is rushed to the hospital.

Following are the known causes of chest pain or symptoms of heart attack. For example, sometimes when you are in great stress, you tend to experience the same kinds of symptoms as that of heart attack. Extreme stress or extreme emotional turmoil can also give you the feeling of heart attack. In the same way, Pneumonia, lung disorder can cause the same kind of symptoms and pain which you cannot distinguish from heart attack. Even if there are so many causes of chest pain, but what I believe because of the strong impact of Hollywood/Bollywood movies, we perceive every chest pain as a heart attack and are prompted to shift the patient to hospital. Assuming that you have a pain, what precautions we must take and what things we should avoid. In any hospital, on an average 100

people come due to some ailment or the other; 1% of them visit hospital for pain in the chest which is similar to heart attack.




Out of every 100 or 200 people visiting the hospital for chest pain, about 2-3 people are found suffering from real heart attack kind of situation. This comes out to be that out of 20,000 people complaining



of chest pain only 300 people will have real heart attack and 30 would die (i.e. 10%).

This means out of 20,000 suspected (they are assuming that it is heart attack) heart attack people, only 30 are going to die which is equivalent to 0.15% of the chest pain patients' death. Do we need to worry?

In India, 15.5% people die of Diarrhoea.



<p>In India 15.5% people die of Diarrhoea. Ministry of health & family welfare 1990- 2016 survey</p>
<p><i>Ministry of health & family welfare 1990-2016 survey</i></p>

Last time when you had Diarrhoea, did you think that you would die? No. So when you have Diarrhoea, you were not worried about death. Why do you worry when you have a pain in the chest? Why do you panic? Death rate due to Diarrhoea is 15.5% and death rate due to chest pain is 0.15%. The problem is not the chest pain, but the fear

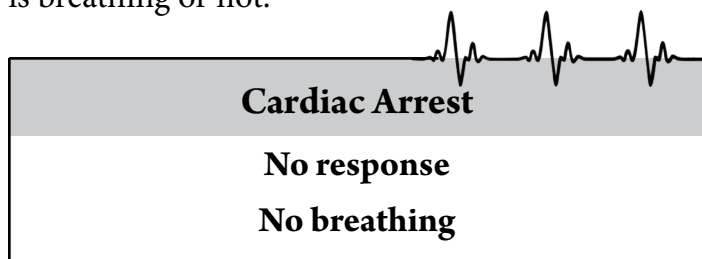
of death due to chest pain. Only fear. In case of Diarrohea, there is no fear because Diarrohea is not perceived as a lethal situation but the truth is that more people die due to Diarrohea in comparison to chest pain.

So far, we have talked about what is heart attack or what is chest pain? What are its symptoms and causes? There can be heart causes as well as non-heart causes. There is a possibility of death but it is very-very less.

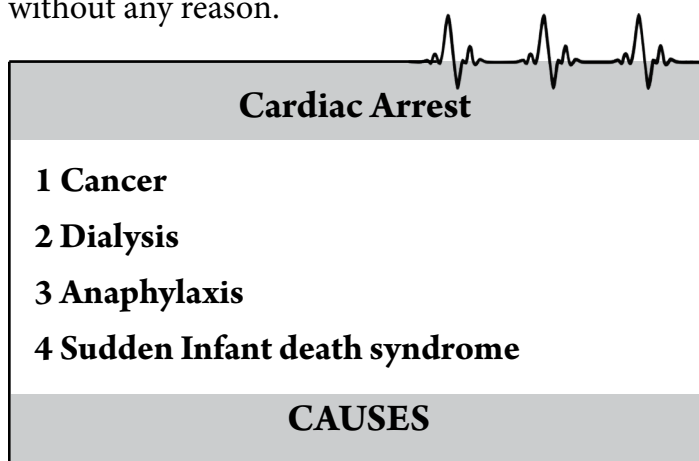
What is cardiac arrest?

Cardiac arrest means no response, no breathing.

Step one: A person is lying on the floor and there is no response. Tap the person. Try to talk to him. If he is not responding, try to hear, feel and see if he is breathing or not.




If there is no breathing, no response that means the person has cardiac arrest. Cardiac arrest means temporary death. The cause of cardiac arrest as mentioned in the literature can be Cancer, Dialysis, Anaphylaxis, some type of allergic reaction, sudden infant death syndrome i.e. child dying suddenly without any reason.



Technically, death is certain. When someone dies, there is no response and the breathing stops so that also is cardiac arrest. Thus, there is a lot of confusion. The above-mentioned causes are prominently mentioned in the medical journals; however, the truth is that ultimately, we all will die due to cardiac arrest only.

There are certain drugs which are linked to cardiac arrest like antibiotics, antidepressants, anti-fungal and antihypertensive.

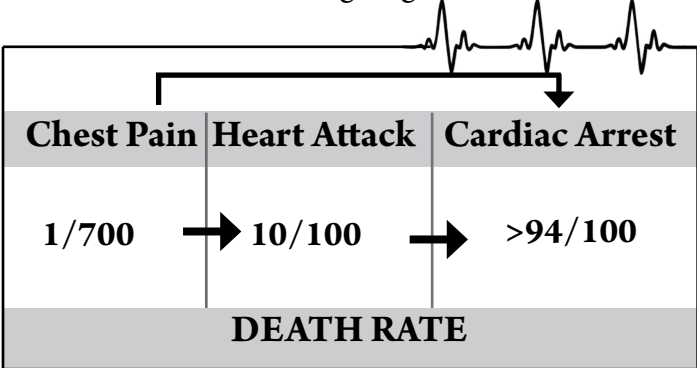


Cardiac Arrest Drug Reaction
1 Antibiotics 2 Antidepressant 3 Anti fungal 4 Antihypertensive
CAUSES

All these are anti. The more you go anti your body, there are greater chances that your heart may stop. Remember, more people die of cardiac arrest because of low blood pressure not high blood pressure. Low BP generally becomes the reason for increased deaths; similarly, low blood sugar causes more deaths in comparison to high blood sugar. If you are taking the above kinds of drugs since long, you are increasing your chances of cardiac arrest/death.

Let's conclude this section with statistics, for every

700 people having chest pain, one is going to die; for every 100 people having heart attack, 10 are going to die; for every 100 people having cardiac arrest, more than 90 are going to die.



Reversal of Chest Pain/Heart Attack

If you are suffering from chest pain, how to reverse it? If it is heart attack, how to recover from it? What should we do in case of cardiac arrest? As already stated, chest pain could be due to heart-causes or non-heart-causes. The pain in the chest may evolve from the stomach or lungs. It may also evolve from the valves or various other conditions.

We have 100,000 km of blood vessels and for every cell of the body, there is a blood vessel not more than 1 mm away from that cell. This means every

cell of the body is having a supply through some blood vessel and the nearest blood vessel will not be away more than 1 mm. It is a network in the body.

Moving ahead, what is Cancer? If the cells start receiving more food, more blood vessels mean more supply of food then cells will start growing more and that is Cancer. On the other hand, the opposite is also true. If the blood supply is less, then the cells start dying and it gives us heart disease or Angina. For example, when the blockage occurs, cells do not get the blood supply and the cells start dying. Thus, both oversupply as well as undersupply led to problems. The most important question is who will decide how much oxygen and blood to give to each cell so that it does not convert into Cancer- because of over or under supply. It is a molecule called VEGF (vascular endothelial growth factor).

This molecule, at any point of time in the body, decides that how much blood vessels should be there at one particular location. If the decision is wrong then it will lead to Cancer (if more blood

vessels) or will cause heart attack (if less blood vessels).


Whether a person is suffering from Cancer or heart disease, the prime problem is that VEGF is not doing the judgement correctly. Initially the scientists, for the last 70 years, used to believe that the decisive power lies with VEGF.

The body's mechanism, which is called Angiogenesis, received the noble prize in 1931, 1938, 2004 and 2019 because now the scientists could finally understand that the decision is not taken by VEGF but something else. In the body, these are Lycopene Quercetin, Anthocyanin and Ursolic acid.

These are, in fact, the mastermind who decide what to do next. You would question me what are these chemicals? These are the chemicals which are found only and only in plants. These are called Plant Biotics.

Let me add something very important. The 2019 Nobel Prize was not for just knowing about that the main control is somewhere else, but here

the scientists are trying to make a chemical very similar to something which is naturally there in the plants. It may take a few years to develop those chemicals artificially. Why wait for a few years? Nature is already producing it in sufficient quantity in plants. I have a list of research papers as you can see in the book and these research papers are of last 10-15 years only. In the last 10-15 years, the scientists could understand that it is the plant bioactive, those molecules which are the deciding factor, whether you are going to suffer from Cancer or heart disease or whether you are going to remain healthy. The only thing is that if you have an abundance of plant molecules bioactive, even if you are sick you will get cured. That is not only my opinion but also the conclusion of journal report.



Red Raspberry Phenols Inhibit Angiogenesis
<i>0.15% of chest pain patients die</i>



Inhibitory effects of quercetin on angiogenesis in larval zebrafish and human umbilical vein endothelial cells.

European journal of pharmacology, 2014, 723: 360-367.



Antiangiogenic properties of carotenoids: a potential role of maize as functional food

Journal of Functional Foods, 2009, 1.3: 284-290.




Effects of lycopene and apigenin on human umbilical vein endothelial cells in vitro under angiogenic stimulation.

Acta histochemica, 2012, 114.2: 94-100




A prospective study of tomato products, lycopene, and prostate cancer risk.

Journal of the National Cancer Institute, 2002, 94.5: 391-398.




Quercetin glucosides promote ischemia-induced angiogenesis, but do not promote tumor growth

Life sciences, 2013, 93.22: 814-819.




Quercetin attenuates cell survival, inflammation, and angiogenesis via modulation of AKT signaling in murine T-cell lymphoma.

Nutrition and cancer, 2017, 69.3: 470-480.




Quercetin inhibits angiogenesis by targeting calcineurin in the xenograft model of human breast cancer.

European journal of pharmacology, 2016, 781: 60-68.




Flavonoid intake and mortality from cardiovascular disease and all causes: A meta-analysis of prospective cohort studies.

Clinical nutrition ESPEN, 2017, 20: 68-77.




**Improvement of endothelial function
with dietary flavanols is associated with
mobilization of circulating angiogenic cells
in patients with coronary artery disease.**

Journal of the American College of Cardiology, 2010, 56.3: 218-224.



**Ursolic acid induces allograft inflammatory
factor-1 expression via a nitric oxide-
related mechanism and increases
neovascularization.**

*Journal of agricultural and food chemistry,
2010, 58.24: 12941-12949.*

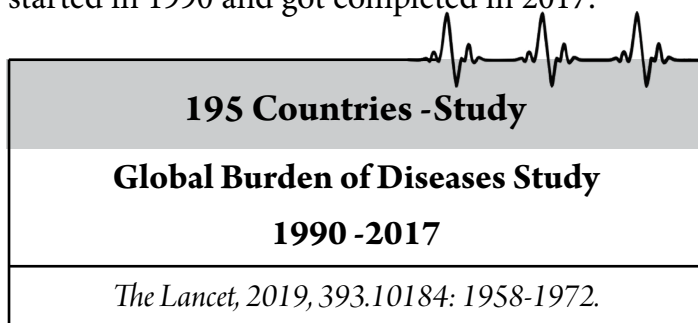


**Ursolic acid inhibits colorectal cancer
angiogenesis through suppression of
multiple signaling pathways.**

International journal of oncology, 2013, 43.5: 1666-1674.

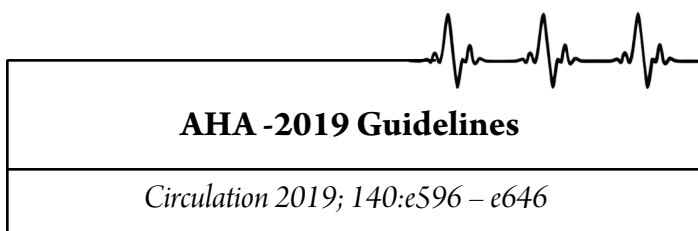
To conclude, a person is sick only because of one reason i.e. the plant bioactives are in less quantity. By increasing the quantity of plant bioactives, the

disease can be reversed. This is the biggest ever study on nutrition and human health. The study started in 1990 and got completed in 2017.



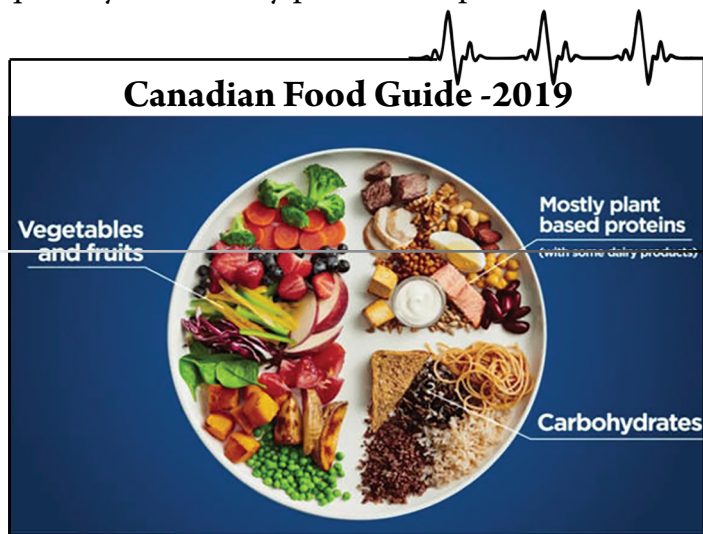
195 countries participated in the study and finally it got published in 2019 journal. You may not be aware of this study because the conclusion of this study cannot make big business.

But it can make big sense. It was found that the people who consumed more plants were less sick in comparison to the people who consumed more animals. This result was published in Lancet 2019. Even American Heart Association 2019 changed their guidelines and included that you must increase the quantity of plants and vegetables in your diet and decrease animal protein and remove milk product as a food.



This happened for the first time in 200 years that milk and milk products are removed from the food list. Officially, milk is no more a food since it was not improving your health, neither was it contributing to bone strength but giving rise to heart diseases. Being a representative for heart, they were forced to take milk and milk products away from the list. Just imagine dairy industry is such a strong industry and has a substantial influence on pharma world and medical associations despite this, they had to remove milk from the list. This means evidence against milk must have been substantial and consistent so they did not have any choice but to remove it from the list altogether. Not only this, 2019 was a great year for medical science (not medical pharmacy) i.e. according to Canadian food guidelines 2019, more than 50% of the diet should be just fruits and vegetables.

As you can see, animal food is in very small quantity. It is mostly plant based protein.



Gradually they are increasing the plant-based diet and reducing dairy & animal products. It was conclusively proven in the 2019 Nobel prize winning science that if you increase the quantity of plant products, in Cancer patient's body (who has more blood vessels), the body will reduce the blood vessels from Cancer cells and the Cancer cells will die. On the other hand, the body will increase the blood vessels towards the heart (if some heart cells are dying), the chest pain or Angina or any discomfort or fatigue will get reversed within a few

days. In heart, the new blood vessels are called the collateral arteries and the whole process is called natural bypass.

Look at the figure given below.



Virginia Living

You may be thinking it is a vegetable shop. But it is not a vegetable shop. It is a medicine shop. In USA, if you go to big hospitals, they have Farmacy along with Pharmacy.



That is, they have fruits and vegetables along with medicines meaning thereby the doctors are prescribing fruits and vegetables along with medicines.

Geisinger is a chain of hospitals in the USA and recently, they included a fruit and vegetable section in their pharmacy shop.



Fruits and vegetables, since are prescribed by the doctor, are included in health insurance as well. That is reimbursable as it is playing the role of not just food but medicine as well. It is given the same kind of importance in health insurance as medicine.

I have been recommending DIP diet for the last nine years, but now with all the above new evidences and references, it has become more convincing that by shifting to plant-based diet one can reverse all sort of lifestyle diseases including Cancer, heart disease and specifically angina/chest pain and even reverse the effect of heart attack and brain stroke.

DIP Diet

Step-1:

Breakfast should be before 12 o' clock noon and it should contain four types of fruits. The quantity of fruit can be calculated by this formula:

Weight in kg \times 10= -----gm

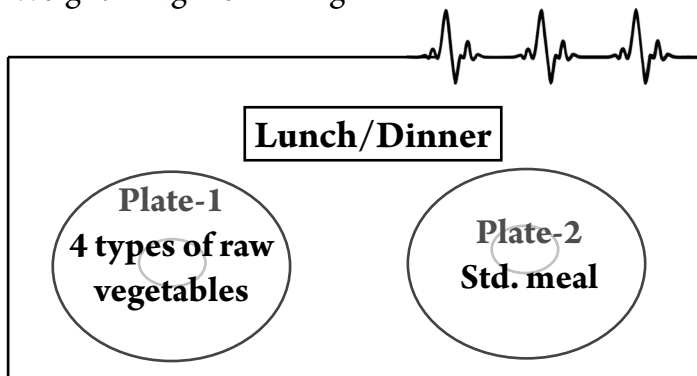


For example, if your weight is 70 kg, you need to have at least 700 gm fruits, nothing else but fruits.

Step-2:

Have lunch in two plates. Plate one should consist of four types of raw vegetables and plate two should have standard meal. The quantity of vegetables can be calculated by the following formula:

Weight in kg \times 5 = -----gm




For a person of 70 kg weight, at least 350 gm of vegetables are required. Dinner should be taken

in the same manner as lunch. It should be in two plates as lunch and should be taken before 7 pm.

Step-3:

Avoid packed food, refined food, dairy products, animal food, nutritional supplements, tea, coffee (especially before lunch) and avoid eating after 8 pm. As far as snacking is concerned, it should be



To Avoid	To Take
1. Packed food 2. Dairy/Animal food 3. Nutritional supplements	1. Soaked nuts/ Sprouts: your wt(kg)=..gm 2. Fruits: Plenty 3. Sunshine: 45min


If you read my book “**1 Question that can save your life**” or go to **www.coronakaal.tv** you will find literally thousands of testimonials, where the patients once on various medications associated with lifestyle diseases including High BP, Diabetes, Thyroid, Heart disease or Angina, were forced to taper down the medicine to nil within few days

to few months. They started noticing the vital parameters for going back to healthy range.

From COVID-19 to Chest pain

Or


Common cold to Cancer, the variation of the above DIP diet led to reversal and cure of the disease mostly in accordance to the following time line.



Transition to the DIP Diet lead to reversal with DIP Diet	
24hrs to 72hrs	Diabetes,COVID-19
3 days to 1 week	High Blood Pressure, High Cholesterol, Intestinal Disorder
1 month	Obesity, Heart Diseases, Chest Pain
2 months	Thyroid Disease
6 months	Cancer, Asthma, Arthritis
8 months	Skin Disorder, Kidney Dysfunction, Liver Disorder

HEART MEDICINE & HEART ATTACK

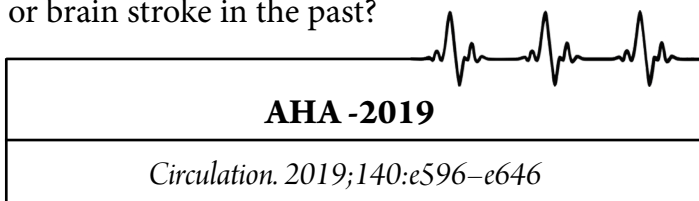
Till 2016, the total number of research papers published all over the world on Cholesterol were 2894.



2894 studies on cholesterol
<i>BMJ Open 2016;6:e010401</i>

British Medical Journal, a reputed journal, made an exhaustive study of all the research papers on Cholesterol across the world and concluded that Cholesterol is not bad; it is good. Rather if you reduce LDL- the bad cholesterol, then it will be harmful. This is the final conclusion of BMJ Open 2016 and after that, all the Heart Associations of the world started pondering whether to prescribe the medicines for Cholesterol or not. All the studies point out that medicines to control Cholesterol levels should be totally avoided. You don't actually need them.

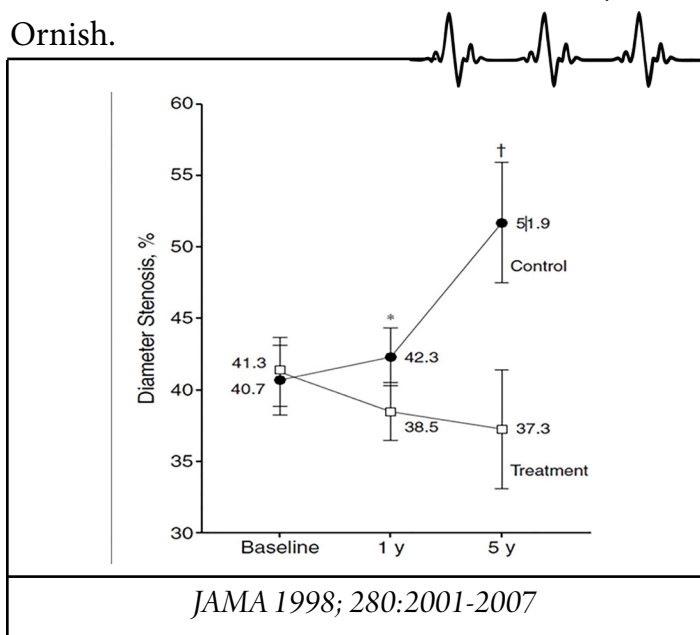
Similar is the case of blood thinning medicines. Initially till 2018, they were called blood thinners but now they are known as anti-coagulants because they may or may not thin the blood. So, the term was changed. The guidelines for Aspirin-the blood thinner were also changed in 2019. American Heart Association issued new guidelines) which included that next time before taking Aspirin, ask yourself did I have a heart attack or cardiac arrest or brain stroke in the past?



If the answer is ‘no’, there is no need to take Aspirin. If the answer is ‘yes’, there is a chance that you may or may not need it. But surely, you don’t need it, if the answer is in the negative. These are not my guidelines but guidelines issued by American Heart Association, who were pro Aspirin for the last several years. Now they have changed the guidelines altogether.

The European Association already changed its guidelines in 2016. The FDA (U.S Food & Drug

Administration) announced in 2014 that Aspirin is not required for everybody. Finally, American Heart Association also changed its guidelines. So, the question arises, should we take medicines for the heart or not? Instead of relying on drugs as a solution for curing a disease, we have to shift our focus to diet modification. And I must say, I am not the first one to recommend DIP diet. Prior to me, many doctors, scientists have been recommending similar kind of diet on a large scale. One very important paper was published in American Journal of Medical Association in 1998 by Dean Ornish.



Dean Ornish is doctor of the White House; he has been Barack Obama & Bill Clinton's doctor.

He divided people into two groups- group A and group B. Both groups consisted of heart patients. Group A patients were continuously on medication for heart disease while group B patients quit medication and were on the kind of food that I usually recommend i.e., plant-based diet. He kept following up both the groups. He observed that after one year and then after five years, group A, which was taking all the medicines as prescribed by the doctor, their blockage in the heart was increasing despite taking medicines. Group B, despite stopping the medicines and remaining on plant-based diet, after one year and then after five years, their blockage was reducing. If you think that by taking medicines, you are preventing the disease or reducing the chances of heart attack, it is not true. When you take the medicines, even then the blockage keeps increasing. In the real sense, if you want to stop the progression of disease, then first stop taking the medicines and start following the DIP diet. The moment you do


it, the first indication of heart attack i.e., Angina or the chest pain, can be prevented (based on my own experiences) in one month. Whether the chest pain is due to inflammation of the heart muscles or valve disease or whether it is a coronary disease i.e., blockage or oesophageal cause- whatever may be the cause, what is important is not the cause but the relief; the person must be cured and that is feasible and possible if you follow the DIP diet.

In Vietnam, during our monthly Diabetes tour and based on our research on thousands of patients in Vietnam, India, Malaysia and other places where we have our centers, we have seen all kinds of chest pains including Gastroesophageal reflex disease- the most severe kind of pain that you cannot imagine unless you have experienced it. All these pains can be resolved in maximum one month duration.

If you or anybody you know is suffering from chest pain, remember that he is not going to die. In fact, the chances of death are very less. Ask him to follow the DIP diet. If he can do it, he will get relief

in maximum one month. This is one solution for chest pain.

As stated earlier, if 700 people have chest pain one will die.

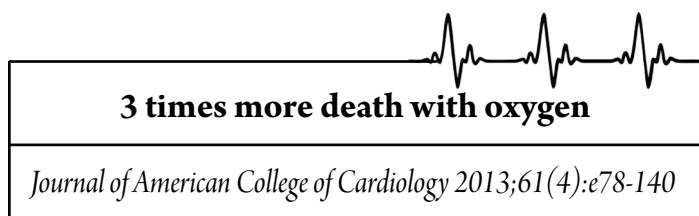


CHANCES OF DYING -1/700	
Crossing street <i>National Safety Council (nsc.org.in)</i>	Outpatient Diagnosis of Acute Chest Pain <i>Am Fam Physician 2013;83(3):177-182</i>

Do we need to worry about it? Let me explain it here. According to National Safety Council, for every 700 people crossing the street, one is going to die. Thus, crossing the street is having the same danger as dying of chest pain. Do you stop crossing the street or do you fear crossing the street? The point that I am trying to make is don't panic if you or someone you know, has chest pain. Rarely, the chest pain may convert into death.

Let me start with what not to do. If you come across a patient with suspected heart attack, experiencing very severe pain, emergency situation- what would

you do? Taking him to the hospital- would seem to be the most logical thing. And once you take him to the hospital, the first thing (in any hospital) the doctor does is put on an oxygen mask. This gives a feeling that the patient is in safe hands but the truth is that by putting on an oxygen mask, the chances of his death increase three times!




This fact was discovered in 2012. For the last 100 years, it was believed that oxygen is good for health so more oxygen means more good health. But when a clinical trial was performed, it was found that more oxygen causes more deaths. So, in 2012, the protocol for managing a heart patient changed but in practice, in the hospitals it did not change.

When oxygen is given in the hospitals, chances of survival greatly reduce and mortality rate increases. Thus taking the patient to the hospital should be avoided at any cost.

Secondly, the moment a person is taken to the hospital, he is asked to undergo ECG. You think he is now under the care of the doctor so I don't need to worry. But remember, ECG is not going to cure the patient. It is just a diagnostic tool. It rather disturbs the patient. The patient gets into great discomfort due to so many wires attached to his body and harmful radiations emanating through the machine.

Journal of American Medical Association 2007 clearly states that 25% of the time, the results of ECG are false. 25% is not a small figure.

If an ECG correctly diagnoses whether it is heart attack or not, 5% of the time people with blockages die and 3% of the time, people without blockage, die!



25% False ECG-Heart Attack	
Death in 1 month	
3%	No blockage
5%	Blockage
JAMA 2007;298(23):2754-2760	


Thus, there is very less correlation (if not zero) that a blockage will kill and absence of blockage will not kill a person.

Only one test which is accurate is Cardiac Biomarker test- a type of blood test that can predict with 95% accuracy whether you are suffering from a heart attack (meaning that your heart cells are dying). This test takes three hours to conclude. The test is conducted repeatedly and the algorithm of the data is calculated, thus arriving at the final result.

Let me ask you a question. If you take a critical patient, having severe pain in the chest to the hospital, do you think the doctor will wait for three hours? The guidelines say you have to take a decision within 10 minutes but within 10 minutes, the results of Cardiac Biomarker test will not come. So the doctor comes back within 10 minutes and tells you that it is an emergency; Angioplasty or bypass surgery or whatever has to be done immediately and you have no choice but to agree. If you ask him what is the basis of doing

Angioplasty or bypass surgery, the only basis is the ECG report. Try to understand this. If the doctor comes out in 10 minutes and gives the decision or opinion, that opinion is based on ECG and ECG is not reliable. ECG is in fact a bit more reliable than a fortune teller. Better than putting a person on ECG, you can very well ask a fortune teller whether he has had a heart attack or not. Why I am asking you to avoid going to the hospital because in the hospital doctors will put the patient on unnecessary protocols & procedures which are not very reliable. Angiography comprises the word graph which you study in Mathematics.

People think Angiography is some kind of simple harmless test. In reality in an angiography, some foreign wire is inserted into your body and made to move towards the heart. Once in place, it injects some kind of liquid/dye which is again a foreign toxic chemical and then an X-ray is taken. X-rays, everyone knows, are very harmful for human body. So, Angiography in totality is not simple; it is quite dangerous. Angiography itself has a death rate of about 1%.



Angiography	
Death rate	: 0.75%
Heart Attack	: 1.3%
Stroke within few hours	
<i>Braunwald's Heart Disease</i>	
<i>A text book of Cardiovascular Medicine Tenth edition 2015</i>	

This means if 100 people go for Angiography, 99 will come back and one will die. It is quite a high number. Those who come back, many of them will have a risk of stroke within a few hours and more than 1% may have a heart attack. So surely this kind of test is deadly. You may or may not die of heart attack but there is a good chance of your dying due to Angiography. If you die of Angiography, the doctor would say that he died due to heart attack and you would believe it easily.

Therefore, I strongly advise my patients not to undergo Angiography come what may because Angiography itself becomes the reason for heart attack. It leads to strokes on several occasions.

Coming over to Heart bypass surgery, or coronary artery bypass graft (CABG) surgery, this surgery is used to improve/restore blood flow to your heart. A surgeon uses blood vessels taken from another area of your body to bypass the damaged/blocked arteries. This allows blood to reach the heart again thus preventing heart cells/tissues from dying. This is simple explanation of bypass surgery but in reality, according to Harrison Principle of Internal Medicine All edition, since 1980, a bypass surgery relieves symptoms through Placebo effect while killing the complaining segment of the heart.


What actually happens during bypass surgery is that due to lots of cuts, the sensitivity of some of the cells of the heart is lost and as a result, the patient does not feel any pain, giving him a false sense of getting cured but in reality, it is not so. These are not my words; not even from a medical journal but from the textbook Harrison Principle of Internal Medicine All edition since 1980, which is considered a Bible of the medical world.

Let us now move on to Angioplasty. Angioplasty uses a balloon-tipped wire/catheter to open a

blocked blood vessel and improves the flow of blood. The doctor uses medical imaging to guide the catheter to the blockage. The balloon is inflated to open the vessel and improve blood flow. When the balloon inflates, it exerts a pressure of about 1,500 mmHg, which is ten times more than your blood pressure. Thus, so much pressure is exerted on the blood vessel and as a result, sometimes the blood vessel itself bursts/tears from inside. This causes bleeding and the person dies. Sometimes the tearing of blood vessel is not much; but may cause inflammation which further attracts other symptoms and problems.

Theoretically, the procedure may seem all right but when the pressure of the balloon is ten times more and that pressure is maintained for 2-10 minutes, the tearing of the artery occurs. Our body rather our blood vessels are not designed to withstand that much of stress. Have you ever noticed that sometimes even a slight increase in blood pressure gives headache and discomfort? When just 10-20 mmHg increase in blood pressure can give a headache or discomfort, during Angioplasty,

the pressure is not high by 10-20 mmHg but it is ten times more than your normal pressure. This situation is really very dangerous. Because of this danger, if 100 people go for Angioplasty, six don't come back. After one year, ten are dead; after two years, eleven are dead and after three years, thirteen are dead. This data is from Journal of American Cardiology 2000.




Angioplasty	
Immediate death	- 6%
Death after 1 year	- 10%
Death after 2 years	- 11%
Death after 3 years	- 13%
<i>J Am Coll Cardiol 2000;36(4):1194-201</i>	

If you don't do anything, the chances of dying due to heart attack are 10%. If you go in for Angioplasty, chances of death are even more than that. But pain in the chest may or may not be heart attack; that is also a factor worth consideration. ECG machine is not reliable to check heart attack; only Cardiac Biomarker is reliable with 5% error. We must

understand all this in order to take a decision.

COURAGE trial, STICH trial, ISCHEMIA trial are some major trials on Angioplasty and bypass surgery.




Angiography	
Study	Year
COURAGE Trial	2007 (N Engl J Med 2007; 356:1503-1516)
STICH Trial	2013 (J Am Coll Cardiol HF. 2013 Oct, 1 (5) 400-408.)
ISCHEMIA Trial	2019

J Am Coll Cardiol 2000;36(4):1194-201

All the trials whether of 2007, or of 2013 or of 2019 conclude that Angioplasty and bypass surgery are not good for humans and they increase the chances of death. You may not believe this, but the book

which is the Bible of heart titled “The Heart” by Hurst, and which is prescribed all over the world says this. In volume 2, page no 1448, 13th edition, it is clearly mentioned that Angioplasty and bypass surgery do not increase your chances of survival rather they decrease your chances of survival.



Bypass sugery/Angioplasty
Relive symptom through Placebo effect & killing complaining segment of the Heart
<i>Harrison Principle of Internal Medicine All edition since 1980</i>

What happens in bypass surgery is, new blood vessel is formed so suddenly there is more flow of blood and oxygen. When more oxygen flows suddenly, it is not good for health as stated earlier. More oxygen is not good for the health of the heart cells as well. Cells start dying not because of lack of oxygen but due to excess oxygen. This is medically known as Reperfusion Injury. Earlier, the cells were dying due to lack of oxygen but after bypass surgery, the cells die of excess oxygen.

Similarly, in Angioplasty, a wire/catheter is inserted into the blocked blood vessel, which in turn pushes the blockage. It dislocates the blockage. If blockage is clear, the blood starts flowing. But where does the blockage go? The blockage travels to the brain and most of the times, it leads to brain stroke. This is called Atheroembolism.


The blockage/ broken down pieces of the blockage remain in the circulatory system only. So, by undergoing Angioplasty, you are not reducing the chances of death. The situation is similar to what happens to the garbage in India. In India, the garbage is taken from one place and dumped at another place. You are only displacing the garbage from one place to another. Exactly same thing like this happens with the heart blockage. The blockage is dislocated from one place to another. How can you recover fully? The uncertainty is more. Surely, in the heart the supply of blood may have been restored but there are a lot of complications because there is a free-flowing blockage, which can travel all over the circulatory system and get stuck somewhere. For this reason, Angioplasty and bypass surgery do not give the result that you

expect from them. Why I am discussing this is because if somebody is suffering from suspected heart attack then automatically you would take him to the hospital. If you take him to the hospital, then first of all oxygen, then ECG followed by bypass surgery or Angioplasty are done. These are the tools the hospital has and unfortunately, these tools cannot help in any way. At home, you don't have these tools. But these tools don't make any sense. If you want to go into detail, then you can go through my book titled "Heart Mafia".




You will get to know the mechanism and all the references which I have quoted here.

The Journal of American Medical Association
1970 says Magic red carpet is not enough



Magic red carpet is not enough
<i>JAMA 1970</i>

and according to 1989 **Oxford Companion to Medicine, ICCU** increases mortality



ICCU increases mortality
<i>Oxford Companion to Medicine (1989)</i>

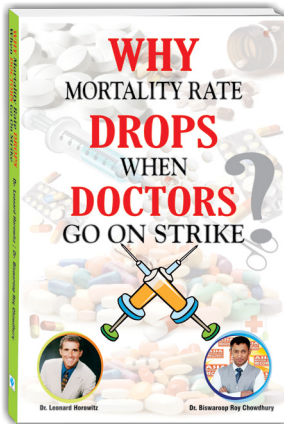
and as per the **American Heart Association 2018**, heart attack death decreased during **Cardiology Meeting dates** i.e., whenever doctors go for meetings (doctors are absent from the hospital), the chances of survival of a heart attack patient increase and chances of death decrease.



Heart Attack death decreases during Cardiology Meeting dates

AHA - 2018


This means, God forbid, if you suffer from heart attack and your family members force you to go to the hospital just pray hard that you don't find the doctor. In that case your chances of survival are likely to increase. There are many evidences/ references that you can find in my book titled "Why the Mortality Rate Drops when Doctors Go on Strike?"



www.biswaroop.com/27dec


Is it a Solution?

There is a treatment called Thrombolytic treatment.



Thrombolytic Treatment
Risk of stroke by 1.5%
<i>N Engl J Med. 1992 Jul 2;327(1):1-6.</i>

Herein, the clot busting drug is injected but again, the trials on clot busting drugs, that took place in 1988, 1993 and 1998 concluded that the drug itself causes death.




Thrombolytic Treatment	
Trial	Year
ISSI-2	1988
GUSTO	1993
ISIS	1998

One may question that when all these treatment procedures are proven to be wrong, why are they still in practice? Why have they not been banned in the hospitals?

This is because if you see any medical guideline evidences are categorized into three levels-

Level A, Level B and Level C. Level A evidence means excellent guideline or treatment; there is no side effect. You may go ahead with it. Level B evidence means sometimes the guideline or treatment protocol may be bad (i.e., it may have side effects) and sometimes it may be beneficial. Level C evidence means the guideline or treatment procedure has not been tried & tested, lacks evidence or has uncertain evidence, nothing much known about it and is not recommended. But still, if you wish, you can go for the treatment procedure.



Medical Guidelines	
Level A	Excellent
Level B	Moderate
Level C	Uncertain

Try to understand that the medical guidelines never give a concrete answer ‘yes’ or ‘no’ to the doctor. They always give evidence in three levels and it is the doctor’s choice to choose which level evidence he wants to follow. For instance, Angioplasty, bypass surgery all fall in Level C meaning that


they can rarely be beneficial. But they are the most popular treatment procedures and are performed in most of the cases. However, you must go in for Level A evidence. Next time, if somebody suffers from heart attack, all you have to do is to use the three-step protocol of Level A evidence. Level A evidence means surely it will work. Rarely, there is any side effect.

If somebody is suspecting a heart attack (suspecting because it is not sure if he has a heart attack; you can be sure only through autopsy i.e., when a person dies), follow Level A evidence and the three step protocol.

THE TRUE SOLUTION


Three step protocol

Step-1: The moment you see a person with heart attack like symptoms, give him two small Aspirin (75 mg) to chew and swallow down with water. This one act reduces the chances of mortality by 20%.




Management of Heart Attack
1st 162mg Aspirin crushed (162mg Aspirin for 30 days) Reduction in mortality by 20%
<i>NEJM 1997(336):847-860</i>

It is advisable to consume the same dose of Aspirin for the next 30 days. If somebody is allergic to Aspirin, he can be given Ticlopidine 500 mg in crushed form.



If allergic to aspirin
Ticlopidine 1st 500mg crushed


Step-2: Glycerol Nitrate- it is a spray and one spray equals 0.4 mg.



Management of Heart Attack
Glycerol Nitrate- Sublingually 0.4mg every five minutes maximum 3 doses
<i>Journal of American College of Cardiology</i> 2013;61(4):e78-140

Take one spray after every five minutes but don't take more than three doses. This is expected to provide immediate relief from pain. It neither reduces nor increases the mortality but makes the patient comfortable.

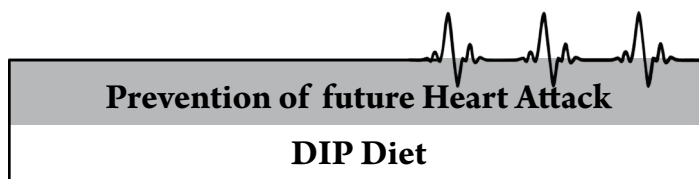
Step-3: Check BP. If it is more than 160 mm Hg (systolic), Atenolol 100 mg (Beta blocker) can be given.



Management of Heart Attack
Atenolol 100mg if B.P. >160mmHg (systolic) 23% reduction in death
<i>Br J Clin Pharmacol</i> 1999; 48:284-298

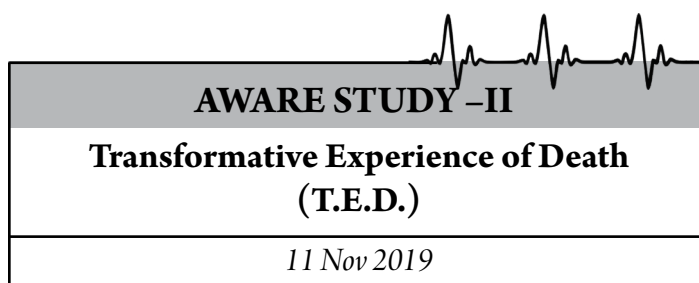
This provides 23% reduction in death. This means it is to be given for blood pressure associated heart pain.

These are the three steps which will come handy to you if a heart attack is suspected. Till now, all the medical evidences of 200 years point out that these are the most reliable things that you can do. On the other hand, if you follow the standard popular protocols like taking the person to the hospital, they would cause more harm to the patient. The hospital protocols are very dangerous; more dangerous than the heart attack itself. Here the point that I am trying to emphasize is that the chances of survival will increase if you follow the three-step protocol in comparison to not doing anything or in comparison to taking him to the hospital. And from the next day, to get rid of the underlying cause of the suspected heart attack, the patient should start DIP diet for prevention. This is for recovery from the real cause.



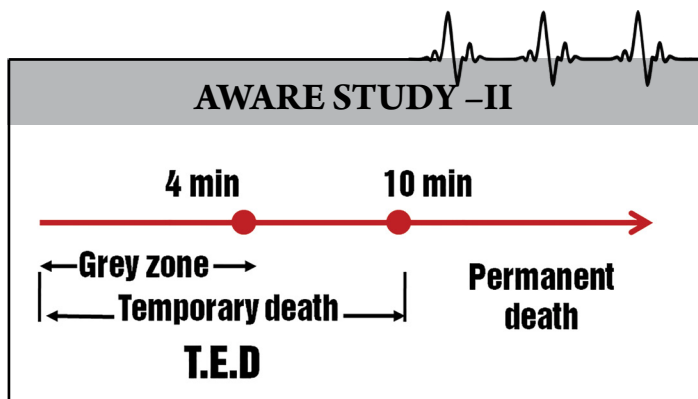
Till now, solution for the two problems i.e., chest pain & heart attack has been given to you. Moving over to the most important part of this training, if you see somebody dying in front of your eyes, what to do?

Aware 2 study is the most reliable study that discusses what happens immediately after death. This study started in 2008 and got completed on November 11, 2019.

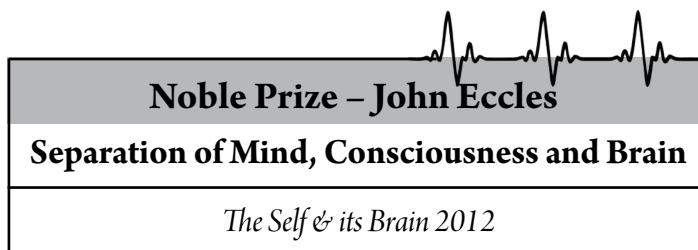


When a person dies, the Aware 2 study says, it is not death in the real sense. The first ten minutes are very important. It is temporary death and is called Transformative Experience of Death when there is no pulse, no breathing and no movement. The cells of the body are not dead. The cells have all kinds of food available to them - be it oxygen or nutrition.

The cells of the brain are alive up to four minutes.
i.e., up to four minutes, it is called grey zone.




Grey zone is uncertain. It is in these four minutes, you have a chance to bring back a life! Clinically, he is dead but the brain is not dead. After four minutes, the cells of the brain start dying and by tenth minute, all brain cells die and this is called permanent death. This was proven by noble prize-winning scientist **John Eccles** in 1963 , the author of “The Self and its Brain” published in 2012.



Thus, whatever I have talked about is not a new science. Though there are new evidences but this was known to medical science in 1963 also.


So, the moment you see somebody dying and you think of calling the doctor or taking him to the hospital, you are actually making his death permanent. You just have 10 minutes (or specifically the first four minutes after death) and do you think you can take him somewhere in those 10 minutes? No. The very thought of taking him to the hospital will kill him permanently.



Death of		
Bones	-	4 days
Skin	-	24 hours
Brain	-	4 mintues


Cardiac arrest

And if the death occurred in the hospital itself then in many hospitals, just after 2 minutes of death the organ removal process is initiated specifically if the patient had signed for organ donation hence losing the person permanently.



Grey Zone
No breathing 2min → Organ donation No pupil dilation
<i>Journal of Intensive Care Medicine 2012;27(4): 238-252</i>

Else in hospitals traditionally two kinds of medicines are given - Epinephrine and Amiodarone. The former is a hormone injected into the body and when it enters the body, it constricts the blood vessels. It makes the blood vessels smaller. When it constricts the blood vessels, it pushes the blood and creates blood pressure. As a result, there are chances that the person can revive for a while.



Administration of epinephrine has either no benefit or even can harm patient centered outcomes.
<i>Current Opinion in Cardiology: 2013,28: 36-42</i>

Epinephrine is a kind of medicine that is injected into the body for the last 60-70 years with the belief that it increases the chances of revival of blood circulation. But now it is seen that Epinephrine


increases the chances of immediate revival of blood circulation but more often, within 2-10 days, the patient dies. It means the patient can immediately be revived for a while but before leaving the hospital, he dies. Therefore, according to the new recommendation of the Paramedic 2 trial, Epinephrine should not be given to the dead patient because after Epinephrine the patient may revive for a while but may not survive. What is our aim? Do we want the patient back only for one or two days? Certainly not. We want the patient, who once revived, to live a long life.



PARAMEDIC 2 Trial

More survivors had severe neurologic impairment in the epinephrine group.


N Engl J Med 2018; 379:711-721



Evidence show no benefit of amiodarone for survival in cardiac arrest.


Resuscitation 2018;132:63-72

Simultaneous step in hospital protocol is **CPR (Cardio Pulmonary Resuscitation)**. Chest compression plus two breaths. Every 30 compressions are followed by two rescue breaths. Here, what we need to understand is whether this age-old medical practice actually helps in survival? There is a problem associated with it. If you do not practice CPR every three months, your skill on CPR reduces by as much as 60%.




50 to 60% skill retention after 3 months of CPR training
<i>Resuscitation 2007 Doi;10.1016/j.resuscitation. 2006.12.012</i>

The doctors have learnt this technique once in their lifetimes and they feel that they are experts but in reality, when need arises, their expertise is found to be reduced by 60%. Secondly, in CPR more than 100 compressions in a minute need to be performed. It is noticed that CPR is less than 80 among 37% of the doctors.



In Hospital chest compression rate <80 cpm → 37% doctors	
CPM	ROSC
1. 90-138	75%
2. 70-90	58%
3. 40-70	42%
<i>Circulation 2005;111:428-434</i>	

There are chances that even an emergency doctor is not able to do CPR perfectly though it is quite a simple process. This points out the need for continuous practice and it should be a practice not only with the doctor dealing in emergency but also with the general public because mostly a person gets cardiac arrest not in the hospital but outside the hospital many times in front of the family members. In Denmark, for ten years, they put in a lot of effort and conducted mass training on CPR and as a result, in 2010, the survival rate of a cardiac arrest victim increased to 22% (8% in 2001).



Denmark
Survival increased from 8%(2001) to 22%(2010) because of mass basic life support training.

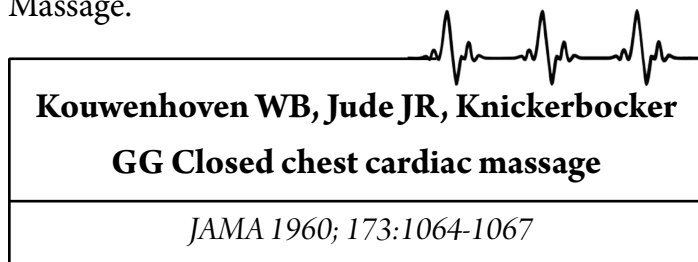
What to do when a person dies in front of your eyes?

Death is the ultimate truth of life. If someone dies in front of your eyes, what would you do? He is not breathing, no pulse, no response. Clinically, he is dead! In such a situation, it is pertinent to know 'what not to do'.

The first 3-4 minutes (i.e., 180-240 seconds) are of utmost importance. First of all, don't panic. Don't call the ambulance or the neighbors because such actions will simply waste the much precious time which in turn will reduce the chances of revival of the clinically dead person. Don't perform CPR (Cardiac Pulmonary Resuscitation) either. Then what should we do?

From 1960 onwards, it has been established that by performing a specific action on the dead person,

his chances of revival may increase by 70%. This specific action is called Closed Chest Cardiac Massage.

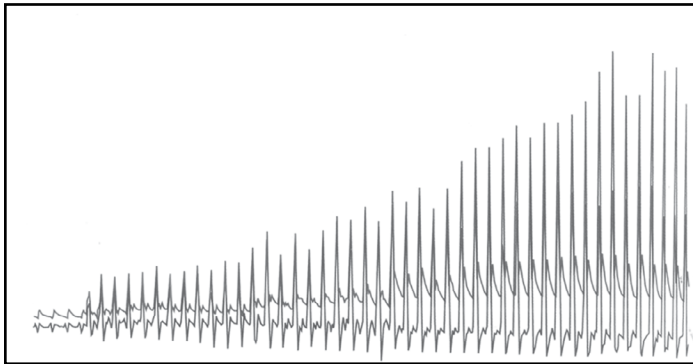


Before moving on to Closed Chest Cardiac Massage, it is important to understand the protocol, if a person suffers from cardiac arrest in the hospital set up.

The doctors in the hospital perform CPR. Even children in schools are being trained to perform CPR. CPR is cardiac compression which includes 30 compressions followed by two rescue breaths i.e., mouth to mouth breathing. This is where the problem arises. Because of these breaths, the chances of revival of the dead person is up to 10%.

We need to understand, what happens when we perform chest compressions on a dead body. By giving compressions, pressure develops in the heart

and this further increases the pressure in the right atrium of the heart. (See figure). Find the coloured graph at the end of the book.



Raessler KL Kern KB, Sanders AB, et al. Aortic and right atrial systolic pressures during cardiopulmonary resuscitation; a potential indicator of the mechanism of blood flow.

Am Heart J. 1988;115:102-1029

The blue line represents the pressure of the right atrium and the red line represents the pressure of the aorta. The pressure difference between the atrium and aorta is called CPP (Coronary Perfusion Pressure). As the pressure difference increases, the blood circulation increases and

as blood circulation rises to 20% of the normal pressure levels in otherwise normally beating heart, the chances of revival of the clinically dead person increases. This is the basic principle behind cardiac compression. Now as per the present protocols when you are giving 30 compressions and pressure is building up, in such a situation you start mouth to mouth breathing, ventilation and oxygenation, as a result, the pressure drops to zero (of both atrium and aorta). Then you start compressions again to rebuild pressure. This interruption decreases the chances of revival of the dead person.



Berg RA, Sanders AB, Kern KB, et al. Adverse Hemodynamic effects of interrupting chest compressions for rescue breathing during cardiopulmonary resuscitation for ventricular fibrillation cardiac arrest.

Circulation. 2001;104:2465-2470.

If we read page number 1170 of the most referred book around the world on heart “The Heart” by Hurst, 13th edition, the chapter entitled ‘Rescue

breathing', says the chances of survival decrease by rescue breathing instead of being increased. Unfortunately, the protocol in majority of the hospitals is compression followed by rescue breathing. That is why I always advise against taking the person to the hospital, rather efforts should be made to revive the patient there on the spot itself since by taking the patient to the hospital, you will not only lose the crucial first-four minutes but also let the cardiac arrest patient undergo the standard procedure of epinephrine/ CPR etc. further lowering his chances of revival. If you really want to revive the person, you must perform cardiac compressions perfectly, which was earlier referred to as Closed Chest Cardiac Massage. There are four steps of doing this.

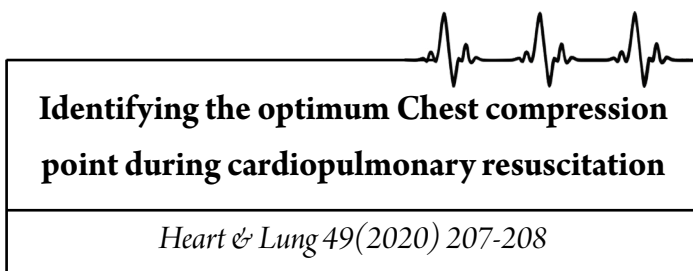
Step-1:

First identify if the patient is clinically dead, living or dead. How you can do it? No breathing, no pulse and this has to be identified within the first 3-4 seconds. Many times, we feel that the patient is moving and breathing. This is called gasping. During gasping, the person tries to breathe through

the mouth. This can also be called clinical death if there is no pulse. Check the pulse. If you can't feel the pulse, immediately start cardiac compressions without wasting any time.

Step-2 :

Beside avoiding the rescue breathing during chest compression, the most important factor which can decide the successful return of spontaneous blood circulation (ROSC) is to identify the correct location of optimal chest compression point. The current guidelines identify the middle of the chest and more specifically the lower sternal half, at the inter-nipple line (INL). By identifying the above location as a point of compression, the chest compression is unknowingly performed over the left ventricular outflow tract (LVOT) resulting in an impeded LV ejection.



83% successful resuscitation is seen in animal model when chest compression is done at a point which can generate highest coronary perfusion pressure (CPP) in comparison to only 20% successful resuscitation, when compression point is decided based on the present widespread guideline.



**83% of the animal in the max CPP group
were successfully resuscitated, compared to
only 20% in the STD one.**

Heart & Lung 49(2020) 207-208

How to locate the compression point to generate Max CPP

1. Find the centre of INL at the sternum.
2. Shift about 3.2 cm towards the left (of the victim) and above 1.6 cm caudal to the centre of sternum at the INL level.



A hypothesis generating optimal compression point was found 3.2 cm to the left and 1.6 cm caudal to the centre of sternum at the INC level.

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine (2016) 24:25

Step-3: Depth of compression

Depth is very important. If the person is an adult, the depth should be 2 inches and if it is a child, the depth should be between 1 to 1.5 inches depending on the age of the child. So, depth is very important to give the right compression.

Step-4: Number of compressions per minute.

The compressions should not be less than 100 and more than 120 in one minute.

You can do the above four steps perfectly if you practice regularly for at least 5 minutes per week i.e., 500 compressions per week. For practicing, you can buy a mannequin and practice at least five

minutes in a week. But there are some problems with the mannequin. It is fragile and can break or disintegrate after regular and constant use. Secondly, it does not simulate as in a real situation. When you give compressions to the dead body, the pressure will gradually build up so each compression will be harder than the previous one. In mannequin, the pressure is uniform and so compression is easy. Thirdly, it is bulky and expensive costing Rs 15,000-20,000.

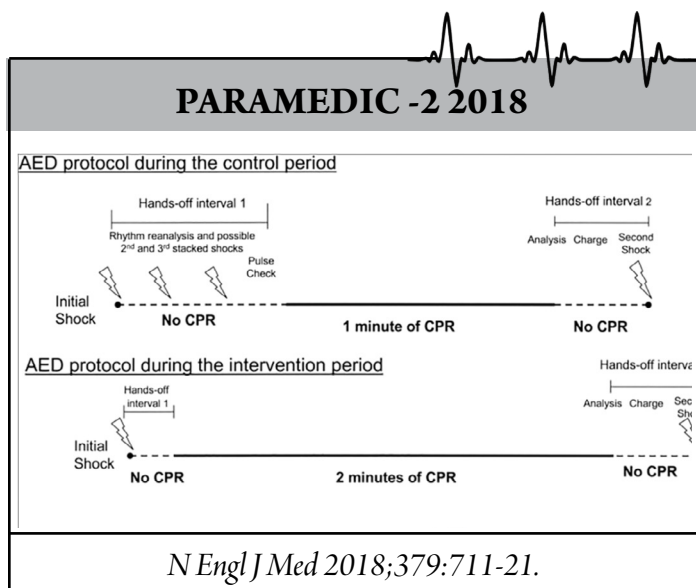
The best way to prepare yourself so that you may be able to bring back a life is by training yourself on a “Cardiac Compression Trainer”, a tool provided with the 1-month Code Blue Training Certification course, by Lincoln University College, Malaysia. The “Cardiac Compression trainer” tool simulates more closely the real compression as compared to standard available CPR mannequin.

Step-5:

While performing cardiac compression the next step is to reach out to an Automated External Defibrillator (A.E.D). To know about A.E.D, first you have to understand about Defibrillation. What exactly is defibrillation, I will explain by giving an example. Imagine the students are shouting in the

classroom. Suddenly the teacher comes to the class. What does he do? He shouts aloud at the students and asks them to keep quiet. Suddenly, the students get quiet and the teacher starts teaching. The same thing happens with our heart. During the cardiac arrest, although there is no pulse, no breathing, but there is some electrical activity. Chaotic electrical activity occurs in all directions. That is why the heart is not able to use that electrical activity and it is unable to convert the electrical activity into pumping action. There is some electricity even when the person is dead, even when there is no pulse and no breathing. Since that electricity is occurring in a chaotic manner and not in a sequential manner, it is not translated into blood pressure or the flow of circulation. At that time, it is a shock given to the heart just like the teacher suddenly shouting aloud. As a result, all the cells get into discipline and there are chances of the revival of electrical activity and the blood pressure may resume and the person may get alive. This is called **Defibrillation**. Now, how to do it? When you go to the hospital, how many shocks are to be given? In the hospital set up, there is a possibility that the doctor may give three shocks or two shocks then one chest compression and then one shock. It depends on what the doctor

has learnt and how much he has updated himself. The truth now is, according to the latest evidences, one shock then Chest compression for two minutes then one shock.



How to decide how many shocks, how many cardiac compressions to be done, how long the cardiac compression has to be done we cannot decide. The automated External Defibrillator (A.E.D) can detect the electrical signal pattern of the heart and helps us to know till how long the cardiac compressions need to be done. This device

costs nearly Rs 1.5 lakh. It is very portable and comparable to a laptop and should be there in every colony. If the person has cardiac arrest and if you have this device and if you give shock within the first four minutes, there are 74% chances of the person getting alive. In the absence of the device, the chances of revival are just 10%. Thus, through this device, you can increase the chances of revival from 10% to 74%.


How does A.E.D work?

Heart Defibrillator

It is a very simple device designed to be used even by a layman. Once you start the machine, it starts speaking. You just have




to follow what it says. In fact, when you buy this machine, some of the companies offer free training of one hour or two hours, which is sufficient to handle the machine. If within 4 minutes of clinical death, you can reach the machine, the chances of revival of the person will be high.



PARAMEDIC -2 2018
AED increase chances of survival by 20 times.
<i>N Engl J Med 2018;379:711-21.</i>

At this point once the blood circulation and breathing returns, the patient may be in deep sleep or coma, at this moment comes the third step (after cardiac compression & defibrillation) i.e. Hypothermia (cooling).




Cardiac Arrest	
Step - I	Chest compression (Not CPR)
Step - II	A.E.D.
Step - III	HYPOTHERMIA (Cooling)

When the person revives and the person is in deep coma, the person should be kept cool by one degree i.e., not 37°C which is the normal temperature but just 36°C. How can you do it? You can do it at home

by keeping ice all over the body; keep the room temperature as low as possible. If you can do it, you can save the victim from neurological damage. We keep fruits and vegetables in the refrigerator. Why do we do it? So that they don't get spoiled. In the same way, when you keep a person at a cool place, then neurological damage (because of the excess of oxygen or lack of oxygen) occurs very slowly. Unfortunately, it is not followed in any of the hospitals as far as I know..

It is also called Target Temperature Management (TTM).



Cardiac Arrest Protocol
Target Temperature Management (TTM) ≤ 36°C for 24 hrs
<i>N Engl J Med 2013; 369:2197-2206</i>

According to a trial that took place in 2013 which said that if you can keep the person in less than 36 degrees for 24 hours, the person revives. This means the person is in coma but he is alive i.e. he is

in deep sleep. If the person is in deep sleep, keep the person cool for 24 hours and then after 24 hours, keep the person in normal temperature, then there would be good chances of survival without the brain damage. What is important here is not just survival but survival without brain damage.

Let us take an example of Arun Bhasin. He died in the snow.



Mirror NEWS - POLITICS SPORT - FOOTBALL CELEBS TV FILM ROYALS MORE -

Miracle man comes back 'from the dead' after 3.5 hours - medical skill and high tec machine save him

A MAN whose heart had stopped was brought back from the dead after three-and-a-half HOURS.

By **Mirror.co.uk**
00:00, 14 JAN 2011 UPDATED 18:52, 26 JAN 2012

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His body was taken to the hospital after few minutes and all the protocols (which I have just explained) were followed. He revived after 3.5 hours of death. There had been numerous examples like Arun

Bhasin. When these patients are asked about their experience while they were dead, most of them responded, they could see their body and see the people around them. They really wanted to come back. This is Aware 2 trial. They could see their body and this was testified and while at that time, whatever they were doing, the patient is able to give the real account. How did the patient know? There is no way the patient would know. The conclusion is that the body may be dead but the spirit can see without the eyes for first 3-4 minutes and if you can do something within those minutes, then there are chances that the spirit comes back.

Read Aware 2 trial and then you will understand that next time you see a person dead, you will assume that he is not dead; he is on Transformative Experience of Death (TED) and this is the chance to bring back the life. This is possible only when more and more people get this expertise.

Now you know, the first four minutes after the clinical death is the last four minutes left with you to bring back the life and give that person a second

chance to live. What else can be more satisfying and superior than making a dead person walk again.

This whole effort of bringing back a life is medically called “Code Blue”. On moral ground every human being should learn this skill. You too can be “Code Blue trainer”. The best way to do that is by joining one month certification course by Lincoln University Malaysia.

I conclude the book here with the hope of a new beginning, a new life for more and more people who had a close brush up with death but are living again because of the knowledge provided in this book.



Code Blue Certification Training

(Protocol To Reverse And Manage Chest Pain, Heart Attack And Cardiac Arrest)

Overview: Aim of the training is to equip the clinicians and the layman with the skills to successfully manage and revive a chest pain, heart attack, and cardiac arrest victim. It is an evidence-based training with reference from more than 100 research papers (available in Pubmed) since the propagation of Cardiopulmonary Resuscitation, which started in the early 1960s.

Duration: One-month certification course

Content:

- 1) History of Cardiac Resuscitation
- 2) Diagnosing a cardiac arrest
- 3) Principle of Cardiac Resuscitation
- 4) Cardiac compression technique
- 5) Comparison of popular CPR Vs Cardiac Compression
- 6) Principle and practice of automated external defibrillator
- 7) The latest evidence base of the widespread practice of :
 - a) Oxygen therapy
 - b) Administering epinephrine
 - c) Percutaneous coronary intervention (PCI)
 - d) Bypass Surgery
8. 3 Step protocol to manage
 - a) Chest Pain
 - b) Heart Attack
 - c) Cardiac Arrest (AED required)
9. Prevention of future chest pain/heart attack/ cardiac arrest
10. CME & practice to be a successful "Code Blue Trainer".

Training material:

- 1) Code Blue Trainer's Reference Book.
- 2) Cardiac compression training tool
- 3) Code Blue Trainer's practice T-shirt.



Course Fee:

INR 21,000/-
(including GST + Courier)

Mode of Training:

- 1) Training through online / video modules
- 2) Practice & evaluation through online/video conferencing

To register go to www.biswaroop.com/codebluetraining

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Let every morning be the Hunza Morning

If you have decided to pick only one of my suggestions for the sake of your health, then take this suggestion :

Stop consuming tea specially, morning tea. The early morning tea makes the inner lining of your intestinal wall acidic, as after a long night of fasting your stomach is empty and craving for food. An acidic stomach on a regular basis is the single biggest cause of all kind of inflammatory and lifestyle diseases including arthritis, Diabetes etc.

How to stop craving of tea —————> Switch to Hunza Tea

Hunza Civilization: Hunza people are the Indians living at extreme northwest of India in Hindu Kush range. They are known to be one of the world's healthiest civilizations, often living up to the age of 110 years.

How to prepare Hunza Tea (serves four):

Ingredients:

- 12 Mint leaves(Pudina)
- 8 Basil Leaves(Tulsi)
- 4 Green cardamom (Elaichi)
- 2 gm Cinnamon (Dalchini)
- 20 gm Ginger (Adrak)
- 20 gm Jaggery (Gur)

Instructions:

- Take 4 cups of water in a tea pan
- Add all ingredients, simmer it for 10mins
- Add a dash of lemon juice and serve hot or cold

For those who are too lazy to collect the above ingredients (to make their own hunza tea) may order



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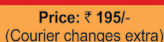
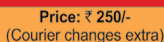
For more information contact :

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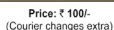
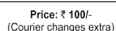
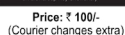
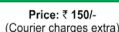
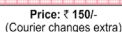
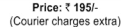
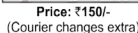
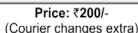
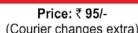
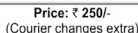
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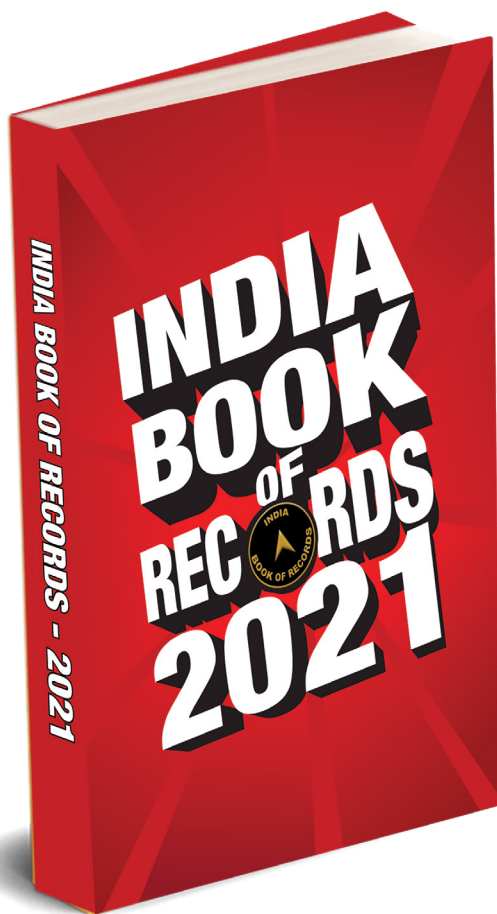


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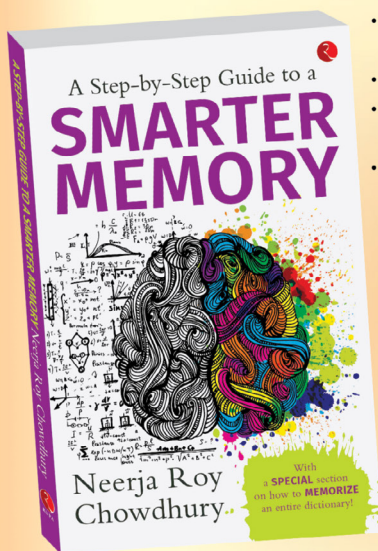
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About the author:

Neerja Roy Chowdhury, the name can be found in prestigious record books including Guinness Book of World Records and Indo-China Book of Records for diverse reasons. The most interesting of all is her ability to memorize the complete Oxford English-Hindi Dictionary. She has also developed software for memorizing a dictionary. She has travelled more than 100 cities internationally in last one decade training people on 'Memory Techniques'. Her latest book 'Smarter Memory' is published by Rupa Publication. Presently she is involved in developing curriculum in memory techniques for international universities.



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How India will be a Developed Country ?

Population explosion is a major problem before upcoming India. Today our population is reaching to the figure of 140 crores. Government has tried its level best to control this increasing population. Since 1947 Government has applied to various schemes under family planning programmes, but because of certain reasons these all efforts proved to be ineffective and population which was only 35 crores in 1947, now has become 140 crores. So it is very much required to take drastic steps not to control our population but to halt this population explosion. China which is the leader of the world has adapted one family one child proforma and formulated a law to abide by and as a result of this now China's population has come to standstill. Though China is no.1 in the world in case of population it has three times more land than India, that means it has three times more natural resources but India and China's population are almost same and it is expected that India will surpass this figure of China in coming years. Everybody knows because of this population explosion our country is facing series of problems, we are in the list of developing countries. Our per capita income is just \$7600 per year, where is to become a developed country more than \$12000 per first year per capita income is required. So we have to take much efforts, to control our population at this stage by framing a law stating that every couple must have 2 children or less. If any couple break this law then there should be a provision that the third offspring will not have any fundamental rights as a citizen of India and he /she will not have the right to vote in any election of India. Further more the couple should be prosecuted for this offence. If this is done, then automatically our population growth will come to standstill and this will be the solution of almost all problems of common man in India. So it is very much essential that this demand of framing the law should be supported by all citizens irrespective of caste, religion, creed in India. People can do this because they are the Sovereign

**To support the mission and get regular updates,
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AGENDA-21

is

Health Freedom

Dr. Biswaroop Roy Chowdhury and his N.I.C.E (Network of Influenza Care Experts) team have helped and cured more than 50,000 COVID-19 and other infectious/communicable diseases patients (including smallpox, typhoid, tuberculosis) with zero medicine/money/mortality.

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Duration: 1 month

Content:

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- Diagnosis of ILI
- History and Chemistry of Flu Viruses
- Three Step Diet to cure ILI
- Caring for ILI Patients
- Practice and hands on training on real patients (under the supervision of Dr Biswaroop Roy Chowdhury and his medical team)



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Its time to be N.I.C.E

When a person dies, the Aware 2study says, it is not death in the real sense. The first ten minutes are crucial. It is temporary death and is known as the Transformative Experience of Death when there is no pulse, no breathing, and no movement. The cells of the body are not dead. The cells have all kinds of food available to them-be it oxygen or nutrition. The brain cells are alive for up to four minutes, and these minutes are known as the Grey Zone. The Grey zone is uncertain. It is in these four minutes; you have a chance to bring back a life!



Dr. Biswaroop Roy Chowdhury, Ph.D in Diabetes, is known for the revolutionary DIP diet. He has authored 25 books and runs centres in Switzerland, Malaysia, Vietnam and India. Currently serving as an honorary board member of Shridhar University, India, Dr. Biswaroop also runs training programs on medical nutrition and emergency life support for Lincoln University College, Malaysia.



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