

Truth of Drugs and Magic Remedies Act



# When Cure

is  **Crime...**

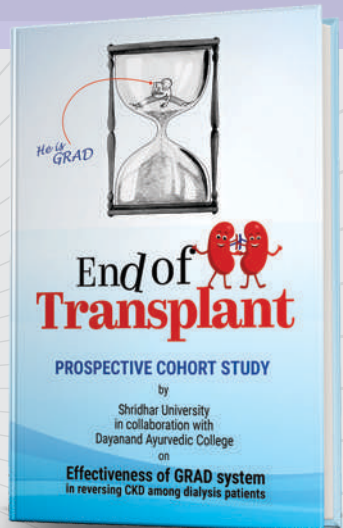
Dr. Biswaroop Roy Chowdhury



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## Please read this before delving into the book.

Now, there is a cure for once-incurable diseases such as Chronic Kidney Disease, Type-I Diabetes, and Thalassemia. On July 23, 2023, a significant milestone was achieved as I presented my patients who had successfully recovered from these aforementioned ailments at the LTG Auditorium in New Delhi, coinciding with the birth anniversaries of Chandra Shekhar Azad and Lokmanya Bal Gangadhar Tilak. Their remarkable journey to recovery was made possible through the use of my invention the GRAD system, harnessing the power of heat, gravity, and nutrition, in conjunction with the DIP diet.

Respected individuals within society, including Justice B. G. Kolve Patil, a former judge of the Mumbai High Court, and MLA Anil Sharma, have also provided their testimonials (*refer to Appendix II & III*). Additionally, an official from the Nepal Ministry of Health presented compelling evidence of the effectiveness of the DIP diet (*refer to Appendix I*).

The event was broadcast live on two national TV channels, Sudarshan News and Sadhna TV, and simultaneously streamed online across various social media platforms. In a concerted effort to capture the attention of both state and national health authorities, over 1000 invitations were dispatched to relevant health officials. Furthermore, full-page and front-page advertisements (*see page 16*) were prominently featured in multiple national newspapers. All these endeavors were driven by the aspiration that this much-needed innovation would reach patients who are otherwise burdened by the relentless deterioration of their health and financial well-being.

However, to our profound surprise and disappointment, health authorities not only chose to disregard the noble intent behind this innovation but also placed a formidable obstacle in its path, known as the Drugs & Magic Remedies Act of 1954, derived from the Drug Act of 1940— when India was a slave under Britishers. This marks the beginning of a disturbing tale in which a potential cure is unjustly criminalized..."

**Dr Biswaroop Roy Chowdhury**

# GRAD system presented to Scientific Community

1. Date: **15 September, 2023**

Event: **MAFIM (Malaysian Association of Advancement of Functional & Interdisciplinary Medicine)**

Place: **Palace of Golden Horses,  
Malaysia Palace of the Golden Horses, MALAYSIA**

GRAD system was presented at MAFIM (Malaysian Association of Advancement of Functional & Interdisciplinary Medicine), in the presence of doctors/scientists /research Scholars from more than 10 countries. To watch the video scan the QR Code:



2. Date: **29th June 2023**

Event: **G20 and S20 Event (Technology for Society)**

Place: **Indian Institute of Technology (IIT) Mandi,  
Himachal Pradesh, India**

GRAD system was presented at IIT Mandi, India, in the presence of more than 600 audience mostly scholars & scientists from across the country. To watch the video scan the QR Code:

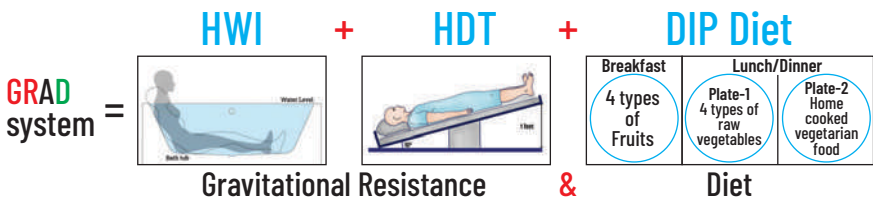


3. Date: **18 September, 2022**

Event: **Understanding GRAD & DIP diet**

Place: **National Ayurveda Research and Training Centre,  
Kathmandu, Nepal (Office of National Health Ministry)**

Training on GRAD system & DIP diet was imparted to the doctors of National Health Ministry, Govt. of Nepal. To view the appreciation certificate, scan the QR code:



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## **Dedication**

Dedicated to my angel daughter Ivy,  
loving wife Neerja

&

caring parents

Shri Bikash Roy Chowdhury

Shrimati Lila Roy Chowdhury





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# Part-I

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**When Cure is Crime...**



“This book has been adapted from my lecture on July 23, 2023 organized at LTG Auditorium, New Delhi.”

— Dr. Biswaroop Roy Chowdhury

To watch the video, scan this QR code:



Hello and Vande Mataram!

Friends, it is interesting to know that uttering these words, ‘**Vande Mataram**’ were deemed to be a crime before the year 1947. Several people landed themselves in prison due to the law of this land just for uttering them. Although today, post-independence, we all are now free to voice ‘Vande Mataram.’

On similar lines, my topic of discussion here would also result in my committing a crime of sorts, quite like the uttering ‘Vande Mataram’ during pre-independence era.

You would be surprised to know that my mentioning about the diseases like Kidney failure, Diabetes Type – I, Thalassaemia, Cancer and Heart disease as curable medical conditions, is a crime in the eyes of Law. I will be viewed as a criminal for violating *The Drugs and Magic Remedies Act, 1954*. This Act was devised to suppress our age-old *Ayurveda* medication by the British Rule in the year 1940 where it was known as the *Drug Act*.

The Britishers initiated to down-size and oust Ayurveda from our own land, way back in the 1930’s. As per the suppressive measures, all practicing physicians of Ayurveda were put in prisons. This is how, their strategy lasted for a decade from 1930’s through 1940’s and the *Drug Act* was enforced in the 1940’s by the British.

After they left India, this Drug Act continued to become *The Drugs and Magic Remedies Act*. And this is how, I can be considered a criminal under law and just for your information, there is already

## Part-I: When Cure is Crime...

a criminal case running against me under the Drugs and Magic Remedies Act.

The Ministry of Health, Government of Nepal conducted a clinical trial on my mathematical model of nutrition, the DIP Diet (refer Appendix-I). Similarly, Ministry of AYUSH, Government of India also conducted a clinical trial on the DIP Diet (refer Appendix VIII & IX). Both were the randomised control trial.

The latter trial was carried on bone and thyroid related ailments, with controlled number of groups.

An observational study was conducted on efficacy of DIP diet on CKD patients by Lincoln University College, Malaysia. Conclusion of this study can be read on Appendix X.

Such trials in India or abroad, establish a proof that all these diseases are curable – only that we can neither speak of it nor claim that we can cure them.

Next, I'm going to commit another crime as per Drugs and Magic Remedies Act, I'm going to perform magic. For this you need to have access to the Magic pen which I call as the *Circadian pen*.

The time scale, which I call as Circadian Pen ranges for 24 hours beginning midnight. There are four rings on this time scale that can be set to where F.O.O.D. is mentioned. If you can read in the image below, the time scale reads F.O.O.D.

## Circadian Pen



Imagine you are consuming a certain amount of food in 24 hours – it can be 1kg or 2 kgs or else, it may be any type of diet be it the DIP Diet or any other type of diet - that does not matter. We shall revisit the diet later on whether you consume a DIP diet of

any other kind. However, what time of the day you are having this food, is what matters.

## Time as Disease

Once you set the timing of this food on your pen, showing what part of the day is your food consumption – the pen can predict whether you are going to fall ill, or remain ill (in case you are already ill) or else, your disease will stay with you forever.

If I keep shifting this word FOOD to the time of the day – from morning to night anytime – the shifting decides the status of your disease. Let us understand this with an example.



Let's say the sun sets at 6: 00 P.M. on a given day and you decide that you will only eat after sunset, whatever be your food quantity. Please note, you have decided neither to change the food nor the quantity of the food but just the time zone of the consumption of the food.

So, let's say you eat half the portion after sunset and half before sunrise and set this pen accordingly.



There are many people who work during the night, especially shift workers who are supposed to work at odd hours and others like IT professionals or TV anchors who eat during night time. Even if they take the DIP diet or the best and healthiest food during the night, they are likely to get cancer or else, this can give you heart disease.

You just changed the time of food consumption and found out the concept of *Time as Disease*. The more you shift the time of food consumption away from the sunlight hours, the more you

## Part-I: When Cure is Crime...

become prone to cancer, or kidney failure or else, diabetes and hypertension. This is how we understand the concept of Time as Disease.

## Time as Medicine

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Now, if you set your Magic Pen again for day-time, as you can see in the image below, I have placed the alphabets at 8:00 am in order to eat my first food portion between 8:00 am until noon. The next two portions I will have at 2:00 pm, followed by 6:00 pm respectively.



As soon as you set your Magic Pen (Circadian Pen) for day-time eating, you will notice that within a week's time your blood sugar and blood pressure will start dropping.

Your body pain is expected to reduce and you will expectedly feel a boost in energy levels. Point to be noted is that you have not changed the food or its quantity but just the 'timing' of your food intake.

In other words, 50% of the food we take is by 12 noon. The rest of 50 % by 2:00 pm and 6:00 pm. We follow this routine in our HIIMS Hospital for providing meals to our patients.

We are sure that no matter what the disease may be, food intake timing works on all kinds of diseases – cancer, heart, kidney, etc. When we follow this routine, the patient says that his pain is reducing, his digestion is improving, or dissolving any acute deposits in his body, which can be physically noticed.

This is the concept of *Time as Medicine*. Understandably, it is recommended that one keeps this Magic Pen aka Circadian Pen in the pocket, instead of the stethoscope around the neck.

This proves how easy it is to remain healthy or to become healthy. You don't have to spend a single penny. We are not even directing you to eat a specific diet or take specific kinds of food.



All we are saying is that *if you change the timing of your food intake then the circadian rhythm of our body starts automatically getting corrected*. When this auto correction happens, it results in cancer or heart diseases getting automatically corrected as well.

## **Nobel Prize Winning Science**

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The time and food relationship factor are a Nobel Prize winning science that came into being in the year 2017. This is also true that such facts are written in our country's *ancient Ayurveda scriptures* and we know them since thousands of years. However, we need to follow them too and write them down in daily experiences of our lives.

In case you procure this circadian pen and someone asks you what can be done for their disease, all you have to do is to advise them to *“eat in the bracket of 8:00 am and 6:00 pm.”* This may not be advised for all their life but certainly for as long as their pain or diseases last.

When the diseases disappear, you can advise the timing to be more flexible and increase the time bracket from 8:00 am to 8:00 pm.

In addition, since you already know about the DIP diet so you can bring the two things together–

**1. Time as Medicine and**

**2. DIP Diet** – for their benefit. Rather than suggesting them to eat anything in a given time bracket, you can advise the DIP Diet during their meal time.

I can personally vouch that 90% of the symptoms of a disease start disappearing during very first week of starting the two together (Time as Medicine + DIP Diet).

The clinical trial conducted on DIP diet was noticed by both the governments of India and Nepal (Appendix I, VIII, IX), but in reality, this will remain and has remained in the past too – only in books. Such trials are not given any publicity or mileage for the benefit of the people at large. The government is not publishing such work. Instead, if someone is going to make such simple cures public, they will introduce a law against making it public!



Is there even a necessity of publishing full-page advertisements for a workshop or spending so much money just to prove simple cures are possible for serious diseases? Apparently, the government stresses over establishing good health for all its citizens. So, this should be automatically publicized by all means.

## Health Slogan

23rd July marks birth anniversaries of two stalwarts of India - Chandra Shekhar Azad and Bal Gangadhar Tilak. Bal Gangadhar Tilak gave us the slogan, “*Swaraj is my birth right and I shall have it.*” True to his words, he helped our nation achieve Swaraj that is self-governance or Independence for India. However, what I personally believe and would like to say on the special occasion of their anniversaries is that “*Health freedom is my birth right and I shall have it.*”

On the occasion of  
Lokmanya Bal Gangadhar Tilak  
&  
Chandra Shekhar Azad Jayanti

Release of  
Evidence of  
Cure for  
Incurable

Release of  
Fish Tank  
Model for  
HEART CARE

Live at: साधना NEWS

AYUSHMAN  
SHRIHAR  
HIMS  
RICE  
SRINIVAS UNIVERSITY  
MILLETS 2023

It would be incorrect to say that in order to stay healthy one must need some sort of an insurance, or loads of money, a large hospital, or a network of connections to help us through the treatment process. If a person is born on this earth, then it is his right to remain healthy. Moreover, it is our collective experience, both mine and that of many amongst us that it is very easy to cure ourselves of any disease or ailment provided we are aware of the correct technique and method to do so.

## Part-I: When Cure is Crime...

A point to ponder might arise on how is it that these very simple techniques of getting better are not reaching more and more people. Let us take an example of the very popular slogan '*Vande Mataram*' which simply translates to, '*I salute you, mother!*' There is nothing objectionable in this slogan, you would agree. Yet, the British government banned this slogan as they felt threatened by it.

They felt as if their existence was under threat every time this slogan was chanted. As soon as a general citizen of India chanted this slogan, his body experienced revolutionary feelings. He is awakened to the truth that he is being enslaved by the Britishers and he experiences a surge of emotions. As soon as the youth would chant the slogan, '*Vande Mataram*' loudly, they would realize that they are unduly held as slaves in their own country. Alongside, they would also realize that it is up to them and they can bring about change in the circumstances.

## **Enslavement Continues**

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Therefore, since the times of enslavement this has been an ongoing trend that whatever is a threat to the existence must be banned. Even today we can see live examples of this method of oppression. Wherever there is a technique or methodology of cure which can pose a threat to the allopathic lobby, there are efforts to push it to the ground or use law to counter it. Even to this date you all might feel that you are free and independent. However, in my perspective we all are a part of a zoo where we are tethered by chains. While some are chained to Thyroid while others are encaged in Diabetes, still others kept in Hypertension enclosures.



Taking the example of a zoo, if a child is born in a zoo itself, then how would it feel? He will consider the life at a zoo as normal as he is not aware of the world outside that zoo. Similarly, ever since you and I have been born, we have been exposed to this reality that once diagnosed with Diabetes or Thalassemia or for that matter any so called incurable life style diseases nobody has ever seen a cure out of these diseases. They are termed as incurable. It is imperative to understand that by virtue of being born to this imposed reality, we are unaware that there is a way out of these seemingly critical conditions.

The way to breaking open the cage is very simple and the tool needed to break the cage is in the form of the magic pen. You can use the circadian pen as well as the information shared with you (GRAD system) to break free from these undue bondages of diseases. The reason why it is taking such a tremendous amount of effort is that the systems that governs us, the most influential being the allopathic lobby, have a specific role to play.

If we take the randomized controlled trial (Appendix-I) done (on DIP diet) by Health Ministry of Nepal seriously and incorporate the findings in our lives then we will most likely be able to stop all kinds of diabetes medication and be cured of Diabetes for life. We will also understand the connection between Diabetes and Hypertension and also be cured of BP as well as Thyroid. It goes

## Part-I: When Cure is Crime...

without saying that this will pose a threat to the allopathic lobby, popularly known as the ‘Pharma Lobby.’

### Breaking Free

We can comprehend that the entire infrastructure has been built around this understanding that whatever poses a threat to the existence of Pharma lobby, must be banned.

Instead, they use ways and methods to chain us to specific diseases for all of our lives and reduce our movement within a zoo of ailments. There are several diseases that we have always assumed as incurable and have never seen a single testimony of a patient being cured of it.

Further in the book you will read several testimonies of revolutionaries amongst us. These very revolutionaries were once patients too who will now help you break free from the cages and chains of your ailments as well.

The first step, as I have shared previously is ‘Time as Medicine’ which is very easy to adopt.

## Circadian Pen



Now comes the second step: Here are a few of the references listed which elucidate about the results of the clinical trial conducted by the Ministry of AYUSH, (Appendix VIII, IX, XI) Government of India on our D.I.P. Diet. The results ascertained that whether it is Type 2 Diabetes or Insulin dependent Diabetes, there are chances that a patient can be relieved of the disease. The sooner a patient adopts the DIP diet, the better the results.

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

***Ctri/2018/12/016654***

**To Evaluate the Efficacy of Agnikarma and Disciplined and  
Intelligent Person Diet in Katigata-Sandhivata w.s.r to  
Lumbar Spondylosis – A Case Report**

***Int J Ayu Pharm Chem 2020 Vol. 13 Issue 1***

**Case Study – Reversal of Type 1 Diabetes Using  
Plant Based Diet**

***Journal of the Science of Healing Outcomes, Jan 2021 (Vol  
13, No. 50)***

## **Steps to Freedom**

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The first step to freedom is to create an understanding that we all are a part of a zoo where we are shackled by chains. Now we will take one step at a time to learn how can we free ourselves of these chains.

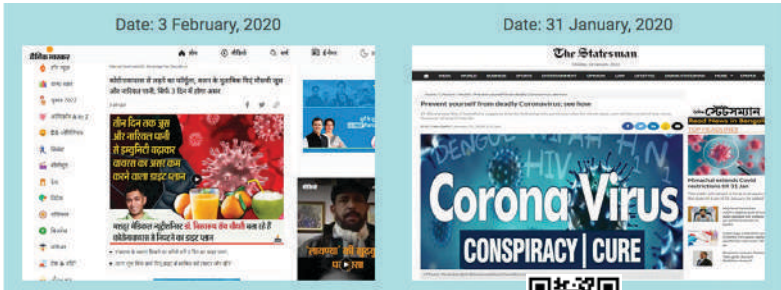
To illustrate this point, I will provide an example based on data from the past two to three years. I invite you to recollect the year 2020 when we were all are made to believe about a looming threat, a specter, which was said to eat us alive if we did not confine ourselves to our homes.

We all adhered to the imposed solution and chose to isolate ourselves at home. In January 2020, we were first introduced to this 'Ghost' through our television screens. Subsequently, we received advisories to remain confined within our homes, isolated from the outside world. This situation can be likened to how we sometimes frighten young children into staying at home by depicting a frightening image of a lion on the streets. More often than not, the child remains indoors, apprehensive of the potential consequences of encountering a lion.

On the 27th of January 2020 I released my first video and my articles were also published in the Dainik Bhaskar and The Statesman. Back

**Part-I: When Cure is Crime...**

then the term Covid-19 was not introduced and the world only used the term, Corona. I mentioned that this Corona is nothing but a flu which will very soon be scammed on a large scale.



To read the above article, scan this QR code



## Light of Truth

Since January 2020, Wuhan propaganda was all over the news, it became clear to me that it's a bigger game in the name of Corona than what it's actually being portrayed in the news. I had a deep understanding of such games earlier played by WHO in the name of H1NI or HIV. So it immediately occurred to me that in order to save the country from such foul play a strong army of people would be needed and to make people aware about this propaganda/game or minimise the damage done to the society or nation by WHO and other health authorities.

Keeping this in mind NICE (Network of Influenza Care Expert) was formed. We targeted to have at least one NICE expert in each district. To achieve this target a 3 months online training was started in collaboration with Lincoln University Malaysia. After 3 months i.e on 2nd of June, 2020 we started an emergency helpline number (8587059169). This 24 hr helpline number was open to all be it someone scared or suffering from so called corona or covid or flu (as we call it) or have cold, fever, pain and other discomforts symptomatically or those who do not have any symptoms but have been tested positive for corona. At this time when everyone and everything was under lock down, people dreaded to step outside,



our NICE experts served such patients and even visited those who called for help at their homes, making them aware about the conspiracy, making them understand the harmful effects of masks, removing masks and those who were suffering from symptoms of flu like fever, cold etc. (which is common phenomenon every year during this season!), making them aware about 3 step flu diet and stayed with them until they completely recovered from flu.

Moving ahead in this direction of serving people and the nation, with the help of MLA Shri Nilesh Lanke we opened a Covid Centre (we called it a flu centre). This Covid Centre at Ahmednagar being run by Shri Nilesh Lanke was operating under conventional way through medicines, isolation, quarantine and other govt mandated protocol. But when he came to know about our treatment protocols, he supported us fully and applied our principle “Mask & Isolation Kills, Love & Compassion Heals”.

All our protocols of 3 Step Flu diet, No masks, No isolation, we started treating patients without any medicines or conventional methods at this Covid centre. Around 60,000 registered patients were treated and cured without any mortality. And this was shocking and surprising for everyone because on one side conventional media and govt was creating uproar about wearing masks, staying locked at home, ventilators, oxygen cylinder was being talked about; while on the other hand at our Covid centre which we call as flu -centre, our patients were singing, dancing around and by following treatment protocol of coconut water and citrus fruits juice ; going back home fully recovered within 3 to 7 days. This was unbelievable for everyone under those circumstances in 2020 and 2021.

Further We invited the ministry of AYUSH and their doctors and experts conducted an observational study for 3 months on our patients and concluded that , 3 Step Flu Diet can treat mild to severe covid patients within 3 to 7 days without any mortality or whatsoever side effects”. They further recommended that in future 3 Step Flu Diet or NICE protocol can be used to treat such patients of covid or flu.

**Part-I: When Cure is Crime...**

To read the complete report by the ministry of AYUSH go to Appendix IV.



To watch the video of “Ahmednagar Flu Center” scan this QR code

This was achieved during the year 2020-21 when people largely never left their homes due to the fear of Covid. There were instances where if the parents contracted the flu-like symptoms which was considered as Covid, their children would simply leave them to the hospital and forget about it thereafter. All this happened during the time when even dealing with a dead body was not encouraged. The atmosphere was gripping with fear and families often refused to take home the dead bodies of their relatives out of fear of contracting Covid.

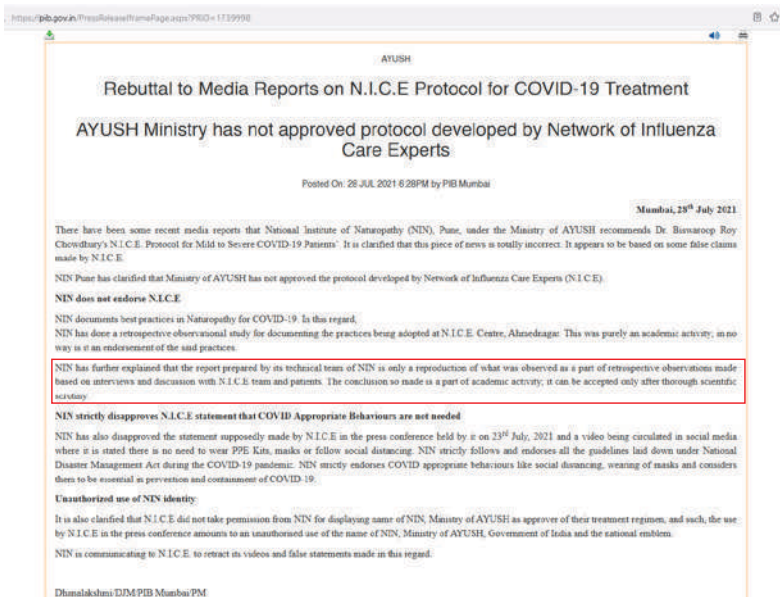
Just like we invited the senior representatives of the Ministry of AYUSH for the presentation, we had invited them in the year 2020 as well. We invited them to our Flu center to come and observe our way of treating the patients. The representatives of the ministry came and **conducted a three-month observation study.**

After three months they handed us the report of their observational study in May 2021. They observed and mailed me a letter that mentioned that most of the patients get cured in just one week. Also, they do dance, music, and meet-up programmes in the venue, and no one followed the social distancing rule at that time.

Also included is the 3-step flu diet routine, which includes coconut water, citrus fruit, and DIP Diet. This model can cure mild to severe COVID cases in the future. (Refer Appendix IV)

## AYUSH Report

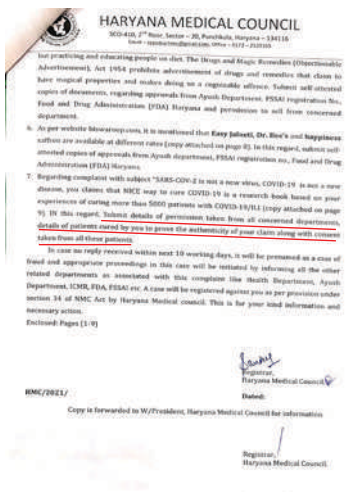
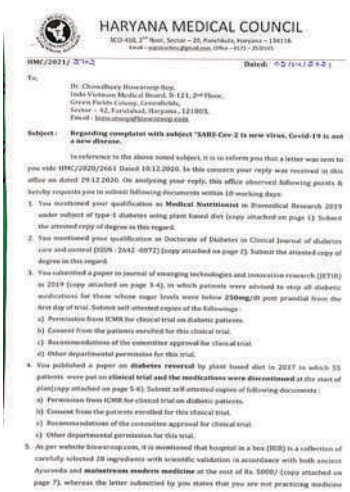
On July 23, 2021, exactly the same date as two years ago, we made the report public that Corona is not a reason to be scared anymore – it was not so according to me earlier too but this is official now! When this news spread in the media on July 28th, after 5 days of email from Ayush Ministry, I received a press release from the Ayush Ministry that clearly mentioned that the NICE team's conclusion is just a part of academic activity and can be accepted only after scientific scrutiny.



Whereas, it was a collection of more than 10,000 data, and it took more than 3 months to complete this activity. Even though some Ayush Ministry doctors were also involved in this activity, the authorities accepted this merely as academic activity.

## Part-I: When Cure is Crime...

This report is from two years ago; did they not have time to do scientific scrutiny in the last two years? If the COVID matter is too concerning and we have some solution for it, then why don't you tell us about it? If this thing is acceptable then accept it or else, you reject it. It's fine but tell us your status at least. This kind of clarity will not come out in the open, rather they will suppress the finding. I even got a letter from the ministry saying that if I shared about my findings, they would charge me with false allegations under the Drugs and Magic Remedies Act. Nonetheless, we continue to do our work, and we continued to receive variety of mails....



Here is a report of Haryana Medical Council who asked a funny question once where they said: from whom do we get permission to cure large numbers of patients?

Also give the data of 5000 patients; they didn't know about the actual figure, which was 60,000. They even mentioned that we have to submit the data within 10 days or else they will take legal action against me.

I told them that this is my country and these are my people. If anyone wants me to cure them, then I will cure them, and I don't need any permission from anyone. I replied them with the data of 1000 people who got cured after following NICE protocol or 3 Step

Flu Diet. The matter was long forgotten while I continued with my work.

Now, I would like to bring to your notice the example of one of my patients Ahanya who suffered from Nephrotic syndrome. Her Uncle is a pediatrician by profession. By going through what the child's uncle had to say, I would like you to realise how simple it is to treat a seemingly difficult health condition. Read her testimonial below.



To watch the video,  
scan this QR code



Baby Ahanya with her aunt (right)

## AHANYA: Nephrotic Syndrome

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### Case History

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Ahanya, age 06 years/female, resides in Bihar Patna. She was diagnosed with Nephrotic syndrome on March 2022. She had swelling on eyes, hands, face and body, so parents took her to the family doctor Dr. Avinash at MCH Hospital, Muzaffarpur (Bihar) after that Dr. Dharmendra at Parshad Hospital Muzaffarpur (Bihar) after that to Dr. Arvind Bagga (AIIMS, New Delhi) where She was given steroids for at least three years, although they were told that side effects were there and used to go for urine tests. When the discomfort did not vanish, then they thought of going for natural treatment. They went to the HIIMS Hospital Dera Bassi **12 October 2022** and started treatment and following the DIP Diet.

**Part-I: When Cure is Crime...**

	<b>Before DIP diet March 2022</b>	<b>After DIP Diet as on 23rd July 2023</b>
Medical condition	Nephrotic Syndrome	Healthy (since last 9 months)
Medications Taken	Omnacortil (Steroid)	Nil
Physical Discomforts/ symptoms	Severe side effects of steroids like swelling all over the body especially on eyes, abnormal weight gain, facial hair growth, proteinuria.	Nil
Investigations	Urine routine Proteins 3+	Not Available

**Read what her family and uncle Dr Avinash, a pediatrician shared with audience on stage being interviewed by Dr Anu Bhardwaj (BAMS, PGDIP) on 23rd July 2023.**

*“My niece Ahanya was referred to me since am related and family doctor as she developed swelling in her body. So, I performed some tests on her and reports came out with Albumin in her urine. These were the first findings for Nephrotic Syndrome. I further referred her to a nephrologist who confirmed Nephrotic Syndrome and she was put on Steroids.*

*But her health condition did not improve. Instead, she started experiencing some side effects of the treatment like increased hair on the body. So, I advised the family to take her to AIIMS Delhi, as it is the best Hospital in India.*

*Here the doctors continued the same treatment with steroids. Even after putting her on maximum dose of steroids there was no improvement in her health. One of my friends who was an Ayurvedic physician, told us about Dr Biswaroop’s treatment. Though I was also aware about his treatment through Videos. We contacted his team at HIIMS and immediately began his treatment by following the DIP Diet.*

*Within a few days of the treatment everyone observed miraculous changes in her. All the family members were very happy to see her health improving.*

*After we came back from HIIMS hospital and continued the treatment at home, all her previous symptoms disappeared. The extra growth of hair on body subsided and there not been any swelling since then. Steroids have also been discontinued since then.”*

I must reiterate that it is easier to treat an illness when there has been the least amount of intervention done with the body. When a child is already put on high doses of steroids like in the case of Ahanya, or when a patient has become insulin dependent, or regular with blood transfusion or dialysis, it can be compared to being trapped in a crocodile's muzzle.



The damage increases as long as the body remains trapped in the jaws of a crocodile. So, the longer the duration you spend in getting the blood transfusion, or dialysis, or taking insulin or steroids etc., greater is the damage done to the body.

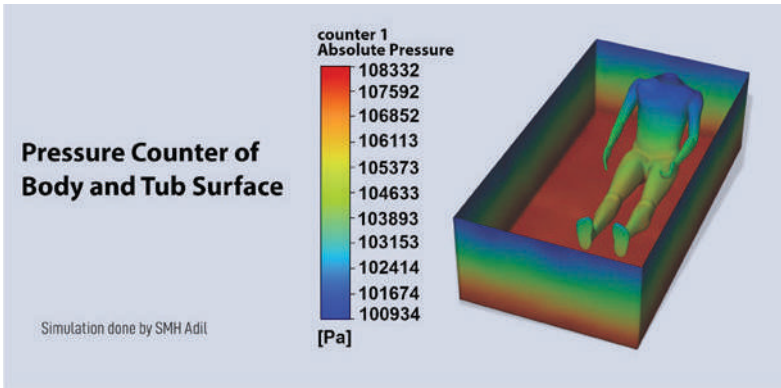
It becomes imperative for us to understand how can we free ourselves from the crocodile's grip? For this we never insist on patients to visit our hospital. The treatment can easily be done in the comforts of your homes. The DIP Diet doesn't require a stay

**Part-I: When Cure is Crime...**

at the hospital. You just need to understand what to eat and how. This not only saves you money, but also prevents the patient from exerting themselves with the pain of travelling.

When a patient becomes caught in the tight grip of the crocodile, the only solution remaining is to surgically free yourself from it. So now let me teach you how to conduct this nature based surgery.

I'd like to explain the third step, the concept of Hot Water Immersion (a part of GRAD system).



For full color picture of above slide, scan the QR code



Sitting in a tub of hot water (at 40°C) can be understood as a part of medical science. When we sit in a tub of hot water, we have the air above our head at 1 Atmospheric pressure. Subsequently when we sit in the hot water, the pressure of the water gets added to the atmospheric pressure. The part of the body most exposed to hot water is the legs. depicted as red in the above slide. The water reduces as the water level raises towards the torso, depicted in the two shades of blue in the slide.

The water pressure varies at different levels even within the tub. This pressure difference helps push the body's blood in the upward direction. This pressure difference is coupled with the heat of 40°C.





To watch the video of above, scan the QR code

With this combination of water pressure and temperature, our skin becomes the third kidney, expelling all the waste from our body in form of perspiration and detoxification.

This simple principle helps any patient, whether he suffers from Diabetes, Thalassemia, CKD, Cancer to squeeze the disease out of the body.

When a patient arrives at any of our hospitals, we look for the symptoms like swelling, excessively high blood pressure, or unbearable pain or very poor urine output. We expose such patient to the pressure difference in water coupled with hot water at 40 degrees temperature. This results in opening the pores of the patient, thus, releasing the toxins from his body successfully.

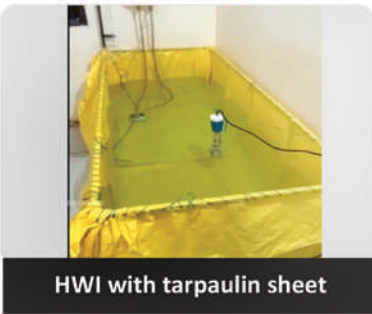
After going through this treatment for up to two hours, everyday, when the patient finally gets out of the tub, he feels much lighter, and more often than not, his body weight also reduces at nominal amounts ranging around 500 grams. The weight continues to reduce till all the toxins of the patient are released from his body.

We call this treatment as Gravitational Resistance and Diet System (GRAD) invented by me about two years back in 2021.

This Hot Water treatment can easily be administered at home and can be coupled with our DIP Diet and Time is Medicine concept.

As you can see in the image below, this is the very same approach followed at our hospitals and the same can be performed in the comfort of your homes too to reap equal benefit.

# INNOVATION BY PATIENTS



## INNOVATION BY PATIENTS



HWI with Drum



HWI with Industrial Plastic Container



HWI with Cemented Tub



HWI with online available Home Inflatable Bathtub



To watch the video of above, scan this QR code

Ahead in this book, I will introduce many patients who could free themselves of dependency on dialysis by following GRAD system at home. Some of them even never visited our hospital rather learnt about GRAD system, through my book “End of Transplant”.

To read this book, go to  
[www.biswaroop.com/endoftransplant](http://www.biswaroop.com/endoftransplant)



## **Part-I: When Cure is Crime...**

or they stumbled upon my videos and started the Hot Water Immersion treatment at home. They followed the DIP diet and today they are healthy and free from Dialysis and medications.

To understand whether our GRAD system actually works or not, an observation study was conducted by Dayanand Ayurvedic College represented by Dr. Gagan Thakur and Sridhar University, represented by Dr. Om Prakash Gupta, Pro Vice Chancellor.

The observational study concluded that 75% of the patients following the GRAD system get 100% relief from their chronic kidney disease and become free from Dialysis. The remaining 25% experience reduction in their Dialysis sessions.

[www.biswaroop.com/gradstudy](http://www.biswaroop.com/gradstudy)

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**75% of the patients on  
GRAD could free  
themselves of the dialysis**

We don't claim that everybody who comes to us or follows the GRAD system goes back 100% cured. But we certainly have proved that it is possible to 100% cure a disease using GRAD system.

Please take a look at the image from the International Journal of Healthcare Management.

Action	Manuscript Number	Title	Initial Date Submitted	Current Status	Date Final Disposition Set	Final Disposition
Action Links	H147517	Prospective Cohort Study Effectiveness of Gravitational Resistance and Diet (GRAD) system in reversing chronic kidney disease (CKD) among dialysis patients.	21 Oct 2022	Completed Access	22 Feb 2023	Accept

Submitted on 21 Oct 2022      Accepted on 22 Feb 2023

They have accepted on February 22, 2023 ‘The Prospective Cohort Study Effectiveness of Gravitational Resistance and Diet (GRAD) system in reversing chronic kidney disease (CKD) among dialysis patients.’

We were delighted to have the esteemed company of those revolutionary individuals at the 23rd July event who served as an example for everyone by trusting us and our methodology. They were all patients of CKD who were on Dialysis and today they no longer need to take that treatment. Their kidneys function perfectly well and they created the set up at their homes themselves and treated themselves out of miserable and painful procedures. They all came from different cities and states to be a part of the event, only to enthrall the audience with their experiences.

They proved that this treatment can be successfully carried out at home and that there is literally no need to visit our hospital for the same.

Their painful journey from disease to reversing their disease is unfortunately the truth. The names of hospitals and other patient’s details like the health condition before and after treatment, diagnosis by nephrologists, treatment and cure can also be seen in the tabulated form. The patients arrived at the venue carrying all the past reports and treatment details which were verifiable.

**Part-I: When Cure is Crime...**

<b>CKD/Dialysis patients</b>				
<b>Patient Name</b>	Laxmi	Pagadala Sugendra Praveen	Pathan Abdul Gaffur	Krishan Lal Sethi
<b>Hospital</b>	Maharana Bhopal Hospital, Udaipur, RR Army Hospital, New Delhi & Base Hospital Delhi Cantt	Sunshine Hospital & Shroff Hospital, Hyderabad	Parul Hospital, Baroda	Saraswati Mission Hospital & Balaji Arogyam Hospital-Kurukshetra
<b>Frequency of dialysis</b>	2-3 dialysis/week	2 dialysis/week	2-3 dialysis/week	3 Dialysis (1 single session in Balaji Arogyam)
<b>Dialysis free since</b>	29th May 2022	17th Jan 2022	2nd March 2022	20th April 2023

<b>Patient Name</b>	Sagar	Sohil Khan	Timci Goyal
<b>Hospital</b>	Mahavir Hospital, Surat	PGI (Lucknow), Medanta Hospital (Gurugram)	Gangaram Hospital, New Delhi
<b>Frequency of dialysis</b>	2 dialysis/week	Advised dialysis	Advised dialysis
<b>Dialysis free since</b>	1st November 2022	Never underwent	Never underwent

<b>Patient Name</b>	Sanjeet Kundu	Shabana	Mohit Wakode	Padam Kanwar
<b>Hospital</b>	Tagore public Hospital, Kolkata	Bapuji Hospital, Karnataka, later admitted in Yenopova Hospital	Since birth, he was diagnosed with urine retention kidney disease	GPSH Hospital-Jaipur for 20 days and then in CKS Hospital-Jaipur for 30 days
<b>Frequency of dialysis</b>	2 dialysis/week	2 Dialysis/week	He was advised dialysis	2 dialysis/week
<b>Dialysis free since</b>	23rd March 2023	17th March 2023	Never underwent	13th April 2023



To watch the video,  
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Dr. Indupreet (BDS) with Laxmi

## Laxmi: Dialysis Dependent CKD Patient

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### Case History

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Laxmi age 26 years/female, resides in Mandsoor, Madhya Pradesh. Laxmi was diagnosed with Acute cortical necrosis CKD on April 2022. Just before the diagnosis she had miscarriage due to low Hb, she also developed swelling in legs & body after few days which led to blood tests & found raised KFT parameters. Patient was 1st admitted to Maharana Bhopati Hospital in Udaipur, 16th April first dialysis carried out, after 3 dialysis in 8 days patient was transferred to RR hospital (Army) in Delhi on 1st May, where 8 dialysis were done in 1 month. Last dialysis was done on 29th May 2022 and after that she came to HIIMS hospital and started GRAD Therapy.

**Part-I: When Cure is Crime...**

	<b>Before GRAD</b>	<b>After GRAD (as on 23<sup>rd</sup> July 2023)</b>
<b>Medical condition</b>	<b>Dialysis Dependent CKD Patient</b>	<b>Dialysis Free</b>
Medications Taken	Cap autrin-bd, sodium bi carbonate 500, shelcal, Sevelamer 800mg, Dytor, pantoprazole	1. 100% GRAD Therapy 2. 60% DIP Diet 3. Sevelamer
Physical Discomforts/ symptoms	Creatinine-21, bp normal, hb-10.4, urea 268, swelling in legs & in body, indigestion, vomiting, anxiety, itching	Cr -4.5
Frequency of Dialysis	3 per week	Dialysis Free for past 1 year 1 month

**Here is what Laxmi shared on stage with the audience and in an interview with media:**

*“I am Laxmi and I am 26 years old. Last year in April 2022 I had a miscarriage which was diagnosed due to low haemoglobin count of 4 and increased blood urea and creatinine.*

*I noticed swelling in my hands and legs and went to Maharana Bhopati Hospital in Udaipur. I was admitted there for a week during which I had to undergo Dialysis thrice in a week.*

*We next went to Delhi for further treatment. During the next one month I underwent Dialysis seven times in 30 days. The doctor did a biopsy and affirmed that my kidney function has been reduced to a mere 11%. The hospital explained the entire transplant process to us,*

*We learned about HIIMS Hospital from a YouTube video. So, we visited them and followed their treatment and adopted the DIP Diet. After understanding the treatment therapies, we came back to our house and continued the diet and therapies at home.*

*Since last year, I have not needed any dialysis treatment and have sincerely followed the diet and therapy treatments.*



*In April 2023 I underwent all the tests again and am happy that my Kidney function has increased to 76%. For this I would like to give complete credit to HIIMS hospital for reversing my kidney disease and bringing me back to health.*

After undergoing the GRAD therapy and following the DIP Diet, all my pain and swelling has disappeared and I am able to conduct my daily household chores with ease.”



To watch the video,  
scan this QR code



## Pagadala Sugendra Praveen: Dialysis Dependent CKD Patient

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### Case History

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Pagadala Sugendra Praveen, age 43 years/male, resides in Secunderabad, Andhra Pradesh. He was diagnosed with IGA nephropathy CKD-stage 5 on 05 January 2021 in Sunshine hospital, Hyderabad, He was suggested weekly 2 dialysis for the rest of his life and advised to go for transplant.

	Before GRAD	After GRAD (as on 23 <sup>rd</sup> July 2023)
Medical condition	Dialysis Dependent CKD Patient	Dialysis Free
Medications Taken	Febuget, Minipress XL, Telma 40mg, cinod 10mg, Ciplar 49 Mg, Sevelamer 800 mg, Febuget 40 mg, omnacortil 30 mg, Shelcal, Rosuvas, Sobinix DS	GRAD Therapy 1. Head Down Tilt – 100% 2. Lower Leg hot Water Immersion- 50% DIP Diet – 100%
Physical Discomforts/ symptoms	Itching, breathlessness, headache,	Weakness, foam in urine, itching in groin area
Frequency of Dialysis	02 per week	Dialysis Free for 1.5 years

**Here’s What Praveen shared on stage with the audience:**

*“Hello everyone. I was diagnosed with chronic kidney disease in January 2021 with symptoms of regular vomiting and headaches. I visited an ENT specialist who diagnosed me with Migraine and prescribed pain killers. Over a span of time the dosage increased and finally I started vomiting blood.*

*My vision began blurring which impacted my left eye more than the right eye.*

*I visited an Eye doctor who told me this is due to bursting of a blood vessel and that I should get my BP checked. The Blood Pressure being very high I took an appointment with the General Physician. He too conducted some tests and asked me to get admitted immediately for some more tests. On the third day I was told that I had Stage 5 IGA Nephropathy where both kidneys are 80% damaged. Since Jan 2021 I underwent Dialysis twice weekly but I suffered from depression considering that my only chance for survival would be to get a transplant done. So, I started researching on the internet for any available alternatives to this condition. I found a video of Dr Biswaroop’s November*

## Part-I: When Cure is Crime...

*live event where he talked about GRAD therapy. I took a Virtual OPD appointment and approached the team. I started with the DIP Diet and therapies. In Jan 2022 I was advised to stop the Dialysis and observe my body. I checked for a week and did not experience any negative symptom like swelling, fever, weight loss.*

*Today it has been 1.5 years I am off Dialysis. All the 9/10 medicines that I used to take prior to this treatment also have been discontinued. I am very fortunate to have a loving supportive family and friends. In addition, my boss at work was also very understanding and lenient with me during my dialysis days. Initially, I took medications for Thyroid and the doctors had advised me to surgically remove the gland. Ever since I started the DIP Diet and GRAD therapies, I have not needed to take even a single medicine for Thyroid. It is now functioning in normal range.*

*I have observed that ever since I altered my diet and removed all animal protein from my diet, I have been able to see physical benefits as well. I would personally like to thank Dr. Biswaroop for guiding so many patients like me and helping us recover from what was an irreversible disease.”*



To watch the video,  
scan this QR code



## Pathan Abdul Gaffar: Dialysis Dependent CKD Patient

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### Case History

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Gaffar Bhai aged 42yrs /male, resides in Baroda, Gujrat. Abdul was diagnosed with Chronic kidney Disease stage 5 AKI CKD in 3rd March 2021. Just before diagnosis, the patient was experiencing excess weight loss which led to diagnosis, KFT parameters were elevated, cr-5.50, hb-10.4, upon diagnosis, consulted a nephrologist who advised for dialysis but patient kept on delaying, in the meantime time swelling increased & body became dark black, he was admitted to Parul hospital in Baroda where he underwent 10-15 cycle of dialysis in 15 days, since then dialysis continued for 6-7 months twice a week until he took VOPD which was taken on 2nd March 2022.

**Part-I: When Cure is Crime...**

	Before following GRAD	After following GRAD (as on 23rd July 2023)
Medical condition	Dialysis Dependent CKD Patient	Dialysis Free
Medications Taken	Betaloc-25 Ecosprin-150, Dytor 20 BD Eido-Fe, Arkamin	GRAD Therapy 1. Hot Water Immersion – 1 hour 2. HDT – 2hours 3. DIP Diet – 50% 4. Akramin, Metoprolol
Physical Discomforts/ symptoms	Weakness, weight loss, skin allergy, back pain, swelling on legs & face	Swelling on face
Frequency of Dialysis	2 per week	Dialysis free since 1 year and 4 months

**Here’s what Pathan Abdul Gaffar shared with audience:**

*“Initially, I observed sudden weight loss and lack of energy in my body. After getting the required tests I was diagnosed with kidney failure with very high Creatinine levels. On the advice of the doctor I underwent Dialysis twice a week for the next seven months. As a side effect of Dialysis, my whole body’s skin started wearing off, there was constant itching, and my complexion turned very dark.*

*During that time I stumbled upon Dr Biswaroop’s YouTube video. I followed the channel and started practicing the advised DIP diet, Hot Water Immersion Therapy, and Head Down Tilt therapy. As a remarkable consequence my health improved and my dialysis stopped.*

*Before starting Dr Biswaroop’s treatment, I had to undergo dialysis twice a week for seven months. At the time when I was admitted in the hospital, I underwent Dialysis thrice a week.*

*Right now, I don’t feel like I am a kidney disease patient. I don’t feel any discomfort in my body.*

*Apart from me, I have 11 family members, and I am the only earning member in my family. So when I was diagnosed with Kidney failure, I was worried about my family. However, ever since I started the diet and GRAD treatment therapies, by God's Grace and with the support of the team members, I stopped my dialysis and medicines within 15 days.*

*My life has gone back to normal. In the morning I run an auto for school children while my day job is that of a tailor.*

*I especially thank all the team members, especially Biswaroop sir and Acharya sir, for accepting everyone and giving the solution. Whenever I have any questions to ask, all of them guide me in a loving and affectionate way.”*



To watch the video,  
scan this QR code



## Krishan Lal Sethi: Dialysis Dependent CKD Patient

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### Case History

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Krishan Lal Sethi, 77 years/male, resides in Kurukshetra, Haryana. He was diagnosed with CKD In March 2023. Before diagnosis he was facing a lot of difficulty while breathing and had to be nebulized regularly. One day while nebulizing, his nose started bleeding and it continued for 2-3 hours. They took him to Saraswati mission Hospital on 27 March, 2023, where he was admitted and based on KFT Test, treatment was started and it continued for 4 days, but there was no improvement, on 31 March, 2023, he was shifted to Balaji Arogyam Hospital, where he underwent dialysis and was discharged on 05 April, 2023. He took admission in HIIMS Derabassi on 20 April, 2023 and there he followed GRAD Therapy (Hot Water Immersion Therapy) and DIP Diet.



	Before GRAD	After GRAD/DIP Diet (as on 23 <sup>rd</sup> July 2023)
Medical condition	Dialysis Dependent CKD Patient	Dialysis Free
Medications Taken	Azee Tab 500mg, Doxyflow (200), Nodosis (500mg), Pantocar-D, Nefita Tab, Febugood 80mg, Phoscut 400 Tab, Dytor 20mg, Tab S.Numlo 5mg, Tab Minipress XL 10	1. HWI 2. DIP 3. Tab Minipress XL 10 (Only when his BP is very high)
Physical Discomforts/symptoms	Breathlessness, Swelling in body and Knee pain, BP around 200/100, Hypertension, Heart patient, COPD.	Sometimes High BP
Frequency of Dialysis	3 Dialysis in 1 session only once	Dialysis Free since 3 months

Read below what his son Mr. Sudhir shared with the audience on stage while being interviewed by Dr. Indupreet Kaur (BDS)

*“My father is 77 years old. He underwent 3 dialysis in a single session. Our family has a phobia from dialysis as we have seen many of our relatives die due to dialysis. We were quite scared that my father will not be able to survive long if dialysis continues. So in April 2023 we admitted him in HIIMS hospital Dera Bassi for treatment. As we had heard of the HIIMS hospital in Dera Bassi and the different treatment given to patients we went there. He was admitted for about 10 days where Dr Biswaroop’s team treated him very well. The environment was very friendly and the support staff was very cooperative. We followed the GRAD therapies and DIP Diet he felt so much better.*

*I am very thankful to the doctors and staff of HIIMS Hospital for guiding us towards better health even at this age (father’s).”*



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Pushp Raj Mukim (left) of HIIMS, Sevyam, Jaipur with Sagar (right)

## Sagar: Dialysis Dependent CKD Patient

### Case History

Sagar age 23 years /male, resides in Surat, Gujrat. Sagar was suffering from weight loss from 80-60 kg, weakness, breathlessness & swelling which led to diagnosis & found elevated KFT parameters cr-7, There upon consulted a nephrologist who advised for dialysis, 10-12 dialysis were done. Then through neighbors the family got to know about HIIMS, Sevyam Jaipur and admitted him there. Its been 9 months, no dialysis done. Last dialysis he underwent was on 1st Nov 2022.

	Before starting GRAD	After starting GRAD (1st Nov 2022 - 23 July 2023)
Medical condition	Dialysis Dependent CKD	Dialysis Free
Medications Taken	Lasix, Akramine, Febuxostat, Nicardia, NaHco <sub>3</sub> , Piptaz, levotox, dytor	1. HWI - 1 hour 2. HDT - 1 hour 3. DIP Diet 100% 4. Dytor 5. Cilacar 6. Nicardia
Physical Discomforts/ symptoms	weight loss, anorexia, pulmonary edema, fatigue	Nil
Frequency of Dialysis	2 per week	Dialysis free since 8 months

**Here's what Sagar shared with audience:**

*“Around 9 months ago, just when I had a professional breakthrough, I noticed that I started feeling very dizzy. I was not able to swallow food and instead I would vomit everything out. I went to the hospital with a fever and after checkups I was advised to get admitted immediately.*

*On the third day, I was diagnosed with CKD and was given a line of treatment. The doctors scared us by saying that my chances for survival are very bleak and that the oxygen levels in my body have been reduced to 50%. I had to undergo 11 Dialysis treatment sessions in one month, three times a week.*

*Next, we went to Kiran Hospital in Surat who advised a Kidney transplant costing no less than INR 25 lakhs.*

*Just then my father and my neighbors advised us to visit HIIMS hospital Jaipur. Just then my father and my neighbors advised us to visit HIIMS hospital Jaipur.*

*I spent 7 days at the HIIMS hospital which felt like a vacation trip after the depressing experience I had at hospitals back home. Importantly, I learned all the treatments carefully so that I can replicate them at home. The staff at the hospital was so supportive and patiently answered all my questions in detail. I loved the food provided at the hospital. It has been 8 months since I started my treatment and I have never experienced any discomfort whatsoever. I am hopeful of my future and believe that I will recover completely very soon, never experienced any discomfort whatsoever. I am hopeful of my future and believe that I will recover completely very soon.*



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Sohil (middle) with Pushp Raj Mookim (right) from HIIMS Sevyam, Jaipur

## **Sohil Khan: Chronic Kidney Disease Patient (Advised Dialysis)**

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### **Case History**

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Sohil Khan age 20 years / male, resides in Dakore, Jhansi. Sohil Khan was diagnosed with chronic kidney disease (CKD) on 16 December 2022. Just before the diagnosis he had right side face swelling and was passing blood in urine that was the first time he underwent several tests and found his creatinine level high which was 9 mg/dl, so doctors advised him to go for dialysis at PGI (Lucknow), Medanta Hospital, Gurugram. But he never went for dialysis and directly contacted us at HIIMS Sevyam, Jaipur on 19 February 2023 and started following DIP Diet and GRAD Therapies.

	Before GRAD Therapy	After starting GRAD (as on 23 July 2023)
Medical condition	Chronic kidney disease patient (Advised Dialysis)	Still Dialysis Free
Medications Taken	Ayurvedic medicine	1. HWI - 1 Hour 2. DIP Diet - 75-100%
Physical Discomforts/ symptoms	Face swelling and blood in urine, severe weakness	Nil
Frequency of Dialysis	Advised dialysis	Never started

### Here's what Sohil shared on stage with the audience:

*"In December 2022 I noticed swelling on my face along with blood in my urine. I got it checked in the hospital where the doctors told me that I will have to get a kidney transplant done as both my kidneys were malfunctioning. They advised me with taking the Dialysis treatment meanwhile.*

*So I went to Lucknow for a second opinion where the hospital asked me to get admitted immediately as I didn't have much time left to live. They also gave me the same solution. As I was not convinced transplant to be the only solution I started looking for alternative treatment on the internet.*

*Fortunately, I found out about HIIMS hospital Jaipur and spoke to the experts on phone. They asked me to visit the hospital initially. I stayed at the hospital for one week where all my problems finished. I took all the treatments advised to me and followed the DIP Diet. I found the hot water treatment really relaxing where I felt most of my issues getting solved.*

*It have been around 7 months since I took the treatment at HIIMS Jaipur and I feel completely healthy now. I am living my life of fun and adventure with joy and eat well too. I still follow the DIP Diet as it is very comfortable to follow.*

*I have completed my graduation and am now looking forward to study further. My family is also very happy with my health and progress."*

## Part-I: When Cure is Crime...



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Vidhika Batra of HIIMS Premier, Gurugram with Timci Goyal (left)

## Timci Goyal: CKD Patient (Advised Dialysis)

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### Case History

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Timci Goyal, 45-year-old lady, resides in Noida, UP. In 2014 due to excess vomiting, she got her Ultrasound done as per Doctor's suggestion. It was then that it was diagnosed that her kidney's are shrinking. She was put on medication and ultimately doctors from Ganga Ram Hospital, New Delhi suggested that she need to go for dialysis, but she started taking Homeopathic medicine in 2019 and continued taking that till Nov. 2022. After that she took admission in HIIMS Premier Gurugram.

	Before GRAD	After GRAD/DIP Diet (as on 23 <sup>rd</sup> July 2023)
Medical condition	Chronic Kidney Disease (Advised Dialysis)	Still dialysis free
Medications Taken	Febutaz 40, Amlogard 5mg, Nodosis (thrice a day), Aplazar(thrice a day), Dytor, Duphalac Syrup, Haemup tablets	1. HWI - 2 hours 2. DIP - 100% 3. Zyloric 4. Half tablet of BP 5 mg, 5. Revlamer twice a day, 6. Haem up Syrup 5ml twice a day
Physical Discomforts/ symptoms	Sleeplessness, swelling, dizziness and weakness	Nil
Frequency of Dialysis	Advised dialysis	Never started
Investigation	KFT	KFT

**Here’s What Timci Goyal shared on stage with the audience:**

*“My name is Timci Goyal and I was suffering from Chronic Kydney Disease (CKD for the past 9 to 10 years). About a decade ago I was unable to walk with acute body pain and lots of vomiting. If I talk about my sleep disorders I used to get no sleep for even 3-4 days at a stretch. Every morning my body parts were swollen, sometimes in the legs, sometimes the eyes and sometimes the whole face was swollen.*

*After consulting many nephrologists, or kidney specialists, the only thing that happened was increase of medicine dosage with no real solution to my kidney problems. So much so, that last year when I would rise from the bed I would be so imbalanced that I started falling after 2 steps and felt giddy mostly.*

*In 2022 year when I finally visited my nephrologist, I was told that I need to go for dialysis immediately, otherwise I will be dead by tomorrow morning. In fact, 9 years ago too, I was recommended dialysis but I always refused.*

*I happened to be following Dr. Biswaroop Roy Chowdhury for past one year via YouTube so when I was told by doctors that my survival is at risk, I made up my mind to get admitted to HIIMS Gurugram in November 2022, instead of going for dialysis. I saw hope and trusted his methods more than allopathic dialysis procedures.*

*HIIMS Gurugram had given me simple procedures of Hot Water Immersion treatment and DIP Diet which I follow regularly back home too. DIP Diet and HWI treatments have benefitted me a lot in my CKD and as a result, I have changed my life-style as per this treatment.*

*My nephrologists are shocked to see my reports and now I have decided not to follow allopathic treatment. The reason being it was shocking taking so many medicines – both allopathic and homeopathic that my body turned into a junkyard. As of now, I'm taking only vitamins and minerals as three daily tablets – that's all!*

*My going to HIIMS as a critical patient has inspired many others to recover from CKD and even my family members have learnt to change their respective lifestyles. My sons now takes raw fruits and vegetable diet. Now everyone in my family takes no junk food and has adopted simple dietary habits.*

*Prior to coming to HIIMS Premier I had put on a lot of weight and was highly stressed. Today, I have lost at least 13 to 14 kgs in just a span of 8 months which was an impossible feat achieved. Also, I had gone into depression for the kind of suffering I had for the past 9-10 years. I was only 33 when I was diagnosed with CKD and with so many restrictions on food and other things, I lost hope. Especially when the doctors said I will not survive. I felt it was the end of the road for me. But now after my treatment, I would like to tell everyone that there is a cure to CKD and moreover, Dialysis is NOT the cure.*

*I would recommend to all CKD patients that they should give HIIMS Premier hospital a visit and see for themselves how quickly they can cure this deadly disease. Please do not cure your kidneys via painful dialysis because nature can cure you.*

*Give yourself at least one chance! Thank you!"*





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## Sanjit Kundu: Dialysis dependent Chronic Kidney disease

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### Case History

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Sanjit Kundu, age 49 years old male, resides in Ganga Rampur, West Bengal. Sanjit had a brain stroke in 2019. At that time, doctors stated that he had to undergo dialysis within a year or two. On 21st February 2023 at Tagore public Hospital, Kolkata Public underwent first dialysis and then he went through two dialysis per week, till 23 March 2023, after that he visited HIIMS Premier Gurugram on April 1, 2023 and stayed there for 7 days and started following the GRAD THERAPY and DIP Diet. He is still following the DIP diet and GRAD, he is fine and has not undergone dialysis since March 23rd .

**Part-I: When Cure is Crime...**

	<b>Before Following GRAD</b>	<b>After starting GRAD (1st April 2023 to 23 July 2023)</b>
<b>Medical condition</b>	<b>Dialysis dependent Chronic Kidney disease</b>	<b>Dialysis Free</b>
Medications Taken	Taking 17 medicines: 1.Tab. TRIMETAZIDINE (35 mg), 2.Tab.NITROCONTIN (2.6 mg), 3.Tab. CARVEDILOL (3.125 mg), 4.Tab. STILOZ (50 mg), 5.Tab. FEBUTAZ (40 mg), 6.Tab. UDILIV (300 mg), 7.Tab. CALCITRIOL (0.5 mcg), 8.Tab PHOSTAT (667 mg), 9.Tab. ZINCOVIT, 10.Tab FOLVITE, 11.Injection NEXIRON, 12.Injection EPOSIS (10000 units), 13.Tab. LASIX (40 mg), 14.Tab. SOMPRAZ (40 mg), 15.Tab. DIHYDRALAZINE (25 mg), 16.Tab. ONDERO (5 mg), 17.Syr. DUPHALAC	GRAD Therapy 1. HWI - 30 minutes -1 hour . 2. DIP Diet 70-100% 3. Tab. LASIX (40 mg), Tab. a. STILOZ (50 mg) b. CARVEDILOL (3.125 mg) c. Claverdon mr 35 mg
Physical Discomforts/ symptoms	Urine output reduced to 200 ml per day, and discomfort while walking	Urine Output 1200ml
Frequency of Dialysis	02 per week	Dialysis free for 4 months
Investigations	KFT Reports Urine output 200 ml Serum creatinine -9.8	KFT Reports Serum creatinine -5.9, urine output increased to 1200 ml

**Here’s what Sanjeet Kundu’s son shared via Zoom Meeting with team:**

*“He is 49 years old and suffered from a brain stroke in 2019. At that time, doctors stated that he will have to undergo dialysis within a year or two. On February 21, 2023 at Tagore Public Hospital, Kolkata he underwent his first Dialysis. Following procedure, he was then made to go through two dialysis per week, till 23 March 2023.*

*Thereafter he visited HIIMS Premier Gurugram on April 1, 2023 and stayed there for 7 days. He started on treatments immediately like the GRAD THERAPY and DIP Diet.*

*Before coming to HIIMS Gurugram, he used to take a lot of medicines and injections.*

*He had extreme discomfort in walking and his daily urination had reduced to around 200 ml per day. After starting the therapy he has not undergone a single Dialysis session. His physical discomfort has subsided and his medicines have been reduced to only five per day.*

*He still follow the DIP diet and GRAD therapy and feel a relief in his health almost immediately. Earlier he used to take HWI for 1 hour and currently 30 min morning 30 min evening which has subsequently reduced in duration.*

*Even his DIP diet has now been reduced to only 70% and he gradually getting back to daily diet and routine.*

*The greatest benefit is that his urine output has increased from 200 ml to 1200 ml, thanks to the DIP diet and GRAD Therapy.”*



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## Shabana: Dialysis Dependent CKD Patient

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### Case History

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Shabana aged 46 yrs/female, resides in Devengore, Karnataka.

Before Shabana got to know about her kidney disease she was experiencing incessant vomiting, one of her friends who happened to be a lab technician suggested to get her blood test done to rule out the cause, upon diagnosis her family got to know about raised KFT parameters, seeing high parameters they consulted a nephrologist who suggested admitting in hospital, thereafter she was admitted in Bapuji Hospital, Devegere. Doctors first started with the treatment for urine infection, put her on intravenous infusion but the episode of vomiting didn't stop & creatinine remained same so doctors started with dialysis. 3 dialysis had undergone before she was referred to another hospital. Shabana was then shifted to Yenapova Hospital, Mangalore & in the meantime, her Cr raised to 7.1 there also her condition didn't improve & underwent 8-10 dialysis. When she was discharging, she was advised to be on dialysis but she learnt about HIIMS, Dera Bassi and took admission in 17th March, 2023. Since then she is dialysis free.

	<b>Before starting GRAD</b>	<b>After following GRAD</b>
<b>Medical condition</b>	<b>Dialysis Dependent CKD Patient</b>	<b>Dialysis Free</b>
Medications Taken	During hospitalization	1. HWI -1 Hour 2. HDT - 2 Hours 3. DIP Diet - 60-70%
Physical Discomforts/ symptoms	Vomiting, gastric, weakness	Nil
Frequency of Dialysis	02 Per week	Dialysis Free
Investigations	Low Hb - 9.4 & Creatinine -7.1	Hb - 11.27 Creatinine -4.3

# Padam Kanwar: Dialysis Dependent CKD Patient

## Case History

Padam Kanwar, 48 years/female from Sikri, Rajasthan. One day in Feb.2022 she felt pain in her feet. She was put on a drip but she vomited and became unconscious, then she was shifted to the ICU in GPSH Hospital, where blood was regularly transfused and she was put on dialysis. After 20 days, she was shifted to CKS Hospital where she was admitted for a month and took around 10 dialysis during her stay in CSK Hospital. She was then admitted in HIIMS Sevyam, Jaipur in April 2022.

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	Before starting GRAD	After following GRAD (from April 2022 to 23 July 2023 )
Medical condition	Dialysis dependent chronic kidney disease	Dialysis Free
Medications Taken	Cilacar, Nexpro, Nicardia, Arkamin and Sebimac	1. HWI - 1hr -2hrs 2. DIP Diet -100% 3. BP Medicine sometimes
Physical Discomforts/ symptoms	Weakness, Loss of appetite, Insomnia	Sometimes High BP
Frequency of Dialysis	Took 10 dialysis during her stay in Hospital	Dialysis Free since 1 year 3 months
Investigation	KFT	Not done

**Here’s what Padam Kanwar and her husband shared via Zoom Meeting with the team:**

*My name is Padam and I am 48 years old. One day in Feb.2022 I felt pain in my feet and visited a doctor. I was put on a drip but subsequently, I vomited and became unconscious. After this I was shifted to the ICU in GPSH Hospital, where I underwent*

*blood transfusion regularly and was put on Dialysis. After 20 days, I was shifted to CKS Hospital where I was admitted for a month and took around 10 sessions of Dialysis during my stay. I had to take Cilacar, Nexpro, Nicardia, Arkamin and Sebimac medicines as part of the treatment. I experienced weakness, Loss of appetite, Insomnia, along with a lot of discomfort. I was not even able to walk on my own.*

*On April 13, 2022 I took admission in HIIMS hospital Jaipur. Within the first two days of treatment I was miraculously able to walk and within 7 days I felt much better health wise. Today, I am happy that I have recovered and have regained my health.*

*I have stopped taking medication for Blood Pressure which was earlier unpredictable and would shoot up suddenly. I religiously follow GRAD Therapy and take Hot Water Immersion Therapy for One and a half to two hours daily. While I spent 50 days at two Hospitals, my health condition was worsening each day but ever since I have started with the GRAD therapy, I have recovered well. At one point I needed support to walk and today I can do all household work with ease and without any support.*

We can now ascertain that the hero of the treatment is the ‘Hot Water Immersion (HWI)’. When an individual sits in a tub of hot water controlled at 40 degrees for a prolonged period of time then all the impurities of his body start releasing through the skin.

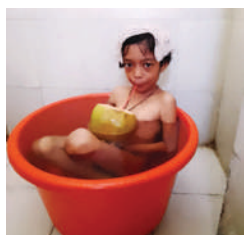
We also noticed that patients with blood disorders when using this HWI treatment, their hemoglobin count also starts increasing with time. The children suffering from blood disorders like thalassemia also attended the 23rd July event and shared their stories of recovery.

There were several other patients who were unable to travel to Delhi during that time and thus, chose to connect with us via Zoom and shared their success stories with us.

Around a year ago in 2022, we started a campaign for Thalassemia patients, who are mostly young children. They started the HWI treatment at home using small sized tubs where children could

**Part-I: When Cure is Crime...**

easily fit in. Their parents coupled the HWI treatment with the DIP Diet along with Time as Medicine.



A few of the patients had come to the venue to share their delightful success stories with us. Earlier they used to get blood transfusion done every 15 days and their doctors had told them that in order to survive they will have to undergo blood transfusion all through their lives.

Today after taking our GRAD system treatment, they are healthy, happy children, who don't need blood transfusion at all.



<b>BLOOD TRANSFUSION DEPENDENT</b>		
<b>Name</b>	<b>ROHAN NAIK</b> ↓	<b>ANAYA KHAN</b> ↓
<b>Hospital</b>	Katak Sai Hospital, Gudimunda, Odissa ↓	Mandideep Trauma Center, Mandideep, Madhya Pradesh ↓
<b>Hb Before</b>	5.8g/dl ↓	6.3g/dl ↓
<b>Hb Now</b>	6.4g/dl ↓	No reports after 2017 ↓
<b>Discomforts Before</b>	Paleness of the Body ↓	Recurrent fever ↓
<b>Discomforts Now</b>	No discomforts	No discomforts

## Blood Transfusion Dependent Thalassemia Patients

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### **Rohan Naik** : Blood Transfusion dependent Thalassemia and Sickle Cell Anemia Patient

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#### Case History

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Rohan Naik, 11 years/male, resides in Gudimunda (Odissa). Rohan had his spleen removed in 2018 when he was six years old (as per doctors spleen size increased) from Katak Sai Hospital, Gudimunda, Odissa. Previously the Doctor said that the spleen was enlarged and needed surgery and after surgery there will be no requirement for blood transfusion. But after 3 months of surgery Rohan started looking pale as hemoglobin was 5.8. Immediately blood transfusion was done. Rohan was diagnosed with thalassemia in 2012 .Blood transfusion was given every month. One of their friends suggested them about Dr. Biswaroop Roy Chowdhury and about 'KHOON KA RISHTA' program.



	Before starting Living Water / DIP	After following DIP diet/Living Water Therapy (from 23 July 2022 to 23 July 2023 )
Medical condition	Blood Transfusion Dependent Thalassaemia and Sickle Cell Anemia	Blood Transfusion Free
Medications Taken	Desefer, calcium, Folic Acid, Glutamine Sachet, Chole Calcitroic	1. Living Water Therapy 2. DIP Diet - 100%
Physical Discomforts/ symptoms	Paleness	Nil
Frequency of Blood Transfusion	1 per month	Blood Transfusion free since 1 year
Investigations	Hb 5.8 g/dl	Hb 6.4 g/dl

**Here’s what Rohan and his parents shared on stage with the audience and in an interview with media:**

*Rohan is my son and we are from Orissa. For the past one year he had Thalassemia. When he was 5 years old, doctors removed his spleen by surgery. We had heard it is not recommended to undergo surgery and remove any body organs from children’s bodies. This will have dangerous consequences when he grows up. Doctors pressurise their patients to make a decision and in our case we had to lose his spleen.*

*Before we started taking Dr Biswaroop’s treatment, he used to undergo blood transfusion every month. This is not the case now. I am totally fit and fine.*

*Dr Namita has taken very good care of my son’s diet and his mother gives him all the required treatment that is suggested by Dr Biswaroop.*

## Part-I: When Cure is Crime...



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## Anaya Khan : Blood Transfusion dependent Thalassemia Patient

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### Case History

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Anaya Khan, 9 Years old, Female, resides in Bhopal (Madhya Pradesh). Just before the diagnosis, Anaya had a fever when she was 3.5 years old. She was looking pale and there was difficulty while breathing and immediately blood transfusion was done.



Blood transfusion becomes regular every six months. They watched videos of **Khoon Ka Rishta** on You tube. They started living water therapy, Zero Volt therapy. DIP Diet and exercises.

	Before starting DIP diet/Living Water Therapy	After following DIP diet/ Living Water Therapy (from 23 July 2022 to 23 July 2023 )
Medical condition	Blood Transfusion Dependent Thalassaemia	Blood Transfusion Free
Medications Taken	Thalidomide, Loprin, Sapsure, T-Thai-RV, Hydroxyurea	1. Living Water Therapy 2. DIP Diet - 100%
Physical Discomforts/ symptoms	fever, went to a doctor, Doctor said that spleen size is enlarged so advised for further blood test and investigations.	Nil
Frequency of Blood Transfusion	1 every six months	Blood Transfusion Free
Investigations	Available (Hb was 6.3)	Not done

**Here’s what her parents and Dr Namita Gupta (MBBS, MD) shared on stage with the audience and in an interview about Anaya Khan:**

*“My name is Dr Namita and I was inspired by Dr Biswaroop to treat Thalassaemia patients as per his instructions. Since I know that children are less adamant than adults I chose to cure children suffering from this disease. They have to undergo a painful process of getting blood transfusion every month so I treat them free of cost. Moreover, there is no permanent cure of this disease. At present I have about 300 children to treat.*

*Here is my patient Anaya Khan from Bhopal Madhya Pradesh, who lost an older brother to Thalassaemia Major. She too suffered from the same disease when I chose to treat her since past year. Now there is no longer a need for blood transfusion and her skin has also become radiant.*

**Part-I: When Cure is Crime...**

*As her parents have followed the treatment 100% as directed and the result is positive. According to Anaya's father, Dr Biswaroop is like an angel who has cured his daughter and he is grateful to Dr Biswaroop for bringing back health amongst diseases children suffering from Thalassemia."*



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## **Sachi Wankhede:** Blood Transfusion Dependent Sickle Cell Anemia Patient

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### **Case History**

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Sachi Wankhede, 5 Years old, Female, resides in Mumbai (Maharashtra) Sachi had fever when she was one and a half years old. She went to Nucleus Poly Clinic, Bandra, Mumbai. She was looking pale and there was difficulty while breathing and immediately blood transfusion was done. Blood transfusion became a regular affair after every six months. One of their relatives suggested to them about my cure methods. They started living water therapy, Zero Volt therapy, DIP Diet and exercises. Her Mom says now whenever kids have any discomfort, they never go to doctors but take homely remedies as an alternative.

**Part-I: When Cure is Crime...**

	<b>Before DIP diet / Living Water</b>	<b>After following DIP diet/Living Water Therapy (from 23 July 2022 to 23 July 2023)</b>
<b>Medical condition</b>	<b>Blood Transfusion Dependent Sickle Cell Anemia</b>	<b>Blood Transfusion Free</b>
Medications Taken	Folic acid and zincovit	1. Living Water Therapy 2. DIP Diet - 100%
Physical Discomforts/ symptoms	Fever, body pain and paleness, malnourished and very weak	Nil
Frequency of Blood Transfusion	01 every six months.	Blood Transfusion Free for last 1 year
Investigations	Blood test Reports Available (Hb was 4.3)	Blood test Reports Available now Hb is 10.4 without any Transfusion

**Here’s what Sachi’s mother shared via testimonial video:**

*“My precious daughter Sachi is now five years old. When she was just one and a half years old, she battled high grade fever. We rushed her to Nucleus Poly Clinic in Bandra, Mumbai, and I recall how pale and breathless she became. The doctors at the clinic immediately administered a blood transfusion, which became a regular part of her treatment every six months.*

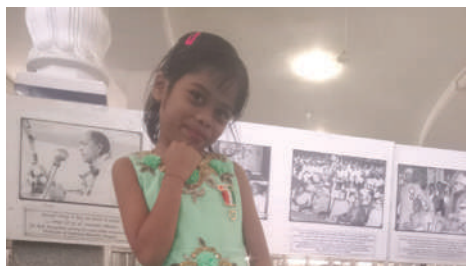
*Then, on July 23, 2022, following a recommendation from one of our relatives, we got in touch with Dr. Biswaroop Roy Chowdhury. He introduced Sachi to the Living Water Therapy, Zero Volt Therapy, DIP Diet, and some exercises. Since that transformative moment, my family has adopted a different approach to health. Whenever any of us, especially my daughter, feel a bit unwell, we turn to simple home remedies as our first choice of treatment instead of rushing to the doctor.*

*Before Sachi began the DIP Diet, she had to take Folic Acid and Zincovit medicines regularly. She was malnourished, weak, and her complexion was pale. She often suffered from body aches and*



*occasional fevers. When we began consulting with Dr. Biswaroop through virtual OPD, Sachi's Haemoglobin level was alarmingly low at 4.3, and she had been enduring blood transfusions every six months since she was just one and a half years old.*

*Now, as we continue with the DIP Diet, there's a remarkable change. Sachi no longer needs any medicines, and her Hemoglobin levels have doubled to a healthy 10.6. Gone are the painful and regular blood transfusions, and she feels strong, vibrant, and free from pain or weakness. Today, she enjoys a healthy and happy life."*



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## Jiniya Wankhede: Blood Transfusion Dependent Sickle Cell Anemia Patient

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### Case History

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Jiniya Wankhede, 7 Years old, Female, resides in Mumbai (Maharashtra). Just before the diagnosis, Jiniya had a fever when she was five years old. She went to Government medical Hospital, Bandra, Mumbai. She looks pale and Acidity, fever, stomach ache immediately blood transfusion was done. Jiniya was transfused once. They started living water therapy, Zero Volt therapy, DIP Diet and exercises.

	Before DIP diet/Living Water Therapy	After following DIP diet/Living Water Therapy (from 23 July 2022 to 23 July 2023 )
Medical condition	Blood Transfusion Dependent Sickle Cell Anemia	Blood Transfusion Free
Medications Taken	Folic acid and zincovit	1. Living Water Therapy HWI- discontinued from sometime 2. DIP Diet - 100%
Physical Discomforts/ symptoms	Fever, body pain and paleness, stomach ache, acidity, malnourished and very weak	Nil
Frequency of Blood Transfusion	Only once	Blood Transfusion Free since 1 year
Investigations	Blood Test reports Available (Hb was 4.8)	Blood Test Reports Available (Now Hb is 8.3 without any blood transfusion)

**Here’s what Jiniya’s mother shared via testimonial video:**

*“My daughter Jiniya is 7 Years old. She had a fever when she was five years old and was taken to the Government Medical Hospital in Bandra, Mumbai. She became pale and suffered from acidity, fever, and stomach ache. She was immediately given a blood transfusion.*

*After the first blood transfusion, one of our relatives suggested we contact Dr. Biswaroop Roy Chowdhury. We took a virtual OPD and they started her treatment with living water therapy, Zero Volt therapy, DIP Diet and some exercises.*

*Before starting her treatment and DIP Diet, she used to take the medicines Folic acid and Zin Covit on a regular basis. She suffered from fever, body pain and stomach ache, was extremely pale and suffered from acute acidity. She was malnourished and felt very weak all the time. Her Haemoglobin level was 4.8.*

**Part-I: When Cure is Crime...**

*Ever since July 23, 2022 she started taking the DIP Diet and following Living Water Therapy, we gave her HWI Therapy from 30 minutes to 1 hour initially which has been discontinued now, although we still continuing with the DIP Diet.*

*Now her Hemoglobin levels have increased to 8.3 and she has never again needed a blood transfusion. She is healthy and able to focus on her studies a lot better.”*

**CANCER PATIENTS (GRAD THERAPY - HWI )**

**Cancer Patients**



**Vikranth Rammakanth , Age - 38 years  
(Raigarh - Maharashtra )**

Cancer patients (HWI)				
<b>Name</b>	Kamal Jain	Vikas Gupta	Vikrant Ramakant Jangam (Zoom)	Bebi Manik Deshmuhk (Zoom)
<b>Hospital</b>	Tata memorial hospital, Mumbai	B.L Kapoor hospital, New Delhi	Aditya Hospital, Raigarh, Maharashtra	Lodha Multispeciality hospital, Raigarh
<b>Disease</b>	Renal cell carcinoma	Renal cell carcinoma	Post surgery complications (Brain tumor)	Ovarian cancer
<b>Intervention</b>	-----	10 cycles of Immunotherapy	2 times Surgery for Brain Tumor, 1 surgery for planting VP shunt	-----
<b>Pre treatment symptoms or discomforts</b>	Hard lump and pain around neck, severe weakness, was not able to walk properly.	Severe back pain, and pain in left side of the abdomen	Left eye pain, Left side body weakness, improper balance, speech, improper movement of left side face, left side hearing loss No tongue sensation.	Vomiting, acidity, headache, Bp, Fluid accumulation in abdomen
<b>Present symptoms or Discomforts</b>	Lump is still present but have not increased in size and number. Sometimes back pain	No discomforts	some issue in hearing ( left ear)	No discomforts



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## Kamal Jain: Adrenal Gland Cancer Patient

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### Case History

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Mr. Kamal Jain, 60 years/male, resides in Mumbai, Maharashtra. He was diagnosed with Adrenal Gland Carcinoma on 15 July 2022. Just before the diagnosis he felt a hard lump and swelling around his neck. So, he went to TATA MEMORIAL HOSPITAL and underwent a Biopsy and PET Scan Test as per doctor's advice and that was the first time when he was diagnosed with Adrenal Gland carcinoma on 15 July 2022. Then he never contacted an allopathy doctor and directly contacted us at Jaipur HIIMS hospital on 17 July 2022 and started following GRAD Therapy (Hot Water Immersion Therapy) and THE DIP DIET.

**Part-I: When Cure is Crime...**

	<b>Before starting GRAD</b>	<b>After following GRAD (as on 23 July 2023)</b>
<b>Medical condition</b>	<b>Adrenal Gland Carcinoma (2021) Diabetic and Hypertensive patient</b>	<b>Healthy</b>
Medications Taken	Cap Aspirin 75/10, Thyronorm 100 mcg 1 Tab, BP and Sugar medicines	1. HWI - 1 hour 2. DIP Diet - 75 -100% 3. Cap Aspirin 75/10, 4. Thyronorm 75 mcg 1 Tab (out of fear) 5. Homeopathy Medicines.
Physical Discomforts/ symptoms	Hard Lumps and pain around the Neck, Severe Weakness, was not able to walk properly, Bedridden can't walk without help.	Occasional back pain.
Investigations	Whole body Pet scan, Biopsy	Not underwent

**Here's what Mr Kamal Jain shared in an interview with the Media:**

*“I’ve been a patient of Blood Pressure and Diabetes for ten plus years. In 2022 I was also diagnosed with cancer. I got myself tested through allopathic procedures however, I never went for any allopathic treatment because my son saw Dr Biswaroop’s videos on YouTube and decided to treat me with Dr Biswaroop’s methods. Once I was admitted to Dr Biswaroop’s medical center at Jaipur, I was strictly put on the DIP Diet and other kinds of treatments. As a result within 7 days I was asked to stop my BP and Sugar medicines completely since my tests showed I was absolutely normal. I used all his therapies that included diet control, yoga and exercises and got this result. Earlier, I was taking allopathic medicines for the past 10-12 years but there was no cure. Only the medicine dosage used to increase and also my monthly budget due to this. But for one year while I am getting the treatment done by Dr. Biswaroop’s center, my illness has really improved. I was not able to walk last year but now you*

*can see I'm fine. I can travel now and go to work. There is no difficulty whatsoever.*

*Last month I visited an allopathic doctor for severe pain who said that you are getting into hopeless medications and living on a bonus. I said don't worry let me live on bonus. At the center, I was told to have ginger and turmeric every day to get rid of all kinds of bodily pains. I was pain free just after drinking it for two days. I would suggest that everyone should go there and learn the techniques of getting cured, suggested by Dr Biswaroop. My elder brother also takes the DIP Diet suggested by Dr Biswaroop.”*



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## Vikrant Ramakanth Jangam: Post surgery complications of brain tumor patient

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### Case History

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Mr Vikrant Ramakant Jangam, 38 years/male, resides in Raigarh, Maharashtra. He had Brain tumour (3 times back-to-back operated- 2 times for Brain tumour and 1 time for VP shunt) in the year 2018. Just before the diagnosis he felt left side face sensation loss, blood coming out from eyes at night while driving or doing some work, left ear hearing loss, then he was advised to go for MRI and CT Scan at Aditya hospital in Raigarh, Maharashtra and that was the first time he was diagnosed with Brain Tumour in 2018 and then doctors advised him to go for brain surgery which he underwent in June 2018, just after surgery, his body's normal functions imbalanced, his control and coordination with body was lost, he was not able to walk properly, the walk was imbalance left side of body was totally weak, then he contacted us through one of our Expert our expert and started following the DIP DIET .



	Before GRAD	After GRAD (as on 23 July 2023)
Medical condition	Post surgery complications of brain tumor	Recovered
Medications Taken	Levenue 500, Brentamin, Diamox	1. HWI - 1 hour 2. DIP Diet - 100%
Physical Discomforts/ symptoms	Left eye pain, left side body weakness, improper balance, speech, improper movement of left side face, No tongue sensation.	left ear hearing issues only.
Investigations	CT scan of brain, MRI of Brain	Not underwent

**Here’s what Vikranth Ramakanth Jangam and his expert Darshan Deshmukh shared via testimonial video:**

*My name is Vikrant and I am 38 years old. In the year 2018 I was diagnosed with a Brain tumor for which I had to undergo three surgeries back to back. Twice my surgeries were for the brain tumor while the third surgery was for VP shunt.*

*Just before the diagnosis I felt a loss of sensation in the left side of my face. I had blood coming out from eyes at night while driving or doing some work. I experienced a loss of hearing from my left ear. Following this I was advised to go for MRI and CT Scan at Aditya hospital in Raigarh, Maharashtra and thereafter was diagnosed with Brain Tumor.*

*The doctors advised me to go for brain surgery in June 2018. After the surgery I felt my body’s normal functions imbalanced. I felt a loss of control and coordination in my body. I was not able to walk properly on my own and the left side of my body was completely weak. As a result I contacted the HIIMS hospital in November 2022 and interacted with an expert who advised me to start the DIP Diet. Before starting my treatment I used to take the medicines Levenue 500, Brentamin, and Diamox.*

*I experienced extreme discomfort in my left eye and weakness in the left side of my body. I had an improper balance and couldn’t*

**Part-I: When Cure is Crime...**

*walk upright. My speech was not clear, I had no sensation in my tongue and felt an improper movement of the left side of my face.*

*Ever since I have started the therapy I have experienced all the negative symptoms gradually vanish. Today I only have issues with my left ear hearing. I have completely stopped taking all medicines and have not needed to undergo any diagnostic procedure.*

*Since my treatment with HIIMS Hospital began, I pushed myself and today I can walk perfectly and do all my routine work efficiently without any help. I still follow the DIP Diet sincerely and have reduced my HWI treatment from 3 times to only once a day.*



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## Bebi Manik Deshmukh: Ovarian Cancer Patient

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### Case History

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Bebi Manik Deshmukh, age 60 years/Female, resides in Raigarh, Maharashtra. Bebi was diagnosed with ovarian cancer on 21 March 2022. Just before the diagnosis she was suffering from stomach issues (swollen and blotting) and continuous vomiting. After testing she was diagnosed with stomach Ascites. After that she underwent for Paracentesis (Abdominal Taping procedure) at Lodha multispecies hospital. Doctor advises same procedure need to be performed after 15 days again, but she never visited again and contacted us at Hiims Chandigarh (Dera Bassi) April 2022.

**Part-I: When Cure is Crime...**

	<b>Before GRAD</b>	<b>After GRAD/DIP Diet (as on 23 July 2023 )</b>
<b>Medical condition</b>	<b>Ovarian Cancer</b>	<b>50% relief</b>
Medications Taken	Olvance AM 20 (Bp medicine)	1. HWI - 1 hour (discontinued) 2. DIP Diet - 50% - 100%
Physical Discomforts/ symptoms	Vomiting, acidity, headache, BP	Nil
Investigations	Pet Scan	Pet scan

**Here’s what she herself and her son shared via testimonial video:**

*I am 60 years old and was diagnosed with Ovarian Cancer on March 21, 2022 after suffering from swollen and bloated stomach and continuous vomiting for which I was diagnosed with stomach Ascites. Following this, I underwent an Abdominal Taping procedure for Paracentesis at Lodha Multispeciality hospital. The doctor there advised me to repeat the same procedure after 15 days again but I never went back again.*

*Instead, I contacted HIIMS Dera Bassi, Chandigarh in April 2022 where I started taking the DIP Diet and associated therapies. When I came to the hospital I was regular in taking medication for BP and had severe problems like vomiting, acidity, headache, and Blood Pressure.*

*Today, I am free from any medication and experience none of the previous symptoms and discomforts. I have successfully discontinued the GRAD therapy and HWI treatment as well and still follow the DIP Diet sincerely.*

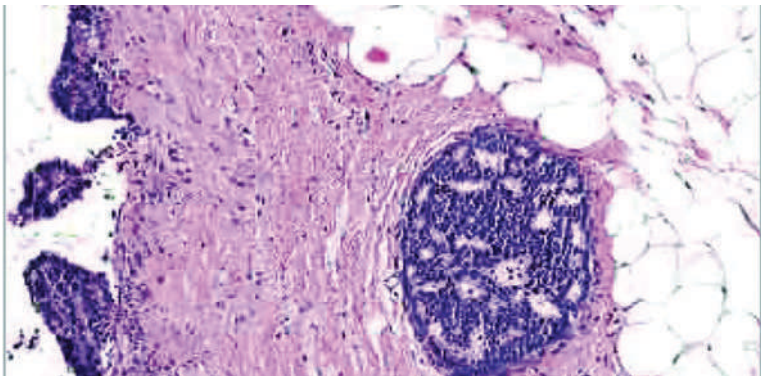
*Medically I have recovered quite a bit with 50% improvements in my reports and with continued treatment, I am determined to completely cure myself of my disease.*

Similarly, we had several Cancer patients whose testimonials you read above, who eagerly came to attend the 23rd July 2023 event to share their testimonials first hand with us. They too followed the GRAD system at home, followed the same DIP diet and cured themselves of their Cancer. They were all getting their Cancer treatment done in renowned hospitals with several rounds of Chemotherapy behind them.

Chemotherapy is like a crocodile grip, the more you are into the cycle of chemos, the worse it is for your body. So I would send out a message for everyone that you should immediately stop all kind of chemotherapies.

When we observe our own patients who themselves have provided enough testimonies that they survived cancer, they have regained their energy, with negligible pain or pain vanished or else they are moved back to normal work routines – all this they experienced yet would want to ratify from reports after regaining health. So let us check how much should we rely on these reports or PET Scans and ease these kind of paper-relying patients.

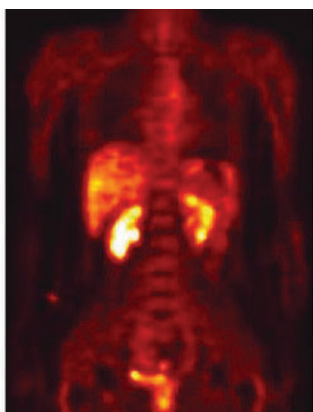
So let's take a deeper look at what happens in these gold standard reports that put a stamp on cancer cells' presence in your body. For instance, let's check biopsy scanning. In biopsy they take your body cells and convert it into a slide.



This slide is checked by an expert who identifies and marks it as normal or abnormal cell or cancerous in your body. When

**Part-I: When Cure is Crime...**

this particular slide was sent to multiple pathologists – all had varied views. 19% pathologists said its normal cell slide; 38% said abnormal cell and the rest claimed this same slide to be a cancer cell. This only goes on to prove the unreliability of these reports. The cancer reports can be questionable and there are chances that you may not get the right results from such reports.



**PET Scan (Abdomen)**



**PET Scan (Shoulder)**

If we see PET Scan reports, they will show you that you have cancer – just because there is a radioactive material that is mixed with glucose that is put inside your body when they are going to conduct PET Scan. After the intake of such a solution, your body cells that were hungrier than the rest of the cells will consume more of this radioactive glucose and shine brighter than the rest. This radioactive brightness is claimed as cancer cells. And if these bright spots are visible on more parts of your body then your stages of cancer are also deadlier. Stage one to four are normal cancer stages diagnosed by the doctor where fourth stage is most fatal and incurable than the other three stages.

This is not the case in reality. If your cells are consuming more sugar, you have cancer cells, this is not necessary at all. For instance, you can imagine a situation that out of the two kids the one who eats increased quantities of food compared with the other - is naughtier. This may or may not be true. This is what the PET

Scan looks like too. It may be an assumption and nothing more. Anyone who is more than 40 years of age, including me, has 100 % chance of showing Cancer positive results. All of us have these type of cells in our Thyroid gland, 70% people have them in Prostrate while 30% in case of women have them in breasts. Something which is present in everyone with no exception can't be considered abnormal. Only those second type of patients who rely more on reports than symptoms, when they get themselves tested, are seen to be Cancer Positive.

For detailed explanations and references about the truth of above diagnosis read:

To download the book, go to  
[www.biswaroop.com/rtm](http://www.biswaroop.com/rtm)



Therefore, more than reports printed on paper, we must rely on our bodies as a diagnostic system.

Let us take the case of Creatinine and how can it be reduced to normal levels of functioning in the body. For this it is imperative to understand what can be considered as normal levels of Creatinine.

Mr RK Yadav, earstwhile Vice chancellor of a University was present lecture at the 23rd July, 2023 event with his relatives' (Puneet Yadav) reports along with that of another patient.

## Part-I: When Cure is Crime...

# Puneet Yadav, creatinine 26.90



## WELLCARE CLINICAL LAB

18, Pind Devinagar, Chandigarh - Delhi Highway Back Side of Jugraj Dhaba,  
Tehsil-Derabassi, Punjab-140507, Contact No. : +91 98729 96010  
Email : wellcareclinicalabd5573@gmail.com



### LABORATORY REPORT

**Patient Name :** MR. PUNEET R.NO-109

**Age / Gender :** 44 years / Male

**Patient ID :** 62092023

**Source :** Wellcare clinical lab

Scan to Validate



**Referral :** Dr. HIIMS HOSPITAL CHANDIGARH

**Collection Time :** JUL 17, 2023, 09:00 A.M.

**Receiving Time :** JUL 17, 2023, 09:00 A.M.

**Reporting Time :** JUL 17, 2023, 12:27 P.M.

**Sample ID :**



Test Description	Value(s)	Reference Range	
<b>Complete Blood Count(CBC)</b>			
Hemoglobin (HB)	7.9	13.0 - 17.0	g/dL
Total Leucocytes Count (TLC)	8000	4000 - 11000	/cmm
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	80	40 - 75	%
Lymphocytes	10	20 - 45	%
Monocytes	07	2 - 10	%
Eosinophils	03	1 - 6	%
Basophils	00	0 - 1	%
Total RBC Count	2.39	3.50 - 6.50	Milli/Cumm
Platelet Count	2.17	1.50 - 4.50	Lacs/Cumm
PCV/HCT	22.1	35.0 - 47.0	%
Red cell distribution width (RDW)	14.2	13.0 - 18.0	%
Mean corpuscular volume (MCV)	92.5	76.0 - 96.0	fl
Mean Corpuscular Hemoglobin (MCH)	33.0	27.0 - 32.0	pg
Mean Corpuscular Hemoglobin Concentration(MCHC)	35.7	30.0 - 35.0	%

Microscopy/Fully Automated Hematology Analyser alfa swelab double chamber 3 Part

### RENAL FUNCTION TEST (RFT)

Blood Urea	270.20	15.0 - 46.0	mg/dl
Method : Method: Urease/ UV			
Serum Creatinine	26.90	0.70 - 1.60	mg/dL
Method : Method: Enzymatic			
Serum Uric Acid	8.30	3.0 - 7.2	mg/dL
Method : Method: Uricase/ Peroxidase			

### Liver Function Test (LFT)

Total Bilirubin	0.42	0.20 - 1.00	mg/dL
Direct Bilirubin	0.21	0.00 - 0.60	mg/dL
Indirect Bilirubin	0.21	0.00 - 0.80	mg/dL
AST (SGOT)	15.60	15.0 - 50.0	IU/L
ALT (SGPT)	17.30	15.0 - 50.0	IU/L
Alkaline Phosphatase (ALP)	153.21	0.00 - 150.0	U/L
Method : -			
Total Protein	6.62	6.4 - 8.2	g/dL
Albumin	3.63	3.4 - 5.0	g/dL

#### CONDITIONS OF LABORATORY TESTING & REPORTING

The reporting result are for the information and for interpretation of the referring doctor only. • If the result of the test (s) are alarming or unexpected, the patient is advised to contact the laboratory immediately for possible remedial advice. • This reports is not valid for medico-legal purposes. • Wellcare Clinical Lab and its employees assume any liability for any loss or damage that may be incurred by any person as a result of presenting the meaning or contents of the report. • It is presumed that the tests performed on the specimen belong to the patient, named or identified. • Results of tests may vary from laboratory to laboratory and also in some parameter from



## Rakesh Mazumdar, creatinine 1.96


**WELLCARE CLINICAL LAB**

18, Pind Devnagar, Chandigarh - Delhi Highway Back Side of Jugraj Dhaba,  
Tehsil-Derabassi, Punjab-140507, Contact No.: +91 98729 96010  
Email : wellcareclinicallab5573@gmail.com


**LABORATORY REPORT**
**Patient Name :** MR. RAKESH MAZUMDAR GW-3

**Age / Gender :** 49 years / Male

**Patient ID :** 62632023

**Source :** Wellcare clinical lab

Scan to Validate


**Referral :** Dr. HIIMS HOSPITAL CHANDIGARH

**Collection Time :** JUL 17, 2023, 11:23 A.M.

**Receiving Time :** JUL 17, 2023, 11:23 A.M.

**Reporting Time :** JUL 17, 2023, 01:35 P.M.

**Sample ID :**


Test Description	Value(s)	Reference Range	
<b>Complete Blood Count(CBC)</b>			
Hemoglobin (HB)	8.0	13.0 - 17.0	g/dL
Total Leucocytes Count (TLC)	3200	4000 - 11000	/cmm
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	85	40 - 75	%
Lymphocytes	10	20 - 45	%
Monocytes	03	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	00	0 - 1	%
Total RBC Count	3.94	3.50 - 6.50	Mill/Cumm
Platelet Count	1.20	1.50 - 4.50	Lacs/Cumm
PCV/HCT	25.8	35.0 - 47.0	%
Red cell distribution width (RDW)	18.2	13.0 - 18.0	%
Mean corpuscular volume (MCV)	65.7	76.0 - 96.0	fl
Mean Corpuscular Hemoglobin (MCH)	21.8	27.0 - 32.0	pg
Mean Corpuscular Hemoglobin Concentration(MCHC)	33.3	30.0 - 35.0	%
<b>Microscopy Fully Automated Hematology Analyser alfa swelab double chamber 3 Part</b>			
<b>RENAL FUNCTION TEST (RFT)</b>			
Blood Urea	49.81	15.0 - 46.0	mg/dl
Method : Method: Ureaase/UV			
Serum Creatinine	1.96	0.70 - 1.60	mg/dL
Method : Method: Enzymatic			
Serum Uric Acid	6.01	3.0 - 7.2	mg/dL
Method : Method: Uricase/ Peroxidase			
<b>Liver Function Test (LFT)</b>			
Total Bilirubin	0.62	0.20 - 1.00	mg/dL
Direct Bilirubin	0.39	0.00 - 0.60	mg/dL
Indirect Bilirubin	0.23	0.00 - 0.80	mg/dL
AST (SGOT)	27.44	15.0 - 50.0	IU/L
ALT (SGPT)	19.20	15.0 - 50.0	IU/L
Alkaline Phosphatase (ALP)	144.44	0.00 - 150.0	U/L
Method : -			
Total Protein	6.59	6.4 - 8.2	g/dL
Albumin	3.78	3.4 - 5.0	g/dL

**CONDITIONS OF LABORATORY TESTING & REPORTING**

The reporting result are for the information and for interpretation of the referring doctor only. • If the result of the test (s) are alarming or unexpected, the patient is advised to contact the laboratory immediately for possible remedial advice. • This reports is not valid for medico-legal purposes. • Wellcare Clinical Lab and its employees assume any liability for any loss or damage that may be incurred by any person as a result of generating the meaning or contents of the report. • It is Promised that the tests performed on the specimen belong to the patient, name or identified. • Results of tests may vary from laboratory to laboratory and also in same parameter from time to time for the same patient. Only such medical professional who understand reporting units, reference ranges and limitations or technologies should interpret result. • Reports valid until stamped by lab's authorized signatory.

One report mentioned the Creatinine level as 26.90 and another patient's Creatinine level was 1.96. One patient was anorexic with bad taste in his mouth coupled with occasional vomiting.

The second patient was diagnosed with Sarcodosis and was administered with steroids which resulted in him suffering from

## **Part-I: When Cure is Crime...**

Diabetes. Due to high blood sugar and hypertension he suffered a stroke which resulted in a lot of swelling in his body, difficulty in breathing, weakness, and body ache.

Puneet's Creatinine was at 26.90 while Rakesh's Creatinine level was 1.96. Evidently, a more complicated case of illness was seen in Rakesh rather than Puneet.

If we consider Creatinine as the basis of diagnosing, then Puneet has several times higher levels of creatinine and should be more seriously ill than Rakesh. Therefore, there is no correlation between symptoms and creatinine levels of the patient.

Creatinine is not the basis of diagnosis of the condition of your kidney functioning.

You can go through the book '**The Fish Tank Model for Heart Care**' in detail to understand what is creatinine, how is it viewed medically, and how much can we rely on it for diagnosing our kidney's health.

We can conclude that if you wish to correct only your Creatinine levels, then we are not the right people to approach. However, if you wish to correct your symptoms then we can help you with our GRAD system treatment.

If you fall in the trap of reports and paperwork, then you can never get out of the maze and cure yourself out of any disease. On the other hand you can cure yourself of any seemingly grave disease if you are interested in dealing with your symptoms.

This is because the tests are designed in a manner where nobody can get away with good health. The test results ensure that everyone follows up with some course of treatment or another.



Dr. Prayag Pandya (MBBS, MD, Emergency Medicine) in Baroda, Gujarat has recently started the use of Hot Water Immersion treatment in his hospital. Along with him, there are several other instances of hospitals in India and abroad who have adopted the use of HWI technique in their facilities.

Dr. Prayag Pandya shared his experience on HWI for his CKD Patients and also shared his insights about creatinine levels among HWI following CKD Patients.

*“Hello I am Dr Prayag Pandya, MBBS MD, Emergency Medicine working in Baroda Gujrat. Being an allopathic doctor, I was not able to find a cure for some diseases. Looking for a cure for these diseases I came across Dr Patel and Dr Biswaroop Roy Chowdhury. So I requested a personal appointment. We had a discussion about creatinine levels among CKD patients. My CKD patients who were following HWI protocol had miraculous results. Their dialysis frequency dropped by 7 days. It was a good experience. I was quite encouraged with the results. But my patients complained about the creatinine levels that it increased! Here I want to share that initially when you start GRAD or HWI, for the first 6 to 7 to 8 days creatinine increases as the body accumulates it to flush it out. But after that it goes into a declining trend. So there is no need to worry about increasing creatinine after starting HWI for CKD patients. After that I also tried HWI for my cardiac patient (hypertrophic obstructive cardiomyopathy) where allopathy doesn't have a cure. Only a pacemaker is the solution which regulates heart beat. I tried HDT and HWI and DIP Diet. His palpitations regularized*

**Part-I: When Cure is Crime...**

*within 7 days. The patient is quite happy now. In my Hospital I follow integrated approach of HWI, HDT DIP Diet, Ozone and Vitamin Therapy. You can visit my hospital anytime. I request all of you to follow Dr Biswaroop and listen to his advice. You will be cured if you listen to him carefully and follow.”*

This was about creatinine which will increase or decrease as the body has its own rhythm. There have also been instances where there was no need for the patient to take the HWI treatment. Just by following the DIP diet they are able to cure their diseases, like Diabetes Type 1.

The testimonials of all such Diabetes Type 1 patients who got freedom from insulin just by following the DIP Diet came to share their success story on 23rd July 2023 event can be read below.

DIABETES TYPE 1				
<b>Name of Patient</b>	Jayant Dahiya	Priyanshi Gupta	Hardik	Anandita
<b>Hospital name</b>	Girdhar Hospital, Sonipat	CMC Vellore, Patna	SPES HOSPITAL, Sonipat	Shishu hospital, Kolkata
<b>On Insulin since</b>	On 20-23 Units of Insulin since 11-8-2021	20 units per day from 12-10-22	16-18 units per day since 9-11-2021	Doctor advised insulin but never started
<b>Insulin free since</b>	Insulin free since 20 september 2021	11 October 2022	On 1 unit Insulin per day since 13-11-21	Never took Insulin
<b>Symptoms before starting DIP diet</b>	Frequent urination	Foul smelling vaginal discharge, an episode of unconsciousness on 2 October 22 with suspicion of seizures	Frequent urination, weight loss & Irritable behaviour	Urine infection
<b>Symptoms after starting DIP diet</b>	No discomfort	No discomfort	No discomfort	No discomfort

## Diabetic Patients

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## Jayant Dahiya: Insulin dependent Type 1 Diabetes

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### Case History

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Jayant Dahiya 11 years /male child, resides in Sonipat, Haryana. He was diagnosed with diabetes type 1 on 9 August 2021. Just before the diagnosis, he was passing urine more frequently, so they went to a doctor and doctor advised to go for HbA1c Test (11.3) and random blood sugar (510 mg/dl) and that was the first time when he was diagnosed with diabetes type 1 and admitted at Girdhar Hospital sec-23 Sonipat. Then, he was advised to take Apidra 3-5 unit before each meal and Lantus one time 8 units in 24 hours. He contacted us through VOPD in September 2021 and started following the DIP Diet.

**Part-I: When Cure is Crime...**

	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
Medical condition	Insulin dependent Diabetes Type 1	Insulin Free since 2 years
Medications Taken	Insulin Apidra 3-5 units before every meal and Insulin Lantus 8 units at night. (Total 17-24 units)	DIP Diet - 100% Insulin - NIL since 2 years
Physical Discomforts/ symptoms	Frequent urination	Nil
Investigations	HbA1c-11.7, Random blood sugar -high (more than 500)	Not undergone any test

**Here is what Jayant dahiya and his mother shared on stage with audience :**

*This is my son Jayant Dahiya from Sonipat. He was diagnosed with Type I Diabetes in August 2021 with high levels of sugar. HbA1c level was 11.7. During June 2021, he could not control his urine, so we visited the hospital in Sonipat.*

*After the test results, he was declared a diabetic patient, and his HbA1c level was 11.6. They admitted him and taught us how to inject insulin 3-4 times in a day, amounting 20+ units After coming from the hospital, we consulted many other doctors and looked for alternatives, but everywhere we got the same result. In the last week of August 2021, we saw the video of BRC, sir, on YouTube.*

*We started the DIP Diet and got magical results in 15 days' time. So, we subscribed to the diet chart in September's first week. Initially, we followed the diet 100%, and after 10-12 days, he completely stopped the insulin, and since then, he hasn't taken any insulin.*

*By the guidance of Dr Biswaroop, he is insulin free now. Not only sugar is controlled by this DIP Diet but his stamina has also*

*increased along with the boost in his immunity system. Earlier, he felt tired and vomited after 100–200 metres of running. But now, he is running 6-7 km in a single stretch.*

*We have spent a lot on his injections but I would recommend everyone should follow Dr Biswaroop's DIP Diet and get free treatment. Thank you.*



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## Priyanshi Gupta : Insulin Dependent Type 1 Diabetic Patient

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### Case History

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Priyanshi Gupta 11 years Female, resides in Patna, Bihar. she was diagnosed with Diabetes type 1 in the year 14 October 2022. Just before the diagnosis, she got unconscious in the morning, profusely sweating, foul smelling in urine. Then was hospitalized in CMC hospital, Vellore. Doctor advised to go for HbA1c and that was the first when She was diagnosed with diabetes type 1 at CMC Vellore then She was advised to take 4-5 units Apidra before meals and 7 units Lantus at night. She contacted us through vopd in 7 October, 2022 and started following DIP Diet.



	Before starting DIP diet	After starting DIP diet (as on 23 July 2023)
Medical condition	Insulin dependent Type 1 Diabetes	Insulin Free since 6 months
Medications Taken	Insulin Apidra 4 -5 units three times in a day before each meal and Insulin Lantus 7 units at night (19 U-24 U)	DIP Diet -100% Insulin - 0
Physical Discomforts/ symptoms	Loss of Consciousness in 21-10-22, foul smelling vaginal discharge, there was an episode of black out on 2-10-22 with suspicion of seizures. Ketones positive	Nil
Investigations	Reports available HbA1c: 15.0 (5-10-22), Random blood sugar was - 487, Fasting blood sugar -361	Reports available HbA1c-5.8

**Here is what Priyanshi Gupta and her father shared on stage with audience and an interview with Media :**

*This my daughter Priyanshi Gupta from Patna, Bihar. Last year, in October 2022, she was diagnosed with Type 1 diabetes. So, we took her to Apollo Hospital in Navi Mumbai, and the doctor suggested an insulin dose for life.*

*We were not satisfied and took her to CMC, Vellore. The doctors again suggested the same. So we started with 20 units. As a result, her sugar levels used to go down and she felt even worse.*

*One of her uncles, who followed Dr Biswaroop Sir’s videos, suggested to try his diet plan. So we took the virtual OPD consultation, and after continuing the treatment for 2 to 4 days, she was completely free of insulin intake.*

*She is perfectly fine for 6 months now with no insulin injections nor any sugar issues. The message is that allopathic treatment does not work but the DIP Diet surely works on diabetes. Thank you.”*



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## Hardik: Insulin dependent Type 1 diabetic patient

### Case History

Hardik, 2 years, male, resides in Sonipat, Haryana. Hardik was diagnosed with Diabetes type 1 in November 2021. Just before the diagnosis, his behavior was irritable, urine was more frequent. Doctor advised to go for HbA1c (11.4) Test and that was the first when he was diagnosed with diabetes type 1 at Next hospital sec-14 Sonipat, then they went for second opinion from pediatrician at SPES Hospital (Rohtak) then he was advised to take Apidra 4 unit three times in a day and Lantus one time four unit in 24 hours. He contacted us through one of his mother's friends (Jayant Dahiya's mother) and started following the DIP Diet.

	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
Medical condition	Diabetes type 1 (Insulin dependent) patient	Healthy
Medications Taken	Insulin Apidra 4 units three times in a day and Insulin Lantus one time 4 units in 24 hours. (20u))	1. DIP diet - 100% 2. 1 unit Lantus.
Physical Discomforts/ symptoms	frequent urination, weight loss	Nil
Investigations	HbA1c: 11.1 & 8.2 (after 1.5 month due to dip diet)	Not available

**Here is what Hardik's Mother shared on stage with audience and an interview with Media:**

*“My Son Hardik is 4 years old now. He became a diabetic patient at the age of 2 years old. He also had liver issues and acidity that gave rise to difficulty in breathing. So we took him to a nearby hospital, and the doctor said that his acid level is so high that we can't give insulin on time. Since his blood sugar level was very high, the doctors suggested that no matter what happens but insulin is a must else, he could die. This is the only way and we were told to give 4 units of insulin four times a day, or almost 20 units in a day. This put us as parents into depression.*

*There is a neighbor called Anju Didi who told us about Dr Biswaroop and told us to follow the diet chart. Her child was also suffering from Type 1 Diabetes, was a very small child but had followed the DIP Diet 100% as per the instructions and became fine and insulin free.*

*So on my neighbour's advice we also followed Dr Biswaroop's DIP Diet. We gave him only fruits, vegetables, and coconut water. I thank the doctor and his team because of your motivation. He is now healthy and take only 1 unit of insulin per day.*

*When we did his blood test at that time, he had a 6.5 hemoglobin rate, but now he has a 14.7 level. He did not need hospitalization again in the last 2 years. He is also very active and intelligent. We saved him from insulin injections and also saved a lot of money so thank you, sir.*

**Part-I: When Cure is Crime...**



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## **Anandita: Insulin dependent Type 1 diabetic patient (advised insulin but never started)**

### **Case History**

Anandita, age 4 years / female, resides in Dwarka, New Delhi. She was diagnosed with Diabetes type 1 along with urine infection, on 19 October 2022. Just before the diagnosis, she was suffering from severe UTI, and fasting was 350 mg/dl, PP-approx-450 mg/dl then she was hospitalized in Shishu hospital, Kolkata. Doctors advised to go for HbA1c and urine Ketones. That was the first time she was diagnosed with diabetes type 1 at Shishu hospital. She was advised to take insulin, then They contacted us through HIIMS hospital Dera Bassi on 9 November, 2022 and started following the DIP Diet and her blood sugar remained normal with the Diet.

	<b>Before starting DIP diet</b>	<b>After starting DIP diet (as on 23 July 2023 )</b>
<b>Medical condition</b>	<b>Insulin Advised type 1 Diabetic patient</b>	<b>Insulin free since 8 months</b>
Medications Taken	Doctors advised Insulin but she never started and directly contacted us.	DIP Diet 100%
Physical Discomforts/ symptoms	Severe Urine infection	Nil

	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
Medical condition	Insulin Advised type 1 Diabetic patient	Insulin free since 8 months
Investigations	Reports available C-peptide-0.88 , HbA1c: 6.3 (14-10-22), Ketone bodies-44.98)	Reports available HbA1c -5.5

**Here is what Anandita’s Parents shared in an interview with Media:**

*Our daughter’s name is Anandita. She is 4 years old. When we discovered that she has Type -1 Diabetes, She was only 18 months old. We were surprised because how can a small child have diabetes? When We approached the doctors, the doctors said she will be injected everyday with insulin.*

*We did not even know about insulin at that time. So we further inquired whether this sugar issue has a cure at all. This is when the doctors said that we need to control the sugar levels but there is no complete cure of diabetes. As a matter of fact, She was also suffering from Urinary Tract Infection or UTI so how many days of treatment, We asked the doctor.*

*They recommended hospitalization for about 15 days for this infection. This is when we decided to take her to HIIMS Hospital at Dera Bassi, near Chandigarh, Punjab.*

*At HIIMS, after her reports were shown, she was admitted to that hospital for 7 days with strict dietary plans and other kinds of treatment. Some medicines were prescribed by the HOD at HIIMS Hospital.*

*We came back for a follow-up after 2 months when they suggested that she is absolutely fine. Since then she is healthy and playful and have never had any kind of treatment.*

**Part-I: When Cure is Crime...**

Read on about more patients who have been successfully cured with DIP diet.

## CARDIAC PATIENTS

Heart Patients			
<b>Name of patient</b>	Suresh Chand	Rajesh Mahajan	Joy (Tetralogy of fallot)
<b>Hospital Name</b>	J.L.N Hospital, Ajmer	consulted Dr. Pradeep K Rustagi in Rustagi's Heart Centre, New Delhi	PG Hospital, Kolkata
<b>Discomforts before starting DIP diet</b>	Atrial septal defect, Pulmonary Hypertension and He was always on oxygen support	Dizziness & Pain while climbing stairs	Difficulty in breathing, blood vomiting, bluish skin, stopped body growth .
<b>Present Discomforts</b>	No discomforts	No discomforts	No discomforts



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## Suresh Chandra Sharma: Atrial Septal Defect

### Case History

Suresh Chandra Sharma, 64 years/male, resides in Ajmer, Rajasthan. In November 2018, Suresh Chandra faced difficulty in breathing and his SPO2 was around 60. He was admitted in J.L.N. Hospital and Doctor put him on Oxygen support and after conducting several tests, he was diagnosed with Atrial Septal defect (size of hole in heart was 22mm as per the ECHO test), due to which he also suffered from Pulmonary Hypertension. Owing to

his critical condition, Doctors gave him only one month to survive and as per them his chances of survival was 0.1%.

	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
<b>Medical condition</b>	<b>Atrial Septal Defect, size of hole in heart was 22 mm.</b>	<b>Healthy</b>
Medications Taken	Bosentan 62.5mg, Thyrox 25mg, CyraD, Alprax and Deriphyllin.	DIP Diet 100%
Physical Discomforts/ symptoms	Was on oxygen support, SPO2 less than 50-60%, Severe TR(Tricuspid Valve regurgitation), Atrial Septal defect 18-22mm, Pulmonary Hypertension 99 mmHg, TSH 11 mili IU/Litre Difficulty in climbing stairs, gastric problem and constipation	Sometimes Breathing issue in rainy season.
Investigations	Many tests including ECHO	Now the size of the hole in the heart is 18-20 mm.

**Here is what Suresh Chandra Sharma shared on stage and in an interview with Media :**

*I'm Suresh Chandra Sharma, retired government officer from Ajmer, Rajasthan. I was told by doctors in the year 2018 that I have hardly a month to survive due to a serious heart condition. It has been 5 years now since I started Dr Biswaroop's treatment. In November 2018 I had difficulty in breathing therefore I was hospitalized. I was under medical supervision for 7-8 days because my saturated oxygen levels were 60-70. After observation the doctors recommended immediate heart surgery and said I will not survive much. My son showed my reports and papers to another hospital for surgery but they refused to do my operation saying it's a critical heart condition. The same activity happened in Ahmedabad hospital where the doctors once again refused the heart surgery.*

**Part-I: When Cure is Crime...**

*We finally came in contact with Dr Biswaroop. My son met him and showed him all my reports and accordingly Dr Biswaroop gave me a diet chart. I have been on this diet for 5 years now. After having this diet I feel far better health-wise. Earlier I was not able to take 10 steps but I go for long walks now. In March 2020 I had corona vaccine and a booster dose after that resulted in problems again. However, my diet has helped me regain my health. I do not take any medicine but only because of the DIP diet, I'm alive today. Thanks to Dr Chowdhury. My wife had suffered a lot due to my condition, especially when I received the vaccine dose. The vaccine had reversed my condition and brought me back to my earlier state but regular use of my DIP diet has brought me back on track.*





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## Rajesh Mahajan: Degenerative Aortic Valve

### Case History

Rajesh Mahajan, 64 years/male, resides in New Delhi. In December 2021, he felt uneasy while sleeping and felt dizzy throughout the day. After consultation with Dr. N Aggarwal, they went for ECHO Test and found Aortic Valve was degenerative with LVEF 60 Percent. They further contacted Dr. Pradeep K Rustagi in Rustagi's Heart Centre, New Delhi, where they instructed them for operation on immediate basis saying you may not have even 15 minutes to live

	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
Medical condition	Degenerative Aortic Valve	Healthy
Medications Taken	Nil	DIP Diet 100%
Physical Discomforts/ symptoms	Dizziness & Pain while climbing stairs	Nil
Investigations	ECHO	Not underwent any test

**Here is what Rajesh Mahajan shared in an interview with Media:**

*My name is Rajesh Mahajan. I was diagnosed with cardiac issues. My family doctor advised me that since I have heart disease, I must consult specialists. So I visited top hospitals and consulted*

**Part-I: When Cure is Crime...**

*their HODs. All these are considered big names in heart cure. All of them advised me to go for open heart surgery as there is no other alternative to save my life. My wife took the advice of her friend to visit Dr Biswaroop instead and told the doctors that she needs to take a decision after reaching home. Only 15 minutes were supposedly left of my life span, as per the doctors.*

*When I discussed with my friend and also with one of my cousins, they assured me that I will be 100% cured of all cardiac issues, once I follow Dr Biswaroop without skipping any portion of his treatment. I then registered for Rs 500 online and was advised by Dr Vikram Singh Meena towards my cure. I have followed the treatment without a break and now I feel younger by at least 15 to 20 years. Thank you so much Dr Biswaroop and his entire team who helped me.*



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## Joy Baidya: Tetralogy of Fallot (Heart)

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### Case History

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Joy Baidya, age 15 Years male, resides in west Bengal. He was diagnosed with Tetralogy of Fallot in February 2020. He was suffering from blood vomiting and breathing troubles since after birth from 2007 and the family financially very poor. Still they tried their best but till 2019 no proper diagnosis approved by various doctors and hospitals. But in February 2020 the child was admitted due to serious condition and family members lost all hopes. At PG hospital, Kolkata where he has admitted, they diagnosed Tetralogy of Fallot and referred to Rabindranath Tagore hospital for operation. Unfortunately, the lockdown was declared and the operation couldn't be performed. In that unstable condition they were bound to go back to their own village, Then They contacted one of our experts Sripad Baidya and started following the DIP diet and threw out all the medicines which he was taking at that time and within a few weeks they got the result, now they are over confident about the DIP diet. Now the child has no more complications and is gaining weight, moving alone, playing with other children.

**Part-I: When Cure is Crime...**

	<b>Before starting DIP diet</b>	<b>After starting DIP diet (as on 23 July 2023 )</b>
<b>Medical condition</b>	<b>Tetralogy of Fallot (Heart patient)</b>	<b>Healthy</b>
Medications Taken	Allopathic medicines but names are not known now.	DIP Diet 80- 100%
Physical Discomforts/ symptoms	Difficulty in breathing, blood vomiting, bluish skin, stopped body growth.	Nil
Investigations	Undergone several tests but reports not available , Doctor's prescription available	Not undergone.

**Here is what Joy Baidya’s expert Sripada Baidya shared on stage and in an interview with Media:**

*“Joy Baidya is from West Bengal. When he turned three years old, started vomiting blood. After visiting many doctors in and around his village, he used to get better for some days but again the same problem used to come back with blood vomit. His father is a small-time farmer who wasted a lot of time and money on his treatment but there was no solution even after consulting many doctors.*

*In the year 2020, there was a time when he could not take one step and could not walk at all. He used to constantly vomit blood and always had a bucket with him full of blood. This was the time of lock-down. That time he was taken to Kolkata’s most important hospital – the Calcutta Medical College – and here is the original paper of that hospital. According to this diagnosis he had Tetralogy of Fallot or TOF disease, a critical heart disease, especially amongst children. This meant he had to be operated on and was taken to Devi Shetty’s hospital in Kolkata where they gave him two months for surgery. They returned to their village. There was no chance of survival at all. This is the time they met*

me (N.I.C.E. expert, Mr Shripad Kumar Baidya). I then took up the matter and researched this disease called TOF on the Internet and found out that most patients die after operation. So I contacted Dr Biswaroop via email who suggested the dietary chart. His parents had no hope of his survival but I said I should be given one month and there will be a change in his health condition. After following the special dietary plan, within 15 days there was a marked improvement in his health condition. And now after 3 years and 3 months, there is no pill that he has taken and he's completely fine. Even if he had any problem, they used to contact me. "I can vouch for the power of the DIP Diet is suggested by Dr Biswaroop in curing all kinds of diseases. The DIP diet is so effective that it can cure any incurable diseases. I have myself cured so many kidney patients, cancer patients and sugar patients. So I can vouch for this DIP Diet for any kind of disease."

## CANCER PATIENTS

Cancer patients			
<b>Name</b>	Asmit Bhattacharjee	Taraben Patel	Ajit Singh
<b>Hospital</b>	Tata memorial hospital, Kolkata, Murshidabad, West Bengal	Manipal Hospital, Jaipur	He was not admitted anywhere
<b>Disease</b>	Acute lymphoblastic leukemia	Cervix Cancer	Suspected Lung Cancer
<b>Intervention</b>	Underwent multiple chemotherapy, parents don't even remember	5 sessions of chemotherapy	Never underwent
<b>Pre treatment discomforts</b>	Very low energy, unable to play like other child, irritating behaviour.	Low pitch voice, Extreme fatigue, weakness after walking for 100metre, nose blockage, numbness in feet, sometimes chest heaviness	Severe coughing, breathlessness and blood in cough
<b>Present Discomforts</b>	No discomforts	sometimes numbness in feet	No discomforts



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## Asmit Bhattacharjee: Acute lymphoblastic leukemia patient

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### Case History

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Asmit Bhattacharjee 6 years male, resides in west Bengal (Murshidabad). He was diagnosed with Acute lymphoblastic leukemia in May 2023. Just before the diagnosis, he was suffering from recurrent fever, very low energy, his behavior was very irritating. Parents contacted one of their known doctor, then his blood test was done in April 2021, and his hemoglobin was 2.6 at that time, so the doctors advised transfusion of 2 units of blood, after a few days his hemoglobin again decreased to 5 gm/dl, again underwent blood transfusion. His bone marrow test was done in Tata memorial hospital and leukemia was diagnosed and then his treatment started from August 2021 and first chemotherapy was given to him and started for 7 months, he lost weight, became more irritable then the things settled down and everything was going well till march 2023 But on 1st April 2023 suddenly platelets became very low to 40 thousand then the doctor told that it has been reduced due to chemotherapy and the disease has been relapsed again and then 9 units of platelets transfusion done and they were finally advised Bone marrow Transplant and were also told by the doctor that when platelets will increase then they will go for Bone marrow transplant after few more cycles of Chemotherapy and Immunotherapy. He contacted us through VOPD on 1 May, 2023 and started following the DIP Diet then Hb was 9 and current Hb is 12.2.

	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
Medical condition	Acute lymphoblastic leukemia Patient	Healthy
Medications Taken	Chemotherapy (Approx 64 chemotherapy done till may).	DIP diet 100%
Physical Discomforts/ symptoms	Frequent urination, weight loss	Bluish spots on skin
Investigations	Reports available Hb-2.7 (2 transfusions done) and became 5	Reports available Hb 12.2

**Here is what Asmit’s Parents shared on stage and in an interview with Media**

*My son Asmit Bhattacharjee is 6 years old. He was diagnosed with lymphoblastic leukemia in 2021. His allopathic treatment lasted for a year till 2022 for blood cancer that resulted in 60 - 65 chemo-therapy procedures for the child. In another six months his hemoglobin and blood platelets became very low with a count of 5000 platelets. He was further advised for bone marrow transplant as a next treatment by the doctors, which we started for a month in 2023 and we also had to resume chemotherapy.*

*In 2023 we came to know about Dr Biswaroop who took this matter personally in his hand and asked me to get the entire patient history before he started his treatment. We immediately started with the DIP Diet in April 2023 and it has been only 3 months now that his reports are actually normal. My son is also normal and active. We are now living a normal life. In the previous two years we have only lived our life out of fear. We never took him to his school or anywhere outside. We were so scared and kept him indoors only. But now you can see how active my son is. We want Dr Biswaroop should keep guiding us and be the source of guidance for everyone.*

**Part-I: When Cure is Crime...**



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## **Taraben Patel: Cervix Cancer Patient**

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### **Case History**

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Taraben Patel, 73 years / female, resides in Jaipur, Rajasthan. Tara ben Patel was diagnosed with Cervix cancer in the year 2020. Just before the diagnosis, she was passing out blood in urine. Doctor advised her to go for PET Scan followed by biopsy and that was the first time Cervix cancer was diagnosed and was advised to undergo surgical removal of the uterus at Manipal Hospital Jaipur Rajasthan.



	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
Medical condition	Cervix Cancer Patient	Healthy
Medications Taken	Chemotherapy, Tab pregabid-nt OD, Tab dexona 2mg OD, Tab emset 4mg OD Tab A to Z gold OD, Tab pan d BD, Saline nasal spray, Betaloc 50 OD, Torsemide & spironolactone half tablet OD, Pantocid DSR OD, Alprax plus	DIP Diet 100%
Physical Discomforts/ symptoms	She was passing blood in urine had low pitch voice, body fatigue, weakness after walking for 100metre, nose blockage while breathing, numbness in feet and sometimes chest heaviness	Sometimes numbness in feet
Investigations	PET Scan and Biopsy	Not underwent

**Here is what Taraben Patel and her son shared on stage and in an interview with Media**

*“I am Taraben from Jaipur. I am 76 years old. I had already undergone 5 to 6 chemotherapies for my cervical cancer, since April 2021, when I started my journey of getting cured of cancer from Dr Biswaroop’s treatments. When we started out with his treatments, I showed positive results in my cancer cure in a span of 1 to 2 months. Earlier, I used to do ‘parikrama’ (circumambulation) around our Thakur (God) for 108 times. But due to chemo therapies, I was bed-ridden. However, with the help of this treatment, within 1-2 months, I felt surprisingly relaxed. And it only took me 4 months to get back to doing my parikrama 108 times. As of today’s date, I’m standing here fit and fine.*

*Only thing to remember is not to become lax in your treatment. Be consistent with the treatment that will cure you of any kind of disease 101%. I can vouch that any kind of disease can be cured by Dr. Biswaroop 101%. When he can cure a disease like cancer, which is the biggest disease in today's time, we can only wish that he lives for a very long time so that when we face any kind of disease he will stand as a pillar to cure all. My message is this that as long as he is there we are rest assured.*

*As my daughter-in-law used to take care of my diet. At the start, I was not used to this treatment and would cry like kids for not taking in the prescribed diet. However, she was patient with me and sometimes strict too for taking the correct diet on time. Since I was always given the treatment without any misses. I was cured because I followed the entire treatment every day without any kind of lapse. My condition was so bad that I was unable to pick up a spoon's weight. Also, my skin became so sensitive that it peeled even with the slightest pressures. My life was so painful that I prayed for my death or else a cure. Then Dr Biswaroop came as an angel and cured me at this age of 76 years, which is no less than a miracle. We are deeply grateful and satisfied.”*



To watch the video,  
scan this QR code



## Ajit Singh Yadav: Suspected Lung Cancer

### Case History

Ajit Singh Yadav age 49 years/male, resides in Gurugram, Haryana. Ajit Singh Yadav had severe coughing, breathlessness and blood in cough. He visited doctors who suspected lung cancer and was advised to undergo Bronchoscopy followed by PET scan by doctors at Fortis hospital, but he avoided any test and directly contacted Dr. Biswaroop Roy Chowdhury and started following the DIP DIET.

	Before starting DIP diet	After starting DIP diet (as on 23 July 2023 )
Medical condition	Suspected Lung Cancer	Healthy
Medications Taken	Nil	DIP Diet 100%
Physical Discomforts/ symptoms	Severe coughing, blood in cough, breathlessness	Nil
Investigations	Advised Bronchoscopy	Never underwent

**Here is what Mr Ajit Singh Yadav shared in an interview with Media**

*I am Ajit Singh Yadav from Gurugram. I lost a lot of weight in June 2022. As a primary diagnosis doctors said I have Tuberculosis or TB. Another month spent on a number of tests approved that I*

**Part-I: When Cure is Crime...**

*had no TB. Then doctors further advised me for an expensive diagnosis and said my lungs might have fungal infections. My weight loss can also be linked to the death of my wife due to cancer. But doctors insisted on TB and fungal infections and further claimed that I might have cancer.*

*We came to know about Dr Biswaroop's treatments during lockdown through my Uncle. He had high diabetes that was close to 500. So he followed Dr Biswaroop's DIP Diet and got rid of sugar problem permanently. I took his inspiration and have now advised many patients with weight problem and sugar and other diseases just by watching these videos. Now I myself have a list of 50+ patients who have been cured by using this DIP diet. I was very hopeful even when I felt that I might have cancer that Dr Biswaroop will be able to cure me of my diseases. Just by watching his videos I have cured myself and others too. Now I have regained my weight from 75 to 85 kgs and am healthy and fit. I neither have TB nor cancer or any kind of infections in the lung.*

To conclude, I would like to urge all my readers to awaken to the truth and become your own doctors. There is no other recourse left for us.

# Part-II

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**Crime in the Name of “Cure”**

# Crime in the Name of Cure

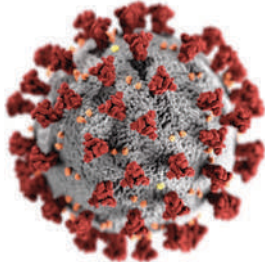
The world has seen the greatest ever crime committed on humanity in the name of cure. It happened in last 2 years. The COVID-19 vaccine induced man-made pandemic "Sudden Death Syndrome (SDS)". We all are witnessing this happening all around us. People are dropping dead with no apparent reason. That, SDS is a direct result of COVID-19 vaccine, is now accepted by even the so called top authority of health the "Centre for Disease Control and Prevention (CDC)".

**Mycarditis Outcomes Following mRNA COVID-19 Vaccination**

**Preliminary Data: data are subject to change**

**Advisory Committee on Immunization Practices  
February 4, 2022**

**Ian Kralalik PhD MPH**  
Vaccine Safety Team  
CDC COVID-19 Vaccine Task Force



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

And also, to compensate the loss, various compensation programs are announced by various government bodies.

**GOV.UK** Menu Q

[Home](#) > [Benefits](#) > [Benefits and financial support if you're disabled or have a health condition](#)

## Vaccine Damage Payment

**Contents**

- [Overview](#)
- [What you'll get](#)
- [Eligibility](#)
- [How to claim](#)
- [If you disagree with a decision](#)

**Overview**

If you're severely disabled as a result of a vaccination against certain diseases, you could get a one-off tax-free payment of £120,000. This is called a Vaccine Damage Payment.

You can also apply for this payment on behalf of someone who has died after becoming severely disabled because of certain vaccinations. You need to be managing their estate to apply.

You do not need a legal representative, such as a solicitor, to apply for a Vaccine Damage Payment.

**Related content**

- [Apply for equipment for your home if you're disabled](#)
- [Financial help if you're disabled](#)
- [Severe Disablement Allowance](#)
- [Get help with benefits and pensions if you have accessibility needs](#)

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Home » Countermeasures Injury Compensation Program (CICP) » Comparison of Countermeasures Injury Compensation Program (CICP) to the National Vaccine Injury Compensation Program (VICP)

**CICP Home**

- Covered Countermeasures
- Who Can File for Benefits?
- CICP Filing Process
- Types of CICP Benefits
- Criteria to Demonstrate that a Covered Injury Occurred
- CICP Data
- Frequently Asked

## Comparison of Countermeasures Injury Compensation Program (CICP) to the National Vaccine Injury Compensation Program (VICP)

Program	CICP	VICP
Program	HRSA	HHS
Website	hrsa.gov	hhs.gov

petition for compensation.

**What does it mean to be awarded compensation?**  
Being awarded compensation for a petition does not necessarily mean that the vaccine caused the alleged injury. In fact:

- Approximately 60 percent of all compensation awarded by the VICP comes as result of a negotiated settlement between the parties in which HHS has not concluded, based upon review of the evidence, that the alleged vaccine(s) caused the alleged injury.
- Attorneys are eligible for reasonable attorneys' fees, whether or not the petitioner is awarded compensation by the Court, if certain minimal requirements are met. In those circumstances, attorneys are paid by the VICP directly. By statute, attorneys may not charge any other fee, including a contingency fee, for his or her services in representing a petitioner in the VICP.

**What reasons might a petition result in a negotiated settlement?**

- Consideration of prior U.S. Court of Federal Claims decisions, both parties decide to minimize risk of loss through settlement
- A desire to minimize the time and expense of litigating a case
- The desire to resolve a petition quickly

**How many petitions have been awarded compensation?**  
According to the CDC, from 2006 to 2021 over 6 billion doses of covered vaccines were distributed in the U.S. For petitions filed in this time period, 10,602 petitions were adjudicated by the Court, and of those 7,618 were compensated. This means for every 1 million doses of vaccine that were distributed, approximately 1 individual was compensated.

Since 1988, over 26,227 petitions have been filed with the VICP. Over that 30-year time period, 22,347 petitions have been adjudicated, with 9,895 of those determined to be compensable, while 12,452 were dismissed. Total compensation paid over the life of the program is approximately \$5 billion.

This information reflects the current thinking of the United States Department of Health and Human Services on the topics addressed. This information is not legal advice and does not create or confer any rights for or on any person and does not operate to bind the Department or the public. The ultimate decision about the scope of the statutes authorizing the VICP is within the authority of the United States Court of Federal Claims, which is responsible for resolving petitions for compensation under the VICP.

Even the WHO (World Health Organization), the prime proponent of COVID-19 vaccine, also accepted the COVID vaccine-SDS

## Part-II: Crime in the Name of Cure

connection and rolled out various vaccine damage compensation programs.



The screenshot shows the World Health Organization (WHO) website. The main headline reads: "No-fault compensation programme for COVID-19 vaccines is a world first". The article is dated 22 February 2021 and has a reading time of 5 minutes. The text indicates that the new programme makes compensation available to eligible individuals in 92 low- and middle-income countries without the need to resort to law courts. It also states that this is the first and only global vaccine injury compensation programme. The page includes a "Media Contacts" section with a "WHO Media inquiries" button and a telephone number: +41 22 791 1234.



The screenshot shows the Circulation journal website. The main headline reads: "Circulating Spike Protein Detected in Post-COVID-19 mRNA Vaccine Myocarditis". The article is dated March 14, 2023, and is Volume 147, Issue 11. The authors listed are Luel M. Yonker, Zoe Swank, Yannic C. Bartsch, Madeleine D. Burns, Abigail Kane, Brittany P. Boribong, Jameson P. Davis, Maggie Loiseau, Tanya Novak, Yasmeen Senusati, and Chi-An Cheng. The article is categorized as a "Research Article" and is available for full text access. The abstract states: "Cases of adolescents and young adults developing myocarditis after vaccination with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-targeted mRNA vaccines have been reported globally, but the underlying immunoprofiles of these individuals have not been described in detail." The page also includes a "Jump to" section with links to Abstract, Footnotes, References, and Supplemental Material.

If you still harbor even the slightest doubt regarding the connection between the COVID vaccine and SDS, I urge you to consult the research papers listed next, which have been published in esteemed medical journals worldwide.



**Comparative risk of thrombosis with thrombocytopenia syndrome or thromboembolic events associated with different covid-19 vaccines: international network cohort study from five European countries and the US**

*Li X, Burn E, Duarte-Salles T, Yin C, Reich C, Delmestri A et al. BMJ 2022; 379 :e071594 doi:10.1136/bmj-2022-071594*

**Relationship between blood clots and COVID-19 vaccines: A literature review.**

*Atyabi SMH, Rommasi F, Ramezani MH, Ghane Ezabadi MF, Arani MA, Sadeghi MH, Ahmed MM, Rajabi A, Dehghan N, Sohrabi A, Seifi M, Nasiri MJ. Open Life Sci. 2022 Apr 26;17(1):401-415. doi: 10.1515/biol-2022-0035*

**Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave.**

*Sun, C.L.F., Jaffe, E. & Levi, R. Sci Rep 12, 6978 (2022). <https://doi.org/10.1038/s41598-022-10928-z>*

**Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine - Part 1 Aseem Malhotra**

*Journal of Insulin Resistance | Vol 5, No 1 | a71 |*

**German Study: Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination**

*Clin Res Cardiol (2022). Schwab, C., Domke, L.M., Hartmann, L. et al. <https://doi.org/10.1007/s00392-022-02129-5>*

**Thailand Study: Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents.**

*Mansanguan, S.; Charunwatthana, P.; Piyaphanee, W.; Dechkhajorn, W.; Poolcharoen, A.; Mansanguan, C. Trop. Med. Infect. Dis. 2022, 7, 196. <https://doi.org/10.3390/tropicalmed7080196>*

Having seen the evidence and the frightening reports of people dying, it's vital to remember that many people among the survivors of the COVID vaccine shots are facing less severe side effects compared to SDS. These side effects include weakness, irregular

## Part-II: Crime in the Name of Cure

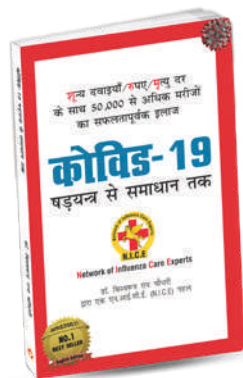
heartbeat or heart inflammation, inflammatory syndrome (redness or rashes, any type of heat sensation, vasculitis), swelling, muscle cramping, hair loss, joint pain, bodyache, laziness, insomnia, skin disease etc.

Since the COVID vaccine rollout, I've witnessed a significant and alarming increase in various metabolic diseases and cases of acute kidney failure among patients seeking my help. In response to the concerns and a desire to provide relief to these COVID vaccine recipients and the broader population, I developed and introduced the GRAD System (it works on the principle of using skin as a medium to detoxify the body using the power of heat, gravity and nutrition).

COVID vaccine induced pandemic is not a scientific mistake or blunder but it is a well-planned conspiracy to poison the humanity with WHO being one of the key players in the nexus with pharma industry. I along with my N.I.C.E. (Network of Influenza Care Experts) team had been warning and educating the masses through press conferences, public seminars and books even before the rollout of the Covid vaccine.

I issued my initial warning regarding the questionable intent behind the COVID vaccine during my web-press conference on August 23, 2020, well in advance of the vaccine rollout. Strangely and mysteriously, all web links and reports related to that press conference mysteriously vanished.

Nevertheless, I made sure to include the content of that press conference in my book titled “कोविड-19 षडयंत्र से समाधान तक”, which I published in October 2020.



We also released the following poster to dissuade people from getting the COVID vaccine.

**Fetal Bovine Serum** is one of the ingredient needed to produce **COVID-19 Vaccine**

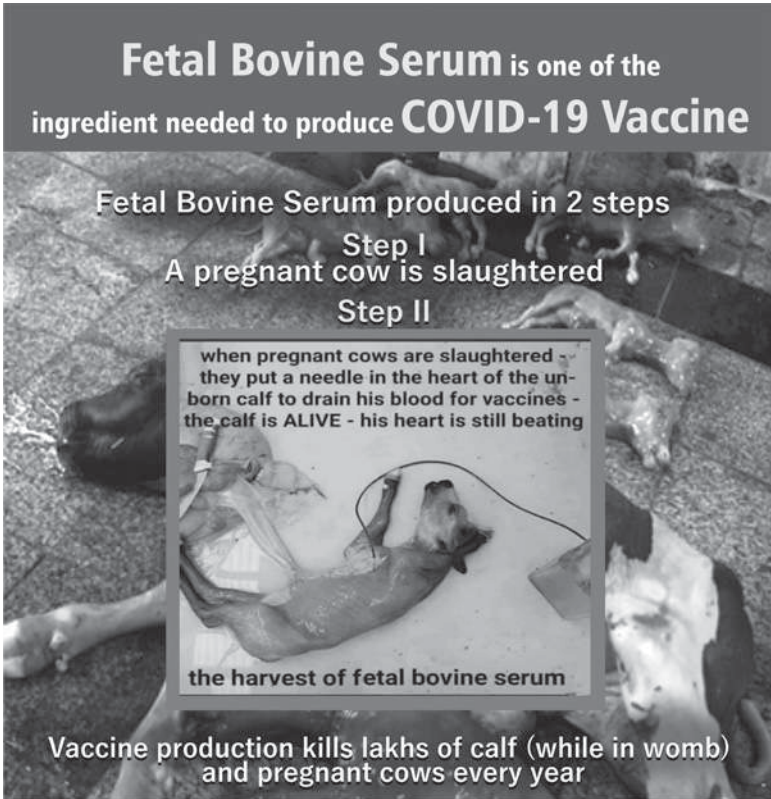
Fetal Bovine Serum produced in 2 steps

Step I  
A pregnant cow is slaughtered

Step II  
when pregnant cows are slaughtered - they put a needle in the heart of the unborn calf to drain his blood for vaccines - the calf is ALIVE - his heart is still beating

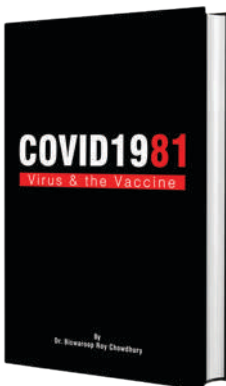
the harvest of fetal bovine serum

Vaccine production kills lakhs of calf (while in womb) and pregnant cows every year



For evidences, go to [www.biswaroop.com/fbs](http://www.biswaroop.com/fbs)

Say **NO** to COVID-19 Vaccine and **YES** to 3 Step Flu Diet



Following that, on November 30, 2020, which coincided with Rajiv Dixit Jayanti, we conducted a public gathering and launched the book titled "COVID-1981: Vaccine & the Virus."

To watch the video of the meeting, go to [www.coronakaal.tv/30nov](http://www.coronakaal.tv/30nov).

To inform the public about the conspiracy surrounding the upcoming COVID vaccine, we organized our

## Part-II: Crime in the Name of Cure

third press conference on December 3, 2020 in Haridwar. Our initial press conference, where we revealed the truth about the Corona pandemic through the release of the book “NICE way to cure COVID-19,” took place on July 25, 2020 in New Delhi. You can view the videos of these events at [www.coronakaal.tv/haridwar](http://www.coronakaal.tv/haridwar) and [www.biswaroop.com/25July](http://www.biswaroop.com/25July) respectively.

In addition to this, we issued a joint statement signed by over 100 doctors on two separate occasions (please refer to Appendix VI & VII). This statement was distributed to over 5000 influential officials across the country, including all Members of Parliament, Chief Ministers, and the Prime Minister's Office.

Our efforts influenced many to avoid taking the vaccine, although this constitutes only a fraction of the total population that has received the vaccine. To gauge the extent, variability, and breadth of COVID vaccine side effects, our team member, Dr. Namita Gupta (MBBS, MD), conducted a survey in the first week of September 2023, involving 10,252 people in Western UP. Here are the survey outcomes:

### Survey-Outcome

Total participants in the survey: 10252

Suspected side effects due to the vaccine: 9.8%

Side effects reported include weakness, irregular heartbeat or heart inflammation, inflammatory syndrome (redness or rashes, any type of heat sensation, vasculitis), swelling, muscle cramping, hair loss, joint pain, bodyache, laziness, insomnia, skin disease etc.

The crime has been committed, and damage has been inflicted through forceful and unlawful COVID vaccine campaigns and administration. Over the past two years, my efforts in the form of the GRAD System, Zero Volt Therapy, and Circadian Chart have aimed to reverse this damage and offer much-needed relief to the patients, or more precisely, the victims of the pharmaceutical industry and propaganda from the media.

Truly, this is one of the darkest periods in human history, where survival often necessitates becoming your own doctor. In the



## Covid Vaccination Declaration Form / कोविड टीकाकरण डेक्लरेशन फॉर्म

Date: .....

1. Name/नाम :		
2. Email/ ई-मेल :		
3. Mobile/ मोबाइल/फोन नं :		
4. Are you vaccinated for COVID / क्या आपको COVID के लिए टीका लगाया गया है। (Select anyone/ किसी एक को चुने)	<input type="radio"/> Not a single dose is taken/एक भी डोज नहीं लिया <input type="radio"/> Single Dose/सिंगल डोज <input type="radio"/> Both Dose/ दोनों डोज	
5. Did you ever notice any change in your health condition after taking Covid vaccination like/ क्या आपने कभी कोविड टीकाकरण के बाद अपनी स्वास्थ्य स्थिति में कोई बदलाव देखा है जैसे:  (Select applicable symptoms/ लक्षणों चिन्हित करें)	<input type="radio"/> Weakness/ कमजोरी	<input type="radio"/> Blood Sugar/ रक्त शर्करा
	<input type="radio"/> Irregular Heartbeat or Heart inflammation / अनियमित दिल की धड़कन	<input type="radio"/> Inflammatory syndrome/ इंफ्लेमेटरी सिंड्रोम (Redness or rashes, any type of heat sensation, Vasculitis/लाली या चकते,फ्रसी भी प्रकार की गर्मी की अनुभूति, वाहिकाशोथ)
	<input type="radio"/> Myocarditis/ मायोकार्डिटिस	<input type="radio"/> Congenital anomaly/ जन्मजात विसंगति
	<input type="radio"/> Swelling/ सूजन	<input type="radio"/> Neurological disorder/ तंत्रिका संबंधी विकार
	<input type="radio"/> Swollen lymph nodes/ सूजी हुई लिम्फ नोड्स	<input type="radio"/> Muscle cramping/ मांसपेशियों में ऐंठन
	<input type="radio"/> Hair loss/ बालों का झड़ना	<input type="radio"/> Joint Pain/ जोड़ों का दर्द
	<input type="radio"/> Bodyache/ बदन दर्द	<input type="radio"/> Laziness/ आलस्य
	<input type="radio"/> Insomnia/ अनिद्रा	<input type="radio"/> Skin Disease/ त्वचा रोग
	<input type="radio"/> Severe bleeding on periods (Only For Females)/ मासिक धर्म के दौरान गंभीर रक्तस्राव (केवल महिलाओं के लिए)	<input type="radio"/> Erectile Disfunction (Only For Males)/ इरेक्टाइल डिस्फंक्शन (केवल पुरुषों के लिए)
<input type="radio"/> No Change/ कोई बदलाव नहीं		
6. Any other discomfort after taking Covid vaccination / कोई अन्य असुविधा कोविड टीकाकरण के बाद		

Signature: \_\_\_\_\_

NOTE: We do not promote/recommend vaccination / नोट: हम टीकाकरण को बढ़ावा/सुझाव नहीं देते हैं।

following pages of this book, you will find resources and training programs that can empower you with essential knowledge to regain your health and zero reliance on the so-called modern healthcare system.



# Part-III

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## Appendix

### Presentation on Effect of DIP Diet and GK3 decoction in Madhumeha (type 2 diabetes mellitus) Randomized Controlled Trial

Presented by: Dr. Ram Aadhar Yadav, Executive Director,  
Ministry of Health, Govt. of Nepal

“Namaste, all of you!

Respected Chairperson, Former Honorable High Court Justice Mr. Kholse Patil, distinguished guests, dignitaries, members of the media, and the entire team at Dr. BRC, I would like to express my sincere gratitude to Dr. Biswaroop Roy Chowdhury for extending this gracious invitation to me. He has shared his valuable insights about our institution, which has undertaken research on his propagated DIP Diet.

Dr. BRC is playing a key role in amalgamating various healing methodologies of Ayurveda, which is deeply rooted in the wisdom of ancient texts such as the Vedas and Upanishads. It is disheartening to observe that many Ayurvedic practitioners do not adhere to the true principles of this profound system of medicine. However, Dr. Biswaroop Roy Chowdhury has ingeniously formulated the DIP Diet by extracting key concepts from diverse Ayurvedic principles.



Dr. Ram Aadhar Yadav (left) being felicitated by Dr. Raj Rup Fuliya (Retd IAS, presently Vice Chancellor of Ch. Devi Lal University, Sirsa Haryana, Vice Chancellor of Guru Jambheshwar University of Science & technology, Hisar, Chairman- Maharaja Agrasen Medical College- Hisar)



As we are well aware, Ayurveda attributes the occurrence of diseases to improper Ahar-Vihar, or dietary and lifestyle choices. Often, we erroneously blame external factors while neglecting the significance of our dietary habits. This is further exacerbated by the indiscriminate use of modern medicines, which can have adverse effects on our well-being.

It been has rightly told that Nepal and India are separated only by a political boundary. Our culture is the same, heritage is the same. There are relations between our citizens. Food habits are the same. All things are the same. Naturally, we have same type of disease and patients.

Now-a-days, not only in India, but we in Nepal are also being trapped in many deadly diseases. But, how to prevent them.

It is not possible by prescribing allopathic medicines. That is why, we have to think beyond this on how to change our diet or food habits.

With the above concern in mind, we at Ministry of health, Nepal conducted research.

Actually, Dr. Biswaroop Roy Chowdhury introduced this idea when he visited our institute and talked about DIP. Many doctors from Nepal attended this event and agreed with it. This concept has become a part of Ayurveda. Sadly, even Ayurvedic doctors sometimes forget these important principles. But now, Dr. BRC is bringing back these fundamental Ayurvedic ideas. His main ideas and theories are about using the DIP diet and Ayurvedic medicine to help people with diabetes. In India and Nepal, we may not use the word “diabetes,” but we are familiar with the term “Madhumeḥ” through our medical system.

When we look at how common diabetes has become, it’s a big health problem worldwide. It doesn’t just affect individuals; it affects whole villages, neighborhoods, and towns. According to data, about 537 million people around the world have diabetes, and it’s responsible for nearly 6.7 million deaths.

### Part-III: Appendix

Now, there are many types of diabetes, and one of them is called “Madhumeḥ.” “Madhu” means honey. In simple terms, when your urine becomes sweet like honey, it’s called “Madhumeḥ.” This is considered a serious illness or ‘Maharog’. If you don’t manage your diabetes, it can harm your entire body, from your head to your feet.

One important thing to know is that diabetes can affect your central nervous system. But what’s causing Diabetes?

The increase in diabetes is because of a few reasons. We now lead more inactive lives and don’t exercise as we should, even though our heritage promotes regular physical activity. We’ve forgotten to work in the fields, walk, do yoga, and practice Pranayam. Our Prime Minister deserves appreciation for introducing yoga to the United Nations, and practicing yoga can help control diabetes.

Another big reason for diabetes is our sedentary lifestyles and too much sleep. We’ve stopped getting up early in the morning, which is not good. Many people in big cities like Delhi wake up late, and this can lead to diabetes, especially if you sleep too much.

Dr. BRC always advises us not to eat too many animal-based foods because they can cause diabetes. Ayurveda also mentions this. If you consume too much milk, non-veg food, or alcohol, you might get diabetes. It’s better to have less milk and non-veg food and avoid alcohol because it can harm your liver and other organs, leading to various health problems.

Even too much sugar in your diet can be a problem, so it’s essential to watch how much you consume.

Additionally, things that create mucus and coldness, like cold or frozen foods, can also contribute to diabetes problems. But we came up with a new idea called DIP and GK3 decoction. You might have heard of Giloi, Guduchi, Kakmachi, Kutaki, and Khadir-katha; they’re common in many households. We used all these ingredients, along with a special diet based on Dr. Biswaroop Roy Chowdhury’s concept, for our diabetic patients. This DIP Diet is given to patients in the morning, at lunch, and dinner, as prescribed by Dr. Biswaroop Roy Chowdhury.

Now, you might wonder why we chose this topic. Well, it's because many people with diabetes struggle to control it, even with various medicines. Some of these medicines have side effects, but they still can't keep diabetes in check. So, despite using modern medicines, diabetes keeps increasing. Recently, more researches have focused on the DIP Diet and Ayurvedic medicines as potential solutions.

The reason we're doing this is because this food or 'ahara' are safe and Ayurvedic medicines are gentle on the body. We want to combine the DIP diet with GK3 Ayurvedic medicines to help treat diabetes.

Our main objective is to see if the DIP diet and GK3 Ayurvedic medicines can replace allopathic (modern) medicines for managing diabetes. Sometimes, even with many allopathic medicines, diabetes remains uncontrolled. Dr. BRC is also trying this approach in their centers, stopping allopathic medicines and focusing on dietary changes.

We gave the DIP diet and Ayurvedic medicines to patients and monitor their blood sugar levels four times a day to see if it's working and how it's affecting their bodies. This study is a randomized controlled trial, which means it's carefully designed to test the effectiveness of this approach.

To identify diabetes, we use specific criteria: an HbA1c level of 6.5 or higher, the fasting blood sugar level of more than 126 and in 2hrs plasma glucose is more than 200 mg/dL and random glucose is more than 200 mg/dL. as per the guidelines of the ADA, American Diabetes Association. Inclusive criteria in research, we included 30yrs-75yr old patients in our research. Excluding those who were taking insulin. In many cases those patients who were taking GK3 decoction and DIP diet, we stopped their insulin but they were excluded for the research while taking the data. Pregnant or nursing women; diabetes-related complications; severe immune deficiency; recent participation in other clinical trials; hospitalizations for hypoglycemic episodes and recent major surgical procedure. All these patients were excluded from our research. So, we allotted 134 patients and in that intervention

### Part-III: Appendix

group we included 53 patients and in control group 54 patients. And in this interventional group we completed 53 patients and in control groups we completed 54 patients. We all know how to prepare kwass or kadha at home we followed the same procedure. We made kadha of four medicines and given that to the patients. We gave 96 ml of GK3 decoction twice a day along with DIP diet.

For twelve weeks the patients were under supervision for HbA1C. The blood sugar levels of the patients were monitored four times a day along with baseline treatment as Dr. Biswaroop Roy Chowdhury is also following the same procedure for 7 days. In 7 days, procedure, we used to examine blood sugar levels, 4 times in a day. Along with Blood Sugar levels the primary outcome of this research was to reduce HbA1c levels and secondary outcome was to normalize Fasting Blood Sugar, Post Prandial Sugar level (PPG), Blood Pressure (BP), Complete Blood Count (CBC) and Lipid profile.

Most of our participants were females and in our participants were in age group of 50-70 years, and had a diabetic history of 5 to 10 years.

As you know, in initial stage diabetic patients take Metformin. 27 % of the patients use to take Metformin, 13% of the patients were taking Sulfonyl, 11% of them use to take other medicine, 14% of them were taking medicines for Hypertension and 18% of the patients were taking medicines for Dyslipidemia. We use to take Vitals of patients after a gap of every 4 to 6 hours and after 120 days of giving GIP Diet and GK3 Decoction (an Ayurvedic decoction) remarkable reduction was observed in HbA1c level in divisional group of the patients.

We also tested Baseline of Fasting Blood Sugar from Day 1 to Day 7 and observed a remarkable reduction in Fasting Blood Sugar within 7 days of giving DIP Diet and GK3 Decoction, in divisional group of the patients.

Not only this, Body Mass Index, Blood Pressure and Cholesterol level also came under control.”



Government of Nepal  
Ministry of Health and Population

☎ 014336254  
014334919

# National Ayurveda Research and Training Centre

Kirtipur, Kathmandu, Nepal



Ref. No.: 51-2080/081

Date: 11<sup>th</sup> September, 2023

To,

Dr. Biswaroop Roy Chowdhury  
India

Subject: Research Conclusion

Respected Sir,

Greetings from NARTC!

Our study *Effect of plant-based diet (DIP Diet) and GK3 Kasaya (decoction) in Madhumeha (type 2 diabetes mellitus)* is a randomized clinical trial and the first integrated approach of plant-based diet and ayurvedic medicines in context of Nepal. Each participant was admitted initially at NARTC hospital and thus, they were accessibility to close monitoring during their wash-out period for 7 days. During 7 days stay at hospital, the participants did not develop any complication and their fasting and random glucose levels did not sharply increase despite withdrawal of conventional medicines. Thus, it might have created good psychological impact in the participants resulting to excellence compliance of the study participants. In regards to GK3 (Guduchi, Kutaki, Kakamachi and Khadira) decoction, previous studies have shown anti-diabetic effect mostly in animal model for each ingredient. So, we could not justify there were synergistic or antagonistic combined form of the herbs and there might be possible chance of drug-drug interaction. We did not perform any pre-clinical studies in GK3 decoction before the clinical trial. The formulation is only based on clinical practice by Ayurveda experts.

We observed significant reductions in HbA1c levels with both the plant-based diet (DIP Diet) with GK3 decoction group and convention diet group. However, the plant-based diet (DIP Diet) appeared to be more effective for glycemic control among T2DM patients compared to the conventional diet. Our effective plant-based diet (DIP Diet) approach can be applied for T2DM patients.

Thanks & Warm Regards.

  
.....  
Rita Gautam  
Section Officer



### Justice Kolshe Patil

“My dear brothers and sisters and Dr Biswaroop, we have gathered here today on the birth anniversary of Chandra Shekhar Azad whose DNA was equivalent to revolution. Likewise, even Dr Chowdhury’s DNA is one of a revolutionary.

I always reiterate that the two lobbies of the world who don’t let us live in peace are medical field and ..... Today we will focus on the former with a saying in Marathi which roughly translates as, “Do doctors cure us or exploit us of our money?” We all have experienced this saying at some point in our lives.

I am 82 years of age and was ill due to covid when I saw Dr Biswaroop’s video and followed the instructions provided in it. With zero intake of any medicines, my wife and I started with Coconut water, DIP diet etc and miraculously recovered from our ill-health. It is surely a conspiracy of the WHO to exploit the common man and allow the physicians to do the same. I believe anyone who lives for himself, dies forever and one who lives for other is forever remembered. This was the mark of Chandra Shekhar Azad. Dr Biswaroop never asks you to visit him. Instead, he asks you to watch the videos and follow them at home. My wife had some issues with her eyes and all we did was to follow the DIP diet along with eye exercises. My own daughter is an Ophthalmologist and urged us to visit an eye doctor. The doctor was surprised that my wife didn’t need any treatment and was recovering well. I shared Dr Biswaroop’s video links with him too. Similarly, I referred my friend from Kuldeep who is sitting here with us today to get treat from Dr Biswaroop and he went ahead and even underwent a 3-day course from HIIMS Hospital. Dr Biswaroop never insists on people taking

any course or making any hefty payment to him for treatments. His is entirely a selfless service to the needy.

Today I would like to take this opportunity and address the entire medical fraternity of our nation. I am aware that we will never be able to stop the medical lobby from exploiting the vulnerable patients and you may continue to do so if your conscience allows. However, if someone like Dr Biswaroop is doing selfless service, then why do you trouble him so that he stops his work? When his patients have no complaints with his treatment, then why does the medical fraternity jealous of his success with the patients?

A writer, Brian from New Zealand has written that there is no nation as dishonest and corrupt as India. Instead of being ashamed of our image, why is the medical industry focusing their energy on bring Dr Biswaroop down?

Following the noble words of Saint Tukaram, we must offer help to those in need. Therefore, we must try our best to make our opposers understand the honest and sincere efforts of Dr Biswaroop and the effective results of his treatment in form of healthy patients. His efforts are not channelized towards gaining popularity, instead, all he wishes is for his patients to gain full recovery and lead happy, healthy lives.

Thank you.”



### **Anil Sharma, MLA, Bulandshahar**

“Today we have with us the esteemed company of Dr BRC, Acharya Manish and many other Naturopaths. I would like to extend my greetings to all of you. Similarly, I would like to welcome the several patients who have successfully recovered using the special treatments of Dr Biswaroop.

I would like to stress the fact that the treatment offered by Dr Biswaroop and his team is a respite from the poison being inserted in our bodies in the name of treatment by modern medicine. Dr BRC has been successful because he has intelligently coupled the traditional modes of treatment like Ayurveda and Naturopathy along with novel techniques and scientific methodologies. We don't find many people talking about the many inventions done by him and giving them a beautiful form of treatment offered as a service for mankind. I would like to take this opportunity to applaud him for the same. I myself have been a Cancer patient and have closely observed how allopathic treatment takes us closer towards our end rather than bring us back to life. On the other hand, the treatment offered by Dr BRC keeps us as close to our natural elements as possible. I am a living testimony of the same along with so many other people who have effectively won over their ailments using his treatment methodology.

People are seen to use various platforms like YouTube, Social Media, or even the Press to share idle solutions to grave ailments. Dr BRC, on the other hand, not only talks about the benefits of Natural healing processes, but also gives practical demonstrations and treats grave diseases using the same. His success in reversing impossible ailments and helping patients enjoy the beauty of daily



simple healthy living is phenomenal. He has been successful in establishing that the classical forms of treatments laid down by sages of ancient India are equally relevant in today's scientific modern day and age.

Without taking much time, I would like to earnestly thank the entire team and would urge all those who have successfully regained their health through Dr BRC's treatment to come forward and work on the frontlines, helping the society at large by sharing the benefits of the healing methodologies.”



Dr. Biswaroop Roy Chowdhury <biswaroop@biswaroop.com>

## Report on the Naturopathy Interventions at COVID Care Centre, Ahmednagar, Maharashtra. reg

ninsmodsn <ninpune@bharatmail.co.in>  
To: biswaroop@biswaroop.com  
Cc: satyamaup@gmail.com, drpraveen0891@gmail.com

Tue, Jul 20, 2021 at 12:10 PM

Dear Sir,

Greetings from National Institute of Naturopathy, Pune.

This is with reference to your intimation to Dr. Praveen.C, Medical Officer, NIN regarding the report.

Please find the attached report on the data collected from the Ahmednagar rural Naturopathy Centre regarding the efficacy of Nature cure intervention and the outcome in mild-moderate COVID cases.

We are thankful for the cooperation extended to us by the N.I.C.E team of dedicated Naturopaths towards this process.

We would be further processing this as a paper and publish in the near future .

Thanks & Regards.



राष्ट्रीय प्राकृतिक चिकित्सा संस्थान, पुणे

आयुष मंत्रालय, भारत सरकार

**NATIONAL INSTITUTE OF NATUROPATHY**

Ministry of AYUSH, Govt. of India

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"स्वास्थ्य अवलम्बना से स्वावलम्बना "

"Self Reliance through Self Health Reliance "

#Unite2fightcorona #IDY2021

#NaturopathyDay(18<sup>th</sup>November)

#FitIndia #Yoga #Naturopathy

#AYUSH #ZindagiRaheKhush

**Report on the Naturopathy Interventions at COVID Care Centre, Ahmednagar, Maharashtra managed by Network of Influenza Care Experts (N.I.C.E) under Dr. Biswaroop Roy Choudhary.**

COVID19 as a pandemic has been a challenge to the healthcare system across the world. Nature cure therapy has been tried as an option for increasing the immunity and body's natural mechanism to overcome this infection across different centers in India. This is a report of some initial data gathered across a single center of Ahmednagar district; where people availed only Naturopathy treatment voluntarily for a week's time period from their day of COVID confirmation and were successfully treated.

The information was collected retrospectively from the patients who were treated at the center by telephonic conversations. The questionnaire tool guide was prepared and reviewed by the expert before its actual administration. The entire tool was converted into Marathi (local language) and used for the data collection (English Version of the questionnaire is attached as an annexure). The data was transferred into Microsoft Excel 2013 for further descriptive analysis.

**Intervention details** for the cases that were carried out at the Nature Cure center:

1. Yoga: Daily yoga exercise regime was carried out for a period of 30minutes in groups for all the admitted cases in the morning hours.
2. Diet intervention- Sattvik diet, fresh in nutrition and which boosts the immunity was provided to all the patients throughout their stay at the center; which included, raw diet like ample amounts of salads- carrots, tomato, raddish etc, fruits like guava, oranges. Mosambi, mangoes, pomegranate etc, raw roots of turmeric, honey, drinks like fresh fruit juices etc.

**Part-III: Appendix**

**Naturopathic Daily Regimen:**

Time	Activity	
5.30 am	Waking up and attending nature's call	
6-6.30 am	Yoga	
6.30 to 7 am	Sun bath	
7 to 7.30 am	Community Prayer	
7 am	Breakfast	Lemon Water with honey (250 ml)
9 am	Juice	Fruit juice- 300 ml or Coconut water- 250 ml
11 am	Juice	Fruit juice- 300 ml or Coconut water- 250 ml
1 pm	Salad, fruits	As much as the patient wants
2 pm	Juice	Fruit juice- 300 ml or Coconut water- 250 ml
3-4.30 pm	Afternoon nap	-----
5 pm	Salad, fruits	As much as the patient wants
6-6.30 pm	Community Prayer	
8 pm	Dinner- Chapati, Vegetables, Rice, Dal and Fruits	As much as the patient wants

3. Proning for patients with low oxygen saturation, at times assisted proning for some severe cases

4. Recreational activities for the patients-

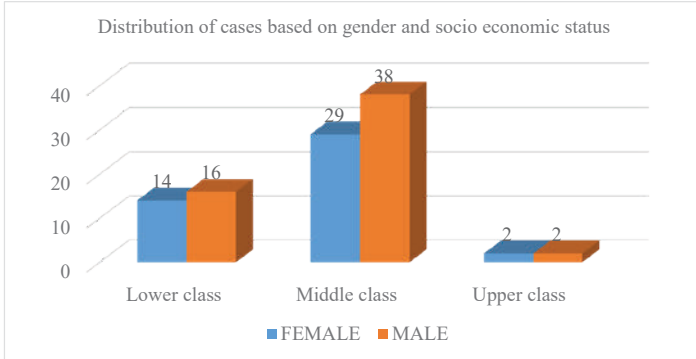
Dance and singing programs with active participation of the patients daily. The center also held marriage functions and had frequent visits and stay of family members and relatives as a support mechanism for the patients admitted at the center.

There were Naturopathy experts present round the clock; to ensure that the patients are looked after well.

**Salient outcome of the data collected till now:**

The entire process of convincing a large set of rural population for Nature cure therapy was by means of a strong communication and the contacts established by the promotors of Nature cure therapy in the surrounding areas of the center. The team of Naturopaths were dedicatedly communicating with patients and their kin regarding the benefits of Nature cure therapy on daily basis.

A total of 101 cases responded to the questionnaire. The following graph shows the gender and socio economic distribution of the population.



Majority of cases from the middle class (67) availed the facility; followed by the lower(30) and the upper class (4).More males (56) availed the Nature cure treatment as compared to women (45) in the center.

### Part-III: Appendix

The following table shows the test done to confirm COVID 19:

Test Done	Number
RT-PCR	51
CT chest	3
RT-PCR, CT CHEST	47
<b>Grand Total</b>	<b>101</b>

None of the cases took any medication for long term due to other systemic illnesses- like Diabetes, HTN or arthritis etc.

Only 28 were vegetarians in the total of 101. They all practiced a total vegetarian diet during their entire stay at the center.

None of the cases took any medication for COVID.

All performed Yoga daily for 30 minutes and had sun bath for 30 minutes as a routine regime.

No case reported of any untoward incident or adverse reaction to their fasting experience in Nature cure regime.

Questions were asked to the patients on rating the experience of the Naturopathy regimen, knowledge about Naturopathy and the change in their health.

- The patients were asked to rate their experience of this regimen in the form of an excellent, good, bad or poor score. Overall 24 cases reported it as a good experience; while 76 rated it as excellent.
- When asked about how they got information about Naturopathy treatment for COVID; the patients responded that majority learnt it from the Naturopathy doctors and the promoters of Nature cure therapy (72); while the rest of them got information from Youtube channels and books.

- 97 of the cases said that they would recommend fasting to others; while 4 did not elaborate any reason for not recommending fasting as an option to others.
- The patients were asked to rate their health from 1-10; with 1 being the least score and 10 being the highest. A score between 1-3 was considered to be worse; 4-5 as poor; 6-8 as good and 9-10 as excellent. 55 patients rated their health as above 5 before the nature cure intervention; while all 101 rated their health above 7/10 after the intervention.

Overall it can be concluded that; in all these cases; Nature cure therapy was successful as a regimen for the COVID cases. This can serve as model for the successful handling of all mild to severe cases of COVID and also as a preventive intervention in all the future cases.

### Part-III: Appendix

Annexure- Questionnaire

**Patient Enrolment Number-** \_\_\_\_\_ **Place/ State-** \_\_\_\_\_

#### Demographic data:

Name of the patient (in Full) _____
Age in years (last completed age) _____
Date of Birth (if known) _____
Gender (Male/Female/Others) _____
Level of Education: <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary school <input type="checkbox"/> Middle School <input type="checkbox"/> High secondary <input type="checkbox"/> Intermediate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional Degree
Occupation of the head of the family: <input type="checkbox"/> Professional <input type="checkbox"/> Semi-Professional <input type="checkbox"/> Clerical/Shop owner/Farm <input type="checkbox"/> Skilled worker <input type="checkbox"/> Semi-skilled worker <input type="checkbox"/> Unskilled worker <input type="checkbox"/> Unemployed
Monthly family income: <input type="checkbox"/> >52734 <input type="checkbox"/> 26,355 to 52733 <input type="checkbox"/> 19759 to 26354 <input type="checkbox"/> 13,161 to 19758 <input type="checkbox"/> 7,887 to 13,160 <input type="checkbox"/> 2641 to 13,159 <input type="checkbox"/> <2640
Contact residential address in full: _____
Telephone number: _____
<b>History of COVID illness:</b> Which test was used to confirm your COVID 19 diagnosis? <input type="checkbox"/> RT-PCR <input type="checkbox"/> Rapid Antigen test <input type="checkbox"/> CT chest score
Please explain the possible reasons for testing for COVID? (Like exposure, front line work etc.)



Date of confirmation: _____ (dd/mm/yyyy)	
Were you admitted to a centre for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Of the following which all symptoms did you experience?	
Fever	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Headache	<input type="checkbox"/>
Body ache	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>
Anosmia (loss of smell)	<input type="checkbox"/>
Ageusia (loss of taste)	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Loss of appetite	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>
Weakness	<input type="checkbox"/>
Others (specify): _____	
Do you have any other medical ailment, if yes, please specify which one(s) _____	
(Specific to- Diabetes Mellitus, Hypertension, Bronchial Asthma/ COPD/ Cardiovascular disease/ CVA (Stroke)/ Immunodeficiency disorders/ Malignancy or history of malignancy/ Liver disease/ Chronic Kidney Disease)	

**Part-III: Appendix**

Medication taken for the above stated medical ailment?			
Generic Name	Frequency	Duration (in years)	
Surgical History:			
Name of procedure and the time when carried out (how many years ago) _____			
Dietary habit:			
<input type="checkbox"/> Vegan Vegetarian <input type="checkbox"/> Vegetarian <input type="checkbox"/> Mixed			
Substance abuse (if any) (Tobacco, Alcohol or any other)			
Type	Form of intake (liquid, chewable, smoking etc.)	Frequency of intake (per day or week)	Duration (in years)
Were you administered any allopathic medication for COVID 19?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes; which of the following applies to you?			

Name	Dose	Duration of use	Route
List of Modern Medicines			
Azithromycin			
Doxycycline			
Methyl prednisolone			
Ivermectin			
Inhalational Steroids			
Vitamin C			
Zinc			
Others			
AYUSH Medicines or other type of interventions taken			

**NATUROPATHY INTERVENTION:**

Specify the type of intervention(s) and the duration of the same in detail.

1. Time of getting up daily during the therapy period: \_\_\_\_\_ am
2. Time of sleeping at night: \_\_\_\_\_ pm
3. Afternoon rest/nap: \_\_\_\_\_ (in hours; approximately)
4. Time of sun exposure (sun bath): From \_\_\_\_\_ to \_\_\_\_\_  
(\_\_\_\_ hours).



<p><input type="checkbox"/> 2 days</p> <p><input type="checkbox"/> 3 days</p> <p><input type="checkbox"/> 4 days</p> <p><input type="checkbox"/> &gt;4 days</p>
<p>Please list out all the Adverse/Severe Adverse events in case of any of the above mentioned interventions below. In case of no ADE or SAE; leave the space blank.</p> <p>AD/SAE with Allopathy:</p>    <p>AD/SAE with Ayurveda:</p>    <p>AD/SAE with Naturopathy:</p>    
<p>How did you become aware of fasting as a therapeutic form for COVID 19?</p> <p>Social Media <input type="checkbox"/></p> <p>Television <input type="checkbox"/></p>

**Part-III: Appendix**

Internet	<input type="checkbox"/>
Expert opinion/doctor	<input type="checkbox"/>
Personal Experience	<input type="checkbox"/>
Suggestion from family/friend	<input type="checkbox"/>
Others (specify):	_____
Explain your experiences on fasting during COVID (Probe each day's experience- Did it begin with difficulty and come down later on or was it easy to do so initially itself, mental frustration, anxiety, hunger pangs, feeling of empty stomach, lack of sleep, irritability or any other change in behavioural pattern):	
Day 1:	
Day 2:	
Day 3:	
Day 4:	
Day 5:	
How will you describe your overall fasting experience? (Like Good, bad, excellent. Probe	

to know if he/she felt it as a part of routine life or out of context)
Any other additional guidance if received during fasting, please explain (Like from Your tube, Books, Social Media, Internet etc.)
Will you recommend fasting to other COVID 19 patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no; please specify the reason(s) why? (Probe the negative experience- Like difficult to do, Hunger pangs, irritability GIT disturbances, Headache, acidity or any other)
Rate your overall health before fasting on a scale of 1-10; with 1 being worst and 10 being excellent health. _____
Rate your overall health after fasting and recovering from COVID on a scale of 1-10; with 1 being worst and 10 being excellent health. _____

## Comparative DTPA Scans of Some CKD Patients

Occasionally, some inquisitive patients opt for DTPA\* Scan before and after undergoing the GRAD system treatment to assess the changes in kidney size and functioning. In the following pages, we present the DTPA Scan reports of 23 patients, showcasing the pre- and post-GRAD system results.

Summary of DTPA scans of 23 Patients	
1.	Average number of days on GRAD system before 2nd scan - 120 days (4 months)
2.	Average increase in GFR = 8.42 ml/min

\*We don't recommend DTPA Scan. In following pages are the reports of the patients who volunteered themselves for the scan. We acknowledge that DTPA scan has a potential to further damage the already fragile kidney.

Sl. N.	Patient's Name	Before Date	Before GRAD treatment (GFR)	After Date	After GRAD treatment (GFR)	No. of days
1	BA [REDACTED] CH 14 /M	08.09.22	70.2	31.03.23	120.8	204
2	MD [REDACTED] E 49Y/M	29.09.22	6.2	13.03.23	8.4	165
3	P [REDACTED] A 45 Y/F	14.03.22	9.6	27.06.22	20.8	105
4	SH [REDACTED] L 41Y/F	24.09.22	19.6	23.12.22	23.4	90
5	RA [REDACTED] RA PASWAN 32Y/M	30.08.22	6.5	19.12.22	10.5	111
6	DA [REDACTED] [REDACTED] HI 33Y/M	17.10.22	14.6	13.03.23	20	147
7	S [REDACTED] A 39Y/F	17.11.22	3.9	22.03.23	6.95	125
8	PA [REDACTED] [REDACTED] R 40Y/M	30.12.22	8.7	12.04.23	13.8	103
9	DE [REDACTED] N 08Y/M	24.11.22	67.8	21.02.23	80	89

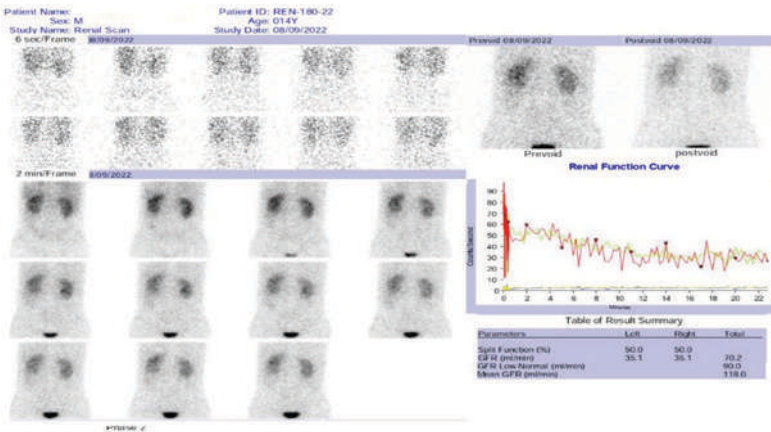


Sl. N.	Patient's Name	Before Date	Before GRAD treatment (GFR)	After Date	After GRAD treatment (GFR)	No. of days
10	NA [REDACTED] MA 39Y/M	27.10.22	14.3	07.02.23	15.5	103
11	SA [REDACTED] AR 36Y/M	14.03.23	9.3	16.06.23	23.6	94
12	RA [REDACTED] GH 56Y	10.05.23	8	08.08.23	15	90
13	MD [REDACTED] UE 66Y/M	17.10.22	14.4	13.03.23	17.3	147
14	PA [REDACTED] [REDACTED] AR 55Y/M	11.10.22	13.5	16.03.23	17.3	156
15	PA [REDACTED] [REDACTED] R 36Y/M	26.09.22	12.9	22.03.23	15.2	177
16	MA [REDACTED] [REDACTED] AJ 11Y/M	18.08.22	19.6	19.12.22	23.7	123
17	AR [REDACTED] AR 40Y/M	30.12.22	8.7	12.04.23	13.8	103
18	DU [REDACTED] AS 42Y/F	14.03.22	15.6	30.06.22	19.8	108
19	M [REDACTED] I 30Y/F	22.04.22	9	13.07.22	19.4	82
20	PR [REDACTED] KA 27Y/F	22.07.22	10.6	06.12.22	22	137
21	NE [REDACTED] VI 45 Y/F	02.08.22	8.2	11.11.22	13	101
22	BA [REDACTED] UR 66Y/F	01.03.22	10	07.06.22	13.6	98
23	PR [REDACTED] [REDACTED] AL 48Y/M	24.05.23	10	12.09.23	31	111
			<b>16.14</b>		<b>24.55869565</b>	<b>120</b>
			Avg. GFR		Avg. GFR	Avg. No. of days

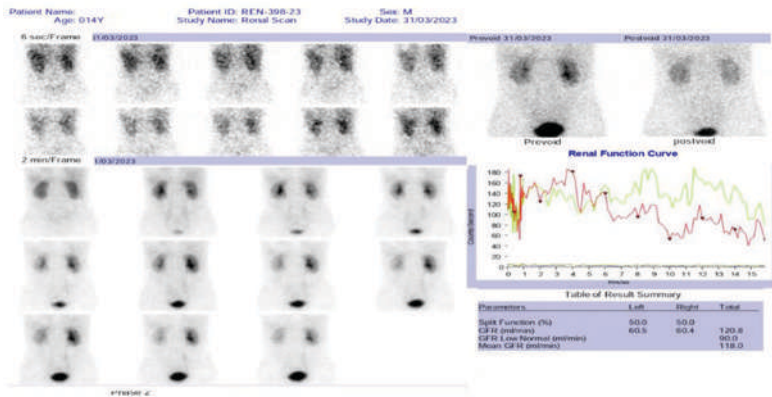
# Comparative DTPA Study

## Patient - 1

Before following GRAD System: 08-09-2022



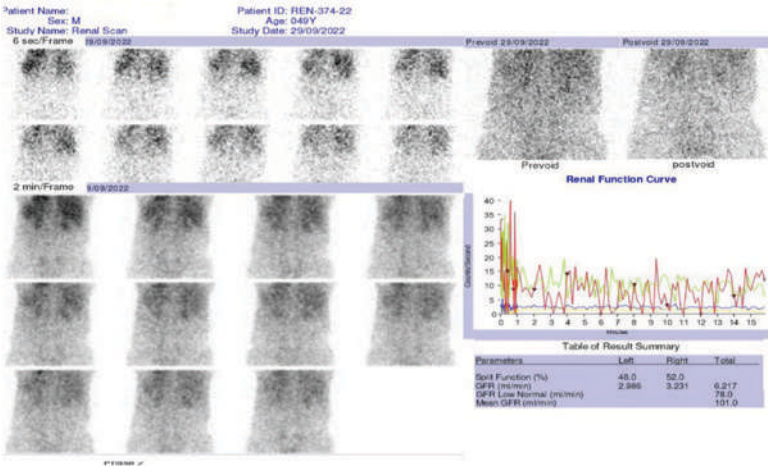
## After following GRAD System: 31-03-2023



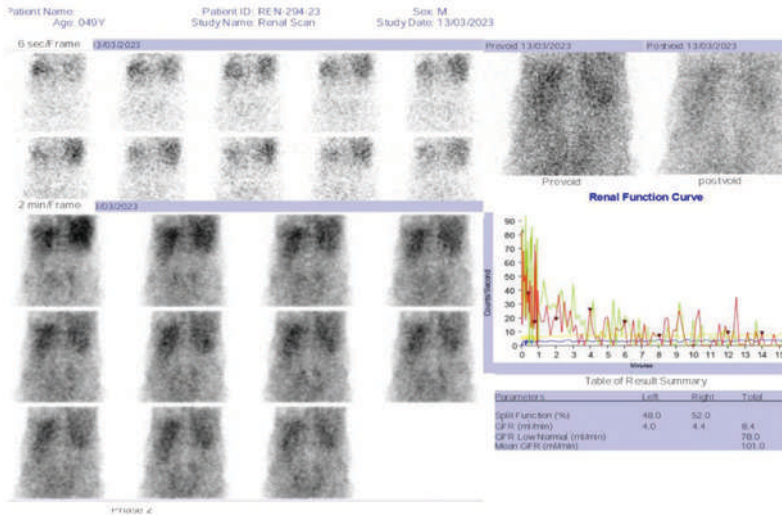
# Comparative DTPA Study

## Patient - 2

Before following GRAD System: 29-09-2022

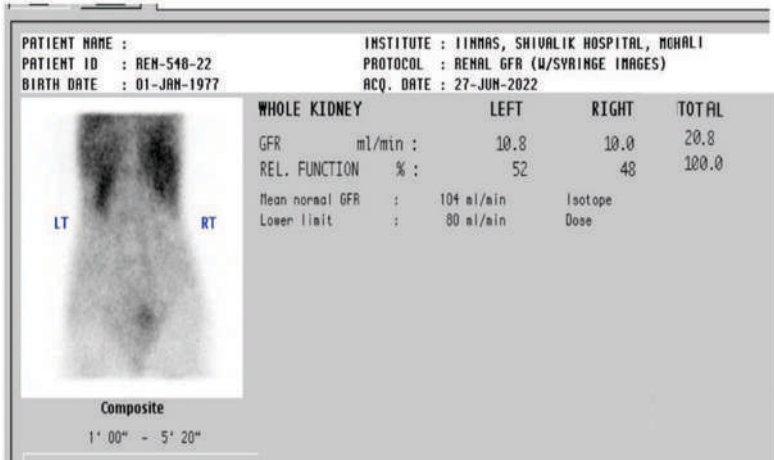


## After following GRAD System: 13-03-2023





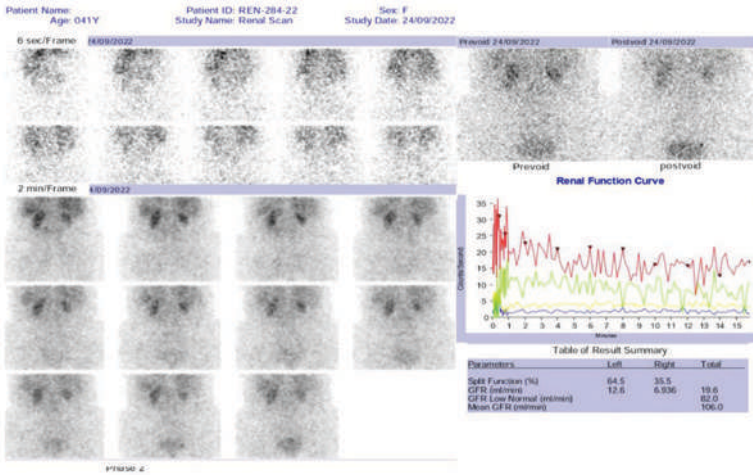
## After following GRAD System: 27-06-2022



# Comparative DTPA Study

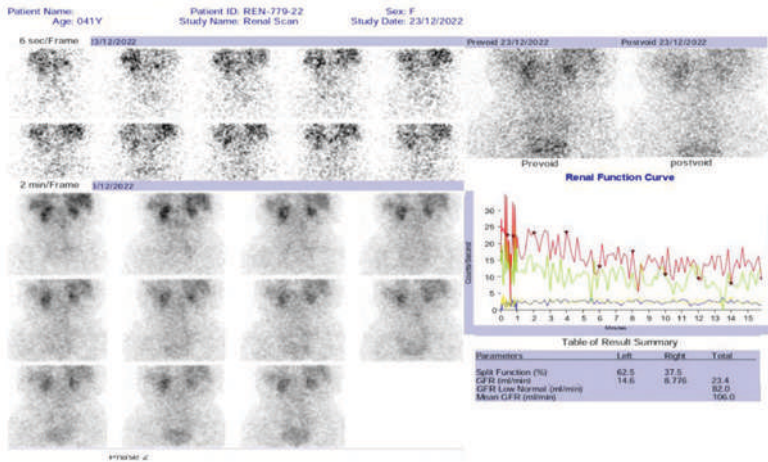
## Patient - 4

Before following GRAD System: 24-09-2022





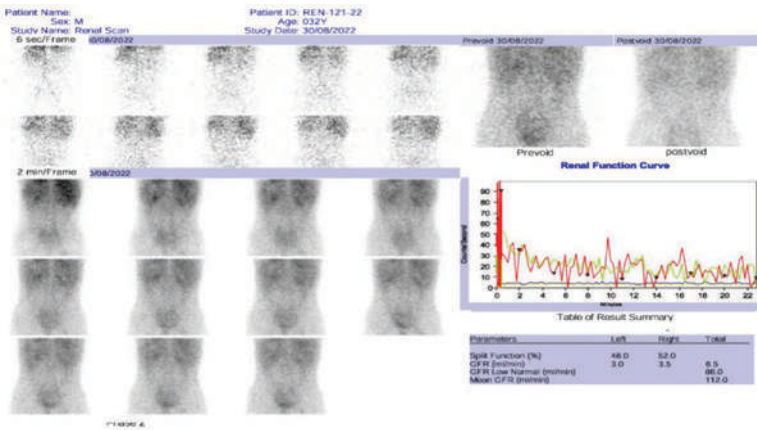
## After following GRAD System: 23-12-2022



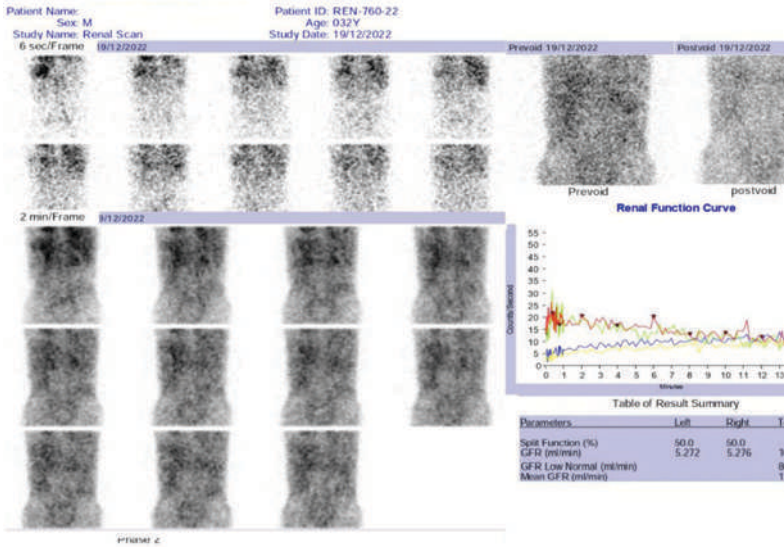
# Comparative DTPA Study

## Patient - 5

Before following GRAD System: 30-08-2022



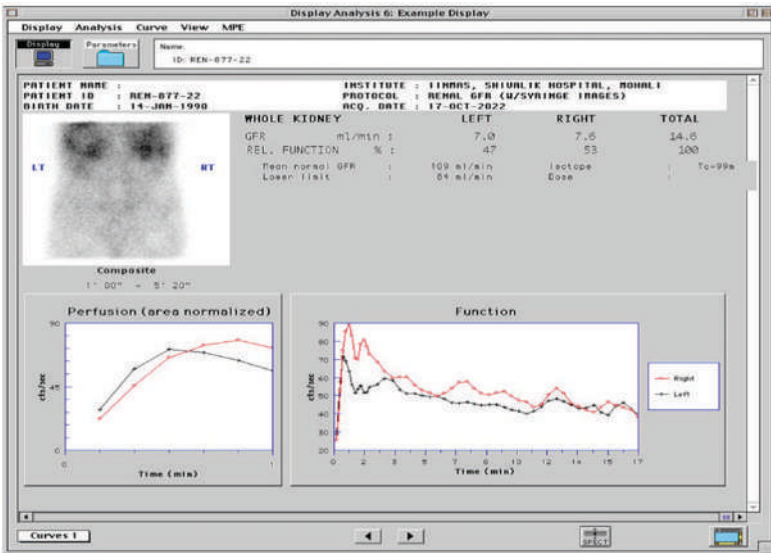
## After following GRAD System: 19-12-2022



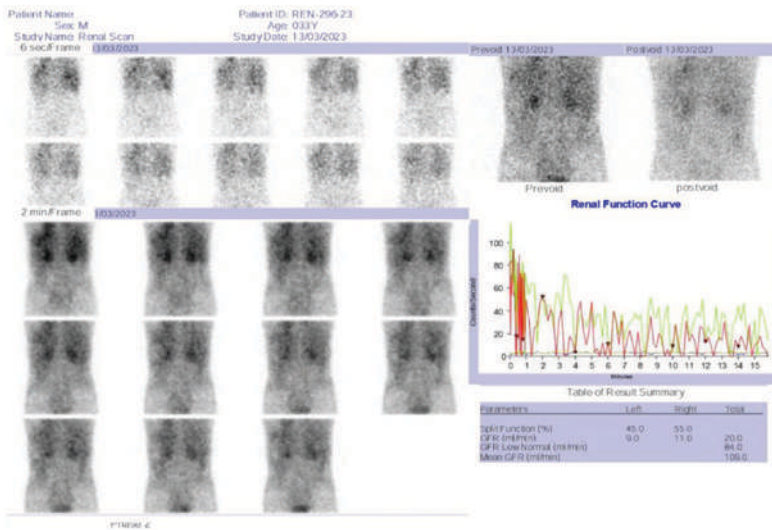
# Comparative DTPA Study

## Patient - 6

Before following GRAD System: 17-10-2022



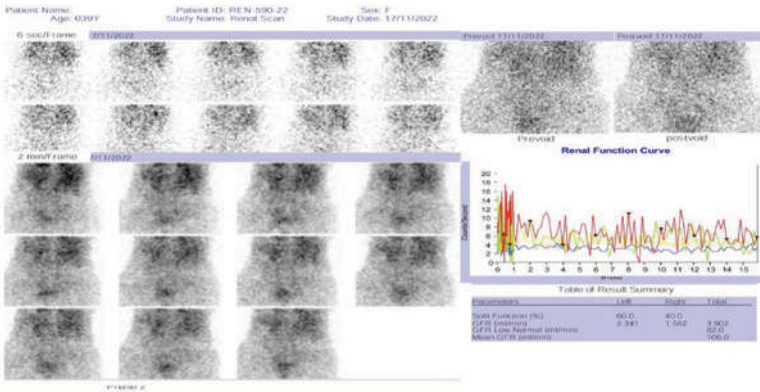
## After following GRAD System: 13-03-2023



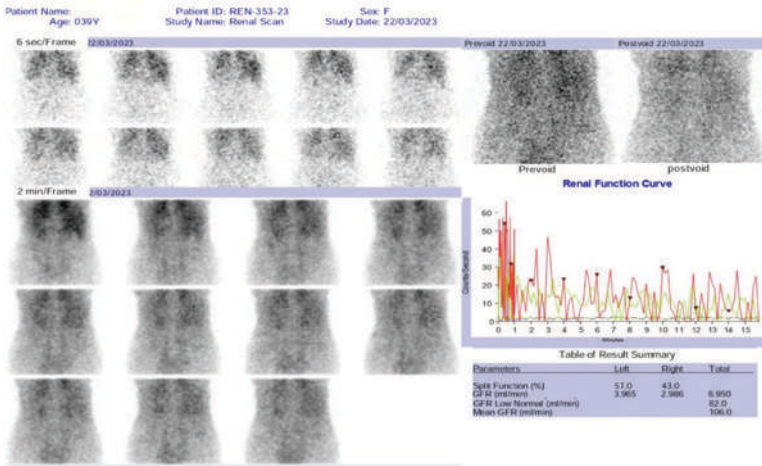
# Comparative DTPA Study

## Patient - 7

Before following GRAD System: 17-11-2022



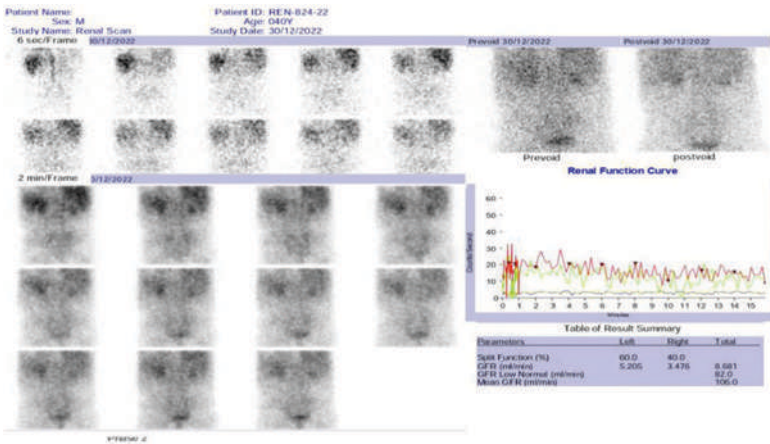
## After following GRAD System: 22-03-2023



# Comparative DTPA Study

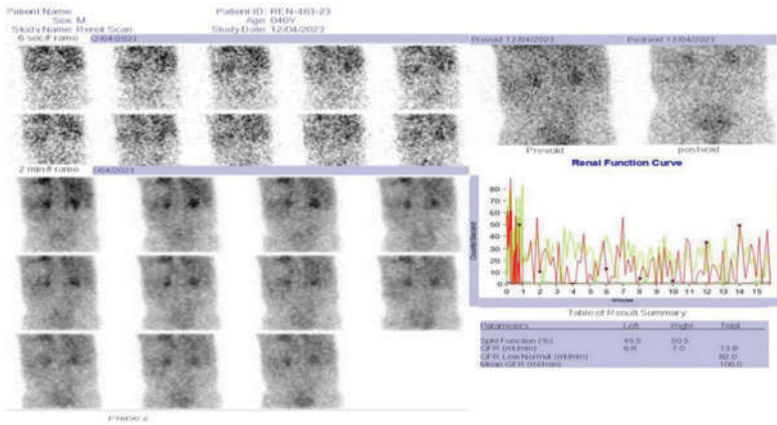
## Patient - 8

Before following GRAD System: 30-12-2022





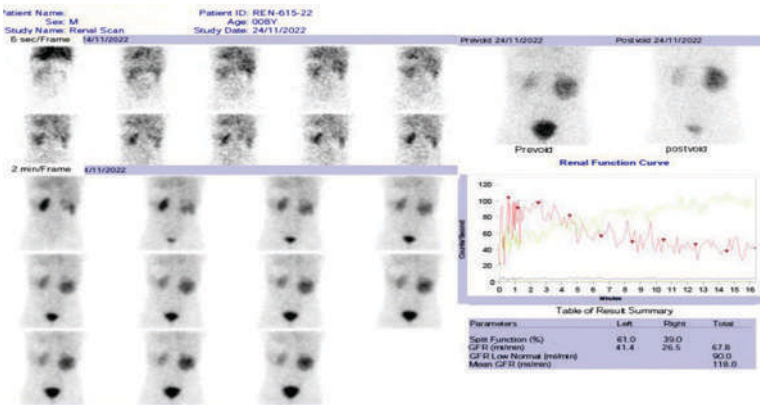
## After following GRAD System: 12-04-2023



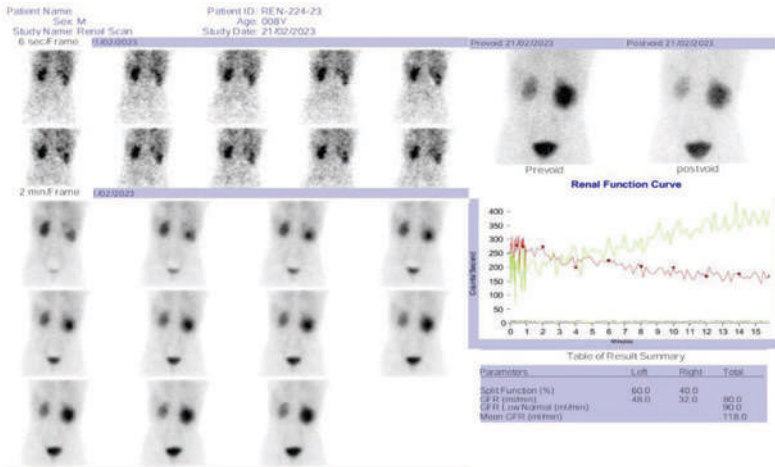
# Comparative DTPA Study

## Patient - 9

Before following GRAD System: 24-11-2022

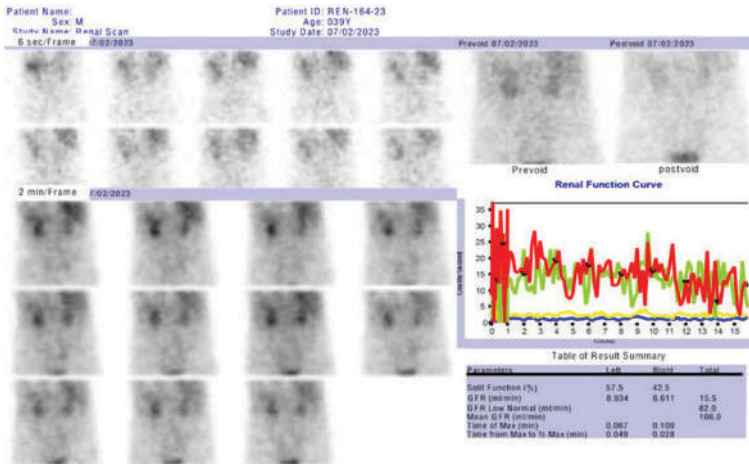


## After following GRAD System: 21-02-2023





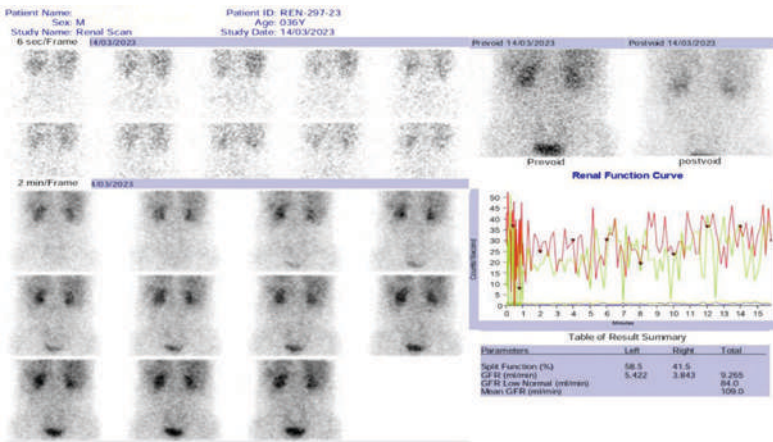
## After following GRAD System: 07-02-2023



# Comparative DTPA Study

## Patient - 11

Before following GRAD System: 14-03-2023

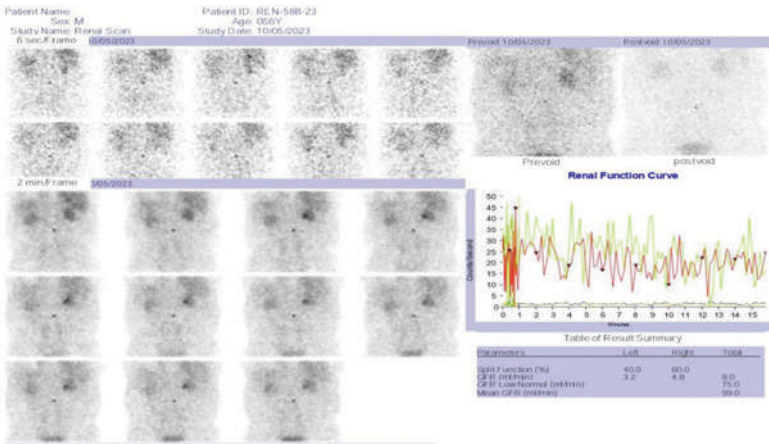




# Comparative DTPA Study

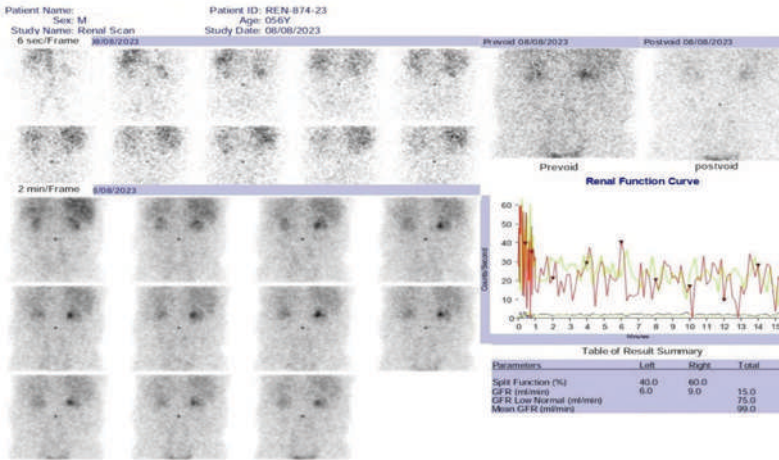
## Patient - 12

Before following GRAD System: 10-05-2023





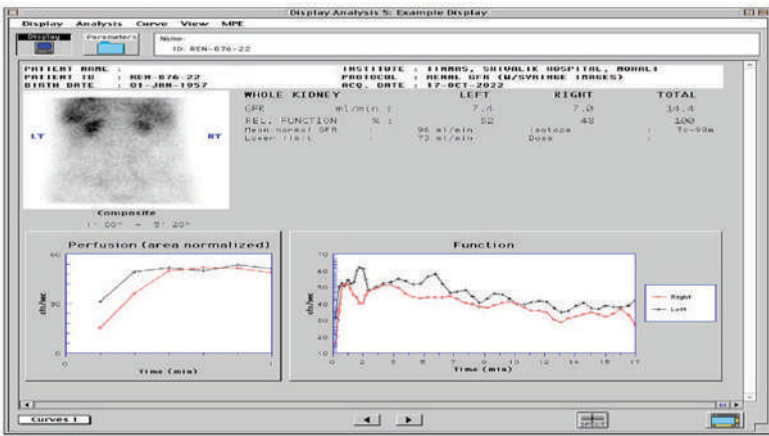
## After following GRAD System: 08-08-2023



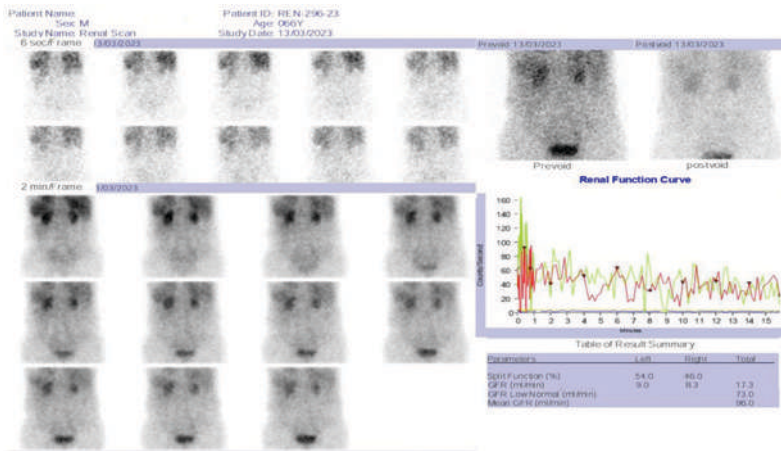
# Comparative DTPA Study

## Patient - 13

Before following GRAD System: 17-10-2022



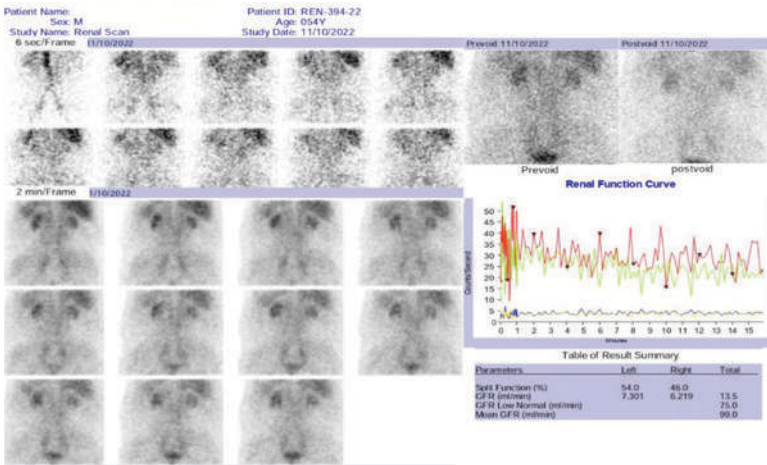
## After following GRAD System: 13-03-2023



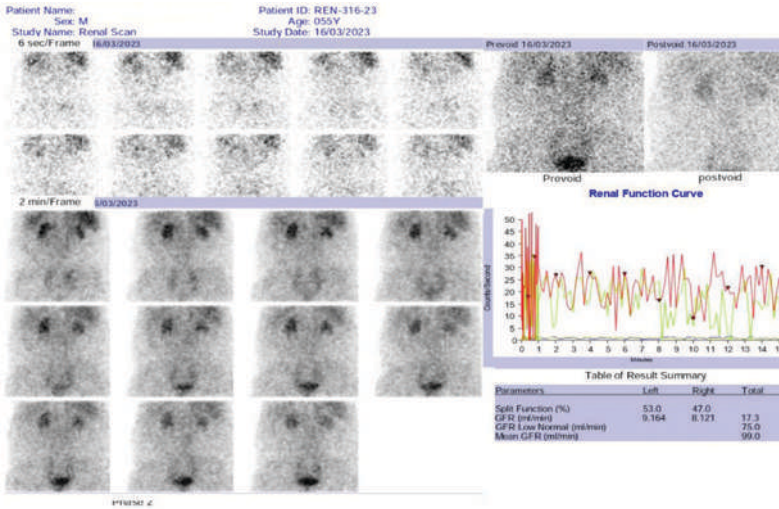
# Comparative DTPA Study

## Patient - 14

Before following GRAD System: 11-10-2022



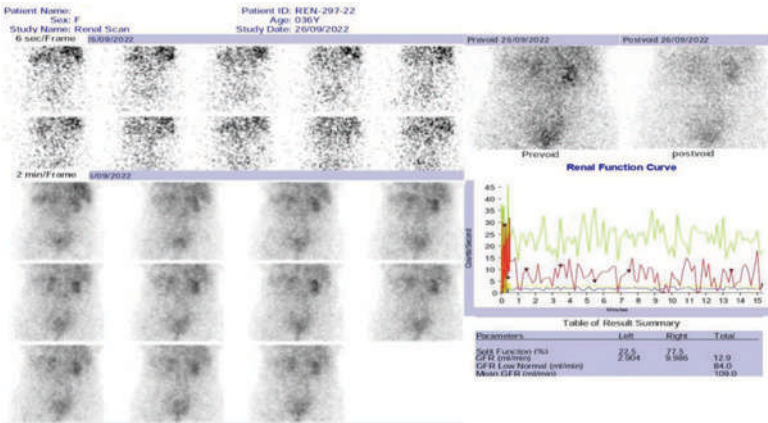
## After following GRAD System: 16-03-2023



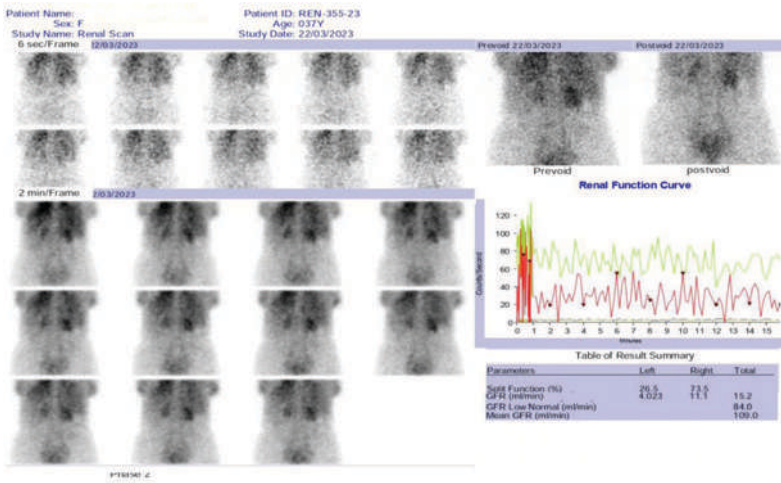
# Comparative DTPA Study

## Patient - 15

Before following GRAD System: 26-09-2022



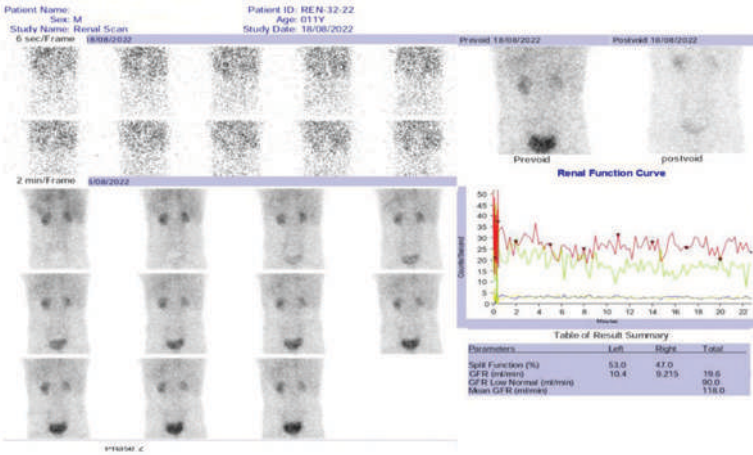
## After following GRAD System: 22-03-2023



# Comparative DTPA Study

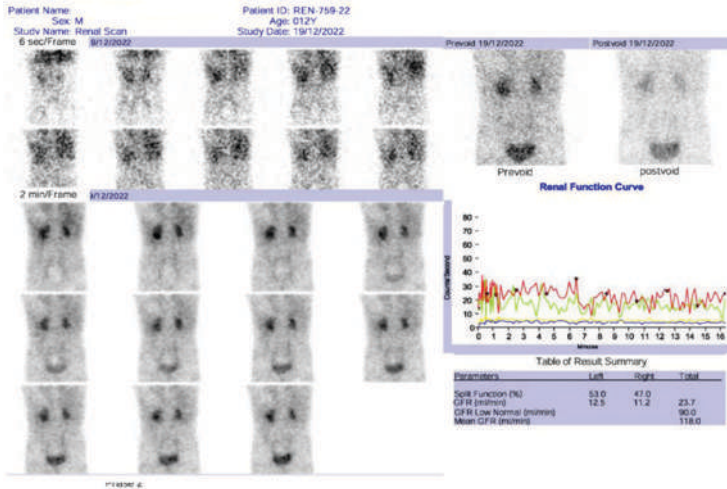
## Patient - 16

Before following GRAD System: 18-08-2022





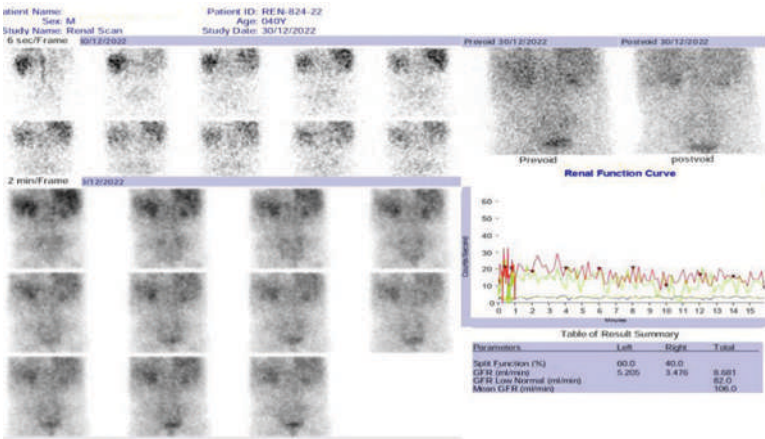
## After following GRAD System: 19-12-2022



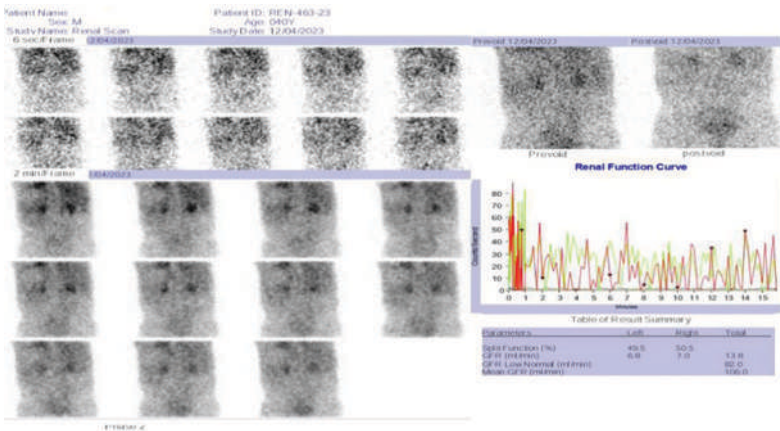
# Comparative DTPA Study

## Patient - 17

Before following GRAD System: 30-12-2022



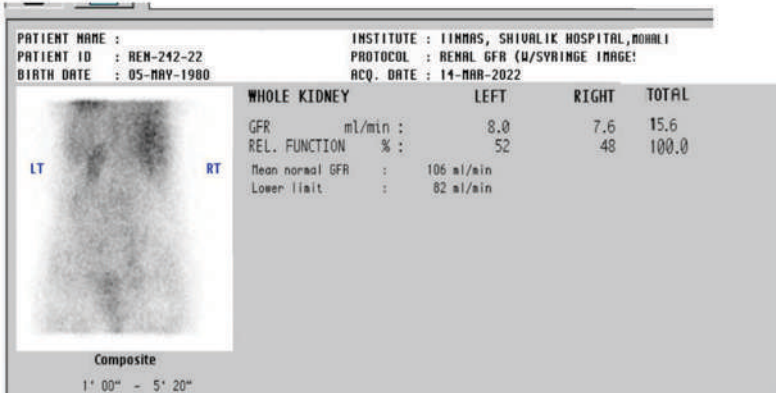
## After following GRAD System: 12-04-2023



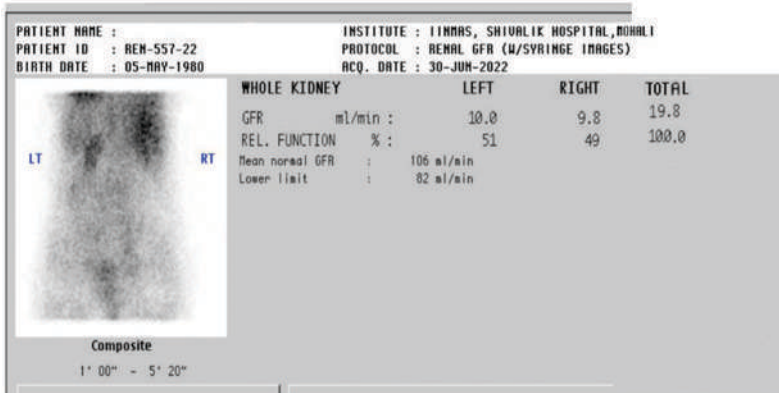
## Comparative DTPA Study

### Patient - 18

Before following GRAD System: 14-03-2022



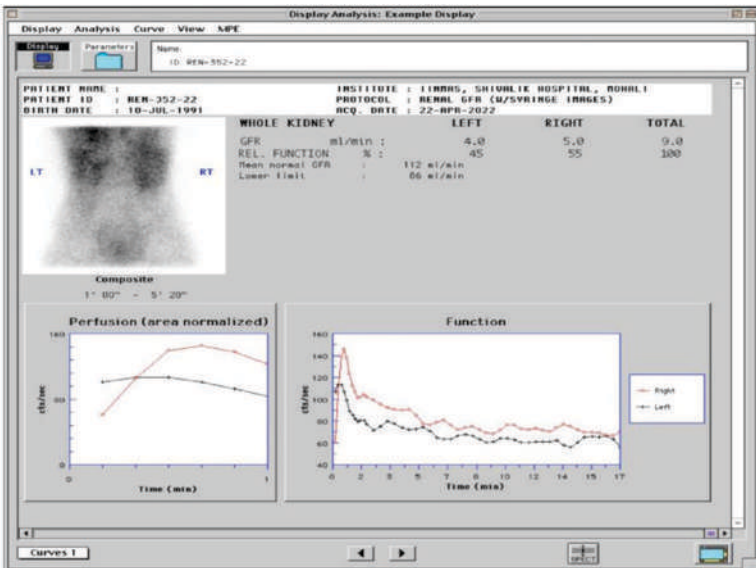
## After following GRAD System: 30-06-2022



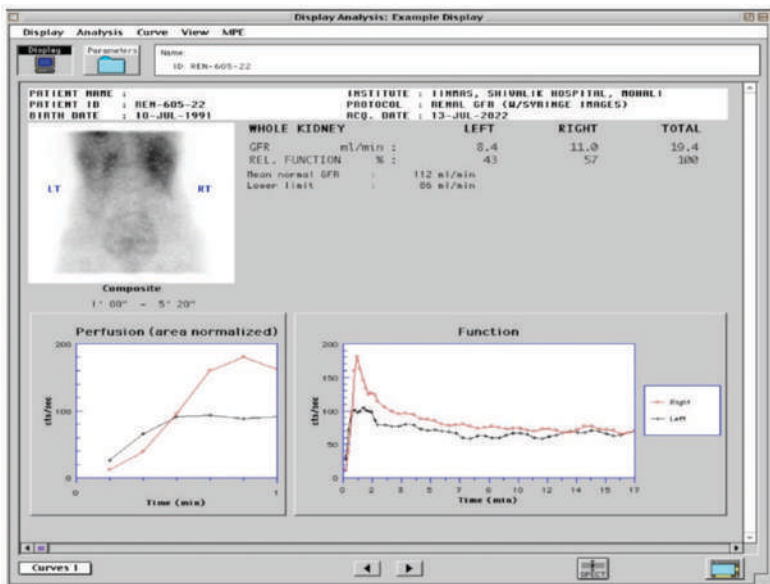
# Comparative DTPA Study

## Patient - 19

Before following GRAD System: 22-04-2022



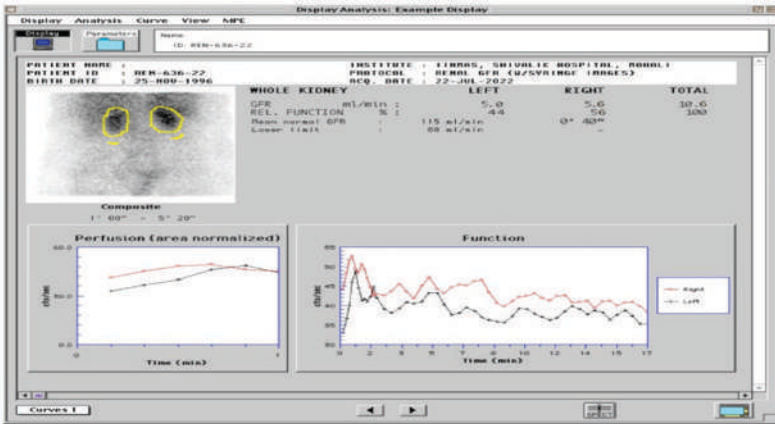
## After following GRAD System: 13-07-2022



# Comparative DTPA Study

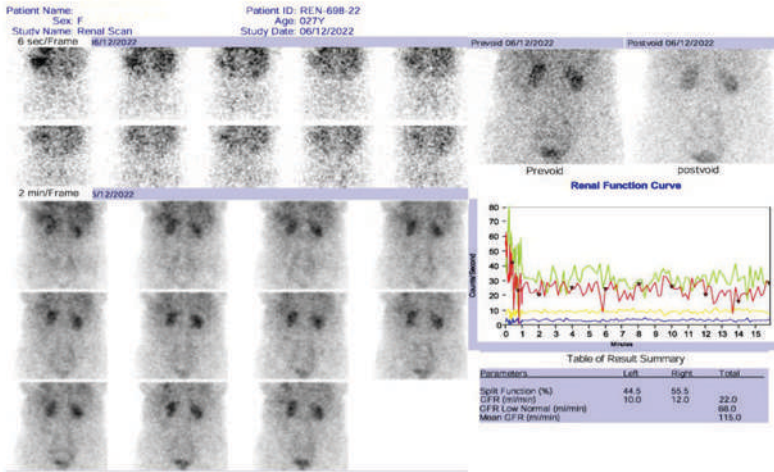
## Patient - 20

Before following GRAD System: 22-07-2022





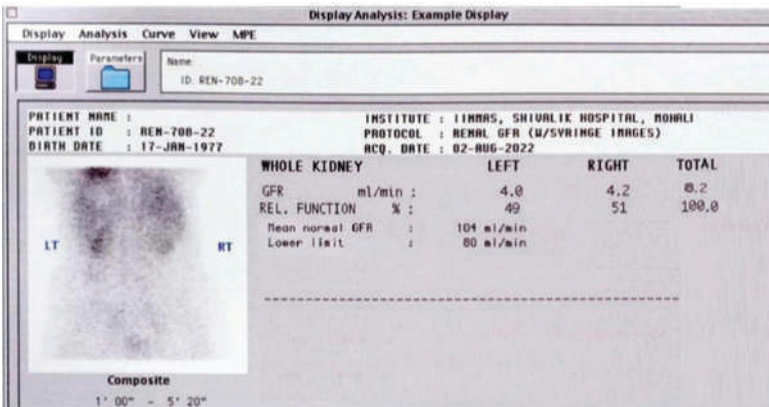
## After following GRAD System: 06-12-2022



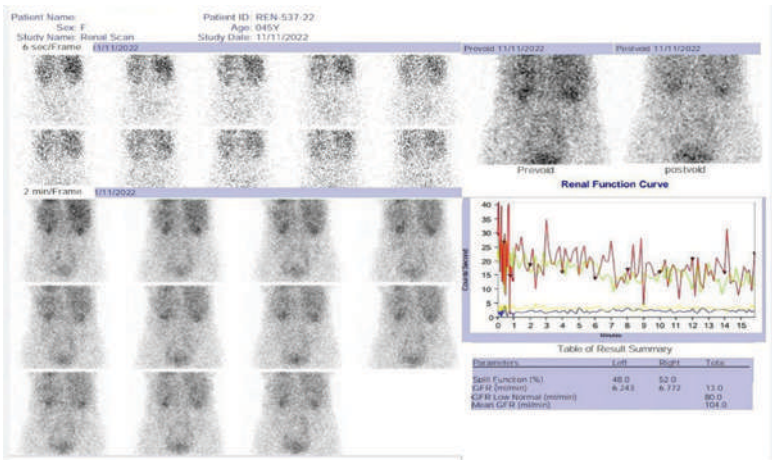
## Comparative DTPA Study

### Patient - 21

Before following GRAD System: 02-08-2022



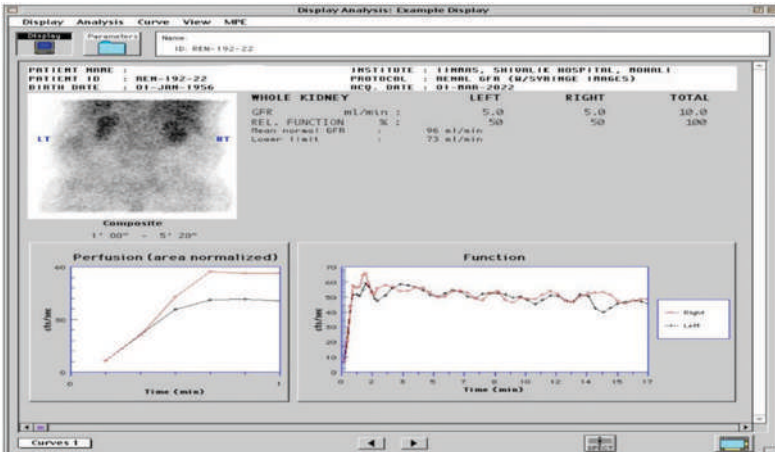
## After following GRAD System: 11-11-2022



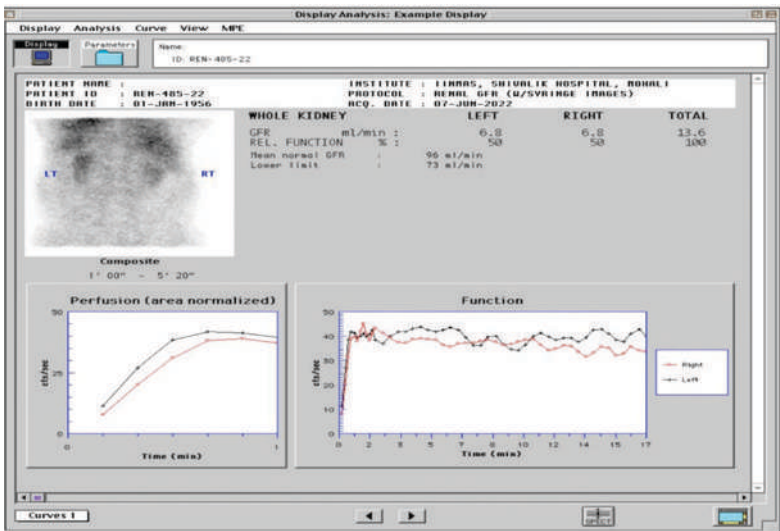
# Comparative DTPA Study

## Patient - 22

Before following GRAD System: 01-03-2022



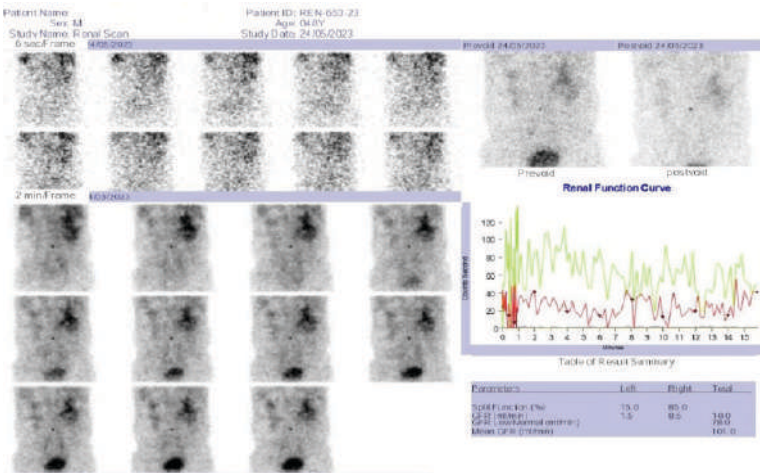
## After following GRAD System: 07-06-2022



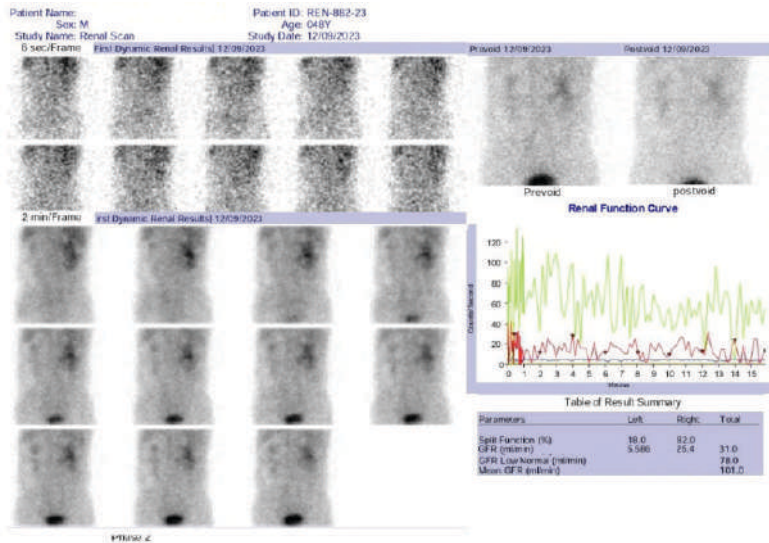
# Comparative DTPA Study

## Patient - 23

Before following GRAD System: 24-05-2023



## After following GRAD System: 12-09-2023





B-121, 2nd Floor, Green Fields, Faridabad-121003, Haryana, India  
Ph.:+91-8587059169, E-mail:nice@biswaroop.com

### **Open letter to Hon'ble Prime Minister Narendra Modi with consent from 161 doctors from PAN India**

**Sub: No evidence to prove deaths occurring due to the Novel Coronavirus**

Date: 24 May 2021

To,

**The Hon'ble Prime Minister, Shri  
Narendra Modi,**  
South Block Raisina Hill,  
New Delhi -110011, India

**SUB: No evidence to prove deaths  
occurring due to the Novel Coronavirus**

Cc to:

1. Hon'ble Health Minister
2. Hon'ble AYUSH  
Minister
3. MoHFW
4. All State Chief Ministers
5. All M.Ps
6. All MLAs
7. All District Magistrates

Respected Sir,

We are writing to bring to your notice that to date there is no proof of deaths due to the Novel Coronavirus. For the past one year, life has come to a standstill with people losing jobs and lives all in the name of Covid-19. The atmosphere of fear is too prevalent and unavoidable. The constant portrayal of the grim situation coupled with misinformation by the Indian media is farther from the truth.

To prove our point, we would like to base our claims purely on facts and evidence. Here, we would like to highlight documents published by FDA (U.S Food and Drug Administration) regarding the efficacy of RT- PCR test released on 04th February, 2020<sup>1</sup> (Please refer to page 40) and latest document released on 16th April 2021<sup>2</sup> (refer page 1). Both the documents clearly state that the RT-PCR test is only capable of checking the presence of genetic material of coronavirus in one's



body. As cited in the document **CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel**, “*Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.*”

The document further points out that, “*This test cannot rule out diseases caused by other bacterial or viral pathogens*”. It is often seen that when a person is sick, upon diagnosis various other co-infections<sup>3,4</sup> (viral, bacterial, fungal) are also seen. This means simultaneously various other viruses and bacteria have the potential to infect the person. So, it will be incorrect to label it as an infection solely due to Coronavirus.

We would also like to bring to your notice a guideline published by ICMR (Indian Council of Medical Research)<sup>5</sup> in the month of May 2020. According to the guideline, whenever death happens it is mandatory to conduct an RT-PCR test of the deceased. If the test results are positive, (even if the patient expired due to suicide/accident/any other ailments), the cause of the death will be mentioned as ‘Death due to Novel Coronavirus’.

The document further states that even if the test is negative before death; the doctor has complete discretion to attribute the death due to suspected Covid-19.

It is our humble appeal to stop the spread of misinformation and fear amongst the citizens. In the absence of any evidence to prove deaths due to the Novel Coronavirus, the need of the hour is to halt the ongoing vaccination drive, uplift the lockdown, bring back the normalcy and promote natural immunization. To support all our above claims, all the necessary documents have been provided for your reference below.

**Ref 1:** CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel: *(Please refer Page 40)*. Link to Download Ref 1: <https://www.fda.gov/media/134922/download>

**Ref 2:** Emergency Use Authorization (EUA) of The Amazon Real-Time RT-PCR Test For Detecting SARS- CoV-2 *(Please refer page 1)*. Link to Download Ref 2: <https://www.fda.gov/media/147053/download>

### Part-III: Appendix

- Ref 3:** SARS-CoV-2 and influenza virus co-infection. Link to download Ref 3: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931052-7>
- Ref 4:** Concurrent Chikungunya and Dengue Virus Infections during Simultaneous Outbreaks, Gabon, 2007. Link to download Ref 4: [https://wwwnc.cdc.gov/eid/article/15/4/08-0664\\_article](https://wwwnc.cdc.gov/eid/article/15/4/08-0664_article)
- Ref 5:** Guidance for appropriate recording of Covid-19 related deaths in India (*Please refer Page 4*). Link to download Ref 5: <https://nidm.gov.in/Covid19/PDF/Covid19/state/Himachal%20Pradesh/257.pdf>

Yours sincerely,

#### Convener

- Dr. Amar Singh Azad MD (Pediatrics), MD (Community Medicine), Patiala, Punjab

#### Co-Convener

- Dr. Biswaroop Roy Chowdhury (Ph. D Diabetes), Faridabad, Haryana
- Dr. K. B. Tumane (Chest Specialist-MBBS), Nagpur, Maharashtra
- Ex-IAS Dr. Praveen Kumar (Senior Homeopath), Faridabad, Haryana
- Dr. Khadar Vali (Independent forest agricultural scientist and food expert), Mysore, Karnataka

#### Signatories

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- Dr. Rajani Engu, (MBBS, D.G.O), Hyderabad, Telangana
- Dr. Shubham Shukla, (MBBS), Sultanpur, Uttar Pradesh
- Dr. Harish Sharma, (BAMS MD), Faridabad, Haryana
- Dr. B B Goel, (NDDY, PGDHHHC, Ph.D), New Delhi
- Dr. Manohar Lal Soni, (BAMS), Sajapur, Madhya Pradesh
- Dr. Brajendra Yadav, (BHMS), Gwalior, Madhya Pradesh
- Dr. Nidhi Jain, (BAMS), Mandleshwar, Madhya Pradesh
- Dr. Shaikh Iqra Ayaz, (BAMS), Madanpura, Maharashtra
- Dr. Warisha Nasim, (BUMS), Mumbai, Maharashtra
- Dr. Goutam Paul, (DBMS), Kolkata, West Bengal
- Dr. Harish Kumar Yadav, (BNYS, MD(EH)), Faridabad, Haryana
- Dr. Yuditya Godara, (BAMS), Sri Ganganagar, Rajasthan
- Dr. Akhlish Sahu, (MPT (MS) MD, PhD (Nature Medicine, London), Raipur, Chhattisgarh
- Dr. Swaroopini. L, (BAMS, MD), Bengaluru, Karnataka
- Dr. Anushreeya Das, (BAMS), Khordha, Odisha
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- Dr. Prashant Sharma, (BAMS, MD), Gwalior, Madhya Pradesh
- Dr. Rashmi M Patil (BAMS), (BAMS), Dharwad, Karnataka
- Dr. Azheruddin Ahmed, (BUMS), Gulbarga, Karnataka

### Part-III: Appendix

- Dr. Ramya Anil, (BHMS), Palakkad, Kerala
- Dr. Manoj Kumar, (BAMS), Bangalore, Karnataka
- Dr. Lakshminarayan Reddy, (BAMS), Bellari-Karnataka
- Dr. J Preet Anand, (BAMS), Patiala, Punjab
- Dr. Ritu Jain, (BNYS), Hisar, Haryana
- Dr. Madan Gulati (Rtd. Deputy Director Ayush), (BAMS), Chandigarh, Haryana
- Dr. Amit Bhatt, (BAMS), Dehradun, Uttarakhand
- Dr. Saifur Rehman, (BUMS), Badayun, UP
- Dr. Mehul Rajgor , (BAMS), Radhanpur, Gujrat
- Dr. Vijata Arya, (NDDY, Master in Yoga), Gurugram, Haryana
- Dr. Chaitanya S Badami, (BAMS, MD )
- Dr. Prakash Singh, (BAMS), Udham Singh Nagar, Uttarakhand
- Roopchand Gupta, (DNYS), Dehradun, Uttarakhand
- Dr. Bijendra Arya, (Senior Naturopath 50 Yrs), Palwal, Haryana
- Dr. Rahul Kumar Vaidhya, (BAMS), Srinagar, Uttarakhand
- Dr. Amarjeet Singh Mann, (BHMS), Punjab
- Dr. Gitika Chaudhary, (BAMS), Zirakpur, Punjab
- Dr. Divyadeep, (BAMS), Zirakpur, Punjab
- Dr. Mohit Gautam, (BAMS), Jalandhar, Punjab
- Dr. Alok Tiwari, (BAMS), Pune, Maharashtra
- Dr. Poonam, (BAMS), Rohini, Delhi
- Dr. Vaidya Rajeev Verma, (BAMS), Saharanpur, Uttar Pradesh
- Dr. Arachana, (BAMS), Zirakpur, Punjab
- Dr. Arvind Kumar Shakya, (BAMS), Kanpur, Uttar Pradesh
- Dr. Vishal Raman, (BAMS), Taran, Punjab
- Dr. Rahul, (BAMS), Amritsar, Punjab
- Dr. Vikas Mishra, (BAMS), Agra, Uttar Pradesh
- Dr. Pankaj Kumar, (BAMS), Gopalganj, Bihar
- Dr. Deepak Sharma, (BAMS), Panipat, Haryana
- Dr. Pritam Pyare, (BAMS), Bhagalpur, Bihar
- Dr. Sultan Kabirul Islam, (BAMS), Siliguri, West Bengal
- Dr. Sikandar, (BAMS), Jaipur, Rajasthan
- Dr. Mohan Mishra, (BAMS), Patna, Bihar
- Dr. Hariom, (BAMS), Haldwani, Uttarakhand
- Dr. Priyank Sharma, (BAMS), Zirakpur, Punjab
- Dr. Gulshan Kumar, (BAMS), Ludhiana, Punjab
- Dr. Mayank Gupta, (BAMS), Bhilai, Chhattisgarh
- Dr. Ajeet, (BAMS), Noida, Uttar Pradesh
- Dr. Hemant Singh Chauhan, (BAMS), Gurugram, Haryana
- Dr. Mithlesh Kumar Sen, (BAMS), Bilaspur, Chhattisgarh
- Dr. Sonam Kashyap, (BAMS), Ghaziabad, Uttar Pradesh

- Dr. Alok Kumar, (BAMS), Muzaffarpur, Bihar
- Dr. Neelam, (BAMS), Abohar, Punjab
- Dr. Aditi Yadav, (BAMS), New Delhi
- Dr. Shivani Dhiman, (BAMS), New Delhi
- Dr. Priyank, (BAMS), Pune, Maharashtra
- Dr. Rupesh Raj, (BAMS), Kolkata, West Bengal
- Dr. Shivangi, (BHMS), Zirakpur, Punjab
- Dr. Avira, (MD AYURVEDA), Chandigarh
- Dr. Ramandeep Kaur, (BAMS), Pathankot, Punjab
- Dr. Santosh Sharma, (BAMS), Mathura, Uttar Pradesh
- Dr. Nilotpal Bhattacharjee, (BAMS), Agartala, Tripura
- Dr. Shilpi J Bose, (BAMS), Rishikesh, Uttarakhand
- Dr. Neha Malhan, (BAMS), Kapurthala, Punjab
- Dr. Diksha Thakur, (BAMS), Shimla, Himachal Pradesh
- Dr. sheetal Jaiswal, (BAMS), Ambikapur, Chhattisgarh
- Dr. Ravinder Kaur, (BAMS), New Delhi
- Dr. Praveen Chandra Semwal, (BAMS), Yamunanagar, Haryana
- Dr. Deepali Mane, (BAMS), Thane, Maharashtra
- Dr. Aakanksha Pandey, (BAMS), Jabalpur, Madhya Pradesh
- Dr. Shivani Chaudhary, (BAMS), Hoshiarpur, Punjab
- Dr. Virendra Mohan Mishra, (BAMS), Ayodhya (Faizabad) U.P.
- Dr. Ritesh Kumar Srivastava, (BAMS), Prayagraj, Uttar Pradesh
- Dr. Upamdeep Kaur, (BAMS), Patiala, Punjab
- Dr. Neha Mahajan, (BAMS), New Delhi
- Dr. Gurmeet Kaur, (BAMS), Ambala, Haryana
- Dr. Shallu sharma, (BAMS), Zirakpur Chandigarh
- Dr. Mehak sharma, (BAMS), Sangrur, Punjab
- Dr. Sheela, (BAMS), Udaipur, Rajasthan
- Dr. Varun Sharma, (BAMS), Ujjain, Madhya Pradesh
- Dr. Biswas Jayanta, (BAMS), Chakdaha, West Bengal
- Dr. Amit Kumar, (BAMS), Pali, Rajasthan
- Dr. Stuti Kumari, (BAMS), Ranchi, Jharkhand
- Dr. Ajay, (BAMS), Lalitpur, Uttar Pradesh
- Dr. Ashok Pratap, (BAMS), Jalore, Rajasthan
- Dr. Neeraj Kumar, (BAMS), Sundernagar, Himachal Pradesh
- Dr. Harpinder Singh, (BAMS), Firozpur, Punjab
- Dr. Jiwan Jot, (BAMS), Bathinda, Punjab
- Dr. Harpreet Hayer, (BAMS), Moga, Punjab
- Dr. Harpreet Kour, (BAMS), Jammu, Jammu & Kashmir

### Part-III: Appendix

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- Dr. Vinod kumar, (BAMS), Pilibhit, Uttar Pradesh
- Dr. Vinay Pruthi, (BAMS), Zirakpur, Punjab
- Dr. Meetali, (BAMS), Zirakpur, Punjab
- Rakhi, (NDDY), Zirakpur, Punjab
- Dr. Shikha, (BAMS), Zirakpur, Punjab
- Dr. Shweta, (BAMS), Mohali, Punjab
- Dr. Shalini Banyal, (BAMS), Hamirpur, Himachal Pradesh
- Dr. Parul, (BAMS), Bikaner, Rajasthan
- Dr. Sandeep Yadav, (BAMS), Zirakpur, Punjab
- Dr. Mukesh, (BAMS), Bhiwani, Haryana
- Dr. Yamini Channa, (BAMS), Chandigarh, Punjab
- Dr. Gayatree Nayak, (BAMS), Kolkata, West Bengal
- Dr. Yogesh Handa, (BAMS), Kota, Rajasthan
- Dr. Arushi Thakur, (BAMS), Rajkot, Gujrat
- Dr. Karuna Prakash, (BAMS), New Delhi
- Dr. Ashok Singhal (MD (Ayurvedic medicine)), New Delhi
- Dr. Raj Bhagat (BDS, PGDCC, DE), Jammu and Kashmir
- Dr. Milan Biswas (BAMS), Kolkatta, West Bengal
- Dr. Archana Satyam (MBBS), Hyderabad, Telangana
- Dr. Manoj Warware (BHMS), Beteul, Madhya Pradesh
- Dr. Rajkumar (BEMS, MD Herbal Medicine), Hisar, Haryana
- Dr. Jasvir Kaur (DHMS), Patiala, Punjab
- Dr. Pravin G Pateliya, (BHMS), Bhavnagar, Gujarat
- Dr. Lokesh Joshi, (BAMS), Indore, Madhya Pradesh
- Dr. Ranjeet Satre, (BHMS), Ahamednager, Maharashtra
- Dr. Karanraj Sandip Deshmukh, (BHMS), Satara, Maharashtra
- Dr. Arun Sharma, (MIINT, ND), Pollachi, Tamilnadu
- Dr. Yashika Arora, (BHMS, MD), New Delhi
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## Joint Statement on Safety and Efficacy of COVID-19 Vaccine (Signed by 111 Doctors from across the country)

The very understanding of the microbe and its role in human sickness (by the mainstream medical system) should be questioned in general and specifically in case of COVID-19, as we now know that according to CDC-USA, people who wore masks suffered from COVID-19 20 times (2000%) more than the people who did not wear a mask. Further, the fatality rate of just 0.1% in COVID-19 (comparable to Flu) does not warrant any special precaution including vaccination.

**Q1. Does the vaccine qualify the “Gold standard” of epidemiologic studies, the Randomized Double Blind Placebo Control (RDBPC) Studies?**

Answer: As of now it is safe to believe that no Randomized Double Blind Placebo Control (RDBPC) studies have taken place till they are published in peer reviewed medical journal.

**Q2. In India, Astra Zeneca got approval to launch COVID-19 vaccine (Covishield). Can we rely on the data about the safety of vaccines provided by Astra Zeneca?**

Answer: In the past, Astra Zeneca has been guilty of giving wrong data at least 12 times, amounting to a penalty of about \$617241159 which is equal to INR 45,05,86,04,607 (Forty-five hundred crore, eighty-six lakh, four thousand six hundred seven rupees).

The above data shows that the efficacy and safety of Astra Zeneca vaccine cannot be trusted.

**Q3. Can we rule out the long-term side effects of COVID-19 vaccine such as Infertility, Paralysis, Neurological disorder and death?**

Answer: The vaccine has not been tested for its long-term effects so the above side effects cannot be ruled out.

**Q4. As the vaccination drive has already started in the US and the UK, what is the rate of side effects?**

Answer: As on December 18, 2020, CDC - USA reported that out of 1,12807 vaccinated participants, 3,150 participants would not be able to perform normal daily activities and would require care from the doctor.

**Q5. Is the COVID-19 vaccine safe for people allergic to any food/ medicine etc.?**

Answer: COVID-19 vaccine is known to cause allergic reactions in certain people and may even cause Paralysis and death. The Government of UK has recommended avoiding the vaccine if you are allergic to any type of food or medicine. Remember each of us can be allergic to some medicine or food.

**Q6. For how long will the vaccine be effective?**

Answer: Based on the present evidences, the best estimate for the effectiveness of vaccine is maximum two months.

**Q7. Since the animal product (Fetal Bovine Serum- FBS) is used in the COVID-19 vaccine, has any technology or screening method been used to rule out the accidental jump of new virus from animals to humans through this vaccine?**

Answer: Presently, there is no fool proof screening method available (with the science) to exclude any previously unknown virus from entering into the new vaccine.

Only when millions of people take the vaccine and remain healthy (without having any unexpected adverse reaction) for about 5 years, it will be safe to assume that the vaccine is free of any unknown/new virus.



**Q8. In India, if a person gets adverse life-threatening side effects due to COVID 19 vaccine, is there any compensation from the Vaccine Company or the Government of India?**

Answer: In UK, about an equivalent of INR 1,20,000,00 is given to the patients injured through the vaccine. In USA also, there is Vaccine Adverse Event Reporting System (VAERS) through which vaccine injured patients are compensated. In 2020, an equivalent of about INR 2000 crore was distributed to vaccine injured people. In India, however there is no such provision, which means Indians can go ahead vaccinating themselves at their own risk.

**Q9. Will this COVID-19 vaccine protect against the new variant of SARS-CoV-2?**

Answer: There is no evidence to prove the efficacy of COVID-19 vaccine on the new variant SARS-CoV-2. Till then, it is safe to assume that COVID-19 vaccine will not protect against the new SARS-CoV-2 variant/strain.

**Q10. Will I be free of the mask and social distancing guidelines, once I vaccinate myself with COVID-19 vaccine?**

Answer: No, vaccinating is like voluntarily infecting yourself with the SARS-CoV-2 virus with the hope that it will help the body to produce antibodies against it.

In fact, all vaccinated persons should quarantine themselves for 14 days in the same way as when someone catches infection naturally.

Date: 6th January, 2021

**Convener**

- Dr Amar Singh Azad  
*MD (Paediatrics), MD (Community Medicine)*

### Co-Conveners

- Dr Biswaroop Roy Chowdhury (*Ph. D Diabetes*),
- Dr K. B. Tumane (*Chest Specialist-MBBS*),
- Ex-IAS Dr Praveen Kumar (*Senior Homeopath*)

### Signatories

- Dr Nilesh Chintamani Patil (MBBS, Orthopaedic Surgeon)
- Dr Satish Malhotra (MBBS, MD)
- Dr Sandeep Sharma (MBBS)
- Dr Mathew Anthony Puthuparampil (MD)
- Dr B N Pandey (MBBS, MD)
- Dr Lovleen (MBBS, MD)
- Dr Pallavi Nilesh Patil (MBBS, DMRE)
- Dr Arvind Bhardwaj (MBBS, PGDMCH)
- Dr Rajani Engu (MBBS, MD)
- Dr Seema Arora (MBBS)
- Dr S. Sunitha (MBBS DMRD Radiologist)
- Dr Shyam Sunder Gupta (MBBS, MD)
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- Dr Nisha Chidrawar (MBBS)
- Dr Madhab Nayak (MBBS, MD)
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- Dr Navneet Kaur (BAMS)
- Dr Pankaj Patidar (BAMS, CRAV)
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- Dr Amarjit Singh Mann (BHMS)
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- Dr Dharmesh Thakkar (BDS)
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- Dr Ajay Tiwari (Homeopath)
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- Dr Nidhi Jain (BHMS)
- Dr Manoj Kumar Sharma (BHMS)
- Dr Shaikh Iqra Ayaz (BAMS)
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- Dr Vishal Singh Chauhan (BHMS, M.D)

# Clinical trial on D.I.P Diet

Conducted by

**All India Institute of Ayurveda**

(Under Ministry of AYUSH)

CTRI

<http://ctri.nic.in/Clinicaltrials/pmaindet2.php?trialid=29268&E...>**FULL DETAILS (Read-only) -> [Click Here to Create PDF for Current Dataset of Trial](#)**

<b>CTRI Number</b>	<b>CTRI/2018/12/016654</b> [Registered on: 13/12/2018] <b>Trial Registered Prospectively</b>	
<b>Last Modified On:</b>	12/12/2018	
<b>Post Graduate Thesis</b>	Yes	
<b>Type of Trial</b>	Interventional	
<b>Type of Study</b>	Medical Device Ayurveda	
<b>Study Design</b>	Other	
<b>Public Title of Study</b>	Role of agnikarma and diet in lower back pain	
<b>Scientific Title of Study</b>	A CLINICAL STUDY ON AGNIKARMA AND DIP(DISCIPLINED AND INTELLIGENT PERSON)DIET IN THE MANAGEMENT OF KATIGATASANDHI VATA WITH SPECIAL REFERENCE TO LUMBAR SPONDYLOSIS.	
<b>Trial Acronym</b>		
<b>Secondary IDs if Any</b>	<b>Secondary ID</b>	<b>Identifier</b>
	NIL	NIL
<b>Details of Principal Investigator or overall Trial Coordinator (multi-center study)</b>	<b>Name</b>	DR S K GUPTA
	<b>Designation</b>	H.O.D Dept. OF SHALYA TANTRA
	<b>Affiliation</b>	All india institute of ayurveda,mathura road,gautampuri,sarita vihar,new delhi-76
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<b>Details of Contact Person Scientific Query</b>	<b>Name</b>	DR S K GUPTA
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## Part-III: Appendix

CTRI

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	<b>Fax</b>			
	<b>Email</b>	monikasode0@gmail.com		
<b>Source of Monetary or Material Support</b>	All India Institute of Ayurveda, New Delhi			
<b>Primary Sponsor</b>	<b>Name</b>	all india institute of ayurveda		
	<b>Address</b>	All India Institute of Ayurveda, Matura Road,Gautam puri,Sarita Vihar		
	<b>Type of Sponsor</b>	Research institution and hospital		
<b>Details of Secondary Sponsor</b>	<b>Name</b>			
	<b>Address</b>	NIL		
<b>Countries of Recruitment</b>	India			
<b>Sites of Study</b>	No of Sites = 1			
	<b>Name of Principal Investigator</b>	<b>Name of Site</b>	<b>Site Address</b>	<b>Phone/Fax/Email</b>
	Dr Monika Sode	All India Institute of Ayurveda	OPD No 6, Ground Floor, Hospital Block, South West DELHI	9540596304 monikasode0@gmail.com
<b>Details of Ethics Committee</b>	No of Ethics Committees= 1			
	<b>Name of Committee</b>			<b>Approval Status</b>
	IEC			Approved

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CTRI

<http://ctri.nic.in/ClinicalTrials/pmaindet2.php?trialid=29268&E...>

<b>Regulatory Clearance Status from DCGI</b>	<b>Status</b>		
	Not Applicable		
<b>Health Condition / Problems Studied</b>	<b>Health Type</b>	<b>Condition</b>	
	Patients	(1) ICD-10 Condition: M478  Other spondylosis,	
<b>Intervention / Comparator Agent</b>	<b>Type</b>	<b>Name</b>	<b>Details</b>
	Comparator Agent	Agni Karma	Four sessions of Agnikarma with Bindu dahan vishesha by pancha dhatushalaka at the interval of 7 days.
	Intervention	Agni Karma with DIP Diet	Four sessions of Agnikarma with Bindu dahan vishesha by pancha dhatushalaka at the interval of 7 days. This will be associated with DIP DIET - Daily for 1 month
<b>Inclusion Criteria</b>	<b>Age From</b>	20.00 Year(s)	
	<b>Age To</b>	60.00 Year(s)	
	<b>Gender</b>	Both	
	<b>Details</b>	Patients irrespective to their sex, religion, education and socio-economic status with cardinal features of Lumbar Spondylosis.	
<b>ExclusionCriteria</b>	<b>Details</b>	Patients of DM, TB of spine, fracture of spine, HIV, HBsAG, VDRL, osteopenia / osteoporosis or fracture of lumbar spine, Spondylolisthesis, ankylosing spondylosis, rheumatoid arthritis, Malignancy of lumbar vertebra	
<b>Method of Generating Random Sequence</b>	Computer generated randomization		
<b>Method of Concealment</b>	An Open list of random numbers		
<b>Blinding/Masking</b>	Open Label		
<b>Primary Outcome</b>	<b>Outcome</b>	<b>TimePoints</b>	
	Relief in cardinal symptoms of lumbar spondylosis.	One Month	
<b>Secondary Outcome</b>	<b>Outcome</b>	<b>TimePoints</b>	
	Improvement in quality of life by WHO QOL Scale.	18 months	
<b>Target Sample Size</b>	<b>Total Sample Size="90"</b> <b>Sample Size from India="90"</b> <b>Final Enrollment numbers achieved (Total)= "Applicable only for Completed/Terminated trials"</b> <b>Final Enrollment numbers achieved (India)="Applicable only for Completed/Terminated trials"</b>		

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## Part-III: Appendix

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<http://ctri.nic.in/Clinicaltrials/pmaindet2.php?trialid=29268&E...>

<b>Phase of Trial</b>	Phase 2/ Phase 3
<b>Date of First Enrollment (India)</b>	20/12/2018
<b>Date of Study Completion (India)</b>	Applicable only for Completed/Terminated trials
<b>Date of First Enrollment (Global)</b>	Date Missing
<b>Date of Study Completion (Global)</b>	Applicable only for Completed/Terminated trials
<b>Estimated Duration of Trial</b>	<b>Years="1"</b> <b>Months="6"</b> <b>Days="0"</b>
<b>Recruitment Status of Trial (Global)</b>	Not Applicable
<b>Recruitment Status of Trial (India)</b>	Not Yet Recruiting
<b>Publication Details</b>	THE thesis work will be publish in reputed journal
<b>Individual Participant Data (IPD) Sharing Statement</b>	<b>Will individual participant data (IPD) be shared publicly (including data dictionaries)?</b>
<b>Brief Summary</b>	<p>Sandhigata Vata is a clinical condition develops when vitiated Vayuis localized at Kati Pradesha.The symptoms likeShoola, Shopha, Stambha etc. are developed.During the process of pathogenesis, Kapha Avrit VyanVayu obstruct the circulation of Rasa RaktaDhatu and gradually structural changes are developed in Kati Pradesha.Acharya Charak has described this disease first time as'Sandhigata Anila' under the chapter of Vatavyadhi(ch.ch.28/36). It is characterized by the features of Shoola (pain),Shotha (swelling) and Akunchana Prasarane Vedana (pain on flexion and extension of the joint), Hantisandhin (structural changes). Madhava has given one extra feature i.e. Aatopa (crepitus). Based upon its feature,Sandhigata Vata can be equated withLumbar Spondylosis. Lumbar Spondylosis is a degenerative condition which affects the lower spine. In a patient with Lumbar Spondylosis, the spine is compromised by a narrowing of the space between the vertebrae, causing a variety of health problems ranging from back pain to neurological issues. WHO estimates that about 80% of individuals older than 40 years have lumbar spondylosis, increasing from 3% of individuals aged 20-29 years. Internationally, lumbar spondylosis can be developed in persons as young as 20 years. It increases with, and perhaps is an inevitable concomitant of age.Inmodern medicine various treatment options are available like conservative treatment, surgical methods but all modalities have their own limitation and complications. In Ayurveda Snehana, Upanaha, Agnikarma, Raktamokshana, Katibasti, Virechana, Bhesaja Chikitsa etc. have been recommended for management of Vatikdisorders. Among these Agnikarma is a well-known para-surgical procedure and has its own therapeutic value for treatment of Sandhigata Vata(Lumbar spondylosis). Acharya Sushruta has mentioned Agnikarmaprocedure as a best among all otherprocedure(su.su 12/3)and in this study Pancha Dhatu Shalaka has been</p>

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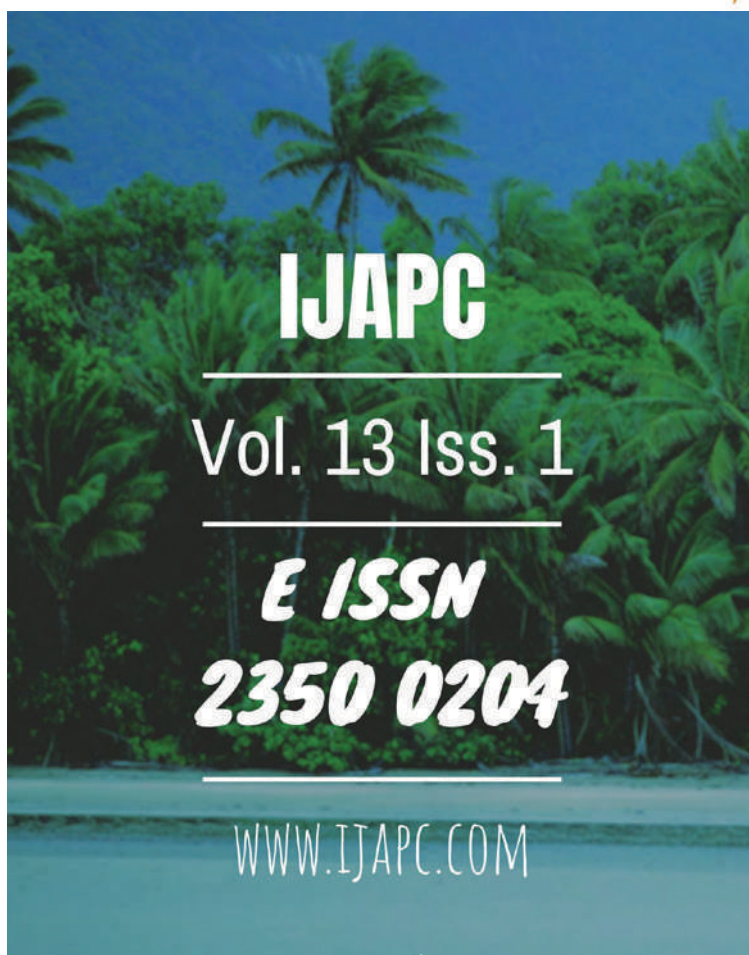
<http://ctri.nic.in/Clinicaltrials/pmaindet2.php?trialid=29268&E...>

selected for Agnikarma. It is suitable for heat transfer and to produce Samyak Dagdha Vrana (ideal therapeutic burn). पथ्येऽसतिगदितस्वतिमऔषधतिषेवर्तः ॥ पथ्येऽसतिगदितस्वतिमऔषधतिषेवर्तः ॥ (लौतलम्बराज) That means those people have no use to give medicine who did not follow proper diet. And for those who actually follow proper diet there is no need of medicine for them. Ahara (food), Nidra (sleep) and Brahmacharya (celibacy) are the Traya Upastambhas (Trayopastambhas) explained in Ayurveda. Among the three pillars, Ahara or food is a major supporting pillar which helps in sustenance of life and maintenance of health. One cannot imagine living without food. Acharya Charaka Samhita gives a beautiful concept about Ahara and tells that the Ahara not only forms this body but also forms the diseases which occur in us. If the wholesome food (Hita Ahara) is responsible for Sukha (happiness, health), the unwholesome food (Ahita Ahara) causes Dukha (misery, unhealthy). He also tells that Ahara or food is the best among the things which sustain the life. (ch.su.28/45) Kashyapa tells that no medicine is equivalent to the Ahara or food. He also calls Ahara as Maha Bhaishajya (greatest and best medicine). Just by the administration of proper food and diet it is possible to cure the diseases even without the need of administration of medicines and treatment. (ka.sm.khl.4/5) Any disease can be comprehensively cured without any medicine by just following 'pathya Ahara' or wholesome food whereas even hundreds of medicines and formulations cannot cure a disease in the absence of a planned wholesome regimen of diet.

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5 of 5

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## To Evaluate the Efficacy of *Agnikarma* and Disciplined and Intelligent Person Diet in *Katigata-Sandhivata* w.s.r to Lumbar Spondylosis - A Case Report

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### ABSTRACT

**Background-** Lumbar Spondylosis is a degenerative condition which affects the lower spine. The Spine is compromised by a narrowing of the space between the vertebrae associated with growth of bone spurs (osteophytes). It is characterized by progressive loss of function and painful lumbar joint movements. Low back pain affects approximately 60–85% of adults during some point in their lives and it is responsible for about 10% of all the back pain condition. **Objective-**The present case report was conducted to evaluate the efficacy of *Agnikarma* and DIP diet in lumbar spondylosis pain by balancing local *Vata* and *Kapha Dosh*a without any untoward effects within time constrain (30 days). **Case presentation-** A 51-year-old female, patient visited Shalya OPD with complaints of severe pain, stiffness and difficulty in forward and backward bending movement in lumbar spine for 2 years. She was diagnosed as a case of lumbar spondylosis. The patient was treated with *Agnikarma* and DIP diet. **Result-**The patient showed significant ( $p < 0.001$ ) improvement in lower back pain and thyroid stimulating hormone from 4.88 uIU/mL to 1.94 uIU/mL within time constrain (3 month). A significant response in various symptoms such as Pain, stiffness, forward and backward movement of lumbar spine was found. **Conclusion-**This case report highlights the potential of *Ayurvedic* management in lumbar spondylosis and provides the better pathway for this disease.

### KEYWORDS

*Katigata Sandhivata, Lumbar Spondylosis, Agnikarma, DIP Diet*



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## INTRODUCTION

Lumbar Spondylosis is a degenerative condition which affects the discs, vertebral bodies of the lower spine associated with growth of bone spurs (osteophytes) or bony bridges around a degenerating intervertebral disc in the lumbar vertebrae. In a patient with Lumbar Spondylosis, the spine is compromised by a narrowing of the space between the vertebrae, causing a variety of health problems ranging from back pain to neurological issues. Low back pain (LBP) affects approximately 60–85% of adults during some point in their lives. Lumbar Spondylosis is responsible for about 10% of all the back pain condition<sup>1</sup> This condition can be correlated with *Katigat SandhiVata*. Till date only symptomatic treatments are available like use of anti-inflammatory analgesic drugs, steroids injections, physiotherapy, exercise etc. But none of these provide satisfactory result. Long term use of anti-inflammatory, analgesic drugs and steroids injection are prone to adverse effects.

In Ayurveda *Snehana*, *Upanaha*, *Agnikarma*, *Raktamokshana*, *Katibasti*, *Virechana*, *Bhesaja Chikitsa* etc. have been recommended for management of *Vatik disorders*.<sup>2,3</sup> Among these Agnikarma is a well-known para-surgical procedure and has its own therapeutic

value for treatment of *Sandhigata Vata*(Lumbar spondylosis).<sup>4</sup> *Acharya Sushruta* has mentioned *Agnikarma* procedure as a best among all other procedures<sup>5,6</sup> (su.su 12/3) and in this study *Pancha Dhātu Shalaka* has been selected for *Agnikarma*.<sup>7</sup> It is suitable for heat transfer and to produce *Samyak Dagdha Vrana* (ideal therapeutic burn). A single case study of lumbar spondylosis is reported here in which vitiated *vata dosha* was pacified with - 4 sessions of *Agnikarma* with Bindu Dahan Vishesha by Pancha Dhatushalaka at the interval of 7 days along with DIP (disciplined and intelligent person's) diet<sup>8</sup> for a period of one month. After one month, patient got relief from pain, stiffness, and restricted movement in lumbar spine.

## CASE PRESENTATION

A 51 years middle-aged female patient was brought by her husband to Shalya Tantra OPD of All India institute of Ayurveda. Presenting with complaints of *shola* (severe pain), *stambha* (stiffness) and difficulty in forward and backward bending movement in lumbar spine for 2 years. History of present illness, according to the patient, she was asymptomatic for last 3 year and then she noticed severe pain in her back and difficulty in walking, for this she took



allopathic treatment from private hospital, but did not get any relief) She had a history of hypothyroidism last for last 4 years and for this she was on thyroid supplement (tablet thyronorm 50 meg once in morning, empty stomach).

#### Investigations

Hb- 11.8 gm/dl, CRP and RA - Negative and other hematological parameters were normal, renal parameters, blood sugar and urine investigation also within normal limits. On systemic examination League's test was positive on right leg as seen in table 1.

Diagnosis has been done on the basis of-

- X-ray of lumbar spine (AP & Lateral view) shows degenerative changes in the lumbar spine in form of marginal osteophytes formation.

After taking written informed consent and careful assessment (table 2), patient was treated with - 4 sessions of Agnikarma with *Bindu Dahan Vishesh* by *Pancha Dhatu Shalaka* at the interval of 7 days for 1 month and followed by DIP diet for 3 months (image 1,2,3,4,5). With this short duration of treatment protocol, patient got relief from pain and stiffness without any untoward effect.

During this diet patient has not to consume any animal-based product including milk products and packaged food manufactured

by any industry. All food was pure vegetarian (plant based).



Image 1-Instrument tray



Image 2-Mark the tender points



Image 3-Agnikarma with Panchdhatu Shalaka



Image 4-Apply aloe vera over burn mark



Image 5-Dusting of Haridra powder



**Table1** General Examination

General examination	Systemic examination
Appetite-normal	Cardio vascular system-NAD
Bowel-regular	Respiratory system-B/L chest clear no added sound.
Bladder-normal	Gastrointestinal system-NAD
Sleep- normal	Locomotor system- difficulty in walking, limping gait. Straight leg raising test-positive in right legs at 20° and left leg at 50°. League's test was positive on right leg. Power in right lower limb was lesser than left side.
Temperature-normal	Central nervous system- Higher mental function: normal
Pallor, Icterus, Clubbing, Lymphadenopathy-absent	Motor function-normal Cranial nerves normal
Blood pressure-130/86mmHg	
Pulse-88 beats per minute.	
Tongue-clear	

**Treatment given**

**Table 2** Procedure of *Agnikarma*

PURVA KARMA	PRADHANA KARMA	PASCHAT KARMA
1. Written informed consent was taken from the patient	1. <i>Bindu Dahan Vishesa</i> was done with help of <i>Pancha Dhatu Shalaka</i> at most painful and tender area of lumbar joints.	1. Dusting with <i>Haridra churna</i> was done over the site after <i>Agnikarma</i>
2. Information sheet was provided to patient at the time of enrolment.	2. 5 mm gap was left between two points of <i>Dagdha Vrana</i> and care was taken to produce <i>Samyak Dagdha Varna</i> .	2. Patient was advised to avoid water contact at least 24 hours.
3. <i>Snigdha Picchila Annapana Sevana</i> in form <i>Khichdi</i>	3. During <i>Agnikarma</i> crushed, <i>Ghrta Kumara Majja</i> was applied to relieve burning sensation.	3. Antiseptic dressing with <i>Shatadhuata Ghrta</i> was advised till complete healing of burnt wound.
4. Preparation of <i>Triphala Kashaya, Kumari Patra Majja</i>		
5. <i>Pancha Dhatu Shalaka</i> was heated up to red hot.		
6. Preparation of local part: local part was washed with <i>Triphala Kashaya</i> and wiped up with dry sterilized gauze and that area was covered with a cut sheet.		

**DISCUSSION**

*In ayurveda Katigata sandhivata* is a disease described under *Vatavyadhi* and it resembles lumbar spondylosis in respect to etiology, pathology, and clinical features.

In this article a case is discussed which is a

known case of lumbar spondylosis. Based on the clinical presentation the patient was treated on the line of management of *Katigata Sandhivata* and the treatment was planned accordingly.

**Table 3** DIP diet

<b>Breakfast</b>
• In morning patient was advised to take seasonal fruits (10% of body weight) before his/her breakfast.
<b>Lunch</b>
• In afternoon patient was advised to take seasonal salad (10% of body weight) before his/her lunch.
<b>Dinner</b>
At night patient was advised to take salad (10% of body weight) before his/her dinner. And dinner should be finished by 8pm.





Department of Ayurveda and Vaidya Vigyan  
Clinical Pathology Lab

Patient Name: Dr. S. S. Srinivas Lab Ref No: 06  
 Age/Sex: 5/12 Gender: Dr. S. S. Srinivas  
 Date Recd: 11/11/2020 (M) No: 366/2020  
 Sampling Date & Time: 11/11/2020 5:30 PM Reporting Date & Time: 11/11/2020  
 Specimen: Urine

**LABORATORY REPORT - (HAROLD PANEL)**

Test Description	Result	Unit	Reference Range
Urea (Biodirected) (U)		mg/dL	0.87-1.28
Urea (Color Method)		mg/dL	0.36-1.23
Urea (Color Method)	1.94	mg/dL	0.34-5.00

Prepared by: [Signature] Checked By: [Signature] Reviewed By: [Signature]  
 Lab Incharge: [Signature] Lab Quality Manager: [Signature] Head of Department: [Signature]

Figure 2 Investigation after DIP diet

**CONCLUSION**

This case report showed that Agnikarma Procedure along with DIP diet is safe, potent and effective in the treatment of Katigata Sandhi Vata (LS) and it also improved the quality of life by enhancing their daily routine. There was no any adverse effect found during and after the whole procedure in this case.






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Conclusion of observational study on efficacy of DIP diet on CKD patients by Lincoln University, Malaysia.



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DATE: 6 Sept 2023

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Prospective observational study was concluded on 43 Males (Mean age 52 Yr.) and 30 Females (Mean age 57 Yr.) with chronic kidney disease.

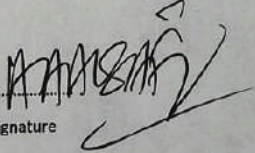
All the patients were put on plant-based diet (similar to the DIP Diet) and blood cupping therapy for 25 days.

Average increase in GFR among males was 3.4 and among females was 3.6

The study completed on: - 5 June 2023

The study was done by Lincoln University College, Malaysia

Chief Observer: - Dr Aziz al Safi Ismail



Signature

**DR AB AZIZ ALSAFI BIN ISMAIL**  
PRESIDENT AND MEDICAL CONSULTANT

Type 1: Case Study – Reversal of Type 1 Diabetes Using Plant Based Diet. Journal of the Science of Healing Outcomes, Jan 2021 (Vol 13, No. 50)

January 2021

Volume 13 No. 50



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

Biswroop Roy Chowdhury

## Reversal of Type 1 Diabetes Using Plant

### Based Diet: A Case Study

#### Abstract

Type 1 diabetes (T1D) is an autoimmune disease characterized by hyperglycemia, the inability to produce insulin due to self destruction of beta cells in the pancreas. The disorder of type 1 diabetes causes irreversible damages like retinopathy, nephropathy, neuropathy, foot complications, high blood pressure, and puts patients on a life sentence with insulin. The common perception in medical science is that sugar levels cannot be normalized without the help of medication. However, in the present study we examined a suspected type 1 diabetic patient by putting her on a diet plan with regular follow ups and studied all diabetes-related biochemical parameters. We were successfully able to eliminate her medication and insulin dependency.

Diabetes is one of the most common metabolic disorders associated with many life threatening complications which make the life of a diabetic person worse. Diabetes is of two types-type 1 diabetes (T1D) and type 2 diabetes (T2D). T2D is the more common type of diabetes worldwide (90-95%), marked by an increased blood sugar level, frequent urination and weight loss. The other is T1D or gestational diabetes (5-10%). In T2D, impaired receptors do not respond to insulin, eventually leading to insulin resistance while in T1D, there is a deficiency of insulin<sup>1</sup>. Out of all diabetes cases 1-2% cases are Maturity Onset Diabetes of the Young<sup>2</sup> (MODY).

According to a recent estimate of International Diabetes Federation, South East Asia region, in 2017 there were 72,946,400 diabetic cases in India, 425 million cases in the world and 82 million in South East Asia region, which is likely to go up to 151 million by 2045<sup>3</sup>. According to an estimate drawn in 2015, India has about 97,700 children with type 1 diabetes mellitus (T1DM or T1D)<sup>4</sup>.

Although T1D is not as prevalent as T2D, it shows a trend of 3-5% increase every year. India itself records three new cases of T1DM/100,000 children in the age group of 0-14 years. Prevalence data of three regions shows 17.93 cases/100,000 children in Karnataka, 3.2 cases/100,000 children in Chennai and 10.2 cases/100,000 children in Karnal (Haryana) of T1D. It is a juvenile onset disorder which is characterized by pancreatic dysfunction due to autoimmune reaction of the body where beta cells continuously get destroyed, eventually leading to insulin deficiency<sup>6</sup>.

One highly sensitive method of C-peptide determination has shown that beta cells can be detected even up to 40 years after the clinical onset of the disease. These findings help patients in advanced stage, for example, it helps patients whose  $\beta$ -cell function was thought to have long ceased in getting benefit from interventions to preserve  $\beta$ -cell function or to prevent complications<sup>7</sup>. A lot of effort has been made to regenerate beta cells in vitro by providing growth factors and by reprogramming/transdifferentiation of terminally differentiated cell types. However, none of these approaches have proved to be successful in growing beta cells in vivo due to shortage of donors. The inefficient technique of  $\beta$ -cell generation and the difficulty of growing  $\beta$ -cell in adult humans sufficiently force a patient to adhere to medication for his whole life<sup>8</sup>. Change in food habits plays an important role in both type 1 and type 2 diabetes by modulating or completely restoring normal glucose levels, thereby either decreasing or eliminating the need of medicine/insulin<sup>9</sup>.

#### Case presentation

Here, we present a case of a 23-year-old female, weighing 60 kg, who was diagnosed with diabetes at Fortis, Mohali on 28 December 2011. She had been on insulin (60 U/day) for eight years before coming to us. She was diagnosed with T1D at 15 years of age and came to us at 23 years. Moreover, she was on insulin from the very first day, did not show any family history and showed higher values of Hb1Ac (9.3%) which are suggestive of T1D than MODY.

Furthermore, in the absence of initial C-peptide and Glutamic Acid Decarboxylase (GAD) reports diagnosis was difficult. However, such negligence in maintaining records by the clinical practitioners should be avoided which leads to such discrepancies in diagnosis. She complained about her vision, and was diagnosed with glaucoma in both her eyes and retinal detachment in her left eye. Her eyes

had been operated on thrice. She displayed a nephropathy condition as stones were also found in her kidney

She had been taking basic intervention through our video<sup>10</sup> for five months (August 2018-December 2018), after which, she approached us in January 2019. She was put on intensive intervention, where she was monitored for 72 hours by a sixmember health team in Faridabad.

**Intervention**

For the initial five months, she had been following the videorecommended diet that included cooked food along with raw food. This diet was divided into breakfast, lunch and dinner. Breakfast included four different types of fruits which weighed equal to body weight (in kg)×10 = ...(gm). Lunch included four types of raw vegetables which weighed equal to body weight (in kg) ×5 = ... (gm) along with a normal cooked meal. Dinner was calculated the same way as lunch. In addition to this, soaked nuts and sprouts were also a part of the diet and the quantity of these also was based on the patient's body weight (kg)... (gm).

Sunshine was also an integral part of the prescribed diet. Packed and refined food, nutritional supplements, nonsteroidal anti-inflammatory drugs (NSAIDs), animal, dairy products and dinner at late hours were strictly denied.

After five months, she was recommended to follow a more restricted diet plan mainly consisting of fruits and raw vegetables. Dairy products and cooked food were completely eliminated during intensive intervention<sup>9</sup>. A regular monitoring of glucose (fasting and post prandial) was carried out during intervention.

Table showing biochemical parameters before and after intervention

	Date	Insulin	C-peptide	GAD	HbA1c(%)	Blood sugar in average (mg/dl)
At the time of diagnosis 2011	(28.12.11)	Mixtard 28U+22U/day Actrapid 10U/day	—	—	9.3	160*
Basic intervention (2019)	Till mid August	50 U	—	—	—	156*
	From mid Aug to Dec	25U				159*
Intensive intervention (2019)	4 <sup>th</sup> Jan	0	—	—	—	195
	5 <sup>th</sup> Jan	0	—	—	—	181
	6 <sup>th</sup> Jan	0	—	—	—	176
At the time of writing the article		0	.93 10.02.2019	7.0 05.03.2019	7.2 18.02.2019	

GAD=glutamic acid decarboxylase Parenthesis (-) represents the non availability of data \*glucose with insulin therapy

**Biochemical parameters**

**Before intervention**

The patient had been suffering from T1D for eight years as was diagnosed in December 2011. She was prescribed Mixtard insulin 28 units before breakfast and 22 units before dinner and Actrapid 10 units before lunch. In addition to that, she was taking 1000mg of Metformin per day. Her blood sugar level varied from 156±24 mg/dl with total insulin (60 Unit) and 159±5 with 25U insulin. Her HbA1c was 9.3% (2011) and mean plasma glucose was 197 at the time of diagnosis. (Table)

## Part-III: Appendix

### Post intervention

The intervention was divided into two phases.

- a. **Basic intervention**, where cooked food was offered along with raw food (August 2018-January 2019). Her dependency on insulin decreased gradually from 60U to 25U during basic intervention.
- b. **Intensive intervention**, where no cooked food was given (4-6 January 2019). She was no longer dependent on insulin during intensive intervention phase. Her HbA1c was 7.2% post intervention. Her C-peptide level was .93 (.81-3.85) ng/ml, mean plasma glucose was 160 and GAD, 7 U/ml (value <30 is considered negative) after dietary intervention (Table).

### Discussion

T1D has been neglected for a long time and its nationwide prevalence is not yet known. The growing number of T1D cases is a cause of concern as its treatment is difficult in comparison to that of T2D<sup>11</sup>. In this article, we show a comprehensive analysis by stating the pre and post diabetic conditions of a proband severely affected case of suspected T1D who approached us in January 2019. She was diagnosed with diabetes at the age of 18 years and from the very first day she was on insulin. She did not show any family history of diabetes and her pre intervention HbA1c reading was 9.3%, which is on the higher side. All the evidences so far define her a T1D case than any other type of diabetes.

Her higher values of HbA1c are suggestive of diabetic complications<sup>12</sup> which are evident by her eye and kidney problems. Her insulin dependency reduced to less than half after a basic dietary intervention, and finally, to nil after intensive intervention. Originally, when she was diagnosed as diabetic, her insulin intake was 60U (2011) per day, and it came down to 25U (2018) per day owing to dietary intervention. Presently, she is no longer dependent on insulin. Her glucose levels are also in normal range without insulin (184±9). Her GAD values are suggestive of the reversal of type 1 diabetes. She adheres to regular follow ups.

Evidences of cases of T1D due to disturbed lifestyle are increasing<sup>13</sup>. Dietary intervention is a great help to medical science in curbing diabetes to a large extent, without causing any side effects. The complete reversal of chronic T1D through dietary intervention is a ray of hope to many patients who are in the trap of medicines.

### Acknowledgements

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*E-mail:* biswaroop@biswaroop.com

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## 2

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**Step 2** Sniff the oil

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न पीना

न लगाना

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- Mini Book 'Relieving Nation's Headache'  
'देश का सरदर्द करे दूर'

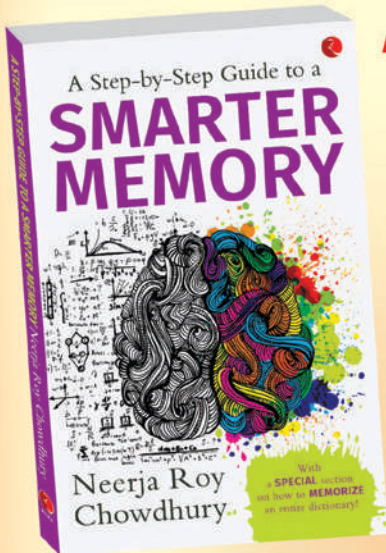


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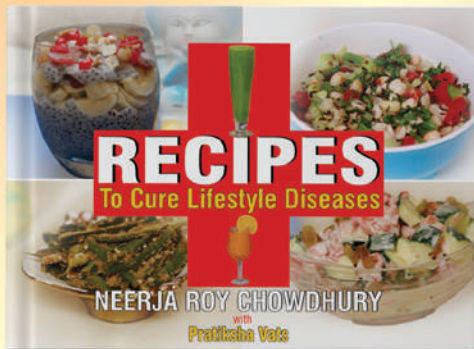
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# Emergency management of Influenza/Flu

## Be a Certified "ILI Educator" from Shridhar University

**Overview:** This training will equip the learners with the knowledge of using food as medicine for the prevention, management & cure of the Flu/Influenza like illness. The training includes emergency drugless management of high fever and prone ventilation for reversing breathlessness

**Duration:** 1 month

### **Content:**

- What is Influenza like illness (ILI)
- 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)



**Course Fee:** INR 11,800/- (including GST)

**Mode of Training:** Online / Video tutorials / Zoom Meeting

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## Its time to be N.I.C.E



# 3 Months Online Certification on Advance Nutrition Therapy from Lincoln University College, Malaysia

**Overview:** From common cold to Cancer, from headache to heart attack, you can be your own healer. This training comes with a unique tool kit packed with 28 ingredients, the right combination of it can work as a medicine for more than 60 kinds of common illnesses. This training will empower you with skills to heal and will make you realize that your home is the best place to reclaim your health.

**Duration:** 3 Months

#### **Content:**

- Diagnosis of Lifestyle Illness
- Diagnosis of Infectious Diseases
- Food –Medicine Interaction
- Mechanism of Medicine in Body
- Mechanism of Food in Body
- When the Food is Medicine
- When Medicine is Poison
- Common Kitchen Herbs and their Medicinal Usages
- Timeline of Recovery for Common Illnesses
- Food Calculation for Overall Nutrition  
Plants V/S Animal Food

#### **Take-Home Material :**

- Hospital in a Box
- Game of Life Chart
- Snake Ladder Nutrition Game
- Reference Book



**Course Fee:** INR 21,000/- (including GST + Courier)

**Mode of Training:** Online/ viva (oral examination) through a video call

**To register go to [www.biswaroop.com/mn](http://www.biswaroop.com/mn)**

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One Month Online Certification Training  
on

# Zero Volt Therapy (Earth Therapy)

Certification partner:



## SYLLABUS

- What is electromagnetic force/EMF?
- History & Chemistry of EMF.
- EMF & human health.
- Direct correlation between EMF & Lifestyle Diseases.
- What is earthing?
- Evidence of reversal of lifestyle diseases through earthing.
- How to construct an 'Earthing Tool at Home'?
- Step by step earthing methods for various lifestyle diseases.
- DIY (Do It Yourself) 'Earthing Tool Kit'.
- Correcting your circadian rhythm.



Mode of Training: **Online** Take-Home Material: **DIY earthing tool kit**

To register go to: [www.biswaroop.com/zvt](http://www.biswaroop.com/zvt)

For more detail:

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# Books by Dr. Biswaroop Roy Chowdhury



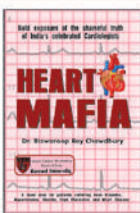
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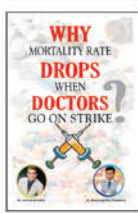
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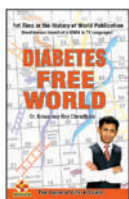
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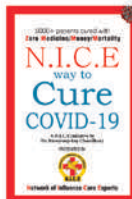
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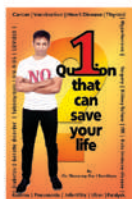
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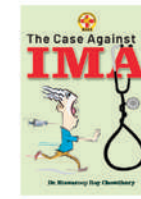
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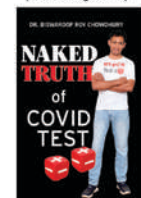
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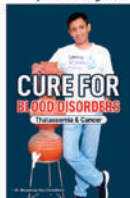
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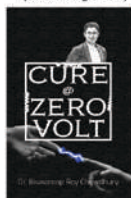
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(Available in Hindi/English, in leading onlinestores)

Delta ( $\delta$ ) variant is not a new virus. But is a new name given to an existing virus, definitely with a purpose. This book exposes the horrific purpose through the stories of 72 Covid-19 infected patients, who were part of the case study at Ahmednagar N.I.C.E Centre. You cannot afford to miss reading the book, especially if you know that not knowing the truth may risk you and your child becoming the victim of the conspiracy. And knowing the truth can give you utmost freedom from fear and panic of the much publicised "The 3rd Wave".



**Available in all major online stores**

**Two Months Online Certification Training**



**Emergency & Pain Management**  
on  
from  
**Shridhar University**



Overview: 2 Months Online Emergency & Pain Management Certification Training is not a regular first-aid training but is a highly scientific advanced training based on P.E.A.C.E. Protocol which includes the science of postural medicine. Using P.E.A.C.E. protocol, you will be able to handle the following medical emergencies:

- |                    |                     |
|--------------------|---------------------|
| Bleeding           | Heat Exhaustion     |
| Broken Bones       | Hyperventilation    |
| Burns              | Hypothermia         |
| Choking            | Recovery Position   |
| Diabetes           | Sprains and Strains |
| Epilepsy /Seizures | Unconsciousness     |
| Eye Injury         | Pain Management     |
| Fainting           | Snake bite          |
| Head Injuries      | Child Birth         |

**SPECIAL ATTRACTIONS/**  
**Bypass Kidney / Liver transplant**  
**&**  
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Diabetes

High B.P.

Heart Disease

Joint/Body Pains

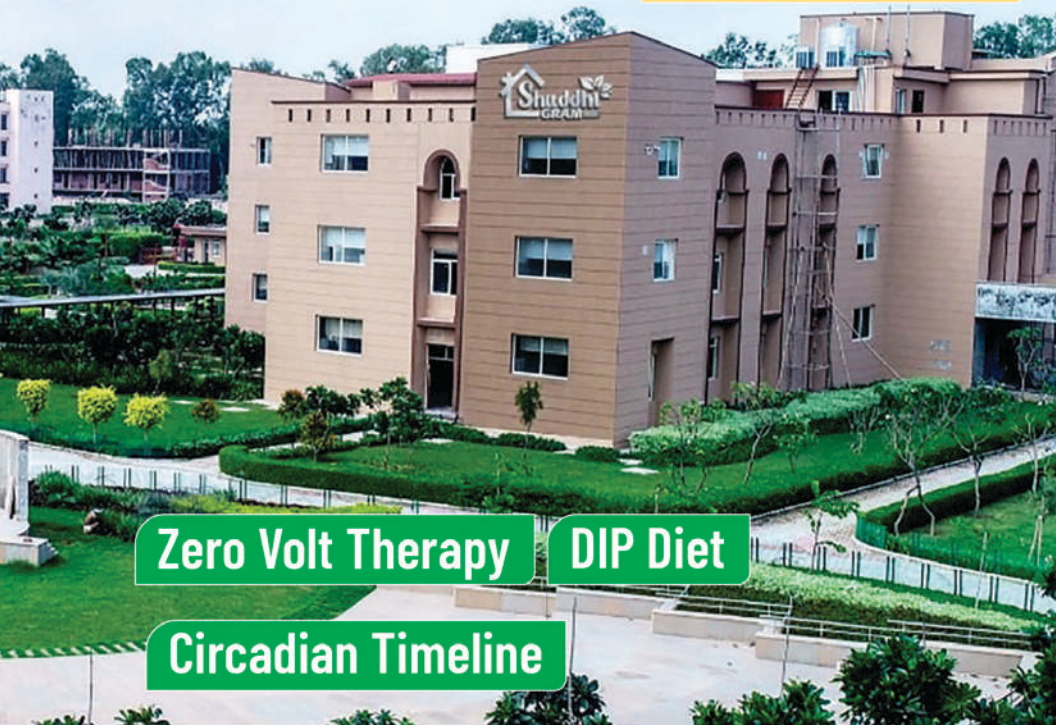
Obesity

Swelling

Parkinson

Low Immunity

Constipation



Zero Volt Therapy

DIP Diet

Circadian Timeline

[www.biswaroop.com/72hrs](http://www.biswaroop.com/72hrs)

# Zero Volt Therapy Kit

## Zero Volt Foot Mat



- Foot Mat (19 x 12 inch)
- Earthing Copper Rod
- Connecting Copper Wire (10 meter)
- Continuity meter
- Carry Bag

## Zero Volt Bedsheet



- Bedsheet (75 x 36 inch)
- Earthing Copper Rod
- Connecting Copper Wire (10 meter)
- Copper connecting wristband
- Continuity meter
- Carry Bag

## Zero Volt Yoga Mat



- Yoga Mat (74 x 30 inch)
- Earthing Copper Rod
- Connecting Copper Wire (2 meter)
- Continuity meter
- Carry Bag

To stay disease free, one needs to be grounded with the mother Earth most of the time. In urban cities, it seems difficult to achieve this target. With the invention of Zero volt bedsheets and mats, one can be grounded even while sleeping & sitting at home.

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# Professional Certification Course

in

## Circadian Clock & Ayurvedic Panchkarma (CCAP)

### Dual Certification

**Introduction:** First ever training on the modern understanding on the noble prize winning science (2017) of circadian clock with the amalgamation of the ancient wisdom of Ayurvedic Panchkarma Therapies, to help humanity come out of the trap of modern life style diseases.

**Total Duration:** 3 Months

**Mode of Training:** Once in a week – Online Classes

- 7 days contact hands on training at Dayanand Ayurvedic College, Jalandhar
- 3 days apprenticeship at HiiMS Hospital (Delhi / Chandigarh / Mumbai / Lucknow / Jaipur)

#### Content:

- 22 Therapies of Ayurvedic Panchkarma
- Science of Circadian clock
- Circadian Clock and disease connection
- Preparing customized circadian chart
- Cancer – Tumour, its progression and regression
- Practical case studies

To register go to [www.biswaroop.com/ccap](http://www.biswaroop.com/ccap)

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# Dr. BRC with freedom fighters



**They got freedom from dialysis, insulin,  
blood transfusion, chemotherapy & surgery.**

**To watch their success stories , go to [www.coronakaal.tv/23july](http://www.coronakaal.tv/23july)**

In this book, Dr. Biswaroop Roy Chowdhury presents evidence of a cure for incurable diseases such as Type-1 Diabetes, thalassemia, and chronic kidney diseases. What currently hinders the dissemination of his curative methods to patients is a law known as the "Drugs & Magic Remedies Act" which assumes that the mentioned diseases are not curable and seeks to prevent or prosecute anyone making attempts to provide a cure. Are the health authorities blinded by this law or influenced by the health/pharmaceutical industry which stands to lose if Dr. Biswaroop Roy Chowdhury's cure becomes known to mankind? The author hopes that this book will directly connect him to the patients who need his innovations the most.

### **About the Author**

Dr. Biswaroop Roy Chowdhury is the creator of the Mathematical Model of nutrition, known as the DIP diet, which has been proven effective in diabetes, hypertension, obesity, bone diseases, and chronic kidney diseases through clinical trials in India (Ayush Ministry), Nepal (National Health Ministry), and Malaysia (Lincoln University). Furthermore, he is the inventor of the Law of Gravity and the heat-based GRAD system to help patients in getting rid of their dependence on dialysis. Dr. Biswaroop Roy Chowdhury, an engineering graduate, holds both post-graduation in Diabetes and a prestigious PhD (Hon.) in Diabetes and Chronic Kidney Disease. With an impressive portfolio of 27 published books, he successfully oversees the HIIMS group of hospitals, which actively engages in healthcare endeavors across India, Vietnam, and Malaysia.

