# Chapter-4 Kidney

## 4. True Stories: Real Human Experiences

### 1. The Story Behind This Book: A Journey Meant to Restore Hope

I would like to begin this chapter by sharing a deeply personal story—the story of my father. This is not merely a family experience; it is the **foundation upon which the science and principles in this book were formed**.

I share this story with a single purpose: **to offer hope to those who believe they have reached the end of the road with chronic disease**. Without this journey, I would not be able to speak today with conviction about the body's inherent capacity to heal and regenerate.

Through my father's experience, I came to understand a profound truth: **when properly supported, even severely stressed organs can begin to rejuvenate**. Just as the nephron—the functional unit of the kidney—shows the potential for recovery, the human body as a whole possesses a remarkable ability to **restore balance when the primary site of degeneration is addressed**. When one organ begins to recover, the entire system responds.

Today, my father's journey has enabled me to bring hope, clarity, and confidence to **millions of families who once lived without hope**. His life transformed not only my understanding of healing, but also my purpose—to help others rediscover the power already present within their own bodies.

In the year 2008, I took my father on an 17-day trip to Europe to celebrate his 50th wedding anniversary. We traveled across nearly twelve countries. After returning to India, he experienced severe jet lag. Being a medical professional himself—he had practiced allopathy and homeopathy for more than 50 years as a government health inspector—he self-medicated with painkillers.

Within a short span of time, his urine output stopped completely. His entire body began to swell, and he developed breathing difficulty. He informed our farm manager, who immediately brought him from the village to Bengaluru. He was admitted to Columbia Asia Hospital, where he was diagnosed with acute renal failure. Dialysis was started immediately—three times a week.

At that time, I was in Patna, while his treatment was taking place in Bengaluru. A senior nephrologist clearly told us that my father was already 76 years old, that kidney transplantation was not possible, and that he would have to remain on lifelong dialysis. The doctor estimated that he might survive four to five years under dialysis support.

This declaration shattered our entire family.

#### The Unspoken Reality of Dialysis

At that moment, a painful question arose—one that arises in every family facing dialysis:

Who will take the patient regularly for dialysis?
Who will sacrifice their time, career, and stability?
Who will provide lifelong care?

In our family, the daughters were married and living in different places. Everyone was working in different cities. Only my mother widow sister was with him, and at her age, she could not manage this responsibility alone. This situation is not unique—it is the reality of thousands of families.

This is a harsh but naked truth:

If a person dies, families mourn for a few days.
But dialysis forces the entire family to witness a prolonged, slow decline, emotionally, physically, and financially.

Someone must be present at all times. Every month, enormous expenses must be borne. The emotional burden never ends.

The Question That Changed My Life

At that critical juncture, I asked a simple question to the doctors:

“Why can a damaged kidney not be cured?”

One doctor explained in layman’s terms:

“Imagine an accident where internal bleeding is occurring, and there is no way to stop it. Kidney damage is similar. Once it happens, there is no method to reverse it—except dialysis or transplantation.”

I discussed this with several nephrologists. Still, my mind could not accept this finality.

As a plant doctor , I had spent my life observing regeneration. In plants, even severely damaged tissues regenerate when nutrition, circulation, and environment are corrected.

I asked myself:

*If regeneration is possible in plants, why should it be impossible in human organs?*

Perhaps, I thought, if I had been trained only as a medical doctor, I might not have visualized beyond conventional science. But my background allowed me to think differently.

## The First Experiment: Necessity Became Science

I returned to Bengaluru and decided to change my father's entire nutritional and metabolic environment.

I redesigned his food:

- Removed indigestible proteins
- Introduced easily digestible protein, such as fish, in defined quantities
- Used medicinally valued herbs
- Focused on gut nourishment and cellular metabolism

What followed surprised even me.

Within one week, his urine flow resumed.
Within three to four months, he was completely off dialysis.

During this period, I applied the knowledge I had accumulated since 1981, when I began studying medicinal plants for my own rheumatoid arthritis. Over more than two decades, I had developed herbal health supplements to support the heart, liver, kidney, and gastrointestinal system. These principles directly benefited my father.

## From One Life to Thousands

After witnessing this transformation, I treated a ~~sitting~~ Hon'ble Justice, whose creatinine levels were mildly elevated. His parameters normalized within one month.

From that moment onward, I began observing similar results in thousands of patients, continuously from 2008 to the present day.

This science was not invented in a laboratory for commercial purposes. It was born out of necessity—from a son's determination to save his father's life.

Later, when this work was recognized, the Government supported and funded the process. For statutory and ethical compliance, all formulations underwent:

- Toxicity studies
- Stability studies
- In-vitro cell studies

Only then were they released to the public.

At the official launch, Hon'ble Union Minister Shri Giriraj Singh ji publicly stated:

*"I am seeing very good results in chronic kidney disease, although I do not fully understand the scientific mechanism."*

He added that Dr. Raju alone must explain how this works.

### Scientific Insight

Based on long-term observation, I believe these formulations act as prebiotics, stimulating beneficial gut microbes. This improves enzyme release, enhances nutrient separation from food, and supports cellular metabolism.

Further, this process appears to normalize dysfunctional chaperone proteins (HSPs), allowing unfolded proteins to regain their proper three-dimensional structure, facilitating mitochondrial ATP activation. This cascade ultimately supports nephron rejuvenation and organ recovery.

### *Final Personal Note*

***My father had a mild habit of alcohol consumption for several decades. After his recovery, I allowed him only limited intake—occasionally 330 ml of beer or 30 ml of whisky. However, during his 86th birthday celebration, without my knowledge, some guests offered him additional drinks, and he ended up consuming excessive alcohol. This led to severe health complications, and he passed away within six months.***

***Yet his passing does not negate the science he helped inspire. Rather, it became the turning point that gave birth to a new medical thought—the concept of*** *cell regeneration in degenerated organs****, a science meant to restore hope to those who had lost it.***

### A Message to the Reader

This science was first born to save one life.
Today, it exists to save millions who have lost hope in chronic kidney disease—and other chronic, so-called incurable diseases.

This book is written for them.

## 2. **In Just One Month, Kidney Function Rebounded: eGFR Rose from 76 to 90, Creatinine Fell from 1.26 to 0.9—A Testament to the Body's Rejuvenating Power**

A 44-year-old patient, peter ( Name changed), presented with persistent back pain and generalized uneasiness. Blood investigations revealed:

- eGFR: 76
- Serum creatinine: 1.26 mg/dL

After extensive online research, he learned that conventional medicine offers no curative treatment for early kidney dysfunction. He opted for Neo Ayurveda intervention and followed the protocol strictly for one month.

Results after one month:

- eGFR increased from 76 to 90
- Creatinine reduced from 1.26 to 0.90
- Back pain and uneasiness resolved completely

Notably, he never consulted a nephrologist, having chosen to intervene before entering lifelong medication dependency.

### 3. From Dialysis Dependency to Renal Recovery: Creatinine Fell from 6.8 to 1.35 as eGFR Rose from 6.7 to 51

A 54-year-old diabetic patient, Krishna (name changed) , had been diabetic for 15 years and was on 40 units of insulin daily. At presentation:

- Creatinine: 6.7 mg/dL
- eGFR: 6–7
- Severe body swelling
- Breathing difficulty
- Unable to walk independently

Dialysis was strongly advised. However, due to his daughter's upcoming marriage, he sought an alternative approach and adopted the Neo Ayurveda protocol with strict dietary adherence.

Results over seven months:

- Creatinine reduced to 1.3–1.4
- eGFR increased and stabilized at 49–51
- Insulin completely discontinued
- Normal mobility restored
- Dialysis avoided entirely

Four years later, his kidney parameters remain stable, and he leads a normal life.

Such cases are not isolated. They number in the thousands.

### 4. True Story: An End-Stage CKD Patient Who Voluntarily Discontinued Dialysis Under Observation

### Patient Background

**Name:** Mr. Jeevan Raj
**Age:** 45 years
**Diagnosis:** Advanced Chronic Kidney Disease (CKD), dialysis-dependent

Mr. Jeevan Raj was initiated on dialysis following an acute medical emergency. He presented with severe headache and eye pain, and on evaluation, his blood pressure was found to be **220/150 mmHg**. Laboratory investigations revealed a **serum creatinine of 12 mg/dL**, following which he was admitted and started on **emergency dialysis** to stabilize his condition.

As per **current medical science**, when kidney function declines to this extent, dialysis is considered a life-saving measure, and patients are often advised that:

- Dialysis may be required lifelong, and
- **Kidney transplantation** is the definitive option for survival

Accordingly, the patient and his family were counseled for **immediate kidney transplantation**, and his mother was prepared to be the donor, as he was the only earning member of the family.

## Entry into an Alternative Observational Protocol

The patient's wife, having watched my lectures on social media and read about my earlier research work conducted during my father's illness in 2008, explored further information through **www.miracledrinks.in**. Based on this, the family approached us for guidance.

On **24.11.2025**, the patient was initiated on a **defined dietary protocol supported by herbal formulations**, administered under the supervision of **Dr. Neetu (BAMS)**. I personally explained the dietary framework, expected timelines, and advised **baseline blood investigations** to objectively assess changes.

The blood test dated **26.11.2025** showed:

- **Serum Creatinine:** 7.03 mg/dL
- **eGFR:** 8.5 mL/min/1.73 m²

## Decision Regarding Dialysis

During a personal interaction with the patient and his family in Bengaluru, it was observed and discussed that:

- **Urine output was preserved**
- There was no acute fluid overload or respiratory distress

Based on my **17 years of observational experience**, I explained that **in patients with preserved urine output**, it may be possible—*if the patient voluntarily chooses*—to **temporarily**

**discontinue dialysis under close monitoring**, while continuing blood pressure medications and strictly adhering to the defined dietary protocol.

The patient voluntarily chose to stop dialysis after understanding:

- This approach is **not part of conventional medical guidelines**
- It is based on **observational science**, not standard clinical protocols
- Regular monitoring was mandatory

## Observed Biochemical Changes

Subsequent laboratory investigations showed gradual improvement:

- **11.12.2025 (15 days):**
  - Creatinine reduced from **7.03 → 6.31 mg/dL**
  - eGFR increased from **8.5 → 9.6**
- **After 30 days:**
  - Creatinine further reduced to **5.51 mg/dL**
  - eGFR increased to **11.3**

Clinically, the patient reported:

- Reduction in edema within days
- Improved energy levels
- Improved appetite and sleep

## Current Medical Science vs Observational Science

**Current Medical Science States:**

- If **eGFR <15**, survival is possible only through **dialysis or transplantation**
- There is **no established therapy** for nephron regeneration
- Fluctuations in creatinine during dialysis are common
- Cause of kidney damage is sometimes idiopathic

**Observational Science (My Work):**

- Certain **herbal formulations**, when combined with a **strict dietary protocol**, may:
  - Support **microcirculation**
  - Act as **prebiotic-like metabolic modulators**
  - Influence **cellular stress proteins (HSPs)**
  - Support **mitochondrial function** in renal cells

Based on repeated observations—including healing of **chronic diabetic ulcers without amputation**—I hypothesize that **restoration of microcirculation and cellular energy metabolism** may enable partial functional recovery even in degenerated tissues. This hypothesis **requires further scientific validation** through structured research.

## Outcome and Family Perspective

The patient's family expressed that this approach gave them **hope at a time when they were emotionally, financially, and psychologically shattered**. They strongly felt that such observational findings should be **shared globally**, so that families facing irreversible diagnoses may at least be informed of emerging possibilities and ongoing research directions.