



Chapter 7 Liver

7.1 True Accounts of Advanced Liver Cirrhosis Patients Who Had Lost Hope

1. A 79-Year-Old Non-Alcoholic Patient with Liver Cirrhosis and Multi-Organ Dysfunction: Rapid Functional Recovery—An Observational Case

A 79-year-old male patient, **Mr. Basavaraju** (non-alcoholic), presented in the **third week of July 2025** with severe gastrointestinal and systemic symptoms, including persistent vomiting, poor digestion, generalized swelling, and profound weakness. He was admitted to a tertiary care hospital, where he was diagnosed with **chronic liver disease**, associated **renal dysfunction**, and a **left renal simple cyst**.

Clinical Status at Hospital Admission

Laboratory investigations revealed rapidly deteriorating renal parameters:

- **Serum creatinine:** initially **4.1 mg/dL**, which increased to **4.9 mg/dL** following albumin infusion
- Subsequent rise to **6.26 mg/dL**
- **Serum potassium:** elevated to **6.1 mmol/L**

Given the worsening renal failure and electrolyte imbalance, the treating team advised **urgent dialysis**. Due to the patient's advanced age, **liver transplantation was considered not advisable**, and the family was counseled to manage the condition with dialysis-based supportive care.

Decision to Seek Integrative Support

On the advice of a close acquaintance, the patient's family chose to explore an **integrated supportive care approach**. The patient was brought directly from the hospital and initiated treatment as an **outpatient** on **30 July 2025**, despite having been advised inpatient dialysis.

At the time of initiation, the patient was unable to tolerate food orally, with **vomiting occurring after every intake**.

Clinical and Biochemical Progression

Following initiation of the protocol, both **clinical symptoms and laboratory parameters showed consistent improvement**:

- **3 August 2025 (Day 4):**
 - Creatinine reduced to **5.1 mg/dL**
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- Potassium reduced to **5.0 mmol/L**
- Vomiting significantly reduced
- **7 August 2025:**
 - Creatinine further reduced to **3.6 mg/dL**
 - Potassium reduced to **4.6 mmol/L**
 - Appetite and digestion improved
- **18 August 2025:**
 - Creatinine further normalized to **1.7 mg/dL**
 - Electrolyte levels stabilized
 - Resolution of edema and gastrointestinal symptoms

Notably, by the **fourth day**, major distressing symptoms had subsided. Within **15 days**, the patient resumed **normal food intake** and routine daily activities. Strict dietary adherence was not fully followed beyond the initial phase, yet functional recovery continued.

Outcome

The patient—initially advised lifelong dialysis and deemed unsuitable for transplantation due to age—returned to a **near-normal functional state**, without requiring dialysis, and continues to lead an active life.

A **documented testimony** with supporting laboratory reports was provided on **13 August 2025** by the patient’s son, **Mr. Bharat Manju**.

2. A 64-Year-Old Non-Alcoholic Liver Cirrhosis Patient Who Declined Transplantation: Functional Recovery Within One Month—An Observational Account

Mr. Malleshappa, a 64-year-old male with a history of **non-alcoholic liver cirrhosis** and **long-standing diabetes mellitus**, was diagnosed in **September 2024**. He is a respected individual and a recipient of two state-level awards from **Savitha Academy**. Despite his achievements, his health rapidly declined following the diagnosis.

Clinical Condition Prior to Integrative Care

After diagnosis, the patient experienced **recurrent episodes of hepatic encephalopathy**, attributed to elevated ammonia levels. Approximately every **15 days**, he required **hospital admission for 3–4 days**. Over time, the frequency of admissions increased to **twice a month**.

His symptoms included:

- Tremors of the hands,
 - Severe weakness and inability to walk without support,
 - Chronic insomnia,
 - Constipation,
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- Loss of appetite,
- Progressive physical and mental exhaustion.

On multiple occasions, his wife encouraged him to explore an integrative supportive care approach. However, the patient strongly believed that **once liver failure sets in, no science in the world can reverse it**, and therefore lacked faith in any alternative support.

Decision Regarding Liver Transplantation

The patient twice visited **Bengaluru** for transplant evaluation. His son agreed to donate a portion of his liver, and the estimated cost of the procedure was **₹40–50 lakhs**. Despite these preparations, the patient ultimately **declined transplantation**, stating that he was unwilling to accept his son's liver.

By this time, his condition had deteriorated significantly, and he was considered to be in an **advanced and life-threatening stage** of liver disease.

Initiation of Integrative Support

The patient finally initiated the supportive treatment protocol on **9 May 2025**. At the time of initiation, his condition was fragile, and expectations were minimal.

Observed Clinical and Biochemical Improvements

Within **one month**, the patient reported marked improvement in both physical and functional parameters:

- Resolution of tremors,
- Restoration of walking ability,
- Significant improvement in appetite,
- Return of restful sleep, which he reported he had not experienced for nearly a year,
- Relief from constipation,
- Overall improvement in strength and mental clarity.

The patient described the experience as feeling **“reborn”** after 30 days.

Laboratory parameters also showed favorable trends:

- **HbA1c** reduced from **8.4% to 7.3%**,
- **Total bilirubin** reduced from **2.9 mg/dL to 1.7 mg/dL**,
- **Platelet count** increased from **85,000/μL to 91,000/μL**.

Medication Adjustments

Under medical supervision, the patient gradually discontinued medications prescribed for liver cirrhosis. **Diabetic medications were continued initially**, with approximately **50% reduction by the fourth day**, based on improved glycemic control.

Outcome and Documentation

As of the last follow-up, the patient remained stable without recurrent hospital admissions for hepatic encephalopathy. A **documented testimony** was provided on **14 June 2025**.

3. A Patient with Recurrent Massive Ascites Requiring Repeated Paracentesis: Resolution Following an Integrative Supportive Care Approach—An Observational Case

Mr. Sunil, a patient with advanced **liver cirrhosis complicated by severe ascites**, had been undergoing **repeated abdominal fluid tapping (paracentesis)** for symptom relief. Over the course of his illness, he had required the procedure **approximately 20 times**, sometimes **twice within a single month**, with **up to five liters of fluid** removed during each admission.

Clinical Condition Before Initiation of Treatment

When the patient first presented, his condition was critical. He had:

- **Generalized body swelling** (anasarca),
- Severe ascites requiring frequent paracentesis,
- **Low platelet counts**, making him unsuitable for liver transplantation,
- **Dark-colored stools** and **reddish urine**, indicating advanced hepatic dysfunction,
- Profound weakness, **loss of appetite**, and **severe insomnia**,
- Significant financial burden, having already spent approximately **₹6 lakhs** on medical care.

Treating physicians had informed the family that **survival without liver transplantation was unlikely**, and even transplant eligibility was uncertain due to poor hematological parameters.

Following repeated fluid removal, the patient's **body weight had dropped to approximately 45 kg**, reflecting severe nutritional and physiological depletion.

Initiation of Integrative Supportive Care

The patient initiated the integrative supportive treatment protocol, after which close observation of symptoms and functional status was maintained. At the time of initiation, expectations were limited due to the severity of his condition and prolonged disease course.

Observed Clinical Progress

Within **15 days** of starting the protocol:

- **Urine color normalized**, suggesting early functional response,
- Appetite and sleep quality began to improve.

Within **one month**:

- Generalized swelling significantly reduced,
- No further episodes of ascites requiring paracentesis were reported,
- Overall physical strength and stamina improved.

By **two months**:

- **Ascites had completely resolved**, with no recurrence,
- Body weight increased from **45 kg to 55 kg**, without fluid accumulation,
- Sleep became regular and restorative,
- Appetite returned to near-normal levels,
- The patient resumed routine daily activities.

Importantly, **no further abdominal fluid tapping** was required after initiation of the treatment protocol.

Patient Testimony

The patient provided a **documented testimony on 26 June 2025**, stating that he felt he had been “**reborn**” after having lost all hope of survival prior to initiating the treatment.

4. A Story of Liver Cirrhosis: When a Declared End Became a New Beginning

Liver cirrhosis is widely regarded as a one-way journey. Once healthy liver tissue is replaced by fibrosis and scarring, modern medical science largely focuses on slowing progression, managing complications, and—when the disease reaches its advanced stages—recommending liver transplantation. For many patients, this recommendation arrives not as a solution, but as a sentence filled with uncertainty, financial burden, and fear.

This was the reality faced by **Mr. C. Nagaraju**, a 64-year-old man from India.

The Diagnosis That Changed Everything

Mr. Nagaraju had lived for years with metabolic imbalance. He was obese, diabetic, hypertensive, and diagnosed with dyslipidaemia and hypothyroidism. His dietary habits were predominantly non-vegetarian, with frequent consumption of red meat. Over time, these factors culminated in non-alcoholic fatty liver disease (NAFLD), which silently progressed to advanced liver cirrhosis.

By June 2024, his health had deteriorated significantly. He experienced breathlessness, difficulty swallowing, persistent abdominal discomfort, pain in the lower limbs, complete loss of appetite, and visible abdominal swelling due to ascites. Simple daily activities became exhausting.

A FibroScan conducted on 4 July 2024 revealed severe liver stiffness, consistent with **advanced-stage cirrhosis**. Doctors informed him that he had reached **Stage-5 chronic liver disease** and advised that **liver transplantation was the only remaining option**, though even this came with no guarantee of success.

For Mr. Nagaraju and his family, the news was devastating.

A Difficult Choice

At this critical juncture, Mr. Nagaraju learned about the **Neo Ayurveda – Miracle Drinks protocol** through his son. After careful consideration, he made a bold decision. On **10 July 2024**, he chose to discontinue all ongoing allopathic medications and committed himself fully to the Neo Ayurveda approach, which emphasized a defined plant-based diet, herbal formulations, and gut-focused metabolic restoration.

This decision was not taken lightly. It was an act of trust—trust in the body’s intelligence and in a different scientific framework that aimed to restore function rather than manage decline.

The First Signs of Change

The initial days marked a turning point.

Within **one week** of starting the protocol, changes began to emerge that surprised even the patient himself. The abdominal pain subsided. Breathlessness eased. Difficulty in swallowing disappeared. The persistent discomfort in his legs reduced. Most notably, **ascites resolved**, and his appetite returned naturally—something he had not experienced for months.

For the first time in a long while, his body felt lighter, calmer, and more responsive.

Thirty Days That Rewrote the Story

By **6 August 2024**, after completing one full month on the Neo Ayurveda protocol, the transformation was no longer just subjective—it was measurable.

His blood sugar levels normalized. Long-standing diabetes, once poorly controlled, came into balance. Liver enzymes that had been dangerously elevated showed a consistent downward trend. Blood pressure stabilized without medication. His body weight reduced naturally, without weakness or fatigue.

More importantly, **every symptom that once defined his daily suffering had resolved**.

He could breathe comfortably. He could eat without fear. He could move without pain. His energy levels improved, and his confidence returned.

Beyond Numbers: A Life Regained

What stood out most was not merely the laboratory improvement, but the restoration of quality of life. A man who had been told his condition was irreversible—and that transplantation was his only hope—found himself living symptom-free within a month.

Mr. Nagaraju continues to follow the Neo Ayurveda protocol, maintaining his improvements with sustained well-being. While this experience represents a single clinical journey and not a universal guarantee, it challenges a deeply entrenched belief—that advanced liver cirrhosis must always move in one direction.

A Larger Question

This story does not claim that every case of liver cirrhosis will respond in the same way. It does not replace the need for scientific validation, long-term studies, or ethical scrutiny. But it raises an important question:

What if, in some cases, liver cirrhosis represents a functional shutdown rather than irreversible destruction?

And if so, what becomes possible when the internal environment is corrected, metabolic stress is reduced, and the body is allowed to re-engage its inherent repair mechanisms?

Mr. Nagaraju's journey stands as a reminder that even in conditions long considered beyond recovery, **biology may still hold untapped potential—waiting not for resignation, but for the right conditions to respond.**



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