



**TAG VHS DRC**

**A Preliminary Report**

**On**

**PAIDA – LAJIN CLINICAL RESEARCH WORKSHOP**



**9<sup>th</sup> – 13<sup>th</sup> MARCH 2015**

**CONDUCTED BY MASTER HONGCHI XIAO - (China)**



**And His Team of Assistants**

**MEDICAL SUPERVISION**

**DR.C.V.KRISHNASWAMI - (India)**



**CHAIRMAN TAG VHS DRC**

**And His Team of Assistants and Nursing Staff**

# **DATA SHEETS**

**Name of the participant in the Paida & Lajin  
Workshop on 09/03/2015 (Day 1)**

S. N	Diagnosis	ID	Age	Gender	7:00 AM						12:00 PM		5:00 PM			
					Wt.	Abd. girth	BP	PR	CBG	Medication	CBG	Medication	CBG	BP	PR	Medication
1		4119	77	Male	112	123	140/90	66	118	Nil	100	Nil	99	150/80	62	Nil
2		534	55	Female	72.3	106	120/70	86	163	Nil	-	-	103	120/80	86	Nil
3	T2DM	4118	81	Male	69.5	106	130/70	78	180	Self medicine	336	Nil	364	120/70	78	Self medicine
4		4115	73	Female	72	98	160/90	70	162	Nil	133	Nil	130	150/80	78	Nil
5		3887	79	Female	-	119	130/80	80	150	Nil	-	-	-	-	-	-
6	T2DM	4071	47	Male	112	112	130/80	78	192	Nil	170	Nil	170	120/80	72	Nil
7		4113	52	Female	82.8	97	110/70	98	82	Nil	82	Nil	101	120/70	88	Nil
8	T2DM	3279	52	Male	71	-	-	-	-	-	197	Nil	192	170/100	80	Nil
9		4090	27	Female	67.3	97	110/70	74	92	Nil	105	Nil	92	110/70	80	Nil
10		3835	39	Female	74.7	106	120/80	82	93	Nil	91	Nil	91	120/70	80	Nil
11	T2DM	2832	63	Male	84.6	104	120/80	78	281	Nil	258	Nil	255	120/70	78	Nil
12	T2DM	4112	49	Male	85.3	100	120/80	76	135	Nil	107	Nil	128	120/80	72	Nil
13		4069	51	Female	79.8	-	130/70	74	388	Nil	321	Nil	284	110/70	90	Nil
14	T1DM	956	47	Male	71.4	95	120/80	80	128	Nil	88	Nil	106	140/80	82	Nil
15	T2DM	288	57	Male	83.9	92	130/90	84	228	Nil	117	Nil	165	140/80	82	Nil

[illegible]

Name of the participant in the Paidā & Lajin Workshop on 10/03/2015 (Day 2)	
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S.No	Diagnosis	ID	Age	Gender	7:00 AM					12:00 PM		5:00 PM			
					Wt.	BP	PR	CBG	Medication	CBG	Medication	CBG	BP	PR	Medication
1	T2DM	3279	52	Male	-	120/90	100	242	Nil	146	Nil	193	160/90	102	Nil
2	T1DM	956	47	Male	70	110/70	76	259	Nil	255	Nil	224	120/70	110	Nil
3	T2DM	2832	63	Male	82.5	110/70	88	233	Nil	240	Nil	224	130/80	86	Nil
4	T2DM	4118	81	Male	68.2	130/70	60	166	Nil	169	Nil	253	110/70	80	Nil
5	T2DM	89	66	Male	84.7	160/100	84	111	Nil	91	Nil	98	160/100	102	Nil
6	T2DM	904	56	Female	102	160/90	78	279	Nil	230	Nil	209	150/90	88	Nil
7	T2DM	4071	47	Male	112.8	110/90	80	179	Nil	147	Nil	173	120/90	72	Nil
8	T2DM	2882	57	Male	-	120/90	78	197	Nil	167	Nil	143	130/90	88	Nil
9	T2DM	4112	49	Male	83.2	120/80	82	150	Nil	128	Nil	121	110/70	90	Nil
10	T1DM	1369	46	Female	56.8	110/70	78	280	Nil	255	Inj. H.A 10u	100	110/80	84	Nil
11	T2DM	3975	58	Male	72	150/90	88	122	Nil	154	Nil	133	130/80	90	Nil
12	T1DM	276	27	Female	51.4	120/70	72	76	Nil	418	Inj. H.A 15 u 250 NS + polybion given	207	110/70	72	Inj. H.M 10U
13	T2DM/ IRDM	4094	60	Female	-	140/80	76	237	Nil	321	Inj. H.A 10u	198	130/90	98	Nil
14	T1DM	196	52	Female	54.3	90/60	76	122	Nil	299	Inj. H.A 10u	117	110/70	78	CBG - 44 (hypo) at 4pm (biscuit + coffee)
15	Non DM	4113	52	Female	-	140/90	80	120	Nil	93	Nil	99	130/80	72	Nil
16	Non DM	4119	77	Male	-		94	118	Nil	-	Nil	90	130/90	62	Nil

17	Non DM	4117	61	Male	83.8	110/70	70	105	Nil	336	Nil	87	120/80	76	Nil
18	Non DM	4090	27	Female	67	110/60	74	141	Nil	85	Nil	89	100/70	88	Nil
19	Non DM	3835	39	Female	-	110/70	80	-	Nil	96	Nil	89	130/90	82	Nil
20	Non DM	638	37	Female	-	120/80	92	-	Nil	-	Nil	-	130/80	88	Nil
21	Non DM	1653	72	Male	52.6	110/70	64	90	Nil	93	Nil	93	110/70	76	Nil
22	-	534	55	Female	71.8	120/80	86	103	Nil	112	Nil	100	110/80	82	Nil

**Name of the participant in the Paida & Lajin  
Workshop on 11/03/2015 (Day 3)**

S.N	Diagnosis	ID	Age	Gender	7:00 AM						12:00 PM		5:00 PM			
					Wt.	Abd. girth	BP	PR	CBG	Medication	CBG	Medication	CBG	BP	PR	Total no. of insulin
1	T2DM	3279	52	Male	67.6	85.5	140/80	84	198	T. Diapride 2 mg (not taking) since Monday	179	Nil	143	140/90	96	Nil
2	T1DM	956	47	Male	68	90	120/60	76	226	Nil	285	Inj. H.A 6u	135	80/60	108	250 ml NS + Inj. Polybion drip given
3	T2DM	2832	63	Male	81.8	104	110/80	74	226	T. Diapride 2 mg (not taking) since Monday	246	Nil	227	120/80	88	Nil
4	T2DM	4118	81	Male	68.5	107	130/60	60	301	Nil	297	Nil	215	140/70	80	He has taken 10 u Inj.H.A pre dinner
5	T2DM	89	66	Male	84.5	110	140/90	78	90	Nil	93	Nil	90	150/100	84	Nil
6	T2DM	904	56	Female	101.50	110	130/80	82	230	Nil	191	Nil	187	140/80	92	C. Mehasree 2 bd
7	T2DM	4071	47	Male	111.9	111	130/80	78	194	Nil	156	Nil	Nil	120/80	88	Nil

8	T2DM	2882	57	Male	79.9	85	120/80	78	164	Nil	169	Nil	131	130/80	88	Nil
9	T2DM	4112	49	Male	82	92	130/80	100	127	Nil	169	Nil	115	110/80	88	Nil
10	T1DM	1369	46	Female	56.5	74	110/70	80	84	Nil	202	Nil	227	110/70	88	Inj. H.A Pre dinner 5 u, at bed time 6 u
11	T2DM	3975	58	Male	71.4	90	140/90	86	156	Nil	169	Nil	129	140/80	90	Nil
12	T1DM	276	27	Female	51	73.5	110/70	76	84	Inj. H.M 10 u	135	Nil	285	120/80	74	Inj. H.M 6u pre dinner
13	T2DM/ IRDM	4094	60	Female	64.1	87	90/60	86	318	Nil	280	Nil	271	110/80	78	Nil
14	T1DM	196	52	Female	53.8	67	120/70	84	315	Inj. H.A 10 u	53 (hypo)	Nil	427	90/60	84	Inj. H.A 10 u + 250 ml NS Total insulin 20 u
15	Non DM	4113	52	Female	82.5	86	120/80	78	91	Nil	96	T. Atorvastatin T. Eritel CH	90	130/90	100	Nil
16	Non DM	4119	77	Male	101.7	121	130/90	64	99	Nil	122	Nil	92	120/80	62	Nil
17	Non DM	4117	61	Male	82.7	91	120/80	78	109	Nil	95	Nil	83	130/90	96	Nil
18	Non DM	4090	27	Female	66	-	110/70	78	86	Nil	89	Nil	91	110/80	102	Nil
19	Non DM	3835	39	Female	73.5	92	100/70	88	90	Nil	84	Nil	96	110/90	84	Nil



20	Non DM	1653	72	Male	52.7	88	110/70	64	83	T. Syndopa Plus not taken	98	T. Syndopa Plus	90	120/80	78	Nil
21	Non DM	638	37	Female	-	74	120/70	90	-	Nil	-	Nil	-	120/80	100	Nil
22	Non DM	534	55	Female	71.6	-	120/70	78	104	Nil	107	Nil	95	130/70	88	Nil
23	Non DM			Male	54.7	79	140/60	78	132	Nil	99	Nil	100	130/70	86	Nil
24	-	-		Male	-	-	-	-	-	Nil	255	T. Glimisave M1 Inj. Lantus	-	-	-	Nil
25	-	-	-	Female	-	133	-	-	-	Nil	255	T. Glimisave M1 Inj. Lantus	92	130/80	80	Nil
26	-	-	-	Female	-	119	-	-	-	Nil	-	Nil	-	130/80	80	Nil

**Name of the participant in the Paida & Lajin  
Workshop on 12/03/2015 (Day 4)**

S.N	Diagnosis	ID	Age	Gender	7:00 AM						12:00 PM		5:00 PM			
					Wt.	Abd. girth	BP	PR	CBG	Medication	CBG	Medication	CBG	BP	PR	Total no. of insulin
1	T2DM	3279	52	Male	66.9	92	130/90	80	204	Nil	223	Nil	142	160/100	92	Nil
2	T1DM	956	47	Male	69.9	91	100/60	76	250	Inj. H.A 10u, Inj. H.I 5u	240	Nil	82	120/80	98	at 10 pm Inj. H.A 5u Inj. H.I 5u
3	T2DM	2832	63	Male	81.8	101	120/70	84	239	Nil	295	Nil	224	130/80	88	Nil
4	T2DM	4118	81	Male	68.6	101	130/80	68	401	Self medicine	-	Nil	164	120/70	74	Nil
5	T2DM	89	66	Male	84.5	100	160/90	90	93	Nil	89	Nil	86	150/90	82	Nil
6	T2DM	904	56	Female	102.1	109	150/80	78	311	T. Diapride 2 mg C. Mehasree	292	Nil	195	140/90	98	T. Diapride 2 mg C. Mehasree
7	T2DM	2882	57	Male	79.1	84	130/80	86	144	Nil	193	Nil	145	120/80	84	Nil
8	T2DM	4112	49	Male	81.5	97	100/60	82	113	Nil	112	Nil	105	100/70	84	Nil
9	T1DM	1369	46	Female	55.1	72	120/70	80	195	Nil	125	Nil	129	110/70	82	Inj. H.M 8u
10	T2DM	3975	58	Male	70.7	87	130/80	84	167	Nil	165	Nil	197	150/100	90	Nil
11	T1DM	276	27	Female	50.6	68	90/60	80	267	Nil	117	Nil	145	100/60	72	Inj. H.M 8u
12	T2DM / IRDM	4094	60	Female	63.8	89	90/60	96	276	Inj. H.M 10u	228	Nil	258	130/80	104	Inj. H.M 10u
13	T1DM	196	52	Female	54	72	90/60	76	354	Nil	237	Nil	47 (Hypo)	120/70	76	CBG - 510 at 10pm Inj. H.A 6u
14	T2DM			Female	-	-	-	-	-	Nil	316	Nil	206	160/100	106	
15	T2DM	3887	79	Female	-	110	-	-	-	Nil	190	Nil	-	140/90	94	Nil

16	T2DM		46	Male	70.9	92	100/60	92	274	Self medicine	-	-	-	-	-	-
17	Non DM	4113	52	Female	82.3	-	130/90	92	96	Nil	92	Nil	89	120/80	88	Nil
18	Non DM	4117	61	Male	-	-	-	-	-	Nil	-	-	107	130/80	104	Nil
19	Non DM	4090	27	Female	66.1	92	110/70	78	91	Nil	105	Nil	94	120/80	98	Nil
20	Non DM	3835	39	Female	72.8	89	110/80	98	99	Nil	82	Nil	84	110/70	88	Nil
21	Non DM	1653	72	Male	53.1	86	110/60	64	91	Nil	104	Nil	150	100/70	64	Nil
22	Non DM	638	37	Female	-	75	110/70	106	127	Nil	-	-	-	120/80	94	Nil
23	Non DM	534	55	Female	71.3	104.5	110/70	90	119	Nil	117	Nil	93	110/70	84	Nil
24	Non DM		63	Male	117.7	140	140/90	74	100	Nil	99	Nil	95	120/80	90	Nil
25	Non DM			Male	54.1	73	150/80	86	99	Nil	96	Nil	89	120/80	84	Nil

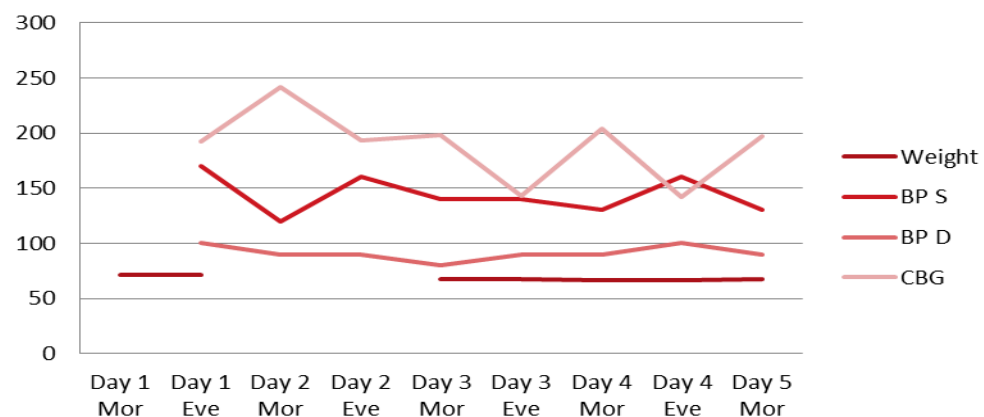
**Name of the participant in the Paida & Lajin  
Workshop on 13/03/2015 (Day 5)**

S. N	Diagnosis	ID	Age	Gender	7:00 AM						12:00 PM		5:00 PM			
					Wt.	Ab d. girth	BP	PR	CB G	Medication	CBG	Medication	CBG	BP	PR	Medication
1		4113	52	Female	82.1	87	130/80	82	94	Nil	107	Nil	-	-	-	-
2	T2DM	3279	52	Male	67.3	90	130/90	82	197	Nil	209	Nil	-	-	-	-
3	T1DM	956	47	Male	68.1	91	90/50	106	145	Nil	212	Nil	-	-	-	-
4	T2DM	4118	81	Male	70	-	150/70	78	327	Self medicine	327	Self medicine	-	-	-	-
5		4117	61	Male	82.6	89	130/80	84	129	Nil	92	Nil	-	-	-	-
6		4090	27	Female	66	92	110/70	74	100	Nil	114	Nil	-	-	-	-
7	T2DM	89	66	Male	83.3	80	140/90	84	102	Nil	100	Nil	-	-	-	-
8	T2DM	904	56	Female	103.5	110	140/80	78	247	T. Diapride 2 mg, C. Mehasree	167	Nil	-	-	-	-
9		3835	39	Female	72.9	102	100/70	76	89	Nil	107	Nil	-	-	-	-
10	T2DM	2882	57	Male	78.8	84	120/80	82	122	Nil	123	Nil	-	-	-	-
11	T2DM	4112	49	Male	81.4	98	100/70	80	137	Nil	119	Nil	-	-	-	-
12	T1DM	1369	46	Female	56.1	72	110/70	76	184	Inj. H.M 15u	105	Nil	-	-	-	-
13		638	37	Female	-	-	110/70	88	160	Nil	-	Nil	-	-	-	-

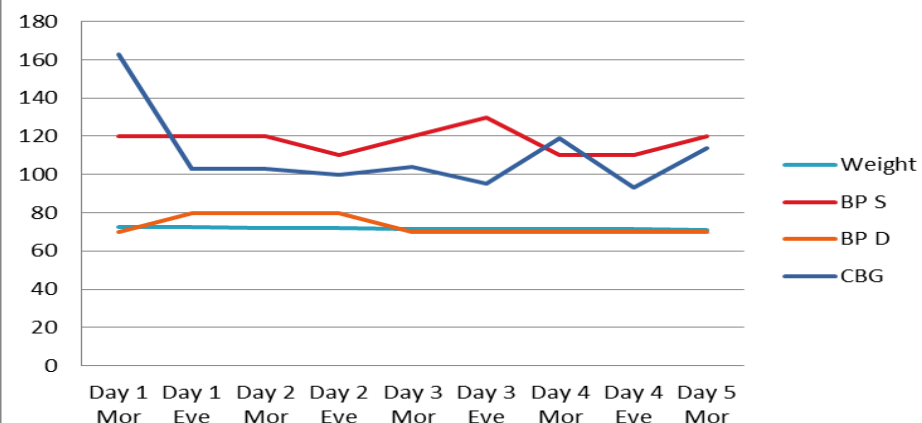
14	T2DM	3975	58	Male	70.5	85	140/90	84	155	Nil	161	Nil	-	-	-	-
15	T1DM	276	27	Female	50.8	71	90/50	70	98	Nil	105	Nil	-	-	-	-
16	T2DM / IRDM	4094	60	Female	64.5	89	110/80	92	187	Inj. H.M 10u	175	Nil	-	-	-	-
17	T1DM	196	52	Female	54.5	73	100/60	72	282	Inj. H.M 15u	136	Nil	-	-	-	-
18	-	1653	72	Male	53.4	88	100/60	68	95	Nil	98	Nil	-	-	-	-
19	-	534	55	Female	71.2	105	120/70	86	114	Nil	99	Nil	-	-	-	-
20	-		63	Male	117.2	139	140/90	80	98	Nil	100	Nil	-	-	-	-
21	-			Male	54	67	150/80	88	103	Nil	86	Nil	-	-	-	-
22	-			Male	74.4	88	100/70	88	201	Self medicine	229	Nil	-	-	-	-
23	-	3887	79	Female	-	113	130/80	76	156	Nil	136	Nil	-	-	-	-

## Progression of Weight, Blood Sugar & Blood Pressure

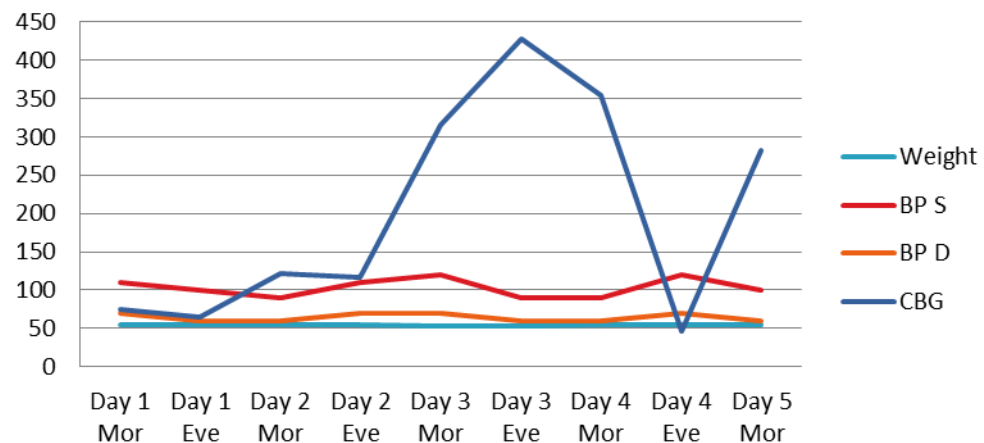
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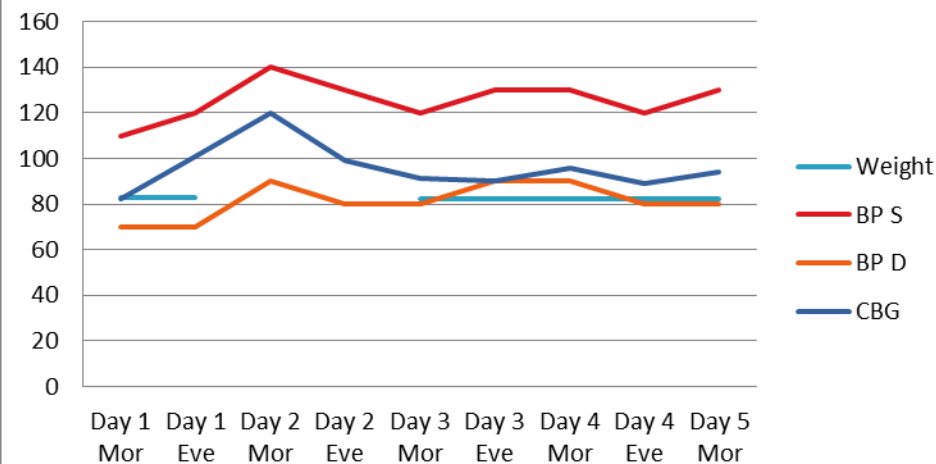
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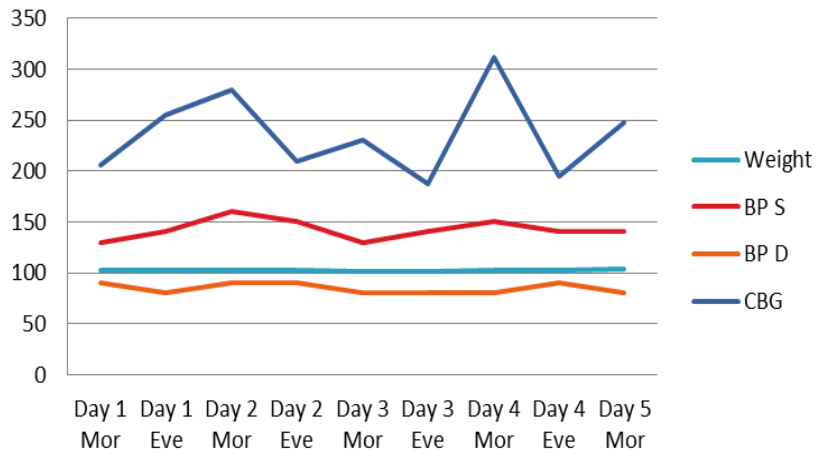
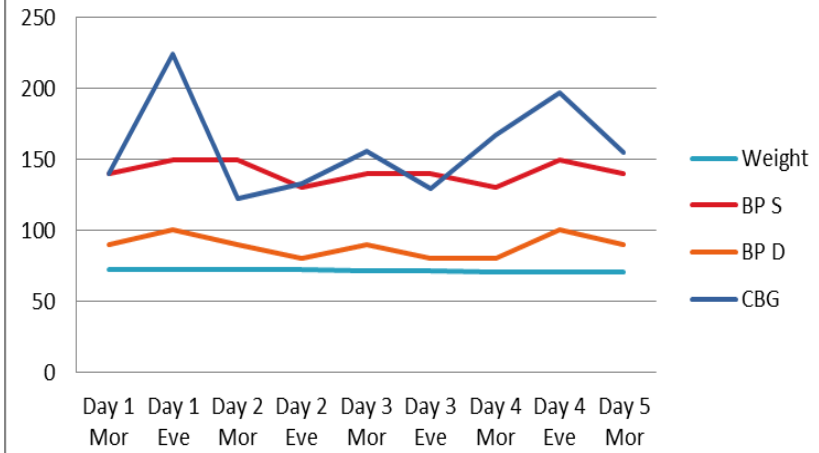
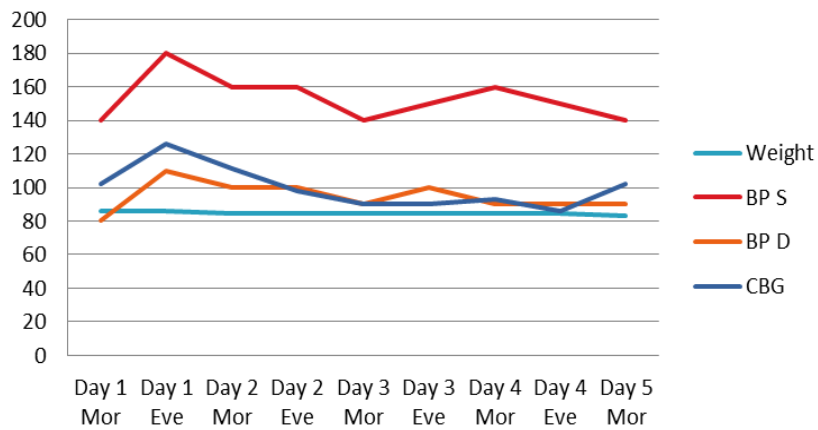
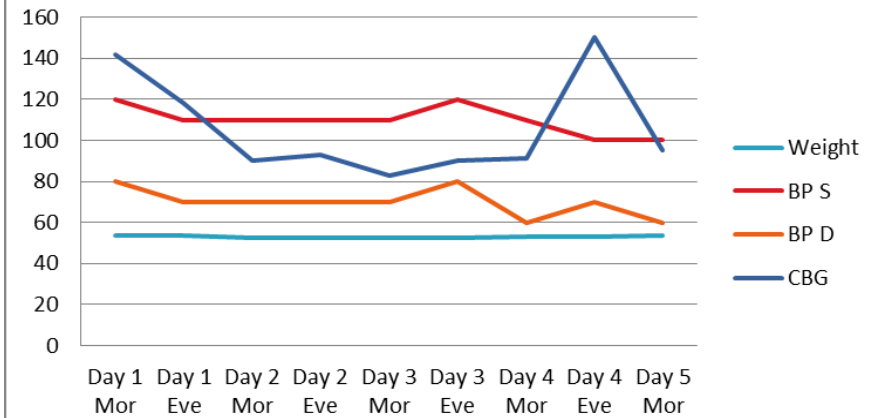


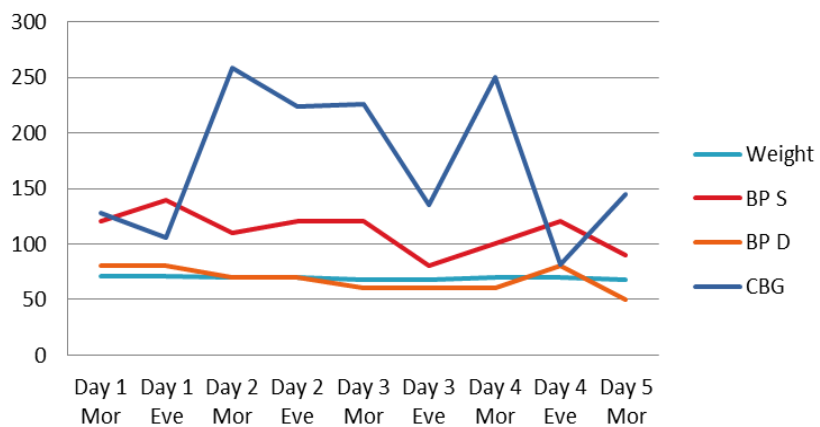
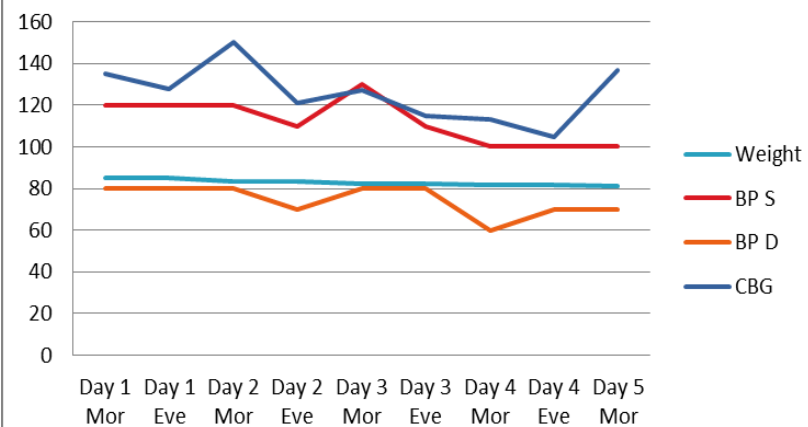
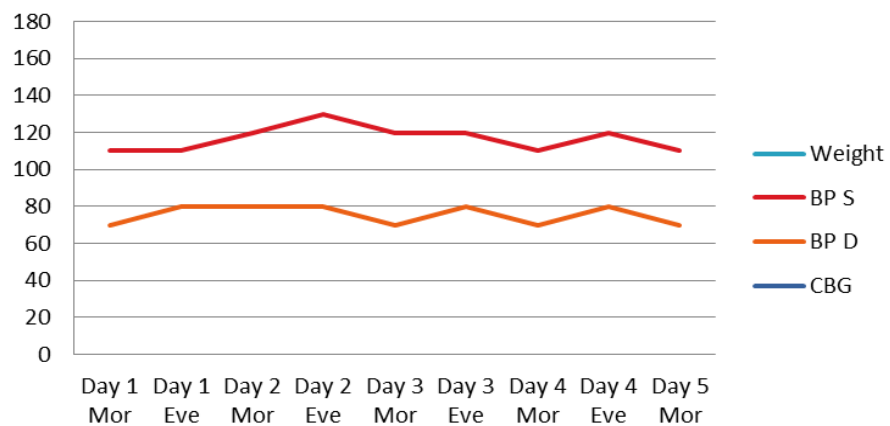
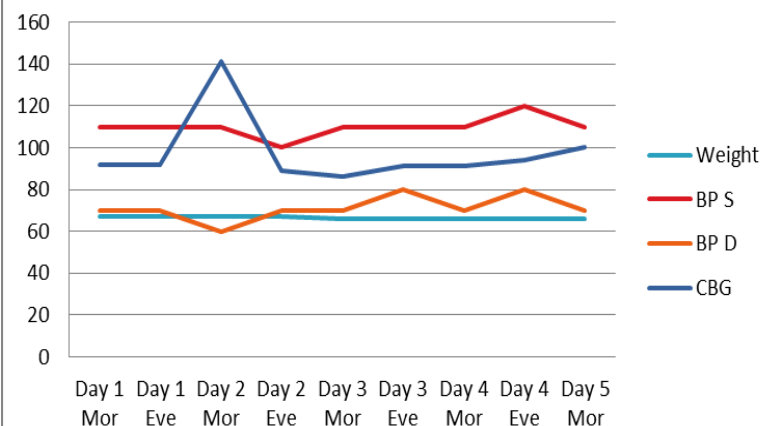
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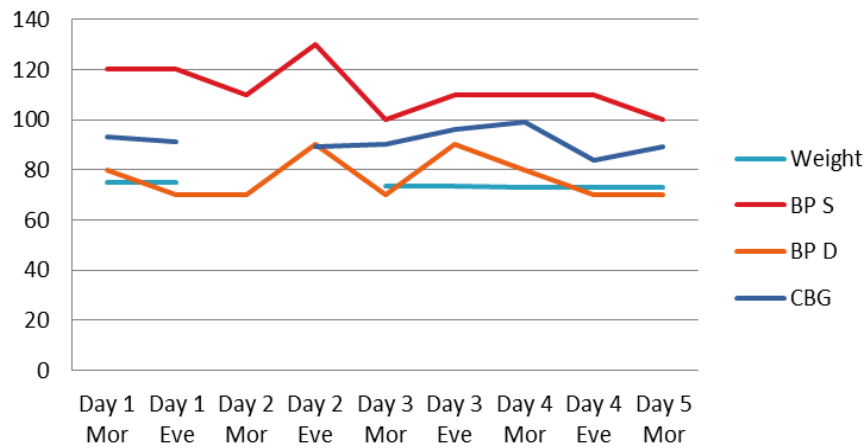
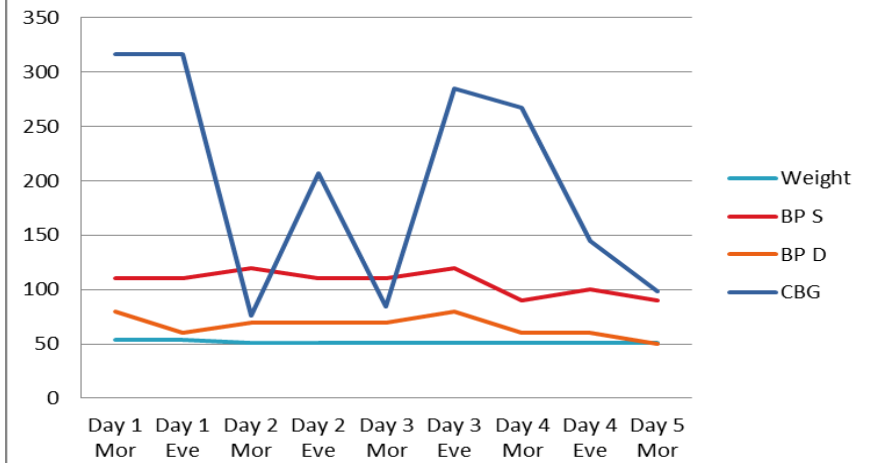
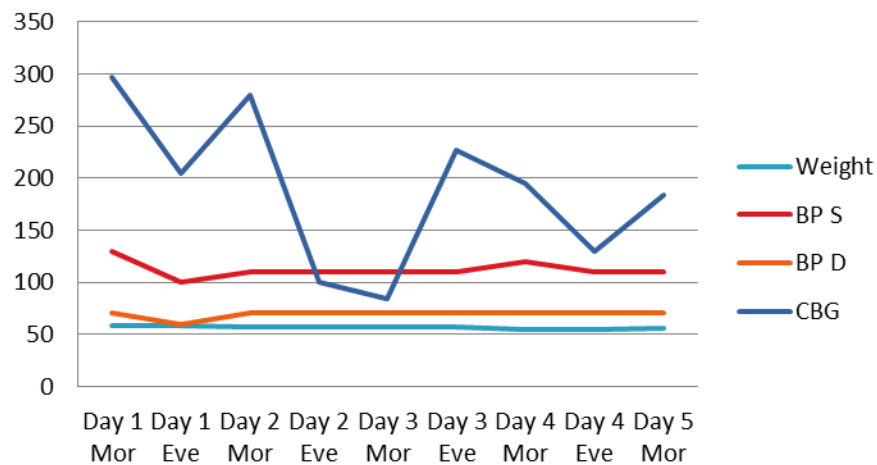
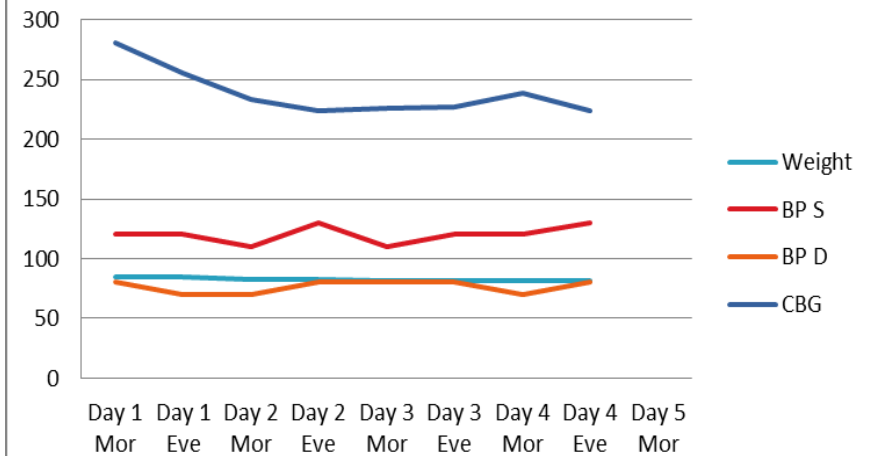
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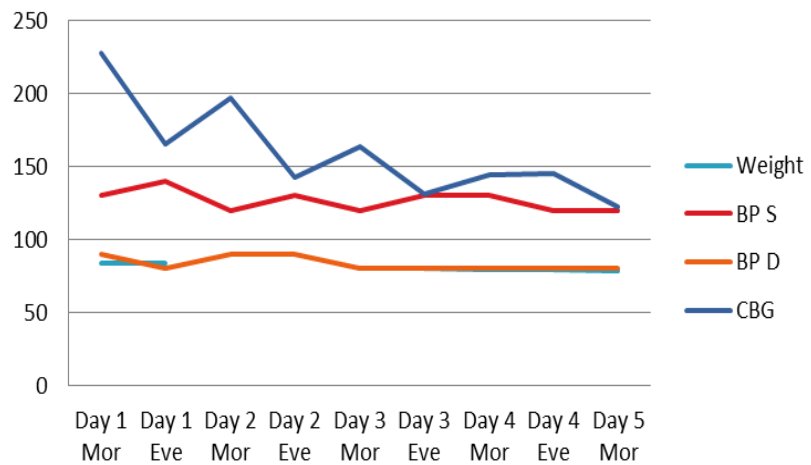
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**ID: 956****ID: 4112****ID: 638****ID: 4090**

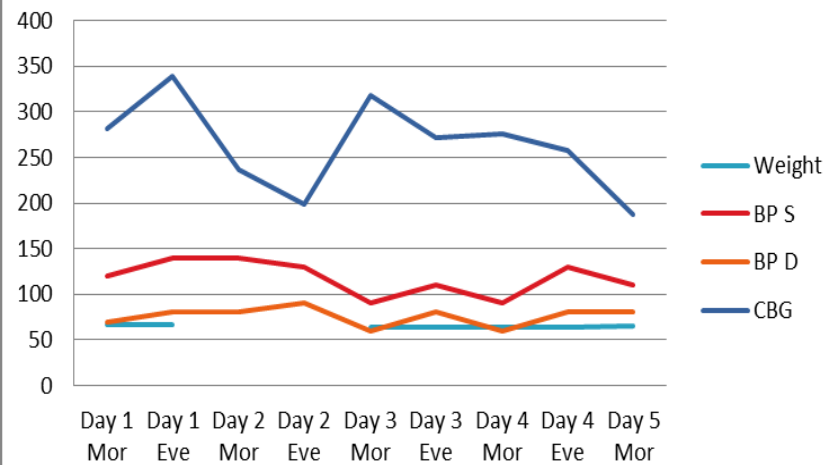


**ID: 3835****ID: 276****ID: 1369****ID: 2832**

**ID:2882**



**ID: 4094**



# **CASE HISTORIES**

**1. ID: 534 – (Marks: 10/10)**

This 55 years old lady, practicing doctor who participated in this workshop is a healthy individual without any labelled disease, for learning first-hand, this modality of self healing energy therapy. Throughout the 5 days, she was asymptomatic, enjoyed the course, and at the end she gave her impression – that her energy had doubled. Her **weight reduced 1.1 Kgs (72.3 Kgs – 71.2 Kgs)** & she had no complication of the therapy. She proposes to continue the therapy for herself and promote this to her friends & patients.

**2. ID: 3887 – (Marks: 8/10)**

This 70 years old lady who came to our centre recently, wheelchair bound with multiple health issues like, **T2DM / HTN / OA both knee – Post TKR status right knee**, on Polypharmacy & inappropriate drugging. She improved in the past 2 months after drastic reduction in medication, administration a course of **Dynamic Acupuncture Mediated Meta Physical (DAMM) Therapy & Pulsed Electro Magnetic Filed Energy Therapy using BM Pulser** & was able to walk without support for a short distance but still had residual back pain, knee pain & low energy levels. She joined the research work shop to improve her condition & completed the 5 day course albeit for only half the session daily. At the end of the course, she expressed significant improvement in her over all condition. She proposes to continue the therapy.

**3. ID: 4113 – (Marks: 10/10)**

She was referred to us by Mrs. Deepa Muthiya of DEAN Foundation. This 50 year old lady, has come for the first time to our centre. She is a known case of **1. Hypothyroidism on replacement therapy – 6 months, 2. Hypertension on – (Tab. Telmisartan + Hydrochlorthiazide 40 + 12.5 mg), for last 6 months**. Her main complaints are low back pain, ankle pain, sleep disturbance. Throughout the 5 days, she was asymptomatic & thoroughly enjoyed the course; at the end she gave her impression that she had very

good over-all improvement and more energy levels; her weight reduced by **0.7 Kgs (82.8 Kgs – 82.1 Kgs)** & her **Abdominal Girth reduced significantly by 10 cm (97 cm – 87 cm)**. She proposes to continue the therapy.

**4. ID: 196 – (Marks: 6/10)**

This 52 years old lady is a patient of **T1DM** for the last 33 years and she was attending and getting care from the comprehensive life time free Medicare for Juvenile Diabetics from our Diabetes Department. She is on twice a day insulin (26U per day) and also on replacement therapy for hypothyroidism and chronic sinusitis on Ayurvedic treatment. Her present complaints are frequent early morning hypos, puffed face & shoulder pain. She was able to continue Paidā & Lajin therapy and the diet as provided in the work shop for the first 2 days. Her blood sugars were satisfactory with minimum medication. On the **3<sup>rd</sup> day evening her Capillary Blood sugar Level: 427 mg/dl, Urine Sugar: 3+, Acetone: Larger ++++ (healing crisis)**. She was given parenteral IV saline & insulin. **4<sup>th</sup> day morning Blood Sugar: 354 mg/dl, Urine Sugar: 4+, Acetone: Moderate**. Saline & small doses of short acting insulin were given. And later in the day, she joined the camp and completed 5 day course. At the end she felt very much better. Her energy levels are good her insulin requirement reduced to **15U per day (10U pre breakfast, 5U pre dinner, with blood sugar levels below 180 mg/dl – )**. Her puffy face became normal. She proposes to continue Paidā & Lajin therapy at home.

**5. ID: 904 – (Marks: 6/10)**

This 56 years old lady is our TAG VHS DRC registered patient. She is a known patient of T2DM / HTN since 9 years on medical treatment. She had recent cervical radiculopathic pain and ECG showed repolarisation changes. She was started on **Pulsed Electro Magnetic Field Energy Therapy by using BM Pulser over precardium**. She completed the full 5 day course without any complication. She said that her energy levels are double. No neck pain or angina. Her weight remains the same but there is a significant reduction in the **Abdominal Girth 8 cm (118 cm – 110 cm)**. She promised to continue

the Paida-Lajin therapy at home and advocate the same to her neighbours in her colony at Hyderabad.

**6. ID: 3975 – (Marks: 5/10)**

This 58 years old Man with H/o. Parkinsonism under treatment came to our centre recently for initiation of **Pulsed Electro Magnetic Filed Energy Therapy by using BM Pulser**. He is a known case of **T2DM – 8 years / HTN – 5 years** on medical management. His main complaints are rigidity left upper limb ++, eye movement upward gaze present, downward gaze absent, tends to lean on the left side. He also had aphonia (barely audible) voice. He is on Tab. Syndopa plus 100/25 4times a day. He completed the 5 day course. **His rigidity reduced significantly and blood sugar was well under control without OHA.** He could phonate audibly. His anti Parkinsonism drug dosage was reduced by 50% and anti BP medicines were stopped for the time being.

**7. ID: 89 – (Marks: 9/10)**

This 67 years old Man is our TAG VHS DRC registered patient. He is a known patient of **Systemic Hypertension, Gouty Arthritis, Benign Prostatic Hypertrophy & Impaired Glucose Tolerance** on medical management. His main complaints are 1. Nocturia, Low Backache and Joint Pain. He thoroughly enjoyed the 5 day work shop with Paida-Lajin and the special diet. After therapy, his energy levels are good. Back pain & joint pain reduced. No nocturia. He proposes to continue Paida-Lajin at Home and is willing to promote this in his village, near Madurai.

**8. ID: 1653 – (Marks: 9/10)**

This 73 years old Man is our TAG VHS DRC registered patient for the last 2 ½ years. He is a known case of **Parkinsonism - 7 years**, on medical management (Tab. Syndopa plus 125 mg 5 times a day) + **Pulsed Electro Magnetic Filed Energy Therapy by using BM Pulser**. He has shown only slight improvement, sometimes he is not able to walk, has slurred speech on & off and is not able to turn quickly. He participated in the 5 day clinical

work shop, Everyday he has shown significant improvement; at the end of 5 days, his speech was clear, he was able to walk without support, with supple limbs and he exhibited all-round improvement in his physical condition. This case was truly remarkable as the Paida-Lajin therapy facilitated drug withdrawal completely. To the best of our knowledge in medical literature, no other non-drug therapy has been known to facilitate complete drug withdrawal for an established case of Parkinsonism of long duration!!

**9. ID: 956 – (Marsk: 7/10)**

47 years old came to VHS Diabetic Department. 32 years ago as a 15 years old boy with maturity onset diabetes in the young (MODY) and was responding well to oral hypoglycaemic agents (OHA) for about 2 years. He then developed fever and lymphadenopathy, liver & spleen enlargement diagnosed as a case of Hodgkin's disease and was given full course of treatment at the Cancer Hospital Chennai (Chemotherapy & Radiotherapy). He responded very well and experienced complete **REMISSION** (= Cure), but in the bargain his pancreatic beta cells were knocked out due to radiotherapy and he became an insulin dependent Diabetic. He has been attending our diabetes department getting True Comprehensive, Life Free Medicare for the past 32 years. He was enrolled in the workshop as "Type I Diabetes Mellitus" and cancer survivors to observe the effect of Paida-Lajin on his system as well as energy plus the requirement of daily insulin which was presently at 52 units per day. During the therapy he was responding rather slowly during the first 3 days but on the 4<sup>th</sup> & 5<sup>th</sup> day he picked up strength and on the final (5<sup>th</sup> day) he could sing, dance and make a long meaningful emotional speech of gratitude. He has been in touch regularly and after 1 week his

insulin requirement has been reduced to 45-50% (30 units/day) with blood sugar values less than 200 mg/dl.

**10. ID: 4112 – (Marks: 8/10)**

This 50 years old Man was referred by Mr. Sivaraman, our old patient. He was interested in participating in our 5 day workshop after attending our 4<sup>th</sup> Annual day oration lecture at Bharathi Vidhaya Bavan by Master. Hongchi Xiao. He is known case of **T2DM, HTN, and Hypothyroidism** on medical management. He was recently prescribed insulin. He wants to go off insulin and medication if possible. He religiously followed Paida & Lajin technique & special diet. **His Capillary Blood Sugars were plumb normal throughout without any medication (Insulin / OHA).** At the end, he gave the impression that he feels very energetic and proposes to continue Paida-Lajin at home. A week after going home he continues to be very energetic, asymptomatic, but his blood sugars have gone up slightly and he has been started on 50% of the previous oral medications. He continues Paida-Lajin at home daily.

**11. ID 638: (Marks: 1/10)**

Aged 37 years, **Past cardiac arrest/ Hypoxic ischemic encephalopathy during the post partum period.** She is a bed bound patient in vegetative state for the last 3-4 years. She was initiated with this new modality of self healing with a view to improve her vision, cognition & clinical condition, at least to some extent. Each day, different meridians were tried out by Master & his team. Patient's relatives and care takers were taught to do the procedure. It is definitely beneficial to her on a long run basis. At the end of 5 day, she has shown slight over-all improvement – she was trying to move her both lower limbs and upper arm stiffness is slightly better.



**12. ID 4090: (Marks: 9/10)**

Aged 27 years, is an asthmatic referred by Mrs. Deepa Muthaiah of DEAN foundation. She was treated with steroids and antibiotics for the last 2 months and asthalin inhaler on & off. Her complaints are mainly wheezing in the mornings and Headache for the last 2 weeks. She wanted to go off medicines; completely took part in this workshop. She completed the workshop without any ups and downs. Initially she was unable to tolerate the pain, but once the healing crisis occurred, she withstood most of the pain. At the end of workshop, her weight came down by **1.3 Kgs (66 kgs from 67.3 kgs)** and her energy doubled. She felt very brisk. No complaints of wheezing or headache.

**13. ID – 3835: (Marks: 10/10)**

Aged 39 years, is a patient of Hypothyroidism on replacement therapy. Her main complaints are lack of sleep and knee pain. She is initially felt much more pain during Paida but she felt better after Lajin. Later gradually she started to cope up with it. During the last 2 days, she was very enthusiastic with double the energy and happy. She proposes to continue the therapy at home.

**14. ID – 276: (Marks: 8/10)**

Aged 27 years, is a known T1DM for the last 18 years, getting the benefit of our comprehensive free life time Medicare in our Diabetes Department. She was also under mediation for hypothyroidism and epilepsy. About 2 years ago, she had a life threatening episode of diabetic keto acidosis from which she felt recovered. She married about a year ago and had a miscarriage 6 months ago. She was included in the workshop to help improve her diabetic status along with her general health. She started the work shop well but on the second day she had blood sugar >400 mg/dl with acetone in the urine, but no symptoms of vomiting or breathing difficulty

(acidosis). At the end of 5 day, her weight came down to **(50.8 Kgs from 53.8 kgs). She was very energetic, brisk and happy. Her insulin requirement has come down drastically by 15U pre breakfast & 8U pre dinner VS 25U pre breakfast & 20U pre dinner.** She was given intravenous saline and short acting insulin with some extra carbohydrate meal and her clinical condition rapidly became normal with blood sugars getting back to near normal – range Master. Hongchi Xiao calls this a “Healing Crisis”. She completed the Paida-Lajin workshop for the full 5 days and felt very much better and 5 days after the workshop. She is requiring 23 units / day of (30/70) insulin (as compared to 45 units / day prior to the start of therapy. She is happy, energetic and asymptomatic.

**15. ID – 1369: (Marks: 8/10)**

Aged 46 years, is a known T1DM for the last 25 years, from our Diabetes Department. At the beginning there were no major symptoms / complaints her blood sugars were generally on the higher side. She was included in the workshop with a view to improve her diabetic status. She completed the workshop with-out any problem. During the beginning she was unable to tolerate pain due to Paida but gradually she completed the workshop on all the days. She too lost some weight and her insulin dosage was changed over to Inj. H.Mixtard insulin from Inj.Actrapid / Insulatard combo (total 30U/d). **Now she is on Inj. H. Mixtard 15U pre breakfast 10U pre dinner and is back at work with renewed vigour, continuing therapy.**

**16. ID: 2832: (Marks: 8/10)**

Aged 62 years, is our TAG VHS DRC registered patient for the last 2 years. He is a known case of T2DM / HTN / CAD / Hypothyroidism on medical management for a long time. He was included in the workshop to improve his over-all health, thereby making him fit and fine. He complained of tightness of chest, pain both knees, hip pain, etc. For the first 2 days, he was feeling more pain due to Paida, tiredness at the end of each day. But

he made up his mind with a will to complete this workshop for self improvement with great vigour and energy. At the end of the 5 day, he was much more comfortable, pain free upto 80% and very energetic and experienced a feeling of lightness. He shed some weight by 2.8 Kgs (84.6 Kgs – 81.8 Kgs). His drug requirement for diabetes was also reduced.

**17. ID: 2882: (Marks: 10/10)**

Aged 58 years is a diabetic of 5 to 6 years duration. He was on a combination of Allopathy and Ayurveda treatment for DM. His wish is to go off medicines completely. He had no complaints. He participated and enjoyed all the 5 days of workshop with great enthusiasm. His blood sugars, behaved perfectly normal throughout **without oral hypoglycaemic agents since Day 1**. At the end, he said, he felt he is absolutely on top of the world and he proposes to continue therapy at home and also teach others update. After 5 days at home he continues to improved all-round & feels excellent with no medications.

**18. (Marks: 6/10)**

Aged 67 years has got depressive illness with minor ailments of gastritis, backache, etc. He joined the workshop after attending our 4<sup>th</sup> Annual Day oration on the 8<sup>th</sup> March 2015 by Master Hongchi Xiao about Paidā-Lajin at Bharatiya Vidhaya Bhavan. He came from the 2<sup>nd</sup> day (10/03/2015) and completed 4 days successfully. His main wish is to lead a healthy life style without much complaints / ailments. He is able to see significant improvement in his complaints and completed the workshop happily.

**19. ID: 3279 (Marks: 6/10)**

Aged 53 years is our TAG VHS DRC registered patient for the last 1 year. He is a known case of T2DM on medical management. He wanted to be off medicines completely. He took part in the workshop with great vigour and enthusiasm. He lost weight nearly by 3.7 Kgs (71 Kgs – 67.3 Kgs). **His blood sugars were under excellent control throughout. He stopped all the**

medicines including OHA since Day 1. He said, his energy is doubled, he is happy and very comfortable. He proposes to continue the therapy at home.

**20. ID – 4094: (Marks: 7/10)**

Aged 60 years was referred to us by one of our old patients. She is a known case of T2DM for 32 years, on poly pharmacy, she says she was fed up by taking medications + insulin jabs and persisting high blood sugars. She was included in the 5 days clinical work shop to help her to the extent possible for the above issues. She very willingly participated and thoroughly enjoyed the 5 day workshop. Her blood sugars were high for the first 3 days. She was given small doses of short acting insulin from the 4<sup>th</sup> days onwards and her capillary readings were less than 200 mg with very minimal dose of insulin. At the end of 5 days, her weight reduced by 2.7Kgs (67.2 Kgs – 64.5 Kgs). Abdominal girth reduced by 2.5 cms (91.5 cms – 89 cms). She felt very much better after 5 days of clinical work shop. Her energy levels are good. She proposes to continue Paidal-Lajin therapy at home. Her insulin requirement at discharge was 10 units/day, almost the same as at the beginning, but in the improved blood sugar readings & wellbeing.

# **SUMMARY, TABLE, SALIENT FINDINGS**

1. A unique clinical research workshop on the Chinese self-healing method termed “Paidā-Lajin”, founded and propagated by Master Hongchi Xia, was conducted under continuous strict medical supervision and detailed computerised / video graphed data recording, at TAG VHS Diabetic Research Centre, Chennai, India from 9<sup>th</sup> to 13<sup>th</sup> March 2015.
2. A total of 25 participants were registered for the 5 day program, a bridge from the full course of 7 days advocated by Master. Hongchi Xiao, (due to logistic reasons). He conducted this personally along with his assistants and Indian colleague Mr. Paragsamel. The entire program started at 7 am daily and lasted for almost 10 to 11 hrs daily with a short break for breakfast & lunch. The entire program was given free of cost to all the participants. About 10 of them were in-patients, while the rest came as out-patients. All of them were fully screened medically; their cases documented and after detailed counseling sessions, their informed consent for the entire procedure including photography, was obtained from all the participants. 5 out of the 25 registered participants dropped out from the workshop due to compelling personal reasons, we have the entire data of progress for the 20 persons who completed the program successfully.

### 3. TABLE

S. No	ID	Sex	Age	Diagnosis	Result (Score on 10)	Side Effects	Remarks
1.	534	Female	55	Nil	(10/10)	She had oedema both feet which disappeared within a week.	
2.	3887	Female	79	T2DM/ HTN/OA – Right TKR done	(8/10)	Pain & bruising	
3.	4113	Female	52	Hypothyroidism / HTN	(10/10)	Pain & bruising	
4.	196	Female	52	IDDM/ Hypothyroidism	(6/10)	Pain & bruising (SHA & healing crisis)	
5.	904	Female	56	T2DM / HTN	(6/10)	Pain & bruising	
6.	3975	Male	58	Parkinsonism / T2DM / HTN	(5/10)	Pain & bruising	
7.	89	Male	66	IGT - 2013 / ASCVD / HTN - 1990	(9/10)	Pain & bruising	
8.	1653	Male	72	Parkinsonism	(9/10)	Pain & bruising	
9.	956	Male	47	T1DM	(7/10)	Pain & bruising (SHA & healing	

						crisis)	
10.	4112	Male	50	T2DM/ Hypothyroid	(8/10)	Pain & bruising	
11.	638	Female	37	Post cardiac arrest/ Hypoxic ischemic encephalopathy during post partum/ Acute pulmonary edema/ RHD	(1/10)	Pain & bruising	
12.	4090	Female	27	Nil	(9/10)	Pain & bruising	
13.	3835	Female	39	Came for a fitness for planned Left Stapedectomy/ Hypothyroidism	(10/10)	Pain & bruising	
14.	276	Female	27	IDDM	(6/10)	Pain & bruising (SHA & healing crisis)	
15.	1369	Female	46	IDDM	(8/10)	Pain & bruising (SHA & healing crisis)	
16.	2832	Male	62	T2DM / HTN / CAD / Recently detected hypothyroidism	(8/10)	He had oedema both feet which disappeared	



						within a week.	
17.	2882	Male	58	T2DM - 2009	(10/10)	Pain & bruising	
18.	—	Male	67	Nil	(6/10)	Pain & bruising	
19.	3279	Male	53	T2DM	(6/10)	Pain & bruising	
20.	4094	Female	60	T2DM -1983	(7/10)	Pain & bruising	

## **Conclusions & Take - Home Message**

While this abridged Paida-Lajin workshop done under near-perfect conditions revealed that though it is not a Panacea for all illness, it could nevertheless prove to be a veritable blessing to prevent illness and promote good health, enthusiasm and energy to every individual practicing this self-healing method diligently, with faith and trust in the VISDOM OF THE HUMAN BODY GIFTED TO HUMANKIND BY THE CREATOR (GOD!). The following are the several take-home messages from the workshop

1. **Type 2 Diabetes** responds very well to Paida-Lajin therapy in the holistic work-shop setting. This is not surprising as it involves a very strict diet regime, fasting, and control of mind and through shot / effective sessions of medications. A dedicated and motivated ex-soldier normalised his established diabetes without any of the medications he was taking previously during this short span of five days and remain in excellent health more than a week after leaving the workshop. This definitely raises hope for newly / recently (< 1 year) detected Type 2 Diabetes to try out this regime for at least 3 – 6 months, and there is promise that all cases of IGT and many cases of overt asymptomatic Type 2 Diabetes could use this modality as the first choice with benefit.
2. **Type 1 Diabetes** (Juvenile Insulin Dependent Diabetes Mellitus) which is the more severe, insulinopaenic form, occurring in children and young adolescents, also recorded improvement in their clinical condition over the 5 day period of the work-shop; however during the Healing crisis and fasting when their blood sugars went up their needed Medical support in the form of calories, fluid & small doses of rapid acting insulin to prevent ketoacidosis; but it was not alarming and all of them recovered and completed the full course with renewed energy and needing approximately

half of their original requirement of insulin. A longer period of observation (6 months) is underway which may provide more answers.

3. **Hypertension** was not an issue at all during the entire duration for any of those patients who were on varying doses of anti-hypertensive medication. After 1 week of returning to home conditions only 1 out of 10 persons who were taking medication required half of the original dose and even this needs review and revision with continuation of therapy.
4. There were 4 persons with varying labels of coronary artery disease / Ischaemic heart disease; but none of them had any problem during the strenuous work-shop. It is too short a period to assess the impact of Paidalajin in heart disease. We need to study a much larger sample over a longer period to assess the full benefits claimed for this condition.
5. A host of minor and Chronic illnesses like knee pains (OA), Hip pains (OA), Low Back Ache, Periarthritis of shoulders, Degenerative painful diseases of the spine (spondylitis), disc bulges etc. were treated with ease and assurance with remarkably high percentage of success (98%).
6. The true discovery and revaluation of Paidalajin during this study was its remarkable, almost dramatic improvement in cases of Parkinsonism, facilitating reduction in one and complete withdrawal of Anti-Parkinson's Drug in the other case. This provides a definite silver lining to the millions of patients, around the world, afflicted with many types of Parkinsonism and the resultant drug-induced
  - (a) Dyskinesias and other ADR. The mobility offered after Paidalajin was unparalleled and exciting to watch / demonstrate (vide video graphs). Surely this workshop has shown that there is a hope and optimism for patients with Parkinson's disease the systematic, large, and long –term study for about 3 years would, I believe throw-up all the benefits that might qualitatively improve their lives.

7. The final take-home message of Paidalajin workshop was indeed, that it virtually doubled the ENERGY LEVELS of all the participants (100%), both individually, and as a “Mass effect” it gave optimism and hope to all the persons involved with the idea of, Health taking precedence over disease, and self-healing taking lead over seeking medication and Fear of the unknown/ imaginary risks giving way to self-confidence in simple methods of self-Healing.

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**EPILOGUE**

**ASTROLOGY**

**THE EVIDENCE OF SCIENCE**

By

PERCY SEYMOUR

ARKANA, PUBLISHED BY THE PENGUIN GROUP, 1988 LONDON.

“The nature of the scientific endeavor is very well captured in a story told by Olive Schreiner in her book *The Story of an African Farm*. Once, a hunter glimpses the reflection of the Bird of Truth in the still waters of a pool, and after that he devotes his life to finding and holding this beautiful bird. On the way he meets wisdom, who gives him some instructions on how to find Truth:

The mountains of stern reality will rise before him: he must climb them: beyond them lies Truth.... He will never see her, never hold her... some men have climbed on those mountains... some have chanced to pick up from the ground, one white silver feather, dropped from the wing of Truth. And it shall come to pass.... That, when enough of those silver feathers shall have been gathered by the hands of men, and shall have been woven into a cord, and the cord into a net, that in that net Truth may be captured. Nothing but Truth can hold Truth.

Near the end of his long quest the hunter says:

I have sought.... For long years I have laboured; but I have not found her... where I lie down worn out other men will stand, young and fresh. By the steps that I have cut they will climb; by the stairs that I have built they will mount.... At the clumsy work they will laugh; when the stones roll they will curse me. But they will mount, and on my work; they will climb, and by my stair! They will find her, and through me.... If Truth had appeared above him in the clouds now, he could not have seen her, the mist of death was in his eyes .... Then slowly from the white sky above, through the still air, came something falling, falling, falling. Softly it fluttered down, and dropped on the breast of the dying man. He felt it with his hands. It was a feather. He died holding it.

I believe that this is all we can really expect from the scientific quest, but that does not make it any less exciting – it is the excitement of this ongoing quest that sustains us.”

# **FOLLOWUP RECORD**

Name of the participant in the Paida & Lajin (Follow UP)															
S.N	Age	Sex	ID	Diagnosis	Medication	Prev Weight	Before therapy				After therapy				
							Wt.	BP	PR	CBG	BP	PR	CBG	AG	Remarks
1	52 yrs	Male	3279	T2 DM	No OHA	67.3	67.6	170/80	90	396	150/100	90	296	81	
2	27 Yrs	Female	4090	-	No OHA	66	67.9	110/70	88	98	110/70	74	98	93	
3	39 YRS	Female	3835	-	No OHA	72.9	73.1	140/70	92	110	120/70	80	105	-	
4	58 Yrs	Male	2882	T2 DM	No OHA	78.8	79.8	130/80	78	245	130/80	88	176	80	
5	46 Yrs	Female	1369	T1 DM	HM 15u Pre Breakfast 10 U Pre Dinner	56.1	57.6	120/70	78	172	110/70	78	172	76	
6	52Yrs	Female	196	T1 DM	Tab. Eltroxin 100mg 1-0-0 HM 15 U Pre Breakfast 5 U Pre Dinner	54.5	53.3	110/70	86	263	110/70	78	221	76	
7	27 Yrs	Female	276	T1 DM	Tab Eltroxin at 8 AM HM 15U Pre Breakfast 8 U Pre Dinner	50.8	51.9	100/60	80	202	110/60	80	158	72	
8	60 Yrs	Female	4094	T2DM/IRDM	Cap. Mehashree 2-0-2 After Food HM 10 U Pre Breakfast 10 U PreDinner	64.5	66.9	130/70	88	405	130/80	86	92	368	
9	61 Yrs	Male	4117			82.6	82.2	130/70	70	100	120/70	76	94	87	

# PHOTOGRAPHS













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