

Affidavit of Bradford T. Black, M.D., FACS

STATE OF OHIO)
) SS
 COUNTY OF Columbiana)

I, Dr. Bradford T. Black, being first duly sworn, deposes and states that under the penalty of perjury under the laws of the State of Ohio and United States, as follows:

1. I am over the age of eighteen (18) years, an Ohio resident, and I am competent to testify.
2. I have first-hand knowledge of the facts and opinions set forth herein.
3. Currently, I am a practicing physician and President of Northeastern Ohio Urological Surgeons, Inc.
4. I specialize in all areas of general urology.
5. I also am staff member/courtesy staff member at the following hospitals in Northeastern Ohio: (i) Alliance Community Hospital (Alliance); (ii) Salem Community Hospital (Salem); and (iii) Timken Mercy Hospital (Canton).
6. In 1984, I received a Bachelor of Science in Agriculture and a doctorate in Medicine at the University of Arkansas.
7. Prior to joining Northeastern Ohio Urological Surgeons, Inc., I completed an internship and residencies in General Surgery and Urology at the University of Kansas.
8. I am certified by the American Board of Urology.
9. Further, I have an advanced certification and designation as a Fellow, American College of Surgeons (FACS).
10. I also am a member of American Urology Association, North Central Section of Urology of the American Urological Association, Ohio Urologic Association; American Medical Association; Ohio Medical Association; and Stark County Medical Association.
11. I have reviewed the medical records ("Medical Records") of Sri Nithyananda Swami (the "Patient"), which are from the Victoria Hospital in Bangalore, India and are attached hereto as Exhibit A. According the Medical Records, the Patient was 37 years old at the time the Medical Records and testing referenced therein were done.

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12. In addition to my training, education, and years of experience, the Medical Records form the sole basis for my medical opinions, which are made to a reasonable degree of medical certainty and are set forth as follows:

- a. The Patient has low levels of Luteinizing Hormone (LH). Specifically, the typical LH blood levels are 0.7 to 7.9 mIU/ml. The Patient's LH level is 0.216 mIU/ml.
- b. The Patient also has anorchid testosterone levels and suffers from hypogonadism. The normal testosterone level for men between 30 and 40 is a range between 300 ng/ml and 1000 ng/ml. The Patient's testosterone levels—12.5 ng/dl—are significantly below the normal range and are consistent with those of a prepubescent boy. In my medical opinion, I do not believe that he could have an erection.
- c. Gynecomastia, which is also evidence of an endocrine disorder that could cause impotence, was also observed by the medical team.
- d. The penile Doppler test showed that Patient's peak systolic velocity (PSV) cutoff of less than 6.7 cm/s flow in the right cavernosal artery and 14.1 cm/s in the left cavernosal artery in flaccid cavernosal artery is low, shows a blood flow insufficient to create an erection, and is abnormal since it is not balanced.
- e. Moreover, the Patient's testicular volume (12.04 cc's on the right and 11.4 cc's on the left) is below the normal volume (12.5 cc's to 19 cc's) for men between 30 to 40 year old.
- f. There is no indication from the Medical Records that the Patient has any sexually transmitted disease, including HSV-1 (IgG and IgM), HSV-2 (IgG and IgM), HIV, VDRL, Hepatitis B.
- g. The test results also show that the Patient has diabetes, hypertension, and dyslipidemia. All of these conditions can cause erectile dysfunction.
- h. The below normal test results contained in the Medical Records and mentioned herein do not occur over-night, but likely have existed for numerous years. For example, it takes a long time for hormone levels to go so low and particularly with the presence of gynecomastia, this is an undeniable indicator of a chronic disorder.

- i. The Patient has been diagnosed with hypertension since 2003 and diabetes since 2004. This results in years of blood vessels being destroyed and ultimately blocking sufficient vascular flow to create erections.
- j. Based upon my experience, education, training, and review of the Medical Records, it is my opinion that the Patient suffers from all the primary and most common causes of erectile dysfunction: hormonal and vasculogenic secondary to diabetes and hypertension.
- k. Based upon my experience, education, training, and the evidence contained in the Medical Records, in my medical opinion, I do not believe that he could have an erection to have sexual relations.

13. In addition, I reviewed and disagree with the conclusions of the Medical team, which are attached to the Medical Records in Exhibit B that are inconsistent with my opinions above. Indeed, the Medical team's opinions are contradictory to the actual testing results. For example, the Doppler test results show "insignificant blood flow," but yet the committee's opinion states "normal flow." Likewise, under the Doppler examination, the findings explicitly state, "significant varicocele seen on either side," but yet the final committee opinion states "no clinical evidence of varicocele." Further, the testicular volume would have been automatically calculated by the Doppler. In this case the Doppler report does not mention testicular volume but appears only in the final conclusion.

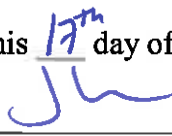
Affiant further sayeth naught.


 Dr. Bradford T. Black, M.D., FACS

SWORN TO before me and subscribed in my presence this 17th day of December 2014.



Jeffrey A. Willis, Attorney At Law
 NOTARY PUBLIC - STATE OF OHIO
 My commission has no expiration date
 Sec. 147.03 R.C.


 Notary Public