

കേരളം കേരल KERALA

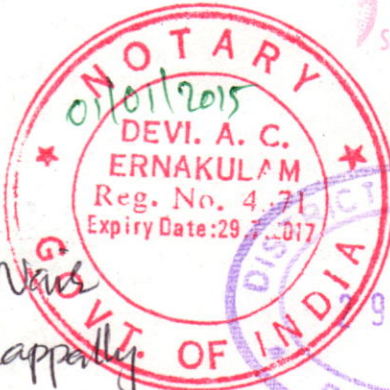
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AFFIDAVIT

1. I Dr.(Col)K. Ravindran Nair, BSc, MBBS , MS, MCh (Urology),do hereby, solemnly swear that :
2. I completed my MBBS in 1970 and then underwent training in General Surgery and Military Surgery at AFMC, Pune from 1973- 1975. I then obtained MS in General Surgery in 1978.
3. I underwent training in Urology from 1983-1985 at Trivandrum Medical College and obtained MCh,in Urology, in 1985, from Kerala University. I am a trained Andrologist since 1991.
4. I served in the Armed Forces of India as Medical Officer, Surgeon and Urologist and retired in the rank of Colonel, and was holding the appointment of Senior Advisor in Surgery and Urology.

DEVY. A.C.
ADVOCATE & NOTARY
LAWYERS LINE
 2nd FLOOR, INFANT JESUS BUILDING
 OPP OLD HIGH COURT, COCHIN-31
 Roll No. K/355/95
 Mob: 98472 29732

(Signature)
 Dr.(Col)K. Ravindran Nair
 Dr. (Col) K. Ravindran Nair
 MBBS, MS, M.Ch
 Sr. Consultant in Andrology & Urology
 Reg. No. TCM 4328



NO 27678 DATE 01.01.2015
 VALUE OF RS 100
 SOLD TO Dr. (Col) K. Ravindran Nair


M. U. ABDUL AZEEZ
HIGH COURT VENDOR

(Signature)
Edappally

5. I was also in the academic faculty of AFMC, Department of Urology, and INHS, Ashvini, Naval Hospital, Mumbai, in the subject of Surgery and Urology, for Bombay University.
6. I have 41 years of experience in General Surgery and 31 years as Urologist and Andrologist.
7. I was past senior advisor in Surgery and urology for the Armed Forces of India.
8. I was the past convener of the Andrological section of Urological Society of India.
9. I am currently President of Indian Multidisciplinary Society of Men's Health and Healthy Ageing.
10. I am currently the Medical Director and Senior Consultant in Andrology at Dr. Promodu's Institute of sexual and marital health, Kochi, Kerala.
11. I have presented over 52 papers at National Conferences with Publications in International and peer reviewed journals.
12. I was commended for distinguished service at Command Hospital, Northern Command, Jammu and Kashmir. (Appendix A).
13. I have critically evaluated the relevant medical documents from Victoria Hospital, Institute of Nephro-Urology, Bangalore, on tests conducted on Sri. Nithyananda Swami, dated 8-09-2014 (Appendix B).
14. Sri. Nithyananda Swami has extremely low levels of Testosterone (Anorchid or below Castration levels). Such low levels of testosterone, by itself causes alteration in the structure of the Penis, especially the tunica albuginea, leading to Venous Occlusive dysfunction (VOD), which is a common cause of Erectile Dysfunction in Hypogonadal Men.
15. Simultaneously, the low level of Leutinising Hormone (LH), produced by the Pituitary Gland, suggest a Central cause of Hypogonadism-Hypogonadotrophic Hypogonadism, which is an important cause of Erectile Dysfunction, due to a Pituitary or Hypothalamic condition. An MRI, might have added value to the same.

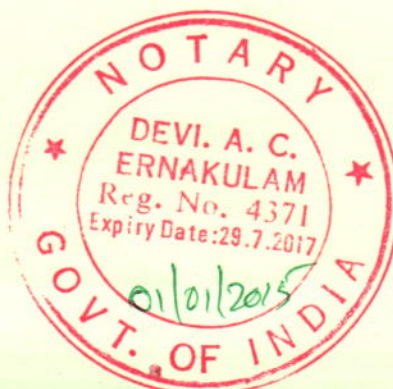


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 LAWYERS LINE
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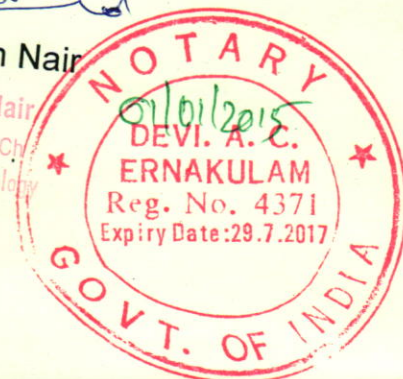


16. The scientific technique of measuring flaccid penile length is as follows:
- Flaccid length while standing, from peno-pubic junction to tip
 - Flaccid circumference while standing
 - Stretched length from peno-Pubic junction to tip (functional length)
 - Stretched length from pubic symphysis to tip (Anatomical length).
- Due to long standing Hypogonadism and low testosterone level, shrinkage of penis will occur.
- This study was not scientifically conducted at Victoria Hospital.
17. There are significant errors of omission and commission in the evaluation and subsequent reporting by Victoria Hospital .
18. Significant Varicoceles were seen on either side in the Scrotal doppler which should have been reported as Grade 1, Grade 2, or Grade 3, while doing the doppler itself.
- Also the diameter of veins before and after Valsalva in lying and standing position is not recorded.
19. Calcification is reported in Scrotal Sac , but further information on whether it is a loose body , wall calcification or in which part of the Scrotum is not recorded.
20. The presence of bilateral Gynacomastia (which has also not been graded), suggests Hypogonadism of long duration.
21. Based on Victoria Hospital reports , there are other complicating factors like Diabetes, Hypertension, Dyslipidimia, which are further contributors to Erectile Dysfunction.
22. Below castration levels of testosterone, leads to severe loss of Libido.
23. Though Intra Cavernosal injection Doppler study has not been performed, the existing evidence , strongly suggest Erectile Dysfunction due to Hypogondotrophic Hypogonadism, with secondary Veno-Occlusive dysfunction, a cause of Impotence.
24. I further went through the reports from Fortis Hospital , New Delhi, dated August 19th 2012 (IP ID: 51137).(Appendix C)

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2nd FLOOR, INFANT JESUS BUILDING
OPP. OLD HIGH COURT, COCHIN-31
Roll No. K/355/95
Mob 98472 29732


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25. The blood biochemical studies confirm, Anorchid levels of testosterone with low LH, suggesting Hypogonadotropic Hypogonadism.
26. The colour Duplex Doppler Study following Intra Cavernal injection of Prostaglandin suggest Veno-Occlusive dysfunction at the 25 minute post ICI , PSV, and EDV.
27. It is highly likely that further structural changes would have continued to occur due to the low testosterone levels and the Veno-Occlusive dysfunction would have worsened from 2012-2014.
28. Blood test done at Magnus Lab, Bangalore 2011, also show Anorchid level of testosterone with low LH.(Appendix D).
29. In my expert opinion, based on available data, Sri. Nithyananda Swami, meets all the criteria to diagnose Erectile Dysfunction due to Hypogonadotropic Hypogonadism, with Secondary Veno-Occlusive Dysfunction.

Signed



Dr.Col.K.Ravindran Nair

Dr. (Col) K. Ravindran Nair
MBBS, MS, M.Ch
Sr. Consultant in Andrology & Urology
Reg. No. TCM 4328

BSc, MBBS, MS, MCh(Urology)
Medical Director and Andrologist

Dr.Promodu's Institute of Sexual and Marital Health,

Solemnly affirmed and signed before
me at my office at Ernakulam
by deponent on 01st day of January
2015

Pathadipallam, Edapally P.O, South Kalamassery,

Kochi, Kerala 682024

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Mob. 98472 29732



Notarial Register Particulars
Sl. No. 05 Vol. 20 Page No. 61
My commission expires on 29.07.2017

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