

AFFIDAVIT

I DR. MANMOHAN KUMAR, aged 73 years residing in CALIFORNIA, USA, am a registered medical practitioner in INTERNAL MEDICINE do hereby solemnly affirm and declare as under:

Bio Data:

- 1973-2011 – Practice in Internal Medicine and Gastroenterology
in CALIFORNIA, USA
- 1973 – Board certified in Internal Medicine
- 1972-1973 – Internship in Medicine, California
- 1971-1972 – Fellowship in Gastroenterology in California
- 1970-1971 – Residency in Internal Medicine, California
- 1969-1970 – Residency in Internal Medicine, California
- 1968-1969 – Rotating Internship in Maryland, California
- 1967-1968 – Registrar in Anaesthesia, Kent, England
- 1964-1966 – Registrar in Anaesthesia, Safdarjang Hospital, New Delhi
- 1958-1964 – Medicine College Calcutta, West Bengal, India
- 1956-1958 – Govt. Gandhi Memorial Science College, Jammu (J&K) State, India

I had the opportunity to examine Sri. Nithyananda Swami, on 25 March 2007 at California in USA around lunchtime. Sri Nithyananda Swami presented for a full general physical consultation in view of his unique medical and other experiential history.

The observations of my history and clinical findings are as follows:

1. Sri Nithyananda Swami presented with a history of a complete absence of libido, with no psychological or physical attraction to members of either sex.
2. He has a strong family history of Diabetes, Hypertension and Dyslipidemia.
3. Both his parents are affected by the above conditions.
4. He has no past history of any serious illnesses or surgeries, but had been diagnosed as borderline hypertensive, in earlier examinations by other physicians in the USA.

5. He has a normal vegetarian diet and does not consume alcohol, smoke cigarettes, or use any other recreational drugs.
6. He is currently not on any medication.
7. On examination his height was recorded as 5 feet 11 inches and weight at 150 pounds.
8. Pulse was regular at 70 per minute, and BP was 130/90 mm Hg.
9. He had generalized reduction of body hair which was ascertained using a portable trichoscope.
10. The frontal hairline was straight showing no evidence of temporal recession.
11. Mild gynecomastia was present bilaterally.
12. Cardiovascular, Respiratory, Abdominal and Neurological systems were clinically normal.
13. Pubic hair though present, showed a type 3 Marshal pattern.
14. The penis was 1.8 inches in length, in the flaccid state.
15. The testes were small, soft, and infantile.
16. Per rectal examination revealed a normal prostate and a gentle massage of the same did not elicit either an erection or the cremasteric reflex.
17. With these presentations, a clinical diagnosis of Hypogonadotropic Hypogonadism was arrived at, and further specialized tests were explained and advised.
18. Sri Nithyananda Swami agreed to participate in further tests of a non-invasive in nature, which were then conducted overnight on 25th of March 2007 at 10:20 pm for a period of 8 hours.
19. The test was conducted using a Rigiscan machine, which measures nocturnal penile tumescence, non-invasively.

In summary the findings of the Rigiscan are as follows:

1. The average tip rigidity was 15% and base 25 %.
2. This was conclusive indication of the absence of erection process and was staged as E-1, based on the mathematical parameters.

Conclusion:

Sri Nithyananda Swami, presented with features suggestive of Hypogonadotropic Hypogonadism, and complete absence of a functional erection with concomitant hypertension.

I conclude based on the above findings that Sri Nithyananda Swami is incapable of sexual intercourse due to the obvious erectile dysfunction. He has been advised to undergo further tests, including hormone levels in order to elicit the possible cause of erectile dysfunction.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

This declaration is signed on the 3rd of February 2015 at Diamond Bar, California.

Signed,


Dr. Mahmoohan Kumar (M.D.)

