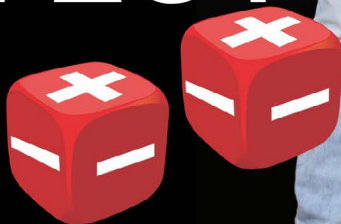


DR. BISWAROOP ROY CHOWDHURY

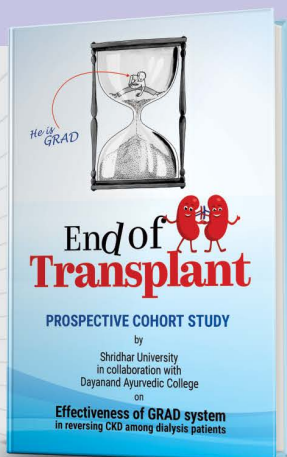
NAKED TRUTH

of
COVID
TEST





- ▶ Pain Management
- ▶ Cancer Therapy
- ▶ Self Dialysis
- ▶ Heart Attack prevention
- ▶ Curing Insomnia & Depression
- ▶ Reversing Parkinson/Alzheimers
CKD & Fibromyalgia



The bath tub that cleanses your body from inside

DICE Covid -TEST

Now you can find out whether you are Covid +ve or not at the convenience of your home, with my newly developed “DICE Covid Test”. This test, I have developed after spending hours in Covid Test Lab and months researching on WHO’s so-called gold standard test “RT-PCR”. You will surely find my DICE Covid test equally as reliable (or unreliable) as the universally used RT-PCR test for Covid-19. The best part is DICE Covid Test cannot be tested on fruits, birds & animals (you will know why), whereas RT-PCR Test does give Covid +ve result if tested for fruits, birds & animals.

DICE Covid Test	RT-PCR Test for Covid
	
To conduct the test, ask the potential or suspected Covid patient to throw the above two Covid dices.	To conduct the Covid test, take nasal/ throat swab of the suspected patient and run the test in the above PCR Machine
If both the dices show +ve at the top, consider (label) the person as Covid +VE	If both (FEM & HEX) factors go up, consider (label) the person as Covid +VE

DICE Covid Test	RT-PCR Test for Covid
Limitation 1. If the same person is tested again, you may not get the same result. 2. Cannot be tested on fruits/ birds/ animals as they cannot throw a dice.	Limitation 1. Same sample is tested again, you may not get the same result. 2. If tested for fruit/birds/ animals, it may give (supposedly false) Covid +ve results.

If anyone can prove that my newly developed DICE Covid test is less reliable than RT-PCR test, then I will give him Rs. 1 lakh.

NAKED TRUTH of Covid TEST

DR. BISWAROOP ROY CHOWDHURY



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India Office:

C/o India Book of Records

B-121, 2nd Floor, Greenfields,
Faridabad -120003 (Haryana),
India

Ph.: +91-9312286540

Malaysia Office:

**C/o Bishwaroop International Healing
& Research**

PT 573, Lot 15077 Jalan Tuanku
Munawir,

70000 Negeri Sembilan, Malaysia

Tel: +6012-2116089

Vietnam Office:

C/o Vietnam Book of Records

148 Hong Ha Street
9 Award, Phu Nhuan District,
Ho Chi Minh City, Vietnam
- Hotline: (+84) 903710505

Switzerland Office:

C/o Nigel Kingsley

Kraftwerkstr. 95, ch-5465, Mellikon,
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Email: biswaroop@biswaroop.com

Website: www.biswaroop.com

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Dedication

Dedicated to my angel daughter Ivy,

loving wife Neerja

&

caring parents

Shri Bikash Roy Chowdhury

Shrimati Lila Roy Chowdhury

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SECTION - I

My experiment with RT-PCR test for Covid-19

You might find "DICE Covid Test" unbelievable, unacceptable and even laughable, but I am sure after reading this section, your views will change.

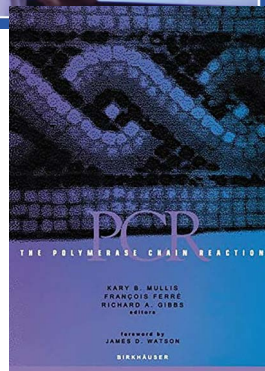
My Experiment with RT-PCR test for Covid-19

This is world's first Covid +ve melon. In my right hand is the world's most comprehensible book on PCR Test written by Kary Mullis himself, who is the inventor of the PCR test.



Recently from June 15-17, 2022, I and my medical team conducted an experiment wherein we took some fruits, some vegetables, and some animals like rabbit & dog and a few birds like chicken and pigeon.

We collected samples of each of them and went to a Government





authorized Covid Test Laboratory to run them through the test to understand which of the samples are Covid +ve and which of them are Covid -ve.



The results were shocking; each of the samples of Melon, Dog, Rabbit and Chicken were Covid +ve.

Let us now enter the RT-PCR Test laboratory.



The picture above is a Covid test laboratory. The RT-CPR Machine looks like as given below.

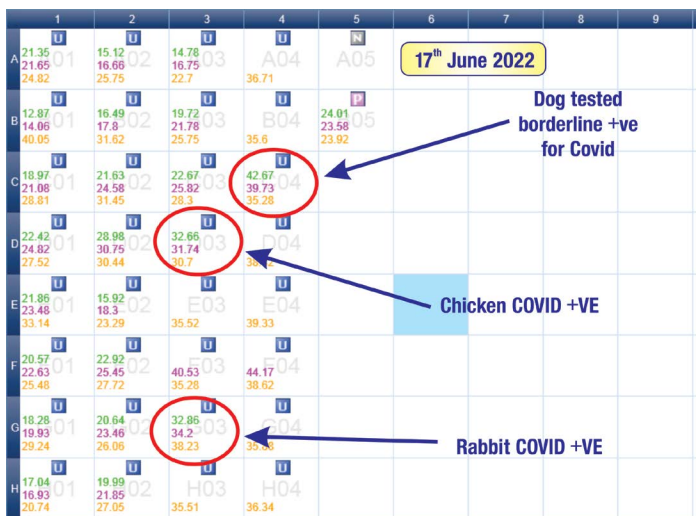


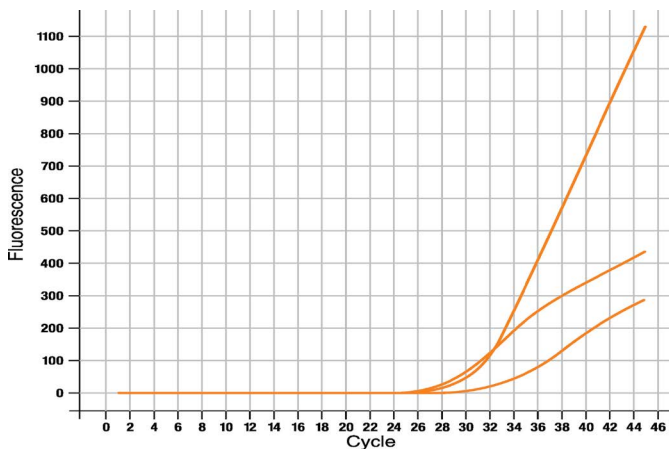
This machine is used to keep the test samples while the results of the tests are reflected on the computer.

On June 17 itself, we tested some non-humans, that is, animals/ birds samples in the machine.

The animals/birds that were used for our experiment were rabbit, chicken, dog, and pigeon. Along with these, some more animal samples were kept.

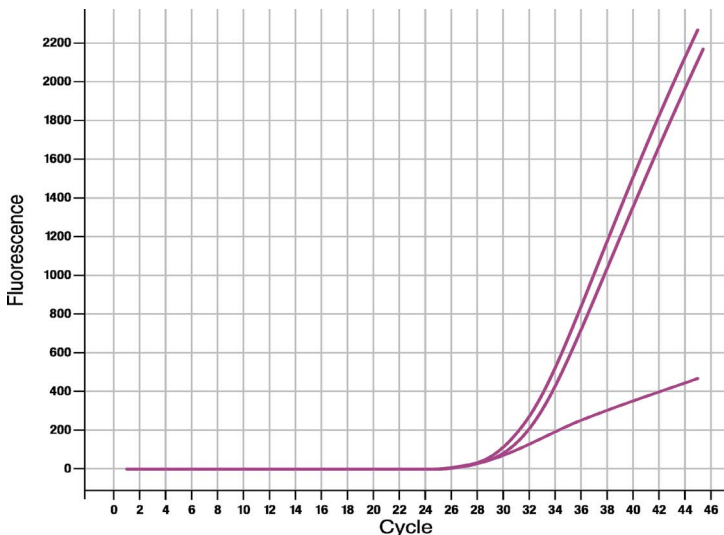
Of the animals tested for Covid, rabbit's sample test turned out positive. That is mentioned against 3G on the screenshot taken from computer display of the results.





Graph 1: Rabbit sample test for Covid (+ve)

The sample for chicken, which tested positive, is mentioned against 3D. The results of the dog's (pet) sample are mentioned against C4. The result shows some infection but one of the factors whose value is 42 makes it as a doubtful case. However, it still is between positive and negative.

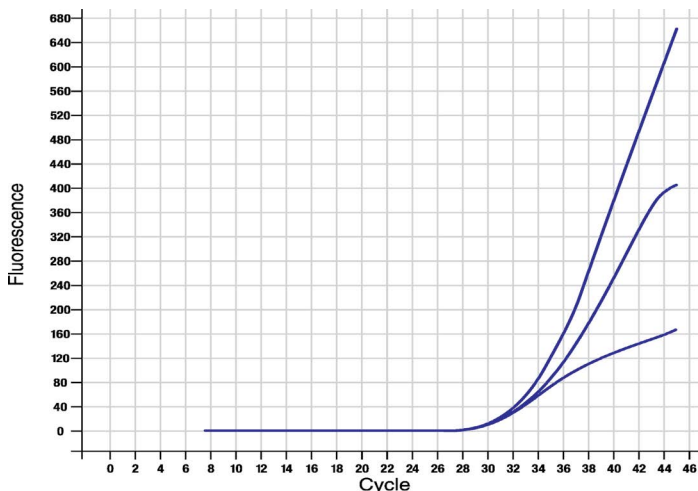


Graph 2: Chicken sample test for Covid (+ve)

Take a look at Graph 1 of the rabbit's sample, which tested positive.

Also observe Graph 2 of the chicken, which is also positive.

The dog's Graph 3 shown below reveals infection and is borderline positive or may be it is just an infection.



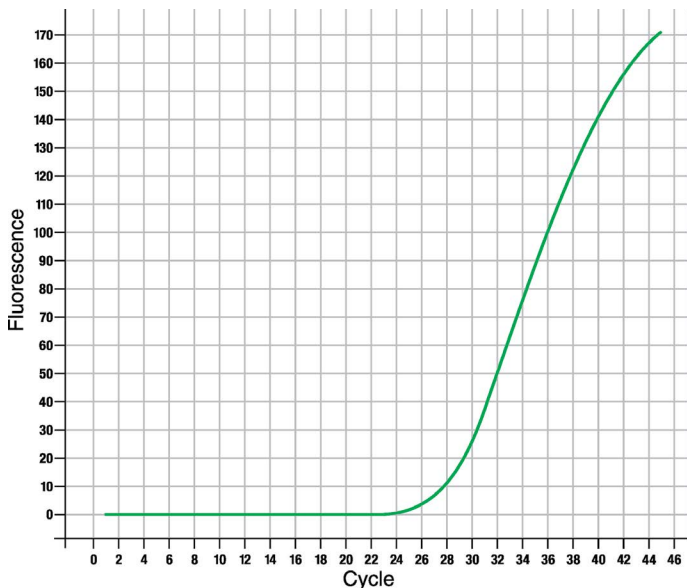
Graph 3: Dog sample test for borderline Covid (+ve)

Had the result been negative then all the three lines that you can see going upward would not have been so. It would have been flat.

A day before, i.e. June 16, 2022, we conducted the experiment on human samples. By human samples, I mean those humans whose test results were positive at first and were tested again. The second time the report of results turned out to be negative. This means that human samples that were positive were tested again, the results turned out negative. This is depicted on the screenshot from the computer display against C3 in page number 18.

We now see the graphic representation (4) of the test results. Let us move to graph 4. You can see that here only one line is going upwards while the previous other three Covid +ve samples, have three lines going up.

	1	2	3	4	5	6	7	8	9	10
A	22.03 22.04 24.67	21.29 23.09 23.83	22.9 24.1 35.25	16 18.38 23.04	A05	A06	16 th June 2022			
B	22.79 22.53 24.35	22.88 26.13 28.09	B03	16.01 18.54 23.57	B05	B06	Human previous COVID +VE sample tested again, came out to be COVID +VE			
C	21.05 21.29 24.1	23.07 26.71 28.73	38.78	16.4 18.29 24.43	C05	C06				
D	23.51 26.24 28.58	D02	D03	17.35 19.32 25.23	D05	D06				
E	20.64 21.85 25.49	E02	E03	17.69 19.18 30.57	E05	E06				
F	13.58 14.82 26.53	31.16 29.37	20.68 22.38 27.28	23.67 25.97 37.99	F05	F06				
G	15.58 15.6 27.36	29.97 33	21.46 22.77 26.91	22.81 24.11 27.93	G05	G06				
H	22.1 21.84 23.51	23.41 23.97 37.6	16.17 18.57 23.48	H04	H05	21.43 20.67 21.23				



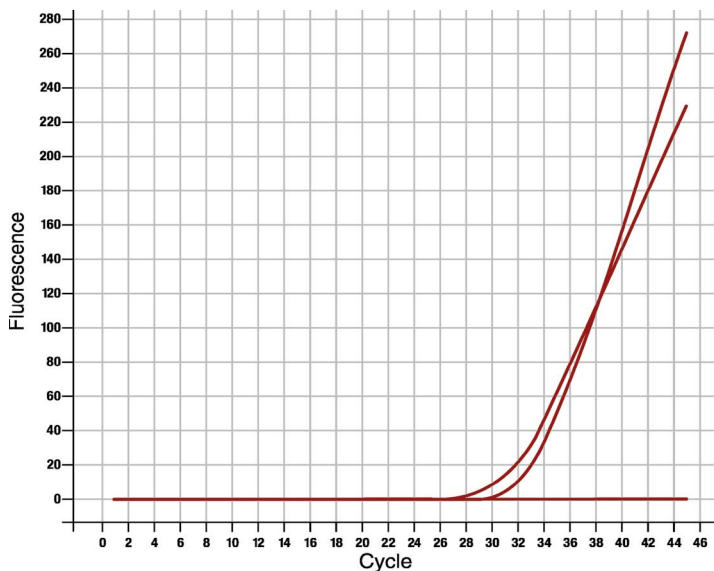
Graph 4: Human sample test for Covid (-ve)

Here the line going up (as shown in the graph 4) means a negative result. If instead of one line, the graph displayed two lines or three lines moving upwards, it would have ascertained that the result is Covid-19 positive. Now let us move further to June 15, 2022 where we used fruit samples like melon, mango, watermelon etc to check if they are Covid +ve or not.

On June 15, the results obtained were surprising especially in the case of melon. As you can see the screenshot (on page no. 20) from the computer, against the reading H2, we have the result of the fruit, melon, which is unique!

	1	2	3	4	5	6	7	8	9	10	11	12
A	A01 39.47	A02 38.96	A03 38.73	A04 39.79	A05 39.51	A06 38.31	A07 15 th June 2022	A08 U	A09 U	A10 U	A11 U	A12 39.34
B	B01 37.82	B02 36.69	B03 39.53	B04 U	B05 42.76	B06 U	B07 34.89	B08 U	B09 U	B10 U	B11 U	B12 27.48
C	C01 36.66	C02 34.95	C03 34.38	C04 35.52	C05 39.13	C06 38.63	C07 U	C08 U	C09 42.34	C10 U	C11 U	C12 25.31
D	D01 38.61	D02 37.34	D03 36.34	D04 U	D05 37.48	D06 37.89	D07 35.82	D08 U	D09 39.2	D10 U	D11 U	D12 U
E	E01 38.98	E02 33.67	E03 U	E04 41.55	E05 38.85	E06 U	E07 39.09	E08 U	E09 U	E10 U	E11 U	E12 26.72
F	F01 35.93	F02 32.85	F03 43.45	F04 40.99	F05 39.89	F06 36.62	F07 U	F08 37.15	F09 38.69	F10 U	F11 25.09 25.33 25.31	F12 32.37
G	G01 38.32	G02 34.52	G03 U	G04 39.04	G05 U	G06 36.83	G07 41.27	G08 U	G09 40.67	G10 U	G11 24.49	G12 U
H	H01 35.19	H02 41.6 36.01	H03 U	H04 U	H05 U	H06 38.95	H07 38.56	H08 36.05	H09 38.03	H10 U	H11 29.14	H12 20.93 21.93 21.47

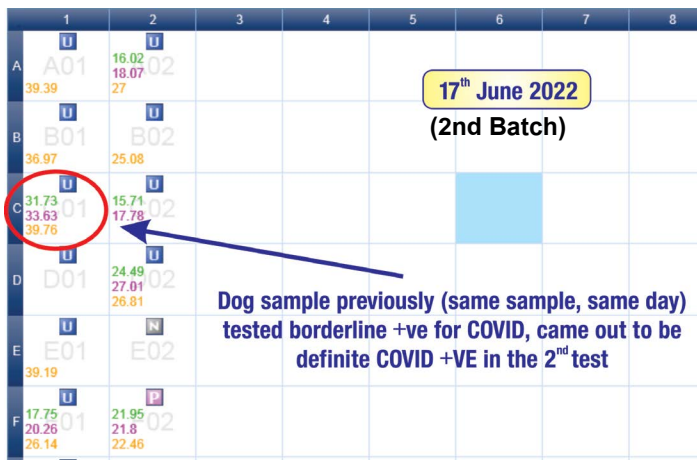
Melon sample came +ve
for infection

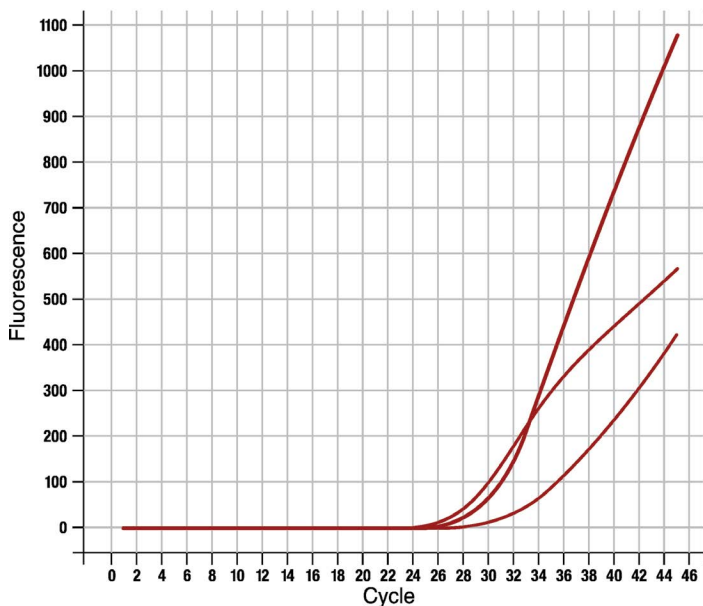


Graph 5: Melon sample test for Covid infection

Unlike the other graphs that turned out to be Covid +ve, the graph (5) of melon showed only 2 lines going up instead of three. So it may not be interpreted as true Covid +ve, however, it has the potential to be seen as an infection.

Interestingly, shocked with the results, the lab technicians decided to repeat the test for some of the samples of fruits and animals. This again resulted in getting many unexpected and unexplainable outcomes including the previously borderline Covid +ve dog sample which after being tested again got Covid +ve result.





Dog sample, previously (same sample, same day) tested borderline +ve for Covid, came out to be definite Covid +ve in the 2nd test.

In the lab, I was assisted by Dr Namita, who took the samples and conducted the RT-PCR tests in this lab and supervised the whole experiment.



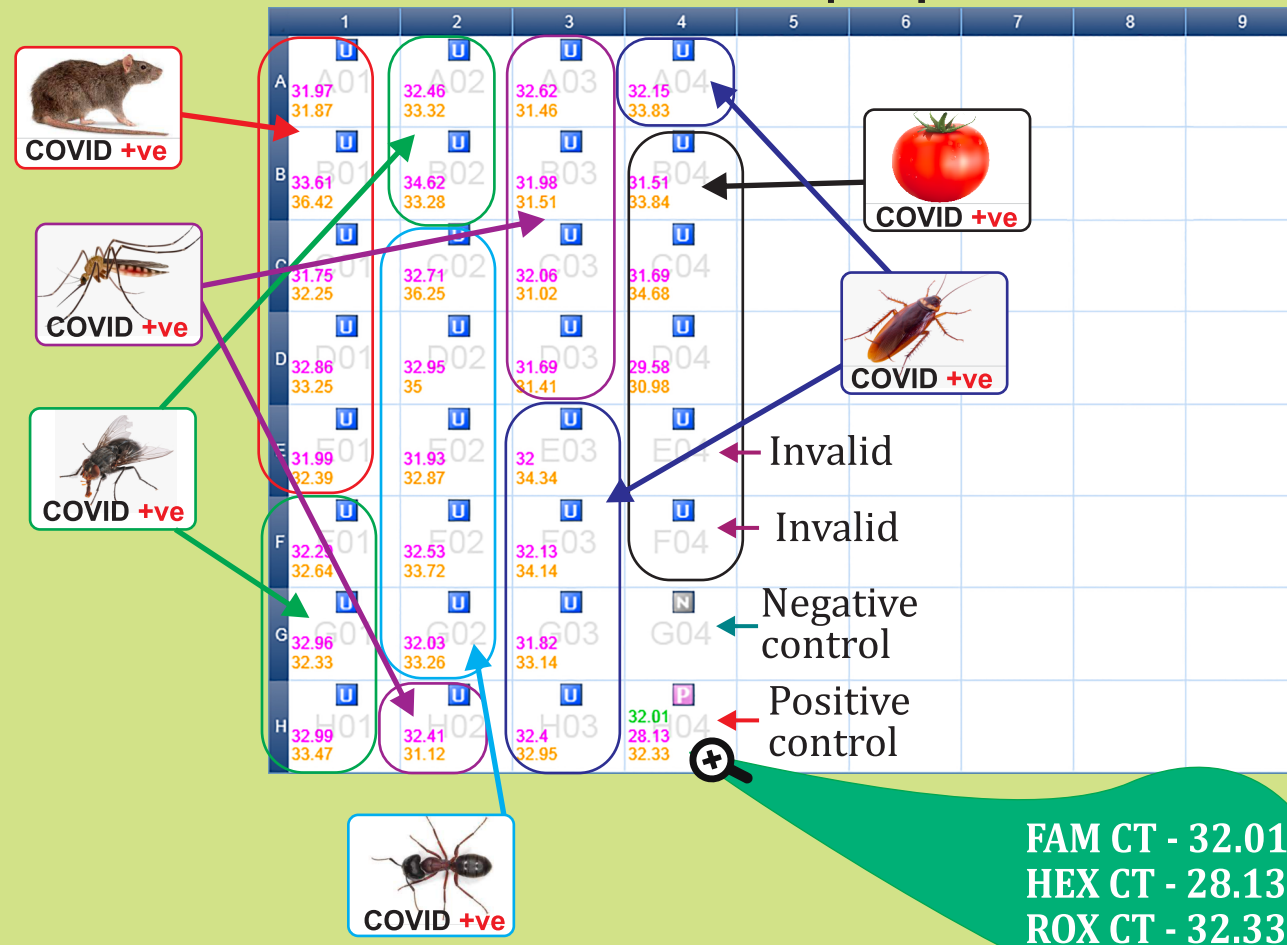
Mosquito, Ant, Cockroach, Fly, Rat & Tomato: All Covid-19 +ve

According to the RT-PCR kit manual* for detecting Novel Coronavirus (Covid-19) the test is designed to detect ORF1- ab gene (FAM) and nucleocapsid N gene (HEX). If any of the gene is detected at Cycle Threshold (ct) ≤ 40 , it indicates that Novel coronavirus is present in the sample.

On 27th June 2022 mosquito, ant, cockroach, fly, rat and tomato were tested in government authorized covid test lab. Nucleocapsid N gene (HEX) was detected with $ct \leq 40$ in all the samples. Hence the test report for each of the samples was COVID-19 +ve.

RT-PCR is considered a gold standard in the diagnosis of Covid-19

RT-PCR COVID-19 test report | 27 June 2022



*To access RT-PCR Kit Manual & raw footage of the entire experiment, go to www.biswaroop.com/rawfootage

My Experiment in RT-PCR Covid Test Lab

Stage-I

Collecting fruit samples

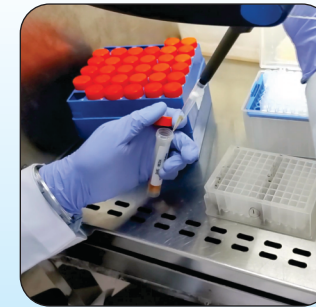


Stage-I

Collecting animal/bird samples

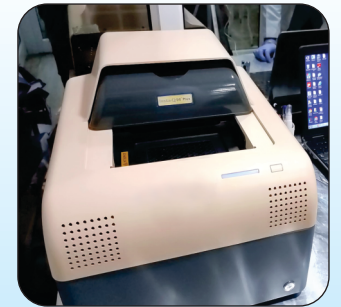


Stage-II



RNA extraction process

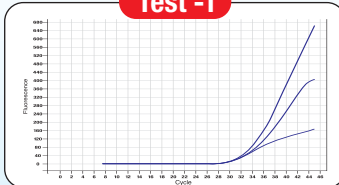
Stage-III



RT-PCR Test

Dog sample Tested Twice

Test -1



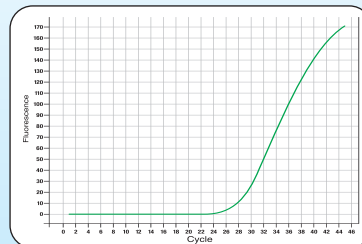
Minor infection

Test -2

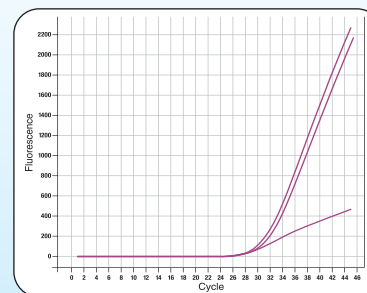


COVID +VE

Human COVID +VE
sample when tested
again came COVID -VE
The graph of 2nd test
as given below

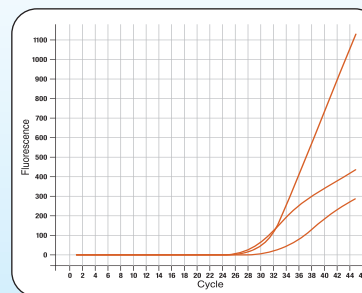


Chicken sample tested COVID +VE



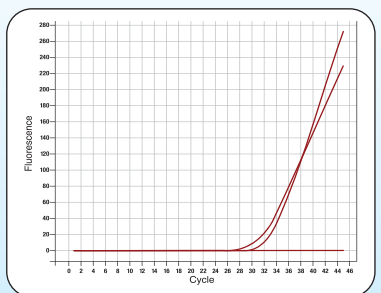
Result : COVID +VE

Rabbit sample tested COVID +VE



Result : COVID +VE

Melon sample tested +VE for infection



Result : Marginally +VE

To watch the video of the above experiment, go to www.biswaroop.com/dicecovidtest

Now let us see the newspaper headline dated June 17, 2022 - 'Mumbai logs 2,255 new Covid-19 cases, 2 deaths in last 24 hours'

The screenshot shows the front page of The Times of India website. At the top, there are language options (TAMIL | HINDI | TELUGU | MALAYALAM | KANNADA) and a 'Free 30-Day Trial' offer. The main header includes the newspaper's name, 'THE TIMES OF INDIA', and navigation links for various cities (Mumbai, Delhi, Bengaluru, Hyderabad, Kolkata, Chennai, Agra, Agartala, Ahmedabad, Ajmer, Allahabad, Amaravati). Below the header, there are sections for 'CIVIC ISSUES', 'CRIME', 'POLITICS', 'SCHOOL AND COLLEGES', 'MUMBAI MIRROR', 'MAHARASHTRA ELECTIONS', 'CITIZEN REPORTER', 'VIDEOS', 'PHOTOS', 'WEATHER', and 'POLLUTION NEWS'. The main headline reads: 'Mumbai logs 2,255 new Covid-19 cases, 2 deaths in last 24 hours'. Below the headline, there is a sub-headline: 'Mumbai Logs 2,255 New Covid-19 Cases, 2 Deaths In L...'. To the right of the headline, there is a 'Report this ad' button and a 'Ad choices' link. Below the headline, there is a list of 'ARTICLES' with thumbnails and titles: 'Mumbai logs 2,255 new Covid-19 cases, 2 deaths in last 24 hours', 'Akshay Munjal, Founder and CEO of Hero Vired talks about the...', 'Man attempts suicide at Bombay HC after failing to get relief in...', and 'Comments against Prophet: Mumbai cops in Delhi to hand ov...'. Below the list of articles, there is a large image of a health worker taking a swab sample of a traveller for Covid-19 testing at Dadar railway station in Mumbai. The caption below the image reads: 'A health worker takes a swab sample of a traveller for Covid-19 testing at Dadar railway station in Mumbai. (PTI file photo)'. At the bottom of the screenshot, there is a 'The Indian EXPRESS' logo and a 'Subscribe' button.

How is this data derived for news? You should understand that as per our estimate based on the experiments we conducted, if you test the same sample say 10 times, you are likely to get one test result as Covid +ve.

On June 16, we tested a Covid +ve sample again and it resulted negative. It is necessary to understand that in case you wish to show a specific number of

The screenshot shows the front page of The Indian Express website. At the top, there is a 'Subscribe' button. The main headline reads: 'Mumbai: Infection among children, young adults on rise; 1 in 10 Covid-19 patients is under 20'. Below the headline, there is a sub-headline: 'Written by Rupsa Chakraborty | Mumbai | June 17, 2022 11:39:54 pm'. Below the sub-headline, there is a large image of children in a classroom setting. The caption below the image reads: 'Runwal Group All Inclusive Price* Open'. At the bottom of the screenshot, there is a 'Home' button and a 'NEXT STORY' button.

Covid +ve cases as data, then you need to conduct the tests 10 times that number.

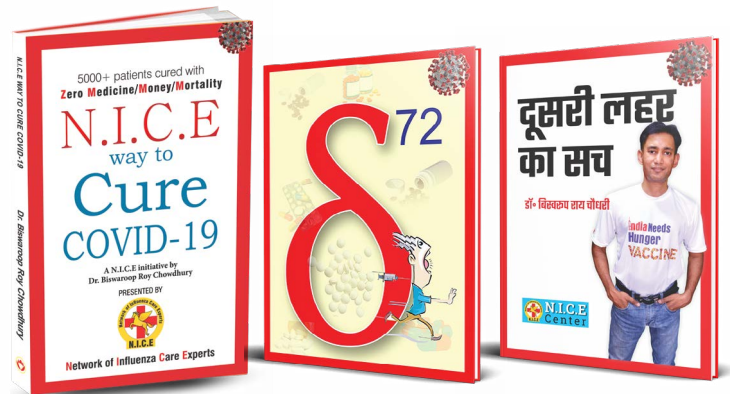
If, on any day, one needs to prove that the current number of Covid cases are one lakh then all that needs to be done is to conduct 10 lakh Covid tests. Moreover, those tests can be conducted on anyone. It is not necessary that the tests are conducted on patients (sick people), they can be conducted on any healthy & asymptomatic human being. Now it is not even necessary that the tests are conducted upon humans. We can use dogs, donkeys, rabbits, even fruits just like you noted earlier. Thus, it is clearly a game.

I read the most comprehensive book on PCR test called "The Polymerase Chain Reaction". You can read it yourself to confirm that nowhere in the book it is written that using RT-PCR test or PCR test, one can confirm with which virus are you infected.

You must wonder if this Covid-19 is a huge conspiracy then why so many people lost their lives during the media publicised Second Wave?

It is important to understand that people who lost their lives are labelled as Covid deaths. When they went to the hospital, they were administered dangerous banned drugs- Remdesivir, Lopinavir, Ritonavir, Favipiravir and plasma therapy. These drugs were banned earlier as well and even today, they are banned. For a short duration, they were allowed to be given to the patients. The patients took in the poison from these banned drugs and died. It was said then that these people died of Covid-19.

If you want to understand this entire game of the First Wave, Second Wave, and the aborted Third Wave then you can read the following books given below. It will be very easy to understand the entire design behind the Covid-19 pandemic.



Remember, it becomes easy for anyone to rob you of your money when he succeeds in deeply threatening you or scaring you of your life.

What is called as Covid is, in fact, just Cough, Cold, and Fever. Individuals, who are very ill or very old when they contract influenza/flu, may die.

At the time of so called Second Wave, when a huge outcry was spread across the country (or was being projected by the media), we were also running a Covid Centre.

We address it as a Flu centre and not as a Covid Centre. Below is a picture of our Flu Centre in Ahmednagar (founder: Shri Nilesh Lanke, MLA), Maharashtra.



Here the patients arriving were not required to wear a mask or use a sanitizer. There was no social distancing to be followed and none of the physicians wore a PPE Kit. We didn't even need allopathic medications for treatment. We only gave Coconut water and Citrus fruit juice to our patients and we did not see a single fatality. Not even a single patient died.

We contacted the Ministry of AYUSH and invited them to our Flu Centres for an Observational Study. They conducted an Observational Study and after three months, they gave us their conclusion. They shared their conclusion on July 20, 2021.

Conclusion of the Observational Study of our Flu (Covid) Centre by NIN, Ministry of Ayush.

- No one needed medicine to recover.
- No one died.
- No side effects observed.
- Only Citrus juice and Coconut water were used to treat the patients.
- Can serve as a successful handling of all mild to severe cases of Covid and also as a preventive intervention in all the future cases

For full report, go to: www.biswaroop.com/ayush

Right now, the people who are reading this book can be divided into two types. One who trust me and know me already while the others are those who don't trust me.

First, let us talk about those who don't trust me. You have three paths to follow. First one is, we have the raw footage of this entire experiment. If you wish to see the raw footage of my RT-PCR Covid test experiment, you can visit the link given below. You will surely be satisfied, once you see the details yourself.

For complete recording of the RT-PCR Covid TEST experiment, go to www.biswaroop.com/rawfootage

The second path for you is to take any animal/fruit sample. You can use a dog, cat, pigeon or fruits for samples and go to any Covid testing laboratory close to your home and ask them to test your samples. When you get 50 to 100 samples tested, you will yourself come to know that the positive test rate is about 10%, be it fruit, vegetable, a pigeon, a monkey, or any other sample.

Even now if you don't wish to go through the inconvenience and still don't believe in whatever I say, then you have an easy way to find out the truth.

Take this book and share it with any government investigative agency saying that you feel this person (me) is provoking and fooling others with his lies. We want you to investigate this matter. This is the least that you can do to verify my claims.

All those people who have faith in me and believe in whatever I have just said, it is your responsibility to share this information far and wide among people. This will help us prevent whatever deception we have been through in the past two years and not repeat it in future.

With all the above evidences, we can conclude that whenever there will be a testing, we will see positive cases, be it Covid positive, Monkeypox positive, or positive for any other real or imaginary pathogen as publicized by media.

SECTION - II

Chapter-1: The virus that doesn't exist: lies and consequences

Chapter-2: PCR Test Revelations from Official Literature; They Expose Their Own Lies



Jon Rappoport

In this section I have included articles written by Jon Rappoport, one of the most well-known investigative Medical Journalists of our time. My first interaction with him was in the year 2015 (to watch my recorded interaction with Jon, go to www.biswaroop.com/jon), resulting in enhancing my understanding about the modus-operandi of WHO in ringing the false alarm and manufacturing pandemic. Surely the pages ahead, will be not only an eye opener for you, but also will be a massive shocker, as it is going to devastate your current belief of what you know about the so-called pandemic.

CHAPTER-1

The virus that doesn't exist: lies and consequences

Jon Rappoport

Throughout this false pandemic, I've been listing and explaining the falling dominos:

The false claim that a virus exists.

The development of a diagnostic test to detect the virus that doesn't exist.

Based on the test, the publishing of sky-high case numbers, all of which are obviously meaningless.

Based on the false case numbers, and absurd computer projections of cases and deaths to come, the imprisoning of people in their homes, the closure and destruction of businesses, the torpedoing of economies, and then...

The introduction of a highly destructive vaccine as the solution.

These are the consequences that flowed from the fake "discovery" of a new virus.

Lately, there has been a resurgence of interest in one or two documents I cited months ago. These documents reveal the hoax at the bottom of the test for a virus that doesn't exist. The

documents, written by the builders of the test, admit an isolated specimen of the virus is NOT AVAILABLE. But they're going to devise a test for it anyway.

This is on the order of a doctor telling a patient, "I'm going to test you for Disease XQ."

The patient asks, "What is disease XQ?" The doctor answers, "We have NO IDEA. But we want to find out whether you have it." Let's go to the first Smoking Gun.

The CDC document¹, It was originally published in February 2020, in the very early days of the "pandemic" and its latest revision was published in July 2021 (rev: 07, 7/21).

Buried deep in the document, in a section titled, "Performance Characteristics," we have this: "Since no quantified virus isolates of the 2019-nCoV [SARS-CoV-2] are currently available, assays [diagnostic tests] designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full-length RNA..." (document page 40, pdf page 41) The key phrase there is: "Since no quantified virus isolates of the 2019-nCoV [virus] are currently available..."

Every object that exists can be quantified, which is to say, measured. The use of the term "quantified" in that phrase means: the CDC has no virus, because it is unavailable. THE CDC HAS NO VIRUS.

One of the two most powerful public health agencies in the world can't obtain the virus from anywhere. Why? Obviously, because no one has it.

A further tip-off is the use of the word “isolates.” This means NO ISOLATED VIRUS IS AVAILABLE.

Another way to put it: NO ONE HAS AN ISOLATED SPECIMEN OF THE Covid-19 VIRUS.

NO ONE HAS ISOLATED THE Covid-19 VIRUS. THEREFORE, NO ONE HAS PROVED THAT IT EXISTS.

As if this were not a revelation to shock the world, the CDC goes on to say they are presenting a diagnostic PCR test, in that very paper I’m citing, to detect the virus-that-hasn’t-been-isolated... and the test is looking for RNA which is PRESUMED to come from the virus that hasn’t been proved to exist.

And using this test, the CDC and every other public health agency in the world would go on to count Covid cases and deaths...and governments instituted lockdowns and economic devastation using those case and death numbers as justification.

The pandemic is a fraud, down to the root of the poisonous tree.

And now, let’s move on to a second key document. This one formed the basis for the first PCR test aimed at detecting the Covid virus all over the world.

READ WHAT THIS STUDY SAYS. These quotes should be engraved in stone above the entrance to a museum dedicated to the history of medical fraud.

“We aimed to develop and deploy robust diagnostic methodology [a test for a virus] for use in public health laboratory settings without having virus material available.”

TRANSLATION: We want to develop a test to detect the new Covid virus without having the virus.

“Here we present a validated diagnostic workflow for 2019-nCoV [SARS-CoV-2] its design relying on close genetic relatedness of 2019-nCoV with [the older 2003] SARS coronavirus, making use of synthetic nucleic acid technology.”

TRANSLATION: We HAVE developed a diagnostic test to detect the new Covid virus. We ASSUME this new virus exists and is closely related to an older coronavirus. We ASSUME we know HOW it is related. We ASSUME, because we don't have the new Covid virus. Therefore, all our assumptions are made out of nothing. Actually, we have no proof there is a new coronavirus.

“The workflow reliably detects 2019-nCoV, and further discriminates 2019-nCoV from [the older 2003] SARS-CoV.”

TRANSLATION: Our new test to detect the new virus? We don't have the new virus. We've never observed it. We can't study it directly. There is no proof it exists. But we will create and use a test to detect it.

The study² [Euro Surveill. 2020 Jan;25(3):2000045. doi: 10.2807/1560 7917.ES.2020.25.3.2000045.]

Those quotes from the study are astounding. A diagnostic test for the virus, but there is no virus. No standard against which to compare the reliability of the test.

The authors blithely assume they can somehow infer that the virus exists in the first place, without having an isolated specimen.

Then they assume, they can understand the structure of the virus that isn't there.

The virus isn't there. It has NOT been isolated. It has NOT been separated out from other material. Therefore, it has not been observed and its existence has not been proved.

And yet, the test which these authors have developed is launched, all over the world, to detect that virus; to promote the unproven notion that there is a pandemic; to form the basis for counting Covid case numbers; and ultimately to justify all the lockdowns which have crashed the global economy and destroyed millions upon millions of lives.

A great deal of confusion has been created, because scientists talk about the "new virus" as if they understand its structure and genetic sequence. No. They've built a hypothetical structure, AS DATA. Nothing more. And then they gibber about what it means.

As far as what is actually going on in labs where researchers are making vast assumptions and proclamations; don't talk to me about science. Talk to me about liability and prison.

At the site,³ you will find roughly a hundred FOIA requests to public health agencies. These requests are asking for records showing that SARS-CoV-2 has been isolated. The repetitive and routine reply is: "We have no records." Taken together, they paint a picture of egregious fraud.

Mainstream scientists will make two claims: one, we have isolated the virus; and two, it is not necessary to isolate the virus, because we've discovered its genetic sequence. Both claims are false.

From reading the arcane language surrounding claims of having sequenced the virus—there is a multi-layered scam composed of leaps of unwarranted assumptions. The researchers say they are using tools that allow them to closely approximate the structure of SARS-CoV-2, even though they don't have that virus in hand. This is absurd.

It's like saying: There is a new planet in the solar system. We don't know where it is or what it looks like. We don't know what processes are at work on this new planet. But we do know the moon is a very close approximation of the planet. Therefore, we can know everything we need to know about the new planet from our knowledge of the moon.

And a rabbit is spaceship. And there are condos for sale on Jupiter. And new element #267587, in the Periodic Table, which no one has ever seen, is almost an exact copy of Philadelphia Cream Cheese.

And now we come to a third document, which bulges with devastating admissions. It was issued by the CDC⁴.

The release It begins explosively:

"After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA)⁵ of the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing

this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.”

Many people believe this means the CDC is giving up on the PCR test as a means of “detecting the virus.” The CDC isn’t saying that at all.

They’re saying the PCR technology will continue to be used, but they’re replacing what the test is looking FOR with a better “reference sample.” A better marker. A better target. A better piece of RNA supposedly derived from SARS-CoV-2.

CDC/FDA are confessing there has been a PROBLEM with the PCR test which has been used to detect the virus, starting in February 2020—right up to July 21, 2021.

In other words, the millions and millions of “Covid cases” based on the PCR test in use are all suspect. Actually, that statement is too generous. Every test result of every PCR test should be thrown out.

To confirm this, the CDC document links to an FDA release⁶
Here is a killer quote:

“During the early months of the Coronavirus Disease 2019 (Covid-19) pandemic, clinical specimens [of the virus] were not readily available to developers of IVDs [in vitro diagnostics, the PCR test] to detect SARS-CoV-2. Therefore, the FDA authorized IVDs [tests] based on available data from contrived samples generated from a range of SARS-CoV-2 material sources (for example, gene specific RNA, synthetic RNA, or whole genome viral RNA) for analytical and clinical performance evaluation.

While validation using these contrived specimens provided a measure of confidence in test performance at the beginning of the pandemic, it is not feasible to precisely compare the performance of various tests that used contrived specimens because each test validated performance using samples derived from different gene specific, synthetic, or genomic nucleic acid sources.”

Translation: We, at the CDC, did not have a specimen of the SARS-CoV-2 virus when we concocted the PCR test for SARS-CoV-2. Yes, and that’s the test we’ve been using all along. So we CONTRIVED samples of ‘the virus’. We fabricated. We lied. We made up [invented] synthetic gene sequences and we SAID these sequences HAD TO BE close to the sequence of SARS-CoV-2, without having the faintest idea of what we were doing, because, again, we didn’t have an actual specimen of the virus. We had no proof THERE WAS something called SARS-CoV-2.

This amazing FDA document goes to say the Agency has granted emergency approval to 59 different PCR tests since the beginning of the (fake) pandemic. 59. And, “...it is not feasible to precisely compare the performance of various tests that used contrived specimens because each test validated performance using samples derived from different gene specific, synthetic, or genomic nucleic acid sources.”

Translation: Each of the 59 different PCR tests for SARS-CoV-2 told different lies and concocted different fabrications about the genetic makeup of the virus—the virus we didn’t have. Obviously, then, these tests would give useless and meaningless results. It was all a fantasy.

BUT, don't worry, be happy, because NOW, the CDC and the FDA say, they really do have actual isolated virus samples of SARS-CoV-2 from patients; they have better targets for the PCR test, and labs should start gearing up for the new and improved tests.

In other words, they were lying THEN, but they're not lying NOW. They were "contriving," but now they're telling the truth.

If you believe that, I have Fountain of Youth water for sale, extracted from the lead-contaminated system of Flint, Michigan.

We KNOW they are lying now, because they continue to torture the meaning of the word "isolate." Here, once again, I report virology's version of "we possess isolated specimens of the virus":

They have a soup they make⁷ in their labs.

This soup contains human and monkey cells, toxic chemicals and drugs, and all sorts of other random genetic material. Because the cells start to die, the researchers ASSUME a bit of mucus from a patient they dropped in the soup is doing the killing, and THE VIRUS must be the killer agent in the mucus.

This assumption is entirely unwarranted. The drugs and chemicals could be doing the cell-killing, and the researchers are also starving the cells of vital nutrients, and that starvation could kill the cells.

There is no proof that SARS-CoV-2 is in the soup, or that it is doing the cell-killing, or that it exists. Yet the researchers call cell-death "isolation of the virus."

To say this is a non-sequitur is a vast understatement. In their universe, “We assume, without proof, we have the virus buried in a soup in a dish in the lab” equals, “We’ve separated the virus from all surrounding material.”

Virology equals “How to spread bullshit for a living and scare the world and lock it down and shoot it up with a devastating destructive vaccine.” Other than that, it’s perfect.

For the live links of the references,
go to www.biswaroop.com/dicecovidtest

CHAPTER-2

PCR Test Revelations From Official Literature; They Expose Their Own Lies

Jon Rappoport

Here is another article in my series exposing the Covid PCR testing fraud. For the purposes of discussion, I'm assuming the virus is real, and the case and death numbers are meaningful. Within that official world, the internal contradictions and lies are huge.

QUICK OVERVIEW

The lockdowns are based on the high levels of Covid cases.

"We have so many new cases, we have to lock down."

This claim is based on the diagnostic PCR test¹ Nullification: How to ... Thomas E. Woods Best Price: \$2.00 Buy New \$8.34.

The more tests you do, the more positive results come up. A positive result is taken to mean: the person is infected with the virus.

But overwhelmingly, these so-called "infected" people have no symptoms. They are healthy. Nevertheless, each one is called a "Covid case." This is absurd.

A case should mean the person has clinical symptoms; he is sick.

These people aren't sick, and there is no indication they will get sick.

So...expand testing, test millions of people, obtain results claiming "infection," call all these healthy people "cases," and order lockdowns.

This is a straight-out con. The real goal is lockdowns and economic devastation.

Now let's go to published official literature², and see what it reveals. Spoiler alert: the admitted holes and shortcomings of the test are devastating.

From "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel" [pg 40; pdf pg 41]:

"Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms."

Translation: A positive test doesn't guarantee that the Covid virus is causing infection at all. And, ahem, reading between the lines, maybe the Covid virus might not be in the patient's body at all, either.

From the World Health Organization (WHO)³: *"Coronavirus disease (Covid-19) technical guidance: Laboratory testing for 2019-nCoV in humans":*

"Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially.

Some assays may detect only the novel virus [Covid] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar.”

Translation: Some PCR tests register positive for the types of coronavirus that have nothing to do with Covid—including plain old coronas that cause nothing more than a cold.

The WHO document adds this little piece⁴: “Protocol use limitations: Optional clinical specimens for testing has [have] not yet been validated.” Nullification Objectio... Boldin, Michael Best Price: \$8.01 Buy New \$6.99.

Translation: We’re not sure which tissue samples to take from the patient, in order for the test to have any validity.

From the FDA⁵: “*LabCorp Covid-19 RT-PCR test EUA Summary – December 9, 2020; EMERGENCY USE AUTHORIZATION (EUA) SUMMARY Covid-19 RT-PCR TEST (LABORATORY CORPORATION OF AMERICA)*” [pg 2]:

“The SARS-CoV-2RNA [Covid virus] is generally detectable in respiratory specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2 RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status... THE AGENT DETECTED MAY NOT BE THE DEFINITE CAUSE OF DISEASE (CAPS are mine). Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities.”

Translation: On the one hand, we claim the test can “generally” detect the presence of the Covid virus in a patient. But we admit

that “the agent detected” on the test, by which we mean Covid virus, “may not be the definite cause of disease.” We also admit that, unless the patient has an acute infection, we can’t find Covid. Therefore, the idea of “asymptomatic patients” confirmed by the test is nonsense. And even though a positive test for Covid may not indicate the actual cause of disease, all positive tests must be reported—and they will be counted as “Covid cases.” Regardless.

From a manufacturer of PCR test kit elements, Creative Diagnostics, “SARS-CoV-2 Coronavirus Multiplex RT-qPCR Kit”:

“Regulatory status: For research use only, not for use in diagnostic procedures.”

Translation: Don’t use the test result alone to diagnose infection or disease. Oops.

“non-specific interference of Influenza A Virus (H1N1), Influenza B Virus (Yamagata), Respiratory Syncytial Virus (type B), Respiratory Adenovirus (type 3, type 7), Parainfluenza Virus (type 2), Mycoplasma Pneumoniae, Chlamydia Pneumoniae, etc.”

Translation: Although this company states the test can detect Covid, it also states the test can read FALSELY positive if the patient has one of a number of other irrelevant viruses in his body. What is the test proving, then? Who knows? Flip a coin.

“Application Qualitative⁶” The People Vs. The Sta... von Trapp, Luke Buy New \$7.99

Translation: This clearly means the test is not suited to detect how much virus is in the patient’s body. That’s another indication that the test is useless for determining whether the patient is ill—

since millions and millions of viruses must be present, in order to produce illness.

“The detection result of this product is only for clinical reference, and it should not be used as the only evidence for clinical diagnosis and treatment. The clinical management of patients should be considered in combination with their symptoms/signs, history, other laboratory tests and treatment responses. The detection results should not be directly used as the evidence for clinical diagnosis, and are only for the reference of clinicians.”

Translation: Don't use the test as the exclusive basis for diagnosing a person with Covid. And yet, this is exactly what health authorities are doing all over the world. All positive tests must be reported to government agencies, and they are counted as Covid cases.

Those quotes, from official government and testing sources, torpedo the whole “scientific” basis of the test.

CONCLUSION: The PCR test is useless and deceptive. It provides de facto dictators the opportunity to cite “new case levels” and lockdown populations, creating economic and human devastation.

RESIST, REBEL, PROTEST, OPEN UP THE ECONOMY ANY WHICH WAY YOU CAN.

And get this information out there, far and wide.

For the live links of the references,
go to www.biswaroop.com/dicecovidtest

SECTION - III

Legal Notice to the creators of false alarm

By now (after reading section I & II) you know that you have been cheated to and lied to in the name of Pandemic, in last two years, and still continue to restrict many of your fundamental rights (including right to breathe freely), but many of you may choose to do nothing about it. Unlike the majority; a small group of enlightened souls (which includes doctors, scientists, biologists etc.) of which I am also a part, have decided to sue all the stake holders including ICMR, Govt. of India etc. who played a role in planning and creating the illusion of pandemic. In this section I have included the well-researched “Legal Notice” which is already served to ICMR & many others who are involved in this foul play.

Legal Notice To Creators Of False Alarm

Date: June 29, 2022

To,

1. **THE DIRECTOR GENERAL, INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR)**
2. **Member Secretary, National Disaster Management Authority (NDMA)**
3. **The Home Secretary, Ministry of Home Affairs (MHA)**
4. **The Health Minister of India via the Chief Secretary (MoHFW)**

CC,

5. **The Chief Justice of India & his companion Judges, Supreme Court of India**
6. **Prime Minister Office via Chief Secretary (PMO)**
7. **The President of India**
8. **All Principal District Judges and Constitutional Courts in India**
9. **All District Magistrates in India**
10. **The Director, National Institute of Virology (NIV)**

Respected Sir/Madam,

Ref:

1. Our correspondences with the Director General of ICMR.
2. Evidence/argument/clarification received through RTI and email replies from ICMR & NIV.

Findings: The evidence (scientific documents so far received from the Union of India & its Institutions) lacks substance to prove the existence of SARS-CoV-2 virus, which is the only base of this pandemic-like situation and implementation of the Epidemic Act, 1897 and the Disaster Management Act, 2005.

SL. NO.	TITLE OF THE EVIDENCE/ CLARIFICATION RECIEVED	GROUND FOR CONTENTIONS
1	On dated 2.2.2022, In reply of our correspondence ICMR mentioned; 'Virus isolation from human samples is done using cell culture techniques, which is the method of choice for isolating any virus including SARS-CoV-2 responsible for the ongoing pandemic.	If intact virus particle is not obtained directly from human samples or body parts, then how can virologists claim the existence of virus and it's a causative agent of human disease?
Isolation and identification		

2	"First isolation of SARS-CoV-2 from clinical samples in India".	i. Without obtaining of virus particle directly from human sample, how this cell culture technique scientifically valid to establish the existence of virus and its causation to disease? ii. Secondly, No separation/ Isolation and purification of alleged virus particle. iii. No proper control set-ups, no multiplication in fresh cell culture without additives to establish the infectiousness, no bio-chemical characterization etc iv.No pathogenicity Experiment with control setups. Therefore, without above steps, how is it possible to claim a particle as 'disease causing virus'?
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3	“Transmission electron microscopy imaging of SARS-CoV-2”.	i. The Questions/findings are mentioned in above points No.2 (from i to iv) ii. This TEM images do not represent anything or the research work does not establish the existence of ‘disease causing virus’ without point No.i.
Pathogenesis		
4	Received in reply of our letter dated 22nd January, 2022 a. ‘Severe acute respiratory syndrome coronavirus infection of golden Syrian hamsters.’ b. Pathogenesis and transmission of SARS-CoV-2 in golden hamsters.	i. Without purified virus particle, how pathogenicity experiment is scientifically valid? ii. Absence of detailed explanation of the entire process of pathology of generation of each and every symptoms by alleged SARS CoV-2 virus. iii. Lack of evidence to confirm, the alleged virus is ‘disease causing agent’ for human being/ host

RT-PCR Testing protocol		
5	In case of First 3 alleged Covid-cases, it was mentioned in the paper that “Confirmatory laboratory tests were performed as per the WHO-recommended test protocols. “Full-genome sequences of the first two SARS-CoV-2 viruses from India”.	i. Lack of valid evidence to establish the existence of alleged SARS Cov-2 virus. ii. There is no evidence to confirm the obtaining/ extraction of ‘entire genome sequence’ from purified virus sample. iii. There is no valid evidence to establish the alleged SAR-CoV-2 is a causative agent of any symptom or disease. Therefore, how any test in this situation would be scientifically validated in any manner? iv. As per peer review from 22 renowned scientists across the world, RT-PCR test protocol which was used to detect alleged SARS-CoV-2 is useless. (mentioned in point 7 in the letter)

Subject: Seeking reliable evidence with respect to Identification (Separation, Isolation and Purification) of the alleged SARS-CoV-2 directly obtained from uncultured original sample of the sick person to prove the existence and pathogenicity of it and secondly for clarification/scientific evidence against other crucial aspects of the alleged Covid-19 disease as mentioned herein below, u/s 76 of Indian Evidence Act, 1872 & u/s 12 of Public Records Act, 1993.

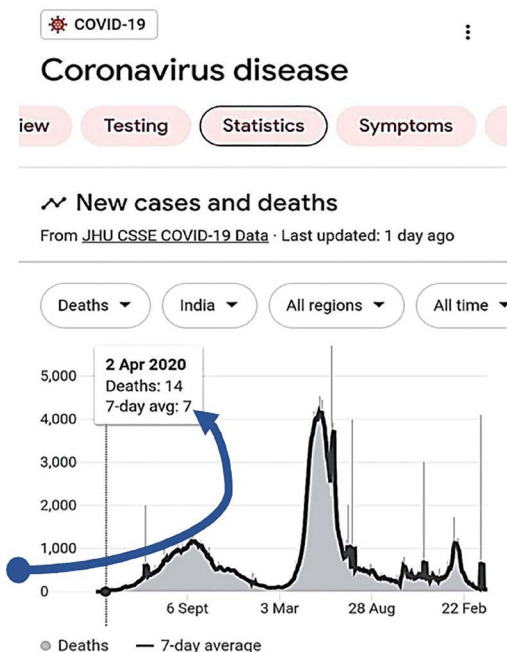
Background

In the beginning of 2020, it was widely published in the media and the governments of various countries that the pandemic of Covid-19 was spreading worldwide including India and as such the Government of India invoked, implemented and imposed “The Epidemic Act” and “The Disaster Management Act” on the entire population of India. This was entirely based on an alleged highly contagious and pathogenic virus i.e., SARS-CoV-2.



The Covid-19 infection and its disease to death ratio failed to address the condition of being a dangerous and lethal disease, which corresponds to the panic spread because of it.

Secondly, the Government of India took a loan of 1000 Million US Dollar in the name of Pandemic or for pandemic prevention and control vide Project ID.P173586 dated 2nd April 2020 "IndiaCovid-19 Emergency Response and Health Systems preparedness project"¹. This created an additional burden of debt on individual citizens of India as well as on the nation. Despite the number of official Covid-19 deaths (14 only, which is minimal and again doubtful) on a pan India level when the loan



was taken i.e., 2nd April 2020), the government of India did not consider the consequences of the loan and the value of Indian traditional therapies.

Link:<https://projects.worldbank.org/en/projects-operations/project-detail/P173836>

Thirdly, the huge amounts of tax-payer money have been invested to purchase experimental injections dubbed “vaccines” & experimental drugs/ treatments and other test kits, tools, logistics, masks, sanitisers, temperature guns, signage, PPE kits, pulse oximeters etc. to prevent, control and to manage the so-called pandemic. This has made serious impact on the national economy.

Fourthly, citizens dependent on daily wages and MSMEs were financially decimated due to the lockdowns aimed at attempting to slow down the spread of an alleged virus, with 99.9% recovery from symptoms allegedly associated with this unproven, imaginary and theoretical virus. Consequently, all voices to investigate the real causes of these symptoms were suppressed in the noise of the alleged pandemic.

But, on investigating the evidence claimed to be the basis of this pandemic, we found serious flaws. First of all, the evidence so far provided are not sufficient to prove the claim of the existence of the SARS-CoV-2 virus.

Germ theory states that to establish that a germ (i.e., viruses, bacteria, fungi and other micro-organisms) can cause disease/s, the alleged disease-causing germ should be obtained from a diseased person in the pure/intact form. Hence, in the context

of Covid-19 or SARS-CoV-2 we investigated all the research papers obtained from ICMR submitted by scientists and institutions, all RTI replies and other documents that claim the existence of SARS-CoV-2.

While investigating each and every research paper provided by ICMR/NIV or associated institutes or relevant scientists, we found that they have never ever purified or obtained SARS-CoV-2 in the form of existing entity. Hence, the existence of SARS-CoV-2 is not scientifically established.

Here, we are presenting our findings & queries on different crucial aspects of the alleged Covid-19 Pandemic -

1. There is not even one unique or uniqueness of symptom: Reasoning:

- There is not even a single unique symptom or uniqueness in the definition of Covid-19 disease.
- As per the definition of WHO/Ministry of Health/ICMR/ Centre for Disease Control and Prevention, USA (CDC); all the symptoms of any existing disease even mild diseases like cold, cough, headache, fever, body pain, confusion, sleep disorder, anxiety, depression etc. which shows the common symptoms and might be caused due to many reasons have been grouped together and has been labelled as a new disease named Covid-19.^{2,3,4,5}

Link:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question19and-answers-hub/q-a-detail/coronavirus-disease-Covid-19#>

[https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-Covid-](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-Covid-19)

<https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/Covid-19-second-wave-new-symptoms-to-watch-out-for/articleshow/82425679.cms>

And then patients with such common ailments were compelled to go for an RT-PCR test and those tested positive were frightened to succumb to Corona experimental treatment protocol.

It is interesting to note that the symptoms listed for Covid-19 normally occurs to patients with respiratory diseases. On an Average 1.6 million Indians died due to Air pollution in India⁶.

Link:*<https://www.downtoearth.org.in/news/air/air-pollution-killed-1-7-million-indians-in-2019-lancet-report-74737>*

- The Symptoms of most of these individuals would be consistent with the symptoms declared for alleged Covid-19. RT-PCR being not a diagnostic tool but with the present primer sequence of Drosten, which is common in almost every living being, it has the ability to detect at certain CT values. The required number of alleged Covid-19 cases can be achieved effortlessly.

Queries / Certified Documents requested:

- How is it possible that, suddenly all common symptoms, humankind has always suffered from and known from time immemorial are being alleged to be caused from only one specific virus and/or its variant/s? The symptoms are of different types and there are hundreds of known reasons responsible for these symptoms. We found no mention as to the basis on which, it was established that the various symptoms generated were because of SARS-CoV-2.
- How is it possible that, Suddenly the fever or seasonal fevers and all other common diseases, people always suffer from disappeared from our society and at the same time we have been taught to call these symptoms altogether in a new name that is Covid-19 disease?
- Kindly provide the experimental scientific evidence referred for even healthy persons also to be declared as a Covid-19 'asymptomatic' patient.

As a responsible expert authority u / s 106 of Indian Evidence Act, you are required to explain in every detail in what way Covid-19 is recognized as a new disease. Also u / s 111 of Indian Evidence Act, you need to explain, what moral exercise you did to assess before recommending / applying the restrictions which has likely caused more real damage than even the theoretical damage you have projected to be saving people from?

2. Purification and micrograph: Reasons:

- a. Purification of particles/organisms is the only way or it is must to ascertain the identity of its existence.
- b. Micrographs of those purified specific micro-particles/organisms is the only way to observe and verify the uniformity and morphological identity.
- c. The bio-chemical characterization, propagation or multiplication of the virus in fresh culture without any additives, then obtaining entire RNA/DNA string (genome sequencing) and establishing the pathogenicity should be performed.

Without these three steps viz., as stated in the clauses 2a, 2b and 2c, it is impossible to identify a virus and to establish the existence of a virus.

(Ref 1: Indian J Med Res 151, February & March 2020, pp 241-243 DOI: 10.4103/ijmr.IJMR_577_20 'Transmission Electron Microscopy Imaging of SARS- CoV-2'. Transmission electron microscopy imaging of SARS-CoV-2 - PMC (nih.gov)⁷

This TEM images do not represent anything or the research work does not establish the existence of a virus. As there is no purification, control setup, virus multiplication and pathogenicity etc. as mentioned in above steps. Therefore, this research does not establish the existence of SARS-CoV-28.

(Ref 2: First isolation of SARS-CoV-2 from clinical samples in India - PMC (nih.gov)⁸

In this research there is no separation and purification, no control setups from human sample, no virus multiplication and no pathogenicity tests etc. have been performed or as mentioned in above steps. Therefore, this research does not establish the existence of SARS-CoV-2.

Queries / Certified documents required:

But these steps mentioned above, are absolutely missing in your research papers. Therefore, u / s 103 & 104 of Indian Evidence Act, 1872 you have the burden of proof to establish the existence of “disease causing agent i.e., SARS- CoV-2 virus through scientific experimental proofs.

3. Separation/ Isolation of virus:

No virus has been obtained directly from the human sample.

Reasons:

As per your replies to our letters and RTIs correspondence, the SARS-CoV-2 virus, in intact form, has never been obtained (separated and purified) directly from human sample.

- i. Because, as per the virus theory, virus multiplication/ replication and CPE (Cytopathic Effect) happens within human body in human cells and this effect is the cause of symptoms/disease. Therefore, this event definitely will reflect in diseased human's sample viz., saliva, NP, OP, blood or other secretions and also numerous viruses should be present in samples. Then why it is not obtained directly without cell culture?

- ii. There is a possibility of immediate contamination to the samples collected as well as the in-vitro cell culture, since both the substances are open to atmosphere and the cell culture may already contain an array of unknown micro-organisms/ particles in it. Hence the protocols used to distinguish and ensure the purity of the sample taken and the in-vitro cell culture should be provided as a part of such research papers.

Queries / Certified documents required:

- Hence **u / s 103 & 104 of Indian Evidence Act, 1872** you **have the** burden of proof to establish the existence of the virus in human sample and its pathogenicity with that sample. Without which, all theories and assumptions like antibody, antigen, immunity, B and T cells etc. are premature and meaningless assumptions. Also, you have to explain u / s 111 of IEA, 1872 on why such an experiment is not performed or u / s 106 of IEA, 1872 about, why is it not possible to obtain/ isolate specific virus directly from human sample and purify it? Failing which, it goes against the virus theory (Virology). Because first host is the diseased person and his/her cells are the host cells therefore, why a foreign cell culture or in-vitro culture is required? **Mere statement is not enough.**
- Another question that you have to answer is how much volume of human sample i.e., saliva, BALF or other secretions will be enough to find a specific virus or some viruses?

- If virologists cannot find the virus in the sputum/sample of sick people to analyze, then on which evidence do they think the virus is virulent?
- Is there any evidence that proves that the SARS-CoV-2 comes from bat or any other animal?
- Have the virologists ever established how they see the way of actual entry of the alleged virus into a host cell and multiplication in a living host human/animal body?
- If the patient's sample is immediately contaminated with an in-vitro cell culture, how could it then be established and distinguished scientifically that the patient was infected with any micro-organism/pathogenic agent or not?
- If virus/viruses are not separated/isolated/purified and characterized directly from human sample, then how it is possible to know/distinguish that how many different types of viruses are there in the human sample, and secondly how it is possible to know how many types of viruses multiply/replicate in animal cell/tissue culture?
- The environment or toxic environment as present in-vitro tissue/ cell culture is not present inside the human body. Therefore, how is it confirmed that viruses will behave same (replicates or shows CPE) within human body (cells) as shown in in-vitro cell culture?
- **So, virologists/concerned scientists need to explain u / s 106 of IEA, 1872 about, how it is proven that the virus enter, multiply, generate CPE, generate symptoms, pathology of each and every symptom and then the**

mechanism of spread in the environment and infect the other human beings.

4. Scientific validity of the Cell culture practice: Reasons:

a) CPE (Cytopathic Effect): May be the causes of cells dying effect are the result from the use of cell-toxic antibiotics, antimycotic and other chemicals, starvation due to withdrawal of the nutrients etc.

Proper and multiple repetitive controlled experiments (including negative control) is must to rule out the above problem.

b) The particles which are claimed as viruses/SARS-CoV-2:

- May be these are cellular particles, dead cell debris, extracellular vesicles, exosomes, lysosomes, clusters of proteins etc.
- May be these are artifacts of the in-vitro process.
- Therefore, purification, multiplication in fresh cell culture without any additive and pathogenesis with these purified alleged virus particles should be performed as mentioned in point no.2. These steps are also missing as per your research papers.

Queries / Certified documents required:

Therefore, virologists/concerned scientists need to explain u / s 106 of IEA, 1872 about, how this cell culture practice is scientifically valid for the purpose or for the virus theory?

5.Scientific validity of “Genome sequencing”:

Reasons:

- a) Without separation/isolation (non-tissue culture) and purification of the intact organism, it is not possible to know that the genome, belongs to SARS-CoV-2, which is missing in your research papers.
- b) The research paper you provided titled- “First isolation of SARS-CoV-2 from clinical samples in India”⁸, clearly mentions that scientists extracted RNA from the mixture of cell culture medium instead of natural habitat/host i.e., human sample. Hence, the extracted RNA may consist of RNA from other organisms i.e., VERO cells, host cellular nucleotides, bacteria, fungi etc. from the sample.
- c) In another case, RNA is extracted from human sample but not from intact virus particle. Hence, the extracted sample may consist human cell RNA, bacteria etc. Therefore, how this extracted nucleic acid related to specific virus?
- d) Critical to your research paper the larger issue in genome sequencing, which is done by reference-based nucleotide sequencing instead of independent nucleotide sequencing, which reveals no original work is done, so the scientists constructed/assembled the entire SARS-CoV-2 RNA string through known RNA that denotes counterfeit RNA string. Therefore, the claim that the Whole Genome Sequence (WGS) from a specific virus has not been established; instead, it is a computer simulation (in-silico) effort which

is purely theoretical and imaginary genome sequencing/ assembly and not related to reality.

- e) As per all research paper about SARS-CoV-2 viral RNA assembly, RNA assembly or construction is featured by REFERENCE BASED ASSEMBLY since the reference sequences are man-made, therefore it is possible to obtain abundance number of new nucleotide sequences for new organisms with the help of in-silico (computer generated) assembly, because there are different kinds of known and unknown organisms are already present with given sample or culture. So, it is impossible to differentiate RNA string of the desired organism from the other organisms directly from the sample. Therefore, the RNA construction of SARS-CoV-2 seems counterfeit.
- f) The authors of research papers all over the world including Indian scientists just imitated previous genome reference but did not perform original work or did not obtain entire and intact nucleic acid of the virus.

Queries / Certified documents required:

The genome/nucleic acid reference sequence that was taken to identify SARS- CoV-2 are also not obtained/extracted in intact form and in its entirety, directly from purified virus particle sourced from human host sample. Now, clarify the scientific validity of this genome sequence. Hence, u / s 111 of IEA, 1872 you need to prove your good faith, in all your declarations regarding SARS- CoV-2 Virus identification.

6. Scientific validity of pathogenicity experiments:

Reasons:

- a) There is no purified infectious agent i.e., virus of the original sample (SARS- CoV-2 virus or its variant) which was collected.
- b) There is no explanation to the entire process of pathology of generation of each and every symptom by the SARS-CoV-2 virus.
- c) Lack of evidence to confirm the pathogenicity/virulence of the SARS-CoV-2 through natural introduction (inoculation) method in humans/host.
- d) Mass population is every time getting exposed to so many factors e.g., harmful radiations, pollution of air, water and land, bad sanitation, toxic chemicals, food and fertilizers, seasonal changes, weather manipulation and various organisms. But without proper and precise techniques and experiments it is unfair to attribute certain factor/s and specifically to infection by a certain alleged virus as a cause of any disease.

And this leads further to error in the line of treatment resulting in loss of health and economy. We are finding this has happened during this pandemic period and affected terribly to our citizens with respect to health, finance, socially, emotionally, psychologically and nation as a whole. It is so clear just by looking at the list of the signs and symptoms of Covid-19 that none of it has any nuances and uniqueness and they have existed before the pandemic declaration.

Queries / Certified documents required:

Therefore, under the above circumstances & u / s 106 of IEA, 1872 you have to prove about, how this kind of pathogenicity experiments, shared with us is valid?

7. Scientific validity of Testing: Reasons:

- a) There is no purified sample containing infectious agent i.e., SARS-CoV-2 virus or its variant.
- b) Secondly, it is impossible to validate any “test” without having entire nucleic acid of the specific organism. That, in turn, is possible only on the basis of purified sample which has been isolated directly from human sample.

Both are missing, therefore, in this situation application of any test is seriously meaningless and misleading. Without proving the existence of the “disease causing agent” use of a test to diagnose that agent is a terrible scientific error.

- c) RT-PCR test i.e., the base of this Pandemic (which is generating Covid-19 cases and Covid-19 deaths);
 - This test cannot detect symptoms,
 - This test cannot determine the source of the genome under consideration,
 - This test cannot determine the pathogenicity of the genome or the source,
 - This test cannot detect complete virus/organism.
 - This test cannot detect entire genome.

- This test cannot differentiate between infectious and non-infectious genetic material.
- This test cannot tell specific differences among genetic materials of different germs/organisms.
- By changing the number of cut-off of cycle threshold (CT) of RT-PCR test anything/anyone can be shown as positive or negative. The discoverer, Kary Mullis of the PCR test said that with PCR test you can find anything in anybody.
- The RT-PCR protocol for Covid-19 which is developed by Christian Drosten and fellows, that is universally accepted detection test of SARS-CoV-2 virus, there is huge dilemma in research paper i.e., authors mentioned - "We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings without having virus material available". Hence, it is misleading statement of a flagship testing protocol.
- It seems that Christian Drosten deliberately made attempt to confuse the scientific community and the world by misrepresenting and recommending variable bases as a protocol in the primer sequence. The primer (e.g., E-gene-reverse primer, ATATTGCAGCAGTACGCACACA) utilized by Christen Drosten matches with almost any living being on the Earth.
- Moreover, the manufacturers (or in CDC website also) mention that this test is valid only for analytical experimental purposes. They also clearly mention that this test is not for the investigation of any virus/germ or genome and is in no

way a diagnostic tool. And certainly not a gold standard by any means. In other words, RT-PCR test is not a diagnostic tool.

- Most serious issue is that, this test has never been validated. As per research, RT-PCR protocol was developed before Chinese publication (this paper is claimed as the origin/base of SARS-CoV-2 identification, but the reality is this research paper also does not prove any existence of SARS-CoV-2 Virus) on the basis of computer simulation, theory and assumption.
- Moreover, the important fact is that RT-PCR or Ag/Ab test doesn't reveal symptoms of the person which is significant aspect for confirmation of Covid- 19 disease.

Note: Peer review of Corman- Drosten RT-PCR test protocol of SARS- CoV-2

External Peer review of the RT-PCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive result^{9,10}

<https://www.scienceopen.com/document?vid=eedca1b3-0bcd-4572-b831>

<https://www.scienceopen.com/document?vid=eedca1b3-0bcd-4572-b831-c51d1b977e2fc51d1b977e2f>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6988269/>

in the hands of Eurosurveillance. A decision to recognise the errors apparent in the Corman Drosten paper has the benefit to

greatly minimise human cost and suffering going forward. Is it not in the best interest of Euro surveillance to retract this paper? Our conclusion is clear. In the face of all the tremendous PCR-protocol design flaws and errors described here, we conclude: There is not much of a choice left in the framework of scientific integrity and responsibility.

Now, as we explained, this irrelevant RT-PCR test can show anyone and anything positive or negative like tap water, cold drink, chocolate, vegetable, fruits, animals, which have been published all over the world as well as in India.

For instance, the then President of Tanzania, John Magufuli proved that RT- PCR of samples of papaya, goat, jackfruit too get positive^{11,12}.

Link:

<https://indianexpress.com/article/world/tanzania-president-questions-coronavirus-kits-after-goat-tests-positive-6392752/>

Dr. Biswaroop Roy Chowdhury also attempted similar experiment¹³. Link: HOW TO FIND Covid-19 POSITIVE IN MUSKMELON? - www.coronakaal.tv

Link:

<https://www.zdf.de/nachrichten/panorama/coronavirus-papaya-ziege-tansania-test-100.html>

<https://www.independent.co.uk/news/world/africa/coronavirus-tanzania-test-kits-suspicion-goat-pawpaw-positive-a9501291.html>

Therefore, these facts reveal that RT-PCR and other test is/was extensively misused to:-

- Generate Covid-19 cases.
- Generate Covid-19 deaths. All deaths (or as per the requirement) have been labelled as Covid-19 deaths with the help of these tests.

From the abovementioned facts and findings, it shows that -

- a) With respect to Disease causing virus theory, virologists did not follow science i.e., scientific principles and methods. Instead, they have practiced on prejudice belief and assumption but not on evidence.
- b) The fact is that, no virologist/scientist is able to show an intact physical “disease causing virus particle” (i.e., purified virus directly from sample).

Queries / Certified documents required:

- a) What is the scientific validity of Corman-Drosten RT-PCR testing protocol ?
- b. Provide the recommendation and Calibration validity of the test?
- c. Why there were no independent verification of this Corman-Drosten RT-PCR test protocol done?

8 Attributing the disease causation to a specific virus/germ: Reasons:

Some points on the basis of common sense:

- a) Size of the virus and pathogenicity: A needle point can hold billions of pathogenic viruses (considering claimed size of 80-300 nm). As per our common sense and practical experience we find that even if billions of germs/viruses will not be able to cause any disease.
- b) The presence of virus/germ in the environment v/s their identification (including mutation) and pathogenicity.
 - I. As per the science, we are living in an ocean of germs. Billions and trillions of numbers of germs, including different types of germs are present in every inch and circulating in our environment and among them, only a little have been identified till today.
 - II. Secondly, almost all those known germs or micro-organisms have random and rapid mutation characteristics.
 - III. Thirdly, we are constantly breathing-in and breathing-out some millions of germs (including unknown germs) every hour. If germs/viruses are so harmful then everybody must be suffering from diseases and many must die.
- c) Other causes of diseases: We know there are hundreds of factors that affect human body and mind and are responsible for human illness and complications.

In this scenario, identification of specific germ/virus and secondly, to conclude it is the only cause of a disease or symptom is unscientific and is based on prejudice.

Queries / Certified documents required:

- a) Therefore, we want to know from you how much quantity of viruses / germs are required to generate pathogenic effect to cause disease in human body, with the details of the experiment / protocol used to determine it?
- b) Provide us with the Protocols and experiments conducted to exclude all other possible causative factors of disease are excluded to arrive at the pathogenicity of the microbial infection?
- c) What are the methods & protocols used to track and confirm the mutations of these germs / viruses?

9.Scientific Validity of Covid-19 cases & Covid-19 related Deaths:

Looking right from the beginning at the entire pandemic protocol like the definition and declaration of pandemic, testing, tracking and tracing cases, diagnosis, treatments, dead body management, death certification and vaccination drive etc., seems to be directly influenced and directed by WHO and other international research organizations, which are being heavily funded by pharmaceutical companies.

- a) The original definition of the Pandemic by WHO until mid of 2008 is, “An influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illness

When a major change in either one or both of their surface proteins occurs spontaneously, no one will have partial or full immunity against infection because it is a completely new virus. If this new virus also has the capacity to spread from person-to-person, then a pandemic will occur.”

However, during 2009, the World Health Organization dropped the words “with enormous numbers of deaths and illness” from their definition. During 2008, they also dropped the requirement of an “influenza pandemic” to be a new subtype with a simple reassortment virus, meaning that many seasonal flu viruses now could be classified as pandemic influenza.”

This change in definition is the primary base of alleged Covid-19 pandemic declaration.

- b) First 3 cases in India were reported between 27-31, January, 2020 in Kerala, as per the Indian Journal on the basis of meaningless testing protocol.¹⁴ Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7258756/> In page 202, para-Second in this research paper it is mentioned “The extracted RNA was immediately used for testing the presence of SARS-CoV-2 using the real-time RT-PCR protocol published by the WHO for the detection of RdRp (1), RdRp (2), E gene and N gene. RNase P gene was used as the internal control for the analysis. Confirmatory laboratory tests were performed as per the WHO- recommended test protocols.
- c) MCCD modification: We have observed a serious issue that suddenly the guidelines of the “Medical Certificate of Cause

of Death (MCCD)” have been changed in the beginning of the pandemic as given in the image below.

3. Completing Medical Certification of Cause of Death (MCCD) in COVID-19

3.1 Mortality coding of COVID-19 with ICD-10 Codes

The ICD-10 codes presently recommended by WHO for mortality Coding are

Test	Symptoms of COVID-19	Diagnosis	Code
+ve	None	Confirmed COVID-19	U07.1
+ve	Present	Confirmed COVID-19 documented as UCOD	U07.1
+ve	Present with comorbid conditions like heart disease, asthma, COPD, Type 2 diabetes	Confirmed COVID-19 documented as UCOD	U07.1
Test Negative	Present	Clinically –Epidemiologically diagnosed COVID -19	U07.2
Test awaited	Present	Suspected COVID-19	
Test inconclusive	Present	Probable COVID-19	

And it is observed that all alleged Covid-19 deaths, are possibly the result of these “Method of Death Certificate (MCCD) Modification”.

That means, whether a person with any common symptom or without symptom and whether a person got positive or negative RT-PCR results, all deaths were labelled as Covid-19 Deaths^{15,16} or as per requirement.

Link:

https://ncdirindia.org/Downloads/CoD_Covid-19_Guidance.pdf

https://eaaf.org/wp-content/uploads/Covid19-PDFs/India/Covid19_AUTOPSY_GUIDELINES_2020_10052020.pdf

As per the group of 161 Doctors of India “No evidence to prove deaths occurring due to SARS-CoV-2 virus” but all deaths (or as per requirement) have been labelled as Covid-19 deaths through “the Guidelines” and “the RT-PCR test”¹⁷.

Link:

<https://biswaroop.com/wp-content/uploads/2021/05/Open-Letter-to-Honble-PM-Narendra-Modiji.pdf>

Queries / Certified Documents Required:

1. Hence, you have to provide the actual causes of deaths (which are labelled as Covid-19 deaths)
2. You have to provide the Certified copies of the MOU, agreements and any other documents, that enables you to follow all the Directives and suggestions of WHO, without any indigenous ratification, through scientific experiments, and impose them on the people of this sovereign Nation.

10. Scientific validity of Covid-19 Treatment Protocol:

Reasons:

Although we have now disproved the attribution of the so-called Covid-19 symptoms to the alleged coronavirus. Even accepting the clubbing of all symptoms and calling it Covid-19 disease, we are questioning the treatment protocol adopted by the health authorities. Since the beginning, all the time-tested and successful medical treatment systems (Ayurveda, Yoga, Naturopath, Homeopath, Unani, Siddha etc) and even Allopathic

Doctors were censored completely to treat any alleged Covid-19 patient, using traditional methods or as per their expertise.

But, on the other side, experimental untested medications and treatments were permitted and promoted / insisted as if humans were experimental guinea pigs that too on a mass scale.

Secondly unknown, brand-new (for example: - Gene therapy, Lipid Nano particles based) technological and experimental alleged Covid-19 vaccines have been permitted and promoted to inject to the citizens of India which has no long-term safety data.

This type of act makes no sense, instead, it is an extremely wrong and insensitive decision or act. This is nothing but a serious medical experiment which is crime against humanity and this act clearly shows that health authorities have no intention of public health and welfare of citizens of India.

A serious issue is, if any disease/symptom cannot be cured by Allopathy (alternate) Medical System, it is declared as incurable disease/symptom or epidemic or pandemic by ignoring the other mainstream medicinal systems of AYUSH at the outset. This is serious injustice to scientifically established Vedic and other centuries-old, time-tested, globally admired and recognized medical streams of AYUSH. Thus, most trustworthy Indian Medical Systems, their practitioners and citizens of India are disrespected and deceived.

Our finding is that, in the initial stages of the alleged pandemic, if the patients were allowed to be treated by the above-mentioned mainstream medical treatment systems, as per pre-existing

treatment methods, then it was incorrect to declare it a pandemic or new disease.

Queries / Certified Documents Required:

1. You have to explain the reason for adopting the treatment protocols circulated by Health authorities, over time from Dec 2019 to present day.
2. You have to share the certified copies of the minutes of meeting documents, in which the decision of the treatment protocols is taken.

Summary of Allegations

1. We observed that one of the main tools through which people were made fearful were the mythical images of the alleged virus, which were again computer-generated images (CGI). Because there is not a single document witnessing purified images of SARS-CoV-2, but the same were used in display to the public, which was one of the primary causes that terrified the people at large.
2. Going through the timelines after the declaration of this pandemic, it shows that respective national authorities of India viz., ICMR, NIV, CDSCO, MoHFW, DCGI acted in haste, under the influence of WHO, they seem to have forgotten their duty to safeguard the sovereignty of our country & without undergoing essential verifications, validations and scientific research to establish Covid-19 epidemic in India.

3. We, the citizens of India are completely unaware regarding what types of international protocols, treaties or agreements are in force, which the authorities of Government of India have tied up and/or are going to tie-up with agencies like WHO. But we are making it very clear to you and all the concerned that the citizens of the Republic of India, have never given any such consents to our government authorities, scientists and research institutions to bind our Nation into such types of agreements/ treaties as a result of which any international organization/institution like WHO will rule on us and which will overleap the Indian Constitution and our Fundamental Rights. These types of activities are unacceptable, unlawful, illegal, unconstitutional and will be a serious deception to citizens of India.
4. Irrespective of any agreement or protocol, it is the prime duty of Government of India to prove to the citizens of India, the existence of the virus, its pathogenicity and its relevancy in creating pandemic-like/epidemic-like situation by appointing national or international agencies including the WHO.
5. Experts too can err. Theories and conclusions need to face challenge and refutation is the only solution.
 - a. Experts and scientists being humans can err naturally, despite being careful. When it comes to public health decision making, the ultimate beneficiary or sufferer is the tax-payer. Hence every scientific outcome has to undergo the test of public trust, by involving researchers and experts from the public domain.

For instance,

Drug approval and ban:

Almost every drug that arrives in the market goes through stringent regulations for at least 10-12 years and then only gets the approval for efficacy and safety, but then, after a certain period, usually after about 10-15 years of consumption by the population, it is found affecting the health of the people adversely generating serious complications like multi-organ damage and it eventually gets banned and is withdrawn from the market. This gives rise to a very pertinent question with respect to the entire process of drug research, development and approval and on the overall machinery and authorities involved in it. It makes the common man to think whether the entire drug development process run by the pharmaceutical/ healthcare research institutions and industries are used to eyewash the clinical fraternity and general public.

The intrinsic scientific flaw behind this approach seems as follows:

- i. Lack of holistic approach or deficiency in the experts' ability of perception and understanding the subject.
- ii. Drawbacks in research procedures or mapping or protocol.
- iii. Drawbacks in problem finding.
- iv. Influence or Conflict of interest.
- v. Negligence in research.
- vi. Correlation and application of animal studies to human.

- vii. Extrapolation of statistical data to clinical outcomes.
- viii. Ignorance towards the Law of Probability (w.r.t the expected / simulated adverse effects).

Unfortunately, the ultimate sufferer is the common man who incidentally turns out to be a guinea pig too. Like, all experts know that almost every chemical is being used for the drugs (modern medicine) have already existing adverse effects marketed under the guise of the so-called “established” safety profile. Under such circumstances the experts need to state the reason as to why the experts do not emphasize natural remedies which are time tested, safe, effective and easily available in abundance.

- b. Even if any concept/theory/belief exists for long time, it does not mean that it becomes the truth or a reality. A misconception or belief may be perceived and accepted as the truth over time, if not challenged into proper investigation and questioning. Secondly, probably many beliefs or misconceptions or false-facts have intentionally been programmed to portray as science.

Therefore, in these cases, the scientists/experts involved are the primary victims of this programming or conspiracy due to lack of doubt and questioning and the public are the ultimate.

- c. We should remember, science can survive only through scrutiny. More check and balance, less the harm.
- d. The germ theory of disease is just a theory proposed for last two centuries. Yet, the national health policies worldwide are based on this hypothetical theory. The prevalent belief

system in the scientific world is at a level that no one dares to question its premise. To establish the germ theory on scientific parameters the principles and methods need to be fulfilled and the lack of it is indeed a serious concern. These concerns have to be dealt only at the national levels by reputed and authentic authorities & each and every phenomenon & entities to the core need to be challenged, probed and reviewed critically as they affect the whole of the Nation.

For instance

- i. The intact virus particle/other germs (bacteria, fungi etc) need to be obtained directly from the sample/body parts of the host in abundant quantity, through processes such as separation, isolation and purification of the particles.
- ii. Evidence of multiplication/propagation of purified virus particle, in a fresh tissue/cell culture without adding / allowing any additives.
- iii. To state that the virus particle/other germs (bacteria, fungi, protozoa etc) are pathogenic, you need to establish through any valid and rational scientific method, in the first place, to prove that the particle / organism is a disease-causing agent.

Note: The presence of something in somebody, does not prove the causation of disease. Correlation does not imply causation.

- e. Another crucial aspect of the healthcare system are the doctors who interact and deal with the patients on a regular

basis. Therefore, this subject-matter-expert group is the most relevant stakeholder in the entire clinical process of investigation, diagnosis and treatment that is directly related to the patients' health. Today, the authorities seem to have completely side-lined the doctors in the decision-making process. On the contrary, they are forced to rely on the non-clinical research scientists' questionable advice to impose their protocols.

6. Instead of making public the evidence of existence and pathogenicity of the SARS-CoV-2, the government with the help of media engaged in mass fear psychosis by spreading terror, which resulted into psychosomatic disorder claimed as Covid-19 by them.

Therefore, we allege that you have claimed a pandemic falsely, without following the strict scientific logic, principles and methods:

There are two ways of proving or establishing any claim or conclusion. One is, on the basis of logic and reasoning and second and final decisive way is the practical demonstration.

7. In the absence of valid scientific evidence, considering socio-economic impact & assessing collateral damage, this pandemic or declaration of a pandemic associated restrictions / curbs is frivolous. The implementation of The Epidemic Diseases Act, 1897 and The Disaster Management Act, 2005 in our Nation is hence alleged, a serious misuse of power.

8. There was/is no base, no logic behind Covid-19 Vaccine, Face Mask, Lockdown with restrictions and all prevention and control measures that were/are implemented.

List of Documents Required:

We request you to provide the following documents as certified copies as per Indian Evidence Act, 1872 Section 76 & Public Records Act, 1993 Section 12.

S.No.	Certified Document Copy	Respondent
1	Experimental scientific evidence to prove that even healthy persons also can be declared as a Covid-19 'asymptomatic' Carriers / Patients.	1.THE DIRECTOR GENERAL, ICMR 2.Member Secretary, NDMA 3. The Home secretary, MHA 4. The Chief Secretary, MoHFW
2	Experimental scientific evidence that enabled Covid-19 to be recognized as a new disease which manifests unique symptom, which is dangerous and is causing by the SARS-CoV-2 virus and/or its variants.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

3	Copies of all the minutes of meetings held from November 2019 to June 2022 regarding alleged Covid-19 and its variants related disease and associated policy matters.	1. THE DIRECTOR GENERAL, ICMR 2. Member Secretary, NDMA 3. The Home secretary, MHA 4. The Chief Secretary, MoHFW
4	Date & Age wise National 'all-causes mortality' data from 01/01/2015 to 31/12/2021, Data must include medical history and cause of death of the persons.	The Chief Secretary, MoHFW
5	Date & Age wise National MCCD data from 01/01/2015 to 31/12/2021.	The Chief Secretary, MoHFW
6	Date & Age wise National Vaccination data with overall numbers from 16/01/2021 to 31/05/2022.	The Chief Secretary, MoHFW

7	Experimental Scientific evidence to establish the existence of “disease causing agent i.e., SARS-CoV-2 virus.	1.THE DIRECTOR GENERAL, ICMR 2. Member Secretary, NDMA 3. The Home secretary, MHA 4. The Chief Secretary, MoHFW
8	Experimental Scientific evidence to establish the existence of the virus in human sample and its pathogenicity with that sample.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
9	Experimental Scientific evidence that proves that the SARS-CoV-2 comes from bat or any other animal?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
10	Experimental Scientific evidence to establish the way of actual entry of the alleged virus into a host cell in a living host human/animal body.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

11	Experimental Scientific evidence to establish that the virus RNA/DNA takes control of the cell, multiply inside the cell and thereafter there is cytopathic effect and the new-born viruses are spread into the body.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
12	Experimental Scientific evidence to establish the phase in which the virus spread from human to human.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
13	Experimental Scientific evidence to establish that the virus enters, multiplies, generates CPE, generates symptoms, pathology of each and every symptom and then mechanism of spread in the environment and infecting the other human beings.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

14	Experimental Scientific evidence to establish the quantity of viruses / germs required to generate pathogenic effect to create disease in human body	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
15	Experimental Scientific evidence to the effect that all other possible causative factors of disease, are excluded to arrive at the inference of pathogenicity of a particular microbial infection.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
16	All Memorandum of Understandings (MOUs) signed with WHO and any other international research organizations.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
17	All Minutes of meetings through which mortality coding of Covid-19 with ICD-10 Codes is adopted in India.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

18	'Minutes of meeting' Documents which lead to the decision of the treatment protocols for Covid-19 are taken.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
19	All national and international scientific evidence/ recommendations/ experts' reports (published/unpublished records) based on which the pandemic was imposed on our Nation.	1. THE DIRECTOR GENERAL, ICMR 2. Member Secretary, NDMA 3. The Home secretary, MHA 4. The Chief Secretary, MoHFW
20	Experimental scientific evidence of wet lab and dry lab, right from isolation, purification and identification of the SARS- CoV-2/ its variants up to its pathogenicity, using control experiments at all stages.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

21	Evidence/records of any findings on any disease causing virus/germ/insect or toxic particles which was/were artificial/lab-created or engineered or manipulated but not in its original natural form (Ref. Bio-terrorism/ Bioweapon has been mentioned in upcoming Public Health Bill 2017/ 2022 and 166 plus VRDLaboratories program was implemented to handle such situation) .	1. THE DIRECTOR GENERAL, ICMR 2. Member Secretary, NDMA 3. The Home secretary, MHA 4. The Chief Secretary, MoHFW
22	Experimental scientific evidence in which the Chinese / Indian scientists have separated/isolated and purified intact form of SARS-CoV-2 (and its variants).	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

23	Experimental scientific evidence in which, the Chinese / Indian scientists have performed control experiments for Cytopathic effect (CPE) regarding SARS- CoV-2 virus.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
24	Experimental scientific evidence in which, the Chinese / Indian scientists did experiment of the pathogenicity including control set up with purified (except tissue culture) SARS- CoV-2.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
25	Evidence that the Chinese scientists ever extracted whole nucleic acid from intact SARS- CoV-2.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

26	Experimental Scientific evidence in which, the scientists have done the research, under a condition in which cells die from natural process and under the other conditions in which cells die in presence of virus, are micro-graphed and analyzed.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
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List of All Queries:

We request you to provide the answers for the following queries, with respect to Indian Evidence Act, 1872 Section 103, 104, 106 & 111.

S.No.	Queries to be answered	Respondent
1	How is it possible that, suddenly all common symptoms, humankind has always suffered from and known from times immemorial, are being alleged to be caused from only one specific virus and/or its variant/s? The symptoms are of different types and there are hundreds of known reasons responsible for these symptoms. We found no mention as to the basis on which, it was established that the various symptoms generated were because of SARS-CoV-2.	1. THE DIRECTOR GENERAL, ICMR 2. Member Secretary, NDMA 3. The Home secretary, MHA 4. The Chief Secretary, MoHFW

2	How is it possible that, suddenly the fever or seasonal fevers and all other common diseases, people always suffer from disappeared from our society and at the same time we have been taught to call these symptoms altogether in a new name that is Covid-19 disease?	1. THE DIRECTOR GENERAL, ICMR 2. Member Secretary, NDMA 3. The Home secretary, MHA 4. The Chief Secretary, MoHFW
3	What moral exercises were done towards assessment before recommending / applying the restrictions which have likely caused more real damage than even the theoretical damage you have projected to be saving people from?	1. Member Secretary, NDMA 2. The Home secretary, MHA 3. The Chief Secretary, MoHFW

4	If Experimental Scientific evidence, to establish the existence of the virus in human sample and its pathogenicity with that sample is not available, explain why such an experiment is not performed or why it is not possible to obtain / isolate specific virus directly from human sample and purify it?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
5	Why it is not possible to separate/isolate/ purify viruses directly from human sample? Because first host is the diseased person and his/her cells are the host cells therefore, why a foreign cell culture or in-vitro culture is required?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

6	How much volume of human sample i.e., saliva, BALF or other secretions will be enough to find a specific virus or some viruses?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
7	If Virologists cannot find the virus in the sputum/ sample of sick people to analyze, then on which evidence do they think the virus is dangerous, causing specific symptom and that it is lethal?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
8	If you have established, that the virus RNA/DNA takes control of the cell, multiply inside the cell and thereafter there is cytopathic effect and the new- born viruses are spread into the body, then state whether the virus or the virus RNA/ DNA was obtained from host human/animal body or cell culture.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

9	What are the techniques / protocols used to ensure that the patient sample is not immediately contaminated with an in-vitro cell culture?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
10	If virus/viruses are not isolated/purified and characterized directly from human sample, then how it is possible to know/distinguish that how many different types of viruses are there in the human sample, and secondly how it is possible to know how many types of viruses replicate in animal cell/ tissue culture?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
11	The environment or toxic environment as present in animal cell culture is not present inside the human body. Therefore, how is it confirmed that viruses will behave same (multiply or create CPE) within human body (cells) as shown in in-vitro tissue culture?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

12	How is tissue culture practice scientifically valid for the purpose of experimenting / diagnosing or for the virus theory?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
13	The reference that was taken to detect SARS-CoV-2 are also not isolated or purified directly from human sample, according to your research papers. Hence, how would you prove your good faith, in all your declarations regarding SARS-CoV-2 Virus.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
14	In the absence of, a) Separated and purified infectious agent, i.e., virus of the original sample (SARS-CoV-2 virus or its variant) which was collected. b) Explanation to the entire process of pathology of generation of each and every symptom by the SARS-CoV-2 virus.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

	c) Evidence to confirm pathogenicity/virulence of the SARS-CoV-2 through natural introduction (inoculation) method in humans/host, how can a pathogenicity experiment, be confirmed valid?	
15	What is the rationale behind using Christian Drosten's protocol based on RT-PCR as a Diagnostic tool?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
16	What is the scientific basis of your declaration, that the alleged Covid-19 is indeed a disease?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
17	What is the Scientific basis of all other diseases, which you have attributed to the Viruses?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
18	What are the experimental Scientific methods & protocols used to track and confirm the mutations of these germs/ viruses?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

19	What are the reasons for adopting the treatment protocols for Covid-19, circulated over time from Dec 2019 to Present day?	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW
20	Did you engage with the doctors who interact and deal with the patients on a regular basis, in your decision-making process? If yes, provide their details. If no, explain your rationale to exclude the doctors practicing regularly, from your decision-making process.	1. THE DIRECTOR GENERAL, ICMR 2. The Chief Secretary, MoHFW

Conclusion:

Since March 2020 we are suffering from this huge crisis. So, it is the matter of our lives and liberties. We are ready to pay the legal charges if any to receive the certified copies of documents in electronic format. Hence, immediate response to this legal notice, is being expected within 7 days, failing which we will be forced to institute legal proceedings against you, assuming you have accepted to all the allegations.

Regards

Dr. Sachin Pethkar, Pune, Maharashtra
Dr. Khadar Valli, Mysuru, Karnataka
Dr. Biswaroop Roy Chowdhury, Faridabad, Haryana
Dr. Mufassil Dingankar, Mumbai, Maharashtra
Mr. Jitendra Banjara, Chhattisgarh
Mrs. Soni Sharma, Karnataka
Mr. Pankaj Sen, Assam
Ms. Malavi Chaudhari, Ahmedabad
Mr. Mayank Pincha, Bangalore
Mr. Vikash Diwan, Gaya (Bihar)
Mr. Umamaheshwar, Hyderabad
Mr. Antarang Anand, Delhi
Mr. Kamatchi Shanker Arumugam, (TNRM), Tamilnadu
Mr. Jayaseelan.G, President of TNRM, Tamilnadu
Dr. Susan Raj, Pune, Maharashtra
Dr. Akhilesh Sahu, Raipur, Chhattisgarh

Email: imis.world@protonmail.com,
freeearthalliance@protonmail.com

N.I.C.E (Network of Influenza Care Experts)

Email: biswaroop@biswaroop.com

Mobile: +91-9312286540

For the live links of the references,
go to www.biswaroop.com/dicecovidtest

SECTION - IV

Open Letter to Prime Minister Shri Narendra Modi with the consent from 161 doctors

Subject: No Evidence to prove death
occurring due to Novel Corona Virus

What you know by now, was already communicated to the honorable Prime Minister Shri Narendra Modi by me and my team of 160 doctors on 24 May, 2021 and CC copy was sent to more than 5000 govt. authorities/officials including all members of parliament, MLAs, State Governments, health ministry etc. Here in this section, we have included that “Open letter to Hon’ble Prime Minister Narendra Modi with consent from 161 doctors from PAN India”



Open letter to Hon'ble Prime Minister Narendra Modi with consent from 161 doctors from PAN India

Sub: No evidence to prove deaths occurring due to the Novel Coronavirus

Date: 24 May 2021

To,

The Hon'ble Prime Minister, Shri Narendra Modi,
South Block Raisina Hill,
New Delhi -110011, India

**SUB: No evidence to prove deaths
occurring due to the Novel
Coronavirus**

Respected Sir,

We are writing to bring to your notice that to date there is no proof of deaths due to the Novel Coronavirus. For the past one year, life has come to a standstill with people losing jobs and lives all in the name of Covid-19. The atmosphere of fear is too prevalent and unavoidable. The constant portrayal of the grim situation coupled with misinformation by the Indian media is farther from the truth.

To prove our point, we would like to base our claims purely on facts and evidence. Here, we would like to highlight documents published by FDA (U.S Food and Drug Administration) regarding the efficacy of

Cc to:

1. Hon'ble Health Minister
2. Hon'ble AYUSH Minister
3. MoHFW
4. All State Chief Ministers
5. All M.Ps
6. All MLAs
7. All District Magistrates

RT-PCR test released on 04th February, 2020¹ (Please refer to page 40) and latest document released on 16th April 2021² (refer page 1). Both the documents clearly state that the RT-PCR test is only capable of checking the presence of genetic material of coronavirus in one's body. As cited in the document **CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel**, *"Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms."*

The document further points out that, *"This test cannot rule out diseases caused by other bacterial or viral pathogens"*. It is often seen that when a person is sick, upon diagnosis various other co-infections^{3,4} (viral, bacterial, fungal) are also seen. This means simultaneously various other viruses and bacteria have the potential to infect the person. So, it will be incorrect to label it as an infection solely due to Coronavirus.

We would also like to bring to your notice a guideline published by ICMR (Indian Council of Medical Research)⁵ in the month of May 2020. According to the guideline, whenever death happens it is mandatory to conduct an RT-PCR test of the deceased. If the test results are positive, (even if the patient expired due to suicide/accident/any other ailments), the cause of the death will be mentioned as 'Death due to Novel Coronavirus'.

The document further states that even if the test is negative before death; the doctor has complete discretion to attribute the death due to suspected Covid-19.

It is our humble appeal to stop the spread of misinformation and fear amongst the citizens. In the absence of any evidence to prove deaths due to the Novel Coronavirus, the need of the hour is to halt the ongoing

vaccination drive, uplift the lockdown, bring back the normalcy and promote natural immunization. To support all our above claims, all the necessary documents have been provided for your reference below.

- Ref 1:** CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel: *(Please refer Page 40)*. Link to Download Ref 1: <https://www.fda.gov/media/134922/download>
- Ref 2:** Emergency Use Authorization (EUA) of The Amazon Real-Time RT-PCR Test For Detecting SARS- CoV-2 *(Please refer page 1)*. Link to Download Ref 2: <https://www.fda.gov/media/147053/download>
- Ref 3:** SARS-CoV-2 and influenza virus co-infection. Link to download Ref 3: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931052-7>
- Ref 4:** Concurrent Chikungunya and Dengue Virus Infections during Simultaneous Outbreaks, Gabon, 2007. Link to download Ref 4: https://wwwnc.cdc.gov/eid/article/15/4/08-0664_article
- Ref 5:** Guidance for appropriate recording of Covid-19 related deaths in India *(Please refer Page 4)*. Link to download Ref 5: <https://nidm.gov.in/Covid19/PDF/Covid19/state/Himachal%20Pradesh/257.pdf>

Yours sincerely,

Convener

- Dr. Amar Singh Azad MD (Pediatrics), MD (Community Medicine), Patiala, Punjab

Co-Convenor

- Dr. Biswaroop Roy Chowdhury (Ph. D Diabetes), Faridabad, Haryana
- Dr. K. B. Tumane (Chest Specialist-MBBS), Nagpur, Maharashtra
- Ex-IAS Dr. Praveen Kumar (Senior Homeopath), Faridabad, Haryana
- Dr. Khadar Vali (Independent forest agricultural scientist and food expert), Mysore, Karnataka

Signatories

- Dr. Nilesh Chantamani Patil, (MBBS, MD. Ortho), Jalgaon, Maharashtra
- Dr. Pallavi Nilesh Patil, (MBBS, DMRE), Jalgaon, Maharashtra
- Dr. Sandeep Sharma, (MBBS), Bhopal, Madhya Pradesh
- Dr. Satish Malhotra, (M.S. (General Surgery)), Amritsar, Punjab
- Dr. Seema Arora, (MBBS), Una, Himachal Pradesh
- Dr. Nisha Chidwar, (MBBS), Nanded, Maharashtra
- Dr. Dharmesh Thakkar, (BDS), Ahmedabad, Gujarat
- Dr. Sanju Khari, (BDS), Faridabad, Haryana
- Dr. Pankaj Chaudhary, (BHMS), Barra, Uttar Pradesh
- Dr. Mehershobha P Vyas, (D.H.M.S.), Surat Gujarat
- Dr. Mathew Anthony Puthuparampil, (MD), Nasik, Maharashtra
- Dr. Atul Kumar, (BAMS), Ghaziabad, Uttar Pradesh
- Dr. Amit Shimpi, (BAMS), Nasik, Maharashtra
- Dr. B N Pandey, (MBBS, MD), Jamshedpur, Jharkhand
- Dr. Madhav Nayak, (MBBS, MD), Bhubaneswar, Odisha
- Dr. Arvind Bhardwaj, (MBBS PGDMCH), New Delhi
- Dr. Vijay Vaidya, MD, (MD Radiology & Professor), Vadodara, Gujarat
- Dr. Satish, (BDS), Hyderabad, Telangana

- Dr. Rajratna Ingle, (MBBS, MD), Nasik, Maharashtra
- Dr. S Sunitha, (MBBS DMRD Radiologist), Visakhapatnam, Andhra Pradesh
- Dr. Rajani Engu, (MBBS, D.G.O), Hyderabad, Telangana
- Dr. Shubham Shukla, (MBBS), Sultanpur, Uttar Pradesh
- Dr. Harish Sharma, (BAMS MD), Faridabad, Haryana
- Dr. B B Goel, (NDDY, PGDHHC, Ph.D), New Delhi
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- Dr. Yuditya Godara, (BAMS), Sri Ganganagar, Rajasthan
- Dr. Akhlsh Sahu, (MPT (MS) MD, PhD (Nature Medicine, London), Raipur, Chhattisgarh
- Dr. Swaroopini. L, (BAMS, MD), Bengaluru, Karnataka
- Dr. Anushreeya Das, (BAMS), Khordha, Odisha
- Dr. Ajay Tiwari, (DHMS (London) HMD (USA)), Raipur, Chhattisgarh
- Dr. Ajaz Ahmad Khan, (BAMS, MD), Maharajganj, Mumbai
- Dr. N K Sharma, (Reiki Healer, Senior Naturopath), New Delhi
- Dr. Indupreet, (BDS), Kurukshetra, Haryana
- Dr. Pankaj Sital, (BAMS), Punjab
- Dr. Nikhil H. Khairnar, (BAMS), Palghar, Maharashtra
- Dr. Prashant Sharma, (BAMS, MD), Gwalior, Madhya Pradesh
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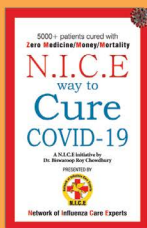
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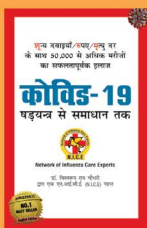
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- Dr. Manoj Warware (BHMS), Beteul, Madhya Pradesh
- Dr. Rajkumar (BEMS, MD Herbal Medicine), Hisar, Haryana
- Dr. Jasvir Kaur (DHMS), Patiala, Punjab
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- Dr. Yashika Arora, (BHMS, MD), New Delhi
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- Dr. Veena P Kumbar BAMS, (BAMS), Kushalnagar, Karnataka
- Dr. Sikha Gupta, (B.N.Y), Lucknow, Uttar Pradesh



Price: ₹ 250/-
(Courier charges extra)

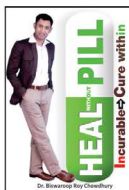


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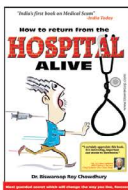
It is a N.I.C.E initiative by **Dr. Biswaroop Roy Chowdhury**, with a network of more than 650 influenza care experts spread across the nation with the intention to take care of and cure ILI/Covid-19 patients.

Anyone with Flu symptoms may contact the **N.I.C.E.** helpline **no-+91 8587059169** and the link **www.biswaroop.com/nice** and the expert would connect within 2 hours to provide round the clock support till the patient recovers.

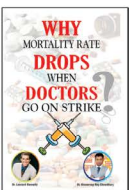
Since 2020, N.I.C.E. has cured more than 50,000 patients with its revolutionary three step Flu diet with zero medication and is happy to announce that in doing so, it has achieved zero mortality. This service is absolutely free of cost.



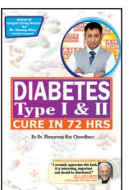
Price: ₹ 250/-
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Price: ₹ 95/-
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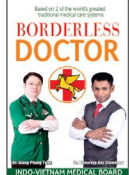
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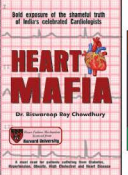
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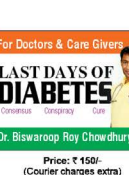
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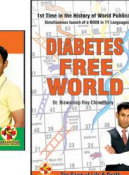
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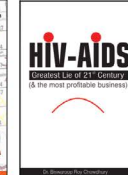
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(Courier charges extra)



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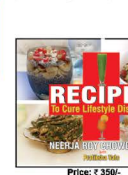
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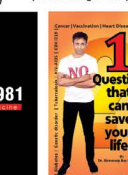
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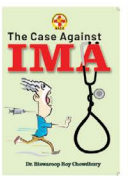
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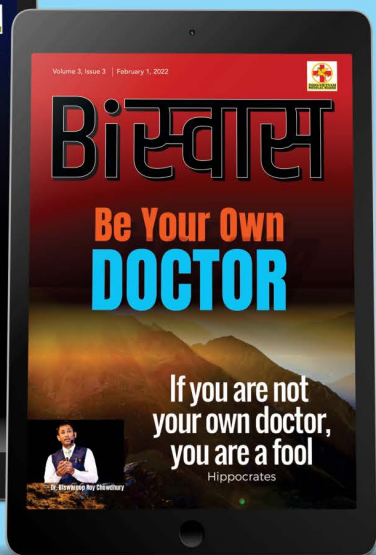
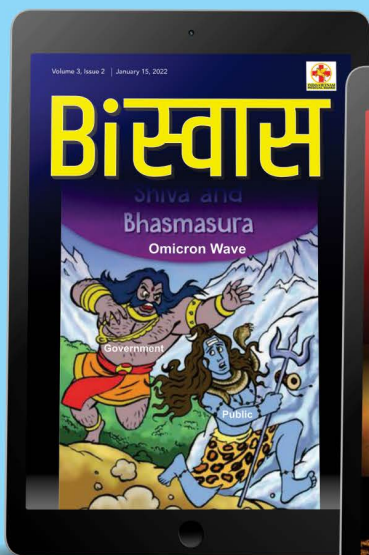
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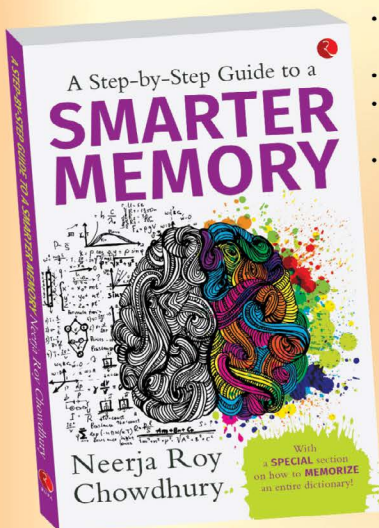
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About the author:

Neerja Roy Chowdhury, the name can be found in prestigious record books including Guinness Book of World Records and Indo-China Book of Records for diverse reasons. The most interesting of all is her ability to memorize the complete Oxford English-Hindi Dictionary. She has also developed software for memorizing a dictionary. She has travelled more than 100 cities internationally in last one decade training people on 'Memory Techniques'. Her latest book 'Smarter Memory' is published by Rupa Publication. Presently she is involved in developing curriculum in memory techniques for international universities.



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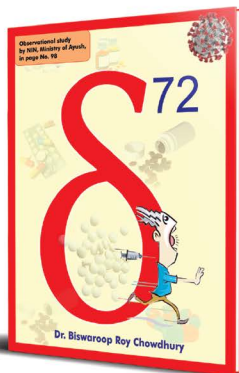
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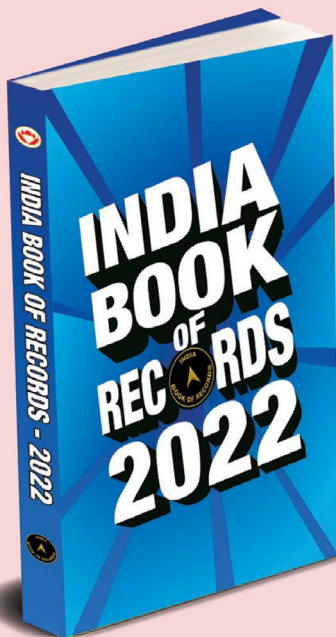
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