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Non-Surgical Regression of Triple Vessel Coronary Artery Disease Using Miracle Drinks Neo Ayurveda Protocol and Defined Diet: A Six-Month Clinical Case Study

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ABSTRACT

Background: Coronary artery disease (CAD) remains the leading cause of morbidity and mortality worldwide. Triple vessel disease is considered severe, with standard management being coronary artery bypass grafting (CABG). Non-surgical regression of advanced CAD is rarely documented

Case Presentation: A 48-year-old male with type 2 diabetes mellitus presented with severe chest pain and was diagnosed with triple vessel CAD. Coronary angiography revealed significant stenosis (80–95%) in the LAD, LCX, and RCA, with a recommendation for CABG.

Intervention: The patient was treated with the proprietary **Miracle Drinks Neo Ayurveda protocol (S1–S8)**, developed by Dr. S. M. Raju, in combination with a defined diet. The formulations targeted organ nourishment, microcirculation, antioxidant support, and tissue regeneration.

Outcome: After six months, CT coronary angiography revealed significant regression: LAD stenosis reduced to 20–30%, RCA to 10–20%, and LCX showed only mild irregularities. The calcium score was 30, and the patient remained asymptomatic with improved functional capacity.

Conclusion: This case highlights the potential of Neo Ayurveda to achieve regression of severe CAD without surgery. Further clinical trials are warranted..

Keywords: *Coronary artery disease, triple vessel disease, Neo Ayurveda, herbal formulations, CABG alternative, case report..*

1. INTRODUCTION

Coronary artery disease (CAD) is characterized by progressive narrowing of coronary vessels due to atherosclerotic plaque deposition, often leading to myocardial ischemia, infarction, or death. Triple vessel disease represents one of the most severe forms of CAD, typically requiring **coronary artery bypass grafting (CABG)** as the treatment of choice (Fihn et al., 2012).

However, non-surgical regression of CAD remains uncommon.

Emerging evidence suggests that **dietary interventions, plant-derived antioxidants, and improved microcirculation** may contribute to plaque stabilization and regression (Ornish et al., 1998; Esselstyn, 2014). Within this framework, **Neo Ayurveda**, developed by Dr. S. M. Raju, offers an integrative model combining proprietary herbal formulations and defined dietary

protocols aimed at rejuvenating degenerated tissues, improving capillary blood flow, and restoring organ function (Raju, 2025).

This report presents the first documented case of severe **triple vessel CAD regression without CABG**, managed with the Miracle Drinks Neo Ayurveda protocol.

Case Presentation

Patient: Harish, 48-year-old male.

History: Diagnosed with diabetes during the COVID-19 pandemic (2020). Due to ongoing family stress, glycemic control was suboptimal. On 17 July 2023, he developed severe chest pain.

Clinical Investigations:

CT Coronary Angiography (July 2023):

LAD: Proximal 50% stenosis, distal 80–90% stenosis (graftable).

LCX: Upper division diffuse 80% stenosis, lower division 95% occlusion.

RCA: 95% mid-lesion, distal 90% stenosis.

RPDA: Graftable.

Diagnosis: Triple vessel CAD with advice for CABG.

Therapeutic Intervention

The patient **refused CABG** and opted for Neo Ayurveda therapy.

Neo Ayurveda Daily Protocol:

Morning (before breakfast): Anti-Ageing Support (S1), Cardiovascular Support (S3), Immuncare (S7), EdemaEx (S8).

Afternoon (before lunch): Liver Health Support (S4), Renal Support (S5).

Evening (before dinner): Same as morning protocol.

Formulations (proprietary, AYUSH-licensed, FSSAI-approved):

S1 Anti-Ageing Support: Nimba, Arjuna, Bilwa, Jambu, Brahmi, Amalaki, Gokshura, Ashwagandha, Haritaki, Chirayata, Karanja.

S3 Cardiovascular Support: Nimba, Arjuna, Bilwa, Jambu, Bibhitaki, Brahmi, Amalaki, Gokshura, Haritaki, Ashwagandha, Chirayata, Karanja.

S4 Liver Support: Nimba, Arjuna, Bilwa, Vibhitaki, Gokshura, Ashwagandha, Haritaki, Chirayata, Bhringaraj.

S5 Renal Support: Nimba, Arjuna, Gokshura, Haritaki, Ashwagandha, Karanja, Chirayata.

S7 Immuncare: Guduchi, Arjuna, Haritaki, Chirayata, Jambu, Nimba, Karanja, Ashwagandha.

S8 EdemaEx Powder: Shatavari bhed, Dalchini, Ashwagandha, Kawach, Shareefa, Dhanyaka.

Defined Diet:

Avoidance: Excess salt, sweets, fried/processed foods, dairy, alcohol, bananas, red gram, horse gram.

Inclusion: Prebiotics (garlic, ginger, fenugreek), leached vegetable juices, flax-based nutraceutical blend, leafy vegetables (40–60% of meals), cereals (<30%), fish and mushrooms (≤20%).

Outcomes

Follow-up CT Coronary Angiography (22 Jan 2024):

LAD stenosis reduced to 20–30%.

RCA stenosis reduced to 10–20%.

LCX and OM vessels showed mild irregularities.

Calcium score: 30.

RADS-2: Mild CAD.

Clinical Improvements:

Resolution of chest pain.

Increased physical endurance and functional capacity.

No hospitalizations during the six-month treatment.

2. DISCUSSION

This case highlights the potential of **Neo Ayurveda in reversing advanced CAD without surgery**. Regression of atherosclerosis has been demonstrated previously through intensive lifestyle changes (Ornish et al., 1998), plant-based diets (Esselstyn, 2014), and antioxidants (Steinberg, 2009). However, this is the first report of **herbal formulations combined with diet** achieving regression in severe **triple vessel CAD**.

Proposed Mechanisms:

Chaperone-like protein correction: Plant-derived compounds act as molecular chaperones, stabilizing protein folding and mitochondrial function (Hartl et al., 2011).

Microbiome rejuvenation: Prebiotic herbs stimulate gut microbiota, enhancing enzyme- mediated nutrient release.

Microcirculation repair: Botanicals improve endothelial function and capillary blood flow (Rastogi, 2010).

Organ nourishment: Extracts provide prebiotics, antioxidants, and adaptogens for tissue regeneration.

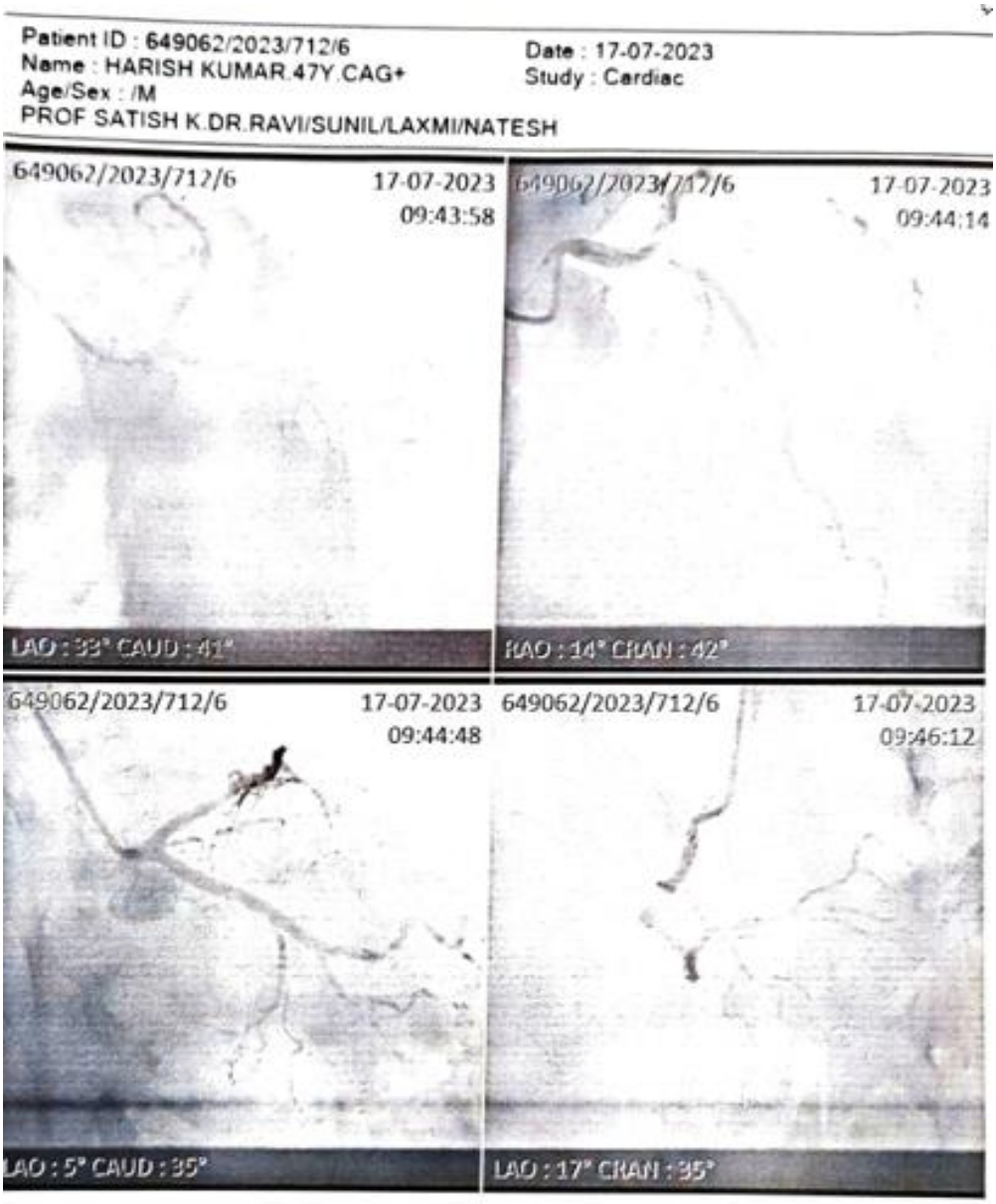
Limitations: Single patient case; causality cannot be firmly established. Controlled clinical trials are necessary.

Patient Perspective

The patient expressed satisfaction at avoiding open-heart surgery and regaining functional independence within six months

3. CONCLUSION

This case demonstrates **significant regression of triple vessel CAD without CABG** using a **proprietary Neo Ayurveda protocol and defined diet**. The findings warrant further investigation in larger clinical cohorts to validate efficacy and mechanisms



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Sri Jayadeva Institute of Cardiovascular Sciences and Research

PATIENT NAME	HARISH KUMAR.	IP NO.	649062
AGE	47 Years	DATE	17-Jul-2023
SEX	M	ANGIO NO	2023/712/6

Dr. SATISH K MD, DM
Professor of Cardiology

SJICS&R

DR. RAVI MATH MD, DM
DR SUNIL KUMAR, MD, DNB
DR. LAXMI ,DNB, DM
DR MANIDIPA MAJUMDAR MD DM

DEPARTMENT OF CARDIOLOGY-'H' UNIT
CORONARY ANGIOGRAPHY(CAG) REPORT

CLINICAL DIAGNOSIS: EFFORT ANGINA , DM, HTN

PROCEDURE DETAILS: RIGHT RADIAL ARTERY APPROACH USING TIGER CATHETER

LMCA: Short and normal, bifurcates.

LAD : Type III, proximal LAD before diagonal has 50 % discrete stenosis followed by 80-90 % stenosis of distal LAD.LAD is graftable.

LCX: Non dominant, continues as major OM which divides into upper and lower divison.Upper division has diffuse 80 % stenosis and is graftable.Lower division is small calliber and has 95 % occlusion.

RCA: Dominant, mid RCA has tandem lesions with 95 % stenosis.Distal RCA has diffuse 90 % stenosis.RPDA is normal and graftable.

IMPRESSION: CAD- TRIPLE VESSEL DISEASE

ADVICE: CABG WITH GRFATS TO LAD, OM , RPDA

Dr. K SATISH MD, DM
Professor of Cardiology

OPD DATES: 3, 13, 23

DR AKASH G NAIR (PG)

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE

Name	: Mr . HARISH KUMAR R	TID	: HSP0093632
Age / Gender	: 48 Years / Male	Registered on	: 22-Jan-2024 09:48 AM
Ref By	:	Reported On	: 22-Jan-2024 02:09 PM
Req.No	: BIL3867853	Reference	: Dr.Bimal Chhajer

CT CORONARY ANGIOGRAPHY

Observations:Calcium Score: 30

Left main artery (LMCA): Originates from the left coronary cusp and shows wall irregularity

Left anterior descending artery (LAD): Type III vessel giving off 2 diagonals. Eccentric calcified and non-calcified plaques are noted within proximal and mid LAD resulting in 20-30% stenosis. Distal LAD shows mild wall irregularity.

Diagonals:D1 and D2– normal.

Ramus intermedius: shows wall irregularity.

Left circumflex (LCX): Non dominant vessel. Eccentric non-stenosing calcified mixed plaque is noted within proximal LCX. Rest of the LCX shows mild wall irregularity.

Obtuse Marginal (OM):OM1 and OM2 - shows mild wall irregularity.

Right coronary artery (RCA): Dominant vessel, originates from right coronary cusp. Eccentric mixed plaque is noted within proximal RCA resulting in 10-20% stenosis. Rest of the RCA shows mild wall irregularity.

Posterior descending artery (RPDA): Normal. **Posterior left ventricular artery (RPLV):**Normal.

Impression*: *Right dominant coronary circulation.

- ***20-30% stenosis of LAD.***
- ***10-20% stenosis of RCA.***

Total calcium score of 30, CAD RADS 2.

Dr Anand H K
Consultant Radiologist

tenet DIAGNOSTICS
It's Good to Know

Name	: MR.HARISH KUMAR R	TID/SID	: HSP0093632/ 27085708
Age / Gender	: 48 Years / Male	Registered on	: 22-Jan-2024 / 09:48 AM
Ref.By	: DR.BIMAL CHHAJER	Collected on	: 22-Jan-2024 / 09:54 AM
Req.No	: BIL3867853	Reported on	: 22-Jan-2024 / 10:45 AM
		Reference	: Dr.Bimal Chhajer

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Complementary Creatinine

Investigation	Observed Value	Biological Reference Interval
Creatinine, Method:Spectrophotometry, Jaffe - IDMS Traceable	0.92	0.7-1.3 mg/dL

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

Tenet Diagnostics Hub Report

Name: HARISH KUMAR R
Sex: M
Age: 48Y
Reffering Doctor
Study Date 22/01/2024
Patient ID: BIL3867853

CALCIUM SCORING TABLE

Processed Findings

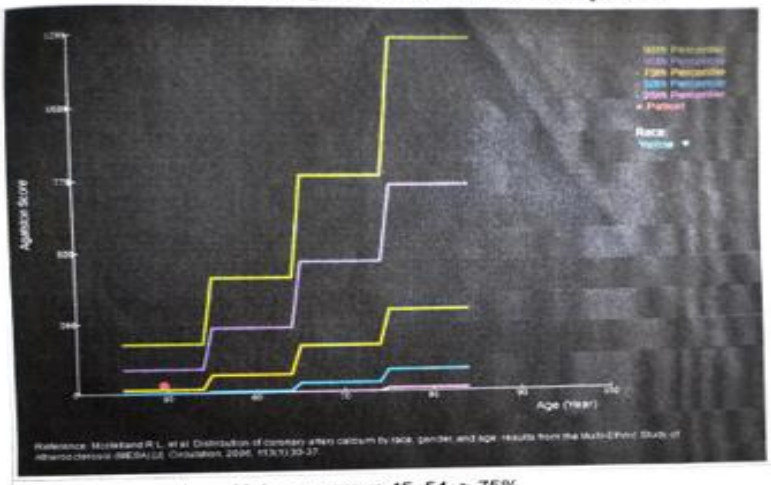
Calcium Score Results
Your Agatston Score:30.1
Risk of coronary artery calcification disease: Medium calcification

Vessel	Number of Calcifications	Volume(cm³)	Mass (mg)	Agatston Score	Volume Score
RCA	1	0	0.4	1.2	4.5
LM	0	0	0	0	0
LAD	3	0.04	5.8	24.4	76.7
LCX	1	0.01	1.7	4.4	17.8
Others	0	0	0	0	0
Total	5	0.06	7.9	30.1	99

Calcification ——RCA

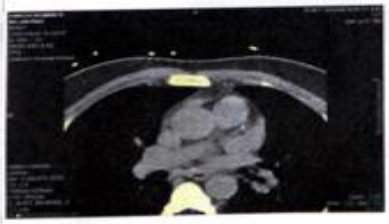
Number	Mean HU	Max. HU	Volume(cm³)	Agatston Score
1	150	172	0	1.2

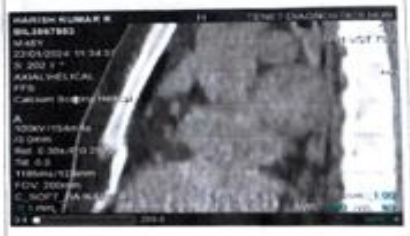
Tenet Diagnostics Hub Report



Database comparison: Male, age group 45–54, > 75%

This indicates that the calcium score of this patient is higher than 75% of the Male patients aged between 45 and 54 who don't have symptoms of coronary artery diseases.





tenet DIAGNOSTICS

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Req. No	:	BIL3867853	Reference	:	Dr.Bimal Chhajer

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.92	cms
LEFT ATRIUM	:	2.18	cms
AVS	:	1.02	cms
LEFT VENTRICLE (DIASTOLE)	:	4.33	cms
(SYSTOLE)	:	2.95	cms
VENTRICULAR SEPTUM (DIASTOLE	:	1.05	cms
(SYSTOLE)	:	1.48	cms
POSTERIOR WALL (DIASTOLE)	:	0.91	cms
(SYSTOLE)	:	1.58	cms
EDV	:	84	ml
ESV	:	33	ml
FRACTIONAL SHORTENING	:	31	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.51	cms

DOPPLER MEASURMENTS:

MITRAL VALVE	: 'E' -1.00m/s 'A' -0.88 m/s	NO MR
AORTIC VALVE	:1.46 m/s	NO AR
TRICUSPID VALVE	: 'E' – 0.68 m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR

eriet DIAGNOSTICS
It's Good to Know

:2:

Patient Name: MR.HARISH KUMAR

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle	:	Normal size, Normal systolic function. No regional wall motion abnormalities.
Left Atrium	:	Normal.
Right Ventricle	:	Normal
Right Atrium	:	Normal.
Mitral valve	:	Normal, No mitral valve prolapse.
Aortic valve	:	Normal, Trileaflet.
Tricuspid valve	:	Normal.
Pulmonary valve	:	Normal.
IAS	:	Intact.
IVS	:	Intact.
Pericardium	:	No Pericardial effusion.

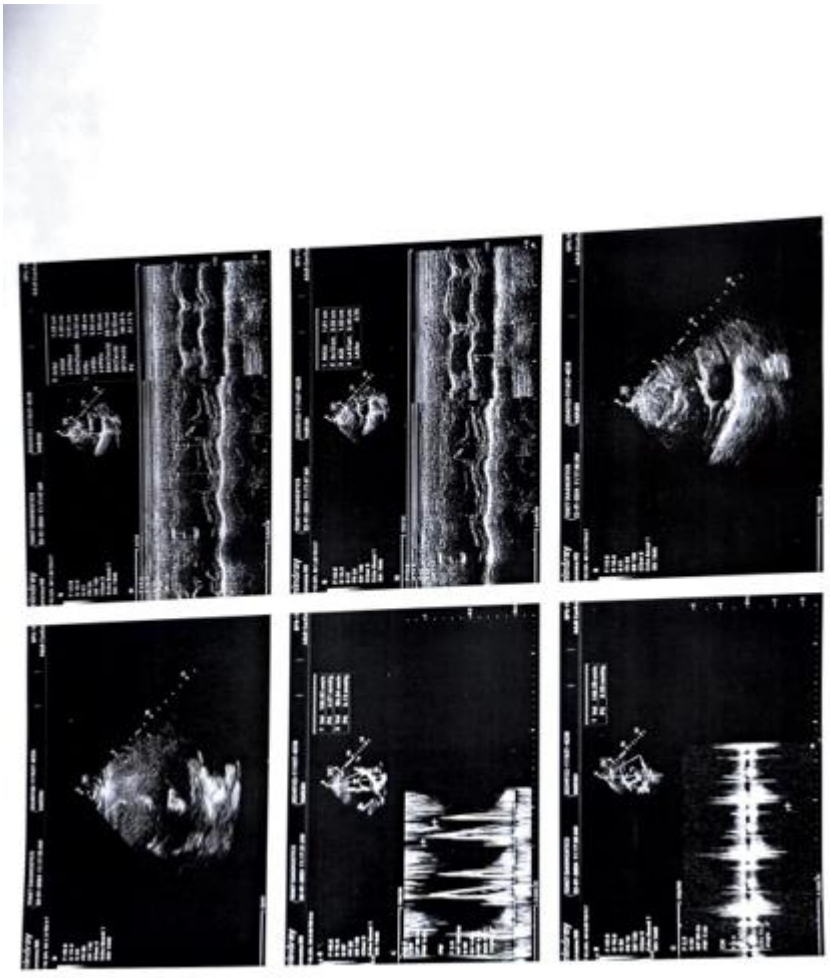
IMPRESSION :

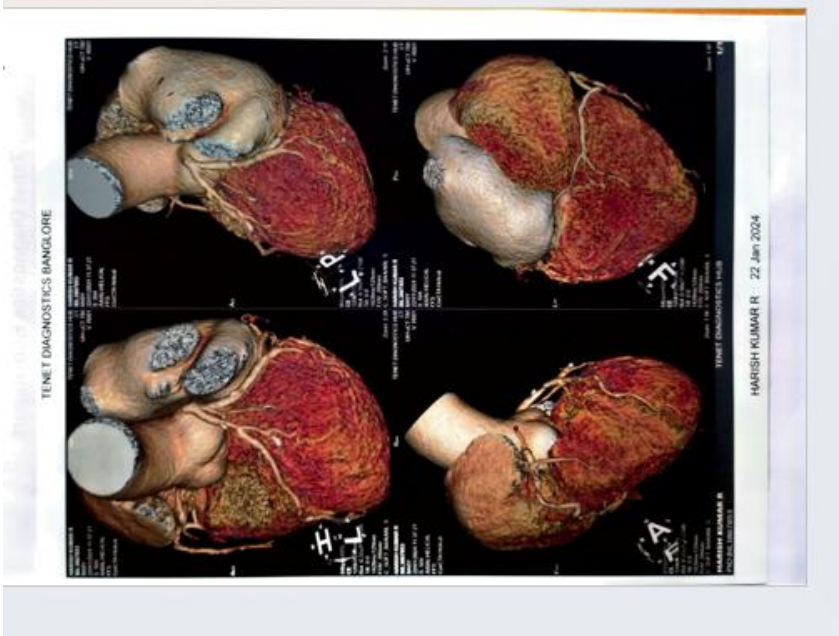
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF : 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION/ VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD., DM.FICC
CONSULTANT CARDIOLOGIST
Ls/ml

Dr. Sridhar L





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