

# DIABETES IS NO MALADY

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## 1 Minute Summary

Diabetes is known as an ailment since ages and its symptoms well defined. It has physiological relationship with blood sugar-level. Usually, higher glucose-level in the blood (hyperglycemia) than normal text-book value 0.12 % or 120 mg/dl (fasting) and human constant (80-180 mg/dl) are associated with the disease. A recent lowering of the upper limit by Dr. Clique fixes the level as hundred 110 (Fasting) or 140 (PP) as the base of hyperglycemia; and, this artificially fixed fence, instead of standard statistical figure of hyperglycemia, is tied with disease diabetes without scientific basis for *ever continuing medication* in the name of treating a disease. In reality, it is to promote the medicos and druggists. It makes a classic example of *management by confusion* that has swollen the world diabetic numbers to 380 million. A large section of this clinical headcount is unreal and nearly half of the unfortunate gullible under the treatment of diabetes these days are forcibly diagnosed as diabetic due to the statistical ploy of Prophet Dr. Clique. He also has included a chunk of hyperglycemics above 50 years of age that are in no way connected to classical digestion-system-induced diabetes. Doctors don't diagnose and prescribe medicines for disease Diabetes these days. The medicos are simply adjusting forcibly through drugs a nonadjustable blood-glucose-level of ours, often injurious, within nonscientific limits fixed by Dr. Clique.

Old-age hyperglycemia is an independent manifestation of anaerobic respiration among the aged to mitigate the energy and nutrient deficiency in the brain for continuing its activity with same force for a longer time. Additional blood-glucose helps the brain to remain active. The attribute is associated intimately with the activity of invisible psychic body and *ann* (psychic food). Old-age diabetes requires no medication except a modest one for keeping the glucose level within 100 mg/dl of osmotic-glucose-normal.

### Introduction

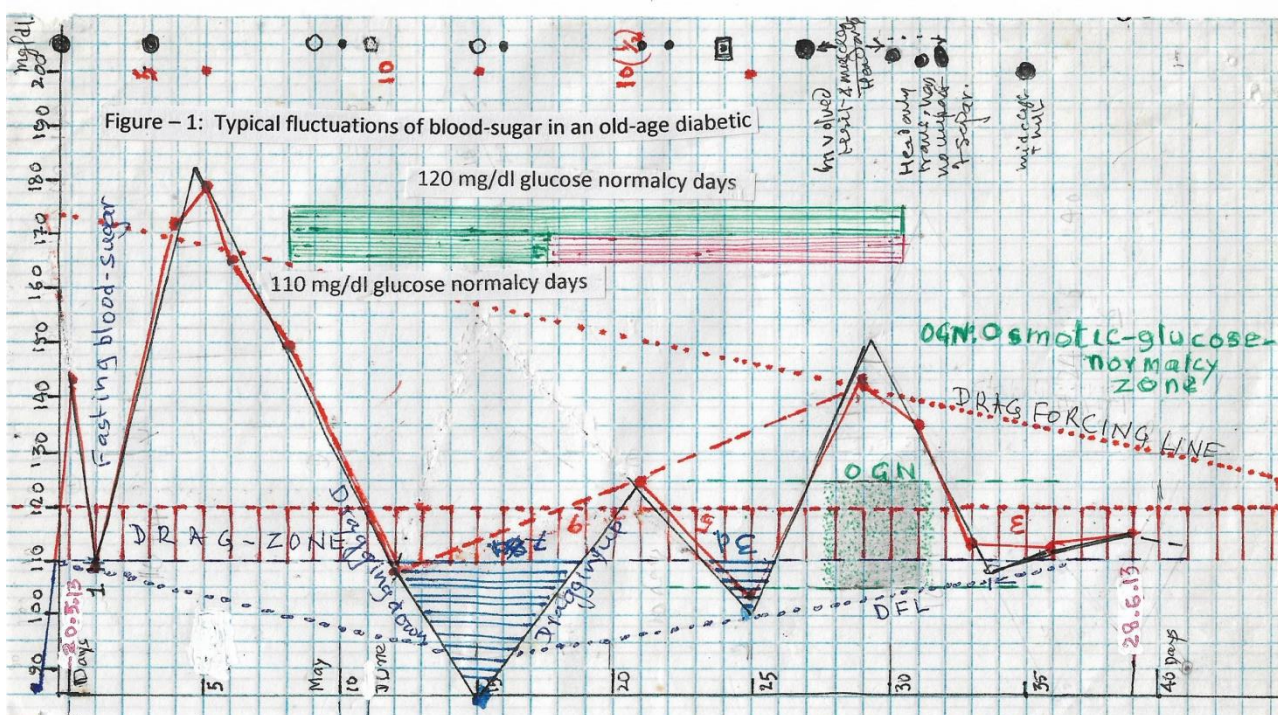
There was an advertisement of a new drug for Diabetes in October 2016 where a scare-crow planted in a field of medicine was cawing "Fear from the hell you are in, O men!" The advertisement for the diabetes medicine addressing 3.8 billion global and 0.6 billion Indians states "Diabetes is no less than a slow poison for men; the one falling under its grip meets untimely death losing his health slowly". I just smiled at it after completing 26 years of a Type -2 Diabetes case without any so called diabetes related symptoms, phobia or complications. Much of the boldness in me was on account of a study of my own case in 2013 (Figure 1), after a continued medication for over a decade. There was also a realization with me, at the same time, that most men are not like me; they are mortally afraid or haunted by the disease. For them, diabetes is a terrible disease threatening every day with onset of blindness, heart problems, kidney failure, bleeding cuts, gangrene etc.

A year ago, I had met an old colleague of mine taking Type-2 drugs along with me in 2005. The man was down. "My blood sugar rose further and oral medicines became ineffective. I was scared, I may lose my eyes; I am on insulin now", he told me. My class fellow, a retired professor now, was served by me about 20 grams of milk-rice-sweet on the birthday worship of god Ram a few years ago. He was so much scared and obsessed of blood-sugar that he refused to eat the sacred stuff containing no more than 2 grams of sugar. Another friend, a staunch follower of Dr. Clique, has vowed not to allow the fasting sugar above 110 mg/dl due to diabetes phobia. He suffers with mind and memory problems, reminding me of my multiple spelling mistakes when the brain was sugar-starved during 1981-83 when I had cut the food intake to 600-800 Calories. Another old man, my relative under medication for diabetes, collapsed and died when hit by hypoglycemic coma, common in diabetes treatment with the restrictions on blood-sugar – 110 (Fasting) and 140 (PP).

Dr. Clique was, however, in my mind for a very different reason in the month of June 2016. It was for a sheer envy. Best Indian manager of the last century, Col. S. P. Wahi – author of *Leading from the Front* – was on tour to a prestigious institute of management for delivering lectures on management. He had asked me to give a talk on the *management by confusion*, figuring as my major contribution to my past organization (*The Gods*, p.133). It was three years after I had discovered my big brother, Dr. Clique, as classic player in the art of *management by confusion*; and a realization had dawned upon me, I'm nowhere close to him. I remain a man; and, *he is a prophet of Tyranny*. A corporate man feels guilty for his sinful maneuvers sometimes and he prays (Illustration 1); a prophet only cries a slogan or command, his goon caliphs and sultans catechize men forcibly; and, the converts follow him. "Fear from the fires of hell meant for Kafirs on the Day of Judgment" cried some Prophet in the past; and, today his followers die in thousands for Jihad; and, Islam-phobia haunts many minds. So has done Dr. Clique recently "Ye shall not allow your blood sugar levels below and above the standards fixed by me; else, the hellish fires will be upon you in the form of blindness, kidney failure...etc etc." Medicos and medicine firms propagate his sermons and catechize many men as hyperglycemic by the standards of Dr. Clique. Fear prevails over most forced diabetic converts as exemplified above. Their acts are pushing some of them even to death.

Dr. Clique's act is a text-book example of management by confusion; and, I bring it out here for educating the corporate segment of our society to envy his success! He is responsible for generating nearly half of 3.8 billion diabetic heads in the world under his cult even without symptoms of diabetes and a commensurate income pours in the kitty of his caliphs and sultans. I stand nowhere close to him and my gain is no better than a few paltry bucks.

A blood test of mine in 1990 revealed that I'm hyperglycemic with fasting sugar 160 mg/dl and post prandial 400. A doctor declared me as diabetic; but, I refused to accept his diagnosis and medication. There were no symptoms of diabetes. I had no excessive hunger, no thirst, no excessive urination above 2.5 liters, no loss of weight, no slimming, no constipation and no problems of sex organs; and, hence, I had almost no medication till my retirement from the job in 1998.



I was with an optician in connection with changing my specs after retirement. He noticed a little damage to the retina; and, for me its correlation with hyperglycemia was obvious. Osmotic pressure is an influential element of *internal environment* (Box 1); and, wide fluctuation in my hyperglycemic blood could be behind it, I had inferred. Test of blood-sugar (Table 1) and some medication to check wild variation in the blood sugar was undertaken; and, the retina got repaired. I tried to refine the control of hyperglycemic medication with arrival of inexpensive blood-glucose monitor when my attention was drawn to wild and sometimes bizarre variations in the blood sugar impossible to account with my non-varying frugal food intake. Not only there were unpredictable wide fluctuations of blood-sugar but also a clear evidence that sleeping state generates and adds sugar in the blood stream in the old age. Old-age-hyperglycemia is unrelated and different from digestive-system-hyperglycemia emerged as a clear conclusion on account of data about the blood-sugar gathered between 2009 and 2016. A large chunk of diabetics includes oldies; and, they may live as carefree as me with this information about the medication for the old. An old person is entitled to mitigate his suffering created unnecessarily by Dr. Clique. The topic is discussed with some details for the fellow men that are needlessly afraid of the diabetes, even though they aren't diabetics.

Table 1

**Blood sugar & Blood pressure Record**  
(2002 -2007)

Date	Fasting	Post Pren.	Blood press.
03.10.02	201	246	-
24.03.04			140/80
13.04.04	123		120/70
28.06.04	-	213	-
07.10.04	120	-	-
14.12.04	-	214	-
14.02.05	224	-	-
27.06.05	230	-	-
30.09.05	170	-	-
24.02.06	170	221	-
26.07.06	230	-	-
22.08.06	122	171	-
22.10.07	116	218	140/82

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**NOTE**

There is yet another facet of old-age-hyperglycemia beyond the regime of science, in the domain of consciousness. It surfaced during the analysis of an old I, his anaerobic respiration during sleep, addition of glucose in blood and Prajna (Gods). Consciousness regime and energy gathering function of our invisible psychic body play a role in adding glucose in our body through anaerobic route. This glucose is used often by the psychic body to generate ann (food of consciousness) which is a transferable commodity among psyches. Female is the active player in the psychic domain and male merely a passive exploited being. None except the one in the Purush state can operate freely the psychic system within us and have information about psychic body, its function and energy ganglia (Illustration-2). Chest, belly and lever are the organs where glucose to ann transfer or vice versa takes place. Withdrawal of ann brings 'heating' of these parts and agitation; return generates 'cooling' and satiation. Young female shall eat the male through ganglia is the rule in the nature.

**Box-1:**

**INTERNAL ENVIRONMENT:** Medium in which body cells are bathed i.e. the intercellular space. In equilibrium with blood-stream, it is normally kept highly constant in composition in respect of osmotic pressure, content of individual ions, acidity and alkalinity and glucose concentration by sensitive mechanisms which control these conditions in the blood, and hence in the intercellular fluid. Deviations from constancy have rapidly deleterious influence on cells, particularly on brain cells [Dictionary of Biology].

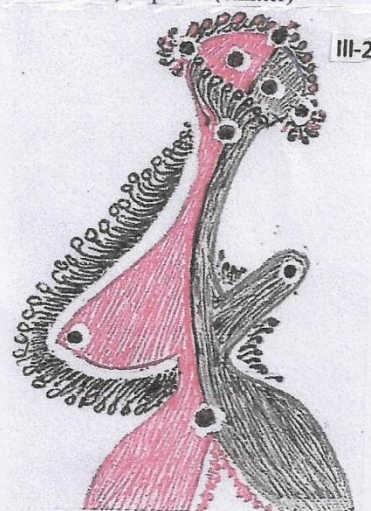
Internal environment has a very crucial role in the treatment old-age-hyperglycemia. Osmotic pressure on account of change in glucose concentration keeps shifting gradually upwards with age and needs careful attention in fixing the postprandial glucose level and medication for fasting sugar. Post prandial sugar level should be within a hundred mg/dl above the osmotic-glucose- normal on the day and the oscillating fasting sugar within in the range osmotic-glucose normalcy. Medication should not force it much below this level.

**Energy sources and ganglia of psychic body**

**Axial:** Top – Sauriya (emitter), Middle – Laryngial (sucker), Bottom- Vaginal & anal (sucker).

**Mid-Lateral:** Ocular (emitter)

**Lateral :** Head- auditory (emitter), Body- mammary (absorber) & penile (emitter)



## Management by Confusion: Case-history of Diabetes mellitus

*Management by confusion is an act of creating opportunity to generate, accrete or maximize wealth for one or multiple beneficiaries by formulating a situation which triggers inflow of money from one or many sources to the beneficiary without any expenditure from the latter enriching the kitty of the recipient. Technically, it is exploiting or tricking, duping or befooling a corporate body, governmental establishment or a group of individuals where a definite escape route exists for the one implementing the management.*

Earliest Indian example of the management by confusion is Prime Minister Nehru of a bygone era. Dr. Kothari was explaining to him about the requirement of a grant for development of solid-state-physics that was to be discussed in the parliament; and, he noted that Prime Minister was not paying due attention towards his technical discussion though he kept smiling. Dr. Kothari redoubled his effort to convince him by renewed effort and moved into the details till he heard from the parliamentarian “Don’t worry your grant will be passed by the parliament without any discussion. Some members know something about physics in the parliament but there is none who understands difference between physics and solid-state-physics. Who will discuss this topic there?” Nehru knew the worth of minds among the then parliamentarians. Kothari availed without any problems what he wanted; credit goes to Nehru’s knowledge about the folk around him in the parliament and their gullibility for accepting his managerial skill. Not a single penny was spent in the exercise when money poured in the kitty of the scientist. Management by confusion has same elements in the case history of diabetes too discussed here. Of its three corner stones, one is occupied by manager Dr. Clique; the second by his medico beneficiaries, drug industry and electronic gadget makers; and, at the third stand 3.8 billion exploited men as much ignorant about the difference between diabetes and hyperglycemia as past Indian parliamentarians’ acumen to differentiate between physics and solid-state-physics.

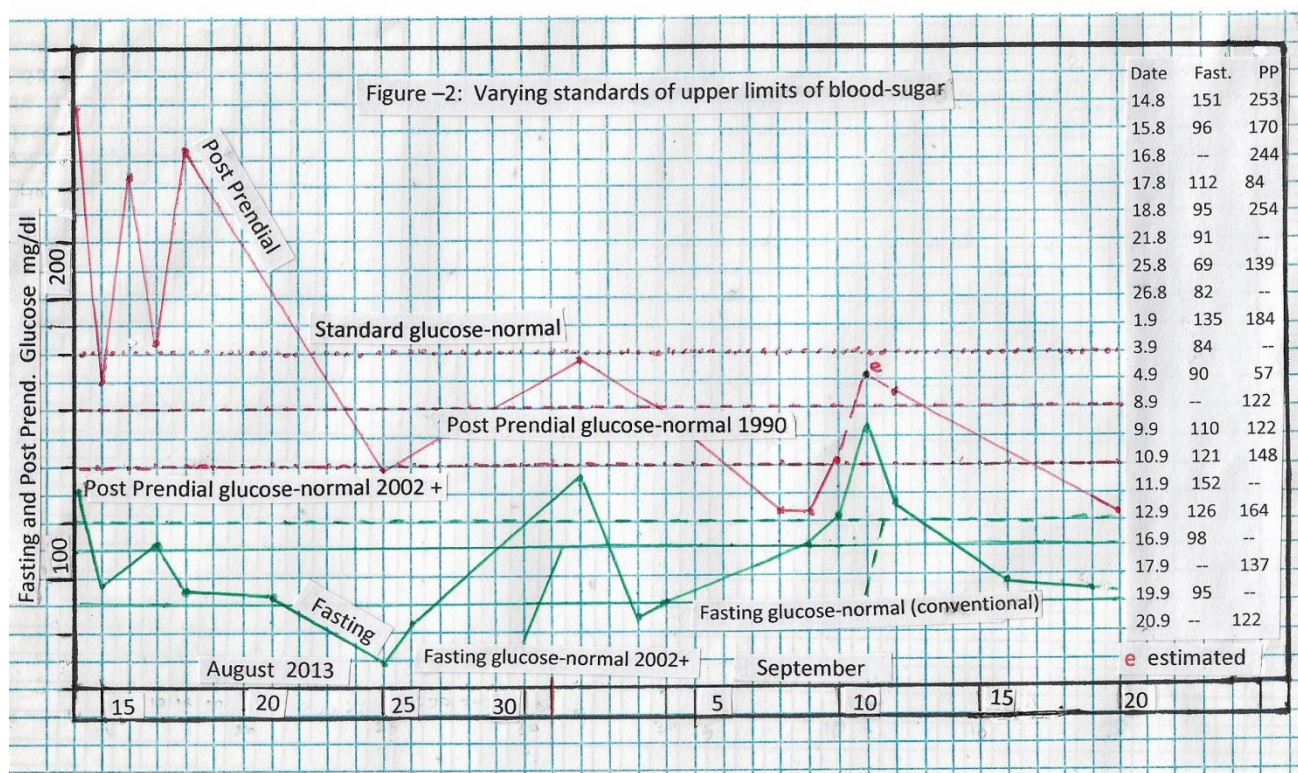
My knowledge of the recently matured situation of management by confusion in the medical industry was an accidental hit in 2013 while I was chasing the irregular fluctuations of my blood sugar for fixing necessary medicines. However, before we touch the details of the topic, here is a sample reflecting the education being imparted these days to the gullible public by the two recipient cornerstones “Diabetes is a state wherein blood-sugar increases either by lower secretion of insulin or its improper use in the body. This way, when the level of glucose in the body rises above the *normal*, the altered condition is called Diabetes. Recommended blood-sugar limits by Doctors/Diabetes Association: *Low glucose level* –less than 70 mg/dl; *Normal glucose levels* –fasting 81 – 110 mg/dl & post prandial 110- 140 mg/dl; *High glucose level* – more than 140 mg/dl. Recommended times for testing glucose level 8 times a day: 1- before breakfast, 2- two hours after breakfast, 3 - before lunch, 4- two hours after lunch, 5- before dinner, 6- two hours after dinner, 7 – before bedtime, and 8- 2Am or 3Am.” The last looks all crazy and maddening, I feel. Who can have peace of mind while pricking upon his fingers eight times in a day including one during wee hours? But, behind the education program for the public, one aspect of Dr. Clique’s management by confusion is obvious: diabetes as disease is no more in the picture presently. It has moved from *mellitus* (honeyed urine) to a blood-sugar state; and, the latter too must fit into the ‘normal -zone’ parameters defined by Dr. Clique. Normalcy of the internal environment as established statistically as the glucose normal defined in the textbooks of physiology or biology (80 to 180 normal & 80-120 fasting) is ignored.

Dr. Clique’s normal parameters of hyperglycemia have nothing to do with the standard statistical parameters for human species. His strategy and success is commendable! It reverses the best known irreversible axiom: fire is there, fume is where. Fire exists without fume quite often. His admirable achievement relates to reversal of *blood-sugar is there, diabetes is where*. Many of his hyperglycemia-men *of his parameters* have *non-honeyed* urine. But, his forced version of axiom ‘diabetes is there hyperglycemia is where’ is being blindly followed by Dr. Clique’s caliph medicos and sultans - gadget-making companies. They are *adding a feather to his cap of management by confusion* due to their greed. And, here, I discovered in 2013, lies the master stroke of Dr. Clique to maximize the earning of the recipient sector by multi-folds through increasing diabetic heads without spending a penny by the beneficiaries.

**Addition of whopping numbers:** I was chasing my perplexing fasting-blood-sugar situation of high fluctuations in early 2013 although my food intake had remained constant for no less than 15 years –

breakfast: 300 Calories, lunch: 800 Calories and supper: 250 to 300 Calories with modest sugar intake. To understand the problem, which was thought due to psychic inputs, I put the data on a graph (Narration – 1; Figures 1, 2). The Figures displayed, very clearly, the implication of Dr. Clique's act of reducing the *text-book statistical normal* of fasting blood sugar from 80-120 to 80-110 and PP from 180 to 140 without any scientific study. The graphs showed a drastic fall in the normal-blood-sugar days when the parameter is shifted from 120 mg/dl to 110 mg/dl and 180 to 140 mg/dl (Table 2). I was also aware that an experienced practicing physician attaches no value to Dr. Clique's maneuver. On the occasion of my cataract operation, a doctor had issued a fitness certificate in 2007 about my then blood-sugar readings **116** (fasting) and **218** (pp) "Blood-sugar under reasonable control & cataract surgery can be undertaken (25.10.07)" (p. 22, I).

Medicos have two faces was clear on the day the physician issued a go ahead certificate for operation of a delicate organ eye even though my blood sugar was 218. One, a greedy follower of Dr. Clique, promoting the management by confusion for the industry; and, the other, an experienced medico still holding on to conventional parameters; and, convinced through experience that Clique's values of hyperglycemia have nothing to do with diabetes as a disease. It is for siphoning money of the ignorant. What could be more saddening, the medical fraternity *has given acceptance of blood-sugar above 140 mg/dl as hyperglycemic* against human range of 80 to 180 mg/dl?



Data generated by the two figures shows that the total number of days (basic data) and I remaining invariable, there is a positive shift in the number of hyperglycemic days when an artificial, baseless change is made in the statistical parameters for the management by confusion. In the case under consideration, the days and heads are interchangeable. A singular me may be replaced by as many heads as days, and the days turned into one. *The changed equation makes obvious the trick of Dr. Clique. He has added over one-third head in the number of diabetic people world over. About 1.3 billion additional heads are made available to the medical community to fleece them for profit.*

There is hardly any comparison between Dr. Clique and me. I triggered billions through management by confusion; and, he plays with trillions of dollars for his fraternity and clients.

Table 2

Figure	Parameter	Sugar-Normal days	Hypergly. days	Total days	% Increase of	Hypergl. days
1	F-120	22	17	39		
	F-110	10	29	39	31	
2	F-120	36	6	42		
	F-110	32	10	42	9	
	PP-180	34	9	42		
	PP-160	25	17	42		
	PP-140	7	35	22	62	
					<b>Average</b>	<b>34 %</b>

### Narration – 1

I noticed that value of my fasting sugar was moving upwards very fast from 108 on February 26th to 233 on March 8 through steps 153 (28.2), 196 (1.3), 176 (2.3) and 161(3.3). The change was perplexing because neither the food nor the medicine had changed. I had to wait for over three months for tapering of the high sugar phase to a long normalcy down to 119 on May 14 passing through 209 (12.3), 201(22.3) and 236 (8.45AM 31.3). On the last date uneasiness had woke me up in wee hours; I suspected sugar-low; but the reading of my glucose monitor was 183; event didn't disturb my sleep. I woke up to discover a surprise – the fasting sugar value was 33 units higher even without taking a drop of water after 2AM.

The sugar level kept sliding down further till I was hit by with a sugar-low a week later at 2 AM of 19.5.13; I took 2 tea spoon of sugar; and the morning blood sugar level was 86. Surge of sugar in the blood commenced again and the fasting sugar was 146 on May 20; it moved in oscillating pattern till reaching stability between June 22 and 28 between 113 and 115.

On the bottomed-sugar- day I planned to monitor the variation closely during expected cyclical rise for checking and understanding: **a**- can these changes be monitored by an activated psychic system in me?; **b** - exact trend of cyclic blood-sugar variation before a long-term normalcy sets in; and, **c**- where lies exactly the expected *osmotic-glucose- normalcy* of my internal environment in the fluctuating regime of blood sugar operating within my body. The then data plot (Fig. 1) revealed: **a**- the psychic organs of the head and chest don't reveal the fluctuating blood-sugar changes; **b** – the blood sugar high of 233 had move down to long low-sugar- phase (113-115mg/dl) through a series of pulsations lasting for 106 days on account of a physiological *osmotic- drag-zone* (Box 2) pulling the higher and lower values towards it till these stabilize around  $114 \pm 1$  mg/dl from 22.6.13 to 28.6.13; and, **c**- the osmotic-glucose-normalcy of my body ( $115 \pm 10$  mg/dl) lay very close to the lower and upper boundaries of the drag-zone. It forms upper and lower limits of the osmotic-glucose- normalcy-zone of my body.

Analysis of data also brought out that events of above 200 mg/dl were fewer and short lived – only two during a period of over three months, these were manageable through skipping the lunch at worst. I felt happy at my conclusion. Now, I could plan the food and medicine further to live with peace in future.

### Understanding in the mind of the third cornerstone

In the exploitation of the humanity by Dr. Clique, I stand at the third corner stone with other 3.8 billion men – cheated and fleeced by the management by confusion of Dr. Clique at the first cornerstone; the drug industry and gadget makers are at the second. I find the diagnosis and treatment of diabetes is neither medical, nor scientific nor biological; and, yet most of us are being exploited and many of us are paying through nose when old. It is all because the diagnosis of diabetes as a disease with specific symptoms is set aside now. I refused to take medicines for nearly ten years, after being declared as diabetic by medicos on the basis of hyperglycemia; but, my certificate for the operation of eye was issued not by absence of symptoms of diabetes in me. It is based on the

unscientific, artificially tied values of blood-glucose with diabetes and followed these days by *medical fraternity* to exploit 3.8 billion human beings through an all out cheating. **It is a cunning maneuver** to fix the base-level of hyperglycemia at 140 mg/dl when the *Dictionary of Biology* regards the human glucose-normal level as 80 to 180 mg/dl. The last value can only be altered, for hyperglycemia, through statistical procedures not by Dr. Clique and his coterie for fleecing the ignorant through medication. The same condition applies also to old-age-hyperglycemia population where position of glucose-normalcy-zone for each individual shifts with age. Dr. Clique is unaware about a bird called homeostasis which derogates the idea of a constant osmosis in our lives in all ages. Osmotic pressure – an important component of homeostasis – keeps changing with age as seen in figure 6. It is sheer Nero-mania to attempt to drag down the fasting osmotic-drag-zone of 170+ at 80 years of age to 110 through medication as recommended by Dr. Clique. This act by medicos deleteriously damages the brain and nervous system in an aged but followed because Dr. Clique and his team are 007s – licensed to kill.

### Scarecrow cawing

Many advertisements scare persons unnecessarily in a tradition started by prophets on the lines “Fear the fires of hell created for the kafirs on the Day of Judgment.” There are only two sets of ailments related directly to hyperglycemia. One, related to poor utilization of insulin in the tissues that was generated for ‘burning’ glucose in the tissues; and, the other, damage of the delicate tissues like capillaries of retina due to high osmotic pressure difference in the internal environment. Others are doubtful correlatives. I have suffered from a non-healing abscess of mine dragging for two and half years, some 50 years ago, when there was no trace of high sugar. As an old-age diabetic I developed blood-thickening and clotting in leg-muscles swelling my legs like balloons in 1997 (The Gods. P.102); my then boss had the same problem though a non-diabetic. Both were using blood-thinning medicines. He died after two years due to kidney failure while I survive till date. Where stands the correlation of kidney failure and diabetes in the present case? Only thing common between the two was old age; and that alone could be blamed, not the diabetes. Scarecrow of Dr. Medico is not worth heeding; there are multiple reasons behind a disease and to correlate many of them with diabetes or hyperglycemia is untenable.

#### Box 2

##### Osmosis, Osmotic Drag Zone and Osmotic Glucose Normalcy Zone

When a solution of, say, sugar in water is separated from pure water by a membrane permeable to water but not to sugar, water passes from membrane into the solution. This movement of water is osmosis. Application of pressure on the sugar solution stops the flow of water at a critical level called osmotic pressure. In internally adjusted fluid regime in each person called internal environment, formed by the cells and intercellular space around (Box-1), gross osmotic pressure is near zero; his body fluid lies in balanced state in the internal environment. Our body has three set of organs and tissues to help balance osmotic pressure in a diabetic’s internal environment. First, a circulatory system that picks up nutrients, sugars and medicines from intestine and other organs including insulin from pancreas for interacting to ‘burn’ sugar within a couple of hours after ingestion of food for normalizing the internal environment; second, tissues wherein the circulatory system of heart, arteries, capillaries and veins ‘bathe’ each cell with nutrients for their energy requirement; and, third a watery fluid carrier or lymphatic system which collects fluid in its network of capillaries in the tissues just like circulatory system and pushes it back in the veins to run the body with minimum wastage of water.

Sugar enters in the body from intestine and reaches to body tissues through heart, arteries and capillaries. Water moves due to osmotic pressure from lymphatic capillaries to tissues to capillaries. An osmotic pressure gradient is created for short time, therefore, between capillaries of arteries and lymphatic system. But as the sugar burns in the tissues through oxidation aided by the impact of insulin, the misbalanced state of osmotic pressure recedes between lymphatic and circulatory systems, balancing the internal environment within hours. This is a routine feature repeating day after day. But, when the blood-sugar is oscillating highly in cycle, as in figures 1- 4, its final adjustment takes days. During such situation the highest and lowest values move day by day towards normalcy (internal environment) as if these are being dragged, between the slowly moving **drag-forcing-lines** below and above to a narrow **Osmotic-drag-zone** (Fig. 1) wherein the osmotic pressure is equal to that of internal environment. A narrow **Osmotic-Glucose-Normalcy-Zone** marks the longest duration within 20 mg range that contains maximum points of an oscillating- sequence till its termination in a stable state (between dates 22-28 June in Fig. 1). Usually, a long duration balanced internal environment is absent in old-age-diabetics.

### Old-age hyperglycemia unrelated to digestive system-generated-glucose

Prevailing concept about diabetes in the medical fraternity has three constants: first, it relates only to metabolic activity of the digestive system including digestive tract, pancreas, liver and insulin as a textbooks of human physiology teaches; the second, only Dr. Clique's lower limits of hyperglycemia, not the top of the observed glucose-normal in the humans species as determined through statistics, shall fix the diagnosis for diabetes and medication irrespective of positive or negative symptoms of disease in urine; and, third, the base sugar-level of Dr. Clique's hyperglycemia (140 mg/dl) remains constant for all ages. There is no scope of considering *osmotic-glucose-normal*, changing with age, and an adjusting homeostasis due to ageing. *Old-age hyperglycemia doesn't follow any of the criteria fixed by Dr. Clique*. It is seen that a part of the sugar in the old age is generated in the muscular tissue independent of digestive system; second, medication adhering to the artificial limit fixed by Dr. Clique turned out to be a possible killer in the case of my old relative; and, probably in innumerable cases like his and mine the osmotic-glucose-normal is 50 or more points above normalcy of 110 mg/dl fixed by the followers of Dr. Clique.

Old age has symptoms common to all during seventies. Here is a recapitulation of what happened with my body while I live through seventies. There is almost no change in the body weight and general brain function. But, the strength of the muscles has decreased and physiological system is down by five times. I could mow my lawn with minor breaks up to ten minutes when seventy but feeling exhausted just after two minutes while struggling to push the lawnmower at 77. A slowing form from 10 minutes strenuous work has now reached to mere 2minutes. The degeneration of leg and hand muscles looks much more obvious. Calf and thigh muscles have softened and the arms have slimmed now. The heart also, as a muscle organ, has lost energy and vigor; pulse rate was 56 in an average of 17 readings of blood-pressure-monitor on July 7-8, 2013 in comparison to  $73 \pm 2$  during my sixties. Chest muscles and diaphragm too have weakened resulting into a shallower breath now, forcing exhaustion in two minutes due to lack of oxygen in blood stream to support longer muscular activity using aerobic respiration route. There is no complaint about digestive system. It is running fine, possibly because my regular food intake is very low – around 300 Calories breakfast + 800 Cal. lunch + 300 Calories supper. The typical situation at 77 years of age is a near non-recession of the activity of brain, which was consuming almost one fourth of the body-nutrients in sixties and continues do almost same even at this age.

A major problem of old-age is misbalanced state of nutrients for physiological requirement of the internal environment in an ageing body. Brain requires almost same energy as in young and an aging body cannot provide it. . There is also a realization: my brain has not degenerated as much as other body tissues; and, it is successfully maintaining all the nutrient requirements for my vital organs besides for itself for sustaining me as a physiologically controlled active mammalian body without fast degeneration of my good health. How does the brain manage the energy requirement of my body when the intake of food is constant and there isn't a proportionate change in the body weight but the oxygen and nutrient supply are cut severely due to ageing? The answer to the above question is most simple: *by adding glucose in the blood stream to compensate the shortfall of the nutrients and increasing it gradually with age to maintain the osmotic balance of the internal environment*. A progressive change in the fasting glucose concentration of blood, as available from the readings of the glucose-monitor, confirms it amply (Chart 1, Figures 3, 4). The blood-glucose levels – both stable and fluctuating – show a shift of the base-line between 2013 and 16 towards higher concentration. The seven year average also brings out clearly a shift in the osmotic-glucose-normal from 105 mg/dl to 155 mg/dl between 70 and 77 years of mine (Figure 5). With the addition of years in the age after 72 years the blood-sugar-addition accelerates pretty fast (Fig.6).

Look at emergent plight of mine if I heeded to the advice of Dr. Medico under instruction of Dr. Clique for insulin-injections. I shall be living through tearing pressure at my internal environment adjusted now with the glucose-normal of 155 mg/dl when brought to 95 mg/dl as they have done it with my older colleague. The doctor and patient both are unaware that the blood-glucose is not generated wholly by the digestive system in ageing men; there is also another mechanism among the mammals to augment the sugar in the ageing body for its physiological requirements. Under current medication, many an old run the risk of deleterious pressures on the brain and even a bright chance to follow my relative in the journey to the other world.



## Chart -1

**A: Blood-sugar Pattern Data (Figs. 1, 3)**

(Fasting Blood-sugar Values in mg/dl and dates)

**May-June 2013****May:** 119 (14), 97(15), 72 (16), 120 (17), 93 (18), 86 (19), 146 (20), 109 (21), 171 (24), 179 (25)  
125(26), 149(29). **June:** 107 (01), 124 (10), 99 (14), 143 (18),135 (20), 113 (22&25), 115 (28)**July 2014:** 165 (21), 178 (22), 113(23).**December 2015 – January 2016****December:** 163 (16), 160 (17), 161 (18), 141(20), 64 (29), 127 (21), 186 (22), 215 (23),319  
(24), 222 (25), 155 (26), 105 (27), 169 (28),64 (29), 114 (30).**January:** 104 (1), 114 (5), 117 (6).**July –August 2016****July:** 174 (20), 173 (21), 136 (22), 152 (23), 132 (24), 191 (26), 224 (27), 236 (28), 183 (29)  
146 (30),136 (31).**August:** 119 (1), 153 (3), 141 (4), 149 (5), 136, (6).**B: Routine Blood-sugar Data (Fig. 4)**

(Fasting Blood-sugar Values in mg/dl and dates)

**March 2012:** 102 (14), 124 (15), 104 (18), 107 (19), 130 (20), 116 (21).**September 2013:** 84 (3), 90 (4), 110 (9), 121 (10), 152 (11), 126 (12), 98 (16),95 (19).**September 2015:** 89 (3), 125 (4), 134 (5), 177 (8), 174 (9), 137 (10), 132 (11), 127 (12),  
137 (14), 105 (15), 135 (16), 121 (18).**October 2016:** 173 (11), 152 (12), 147 (13) 174 (15), 153 (16), 147 (17), 153 (18), 181 (19),  
176 (20), 155 (21), 131 (22).**C: 7 Year Profile Blood-sugar Data (Fig. 5)**

(Average Blood-sugar Values in mg/dl and mid-date-days with ref. to 0 date)

- 1: **2009:** 82 (3-11), 82 (4-11), 100 (5-11), 113 (6-11) 144 (10-11), 109 (12-11) → 105 (-54)
- 2: **2010:** 81 (3- 2), 105 (4-2), 126 (5-2) → 104 (+35) ||| [|@ → 105 (+282)]
- 3: **2010:** 147 (27-3), 147 (28-3), 89 (30-3), 120 (31-3), 127 (4-4), 140 (5-4) → 128 (+ 92)
- 4: **2010:** 106 (18-9), 96 (24), 92 (3-10), 72 (8-10), 122 (14-10), 118 (25-10) 123 (26-10), 110 (28-10)
- 5: **2011:** 151 (22-3), 119 (23-3), 117 (24-3),105 (25-3), 115 (26-3), 136 (7-4) → 123 (+453)
- 6: **2011:** 153 (20-9), 167 (21-9), 139 (25-9), 81 (1-10), 114 (3-10), 135 (5-10), 100 (6-10) → 127 (637)
- 7: **2012:** 102 (14-3) 124 (15), 104 (18), 107 (19), 130 (20), 116 (21) → 122 (+809) || [#: 106 (1837)]
- 8: **2012:** 161 (6-9), 136 (7-9), 99 (8-9), 156 (14-9), 122 (17-9), 148 (23-9), 146 (24-9) → 141 (1010) |@
- 9: **2013:** 135 (24-2), 137 (25-2), 108 (26-2), 153 (28-2), 196 (1-3), 176 (2-3), 161 (3-3), 233 (8-3), 209  
(12-3) → 168 (1158) ||| 10: **Sept. 2013:** same as under B → 112 (1346)
- 11: **2014:** 161 (20-3), 136 (24-3), 150 (25-3), 123 (2-4), 114 (3-4), 131 (6-4), → 136 (1553)
- 12: **2014:** 114 (20-8), 122 (21-8), 146 (22-8), 88 (23-8), 124 (24- 8), 98 (25-8) → 115 (1696)
- 13: **2014-15:** 114 (30-12-14), 108 (6-1-15), 89 (9-1),114 (13-1), 120 (14-1), ,87(15-1),110 (19-1) → #
- 14: **2015:** 164 (27-5), 152 (28-5), 131 (29-5), 89 (2-6), 99 (3-6), 97 (5-6) → 122 (1979)
- 15: **2015 December:** Same as under A → 157 (2186)
- 16: **2016:** 105 (21-2), 139 (23-2), 129 (29-2), 157 (3-3), 119 (4-3), 136 (12-3), 152 (16-3) → 134 (2253)
- 17: **2016 October:** Same as under B → 154 (2482).

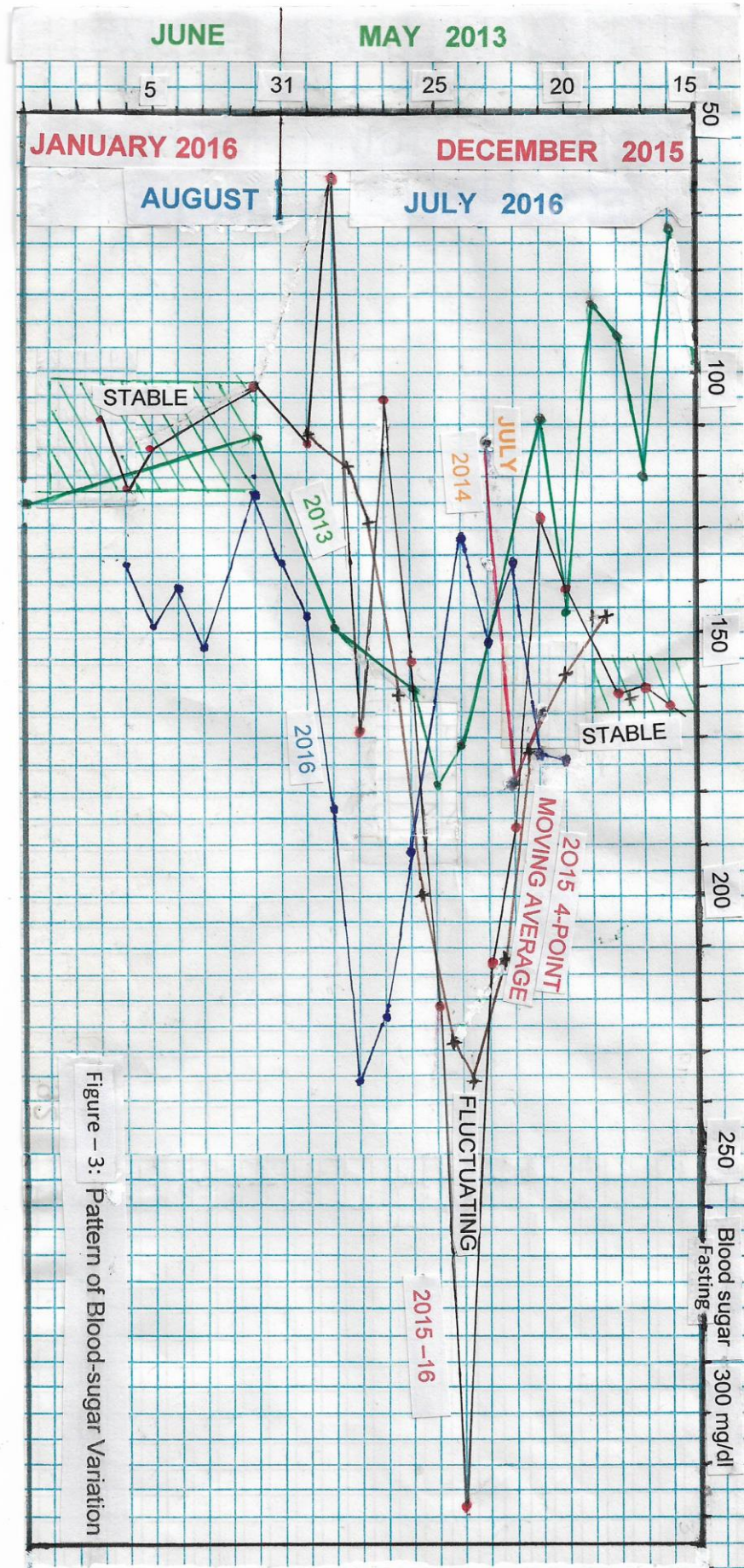
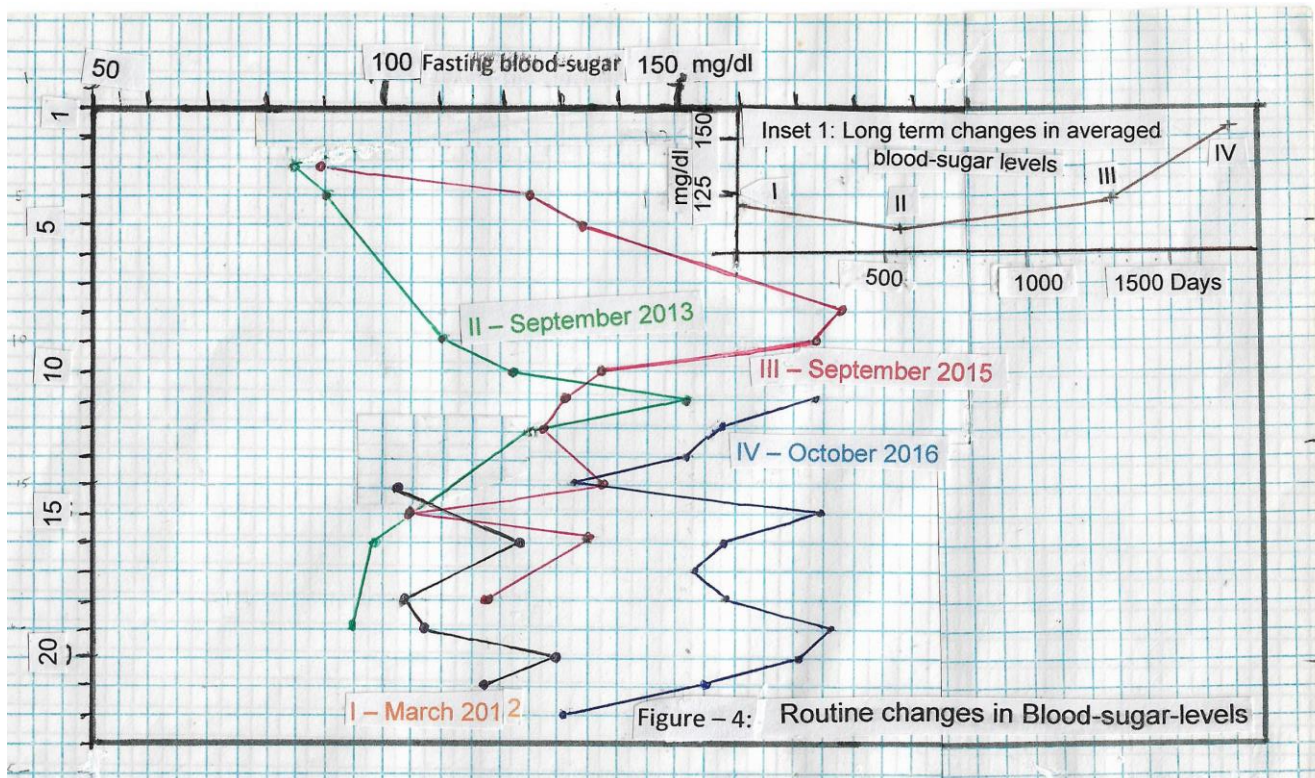


Figure - 3: Pattern of Blood-sugar Variation

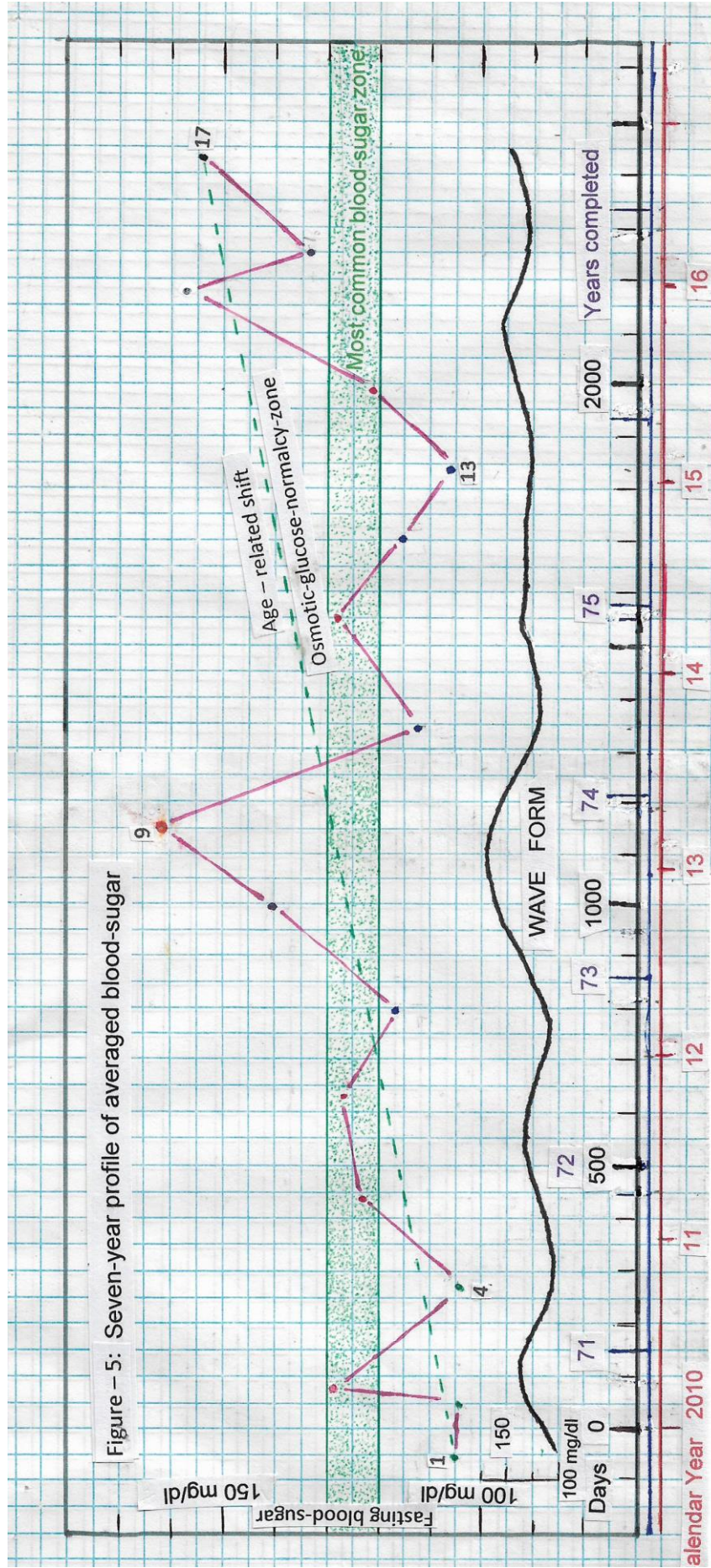


Glucose generated in the alimentary canal is an important source of nutrients in all ages. However, in the old age when systems slow down, activity of brain continues at the same pace and aerobic respiration declines or slows, hyperglycemia is an asset for the ageing body as well as brain providing a new source of nutrients. It nourishes the delicate tissues of the body like eyes, brain and kidney by supplying them nutrients when oxygen generated energy recedes and glycolysis becomes its partial substitute in an ageing body (Box-3). Although observation is single, it is worth putting on record in context with positive impact of old-age-hyperglycemia for health of kidneys in my boss and I (case referred in foregoing page). He was a non-hyperglycemic and died; and, I survived the old-age-blood-thickening medication affecting the kidneys. Isn't a helping hand of hyperglycemia which helped my survival? The process of generation of glucose is spontaneous and not under our control. It was observed by me long ago that sugar had been added to my blood stream on certain dates and my effort to check it just failed (Narration 2).

### Box - 3

Pumping in air in the lungs and throwing it out, absorbing oxygen and giving away carbon-dioxide makes the typical process of aerobic respiration among us. It is also undertaken in our body on cellular scale involving use of oxygen with a set of enzymes to 'burn' glucose and giving away carbon dioxide for generating energy in Krebs cycle. In the cycle, an enzyme controlled reaction breaks down pyruvic acid for energy into carbon dioxide and adenosine-triphosphate (ATP).

Under deprivation of oxygen due to prolonged exertion or shallow breathing in old-age our muscle cells undertake anoxic route of *glycolysis* for generating energy; although, scanty in amount, it takes us out of energy crisis. In this process, glucose is broken down into two molecules of pyruvate without any requirement of oxygen. This broken down pyruvate, when reaching the liver through blood stream, changes again to glucose at the cost of six molecules of ATP. Glucose, thus, does not 'burn' during old-age-anoxia while the ATP formed under Krebs cycle and in the mitochondria of liver cells alone gets consumed to add additional glucose in the body. The newly acquired anaerobic respiration among ageing introduces, thus, a new nutrient to his energy-starving tissues; and, the new nutrient source is unrelated to digestion. This also means, hence, an accelerated hyperglycemia with ageing.



## Narration – 2

Occasional addition of sugar in my blood was evident pretty early in a case (17-18.2.10) when evening meal was taken with one and half tablets of medicine (=750 mg metformin + 3mg glimepride) at a sugar level of 68 mg/dl, and some sinking down of sugar was expected in the fasting-sugar next morning. But, the fasting sugar level in the morning was an unexpected – 169mg/dl (Table- 3). In the other case of 9.9.15 uneasiness awoke me at 2.30 AM; blood sugar read 140; but, the fasting sugar was 174 at 8.30 AM. The case was that of a definite generation and addition of blood-sugar while I was in deep sleep. Nothing except anaerobic respiration can explain this addition of sugar in my body. A much smaller addition of sugar overnight was also evident in the two cases when Post Prandial readings were taken after the suppers of 15. 12. 15 and 5. 10. 16. The blood-glucose levels in the two cases were expected only to fall till morning next (Table-3: Q, Ø). Instead there were additions of glucose to the PP level of evenings, though insignificant; merely 1 and 3 mg/dl as Table- 3 shows. A third occasion in my case relates to my attempt to cut down the sugar level through fasting and was watching helplessly that medicines didn't work in cutting down the sugar level even though I was missing meals. The paradox was fascinating. At 7.30 PM of 22.7.16 my glucose level was 214. Missed the supper but took 250 mg metaformin .+ 1mg glimepride dose to cut down the fasting sugar further; fasting sugar next morning was 152 in place of expected 100± 10. Then again, no breakfast, but a tablet of glimepride 1mg + a cup of sugarless coffee, expecting some sliding down of my P P glucose. Contrary to the expectation, the blood sugar rose to 164 mg/dl in place of moving down.

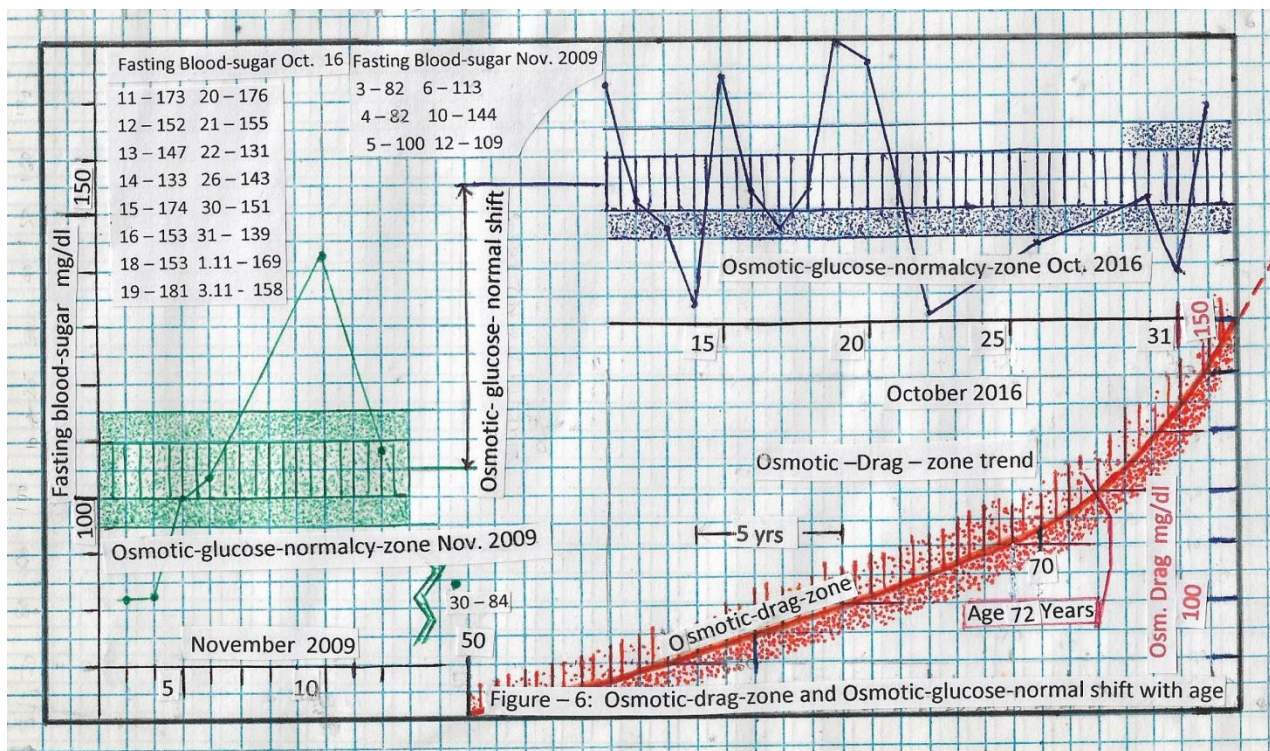
Anaerobic respiration alone can explain above anomalous variation of the blood sugar. It was mostly during the night but even days with increased activity like morning walk did not break the cycle of anaerobic respiration and generation of glucose in the last instance. It makes a sense only if we take into account intense glucose-requirement of my living system starving of nutrients in the old age just because I undertook the fasting to regulate sugar. There were not enough glucose nutrients in my body to sustain my physical self in proper health when the phenomenon was occupying a night-day slot as I went for fasting to cut down the sugar level further. My physiological system continued with anaerobic respiration and consequential glucose generation and hyperglycemia to maintain my health instead of choosing to drain the nutrients through Krebs cycle.

Internal environment within each of us is both sensitive and sensible to judge, and act for the best state of health. Which of the 'sugar-burning though Krebs cycle' or 'Hyperglycemia and glycolysis' cycles suits for the energy in the body is determined by the internal environment. The latter was requirement asserted my internal environment and acted accordingly in the case above. Hyperglycemia, thus, forms an essential element of Old-age-physiological requirement.

Cutting down the value of high sugar normalcy of 155 mg/dl in an old man to Dr. Clique's fence of fasting blood-sugar- normal (110 mg/dl) is no less than murdering him slowly. If it is carried out by professional doctors due to ignorance of Prophet Dr. Clique, his Caliphs and Sultans about the shifting homeostasis in old age, I may label it only as lamentable.

### Homeostasis

Reproduced here is the material from a Text Book of Physiology (E. Babsky et al.) to make fellow old men aware that heavens don't fall in the treatment of their diabetes. Human body, like any other mammal, sheds away the osmotic-pressure substance when the osmotic pressure rises suddenly; and, the internal environment is not severely affected in our body. There is nothing to get scared for fatal end haunting most oldies while eating food and trying to adjust with the blood-glucose fences of Dr. Clique through eight readings of glucose-monitor. Implications and problems of temporary and marginal shift in the routine of medication or minor abstention from food or medicines can be appreciated under the biological phenomenon called homeostasis. Stability of chemical composition and physico-chemical activity of the internal environment among us is controlled by *homeostasis*.



Higher animals have developed adaptations that counteract many of the influences of external environment that provide relatively stable conditions of existence for the cells. This has the greatest importance for its vital activity as a whole. The cells of an organism function normally only under relatively stable osmotic pressure conditions by constant content of electrolytes and water in them. An increase or decrease of osmotic pressure may produce severe functional and structural disturbances in the cells, but the organism as a whole can live for some time. After an excess intake of water causing a fall in the electrolyte concentration of blood and osmotic low, water is removed from the body fast through urination and sweating and the concentration of electrolyte normalized. Deficient intake of water is also balanced by excretory organs through controlling the electrolyte level in the blood-fluid.

Cells, nerve cells in particular, are very sensitive to changes in the blood-sugar-level, sugar being an important nutrient. Stability of the blood-sugar-level is of great significance to life processes. *With the rise of sugar-level in the blood a polysaccharide glycogen is synthesized from it and stored in the liver and muscles. In the fall of the blood-sugar-level glycogen is broken down into glucose that passes in the blood.* (Firmament won't fall on earth when glucose-monitor reading is not taken eight times a day).

The stability of the composition, physico-chemical and biological activities of the internal environment, it must be stressed that this state is not absolute, but relative and dynamic, and is achieved by participation of a number of organs and tissues regulating variations in the composition and physico-chemical properties of internal medium. Homeostasis takes a primary role in the management of hyperglycemia among the old who generate a new food due to emergence of anaerobic respiration and addition of extra glucose in the blood stream. It is in small quantity initially but accelerates fast in late seventies and eighties. Dynamic nature of homeostasis is seen as common; we discuss the topic in the text to follow. Increment of the glucose level in the body with age and a corresponding upwards moving osmotic-glucose-normal among old men is seen as normal in nature.

### ***Enigmatic Homeostasis Shift among the Old***

Indications that glucose is generated in sleeping state and well known principle of conversion glucose into glycogen as first order food stored in the body to be converted into energy either through oxidation or glycolysis among the old brings a major question to the fore. Why is it needed merely by 1 or 2% hyper glyceemic oldies in the human population while 98 % of the men can sustain their physical self in old age only with the food eaten by them? It is also seen that glucose level accelerates with progressive ageing. Homeostasis has shifted the osmotic- glucose-normalcy-zone and equivalent osmotic pressure in the internal environment of mine rather fast as my age moved from 70 to 77 years. The shift amounts to 50 mg/dl equivalent of glucose (Fig. 6). But, why is this additional requirement of nutrients when ageing cuts down the use of Calories due slowing down of biological activity? An additional question also follows. Is there a method to quantify or, at least, guess the amount of this primary food being generated and consumed by me – a hyperglyceemic old man – as suggested by steep rise and fall of glucose levels in Figure 3?

We may tackle the last question first, at least approximately. My weight, an individual in analysis, is around 65 kilograms; the bones and organic matter may be around 15 Kilograms and water content 50 kilograms. 1mg/dl glucose means 10 mg of sugar in a water-mass of 1 kg and for 50 kg weight of water in me, it works out as half a gram increment with every addition of 1 mg/dl glucose. For the surge of glucose level in December 2015, from 141 (20.12) to 319 (24.12) in four days addition of glucose works out approximately the half of the difference between the two figures  $(89) \times 0.5 \text{ g} \times 4 \text{ days} = 222.5 \text{ gram}$ . And, the generated glucose thereafter either burns or turns into glycogen as it declines to 64 mg /dl (29.12), first to its build-up-level and then further down by 77 mg/dl. The amount, now depleting from the body, could also be quantified approximately in the same way. The procedure would also be followed for the other cases as well as the elderly population showing large scale variation in their glucose level.

Most astounding outcome after the calculation is a paradox. This amount of additional sugar cannot be generated in four days in my body as surplus-calorie-intake as my food intake is constant; nor, can its fast degradation from 319 to 64 in five days is accountable because of my non-strenuous, isolated life-style. Glucose' arrival and departure do not relate to my physical body is absolutely clear from this exercise.

In the situation above, peaking up of sugar on the fourth day, coinciding with my solstice Hom (Fire ritual and massive transfer of ann or psychic food to gods after which the ritualistic gets exhausted due to loss of energy moving away from him to the gods) and then falling to nadir in other five days as if more ann has been drawn by the gods from me, than I had generated as blood-sugar. The case reflects same conditions as seen in 2013 or 2016 (Narration -3); and, hence, not an unusual phenomenon of nature among old persons. Very large variations of blood-sugar among hyperglyceemic old people have nothing much to do with physical human body or its maintenance. These are related to movement of ann to gods through their mediums (me in this case).

It falls beyond the scope of this work to dwell about the topic except putting here the principle related to ingestion of ann among psychically elevated living men, goddesses and god: Assur god's men (Prophets and Tantrists, Tyrants) eat cattle men's consciousness as ann by robbing their happiness through fear and torture; goddesses eat Assur through sex; luminous gods gather their ann from respect of noble men and ritualistic (like me); goddesses pair with gods for neutralizing mutually their charged ann; and, God of gods eats ann from all of them in Prajna. Consciousness ganglia (Illustration - 2) have key role in energy transfer between the mediums of gods and goddesses. Many old men and women are the mediums of gods and goddesses; and, they are unaware of this fact known only to their psyches controlling the subconscious.

**Table-3**

**Evening to Morning blood-sugar variation**

(FOOD-INTAKE =70g SUGAR equiv. WITH DIONIL250mg)

A: 17.2.10 Even. 68 → 18.2.10 F 169 >+ 101

No data between 18.2.10 and 12.1.14

B: 12.1.14 Even. 152 → 13.1.14 F 152 > -73

C: 14.1.14 Even. 152 → 15.1.14 F 169 > -91

D: 23.1.14 Even.210 → 25.1.14 F 108 > -102

E: 30.6.14 Even.228 → 1.7. 14 F 98 > -130

F: 1.7.14 Even.248 → 2.7. 14 F 127 > -121

G: 20.8.14 Even.151 → 21.8. 14 F 122 > -29

H: 23.8.14 Even.151 → 24.8. 14 F 124 > -27

I: 18.12.14 Even.208 → 19.12. 14 F 133 > -75

J: 19.12.14 Even.223 → 20.12. 14 F 101 > -121

K: 25.2.14 Even.203 → 26.12. 14 F 150 > -53

L: 10.2.15 Even.182 → 11.2. 15 F 144 > -35

M: 10.6.15 Even.1139 → 11.6. 15 F 112 > -27

N: 7.9.15 Even.226 → 8.9. 15 F 177 > -49

O: 9.9.15 2.30 AM 140 → 9.9. 15 F 174 > +34

P: 18.9.15 Even.131 → 19.9. 15 F 97 > -34

Q: 15.12.15 Even.162\* → 16.12. 15 F 163 > +1

R: 17.12.15 Even.255 → 18.12. 15 F 161 > -94

S: 23.12.15 Even.211 → 24.12. 15 F 315 > +104

T: 24.12.15 Even. 275 → 25.12. 15 F 221 > -54

U: 25.12.15 Even.275 → 26.12 15 F 155 > -119

V: 26.12.15 Even. 307 → 2.12 15 F 105 > -202

W: 4.1.16 Even. 221 → 5.1. 16 F 114 > -107

X: 22.3.16 Even. 126 → 23.3. 16 F 157 > +31

Y: 19.7.16 Even. 195 → 20.7.16 F 174 > -21

Z: 23.7.16 Even. 97 → 24.7. 16 F 132 > +35

α: 26.7.16 Even. 234 → 27.7. 16 F 224 > -10

μ: 27.7.16 Even. 237 → 28.7. 16 F 236 > -1

β: 4.8.16 Even. 129 → 5.1. 16 F 149 > +20

∅: 5.8.16 Even. 131\* → 6.8.16 F 136 > +5

ö: 11.8.16 Even. 168 → 12.8. 16 F 137 > -31

\* post-prandial value 25: substituted for 24

**Distribution**

> 40: AS (2); 40-0: O,Q XZ β, ∅ (6)= 8. +:--:8:23

> - 80: CDEFJRU VW (9); 80-40: BIKNRT (6); 40-0:

GHLP Y α μ ö (8) = 23. **Total 31**

Evening readings mostly between 7&9PM

**Trend of Ann Acquisition among the Old**

The circadian rhythm operating over all of us covers many activities including nutrient gathering. Here, the days are for awoken conscious body; and, the nights for unseen psyche or subconscious psychic body within each of us. A statistical tool was considered useful in understanding the activity and increasing strength of psychic body with age.

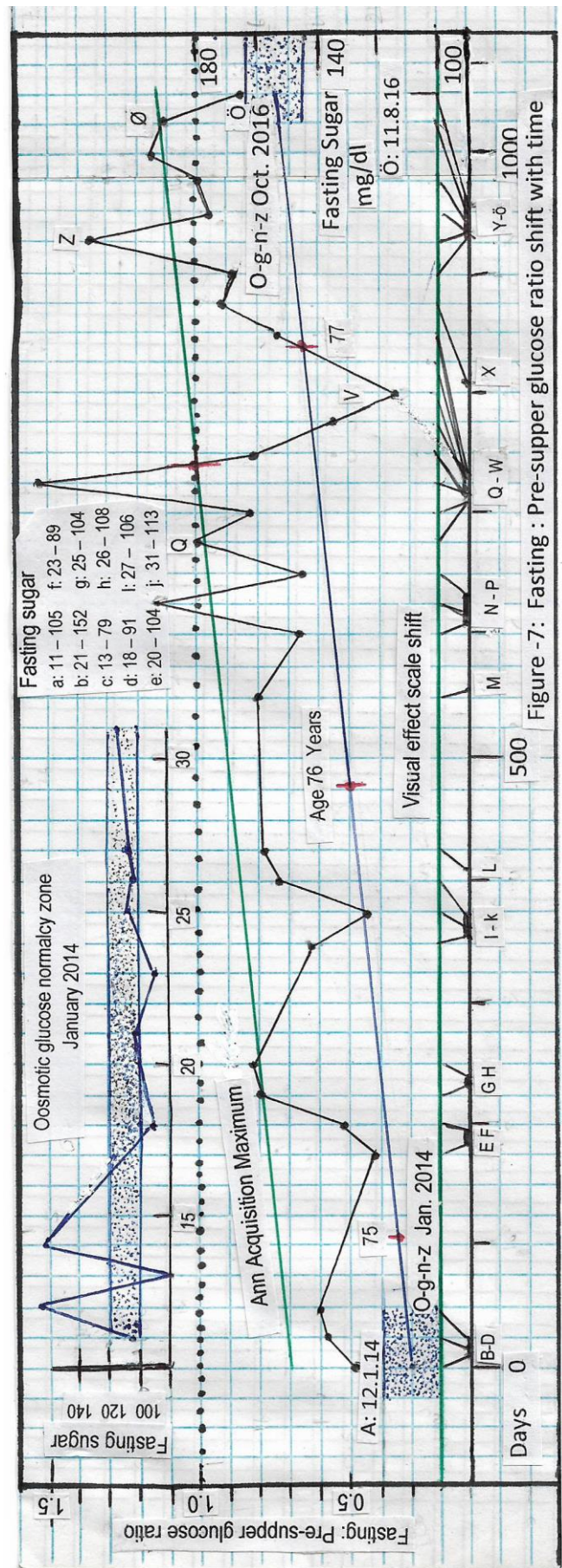


Figure -7: Fasting : Pre-supper glucose ratio shift with time



It was by plotting the ratio between morning (Fasting) and previous evening blood-sugars (mostly pre-prandial) in the time-unit of days moving with age. Principle used here takes the digestion rate and glucose generation in the body as constant (approximately), and the time gap between lunch and Pre-supper sugar-level and the supper and fasting glucose as double. In a normal situation, then, the *fasting sugar: pre-supper glucose* would be half or 0.5. In case ratio is less than half, it will reflect the generation of glucose during nocturnal part of circadian rhythm when psyche's activity rules the body while physical body remains inactive. It is so because intake of oxygen drops during sleep and anaerobic respiration sets in. Data about evening and next morning blood sugars was collated between 2014 and 2016 (Table 3) and ratio plotted on a graph (Figure7). The tool can be used by other hyperglycemic olds too to infer this information about the quantum of glucose-generation during sleep, activity of the psychic body and then measuring the activity year after year.

It is seen that in the present case, between 74 and 77 years, there are only three occasions when morning: evening ratio sinks below 0.5 suggesting normal or younger age physiological activity of aerobic respiration. Total duration of such a normal activity is just around 10% of the total days from January 12, 2014 to August 11, 2016. For the rest of the period, subconscious psychic self generates more nutrients during the sleep than the body consumes. Also, with the fifth month of seventy sixth years psychic activity intensifies. Now, the psychic nutrient (ann) generation overtakes that of the physical self; and, it dominates the physical nutrient within a month of 77th year (ratio 0.9 to 1.5+). Hyperglycemia and diabetes mellitus are bound to be permanent feature in such an old person where a second source of ann (food) comes into existence in the body due to anaerobic respiration. However, *it doesn't create a malady anymore because the situation reflects a normal biological activity of late age*. Just a new source of excretal matter – glucose – is formed; it is no more useable by the internal environment; and, hence, drained out of the body. [See also Figs. A, B &C].

Krebs cycle of aerobic respiration prevailing in the younger age dwindles during old age as aerobic respiration subdues or recedes. Then the aerobic respiration is substituted by the anaerobic one inducing a large scale shift in the homeostasis and osmotic pressure of internal environment. A part of the nutrient doesn't come from the routine food of the digestive system that enters into the body as glucose. The available glucose from the digestive system takes to glycolysis for generating anaerobic energy in the muscular tissue through route: glucose  $\rightarrow$  glycolysis  $\rightarrow$  2 mol. pyruvate + energy; pyruvate  $\rightarrow$  blood stream  $\rightarrow$  liver entry  $\rightarrow$  cells loaded with mitochondria (ATP); Pyruvate + 6 mol ATP = glucose  $\rightarrow$  blood stream  $\rightarrow$  muscular tissue. Thus the anaerobic respiration of old age doesn't allow destruction of sugar in the blood but keeps it adding day by day till digestion-route is checked through food-deprivation (Fig. C). This leads to enrichment of the internal environment with progressively higher levels of glucose leading to: a- homeostatic shift of osmotic-glucose-normalcy with age (Fig. 6); and, b- increasing sugar in urine with time but without symptoms of multiple urination, typical of diabetes mellitus. It is due to equilibrium of the osmotic pressure in the internal environment. I remember to have had brushed aside the diagnosis and medication for diabetes for almost ten years after discovering myself as hyperglycemic. Subsequently, I have continued medication, but not for bringing down the glucose level to Dr. Cliques' specifications. It is only to maintain the osmotic pressure regime as non-hurting to delicate tissues of the body.

### ***Old-age-hyperglycemia medication***

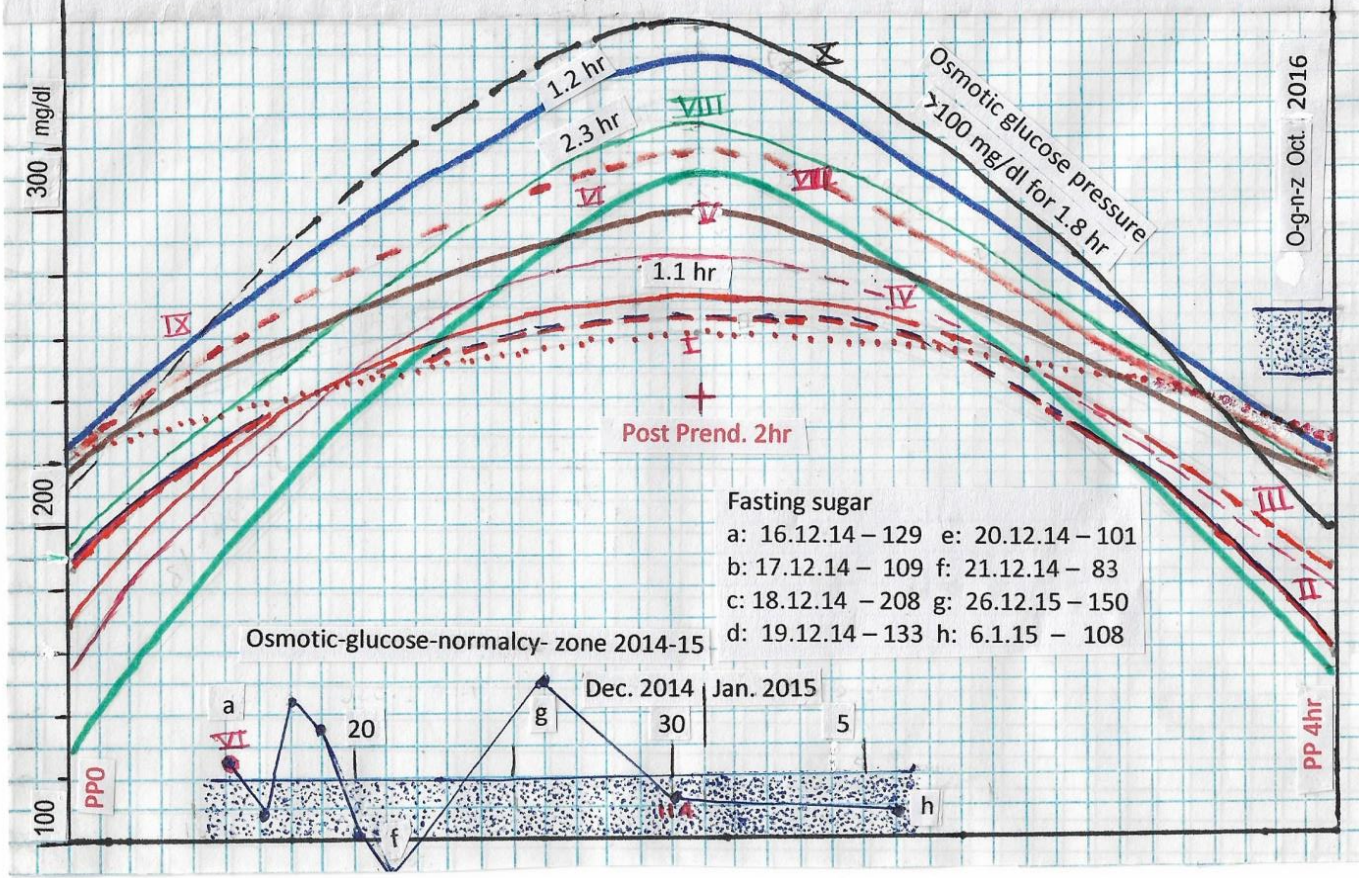
Old-age-hyperglycemia is free from normal symptoms of diabetes; and, hence no need for insulin even if the value of fasting-sugar jumps over 300 mg/dl temporarily. Generally, it should not be above a hundred mg/dl above the osmotic-glucose-normalcy zone. Prolonged high values will affect the delicate tissues like eyes. It will be prudent, therefore, for a hyperglycemic old-man to establish individually his or her glucose-normalcy-zone for himself first, either manually or using a computer; and, then, check occasionally so that Post Prandial sugar concentration after the breakfast does not exceed beyond a hundred mg/dl long after intake of food. Figure 8 gives some

readings and combinations of medicines, duration of the sugar over 100 mg/dl. I use medicines occasionally, mainly to keep the blood-sugar level close to 100 points above the osmotic-glucose-normal during PP measurement; but don't mind if the levels go high occasionally due to high psychic activity of the subconscious self within. Real diabetics, not the forcibly baptized ones by Prophet Clique and his caliphs and sultans, may decide their medication with the help of a *non-greedy physician*. The forcibly converted diabetics may say goodbye to the cult of Dr. Clique. Good Luck!

Figure 7: Variation in Post Prandial glucose levels in mg/dl

Observ. n.	Date	Medicine	Fasting	2h. pp	4h. pp	4h pp - f
I	8.11.16	Metfor. 500mg +Glime.2mg	222	260	227	5
II	29.7.16	Glim. 1mg +Sitag. 100 mg	183	265*	146	-37
III	1.11.16	No medicine	169	268	185*	16^
IV	3.11.16	No medicine	158	271	174*	16^
V	9.11.16	Sitagliptin 100mg	219	308	214	-5
VI	16.12.14	Sitag. 50mg+Dionil 125mg	109	308	151	42
VII	10.11.16	Sitag.100mg+Piogl. 30	220*	318*	219	-1
VIII	20.11.16	No medicine	171	314	212	41
IX	7.11.16	Pioglitazone 30mg	224	348	220	-4
X	22.11.16	Metfor. 500mg +Glime.2mg	210*	346	197	-13^

\*: Estimated by graph-plot    ^: Results estimated.



**Wild Variation of blood-sugar in Winter and Summer Domains at Latitude 30° N**

(Inserted: Sept.10, 2017)

Fasting Blood-sugar levels were monitored on regular intervals at Dehradun (30.31°N: 78.05°E) between May 14 and September 10, 2017 for assessing seasonal variation. Reference datum chosen for the change is 180 mg/dl which is taken as the *Standard Normal* upper limit in the human species (Dict. Biol. P. 42). The climate-change-instrument on the earth is Sun; and, its shift of declination brings to our locale blistering temperatures circa 42°C in summer and a shivering 0° C in winter. The ascending Sun is never over our heads in the town but stops just short of 7° to the south up at the zenith on June 21 (Summer Solstice) before turning back to south again. During the period of investigation, Sun moves from 12° below the zenith to its highest position (c.7°; values marked '✓' for day-count) and then moves to south again down to 25° on the last day of observation (day-values marked +).

Annual climatic change on account of shifting solar latitudes is a gradual process as records show. However, data-plot, here, brings out *drastic shifts* in human blood-sugar-levels at three points. First, a 7-day-shift that pushes the average blood-sugar 144.5 mg/dl below the *standard-normal-line* to the one stabilizing with the base-value 40 points above it and average of 247.7 – a whopping 141,2% shift. It is Winter/Summer Domain Shift related to -9° Sun. A second, similar change pushes up the base-line another 40points and the average to 282,1, i.e., double of Winter Domain, relates to Solstice Sun and Peak Summer. The third event terminates the latter after 51 days with +15° Sun.

No medicines were taken and food intake remained constant; hence, blood-sugar variation reflects only solar declination change. Logically, if our shivering state burns sugar faster to maintain body temperature, a heated body in baking summer will act conversely as shown by blood-sugar data here. The result, showing double value of the winter (0°C) in Peak Summer (42°C) can be confirmed both by individuals and hospitals with a large data set for each life-segment of 5 years.

**Think,** if summer blood sugar is double of winter, what's the value of *nonsensical* upper limits of 110 (fasting) and 140 (post-prandial) of Dr. Clique and medication based upon these? "Cheats?" One feels like crying.

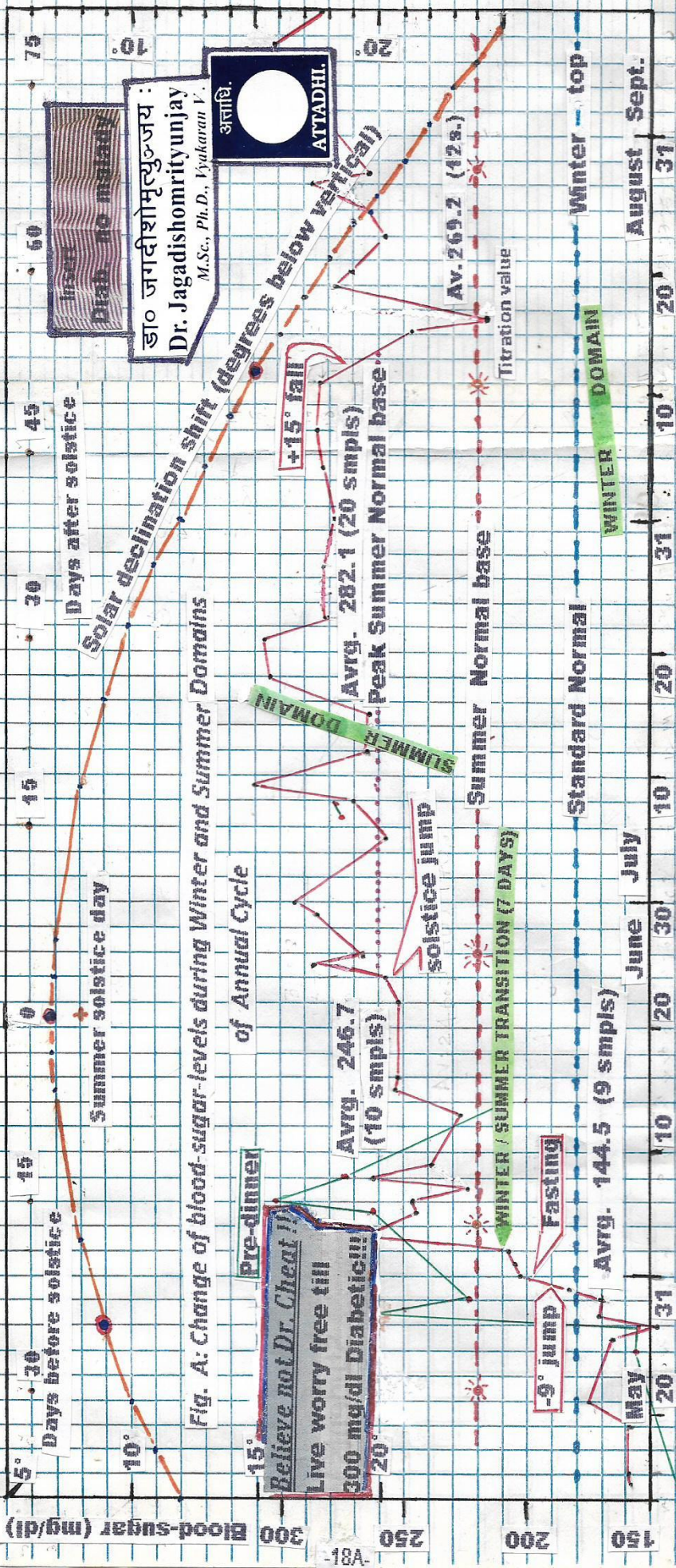


Fig. A: Change of blood-sugar-levels during Winter and Summer Domains of Annual Cycle

डा० जगदीशोमृत्युञ्जय :  
Dr. Jagdishomrityunjay  
M.Sc., Ph.D., Vyakarani V.  
अनंजि. ATTADHL.

Pre-dinner  
Believe not Dr. Cheat!!!  
Live worry free till  
300 mg/dl Diabetic!!!

Diab no mshabdi

## Blood-sugar-record

### Pre-dinner

The data recorded show heightened physiological activity during some nights when blood sugar has been generated during the sleep after missed dinner or less than 300 Calories meal (and assuming consummation of 400 calories during 8 hour sleep of mine). Anomalous readings of fasting sugar morning next, higher than pre-dinner readings, are in brackets with Pre-dinner values.

14.5.17: 129 mg/dl (159) – 25.5.17 mg/dl : 156 (165) – 27.5.17 mg/dl: 154 (171) – 28.5.17: 262 mg/dl 29.5.17: 233 mg/dl – 3.6.17: 340 mg/dl – 5.6.17: 263 mg/dl – 6.6.17: 301 mg/dl – 8.6.17: 274 mg/dl – 14.6.17: 209 mg/dl (254) – 7.7.17: 274 mg/dl (280) – 8.7.17: 278 mg/dl – 9.7.17 278 mg/dl (310) – 14.8.17 313mg/dl.

### Fasting

14.5.17: 157 mg/dl – 15.5.17: 159 mg/dl – 19.5.17: 158 mg/dl – 21.5.17: 175 mg/dl  
 26.5.17: 165 mg/dl – 27.5.17: 146 mg/dl – 28.5.17: 171 mg/dl – 29.5.17: 170 mg/dl  
 30.5.17: 184 mg/dl – 31.5.17: 203 mg/dl – 1.6.17: 205 mg/dl – 2.6.17: 208 mg/dl  
 3.6.17: 266 mg/dl – 5.6.17: 244 mg/dl – 6.6.17: 246 mg/dl – 7.6.17: 224 mg/dl 8.6.17:  
 264 mg/dl – 11.6.17: 239 mg/dl – 13.6.17: 227 mg/dl – 15.6.17: 254 mg/dl – 16.6.17:  
 251 mg/dl – 22.6.17: 252 mg/dl – 24.6.17: 257 mg/dl – 26.6.17: 2267 mg/dl – 29.6.17:  
 286 mg/dl – 30.6.17: 293 mg/dl – 4.7.17: 285 mg/dl – 5.7.17: 257 mg/dl – 8.7.17: 280  
 mg/dl – 9.7.17: 310 mg/dl – 12.7.17: 265 mg/dl – 15.7.17: 264 mg/dl – 18.7.17: 303  
 mg/dl – 21.7.17: 306 mg/dl – 22.7.17: 329 mg/dl – 23.7.17: 281 mg/dl – 27.7.17: 282  
 mg/dl – 31.7.17: 279 mg/dl – 4.8.17: 282 mg/dl – 7.8.17: 285 mg/dl 11.8.17: 284 mg/dl  
 – 15.8.17: 247 mg/dl – 16.8.17: 217 mg/dl – 19.8.17: 278 mg/dl 20.8.17: 270 mg/dl –  
 23.8.17: 258 mg/dl – 25.8.17: 263 mg/dl – 27.8.17: 288 mg/dl 28.8.17: 264 mg/dl –  
 1.9.17: 281 mg/dl – 4.9.17: 282 mg/dl – 7.9.17: 301 mg/dl – 10.9.17: 281 mg/dl.

### An old-age miserable

A man in late seventies entered a homeopath's chamber complaining "I instructed your dispenser to give me a liquid vial, I'm diabetic; but he has given me globules." The doctor explained smilingly "Possibly dropper-vials may not be there; but, 4 globules of each dose will have no effect of your blood-sugar, Sir!" Her advice fell on the deaf years of an unnerved old man shivering now under sugar-phobia due to complete brainwashing by mullahs of Prophet Dr. Clique! 80 to 180 mg/dl or 0.08 to 0.18% is biological normal level of sugar in man; and, our body-fluid may normally have about 35 to 80 gram sugar in solution every moment. What difference 4 globules – less than a quarter-gram – shall make there? Anyone, labeled as hyperglycemic or diabetic vide the vile dictionary of Dr. Clique, can consume 3 to 8 gram of sugar daily if other blood-parameters are normal (p. 22,ii); and, necessarily, he or she walks daily over two miles. **Medico-jihadists show no mercy even to the aged!**

**Fig. B: Trend of clustered blood-sugar-variation**

Close to Summer solstice.

SUMMER SOLSTICE

Day number 31

INCR. - DECR. DATES AND GAP

Pathankot (32.3°) Phenomenon absent

Bilaspur (31.3°) 11.6-2.7; 21 days

Dehra Dun (30.3°) 31.5-11.7; 41d.

Mumbai (19°) 18.4-27.8; 131d.

Rameswaram (9.3°) 23.3-19.9.

INSET - 1.

I # 5 - 1-6: 102 (5) + 126 (6) == Av. 114

II # 5 - 7-12: 120 (7) + 137 (12) == Av. 128

III # 13 - 18: 157 (14) + 159 (15) == Av. 158

IV # 5 - 19-24: 158 (19) + 175 (21) == Av. 166

V # 5 - 25-30: 165 (26) + 146 (27) + 171 (28) + 170 (29) + 184 (30) == Av. 167.2

VI # 31.5/1.6 - 5: 203 (31) + 205 (1) + 208 (2) + 266 (3) + 244 (5) == Av. 225.2

Increment @ 10mg/dl per 4 steps

per 4 steps

Six day cluster V

Increment @ 10mg/dl per 5.5 days

72

Decrement @ 10mg/dl per 15 days

72

Six-day Data Clusters (# 5, 6: May, June etc)

VII # 6 - 6-11: 246 (6) + 224 (7) + 264 (8) == Av. 244.6

VIII # 6 - 12-17: 227 (13) + 254 (15) + 251 (16) == Av. 244

IX # 6 - 18-23: 252 (23)

X # 6 - 24-29: 257 (24) + 267 (26) + 286 (29) == Av. 270

XI # 30.6/1.7 - 5: 293 (30) + 285 (4) + 257 (5) == Av. 278.3

XII # 7 - 6-11: 280 (8) + 310 (9) == Av. 295

XIII # 7 - 12-17: 265 (12) + 264 (15) == Av. 264.5

XIV # 7 - 18-23: 303 (18) + 306 (21) + 329 (22) + 281 (23) == Av. 304.75

XV # 7 - 24-29: 282 (27) == Av. 304.75

XVI # 30, 31.7/1.8-4: 279 (31) + 282 (4) == Av. 280.5

XVII # 8 - 5-10: 285 (7) v. 249.

XVIII # 8 - 11-16: 284 (11) + 247 (15) + 217 (16) == Av. 274

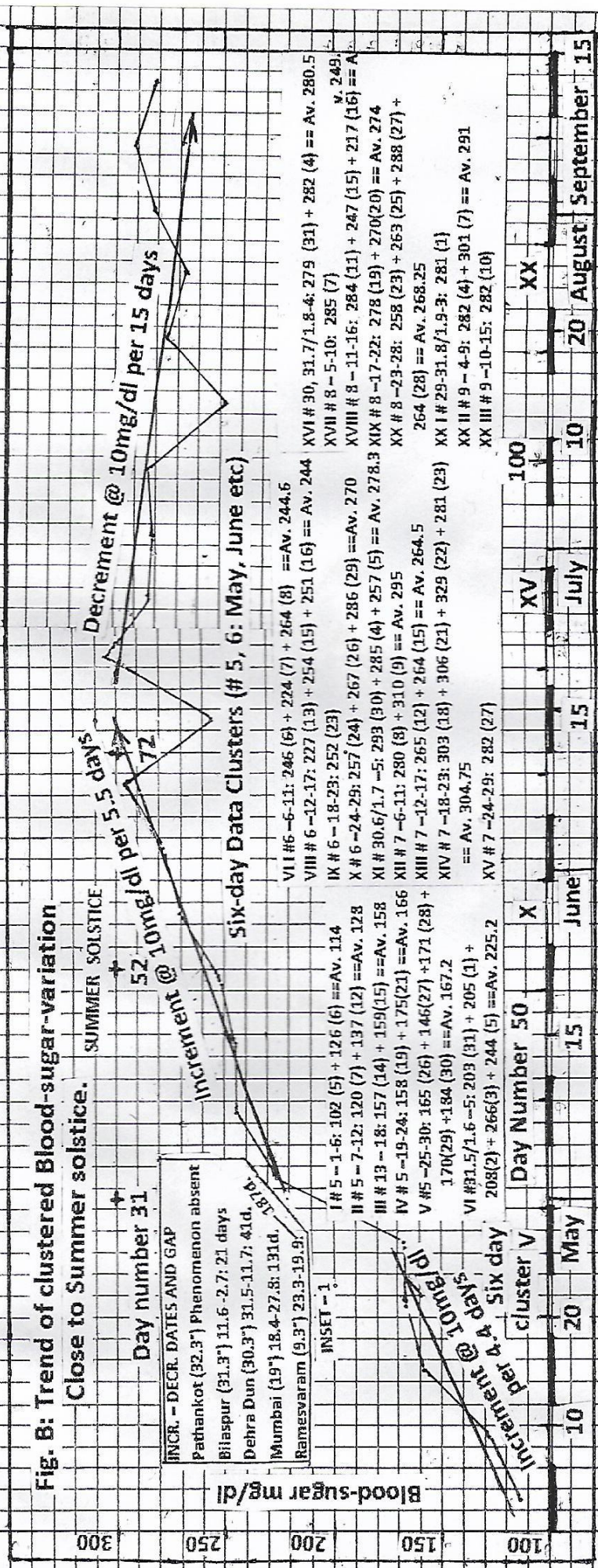
XIX # 8 - 17-22: 278 (19) + 270 (20) == Av. 274

XX # 8 - 23-28: 258 (23) + 263 (25) + 288 (27) + 264 (28) == Av. 268.25

XX I # 29-31.8/1.9-3: 281 (1)

XX II # 9 - 4-9: 282 (4) + 301 (7) == Av. 291

XX III # 9 - 10-15: 282 (10)



**Summer Solstice related Trend**

Six-day data cluster plot between May 1 and September 15 brings out three gross trends of increasing and decreasing blood sugar, punctuated by two beaks. These are related to north and then south movement of sun close to the Summer Solstice. The first gross, between May 1 & 27, adds sugar @ 10 mg/dl per 4.4 days; and, the second between June 3 & July 5 @ 5.5 days. Between the two is steep addition of 58 mg/dl in 8 days (26.5-2.6). A less steep fall (30.5 mg/dl) of 8.7-14.7 ends the rise. It triggers a fall 10 mg/dl in 15 days.

Measured from the summer solstice on June 21, the mid-points of the steep rise-decline events (31.5 & 11.7) are 21 and 20 days before and after. Then, sun remains vertical on lat. 22°N. It strongly suggests that the sun is the causative of steep rise and fall before and after the solstice at Dehra Dun when the gap of vertical-sun-latitude and that of the town (30.3°) was 8.3°. Such a situation suggests that the dates of rise and fall and the day-numbers between these shall change with latitudinal position of the places as exemplified in Inset-1. Also, the latitudes beyond 8.3° north of last vertical sun in the northern hemisphere at 23.4° (Tropic of Cancer) will not exhibit the steep rise-fall phenomenon; and, the blood sugar will not go so high north of 32° N. Anyway, when all other blood-parameters remain normal in a biological system (p.22-II), even the blood sugar has to be considered normal though as high as 300 mg/dl.

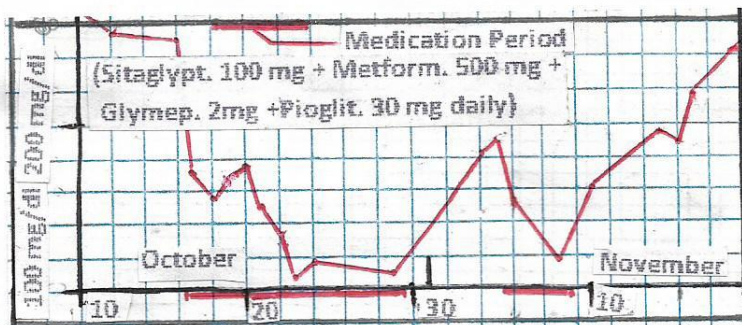
There is also another facet of the phenomenon discussed above. It is related intimately to the solar-consciousness-flux that dwindles fast beyond latitudes 32° N & S. and sustains Yogis through ann (food of consciousness) inhaled as praan-vaayu (vital airs). Moving from head to liver during Samadhi experientially among the Yogis, it enables them to cut down their organic food substantially. Their biological systems, therefore, will exhibit higher praan-vaayu-ann or blood-sugar than humans beyond 32° N & S. They will show far higher values like author's than the limits fixed by Dr. Clique. If they make 0.5% of tropical population between 32° N and S., imagine the money spun by Dr. Clique and his coterie through management by confusion simply by branding them as diabetic!

### Figure-C: Some homeostatic situations

#### 1. Ageing above 70 and blood-anoxia impact:

An active human body is supported essentially by oxidation-energy through actively circulating blood between the lungs and muscles during the fifties and sixties. Typically, then, the fasting blood sugar values after a long, brisk walk are lower than pre-walk -state (1). However, in seventies, as figure - 7 suggests, shallower breathing & slowed blood-circulation forces a degenerating body to adapt to anoxic respiration partially. It forces the muscle to glycolysis. Brisk walking or strenuous work now generates excess blood-sugar (2-4, 6) triggering steep rise of blood sugar at 72+ age (Fig, 6). Rarely, however, oxidation too is active (5). Anoxic

respiration is an essential requirement for most men aged 70+ ; and, increase of blood-sugar is its natural consequence. In a healthy body, medication effectively lowers the sugar level; and discontinuation of medicine brings the system to its age-related Osmotic glucose normalcy zone equally fast (Data & fig. below; also see Fig. 7). Such forced lowering, however, taxes brain; induces nervous strain; &, it also creates low to moderate pain in hip and leg-muscles.



#### Author's Blood- Sugar (F) - 2017

October: 12 - 258; 16 - 254; 17 - 169;  
18 - 158; 19 - 166; 20 - 178; 21 - 148;  
22 - 134; 23 - 108; 24 - 117; 29 - 109.  
November: 3 - 182; 4 - 190; 5 - 154;  
8 - 119; 10 - 180; 14 - 194; 15 - 187;  
16 - 216; 19 - 241.

●: *Yogi* - An elevated person practicing 0-mind-state(Y5:2)

2. *Solar Consciousness adjustments:* In India a tradition of retirement to forest after 50 years of age was ordained and followed till late. These people, mostly learned Brahmins and Yogis, were basking in sun whole day & had meals once in a day or on the alternate days or on the 3rd day. Unique Psychic energy conditions prevail in India below 32°N due to high brahm-linked radiation from sun & its materializing as consciousness-food (ann), availed directly by aged Yogis. Data conform here, about 300 Calorie-food is enough for a peaceful, aged Yogi, routinely; and, a modest meal on day 3-4\* quite livable. It is in contrast to 2<sup>2</sup> - meal-guzzler (1800±200Cal.), spread-mat-exercisers, sex-indulgent young Yoga-fashionables these days.  
\* Manusmriti 6. 19

#### Fasting blood-sugar- levels (mg/dl)

- 22.4.2009 0700 hrs. - 100  
After 3.5 km walk (0835 hrs) - 91 - 9
- 5.5.2017 0645 hrs. - 102  
After 3.5 km walk (0800 hrs) - 108 +6
- 9.7.2017 0715 hrs. - 280 (estimated)  
After 1 hr rigorous work - 310 + 30
- 15.8.2017 0705 hrs. - 247  
After 3.5 km walk (0810 hrs) - 272 +30  
After an hour of rest - 263 +16
16. 9.17 0700 hrs. - 258  
After 3.5 km walk (0800 hrs) - 253 -5
- 8.11.17 0700 hrs. - 119  
After 3.5 km walk (0800 hrs) - 131 +12

- 5.6.17: Fasting sugar (0800) 244 mg/dl  
**10 Cal. Food intake**  
1315 hrs. 295 mg/dl  
**60 Cal. Food-intake**  
1900 hrs. 263 mg/dl  
**200 Cal. Food-intake**  
2145 hrs. 286 mg/dl
- 6.6.17: Fasting sugar (0830) 246 mg/dl  
**20 Cal. Food-intake**  
1330 hrs. 271 mg/dl  
**90 Cal. Food-intake**  
1915 hrs 301 mg/dl  
**200 Cal. Food-intake**
- 7.6.17: Fasting sugar (0805) 224 mg/dl

### Narration-3: Intense Prajna Dates

**2013:** 12.5.13,13,17,19,20,22,23,26,29,23,26,29,30,31, 4.6.113, 5-6, 8-10, 12-13,16,19,21-27.

**2016:** 14.7.16. 16. 17.21.23.27.30. 3.8.16.

#### An Evolutionary trait

A strong psychic change arrived in India at the beginning of Holocene when temperatures suddenly rose and many Indians took to low protein-high carbohydrate plant food. A Brahmoscient – a high consciousness man – breathing consciousness from the atmosphere directly through brain was born at this juncture some ten thousand years ago (Sci. Cons. Fig. 3.7 B). Hyperglycemic old men are not numerous, probably less than 5% of aged population as whole. They are essentially Brahmoscients – psychically evolved men who have potential of breathing consciousness from atmosphere or drawing it from men around; but, they cannot feel it because their subconscious self is still a weakling. Yogis Brahm, Braahman and Purush states have evolved out of this population. The last transacts with huge quantities of consciousness-nutrient ann through Prajna mainly for the luminous gods. (The Gods. p. 284; Appendix–below) The newly emergent trait of human species manifests better in old age when force of reproduction in the physical body recedes or weakens, and the psychic body strengthens. Old age hyperglycemics represent a psychically evolved people, far above the cattle men.

#### A memory-slip under my table glass (7.11.16)

[Thank you NOCHETWAS for care of humanity. 13.12.15 job is over.](#)

Attadhistanam

17. 11. 16

(Last update: 20.11.17)

**J.**

### Appendix

#### Large Psychic Energy and Time consuming Prajna Transactions for Gods

Gods are community-psychic bodies, never dying and never leaving their priests and devotees. Indians say, we have to clear three debts upon each of us as and when the debtor demands – godly debts, parental debt and guru-debt. It is not possible to clear the godly debt before reaching Braahman state when the Brahm within dies and the man feels experientially “I am dead”. Purush state is a mature Braahman state; and, a Purush at higher pedestal is a human medium designated as *god of gods*. He carries out Prajna maintaining absolute neutrality for punishing the punishable in the godly domain. The cases referred here dragged for long in massive energy transfer and punishment.

A hieroglyphic-type message for action was sent by Goddess Dunagiri (The Gods,p. 266) in the first week of January ,2007; and, kept as a memento in showroom of my drawing room since 13.7.08. Several years later I figured DV 8.8.16 (Dunagiri Victorious) to convey my clearing of the debt. (Illustration- 1). A mantra-forced quasi-matter to matter transformed message of Vulva Goddess Kamakhya had been hanging in the show case side by side of Dunagiri’s message since 19.8.12. However, it was only on July 14.7.16 when I recorded म° ता° जै काम° (Enemy goddess finished, Kamakhya Victorious! Illstr.– 2). Other Vulva goddess,initially of Jews, Kaba’s demand got cleared rather quickly. Her message arrived around 9.11.14; and, I recorded on 27.7.16 “Mecca Tyrant –II finished” (Illustr. -3). Pre-Jew Sun goddess – Shamasu – sent her message on an emerald stone of a gold ring reading Ha (kham) in Arabic on 15.7.10 (Ill. 4). It relates to fall and massacre of Mecca by Moslem helped by three traitors. Two-thirds of her demand was over by July 2016. Rising sun-good Aton’s insignia of precious stone (Illtr. 5) arrives on 13.5.14; debt cleared on 21.12.16.

सर्वसज्जनहिताय सुखाय च देवाः **Gods are for the welfare & bliss of noble all.** R. B.  \*J  S

Illustration 1







19.B.12

Illustration 2



Illustration 3



Illustration 4

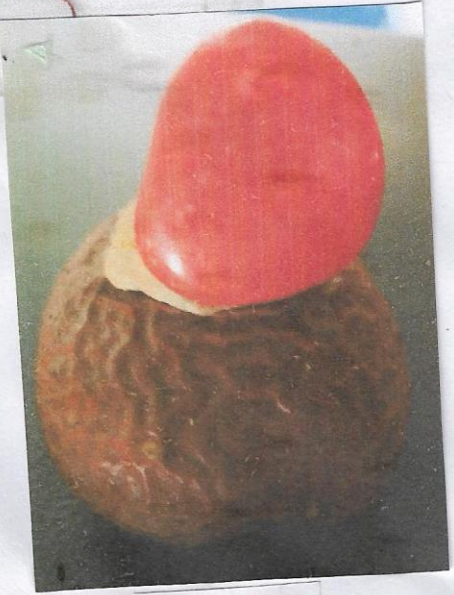


Illustration 5


*K K Yadav*  
(31)

*Blood Sugar* ← *F 116 mg/dl*  
*PP 218*  
*22-10-00*

*PP from under reasonable*  
*control & Cataract Surgery*  
*Can be undertaken*

*328*  
*25/10*

32



**ONGC HOSPITAL**

CPF NO ..... DATE .....


NAME ..... AGE .....

DIAGNOSIS .....

R

To attend ~~OPD~~  
ward Block at 7 AM  
in the morning

*Honey Singh*

  
**DR. H. K. PATHY**  
**S.M.O. (OPATH)**  
**ONGC HOSPITAL**  
**DEHRADUN**  
**H.O.**



**DEPARTMENT OF PATHOLOGY & MICROBIOLOGY**

ONGC HOSPITAL DEHRADUN

Phone No: 279-5887, 5778, 5870, 5885

Registration Date 16-Aug-2017

Report Print-Date 16-Aug-2017

OPD No 393922 Card No RT005588A  
 Name **JAGADISH PANDEY**  
 Relation Self Age 77 Yrs

Referred Date Wednesday, 16 August, 2017  
 Gender M  
 Referred By Dr. Dharmendra Kumar

**BIOCHEMISTRY**

Test Name	Value	Units	Default
Hb	13.8	Gm%	(13 - 18)
TLC	5100	cells/cubicmm	(4000 - 11000)
DLC	N50L42E5M3		(0 - 0)
ESR	10	mm/hr	(0 - 20)
FBS	217*	mg/dl	(70 - 110)
PPBS	345*	mg/dl	(110 - 140)
BI Urea	26	mg/dl	(15 - 50)
S.Creatinine	1.0	mg/dl	(.5 - 1.4)
SGOT	19	U/L	(0 - 40)
SGPT	28	U/L	(0 - 40)
S.Alkaline Phosphatase	151	U/L	(80 - 306)
S.Uric Acid	6.5	mg/dl	(2.5 - 7)

*Mishra*  
(Pathologist)

Ac. 