

Chiropractic and Neurological Examination Report

On January 13th, 2013 a detailed chiropractic and neurological examination was performed on Mahendra Kumar Trivedi, a male of Indian descent. In 1995 Mr. Trivedi was gifted with the ability to transmit an unknown energy which has been proven to alter the atomic structure of living and non-living things. His biofield treatments have been measured, validated and documented by top institutes around the world, and the international community further seeks to understand any possible correlation between Mr. Trivedi's abilities and his physiology. The purpose of this evaluation is to review his physical characteristics through a series of chiropractic and neurological exams to explore any unique structural and functional attributes. The exam was performed by Dr. Stephen Michael Hruby, Doctor of Chiropractic, at KaiZen Wellness, located in Scottsdale, Arizona.

Patient: Mahendra Kumar Trivedi

Date of Birth: February 10, 1963

Doctor: Dr. Stephen Hruby, DC

Location of Exam: KaiZen Wellness, located at: 15300 N 90th Street Suite 950, Scottsdale, Arizona 85260, USA

Tests and Technologies Used:

- Sensory Testing
- Reflex Testing
- Strength Testing
- Range of Motion Testing (Passive & Active)
- Orthopedic Testing
- Motion Palpation
- Thermography Exam
- Surface Electromyography (sEMG)
- Digital X-ray
- Postural Evaluation

Patient Background: (subjective)

Health Concerns:

Mahendra Trivedi presents with no complaints of physical aches or pains. Starting in 2005, Mr. Trivedi experienced allergies to pollen, manmade chemicals and natural fragrances (colognes, perfumes, essential oils, etc.) He further experiences food sensitivity when consuming peanuts. Mr. Trivedi's allergic reactions specifically aggravate and congest his sinuses with minor irritation to his lungs (breathing). He reports no rash, hives, or redness of eyes. Mr. Trivedi has taken medication to help manage allergic symptoms, and is currently taking 10 mg of ELINA per day.

Mr. Trivedi reports experiencing Hyperacidity for the past 17 years, and takes 20 mg of medication called OMEZ, per day, to help control symptoms of heart burn and acid reflux.

Mr. Trivedi stated that the [above mentioned] medications are the only forms of medication he is currently taking. Patient also reports no history of consuming alcohol, smoking or any recreational drug use.

Major Injuries and Surgeries:

Mr. Trivedi had no major injuries or illnesses during childhood. In 1986, he experienced a dislocated left ankle with fracture, and was treated by an orthopedic doctor to correct. He currently experiences no discomfort or pain in

[that] area. In 1995, he tore a ligament in his left knee, and did not receive surgery to correct. He currently experiences no discomfort or pain in [that] area. The only surgery that Mr. Trivedi reported was the removal of his tonsils at age 35.

Family History:

Mahendra Trivedi is the oldest of four children in his family. He reports that his two sisters and one brother have no major illness or diseases to date. His mother has been diagnosed with Osteoporosis and his father had a heart attack at age 57 and experiences kidney problems.

General Review:

Mr. Trivedi reported ***no complaints*** of the following:

- | | | |
|-------------------------------------|---------------------|--------------------|
| · Headaches | · Buzzing in ears | · Fever |
| · Pins and needles in arms and legs | · Depression | · Urinary problems |
| · Dizziness | · Stiff neck | · Neck pain |
| · Numbness in fingers and toes | · Constipation | · Loss of balance |
| · Fatigue | · Light sensitivity | · Nervousness |
| · Sleeping problems | · Fainting | · Tension |
| · Diarrhea | · Back pain | · Cold feet |
| · Cold sweats | · Ringing in ears | · Hot flashes |
| · Mood swings | · Loss of taste | · Ulcers |
| | · Irritability | |
| | · Cold hands | |

Environmental Stresses:

Physical: *Stress caused by traumas to the body, major illnesses, activities that cause aggravated pain over time, accidents, work postures, etc...*

Mr. Trivedi reports that his work schedule from 1991 to present consists of 16 hours of work per day, 7 days per week, 365 days per year. His posture is in a sitting position for an average of 14 hours per day, and does not participate in any physical exercise. He reports sleeping around 4-5 hours per night, with no problems falling asleep, staying asleep, or waking up. He does not report (or show signs of) any fatigue while awake. No other physical activity or stresses were reported.

Biochemical: *Stress caused by diet, medications, hydration, and other toxins.*

Mr. Trivedi typically consumes two regular meals and one light snack per day. His diet consists mostly of Thai / Indian food. He has a low fruit intake. His daily liquid intake consists of 8-12 (500 mL bottles) of water, 10-12 cups of caffeinated tea or coffee (including 5 teaspoons of white sugar per cup). Medications previously listed.

Emotional: *Stress causes by work, relationship and finances.*

Mr. Trivedi reported extreme trauma during childhood due to lack of emotional connection with immediate family members. He reported that any anxiety experienced due to this trauma, was resolved immediately at age 32 when he was gifted by the Divine. Currently he does not experience any emotional stress from personal relationships or finances. Despite working long hours with high emotional demand, he has the ability to process stress at an unusually rapid pace, reporting that prior to sleep each night he has cleared any possible trauma from his body and goes to bed completely relaxed.

Examination Findings: (objective)

Sensory (light touch, vibration, tuning fork, and pin-pricking testing): Normal sensation in all upper and lower extremities.

Mr. Trivedi experiences heightened sensory acuity in the areas of vision, smell and hearing. No abnormalities in vision were observed. According to most studies, the average person blinks 15- 20 times per minute; however it was observed that Mr. Trivedi has an extremely unusually prolonged time between blinking, often not blinking at all for minutes at a time. He is near sighted and wears contact lenses. He reports his eye curvature is unique and he experiences an abnormal heightened peripheral vision. Tuning fork testing of hearing was normal.

Reflexes (reflex hammer): Normal response in all upper and lower extremities (biceps; triceps; brachioradialis; patellar; hamstring; achilles).

Muscle strength (resisted muscle testing): Full strength (5/5) response in all upper and lower extremities.

Heart and lungs (stethoscope): Heart and lung sounds were normal.

Palpation:

- **Inflammation:** No inflammation was observed in the cervical thoracic, lumbar spine or extremities.
- **Subluxations:** Slight subluxation was observed in upper cervical spine C1-C2, with normal joint motion throughout the rest of the cervical, thoracic, lumbar spine, pelvis and extremities.
- **Soft tissue** (muscle tone): Cervical, lumbar, pelvic, and paraspinal muscles in the back region were thick, supple, and relaxed. No trigger points or adhesions were felt.
- **Diaphragm:** Little to no movement observed in the upper rib cage (during normal and deep breathing).
- **Alignment** (lordosis): Normal alignment of spine was observed, with normal curve in neck and lower back.

Postural Evaluation (standing): Elevated left occipital base. Shoulders are level. SI joints are level, with no abnormal rotation observed in the pelvis. Normal lordosis observed in cervical and lumbar spine. Normal kyphosis observed in thoracic spine. No signs of scoliosis observed. Right and left shoulders are slightly rotated anteriorly.

Active and Passive Ranges of Motion (AROM/PROM):

The following ranges of motion were actively and passively evaluated:

- **Cervical spine:** Flexion, extension, rotation, and lateral flexion.
- **Thoracic spine:** Flexion, extension, and lateral flexion.
- **Lumbar spine:** Flexion, extension, rotation, and lateral flexion.

Findings observed: Normal range of motion, with no pain present (actively or passively) was found in all above tests.

Orthopedic Tests:

The following tests were evaluated:

- **George's Test:** vertebral artery compromise
- **Vertebral Artery Tension Test (VATT):** nystagmus and dizziness
- **Cervical compression** (maximal and neutral): pain and radiculopathy
- **Cervical decompression:** nerve roots
- **Brachial stretch test:** radiculopathy or neurological symptoms
- **Adson's/Roos' tests:** thoracic outlet syndrome
- **Straight leg raise:** nerve root radiculopathy
- **Hip flexion/abduction/external rotation:** bilaterally hip joint
- **Yeoman's test:** sacroiliac joint dysfunction
- **Nachla's/Ely's/Hibbs tests:** hip joint dysfunction
- **Kemp's test:** lumbar facet joint dysfunction
- **Empty can test:** rotator cuff strain/damage

Findings observed: There were no positive results found in any of the above tests; all findings showed normal functioning of the tested areas.

Thermography Testing: (Image 1)

Clinical examination of Thermography can suggest the presence of vertebral subluxation. In order to monitor the functioning of this patient's nervous system and to determine the existence or absence of abnormal neurological control of the heat dissipating function of the skin, an infrared, paraspinal skin study was performed. *The clinical significance of this test is to show how the patient is responding to emotional stresses in their environment.*

Findings observed: Analysis shows little to no abnormalities in thermal scan. White lines indicate normal readings, green lines indicate mild interference, blue lines indicate moderate interference, and red lines indicate severe interference. Clinical conclusion is that Mr. Trivedi shows little to no signs of emotional stress manifesting physically in his body.

Surface Electromyogram (sEMG): (Image 2)

This instrument measures the electric potentials produced by muscles surrounding the spine. This technique provides objective evidence in place of the subjective signs afforded by the other methods of observation. The EMG signals of the patient being examined are compared to a normative database, to determine the location and

extent of abnormal paraspinal muscle function. *The importance of this test is to show how the patient is adapting to physical stresses in their environment.*

Findings observed: Analysis shows mild to moderate interferences in thoracic and lumbar spine, with no interferences observed in his cervical spine. Clinical conclusion is that despite high physical stresses (long work days, prolonged work days, little physical activity, minimal sleep, etc.), Mr. Trivedi shows mild stress in the physical dimension.

X-rays Evaluation: Includes complete cervical series and AP LAT Lumbar spine. (Images 3 - 11)

Findings observed::

- Mild decay at C6-C7 as well as L5-S1
- Head tilt occiput low on the right
- Shoulders level
- Iliums level
- Normal lordotic curves in cervical and lumbar spine
- Normal motion observed in flexion and extension cervical X-rays
- Bone density within normal limits
- Normal bowel gas observed in lumbar views

Summary:

I have been a Doctor of Chiropractic since March of 2000 and have examined over 1,000 patients. Mahendra Trivedi proved to be an interesting case study, in that I have never seen such a combination of unique results for a male of his years. His results revealed a number of unusual findings, including:

- Little to no decay and degeneration of bones and joints, as well as little to no asymmetries of bones revealed in his X-rays. Not only is it highly unusual for a man of his age to display symmetrical structural balance with minor arthritic changes, but his results are similar to what could be expected from a healthy teenager. Further testing such as MRI and CT scans are recommended.
- Displays full range of motion and minimal subluxation findings throughout his spine. It is highly unusual for a man of his age who does not participate in any type of stretching exercises to show minimal signs of misalignment or improper motion of the joints. This corresponds with the lack of decay and degeneration observed in his X-rays, since decay will limit a person's range of motion.
- Thick supple muscle tone observed throughout his neck, paraspinal and pelvic muscles. These findings would be expected in a person who physically exercises on a regular basis, or works in a job that requires consistent physical labor, whereas, on the contrary Mr. Trivedi reports a lifestyle that includes low physical activity throughout his day.
- Further evidence of unique muscle physiology was observed in Mr. Trivedi's AP Lumbopelvic X-ray where muscle shadowing can be seen all around his pelvis. In my career I have reviewed 1000's of X-rays and have not seen this before. Muscles are not typically seen in [this] X-ray view since X-rays penetrate the soft tissue enough to black muscles out; bones are observed in X-rays because their density is not fully penetrated by the X-ray. My conclusion would be that the muscles in Mr. Trivedi's pelvis are of unusually high density. Further testing such as MRI would help better understand the physiology of his muscle tone.

- Soft tissue showed no evidence of trigger points or myofascial adhesions in the muscles on palpation. Highly irregular finding and is indicative of little to no stress on the muscles. This finding is completely unique to any patient that I have ever examined in his age group.
- Displays high cognitive functionality with little sleep and high work demands during waking hours, without any reports of fatigue. Further testing such as sleep studies and brain wave exams are suggested to better understand any unique physiology in this area.
- Heightened sensory acuity is indicative to high brain functionality. Mr. Trivedi displayed high sensory acuity levels visually, olfactory (smell) and with his hearing, and warrants further testing by experts in related fields.
- Observed almost no motion in diaphragm when Mr. Trivedi was laying prone (down) flat on exam table. His breathing physiology appears to be highly unique. Further studies would be recommended to better understand how this is possible.
- Unusual patterns of stretch marks were observed on Mr. Trivedi's upper back and neck, and bilaterally on the shoulders, hips, and knee joint areas. When asked about these marks, Mr. Trivedi stated that they appeared on his body at the age of 13, with an insidious onset. A further evaluation is recommended to better understand any possible significance of these marks.
- An unusual 5 inch scar was observed on the back of Mr. Trivedi's neck. When asked about this scar, Mr. Trivedi stated that the wound was originally ½ inches deep and ½ inches wide and appeared on his body without explanation in 2004. A further evaluation is recommended to better understand any possible significance of this mark.

Stephen Michael Hruby, DC
Dr. Stephen Michael Hruby, DC

1-13-2013
January 13, 2013

Digital X-ray and Exam Images: (reference)

Image 1: Thermography Exam

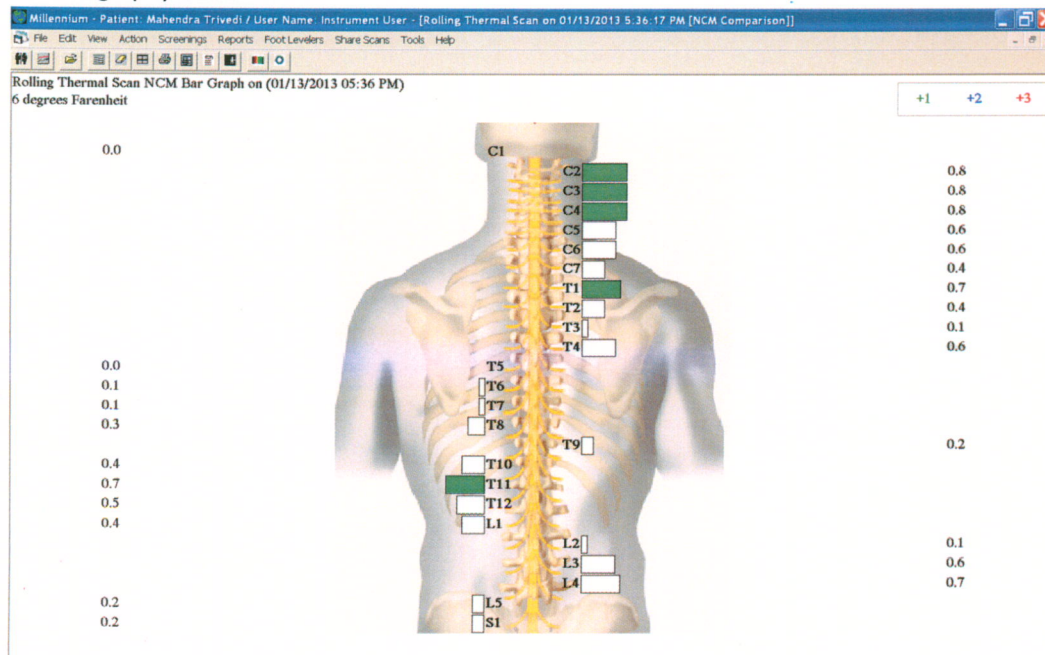


Image 2: sEMG

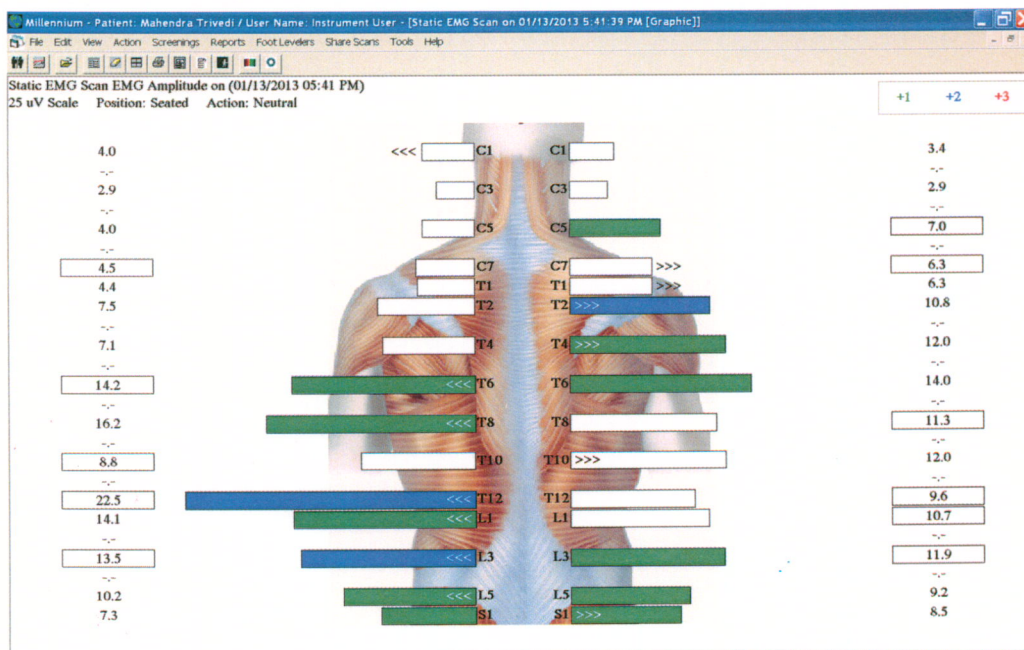


Image 3: C-SP AP 1-13-13



Image 4: C-SP LAT 1-13-13



SA

Image 5: C-SP L OBL 1-13-13



Image 6: C-SP R OBL 1-13-13



Image 7: C-SP LFLX 1-13-13



Image 8: C-SP LEXT 1-13-13



Image 9: C-SP APOM 1-13-13



Image 10: L-SP AP 1-13-13

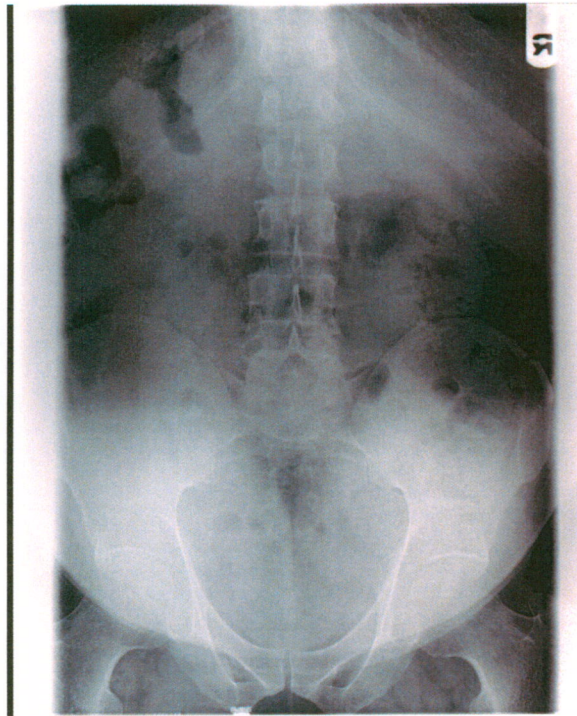


Image 11: L-SP Lat 1-13-13

