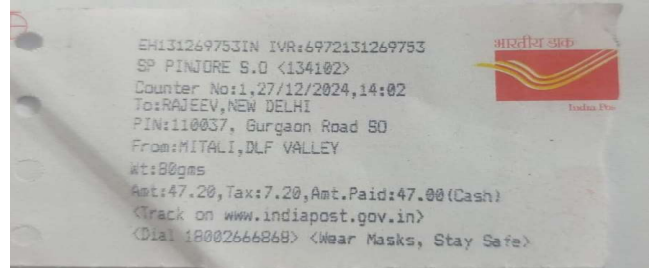


MITALI SETT, Adv

Punjab & Haryana High Court



New Delhi Office : F-50, South Mkt, East Kidwai Nagar, N.D-110023.

Haryana Office: C-2/18, G.F, DLF Valley, Panchkula, Haryana - 134109

E-Mail : mitalissett@gmail.com

To,

Date : 27.12.2024

ROTARY INDIA

Through its Directors,

Sh. Rajeev Ranjan and Sh. Jatinder Singh.

Registered Office at :

Rotary International South Asia Office,
Pullman / Novotel Commercial Tower, First Floor,
Asset No.2, GMR Hospitality District, Aerocity,
New Delhi - 110037.

ON BEHALF OF CLIENTS :

1. Dr. Amitav Banerjee, MBBS, M.D | Pune
2. Dr. Nisheetha Dixit, MBBS, DIP, Gynae & Obst. | Hyderabad
3. Dr. Sujata Mittal, MBBS, MS | New Delhi.
4. Smt. Nisha Koiri W/o. Sh. Ambar Koiri R/o. Mumbai
esteemed members of *Awaken India Movement, Delhi Chapter.*

SUBJECT : IMMEDIATE CEASE AND DESIST CUM CONTEMPT NOTICE

IN RESPECT OF HON'BLE SUPREME COURT OF INDIA'S

MANDATE ON OBTAINING INFORMED CONSENT FOR

VACCINATION AND COMMISSION OF DECEITFUL ACTS/

MISREPRESENTATION TO THE GENERAL PUBLIC BY YOUR

ORGANIZATION THROUGH ADVERTISING INCOMPLETE AND

DISTORTED FACTS REGARDING HUMAN PAPILOMA VIRUS

(HPV) VACCINE FOR PREVENTION FROM CERVICAL CANCER.

Sir(s),

I have been instructed by certain eminent members of the Awaken India Movement (Said Social Organization) which notably includes very Senior Academicians, Noted Professors and respectable Doctors holding illustrious experience in their specialized fields, to serve this legal notice upon you.

1. That in the previous years 2022-2023 and 2023-2024 your organization has been actively promoting, conducting and organizing various free programs for the **Human Papilloma Virus (HPV) vaccination for so-called prevention from Cervical Cancer** in different states in India targeting young and adolescent girls in the age group of 06-16yrs through your rotary clubs at the district levels. Administering vaccinations and any forms of medical intervention to the citizens of India and especially to minor children which directly and substantially impacts their health and overall life is a very serious and important matter, which if not done correctly and without the due compliance of established law is manifestly illegal act condemnable and punishable under the strictest degree of law.
2. That the free *HPV vaccination drives for so-called prevention from Cervical Cancer* as organized by your organization is in complete violation of the law and is being done without complying with the guidelines and rigorous measures as prescribed by the Hon'ble Supreme Court of India which vitiates the entire process rendering it illegal and unlawful and above all, it is a clear transgression of the Fundamental Rights of every Vaccine Recipient.
3. Be informed that the roll-out of the HPV Vaccinations by the Government of India is already under challenge on the grounds that the same has been made without studying the Long-term impact assessment on the health of the Vaccinees and moreover Cervical Cancers are not an epidemic which warrant immediate or emergency approvals of preventive vaccinations, thus this issue is a major cause of concern.

4. That the Hon'ble Supreme Court in its order dated **May 2nd, 2022** in the landmark case titled as '**Jacob Puliyeel vs. Union of India**' **W.P (C) No. 607 of 2021** has firmly upheld the Golden Rule of '**INFORMED CONSENT**' of Parents being absolutely mandatory prior to administration of any vaccinations in children. It has sternly ordered :

- a. That no one can ask the parents their reason for refusing consent for administering vaccines to their children
- b. Authorities and Doctors administering the vaccines are duty bound to take '**INFORMED CONSENT**' from the parents and as well as **ADVERTISE WIDELY ABOUT THE CONTENTS AND ADVERSE EVENTS OF THE VACCINES.**

5. The **Universal Declaration on Bioethics and Human Rights, 2005** under **Article 6** enumerates and mandates for '***Informed Consent***' as under :

*“Any preventive, diagnostic and therapeutical medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. **The consent should, where appropriate be expressed** and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.”*

6. The **Hon'ble Supreme Court of India** has laid the fundamental principles of '***Informed Consent***' for Vaccinations which must be complied by all State and private bodies engaged in the administration and conduct of Vaccination drives, as highlighted and noted below :

A) The Entire Object of issuing advertisements by State and Public bodies who are conducting Vaccination Drives, is to ensure that necessary information is available to all Parents / Guardians in order that they can take an informed decision. **All such Advertisements calling out for Vaccinations must indicate and disclose not only**

the Benefits of the Vaccine but also indicate the possible side-effects or contraindications so that the Parents / Guardians can take an informed decision whether the Vaccine is to be administered to their Wards/ Children.

B) Vaccines will not be administered to those students whose Parents / Guardians have declined to give their consent.

C) **All advertisements calling out for participation in the Vaccination Drives must clearly indicate the possible side-effects and contraindications as may be finalized by the Department of Preventive Medicine, All India Institute of Medical Sciences**

D) All Advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by competent Doctors.

7. In furtherance to above, it is also relevant to highlight significant developments and recent scientific studies globally in the field of Vaccines treatments and their impact on Children's Health, notable among them are the findings published by **Dr. Christian Fionna**, *Head of Department of Oncology in Vienna*, as noted hereinunder ;

a) That HPV or the Human Papilloma Virus is in itself not directly a causative factor of contracting Cervical Cancer among women at later stages of their lives.

b) Co-Factors including Smoking, Alcohol, Drug and substance abuse, STD's (Sexually Transmitted Diseases) , Unprotected sex with multiple partners and Poor personal hygiene are major causative factors which may lead to Cervical Cancer among women. This means that only the contraction of Human Papilloma Virus (HPV) virus alone does not cause Cervical Cancer.

- c) HPV or human papilloma virus has more than 200 sub-types, out of which only Sub-Type 16 HPV and Sub-Type 18 HPV have been identified as causes of cervix infection. HPV Sub-types 6 and Sub-Types 11 may only cause genital warts which can be treated dermatologically and are not a cause of concern.
8. The two commercially available HPV Vaccines for prevention from Cervical Cancer are currently priced in the range of INR. 4000/- for a two-dose vial of one brand of vaccine and the other one is available for INR. 10,850/- per dose and three doses of the said vaccine are recommended, so the total price being nearly INR. 32,550/- . The market prices of the HPV Vaccines is enough to burn a hole in the common citizen's pocket, yet the same is being given to 'MINOR GIRLS FOR FREE' by your organization. Your organization collects funds internationally which is presumably the source of revenue for administering the vaccines for free to the public, however it is also indisputable that this attractive eye-wash of 'FREE' attracts innocent Parents who blindly believe in the mis-representations and incomplete information being presented to them by your reputed organization and they are unlawfully co-erced and pulled in the trap of mis-givings by delivering their own healthy girls to suffer long-term adverse effects of immunization (**AEFI's**) which they are not informed of before the administration of the HPV Vaccine.
9. Your esteemed organization through its district clubs has been conducting the HPV Vaccination Drives in various states of India during the period of 2022 to 2024 and is still continuing to do so and in performance of these activities has not complied with the mandate of obtaining Informed Consent from Parents/ Guardians. **You have miserably failed to disclose and publish widely the possible side effects / contraindications of the HPV Vaccines** to the General Public and Parents prior to administration of the same. **Beware, that these illegal acts must cease and be stopped immediately and forthwith as it is against the law of the Land and is strictly punishable by competent court of law.**

10. Since the life-long health and safety from AEFI's is the Fundamental Right of Every Girl Child, hence my Clients on the advise & recommendations of eminent Doctors, Gynae-oncologists and other noted academicians concerned in this field, and on the strength of the legal principles set forth by the Hon'ble Supreme Court of India immediately demand the following :-

A. That all programs, activities, schemes relating to the Free HPV Vaccination for so called prevention from Cervical Cancer as being organised and /or conducted by Rotary India and / or Rotary International in any state or part of India without following the due process of law must Cease and Desist immediately.

B. That strictest compliance should be followed for any such HPV vaccination drive conducted by you, in the event the same is permitted to be conducted by the competent state agencies and the undermentioned pre-requisites must be met :

(i) **Wide Publicity / Advertisements to be given enumerating the list of all possible side-effects / contra-indications of the HPV Vaccine, prior to the date of actual vaccination day.** Note that, in case of HPV Vaccines, globally various developed Nations including Japan, United States of America, France and Germany have published the list of possible side effects of HPV Vaccine which include inter alia, Respiratory Ailments, Blood clotting, Fertility issues and Guillian Barre' Syndrome (GBS). Hence, all the advertisements to be published must disclose & state these AEFI's clearly.

(ii) **Such list of possible side -effects must be widely published both in your offline and on-line advertising mediums including coverage through Social Media Platforms along with the actual advertisement calling out for Vaccine Program/ Day of Planned Event activity. This information must be disclosed in ordinary, plain and local language for easy comprehension of citizens.**

(iii) **Complete and transparent disclosure of the actual ingredients used in the HPV Vaccine should be made available to the Parents/Gaurdians** (incase of Vaccines for Children) enabling them to decide whether to take the Vaccine for their child or not. *The list of Ingredients used in indigenously developed Cervavac Vaccine and anyother HPV Vaccine which is being administered to the girls aged 06-16 years must be disclosed and informed to their parents for assessment of specific allergies / adverse reaction development and the failure to do so shall be deemed violative of the Human Rights of the Vaccinee.*

(iv) **Actual contents of Patient Information Booklet must be disclosed before taking informed consent.** Every Person who registers or intends to give the HPV Vaccine to his or her child should be given a copy of this Patient Information Booklet prior to administration of the Vaccine. Incase, the information is printed in English or in such a language which the Parent / Guardian is not able to read or comprehend, then it shall be the duty of the Organization conducting the Vaccination Drive to ensure that the information printed on the Patient Information Booklet is fully read & made comprehensible in the language understood by such Parent / Guardian on the spot by an official translator, authorised by the Government in this behalf. Failure to do so shall vitiate the process of Informed Consent and the Drive shall become illegal and unlawful.

(v) **Complete health analysis of every intended vaccinee / Minor Child in case of HPV Vaccination.**

The health parameters of every Girl child including her vitals, any past medical history or ailments like asthma, respiratory disorders, Blood infections and all other medical conditions which may affect or result in the AEFI must be assessed prior to actual vaccination and a record maintained for the same.

(vi) ***Risk versus Benefits comparison for every intended Vaccinee***

International HPV Vaccine Manufacturers have clearly mentioned in their Patient Information Booklets, that **before administering the Vaccine, every Health Care Professional / Doctor must prepare a compulsory Health Report of the Risks versus Benefits of the Vaccine and whether or not a Vaccinee (recipient of the Vaccine dose) is eligible or medically fit to receive the same.** Hence, it is your statutory duty as your organization is conducting the Vaccination Drive for HPV Prevention from cervical cancer to get a Risk Assessment Report prepared by competent Medical Doctors for every Girl Child / intended vaccine recipient to weigh in and decide whether they will eventually benefit from the HPV Vaccine or the administration of the same may result in serious irreparable injury, loss of life or be detrimental to their health in any manner in the future.

NOW, YOU ARE HEREBY REQUESTED TO IMMEDIATELY ORDER FOR THE CEASE AND DESIST OF ANY ACTIVITIES, PROMOTIONS, SCHEMES, PROGRAMS, CAMPAIGNS RELATED TO “HUMAN PAPILLOMA VIRUS (HPV) FREE VACCINATION FOR SO CALLED PREVENTION OF THE CERVICAL CANCER” AMONG YOUNG GIRLS, WHICH ARE BEING CONDUCTED BY ROTARY INDIA AND/ OR ROTARY INTERNATIONAL IN ANY STATES AND DISTRICTS OF INDIA WITHOUT THE DUE COMPLIANCE OF THE LAW OF THE LAND AND TO KEEP THE SAME IN ABEYANCE PENDING THE ACTUAL DETERMINATION OF THIS ISSUE, FAILING WHICH ANY ADVERSE EVENTS AS MAY BE REPORTED BY ANY VACINEE, OR ANY LOSS OF INNOCENT LIVES DUE TO THE SERIOUS REACTIONS OF THE HPV VACCINES, SHALL BE ENTIRELY AT YOUR RISK AND YOU SHALL BE LIABLE FOR THE SAME, WITHOUT PREJUDICE TO THE OTHER AVAILABLE LEGAL REMEDIES FOR THE SAME.

Regards.

Mitali Sett, Adv.

Enclosure : 1. Note on HPV signed by Panel of 50 + eminent Indian Doctors.



An Initiative By: Awaken India Movement- AIM



mail2aim@protonmail.ch



awakenindiamovement.com

Grievance Registration Number : DHLTH/E/2024/0004106

Shri Mansukh Mandaviya,
Union Minister,
Ministry of Health and Family Welfare,
Government of India,
Nirman Bhawan, New Delhi – 110108

Subject: Concerns around the rollout of the human papillomavirus (HPV) vaccine and demand for an immediate halt

Respected Shri Mansukh Mandaviya,

We are writing to bring to your attention some serious concerns regarding the ongoing rollout of the human papillomavirus (HPV) vaccine in India. As the Union Minister for Health and Family Welfare, your role in safeguarding the health and well-being of our citizens is crucial, and we believe it is essential to address these concerns promptly.

Introduction:

Human Papillomavirus (HPV) is a sexually transmitted virus with more than 200 subtypes (out of which about 100 are considered to be sexually transmitted), some of which can lead to cervical inflammation and, may eventually lead to cervical cancer due to multiple other factors. However, in most cases the infections are harmless and go away without treatment. The body's own defence system eliminates the virus. Recent scientific studies and publications have raised significant doubts about the efficacy and safety of the HPV vaccine currently being administered.

Lack of Evidence on causes and prevention of Cervical Cancer:

Clinical trials have failed to provide conclusive evidence that the HPV vaccine effectively prevents cervical cancer¹. At the same time serious adverse reactions are common. Below are some points to consider:

- Most HPV infections are asymptomatic and resolve spontaneously.
- 200 HPV types have so far been identified. Among them, Type 16 HPV is supposed to pose the highest risk for cervix infection that may lead to cervix cancer due to multiple

¹ [Will HPV vaccination prevent cervical cancer? - Claire P Rees, Petra Brhlikova, Allyson M Pollock, 2020 \(sagepub.com\)](#)

other factors, followed by Type 18. The subtypes 16 and 18 account for 70% of the cases of cervix infection. HPV subtypes 6 and 11 can lead to genital warts.

- There is lack of conclusive data regarding the length of immunologic protection the vaccine confers against HPV subtypes 16 and 18. Studies so far have followed up with the vaccinated 'subjects' for 5 years and have shown that it offers protection only for 5 years. The long-term efficacy and protection by the vaccine is unknown.
- The lifetime risk of an incident of HPV infection is 79%; most HPV infections are transient and 67% clear within one year. Around 10% of women without CIN have HPV infection at any one time. The mechanism of progression from HPV infection to cervical cancer and its precursors is not well understood.
- In India, the age-standardized incidence rate is 14.7 per 100,000 women, and the age-standardized mortality rate is 9.2 per 100,000 women.” (0.0147% and 0.0092%) For this incidence at 55 to 59 years of age taking the risk of having 1% serious adverse events at 9 to 15 years of age, which serious events not even mentioned in the trial paper, is not advisable
- There are no well-designed studies done to prove vaccine efficacy for anal, penile, vaginal, vulvar, and oropharyngeal cancers.
- Virus alone not proven to be causative agent. Use of Oral Contraceptive pills for longer duration had definite higher risk for developing cervical cancer². Early sexual contact, alcohol, smoking etc. are risk factors for cervical cancer.³

Serious Adverse Reactions:

The HPV vaccine has been associated with serious adverse events, including autoimmune disorders, multiple sclerosis, Guillain-Barré syndrome, paralysis, chronic fatigue syndrome, and even death. Malfunctions of the autonomic nervous system, cognitive dysfunctions, gait disturbances, menstrual problems and ovarian failure have all been reported following HPV vaccination as well⁴.

Young teenage girls have no risk of dying from cervical cancer but they gamble with permanently disabling autoimmune or degenerative disorders, or death, following their HPV vaccines. In fact, the HPV vaccine may enhance cervical disease in young women with pre-existing HPV infections.

The Federal Vaccine Adverse Event Reporting System (VAERS) in the US has logged a total of 12,424 of adverse events following HPV vaccination, according to the US Centre for Disease Control and Prevention. Between June 2006 through December 2008, more than 23 million doses were administered in the US alone. Of these, 772 were reports of serious events (6.2 % of the reports) including 32 deaths.

Indian Health ministry officials shelved bringing HPV Vaccine under Universal Immunisation Programme mainly due to reasons related to concerns around side-effects.

India's HPV Vaccine Trials:

² <https://sci-hub.se/https://doi.org/10.1016/j.ejogrb.2020.02.014>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4404964/>

⁴ [Microsoft Word - 1.26.16 - New Concerns about the HPV vaccine.docx \(acpeds.org\)](#)

The trials conducted by PATH, backed by the Bill and Melinda Gates Foundation, in Andhra Pradesh and Gujarat raised alarming issues, including seven reported deaths among vaccinated girls with no prior illnesses⁵. PATH described it as an observational study instead of a formal clinical trial presumably to circumvent thorny ethical issues. This tragedy on tribal girls was investigated by the Parliamentary Standing Committee on Health and Family Welfare and it submitted the 72nd Report – Alleged Irregularities in the Conduct of studies using human papilloma virus vaccine (HPV) by PATH in India. Despite recommendations from the Parliamentary Standing Committee for a thorough investigation, no such inquiry has taken place, leaving the safety of the vaccine in question.

Cervavac - Product Disclosure, Trials, and Approvals:

The product disclosure for Cervavac indicates limitations in protection, lack of demonstrated efficacy against all HPV types, and the vaccine not being an alternative to routine screening⁶. Moreover, the trial details and reported side effects raise concerns about the vaccine's overall safety and long-term effects.

The Summary of Product Characteristics of Cervavac mention the following:

- Vaccination will not result in protection in all vaccine recipients.
- It is only for prophylactic use and has no effect on active infections.
- CERVAVAC® has not been demonstrated to protect against diseases due to HPV types not contained in the vaccine
- The vaccine is not an alternative to routine screening

Concerns over Cervavac trials

The concerns over the Cervavac trials are multi-faceted, raising significant doubts about the comprehensiveness and reliability of the study⁷.

- Firstly, the trial's duration of only seven months raises questions about the potential long-term side effects of the vaccine that may not have been adequately assessed during this relatively short timeframe.
- The trial exclusively focused on healthy girls, limiting the generalizability of the findings to a broader population.
- There is uncertainty about whether proper approval was obtained from an ethics committee, highlighting potential ethical considerations in the trial.
- Additionally, the decision to conduct trials directly on children without prior testing on adults raises concerns about the vaccine's safety and efficacy.
- The study's lack of a placebo group, with the comparison against Gardasil, raises questions about the accurate assessment of Cervavac's adverse events, potentially overlooking known issues associated with Gardasil.
- Importantly, the study failed to investigate the effects of the vaccine on fertility⁸, a critical aspect that should be thoroughly examined.

⁵ [Trials and tribulations: an expose of the HPV vaccine trials by the 72nd Parliamentary Standing Committee Report – Sama \(samawomenshealth.in\)](#)

⁶ [qHPV - SmPC 2022.pdf \(cdsco.gov.in\)](#)

⁷ [Immunogenicity and safety of a new quadrivalent HPV vaccine in girls and boys aged 9–14 years versus an established quadrivalent HPV vaccine in women aged 15–26 years in India: a randomised, active-controlled, multicentre, phase 2/3 trial - The Lancet Oncology](#)

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4528880/>

- The reported 1% serious side effects, not being specified, further adds to the ambiguity surrounding the vaccine's safety profile.
- Serious adverse events occurred in three (1%) girls and three (1%) boys in the SIIPL vaccine group, and five (1%) girls in the comparator vaccine group
- Lastly, the absence of long-term follow-up data raises concerns about the sustainability of the observed effects and potential unforeseen consequences over time.

These collective concerns underscore the need for a more rigorous and transparent evaluation of Cervavac's safety and efficacy.

Approvals and Recent Developments:

While Cervavac received approvals and recommendations, recent developments, such as the request for revised phase III trial protocols, highlight uncertainties about the vaccine's safety and efficacy⁹. The short-term nature of trials, lack of long-term follow-up data, and concerns over the study's design add to the scepticisms¹⁰.

Aggressive Marketing:

The aggressive marketing of HPV vaccines including those by celebrities on social media, inducing fear about HPV and cervical cancer creates an inaccurate impression of a ‘Public Health Emergency’. The marketing of HPV vaccines without sufficient evidence of efficacy and safety of the vaccine, raises ethical concerns.

Financial Implications:

It is important to note that Cervical cancer mortality rate in India declined by 32% without any vaccination programme¹¹. It is clear that prevention is better than cure; the financial burden of mass vaccination without clear evidence of effectiveness, especially when other preventive measures are available, should be carefully evaluated.¹² We may spend a huge amount of taxpayer money on vaccines for all where only a minority may be at risk. A cost effectiveness study published in the NEJM in 2008 concluded that if the vaccine provided protection against HPV for only 10 years, then vaccinating preadolescent girls would only provide a “2% marginal improvement in the reduction in the risk of cervical cancer as compared with screening alone.^{13”}

Conclusion:

The current vaccines target only two oncogenic types: HPV-16 and HPV-18. Secondly, the relationship between infection at a young age and the development of cancer 20-40 years later is not known¹⁴. So how should a parent, physician, politician, or anyone else decide whether it is a good thing to give young girls the vaccine that partly prevents infection caused by a sexually transmitted disease that in a few cases will cause cancer 20-40 years from now?

In light of these concerns, we respectfully request that you consider the following steps:

⁹ [SII's Cervavac: The new DCGI approved vaccine without published clinical trial results – Biotech Express Magazine](#)

¹⁰ [SEC asks SII to submit revised phase III trial protocol for consideration of its cervical cancer vaccine Cervavac \(pharmabiz.com\)](#)

¹¹ <https://bmccancer.biomedcentral.com/articles/10.1186/s12885-022-09232-w>

¹² <https://medlarge.com/news/covid-19-updates/why-including-hpv-vaccine-in-national-program-is-waste-of-public-fund-explains-top-epidemiologist>

¹³ [Health and economic implications of HPV vaccination in the United States - PubMed \(nih.gov\)](#)

¹⁴ [Human papillomavirus \(HPV\) vaccine policy and evidence-based medicine: Are they at odds? \(mysu.org.uy\)](#)

1. The Government should review the decision to rollout / “encourage” the HPV vaccine in the mass immunisation programmes in the absence of sufficient long-term evidence of its effectiveness and complete and unbiased information, and without any prior public debate. The huge cost incurred in this mass immunisation even if the current price of the vaccine is reduced substantially should be seriously considered.
2. The Government should initiate comprehensive access to reproductive and sexual health programmes / services for adolescents, women and men including access to Pap screenings.
3. Instead of an expensive vaccination strategy, monitoring measures should be made available to detect cervical cancer at a very early stage. Treatment of all women with the diagnosis of cervical cancer is likely to cost the public healthcare system much less than buying the vaccine.¹⁵
4. Financial support from industry or from an international organisation should not be the criterion to introduce any vaccine in a pilot phase or in a universal immunisation programme.
5. All trials and studies to be immediately brought to a halt till, in an open forum, questions relating to the safety, efficacy and cost effectiveness of the planned intervention can be justified.
6. To place before the public:
 - All the documents pertaining to the agreement with vaccine manufacturers and all other bodies regarding the government’s plan to introduce the HPV vaccine. The list of all trials planned, proposed, approved and completed, the agencies involved, the donors involved and the proposed locations and all the results of the pilot phase trials as well as clinical trials.¹⁶
 - The estimated total cost, as per the government’s assessment, of purchase of the vaccine and its administration.

We appreciate your attention to this matter and trust that you will prioritize the health and safety of our citizens in all decision-making processes.

Thank you for your time and consideration.

Sincerely,

1. Dr. Amitav Banerjee, MD, Pune
2. Dr. Jacob M Puliyl, MD, MRCP, MPhil, Paediatrician, New Delhi
3. Dr. Sujata Mittal, MBBS, MS, New Delhi
4. Dr. Nisheetha Dixit, MBBS, Dip Gyne & Obs, Hyderabad
5. Dr. Lalitkumar Anande, MBBS, PG Diploma in Clinical Research, Mumbai
6. Dr. Megha Consul, MD Paediatrics, Neonatologist, Gurgaon
7. Dr. Maya Valecha, MD, DGO, Vadodara
8. Dr. Banu Prakash, Neurosurgeon, Bangalore
9. Dr. Veena Raghava, MBBS, DA, Bangalore
10. Dr. Vijaya Raghava, MBBS, Bangalore

¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5138175/>

¹⁶ <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2811%2960270-5/references>

11. Dr. Rajendra Tiwari, DNB, DOG, FCPS, DGO(CPS), DFP, Dahanu
12. Dr. Ashish Kale, MBBS, DGO, DFP, Mumbai
13. Dr. Geraldine Sanjay, B.Sc , MBBS, DFM, MD , Bangalore
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24. Dr. Jacob Vadakkanchery, Naturopath
25. Dr. Biswaroop Roy Chowdhury, Ph.D (Diabetes), Faridabad
26. Dr. N K Sharma, ND, Naturopath, Delhi
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34. Dr. Khadar Valli, PhD, IISC, Mysuru
35. Dr. Shaji Varghese Kudiyat, BHMS, MD(Hom), Kothamangalam
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37. Dr. Babu Joseph, Naturopathy, Pune
38. Dr. G Prema MD (Hom), PhD, Tamil Nadu
39. Dr. Gayatri Panditrao, Homeopathic Physician, BHMS, PGDEMS, Pune
40. Dr. Heta Prasad, MD Homeo, Mumbai
41. Dr. Ketaki Kulkarni, BHMS, Mumbai
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45. Dr. Omkar Pradeep Mhashelkar, BHMS, MD Homeo, Mumbai
46. Dr. Pallavi Chaturvedi, BHMS, Mumbai
47. Dr. Rashmi Menon, BHMS, ChT, Mumbai
48. Dr. Shorav Bhatnagar, Interventional Radiologist, Faridabad
49. Dr. Sudhir Jagtap, MD, Pune
50. Dr. Susan Raj, BSc Nurse, MSW (M&P), Doctorate-Humanities, Chhattisgarh
51. Dr. Swathi Sharma, BHMS, Bangalore
52. Dr. Urvi Savla, MD(Homeopathy), F.C.A.H., Vasai
53. Dr. V. Pugazhendhi, MBBS, Kalpakkam
54. Dr. Vimal Soni, Speciality Homeopathy, Beawar
55. Dr. Vishakha Moghe, B.A.M.S, Goa
56. Dr Radhika Wagle, PHd. Biochemistry, Pune