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Evaluation of Renal and Cardioprotective Potential of the Biofield Energy Treated Proprietary Test Formulation on L-NAME and High Fat Diet-Induced Cardiovascular Disorders in Sprague Dawley Rats

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Abstract

The aim of this study was to evaluate the impact of Biofield Energy Treated/Blessed Proprietary Test Formulation and Biofield Energy Treatment/Blessing *per se* on kidney biomarkers on L-NAME and high fat diet (HFD)-induced cardiovascular disorders in Sprague Dawley rats. In this experiment, the functional kidney biomarkers such as epinephrine/adrenaline, inducible nitric oxide synthase (iNOS), angiotensin-II, C-reactive protein (CRP), and renin were measured using ELISA assay. A test formulation was formulated including minerals (magnesium, zinc, copper, calcium, selenium, and iron), vitamins (vitamin C, vitamin B_6, vitamin B_{12}, vitamin B_9, and vitamin D_3), cannabidiol (CBD) isolate, *Panax ginseng* extract, and β-carotene. The components of the test item were divided into two; one section was defined as the untreated test formulation, while the other part and three group of animals received Mr. Mahendra Kumar Trivedi's Biofield Energy healing/Blessing remotely for about 3 minutes. The results showed that the level of adrenaline was reduced by 31.62%, 19.58%, 34.32%, 37.07%, and 29.87% in the G5 (L-NAME + HFD + the Biofield Energy Treated test formulation), G6 (L-NAME + HFD + Biofield Energy Treatment *per se* to animals from day -15), G7 (L-NAME + HFD + the Biofield Energy Treated test formulation from day-15), and G8 (L-NAME + HFD + Biofield Energy Treatment *per se* plus the Biofield Energy Treated test formulation from day-15), and G9 (L-NAME + HFD + Biofield Energy Treatment *per se* animals plus the untreated test formulation) groups, respectively as compared to the disease control group (G2). Moreover, the level of iNOS was reduced by 56.76%, 49.51%, 61.79%, 57.63%, and 62.44% in the G5, G6, G7, G8, and G9 groups, respectively, as compared to the disease control group (G2). Additionally, the level of angiotensin-II was decreased by 41.09%, 34.92%, 60.65%, 53.28%, and 60.09% in the G5, G6, G7, G8, and G9 groups, respectively, as compared to the G2 group. The level of CRP was decreased by 47.21%, 38.89%, 59.81%, 55.52%, and 64.02% in the G5, G6, G7, G8, and G9 groups, respectively as compared to the G2 group. Besides, the level of renin was decreased by 20.27%, 20.13%, 12.99%, and 25.73% in the G5, G7, G8, and G9 groups, respectively as compared to the G2 group. Overall, the data suggested significance improvement of vital functional kidney biomarkers of the Biofield Energy Treated/ Blessed test formulation and Biofield Energy Treatment *per se* along with preventive measure on the animal with respect to various pathological conditions that might be beneficial various types of cardiovascular disorders. Therefore, the results showed the significant slowdown the inflammation-related cardiovascular disease progression and its complications/symptoms in the preventive Biofield Energy Treatment group *per se* and/or Biofield Energy Treated/Blessed Test formulation groups (*viz*. G6, G7, G8, and G9).

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Introduction

Cardiovascular diseases (CVDs) are the leading cause of death worldwide. A randomized controlled trial indicates that epinephrine increases return of pulses for cardiac arrest patients. Despite increases in return of pulses, it reduces long-term survival and functional recovery after cardiopulmonary resuscitation (CPR). Laboratory data also suggest that it induced reductions in microvascular blood flow during and after CPR [1]. Nitric oxide (NO) is produced in almost all tissues and organs by 3 distinct NO synthase (NOS) isoforms (neuronal, inducible, and endothelial NOS), all the enzymes are expressed in the human cardiovascular system [2]. Abnormal generation of NO is considered as a major cause of coronary heart disease (CHD). It has been shown that endothelial dysfunction is characterized by reduced endothelial NO synthesis by constitutive NOS (cNOS) and increased systemic NO synthesis due to increased iNOS activity can leads to cardiovascular disorders [3]. Angiotensin II is considered one of the important mediator of the renin-angiotensin system (RAS). It has been reported that angiotensin-II plays a vital role for the pathophysiology of cardiovascular disorders such as hypertension, atherosclerosis, coronary heart disease, restenosis, and heart failure through the RAS [4,5]. C-reactive protein (CRP) seems to predict the risk of cardiovascular problems as well as cholesterol levels. A recent study reported that elevated levels of CRP is associated with three-times more risk of heart attack. CRP is one of the best possible marker of vascular inflammation and plays a vital role in promoting vascular inflammation, vessel damage and clinical cardiovascular disease [6,7]. Evidence from preclinical and clinical studies suggests that renin inhibitors may have renal and cardiovascular effects [8]. Thus, in order to study the change in vital functional kidney biomarker in presence of L-NAME and High Fat Diet (HFD)-Induced Cardiovascular Disorders in Sprague Dawley Rats, a novel test formulation was designed with the combination of vital minerals (selenium, zinc, iron, calcium, copper, and magnesium), essential vitamins (cyanocobalamin, ascorbic acid, pyridoxine HCl, vitamin B9, and cholecalciferol), and nutraceuticals (β-carotene, Ginseng, cannabidiol isolate (CBD)). All the minerals and vitamins used in the test formulation have significant functional role to provide vital physiological roles [9-11]. Besides, cannabidiol itself has wide range of pharmacological profile and has been reported to role in different disorders [12, 13], while ginseng extract is regarded as the one of the best immune booster for overall immunity [14]. The present study was aimed to evaluate the vital functional biomarker on the Biofield Energy Treated Proprietary Test Formulation and Biofield Energy Treatment *per se* to the animals under L-NAME and high fat diet (HFD)-induced cardiovascular disorders in Sprague Dawley rats.

Biofield Energy Healing Treatment has been reported with significant effects against various disorders, and defined as one of the best Complementary and Alternative Medicine (CAM) treatment approach [15-17]. National Center for Complementary/Alternative Medicine (NCCAM) recommended CAM with several clinical benefits as compared with the conventional treatment approach [18]. National Centre of Complementary and Integrative Health (NCCIH) accepted Biofield Energy Healing as a CAM health care approach in addition to other therapies such as deep breathing, natural products, Tai Chi, yoga, therapeutic touch, Johrei, Reiki, pranic healing, chiropractic/osteopathic

manipulation, guided imagery, meditation, massage, homeopathy, hypnotherapy, special diets, relaxation techniques, movement therapy, mindfulness, Ayurvedic medicine, traditional Chinese herbs and medicines in biological systems [19,20]. The Trivedi Effect®-Consciousness Energy Healing was scientifically reported on various disciplines such as in the nutraceuticals [21], agriculture science [22], cardiac health [23], materials science [24,25], antiaging [26], Gut health [27], pharmaceuticals [28], overall human health and wellness. In this study, the authors sought to study the impact of the Biofield Energy Treatment/Blessing (the Trivedi Effect®) on the given novel test formulation and Biofield Energy Treatment *per se* to the animals on vital functional kidney biomarkers in presence of L-NAME and High Fat Diet-Induced Cardiovascular Disorders in Sprague Dawley Rats using standard ELISA assay.

Material and Methods

Chemicals and Reagents

Pyridoxine hydrochloride (vitamin B_6), atorvastatin, zinc chloride, magnesium (II) gluconate, and β-carotene (retinol, provit A) were purchased from TCI, Japan. Copper chloride, cyanocobalamin (vitamin B_{12}), calcium chloride, vitamin E (Alpha-Tocopherol), cholecalciferol (vitamin D_3), iron (II) sulfate, captopril, L-NAME, and sodium carboxymethyl cellulose (Na-CMC) were procured from Sigma-Aldrich, USA. Ascorbic acid (vitamin C) and sodium selenate were obtained from Alfa Aesar, India. Cannabidiol isolate and *Panax ginseng* extract were obtained from Panacea Phytoextracts, India and Standard Hemp Company, USA, respectively. Standard normal chow diet and high fat diet were purchased from Altromin, USA and Research Diets, USA. For the estimation of kidney biomarker panels specific ELISA kits were used such as for detection of epinephrine (CSB-E08678r), inducible nitric oxide synthase (iNOS; CSB-E08325r), angiotensin-II (CSB-E04494r), C-reactive protein (CRP; CSB-E07922r), and renin (CSB-E08702r) were procured from CUSABIO, USA.

Maintenance of Animal

Randomly breed male Sprague Dawley (SD) rats with body weight ranges from 200 to 300 gm were used in this study. The animals were purchased from M/s. HYLASCO Biotechnology (India) Pvt. Ltd., India. Animals were randomly divided into nine groups based on their body weights consist of 15 animals of each group (at the time of induction period) and 10 animals of each group (at the time of treatment period). They were kept individually in sterilized polypropylene cages with stainless steel top grill having provision for holding pellet feed and drinking water bottle fitted with stainless steel sipper tube. The animals were maintained as per standard protocol throughout the experiment.

Consciousness Energy Healing Strategies

The novel test formulation was consisted of zinc chloride, iron (II) sulfate, copper chloride, vitamin B_6, vitamin B_{12}, vitamin D_3, vitamin B_9, sodium selenate, calcium chloride, ascorbic acid, beta carotene, *Panax ginseng* extract, cannabidiol and magnesium (II) gluconate. Each ingredient of the novel test formulation was divided into two parts. One part of the test compound did not receive any sort of treatment and were defined as the untreated or control sample. The second part of the test formulation was treated with the Trivedi Effect® - Energy of Consciousness Healing Treatment (Biofield Energy Treatment) by a renowned Biofield Energy Healer, Mr. Mahendra Kumar Trivedi under laboratory conditions for ~3 minutes. Besides, three group of animals also received Biofield Energy Healing Treatment (known as the Trivedi Effect®) by Mr. Mahendra Kumar Trivedi under similar laboratory conditions for ~3 minutes. The Biofield Energy Healer was located in the USA, however the test formulation were located in the research laboratory of Dabur Research Foundation, New Delhi, India. The Biofield Energy Healing Treatment/ Blessing (prayer) was done remotely, for about 3 minutes *via* online web-conferencing platform. After that, the Biofield Energy Treated samples was kept in the similar sealed condition and used as per the study plan. In the same manner, the control test formulation group was subjected to "sham" healer for ~3 minutes treatment, under the same laboratory conditions. The "sham" healer did not have any knowledge about the Biofield Energy Treatment. The Biofield Energy Treated animals were also taken back to experimental room for further proceedings.

Experimental Procedure

Seven days after acclimatization, animals were

randomized and grouped based on the body weight. The test formulation was prepared freshly prior to dosing and administered to the animals using an oral intubation needle attached to an appropriately graduated disposable syringe. The dose volume was 10 mL/kg in morning and evening based on body weight. The experimental groups were divided as G1 as normal control (vehicle, 0.5% w/v CMC-Na); G2 as disease control (L-NAME + HFD + 0.5% CMC); G3 as reference item (L-NAME + HFD + Captopril + Atorvastatin); G4 includes L-NAME + HFD along with untreated test formulation; G5 as L-NAME + HFD along with the Biofield Energy Treated test formulation; G6 group includes L-NAME + HFD along with Biofield Energy Treatment *per se* to animals from day-15; G7 as L-NAME + HFD along with the Biofield Energy Treated test formulation from day-15; G8 group includes L-NAME + HFD along with Biofield Energy Treatment *per se* plus the Biofield Energy Treated test formulation from day -15, and G9 group denoted L-NAME + HFD along with Biofield Energy Treatment *per se* animals plus the untreated test formulation. The normal control animals group (G1) was receive normal drinking water and a normal diet throughout the experimental period. The animals in groups G2-G9 were received L-NAME (20 mg/kg, *i.p.*) and a HFD throughout the experimental period. At the end of the experimental period (8 weeks treatment), the animals were sacrifice, remove kidney, homogenate and subjected for the estimation of epinephrine, iNOS, angiotensin-II, CRP, and renin.

Estimation of Different Biomarkers in Kidney Homogenate

The kidney homogenate from all the groups was subjected for the estimation of level of various vital biomarkers such as epinephrine, iNOS, angiotensin-II, CRP, and renin. All the biomarkers were estimated using ELISA assay as per manufacturer's procedure. The assay is a quantitative method and the principle based on the binding of antigen and antibody in sandwich manner.

Results and Discussion

Estimation of Epinephrine/Adrenaline in Kidney Homogenate

The expression of adrenaline in the kidney homogenate was measured in the presence of the test formulation and the data are shown in Figure 1. The data suggested that the disease control (L-NAME + high fat diet (HFD) + 0.5% CMC) group (G2) showed value of adrenaline as 0.49 ± 0.02 pg/mL, which was increased by 56.08% as compared with the normal control (G1, 0.31 ± 0.04 pg/mL). However, positive control (captopril + atorvastatin) treatment (G3) showed the level of adrenaline *i.e.* 0.36 ± 0.07 pg/mL, which was deceased by 25.13% as compared to the G2 group. The level of adrenaline was decreased by 8.26%, 31.62%, 19.58%, 34.32%, 37.07%, and 29.87% in the G4 (L-NAME + HFD + the untreated test formulation), G5 (L-NAME + HFD + the Biofield Energy Treated test formulation), G6 (L-NAME + HFD + Biofield Energy Treatment *per se* to animals from day -15), G7 (L-NAME + HFD + the Biofield Energy Treated test formulation from day -15), G8 (L-NAME + HFD + Biofield Energy Treatment *per se* plus the Biofield Energy Treated test formulation from day -15), and G9 (L-NAME + HFD + Biofield Energy Treatment *per se* animals plus the untreated test formulation) groups, respectively, as compared to the disease control group (G2). On the other hand, the level of adrenaline was reduced by 25.54%, 12.43%, 28.48%, 31.47%, and 23.63% in the G5, G6, G7, G8, and G9 groups, respectively as compared to the untreated test formulation (G4) group (Figure 1). Based on the existed literatures envisaged that continuous secretion of adrenaline during stress conditions can damage blood vessels, elevated blood pressure, and increased the severity of heart attacks or stroke [29]. Overall, in this experiment the Biofield Energy Treated test formulation and Biofield Energy Treatment *per se* reduced the level of adrenaline, which might be helpful for the management of cardiovascular disorders.

Estimation of iNOS Kidney Tissue Homogenate

The effect of the test formulation and Biofield Energy Treatment *per se* on the expression of induced nitric oxide synthase (iNOS) is shown in Figure 2. The disease control (L-NAME + high fat diet (HFD) + 0.5% CMC) group (G2) showed value of iNOS as 88.36 ± 9.51 IU/mL, which was increased by 119.40% as compared with the normal control (G1, 40.28 ± 1.83 IU/mL). However, positive control (captopril + atorvastatin) treatment group (G3) showed decreased iNOS level by 49.10% *i.e.* 44.98 ± 2.49 IU/mL as compared to the G2

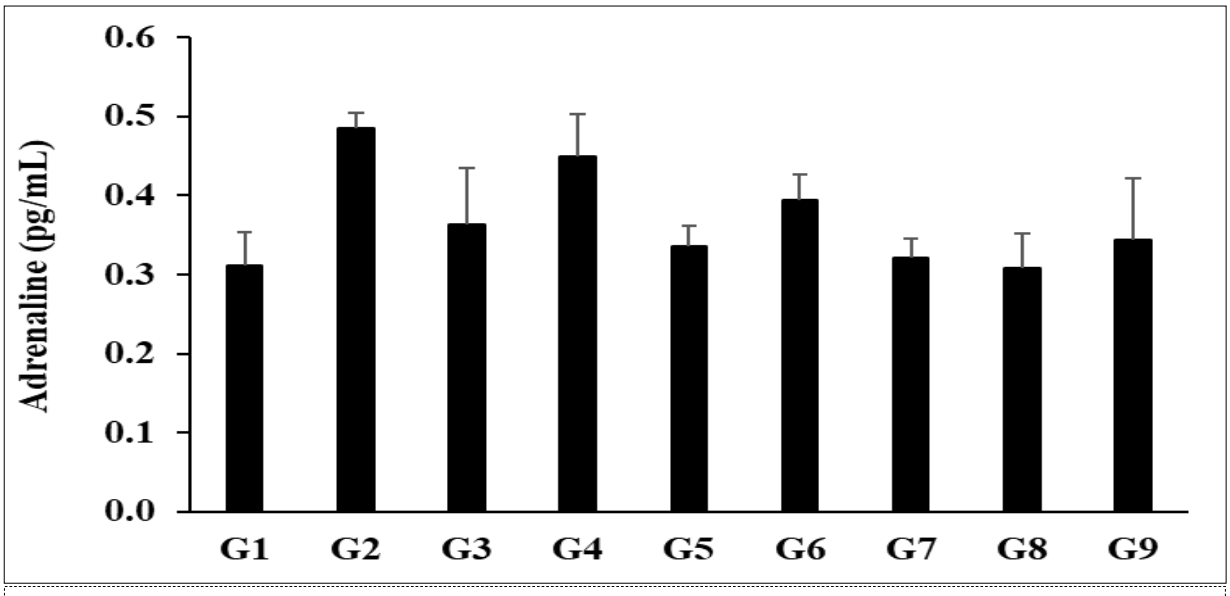

Figure 1. The effect of the test formulation on the level of kidney adrenaline in Sprague Dawley rats. G1 as normal control (vehicle, 0.5% w/v CMC-Na); G2 as disease control (L-NAME + high fat diet (HFD) + 0.5% CMC); G3 as reference item (L-NAME + HFD + Captopril + Atorvastatin); G4 includes L-NAME + HFD along with untreated test formulation; G5 as L-NAME + HFD along with the Biofield Energy Treated test formulation; G6 group includes L-NAME + HFD along with Biofield Energy Treatment per se to animals from day -15; G7 as L-NAME + HFD along with the Biofield Energy Treated test formulation from day -15; G8 group includes L-NAME + HFD along with Biofield Energy Treatment per se plus the Biofield Energy Treated test formulation from day -15, and G9 group denoted L-NAME + HFD along with Biofield Energy Treatment per se animals plus the untreated test formulation. Values are presented as mean ± SEM (n=10)

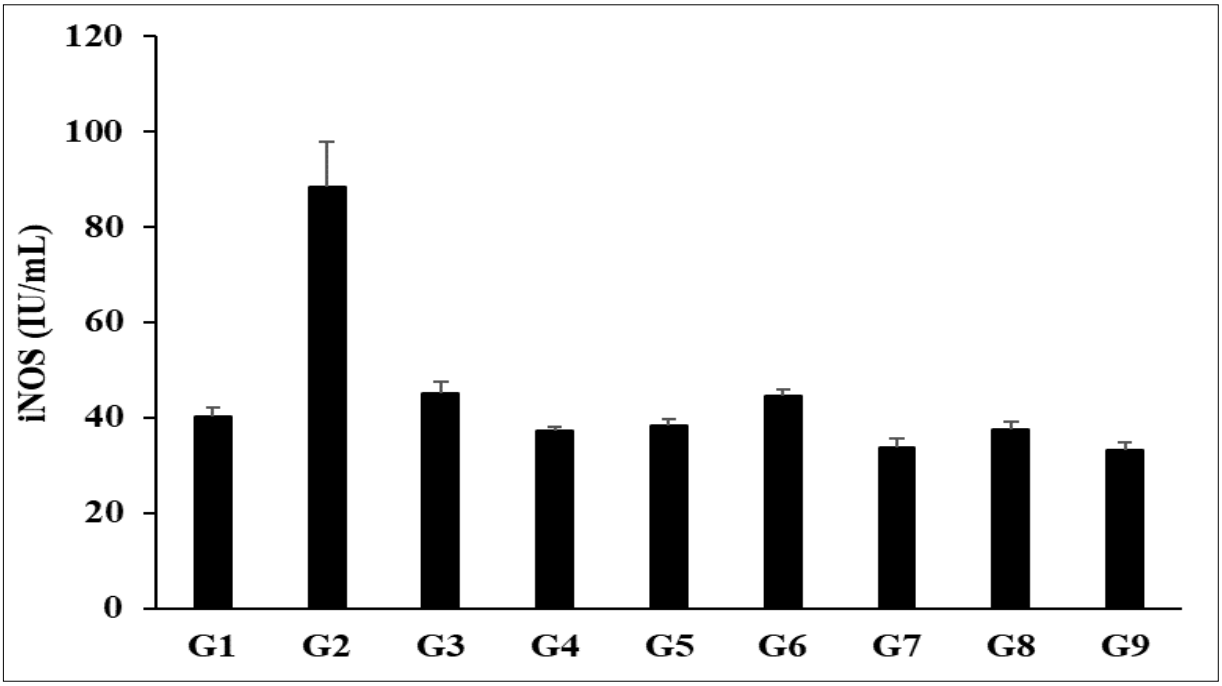

Figure 2. The effect of the test formulation on the level of inducible nitric oxide synthase (iNOS) on kidney tissue homogenate in Sprague Dawley rats.

group. The expression of iNOS in kidney was decreased by 57.77%, 56.76%, 49.51%, 61.79%, 57.63%, and 62.44% in the G4 (L-NAME + HFD + untreated test formulation), G5 (L-NAME + HFD + the Biofield Energy Treated test formulation), G6 (L-NAME + HFD + Biofield Energy Treatment *per se* to animals from day -15), G7 (L-NAME + HFD + the Biofield Energy Treated test formulation from day -15), G8 (L-NAME + HFD + Biofield Energy Treatment *per se* plus the Biofield Energy Treated test formulation from day -15), and G9 (L-NAME + HFD + Biofield Energy Treatment *per se* animals plus the untreated test formulation) groups, respectively, as compared to the disease control group (G2). Further, the level of iNOS was reduced by 9.5% and 11.05% in the G7 and G9 groups, respectively as compared to the untreated test formulation (G4) group (Figure 2). Nitric oxide (NO) is the key endothelium-derived relaxing factor that maintain the vascular tone and reactivity. More generation of NO by the stimulation of iNOS have been proposed as a major mechanism of endothelial dysfunction, and that causes cardiovascular abnormalities [30, 31]. Besides, iNOS is expressed due to the effects of proinflammatory cytokines and can release more NO than other isoform of nitric oxide synthase enzymes [32]. Overall, in this study the Biofield Energy Treated test formulation and Biofield Energy Treatment *per se* significantly reduced the level of iNOS, which was increased due to cardiovascular disease condition, induced by L-NAME and HFD that could be beneficial in the cardiovascular patients

Estimation of Angiotensin-II in Kidney Homogenate

The level of angiotensin-II in kidney homogenate was measured and the data are shown in Figure 3. The disease control (L-NAME + high fat diet, HFD + 0.5% CMC) group (G2) showed the expression of angiotensin-II as 131.56 ± 12.74 pg/mL, which was increased by 246.77% as compared with the normal control (G1, 37.94 ± 2.96 pg/mL) group. While, in the positive control (captopril + atorvastatin) treatment (G3) the level of angiotensin-II was decreased by 53% *i.e.,* 61.83 ± 8.57 pg/mL. The level of angiotensin-II was decreased by 46.39%, 41.09%, 34.92%, 60.65%, 53.28%, and 60.09% in the G4 (L-NAME + HFD + untreated test formulation), G5 (L-NAME + HFD + the Biofield Energy Treated test formulation), G6 (L-NAME + HFD + Biofield Energy Treatment *per se* to animals from day -15), G7 (L-NAME + HFD + the Biofield Energy Treated test formulation from day -15), G8 (L-NAME + HFD + Biofield Energy Treatment *per se* plus the Biofield Energy Treated test formulation from day -15), and G9 (L-NAME + HFD + Biofield Energy Treatment *per se* animals plus the untreated test formulation) groups, respectively, as compared to the disease control group (G2). Moreover, the level of angiotensin-II was reduced by 26.60%, 12.84%, and 25.55% in the G7, G8, and G9 groups, respectively as compared to the untreated test formulation (G4) group (Figure 3). Based on the various research outcomes, it has been reported that angiotensin-II plays a vital role for the pathophysiology of cardiovascular disorders through the renin-angiotensin system (RAS) [33, 34]. Overall, here the Biofield Energy Treated/Blessed test formulation and Biofield Energy Treatment/Blessing *per se* significantly reduced the level of angiotensin-II, which could be beneficial in the cardiovascular symptoms.

Estimation of C-reactive protein (CRP) on Kidney Homogenate

The effect of the test formulation and Biofield Energy Treatment *per se* on the level of kidney C-reactive protein (CRP), and the results are shown in Figure 4. The disease control (L-NAME + high fat diet, HFD + 0.5% CMC) group (G2) showed value of CRP as 2331.29 ± 136.04 ng/mL, which was increased by 190.37% as compared with the normal control (G1, 802.86 ± 64.75 ng/mL). Further, the positive control (captopril + atorvastatin) treatment (G3) showed decreased the level of kidney CRP by 64.38% *i.e.,* 830.46 ± 97.39 ng/mL as compared to the G2 group. The level of CRP was decreased by 48.28%, 47.21%, 38.89%, 59.81%, 55.52%, and 64.02% in the G4 (L-NAME + HFD + untreated test formulation), G5 (L-NAME + HFD + the Biofield Energy Treated test formulation), G6 (L-NAME + HFD + Biofield Energy Treatment *per se* to animals from day -15), G7 (L-NAME + HFD + the Biofield Energy Treated test formulation from day -15), G8 (L-NAME + HFD + Biofield Energy Treatment *per se* plus the Biofield Energy Treated test formulation from day -15), and G9

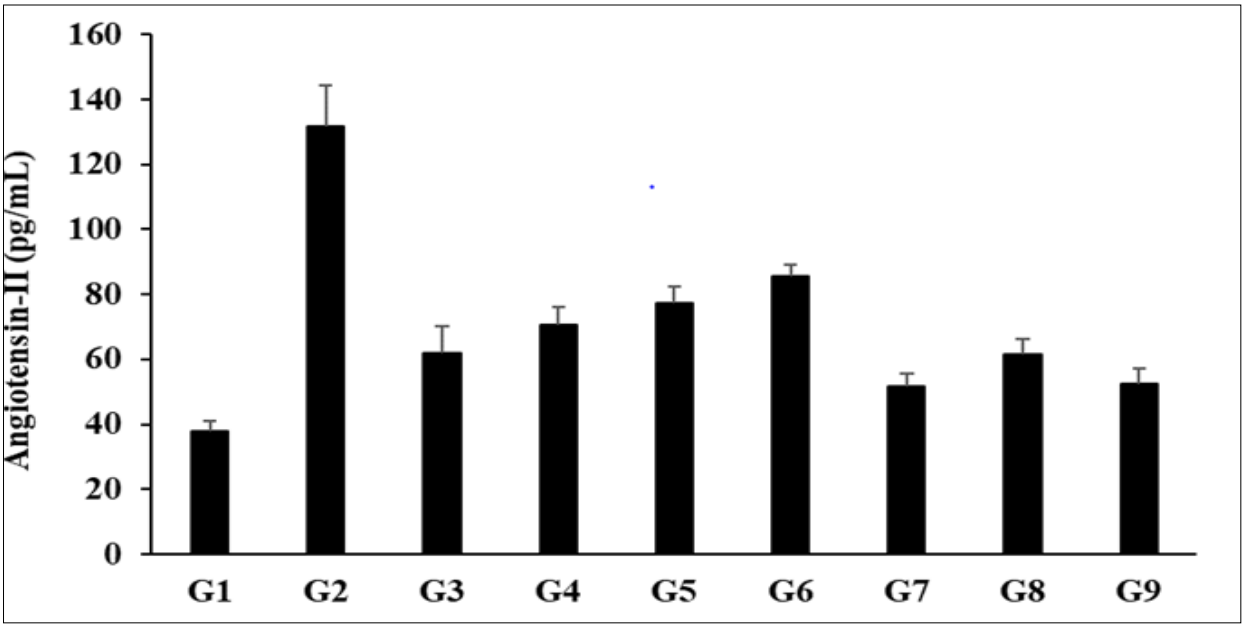

Figure 3. The effect of the test formulation on the level of angiotensin-II on kidney homogenate in Sprague Dawley rats

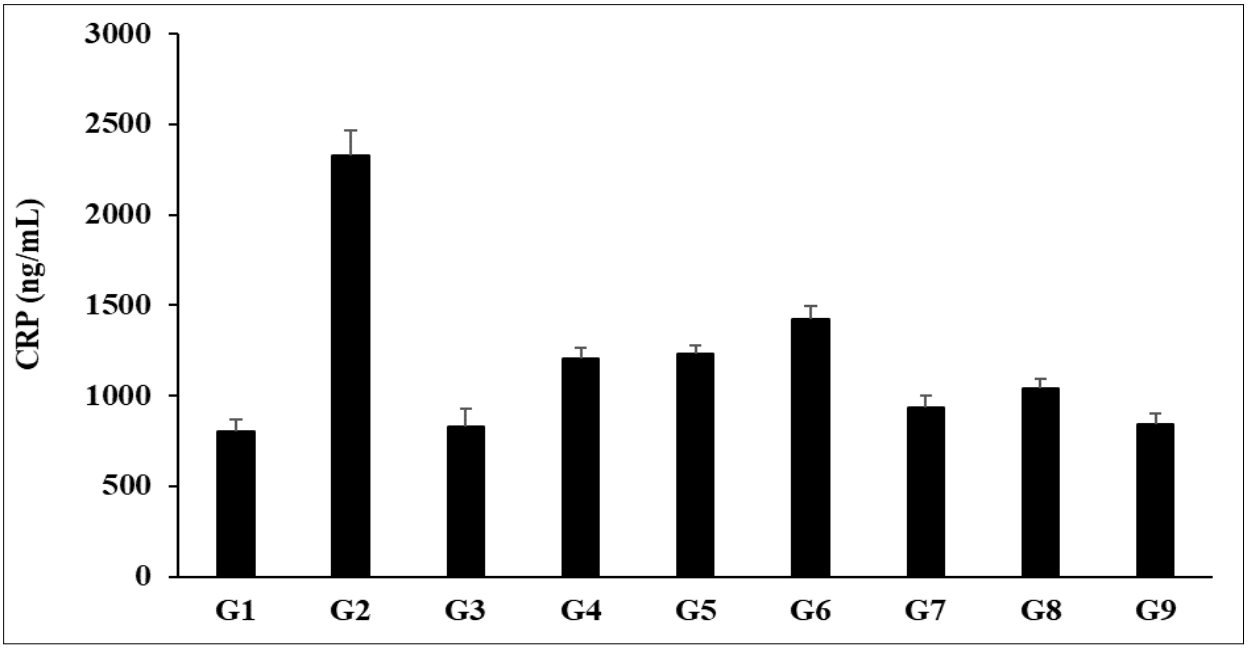

Figure 4. The effect of the test formulation on the level of kidney C-reactive protein (CRP) in Sprague Dawley rats.

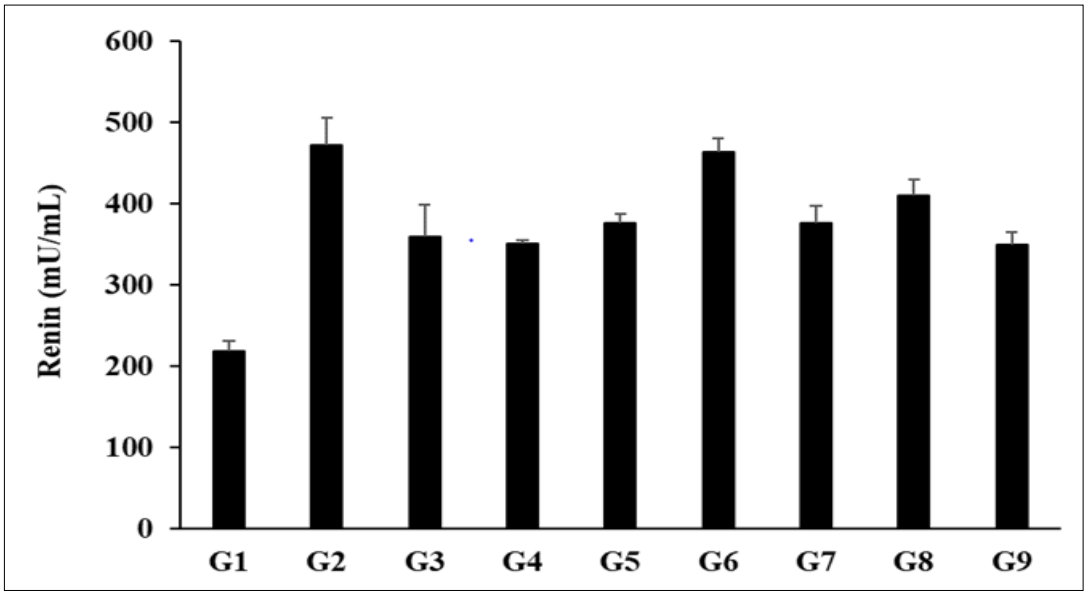

Figure 5. The effect of the test formulation on the level of kidney renin in Sprague Dawley rats.

(L-NAME + HFD + Biofield Energy Treatment *per se* animals plus the untreated test formulation) groups, respectively, as compared to the disease control group (G2). Similarly, CRP level was decreased by 22.30%, 14% and 30.44% in the G7, G8, and G9 groups, respectively as compared to the untreated test formulation (G4) group (Figure 4). Inflammation plays a major role in the pathogenesis of cardiovascular disease [35]. In this context, CRP is plays an independent risk factor for cardiovascular patients and one of the best biomarker for detection of immune function alterations [36,37]. Therefore, in this experiment the Biofield Energy Treated test formulation and Biofield Energy Treatment *per se* reduced the level of CRP, which could be beneficial to improve the cardiovascular disease conditions.

Estimation of Renin in Kidney Tissue

The effect of the test formulation and Biofield Energy Treatment *per se* on the level of renin in kidney tissue and the results are shown in Figure 5. The level of renin in the disease control (L-NAME + high fat diet, HFD + 0.5% CMC) group (G2) was 471.81 ± 34.07 mU/mL, which was increased by 115.83% as compared with the normal control (G1, 218.60 ± 12.58 mU/mL). Further, the positive control (captopril + atorvastatin) treatment (G3) showed decreased level of renin in kidney tissue by 23.78%, i.e., 359.63 ± 39.70 mU/mL as compared with the G2. The level of renin was decreased by 25.50%, 20.27%, 1.57%, 20.13%, 12.99%, and 25.73% in the G4 (L-NAME + HFD + untreated test formulation), G5 (L-NAME + HFD + the Biofield Energy Treated test formulation), G6 (L-NAME + HFD + Biofield Energy Treatment *per se* to animals from day -15), G7 (L-NAME + HFD + the Biofield Energy Treated test formulation from day -15), G8 (L-NAME + HFD + Biofield Energy Treatment *per se* plus the Biofield Energy Treated test formulation from day -15), and G9 (L-NAME + HFD + Biofield Energy Treatment *per se* animals plus the untreated test formulation) groups, respectively, as compared to the disease control group (G2) (Figure 5). Renin is the rate-limiting enzyme of renin angiotensin system (RAS) that cleave angiotensinogen (AGT) and act as a potentially attractive target to inhibit the renin-angiotensin cascade and improve angiotensin–mediated cardiovascular dysfunctions [38, 39]. Overall, in this experiment the Biofield Energy Treated/Blessed test formulation and Biofield Energy Treatment/Blessing *per se* significantly reduced the level of renin, which could reduce the risks of cardiovascular diseases .

Experiment includes four preventive maintenance groups (G6, G7, G8 and G9). The findings showed the significant slowdown of cardiovascular-related symptoms and also reduced the chances of disease susceptibility. Based on the overall data, it suggests that the Biofield Therapy was found to be most effective and benefited to protect from the manifestation of the existing aliments that will ultimately improve the overall health and quality of life in human.

Conclusions

The level of adrenaline was decreased by 31.62%, 34.32%, 37.07%, and 29.87% in G5, G7, G8, and G9 groups, respectively with respect to the disease control group (G2). However, the level of inducible nitric oxide synthase (iNOS) in the kidney tissue was significantly reduced by 56.76%, 49.51%, 61.79%, 57.63%, and 62.44% in the G5, G6, G7, G8, and G9 groups, respectively, than G2 group. Additionally, the level of angiotensin-II was decreased by 41.09%, 34.92%, 60.65%, 53.28%, and 60.09% in the G5, G6, G7, G8, and G9 groups, respectively, as compared to the G2 group. On the other hand, estimation of C-reactive protein (CRP) data showed that the level was decreased by 47.21%, 38.89%, 59.81%, 55.52%, and 64.02% in the G5, G6, G7, G8, and G9 groups, respectively with respect to G2 group. The level of renin was decreased by 20.27%, 20.13%, 12.99%, and 25.73% in the G5, G7, G8, and G9 groups, respectively than G2 group. Altogether, the Biofield Energy Treated/ Blessed test formulation and Biofield Energy Healing/ Blessing Treatment (the Trivedi Effect®) *per se* showed significant improvement of kidney biomarkers in the preventive maintenance groups (G7, G8, and G9) in L-NAME and High Fat Diet-Induced cardiovascular disorders in rats. These data suggested that the Trivedi Effect® would be the excellent alternative treatment approaches to prevent from the diseases and full restoration of health in human. This therapy might also reduce the severity of acute/chronic disease in normal and patients with various disorders like hyperthyroidism, Goiter, Graves' disease, etc. Overall, the data suggested that Trivedi's Biofield Therapy could be used against fibromyalgia, multiple sclerosis, Addison disease, myasthenia gravis, psoriasis, aplastic anemia, rheumatoid arthritis, Crohn's disease, ulcerative colitis, dermatitis, hepatitis, diverticulitis, mental disorders, Parkinson's, stroke, etc.

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