*Sai Vibrionics…*towards excellence in affordable healthcare - free to patients

Sai Vibrionics Newsletter

[a SVIRT publication]

www.vibrionics.org

"Whenever you see a sick person, a dispirited, disconsolate or diseased person, there is your field of seva."
… Sri Sathya Sai Baba

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In This Issue

From the Desk of Dr Jit K Aggarwal

Dear Practitioners,

As we journey through Bhagawan Sri Sathya Sai Baba's centenary year and approach the sacred occasion of Guru Purnima, our hearts are filled with gratitude for the immense privilege of participating in His divine mission through Sai Vibrionics. This is a time for reflection, gratitude, and renewal - a time to remember the boundless grace of our Sadguru who guides us from darkness to light and transforms our lives through His love.

Swami reminds us that foundation of all spiritual progress is love: *"Where there is confidence, there is love; where there is love, there is peace; where there is peace, there is truth; where there is truth, there is bliss; Where there is bliss, there is God. Peace, truth and bliss are not elsewhere, you are the embodiment of peace, truth and bliss. It is foolish to search for them in the external world. Nothing exists separate from you. Everything is a reflection of the inner being. Try to visualize your reflection in everybody just as you see your reflection in a mirror… All your spiritual practices will prove futile, if you do not adhere to the principle of love."…*Sri Sathya Sai Baba, Guru Purnima, 16 July 2000. Sri Sathya Sai Speaks, Vol 33 (2000)

These divine words beautifully encapsulate the essence of Guru Purnima. Our gratitude to the Guru is best expressed not through worship, but by living His teachings daily. As vibrionics practitioners, we are blessed with countless opportunities to do this through our interactions with patients, our support to fellow practitioners, and our dedication to this divine mission.

It was heartening to see a large number of practitioners participate in the first open Virtual Global Annual Sai Vibrionics Refresher held on 30 - 31 May 2026. Thoughtfully designed and skilfully coordinated by our Education Department, the programme was attended by approximately 120 practitioners and provided a valuable opportunity for learning, reflection, and renewal of commitment. The positive feedback received from participants was particularly encouraging, especially their appreciation of the presentations introducing the nine departments that support the work of SVIRT worldwide.

For these departments - especially Education and Information Technology - to function effectively, dedicated practitioners are needed. This is an opportune time to deepen our commitment to vibrionics and support its continued growth. Practitioners who are willing to contribute their skills and expertise are warmly invited to join this important seva. You may email us on admin1@vibrionics.org. Your support will be greatly appreciated.

To further strengthen our practitioner community, Regional Coordinators are encouraged to organise monthly meetings on a fixed day each month. These gatherings can serve as valuable forums for knowledge sharing, discussion of SVIRT guidelines and best practices, and resolution of practical

challenges encountered in seva. Senior teachers may also be invited to provide guidance and support. Such meetings can complement the annual refresher programme and help foster stronger bonds within the practitioner community.

We would like to remind practitioners that admissions to the VP and SVP programmes involve a careful and thorough review process, requiring considerable time, discussion, and collective deliberation by the Admissions Committee. We therefore request all applicants to cooperate fully with the process and to accept decisions with understanding, patience, and humility.

An AP Hindi Workshop is being planned in Delhi in September 2026. Practitioners are invited to recommend suitable candidates who may be interested in taking up this sacred seva. Further details may be obtained by emailing us at admin2-1@vibrionics.org.

Every practitioner is required to submit the online renewal form each year, irrespective of subscription payment status. Completing the renewal form is not merely an administrative requirement; it also serves as a valuable reminder of our commitment to seva when we became practitioners. We appeal to all those whose annual renewals are still pending, to complete them at the earliest. Timely renewals help support the smooth functioning of our educational, administrative, and service activities worldwide.

As Guru Purnima approaches, let us once again renew the oath we took in front of our beloved Guru, for this seva remembering His Golden words: "*You should work with love. Love is more important than medicines. Love is God. Live in Love…You should not only treat the patients well, but also identify the reason for their illness; also investigate as to how, where, and why they got the ailment.*" …Sri Sathya Sai Baba, 19 Dec 2009, Prasanthi Nilayam. https://saispeaks.sathyasai.org/discourse/divine-message-doctors

May He continue to guide, inspire, and strengthen us as we strive to serve with greater love, humility, dedication, and surrender.

In loving service to Sai

Jit K Aggarwal

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☙ Practitioners Corner ❧

M Gopalakrishnan [11668...India], with an MSc in Maths, served in a private bank for 31 years, rising from clerk to mid-level management before taking voluntary retirement in 2006. His journey with Swami began in 1980 during a difficult phase in his career. Sharing his predicament with his maternal uncle proved to be a turning point. His uncle gave him a small photograph of Swami and some vibhuti and advised him to surrender his worries to Bhagawan. Following heartfelt prayers to Swami, his job transfer that had caused him much distress was resolved favourably, strengthening his faith and drawing him closer to Sai. Over the years he became actively involved in Sai activities, participated in bhajans and nagar sankeertan, and was blessed with padnamaskar during Prasanthi Seva in 1991. After retirement, he deepened his involvement in the Sai Organisation, serving regularly at the Super Speciality Hospital and undertaking various responsibilities as a Bal Vikas Guru, Samithi Convener, and District Spiritual Coordinator.

His introduction to Sai Vibrionics came unexpectedly during Prasanthi Seva in 2023, when he received vibrionics treatment for a severe cold and cough and experienced quick relief. Impressed by its effectiveness and encouraged by the practitioner [11639] who treated him, he enrolled for the course and qualified as an AVP in April 2024. With the support of his mentor[11568], he steadily built his practice, fulfilled the required criteria, and successfully qualified as a VP in March 2025.

Since then, he has treated over 200 patients, including relatives, friends, Sai devotees, and members of the local community. The conditions he most commonly encounters include knee, back and elbow pain, blocked nose, sore throat, headache, and fever. Three patients who presented with symptoms of stuffy nose, sore throat, headache, fever, wheezing, and fatigue all responded exceptionally well to the combo **CC9.2 Infections acute + CC11.3 Headaches + CC11.4 Migraines + CC12.1 Adult tonic + CC19.3 Chest infections chronic + CC19.5 Sinusitis + CC19.7 Throat chronic**.

The practitioner feels that becoming a vibrionics practitioner has brought about positive changes in his own life. He now strives to perform all his daily activities with love and dedicates them to Swami. Before dispensing remedies, he prays for each patient, chants the Lord's name, and offers gratitude to Swami for the opportunity to serve. Witnessing relief and recovery in patients brings him immense joy and reinforces his conviction that Swami is the true Healer and that practitioners are merely His instruments.

Cases to share:

- Back pain, giddiness
- Depression

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☙ Case Histories Using Combos ❧

1. Back pain, giddiness [11668...India]

A 49-year-old female agricultural labourer had been suffering from lower back pain for four years since Oct 2020. Pain was persistent throughout the day and made walking difficult. In Aug 2023, she started to experience giddiness on waking, lasting about 10 minutes. As her symptoms were bearable, she did not take any treatment, but they significantly affected her daily work and overall quality of life. On learning about vibrionics from the practitioner, she readily opted for this treatment.

On 14 Sept 2024, she was given:

CC18.5 Neuralgia + CC18.7 Vertigo + CC20.5 Spine...TDS

Treatment progress:

- *29 Sept 2024*: Back pain improved by 50%, giddiness duration decreased to 5 to 6 minutes.
- 14 Oct 2024: Complete resolution of symptoms; able to walk comfortably.
- *28 Dec 2024*: Remedy stopped after gradual tapering.

As of May 2026, there has been no recurrence.

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2. Depression [11668...India]

A 43-year-old man experienced a steep decline in his mental and emotional wellbeing after his divorce in June 2017. He lost interest in work and social life, withdrew even from close family including his mother, neglected regular meals, became irritable and inattentive, and spent most of his time lying down but unable to sleep. In 2018, he was diagnosed with depression, and for six years he underwent treatment from three different allopathic doctors without any improvement. On learning about vibrionics, his mother, who knew the practitioner's wife, brought him for treatment on 31 July 2024 and was given:

#1. CC10.1 Emergencies + CC12.1 Adult tonic + CC15.2 Psychiatric disorders + CC15.4 Eating disorders...TDS

#2. CC15.6 Sleep disorders...a dose half an hour before bedtime.

Allopathic medication was stopped. Patient's mother diligently administered remedies to him.

Treatment progress:

- *15 Aug 2024*: Sound sleep restored; irritability decreased by about 50%; advised to take **#2** only when needed.
- *1 Sept 2024*: Began taking regular meals; started going out, resumed interaction with mother and others and actively looked for a job; 50% improvement in overall behaviour.
- 15 Sept 2024: Complete resolution of symptoms; re-joined previous company.
- *22 Dec 2024*: **#1** gradually tapered and stopped.

As of May 2026, he continues to be happy and healthy. .

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3. Toenail injury [11658...India]

A 60-year-old man accidentally hit his right big toe against a cupboard while moving house three months ago in the last week of July 2025. Initially the pain was mild and he paid little attention to it. However, over the following 2 to 3 weeks, the nail had become blackish, thickened, damaged, and appeared unhealthy, while the surrounding skin was inflamed and swollen with puss, causing considerable discomfort and difficulty in walking. Believing it to be a minor skin problem, he did not seek medical treatment and managed it by applying plain coconut oil, which provided only minimal relief. Being retired, he also tended to stay at home and avoided going out.

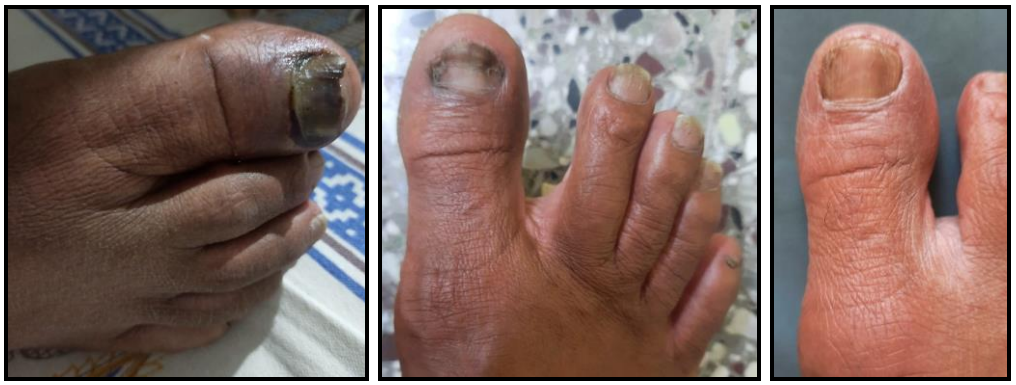
On 16 Oct 2025, he visited a vibrionics camp, expecting to receive an allopathic skin cream. When he was briefly explained about Sai vibrionics, he readily agreed to try an external remedy. The practitioner prepared:
CC21.7 Fungus + CC21.9 Nails…TDS in petroleum jelly for external application.

Treatment progress:

- *19 Oct 2025:* Within just three days, pain, swelling, pus and discomfort decreased by 75% - a dramatic recovery.
- 24 Oct 2025: Complete resolution of pain, swelling and pus; nail colour improved by 50%, the patient himself sent two pics, attached here.
- *4 Nov 2025:* Remedy stopped after it was exhausted.
- *20 Feb 2026:* Fully regrown and healthy nail (pic taken on 30 May).

As of June 2026, the nail is normal.

Before treatment **During treatment** **After treatment**



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4. Post-traumatic pain [03625...USA]

A 29-year-old man had been suffering from persistent pain in his upper back and chest region for nearly two years following a serious accident in Feb 2024. He sustained multiple rib fractures and a punctured lung, requiring hospitalization for a week. Treatment focused on pain management, while the lung was allowed to heal naturally. Tragically, a friend accompanying him at the time did not survive the accident, leaving him with considerable emotional trauma.

Although he remained physically active, engaging in daily exercise, weekend running, and manual construction work, he continued to experience recurring pain, particularly after weightlifting and stretching movements involving bringing his chin to his chest and low energy level. This prevented him from fully participating in gym workouts, an activity he greatly enjoyed; his inability to progress to heavier weights left him feeling frustrated and incomplete.

The patient came to know about Sai Vibrionics while working on a project at the practitioner's home and sought relief from his persistent post-traumatic pain. On 15 Dec 2025, he was given:

#1. CC10.1 Emergencies + CC15.1 Mental & Emotional tonic + CC17.3 Brain & Memory tonic + CC20.5 Spine + CC20.7 Fractures…TDS

#2. *IB…OD**

He was not taking any other treatment apart from an occasional painkiller.

Treatment progress:

- *25 Dec 2025*: 50% improvement in pain and energy level.
- *5 Jan 2026*: Pain improved by 80%.
- 10 Jan 2026: Complete resolution of symptoms; able to touch chin to chest and increase weightlifting capacity from 50 to 80 lbs with ease; patient regarded this as a miracle; dosage of **#1** reduced to **OD.**

As of June 2026, patient voluntarily continues remedies at **OD**, although feels absolutely fine; firmly believes in the power of vibrionics.

**IB remedy as per vol 15#2, recommended for everyone.*

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5. Knee pain [11683...India]

A 58-year-old woman had been suffering from pain in both knees for ten years since 2015. She immediately began taking a dietary supplement widely marketed to manage joint pain, and also multivitamin. As she did not want long-term dependence on supplements and pain had become tolerable, she discontinued both in June 2025. Although manageable, pain persisted throughout the day and was aggravated by climbing or descending stairs. She also experienced occasional pain in her right ankle, where she had sustained a fracture in Jan 2019. Upon learning about vibrionics, she consulted the practitioner on 24 Dec 2025 who gave her:

#1. CC3.7 Circulation + CC18.5 Neuralgia + CC20.3 Arthritis + CC20.7 Fractures...BD in mustard oil for external application

#2. CC10.1 Emergencies + CC12.1 Adult tonic + CC13.1 Kidney & Bladder tonic + #1...TDS

#3. *IB...BD**

Treatment progress:

- *25 Dec 2025*: Knee pain better by 20%.
- *10 Jan 2026:* Ankle pain vanished; knee pain 40% better.
- *25 Jan 2026:* Knee pain improved by 80%; no pain while climbing or descending stairs.
- 5 Feb 2026: Pain resolved completely; patient expressed happiness; dosage of **#2** reduced to **BD**.
- *15 Feb 2026:* Dosage of all remedies reduced to **OD**.
- *27 Feb 2026:* Stopped **#1** and **#2** as per patient's comfort level.
- *10 May 2026:* Stopped **#3** as per patient's choice.

As of June 2026, there has been no pain.

**IB remedy as per vol 15#2, recommended for everyone.*

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6. Nosebleed (Epistaxis) [11620...India]

A 7-year-old boy had been suffering from recurrent nosebleed since May 2024. Episodes occurred every two to three days in the morning soon after waking up. Bleeding from both nostrils was moderate, his mother would hold a handkerchief against his nose until it stopped in about three minutes. It was also observed that the boy had been breathing through his mouth while sleeping. He was otherwise healthy and active.

On 20 June 2024, the boy's parents consulted a doctor who diagnosed him with epistaxis due to grade 3 adenoid hypertrophy (reports available) and prescribed a nasal spray. The spray was used for three months but there was no improvement. His grandmother, a vibrionics beneficiary, brought him to a vibrionics camp on 6 July 2025, where the practitioner gave:

CC3.2 Bleeding disorders + CC10.1 Emergencies + CC12.2 Child tonic + CC19.5 Sinusitis…6TD orally and **BD** as nasal drops.

Treatment progress:

- *3 Aug 2025:* Only one episode lasting a minute.
- *21 Aug 2025:* Oral dosage reduced to **TDS.**
- *18 Sept 2025:* Again, one episode lasting under a minute.
- *16 Oct 2025:* One mild episode with 2 to 3 drops of blood; able to breathe normally through nose during sleep.
- 18 Dec 2025: No further episodes; oral remedy reduced to **BD** and nasal drops to **OD.**
- *3 Feb 2026:* Oral remedy reduced to **OD**.

As of June 2026, there has been no recurrence. Remedies are continued at **OD** for maintenance.

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7. Headaches [11674...India]

A 42-year-old housewife, had been suffering from severe headaches for over ten years since 2015, following a seizure episode that occurred during a visit to the hill shrine of Tirupati. A brain scan at that time revealed a clot for which she underwent allopathic treatment for three years. Seizures did not recur but headaches came every 2 to 3 days, often triggered by skipping a post lunch nap or excessive physical strain. The sharp, one-sided pain was intense enough to disturb her mentally and interfere with household activities. Each episode lasted 7 to 8 hours and typically subsided after a night's sleep.

In 2019, she consulted a physician who prescribed a painkiller; this offered relief within an hour or two. After a year, she relied on over-the-counter analgesics, requiring them on average twice a week. Although effective, she wished to avoid becoming dependent on them and consulted the practitioner. At the time, she appeared mentally distressed and exhausted; last episode had occurred two days ago. She mentioned that her mother had a history of seizures. On 6 Dec 2025, she was given:

CC10.1 Emergencies + CC11.3 Headaches + CC11.4 Migraines + CC15.1 Mental & Emotional tonic + CC18.5 Neuralgia…TDS

She was advised to do meditation and pranayama daily in the morning.

Treatment progress:

- *11 Dec 2025:* No headache even after skipping the post-lunch nap.
- 30 Dec 2025: Remained headache-free even during excessive strain; dosage reduced to **BD**.
- *16 Jan 2026:* Dosage down to **OD**; mood improved, felt relieved from headaches and painkillers.
- *5 Mar 2026*: Dosage gradually tapered to **3TW** to **2TW** to **OW** for maintenance.

As of June 2026, she remains completely free from headaches and continues to enjoy an active life.

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8. Panic attacks [11684...India]

While preparing for some competitive exams, a 20-year-old female left home to stay at a PG hostel (shared rooms with catering). In Sept 2025, she developed panic attacks which occurred once every two weeks, lasting 10 to 15 minutes. On 19 Dec, she woke up during the night, trembling, staring at her roommates, and shouting at them to leave. This episode lasted about 90 minutes and was repeated during the next two nights. Alarmed, her roommates reported the matter to the hostel watchman who took her to an allopathic doctor on the night of 21st itself. She was diagnosed with panic attacks and prescribed anxiety pills to be taken as needed, along with sleeping tablets.

Next day, the watchman took her to a nearby vibrionics practitioner. She appeared pale and exhausted, suffering from sneezing, nasal congestion, and mild fever for past one day. She simply stated that she felt depressed and unwell. Given her fragile state, the practitioner refrained from further questioning and based on doctor's diagnosis, gave her on 22 Dec 2025:

For fever, sneezing, congestion:

#1. CC9.2 Infections acute…6TD

For panic attacks:

#2. CC10.1 Emergencies + CC12.1 Adult tonic + CC15.2 Psychiatric disorders…OD

#3. CC15.6 Sleeping disorders…a dose half an hour before going to bed.

That night, she also took the 1st sleeping pill but never took anxiety tablets.

Treatment progress:

- *23 Dec 2025:* Fever gone, sneezing and congestion improved by 50%; slept well with no panic attacks.
- *25 Dec 2025:* Discontinued sleeping pills.
- *26 Dec 2025:* Sneezing and congestion completely resolved; sound sleep continued, dosage of **#2** increased to **BD**.
- *27 Dec 2025:* Energy level improved by 50%; **#2** increased to **TDS**.
- *28 Dec 2025:* **#1** stopped; complained of sleeping difficulty, increased dosage of **#3** to every half an hour until asleep.
- *11 Jan 2026:* Feeling positive, energetic and sleeping soundly; **#2** reduced to **OD,** discontinued **#3**.
- 4 Feb 2026: Having developed trust in the practitioner, the patient finally opened up about her past. Since childhood she had faced harsh treatment at home while her brother was pampered, as girls were given little importance in her hometown. She had been so afraid of her parents that she could not speak freely with them, and twice she felt so overwhelmed by trauma that she contemplated ending her life. However now, she feels lighter, more confident, and happier than ever before. She is hopeful about her future and confident of securing a job.
- *20 Feb 2026:* **#2** stopped after gradual tapering; expressed resilience in facing any family issues, even improvement in family's behaviour towards her.

As of June 2026, she continues to be happy.

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9. White patches on tongue [11632…India]

A 75-year-old woman had been wearing dentures continuously, even during sleep, for the past 35 years. In early Aug 2025, she noticed painless, non-scrapable two long white patches along the sides of her tongue. Assuming they were due to a vitamin deficiency, she increased her intake of vegetables and fresh fruit juices, but the patches persisted.

After two weeks, she consulted a dentist who prescribed a gargling solution and an ointment. When there was no improvement after 10 days, she returned for a review. The dentist explained that the patches were most likely related to long-term denture use and age-related changes, and that there was no cure. Concerned that the condition might worsen, she sought help from the practitioner on 10 Oct 2025 and was given:

#1. CC2.3 Tumours & Growths + CC11.5 Mouth infections...BD in coconut oil for application

#2. CC12.1 Adult tonic + #1...TDS orally and for gargling**…BD**

Allopathic solution and ointment were discontinued.

Treatment progress:

- *23 Nov 2025:* Size and whiteness of patches decreased by 50%.
- 28 Dec 2025: Patches completely vanished; expressed relief and gratitude.
- *18 Jan 2026:* **#2** reduced to **OD**; **#1** stopped.
- *1 Mar 2026:* **#2** stopped after tapering.

As of June 2026, there has been no recurrence.

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10. Insomnia, migraine [11674…India]

A 65-year-old woman had a major road accident in 2015, sustained severe multiple injuries and lost her husband. Ever since, she suffered from sleeplessness, lying awake for hours – unable to fall sleep and managing 2 to 3 hours of sleep every night (previously she had 5 to 6 hours of restful sleep). This left her completely drained throughout the day, making it difficult for her to manage her household chores. Concerned about potential side effects of sleeping pills, she never sought medical treatment.

In Nov 2024, she started having severe one-sided headache radiating to the neck, accompanied by nausea. These occurred 2 to 3 times a month, each attack lasting up to three days. She consulted a physician who diagnosed this as migraine and the prescribed medication gave 50% relief within a month, but then, symptoms worsened, so she stopped it in Jan 2025. Thereafter, she relied on over-the-counter painkiller for severe episodes; on average, she needed it for 15 days every month.

On 9 Dec 2025, she consulted the practitioner and revealed that she often felt lonely and emotionally stressed, mainly because her son had no children; she was given:

#1. CC10.1 Emergencies + CC11.3 Headaches + CC11.4 Migraines + CC18.5 Neuralgia…TDS, one dose every 10 minutes for one hour if needed

#2. CC15.1 Mental & Emotional tonic + CC15.6 Sleep disorders…a dose half an hour before bedtime

She was advised to do meditation and pranayama every morning and drink at least two litres of water daily.

Treatment progress:

- *11 Dec 2025*: Falling asleep within a few minutes of taking remedy, 5 to 6 hours of restful sleep, first time in ten years; extremely happy and shared her experience with others.
- *18 Dec 2025:* Sound sleep continued, felt energetic all day; one migraine episode with 70% less pain and nausea lasting one day; did not need painkiller; suspended remedy **#2** due to fear of dependency, but after reassurance from practitioner that it had no side effects, resumed it.
- 11 Jan 2026: 6 to 7 hours of sound sleep, even better than before! no more migraines, **#1** reduced to **BD.**
- *28 Feb 2026:* Doing well.
- *4 Apr 2026:* **#1** stopped after gradual tapering, prefers to continue **#2** for peace and comfort.

As of June 2026, she continues to stay healthy and happy.

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11. Sleeplessness [11682...India]

A 33-year-old woman had been suffering from stress, anxiety and insomnia for the past three months. She struggled to fall asleep and when she did, would awaken after 2 to 3 hours, unable to go back to sleep. Consequently, she felt exhausted during the day and lacked the energy to work. Her husband was an alcoholic and physically abused her, so she and her children moved to her parents' home three years ago. For the past year, however, she had been living alone and supporting her children by working as a domestic help.

When she consulted the practitioner on 7 Feb 2026, she mentioned that her constant worry was the main cause of her disturbed sleep. She did not take any other treatment. She was given:

CC15.1 Mental & Emotional tonic + CC15.2 Psychiatric disorders + CC15.6 Sleep disorders…a dose half an hour before bedtime, repeat every half an hour until asleep.

Treatment progress:

- *8 Feb 2026:* Fell asleep after three doses, 6 to 7 hours of restful sleep.
- *15 Feb 2026:* Falling asleep after 2 to 3 doses, restful sleep continued.
- 20 Feb 2026: Able to sleep after one dose, feeling refreshed and energetic.
- *24 Feb 2026***:** Advised to take remedy only if needed.
- *5 Mar 2026:* Sound sleep continues, remedy no longer needed.
- *20 Mar 2026:* reported feeling mentally stronger than ever, having positive thoughts.

As of June 2026, she continues to be peaceful and happy.

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12. Skin allergy, mass inside ear in a dog [11677…India]

Stella, an 11-year-old female mixed-breed dog (Indian Pariah mix) adopted from a shelter in 2015, had been suffering from multiple ailments for over two years but two conditions troubled her the most.

In Nov 2024, Stella developed an intensely itchy skin marked by dry, whitish-grey, hairless patches on her back, neck, and behind her left ear. The discomfort made her irritable and restless. The vet diagnosed *atopic dermatitis with secondary infection and dry skin*. Although a 14-day course of antibiotics relieved the itching, the symptoms returned within two weeks, leading to repeated antibiotic treatments that gradually worsened the dryness and hair loss. By late 2025, the recurring skin flare-ups had become one of Stella's most distressing problems.

Around the same period, Stella began scratching her right ear so intensely that it bled. An MRI revealed a *mass inside the ear*, along with suspected infection. A five-day antibiotic course resolved the itching, but the symptoms recurred within ten days, requiring repeated treatment. By Mar 2025, antibiotics were discontinued, and the mass was managed instead through *ear-flushing procedures* every 3 to 4 months, the latest being in Sept 2025. Despite this, the itching continued, and her owner also noticed that Stella had stopped responding when called.

Additionally, Stella had several ailments: *arthritis and enlarged heart* in Sept 2023, *cervical spondylitis* with neck stiffness in Oct 2024, *osteosarcoma* in Jan 2025, *liver tumour* in June 2025 and *thyroid dysfunction* in Nov 2025. She was on allopathic medication for all these conditions. Once an energetic dog, Stella had gradually become withdrawn, spending most of her time resting.

In Dec 2025, owner's relative, a newly qualified practitioner, visited him. At the time, Stella had been scratching her right ear for two days, waiting for her next flushing procedure that month, and the 14-day antibiotic course for dermatitis had begun on 1 Dec. The practitioner gave on 4 Dec 2025:

For ear mass and infection:

#1. CC1.1 Animal tonic + CC5.1 Ear infections…TDS orally and as spray around right ear without it entering the ear or eye

For skin patches:

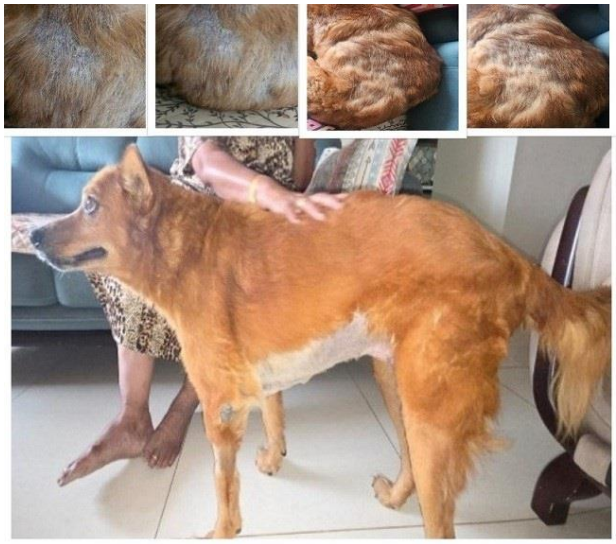
#2. CC21.3 Skin allergies…BD, only as spray

Allopathic treatment was continued.

Treatment progress:

- *17 Dec 2025:* Ear scratching and irritability decreased by 50%; if spray went inside the ear, Stella would become irritated and start to scratch.
- *30 Dec 2025:* 60% improvement in size, colour, hair growth on skin patches and scratching; stopped antibiotics, ear flushing not needed.
- *3 Jan 2026:* Further improvement to 80%, owner extremely happy.
- 2 Feb 2026: Complete resolution of symptoms; **#2** reduced to **OD** for maintenance.
- *21 Feb 2026:* Resumed responding to doorbell, much to owner's delight; began to move around with relative ease.
- *3 Apr 2026:* **#1** reduced to **BD** and stopped on *18 May 2026* after tapering.

As of June 2026, Stella has been cheerful and active for her age. The owner recently took remedy for a street dog.



Top: left 2 pics are before treatment ; right 2 are during treatment;
Bottom picture is after treatment

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☙ Answer Corner ❧

Q1. Practitioners are not trained medical professionals so can you please suggest few general tips or extra care which one should take while treating plants, animals, babies, pregnant women, and the elderly.

A. Our advice is to keep remedies simple and focussed, maintain clear case records, never advise stopping conventional treatment. However, for each group keep the following in mind. ***Plants*****:** Use water remedy to spray leaves, stem, and root, dosage is normally **OD** and **OW** for maintenance, response may be season-dependant. ***Animals*****:** Ensure stress-free administration via their drinking water and observe behaviour and activity changes**.** ***Babies*****:** Use **OD** (unless condition is acute) as babies are highly sensitive and administer via water or milk, always continue medical supervision**.** ***Pregnant women*****:** use simple, well-indicated remedies only, ensuring regular medical check-ups continue. ***Elderly*****:** Begin with lower dosage, increasing gradually; consider multiple conditions and medications, monitor for fatigue or unusual response; continue all prescribed treatments.

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Q2. During first meeting or in camp situations, some patients expect us to take/measure their vitals: weight, heart rate, temperature, and blood pressure. So how do we handle such situations without disappointing them.

A. If your camp happens to be alongside a regular medical camp or in a facility where these services are provided, refer the patient to that facility. However, do acknowledge that it is good they are monitoring their health while advising them gently that in Sai Vibrionics, we do not usually measure vitals ourselves, unless a practitioner is carrying his own thermometer, BP meter etc. Local patients can visit our head office in Puttaparthi where this facility is available.

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Q3. Should we wrap 108CC Box in aluminium foil while travelling internationally?

A. X-rays pass through kitchen aluminium foil quite easily, especially the higher-energy ones used in security scanners, so foil does not add any protection. Fortunately, vibrionics remedies are not adversely affected by x-rays, see vol 9 #2.Q2. Many practitioners travel internationally with 108CC boxes without foil wrapping, without any noticeable issue.

If you wrap the entire box tightly in foil, it acts as a shield, bit like a simple Faraday cage, reducing some everyday EM exposure from mobiles, Wi-Fi routers, laptops, microwaves, TVs, strong magnets. Warning: Once un-wrapped, you must use fresh foil.

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Q4. What is the difference between mental and emotional problems?

A. Mental problems primarily affect thinking, understanding, mental faculties and activities, brainpower, awareness, comprehension, perception, judgement, memory, concentration, and behaviour. Examples

include depression, anxiety disorders, schizophrenia, dementia, ADHD, and personality disorders. Emotional problems mainly affect feelings and the ability to regulate emotions, leading to symptoms such as chronic sadness, excessive anger, emotional numbness, fear, insecurity, grief, or difficulty coping with stress. In practice, many conditions involve both mental and emotional components. For example, depression can cause negative thinking as well as sadness, anxiety can involve excessive worry and fear, and trauma may affect both mind (thoughts) and emotions. Understanding this distinction helps practitioners appreciate the different ways in which a person's well-being can be affected.

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Q5. What are the possible reasons that prevent a person from healing even after taking the appropriate Vibrionics remedies and following the recommended protocols and lifestyle changes? Could it be due to mental or emotional blockages such as fear, doubt, or lack of faith, or might there be deeper underlying influences that delay recovery? What guidance can be offered to such patients to help them overcome these inner and outer obstacles to healing?

A. An important factor that can influence the pace and extent of healing is the state of mind and emotions, which can create inner disturbances that weaken the body's natural healing power. Likewise constant mental fixation on illness may unconsciously reinforce the disease state. There are also practical considerations. A patient may unknowingly continue habits, medications, dietary patterns, emotional environments, or exposures that counteract recovery. Finally, a disease may not cure because of patient's karma (this should never be mentioned) as the soul's deeper journey may involve learning patience, surrender, compassion, detachment, or endurance through illness!

Role of the practitioner is to offer encouragement, hope, loving support, careful observation and continue prayerful service. Baba himself repeatedly emphasised that love, peace, and positive thinking are powerful healing forces. He said, "There is no disease worse than desire", "Fear is the biggest disease". Following guidance taken from His discourses can help patients facing delayed or no recovery:

- Maintain calm faith and patience since healing may occur gradually. Stop worrying about the symptoms since anxiety itself drains vital energy.
- Reduce fear and negative thinking and engage in uplifting thoughts, prayers, bhajans and meditation as these strengthen spiritual connection. A peaceful mind supports healing.
- Old resentments and emotional wounds may silently burden the system. Practise forgiveness as it frees the heart from toxic emotions.
- "Engage in selfless service which is a powerful purifier of the mind and heart" says Baba. Helping others shifts attention away from one's suffering and generates positive vibrations.

In some chronic diseases, physical tissues may require considerable time to regenerate even after energetic balance has improved. Baba reminds us that true healing ultimately comes from Divine Grace. Remedies, doctors, and practitioners are instruments; the deeper healing intelligence belongs to the Divine.

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☙ Divine Words from the Master Healer ❧

"Satvic food according to some consists in milk and fruits. But, it is much more; it may not even be these. For, the calories that one takes in through the mouth are but a small part of the intake of man. The intake by the senses are part of the food that builds the individual. The sounds heard, the sights seen, the tactile impressions sought or suffered, the air breathed, the environment that presses for attention, appreciation and adoption – all these are "food". They have considerable impact on the character and career of the individual. The quality of the food is determined by the vibrations that it is charged with, through the thought processes of the persons who handle it, prepare it, and serve it."

…Sathya Sai Baba, Forms of Food, Divine Discourse, Jan 1990
https://saispeaks.sathyasai.org/discourse/forms-food

"Service helps you to remove the ego. So, do not pay heed to what others might say when you engage in service activities. When you are doing good acts, why hesitate, why feel ashamed, why fear? Let

compassion and sacrifice be your two eyes; let egolessness be your breath and love be your tongue. Let peace reverberate in your ears. These are the five vital elements you have to live upon."

…Sathya Sai Baba, Lessons on Seva sadhana, Seva Dal conference, 19 Nov 1981
https://www.ssssahitya.org/discourses/1981/lessons-on-seva-sadhana

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☙ Announcements ❧

Forthcoming workshops

- **India Puttaparthi: Telugu AP*** practical Workshop **9-13 July 2026,** contact admissions4@vibrionics.org
- **India Puttaparthi: AVP*** face-to-face Workshop **15-19 July 2026**, contact editor1@vibrionics.org
- **India Puttaparthi: SVP*** Workshop **21-25 July 2026** contact promotionsSVP@vibrionics.org
- **UK London:** Sai Vibrionics Annual Meet, **20 Sept 2026**, contact jeramjoe@gmail.com
- **India Delhi: Hindi AP*** practical Workshop **22-26 Sept 2026****,** contact admin2-1@vibrionics.org
- **India Puttaparthi: AVP*** face-to-face Workshop **26-30 Nov 2026****, contact editor1@vibrionics.org

*only for those who have undergone the admission process and the e-course.

**Subject to change

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☙ In Addition ❧

1. Health article

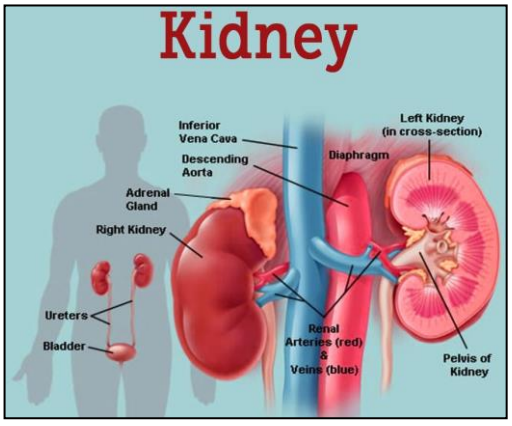
Take care of your kidneys!

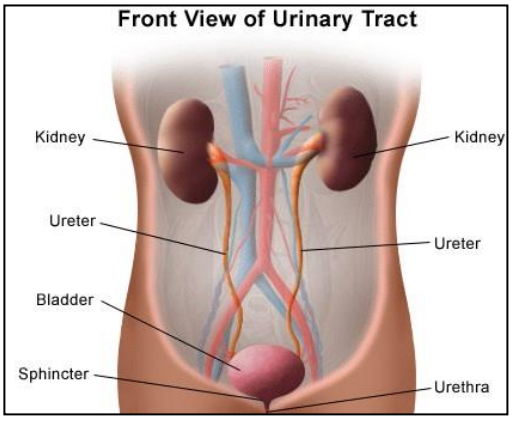
"The human body is not eternal. It contains flesh that can decay, and foul excreta. At the same time, present in this very same body are sacred feelings. It is for safeguarding this hidden treasure that you must take proper care of the body. Once the treasure is tapped and duly made use of, the body can be given up. This is the proper way to go through life."…Sathya Sai Baba[1]

1. System, structure, and function of kidneys

1.1 Kidneys are the most vital and primary organs of the urinary system**,** a prominent component of excretory system of our body to filter blood, balance electrolytes, and regulate blood volume and blood pressure.[2,3]

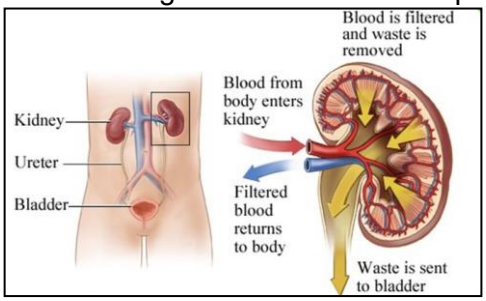
1.2 Every person normally has two fist-sized, bean-shaped kidneys on either side of the spine in the lower back just below the rib cage, well protected; right kidney, slightly smaller than the left. Their weight depends on the height, weight, age, and body mass index. Each kidney has more than a million filtering units called nephrons to do the complicated process of producing urine. Ureters are muscular tubes that connect each kidney to the urinary bladder, a muscular sac-like organ that temporarily stores urine until it is excreted; every 10-15 seconds, urine is emptied into the bladder from the ureters in small amounts. A typically healthy adult bladder can retain about ½

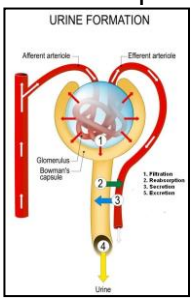




litre of urine for 2 to 5 hours. Urethra is a tube that carries urine from the bladder out of the body. Two sphincter muscles like rubber bands around the opening of the bladder help keep urine from leaking. The nerves in the bladder alert a person when it is time to urinate. An adrenal gland on top of each kidney closely works with it in managing blood pressure and fluid balance, in addition to its independent role as an endocrine gland.[2-9]

1.3 Three Core Processes of Kidney Function: As blood enters the kidneys through the renal arteries, it first undergoes *filtration* in the nephrons. Blood pressure forces water, urea, creatinine, acids, salts, and glucose through tiny filters, while blood cells and most proteins remain in the bloodstream. This is followed by *reabsorption*, during which essential substances such as glucose, amino acids, minerals, and most of the filtered water are returned to the blood. Finally, through *secretion*, additional wastes, excess acids, drugs, and toxins are actively transferred from the blood into the renal tubules. The remaining fluid becomes urine, which flows from the kidneys through the ureters to the bladder.[2-9]





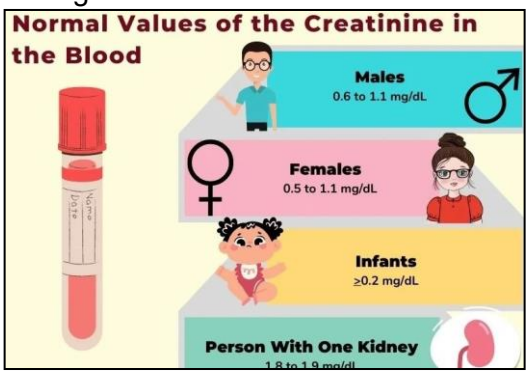
1.4 Amazing Kidneys! Although human body contains only about 5 litres of blood, kidneys receive about 1.2 litres of blood/min - nearly 1,700 litres/day. Since blood is about 55% plasma (+ 45% blood cells), almost 950 litres of plasma pass through the kidneys daily. Of this, about 180 litres are filtered and cleaned, yet less than 2 litres leave the body as urine. The remaining fluid is reabsorbed and reused. Despite weighing only about 300 g, the kidneys perform the work of a highly sophisticated chemical refinery, continuously filtering, balancing, and purifying the body's fluids.[2-9]

Kidneys also control the acid-base (pH) balance of blood, make sugar when needed, and produce two hormones – calcitriol, a form of vitamin D to absorb calcium, and erythropoietin to make red blood cells. In essence, kidneys are a nonstop cleaning crew for our blood, the unsung tireless heroes![2-9]

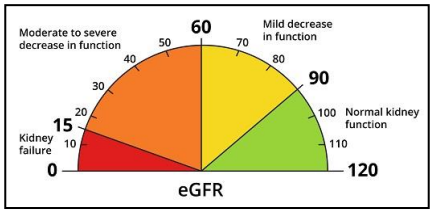
2. Parameters for Kidney health

Kidney health is gauged using a combination of blood tests, urine evaluation, and physical markers.

2.1 Serum creatinine test: Creatinine is a natural chemical waste produced at a steady rate every day through normal muscle breakdown and daily physical activity. Its amount depends on the muscle mass, age, diet, and activity of a person; a body builder will naturally have a higher creatinine level. As it enters the blood stream, healthy kidneys filter nearly all of it, expelled through urine. A simple blood test determines the serum creatinine level, a powerful biomarker and a reliable indicator of filtration by kidney, the normal range being 0.5 to 1.1 mg/dL for women and 0.7 to 1.3 mg/dL for men. Elevated levels may mean kidneys are not filtering properly or could be due to dehydration, muscle disorders and injuries, high protein diet, intense exercise, health problems in pregnancy, or medications. If the level increases, usual symptoms are loss of appetite, nausea, vomiting, itchiness, anaemia, and in later stages, difficulty in breathing. Low levels are rare, mostly due to malnutrition, nerve disorder, muscle loss due to aging or prolonged illness.[2,9-13]



2.2 eGFR (estimated Glomerular Filtration rate), a more accurate and best overall indicator of kidney function, tells us how many mL the kidney filters per minute. This is arrived at precisely using a mathematical formula combining the standard blood creatinine level with age, sex, and body size of the patient. An eGFR of 90mL/min/1.73m^2 or more is considered healthy and normal; a lower number signals reduced kidney function. eGFR helps to determine the stage of chronic kidney disease.[9-13]



2.3 Blood Urea Nitrogen (BUN) test: While digesting proteins, the liver produces a waste, urea, carried through the blood as nitrogen and filtered by the kidneys. BUN test measures the amount of urea nitrogen that remains in the blood, which varies with age and gender. Normal range for adult females is 6-21mg/dL

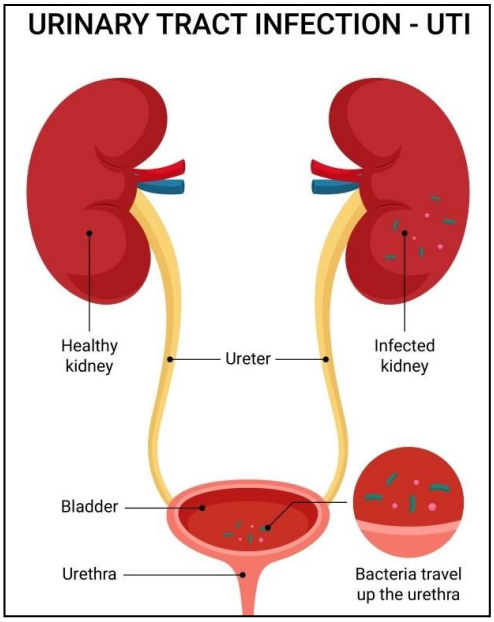
and for males 8-24 mg/dL. Elevated BUN levels may be caused by dehydration, a high-protein diet, or reduced kidney function. However, when both BUN and creatinine levels are elevated, it strongly suggests kidney dysfunction.[13,14]

2.4 Urine tests: **uACR (Urine Albumin-to-Creatinine Ratio**): It is used as a screening tool to detect the earliest sign of kidney damage, if albumin, a kind of protein, in the urine is beyond the normal range of 30mg/g. Consistent dense foam or bubbles in urine is also an indicator of excess protein in urine. *Urinalysis*, a quick screening tool, would show presence of red or white blood cells, infections, or leakage of some protein in the urine. *Urine culture test* can identify the bacteria or fungi that cause urinary tract infection (UTI) and help manage it promptly to prevent it from spreading to kidneys.[2,9,13-15]

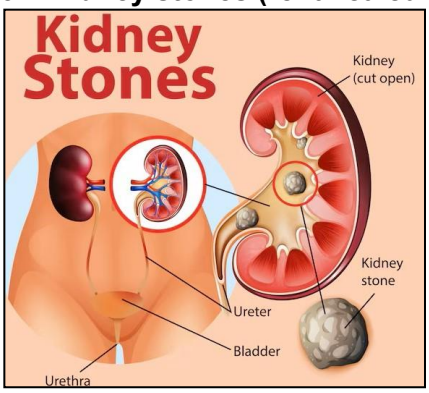
2.5 Other indicators of kidney disorder are imbalanced level of electrolytes like sodium, potassium, calcium, and phosphorous in the body, uncontrolled blood pressure, and urine colour changes. Urine colour and smell are helpful initial clues to check kidney and bladder health and flag potential problems like dehydration, infection, and strain on the kidneys. Normal healthy urine will be clear, pale straw or transparent yellow. Darker yellow or honey coloured urine means you need more water. A darker, brownish colour may indicate a liver problem or severe dehydration; dark brown like tea or cola is a sign of kidney disease or failure. Such changes are more frequent in women, older adults, and those with family history of kidney or bladder stones; when they last for more than a few days and are not tied to food or medication, one should seek medical advice.[16,17]

3. Kidney disorders

3.1 Urinary Tract Infection (UTI): Urinary tract includes the bladder, urethra, and kidneys. UTI refers to inflammation due to a bacterial infection often in the lower urinary tract, with symptoms of pain or burning during urination; also, urine may be red tinged, greenish, or cloudy or murky; very common in females due to shorter urethra closer to the rectum. Foul or pungent smell can indicate a bacterial infection in the urethra (**urethritis**), bladder (**cystitis,** most common) or kidneys (**pyelonephritis,** less common but more serious). Other symptoms are frequent urination, feeling the need to urinate even on empty bladder, bloody urine or pressure or cramping in groin or lower abdomen; also, fever, chills, severe pain in lower or side of back, and nausea or vomiting when serious.[18-22]



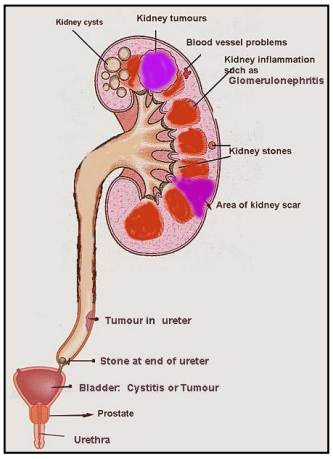
3.2 Kidney stones (renal calculi/nephrolithiasis), more common in men, happen when crystals formed in the urine join together to become stones in the bladder, kidney, or ureter obstructing the urine flow. Symptoms are as in UTI, most common being pain in lower or side back or belly, and urinary urgency or frequency. Small stones like a grain of sand can pass through urine though painful sometimes, larger ones can get trapped in ureter or urethra. High oxalate, sodium, or sugary or low calcium foods, vitamin C and Ca supplements, and inadequate intake of water are the major causes; animal proteins can cause uric acid stones. **Strangury** is a warning sign of an underlying issue of stones or tumour with symptoms of severe, urgent, and continuous desire to urinate, accompanied by painful cramping spasms in the lower abdomen, releasing only few



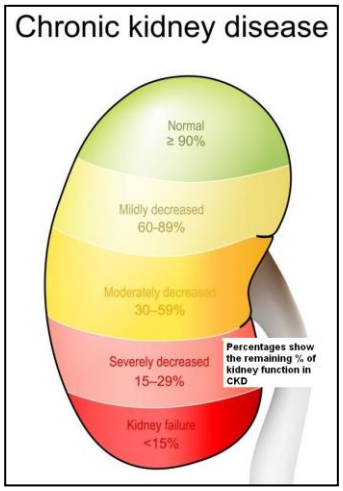
drops of urine at a time by straining.[23,24]

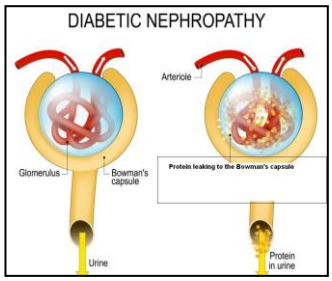
3.3 Bedwetting (nocturnal enuresis) is accidental release of urine during sleep and can affect children, teenagers, and adults too. Most children stop doing it on their own as they grow and have better bladder control. It will be a concern if your child is over age 12 and continues to wet the bed twice a week for at least three months in a row. Though not serious, it can be stressful. It could be genetic or an underlying health condition. Key causes are slow bladder maturation, deep sleep patterns or a nerve related issue, low levels of vasopressin - the anti-diuretic hormone (ADH), or underlying health issue like constipation, UTI, diabetes, or sleep apnoea. Such people should avoid drinking water at least two hours before bedtime.[25]

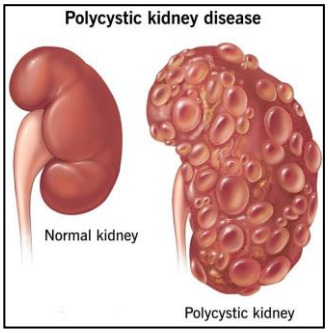
3.4 Haematuria is presence of red blood cells in urine characterised by pinkish red urine, a warning sign to be addressed; when not visible, only a lab test can detect. Causes could be UTI, cysts, vigorous exercise or injury to urinary system, enlarged prostate in men, endometriosis in women, sickle cell disease that affects red blood cells, kidney diseases, or cancer.[26]



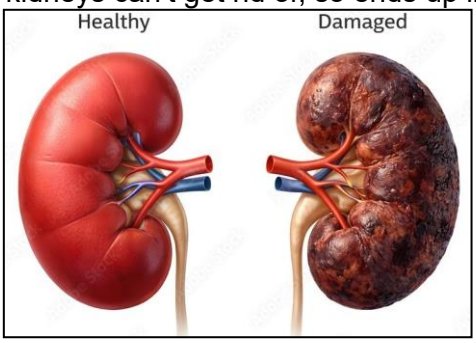
3.5 Serious Kidney diseases: Kidney disease is often called a 'silent killer' because the kidneys can continue to function effectively despite significant damage. As a result, symptoms may not appear until up to 60% of kidney function has already been lost. **Chronic kidney disease** (CKD) and **nephropathy,** usually caused by unmanageable diabetes, chronic high BP and years, and are usually develop over months or permanent. There is a dangerous two-way relationship between blood pressure and kidneys. High BP damages them, but diseased kidneys also cause high BP forcing the body to retain salt and water, creating a vicious cycle. CKD progresses in five stages, from mild to kidney failure stage. Only during stage 3, symptoms may be noticeable – frequent urination, fatigue, loss of appetite, shortness of breath, swelling of hands, ankles, feet and puffy eyes, foamy or bubbly urine, dry itchy skin, darkening of skin, numbness, muscle cramps, high BP, nausea or vomiting, trouble concentrating and sleeping. In addition to these symptoms, nephropathy will have persistent protein in the urine. In **polycystic kidney disease** (PKD), cysts are formed due to genetic condition leading to high BP and kidney failure.[2,27,28]

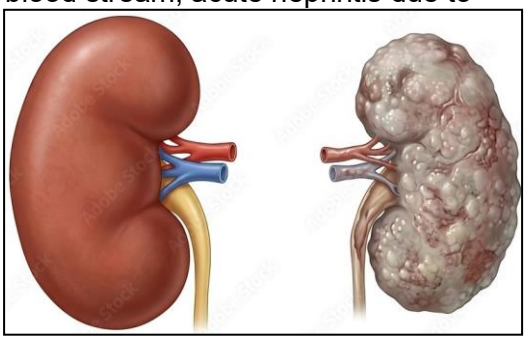






3.6 Disorders that can affect kidneys are *acidosis* - excess acid which kidneys can't get rid of, so ends up in blood stream; acute nephritis due to inflamed kidneys: *azotaemia* where nitrogen waste build up in the blood:

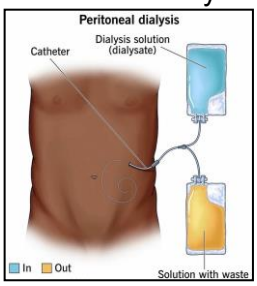




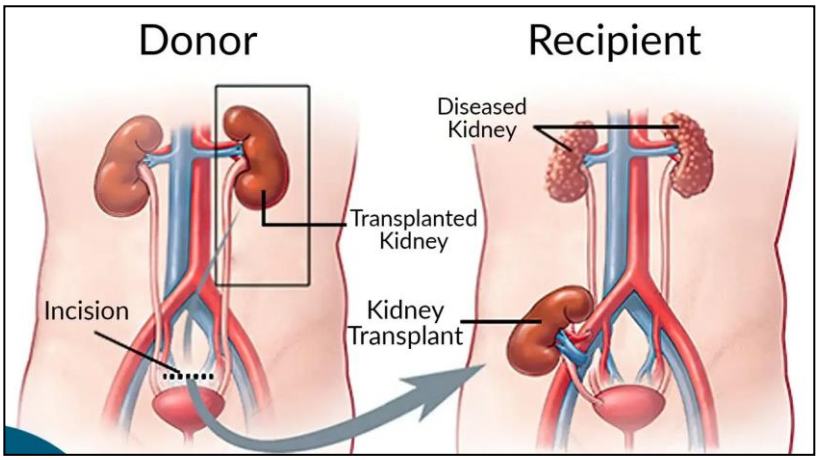
hydronephrosis where the urinary system gets blocked; *proteinuria* due to high level of protein in urine – a sign of kidney damage; *uraemia* when toxins are not cleared by kidneys. People with diabetes and high blood pressure are at a high risk of kidney disorder; accidents and trauma can also harm the kidneys.[2]

3.7 Kidney failure can happen suddenly due to an acute kidney injury (AKI, often reversible if treated promptly), due to severe dehydration, toxins or a sudden drop in blood flow. In the last stage of a kidney disease when the kidney fails, the only options are dialysis or kidney transplant.[9]

3.7.1 Dialysis cannot replace all renal functions for blood and bone synthesis. So, patients can develop anaemia or bone metabolism disorders, high BP, or reduced physical fitness.[9]



3.7.2 Kidney transplant is the ultimate option provided a donor is available. After transplant, one has to take immunosuppressants for life otherwise the body is likely to reject the donor's kidney.[9]



4. Life with one kidney!

Kidney is one of the reserve organs in our body. It is in pairs like many other vital organs primarily to maintain bilateral symmetry and provide a back-up in case of illness or injury to one of them. Most people can live well with one kidney. If someone is born with a single kidney, their overall kidney function is often normal. One can donate a kidney to someone in need, the other one can rapidly take over the function of the pair, often up to 70% of their original efficiency. Single kidney has to work harder, is more vulnerable to injury, needs lifelong regular checkups for blood pressure and creatinine. Transplanted kidney is less protected than a normal one as it is usually placed into the pelvis. Those with one functioning kidney should avoid sports like boxing, wrestling, martial arts, field or ice hockey, and football. One should take care, maintaining diet and hydration according to medical advice. Kidney from a living donor functions for an average of 15 to 20 years, as against 10 to 15 years in case of a deceased donor. After that, one can get another kidney transplant.[29-32]

5. Tips for Kidney health[2,11,33-37]

- **Stay well hydrated** - vital as a natural cleanse, normal adult should drink 2-3 litres of plain water daily - kidney's best friend!
- **Follow a kidney friendly diet** - enjoy nutritious fibre-rich diet, healthy fats, moderate amount of high quality plant-based protein; include herbs and spices like tulsi (basil), ginger, garlic, parsley, oregano, rosemary, and pepper, instead of excess salt to; choose fruits like berries especially cranberries, cherries, citrus fruits, pineapples, and apples; No added sugar!
- **Adjust your diet if you have advanced kidney disease.** Those with significant kidney impairment or on dialysis may need to restrict fluid intake and limit foods high in potassium like banana, mango, tomato, potato, and phosphorous eg, dairy and dark colas.
- **Avoid unnecessary strain on kidneys**. Limit processed and high-sodium foods, sugary drinks, alcohol, and tobacco. Use over-the-counter painkillers such as aspirin and ibuprofen only when necessary and under medical guidance. Avoid unnecessary supplements, especially high doses of calcium and vitamin C.
- **Monitor your kidney health regularly.** Annual kidney function tests are particularly important for those with high blood pressure, diabetes, heart disease, obesity, family history of kidney disease, recurrent infections, or on regular medications.

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2. Workshops & Seminars

2.1 Founders' Address, Sai Nilayam, Pune Maharashtra, 1 Mar 2026

SVIRT Training Head [10375], along with 12 practitioners from Pune, was delighted to welcome the founders and their daughter **SVIRT Member** [00030], to their hometown on 1 March 2026. The visit began with an interactive session during which Dr Aggarwal clarified practitioners' queries and distributed vibrionics badges to the enthusiastic attendees. This was followed by an awareness programme on Sai Vibrionics, attended by around 50 devotees, several Samithi conveners, and SSSO National Spiritual Coordinator Sri Krishna Revankar, who graced the occasion. The programme commenced with the lighting of the lamp and a welcome address, followed by talks from the founders.

Dr Aggarwal traced the origins of Sai Vibrionics in Puttaparthi and Whitefield under Swami's blessings in 1994. He shared how, in the early years, many devotees, particularly from overseas, were trained in their ashram room at Prasanthi Nilayam. He also explained the subtle nature of vibrations, the working of vibrionics remedies, and the dedication required to serve patients through this healing seva.

Mrs Hem Aggarwal shared inspiring experiences from her own practice and responded to questions from the audience. Practitioners conveyed their love and gratitude by presenting mementoes to the founders, who were especially delighted to receive the beautiful Dagdusheth Ganapati statue. The programme concluded with aarti and distribution of prasadam.

2.2 West London, UK online Meeting, 17 May 2026

The UK **Coordinator** [02822] started the meeting with usual prayers and welcome to 16 eager participants. Key highlights included:

Practitioner [02829], a practising doctor, presented an extract on *Compassion, the Cosmic Energy* from the *Soham Series of Natural Healing* p4 vol 6-7. Swami Narayani explains that a practitioner's role is not to cure, but to be a humble channel for divine compassion. Practitioners should approach every patient with love, respect, and the awareness that they are standing on holy ground. A kind smile, attentive listening, or genuine compassion (not pity) helps patients feel safe, valued, and open to healing. Surrendering the ego and recognising the divine presence within yourself and the patient allows healing energy to flow naturally. True healing begins when the patient is seen not as a disease, but as inherently whole and pure.

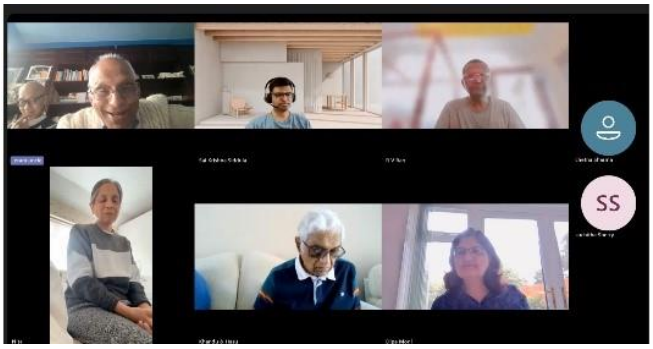
Practitioner [02802]**,** a GP, stressed in her presentation that most illnesses have a psychosomatic component, eg, anger, anxiety, fear, resentment that we must let go. Her PPT included an Emotional Frequency chart showing frequency above 500 to be good, a sure way of raising this can be the Hoponopono affirmation. She presented the "9 pillars" of a healthy lifestyle, namely: balanced nutrition, physical activity + deep breathing**,** mental wellbeing + sleep**,** avoiding harmful substances, preventive health checks, hygiene & safety, social connection & relationships,

spiritual faith, and happiness. Full PPT available on our practitioners' site in downloads under Forms.

Practitioner [02894] shared her extraordinary experiences where Vibhuti materialised specifically for individual patients, the manifestations appearing to correlate directly with their ailments. Other UK Extraordinary Experiences & Case Histories published in the centenary offering were read out.

The meeting closed with appreciation for presenters, contributors, and the shared learning, concluding with a serenity prayer and devotional gratitude.

Key Takeaways: *Regular case discussions strengthen confidence and learning; in emergency, take medical support and stress reduction tools can deliver quick relief and support healing.*



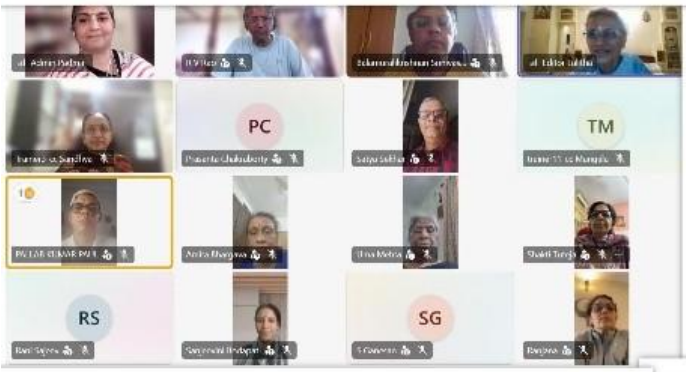
2.3 First Annual Virtual Global Refresher Seminar, 30-31 May 2026

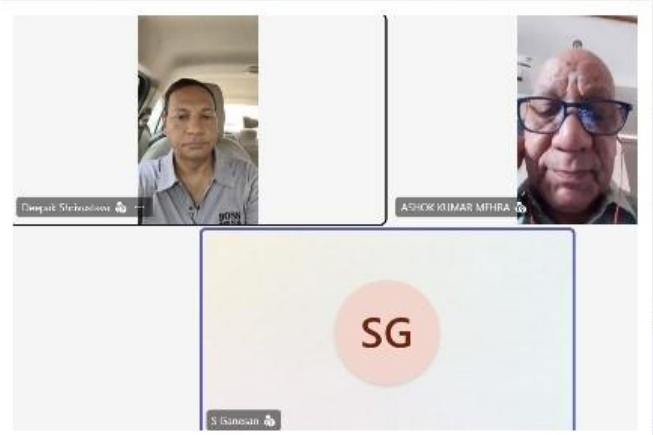
The Refresher proved to be a truly rejuvenating experience for more than 120 practitioners from India, USA, France, and New Zealand. The enthusiasm, active engagement, and overwhelmingly positive feedback were so encouraging that the Practitioners' Refresher will now be held annually on the last weekend of every May.

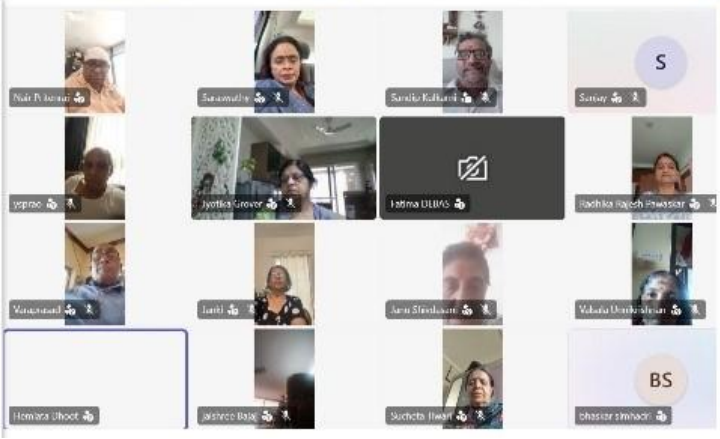
Day 1 opened with presentations by two **Senior Teachers** [10375 & 11422], who spoke on *Evolving Practices in Vibrionics* and *Writing Good Case Histories*. On Day 2, vibrionics **Teacher** [11567] offered valuable guidance on suitable diets for various ailments, complete with practical do's and don'ts. **Governor** [11964] followed with an insightful overview of SVIRT, its nine wings, and key administrative processes.

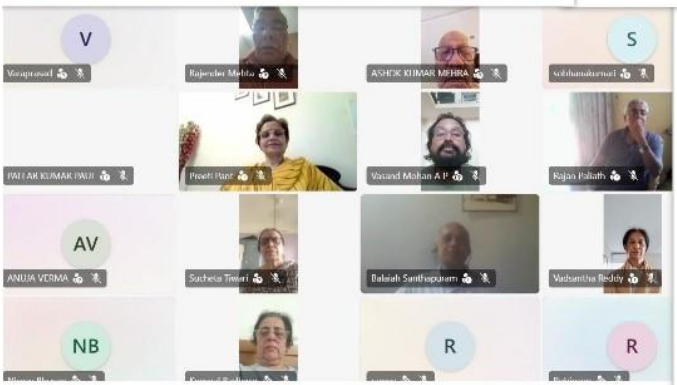
The highlight of the Refresher was a deeply inspiring address by Dr Aggarwal, enriched by practical insights from Mrs Hem Aggarwal. Their central message emphasised that the true essence of vibrionics lies in healing with selfless love and a pure heart, free from the six vices. As practitioners channel divine healing vibrations through simple sugar pills, faith, purity of thought, and sincere prayer become essential ingredients for achieving the best outcomes. While guidelines, knowledge, and dedicated patient service are important, equal importance must be placed on inner transformation, looking within, cleansing oneself, and allowing His Love to flow through every treatment.

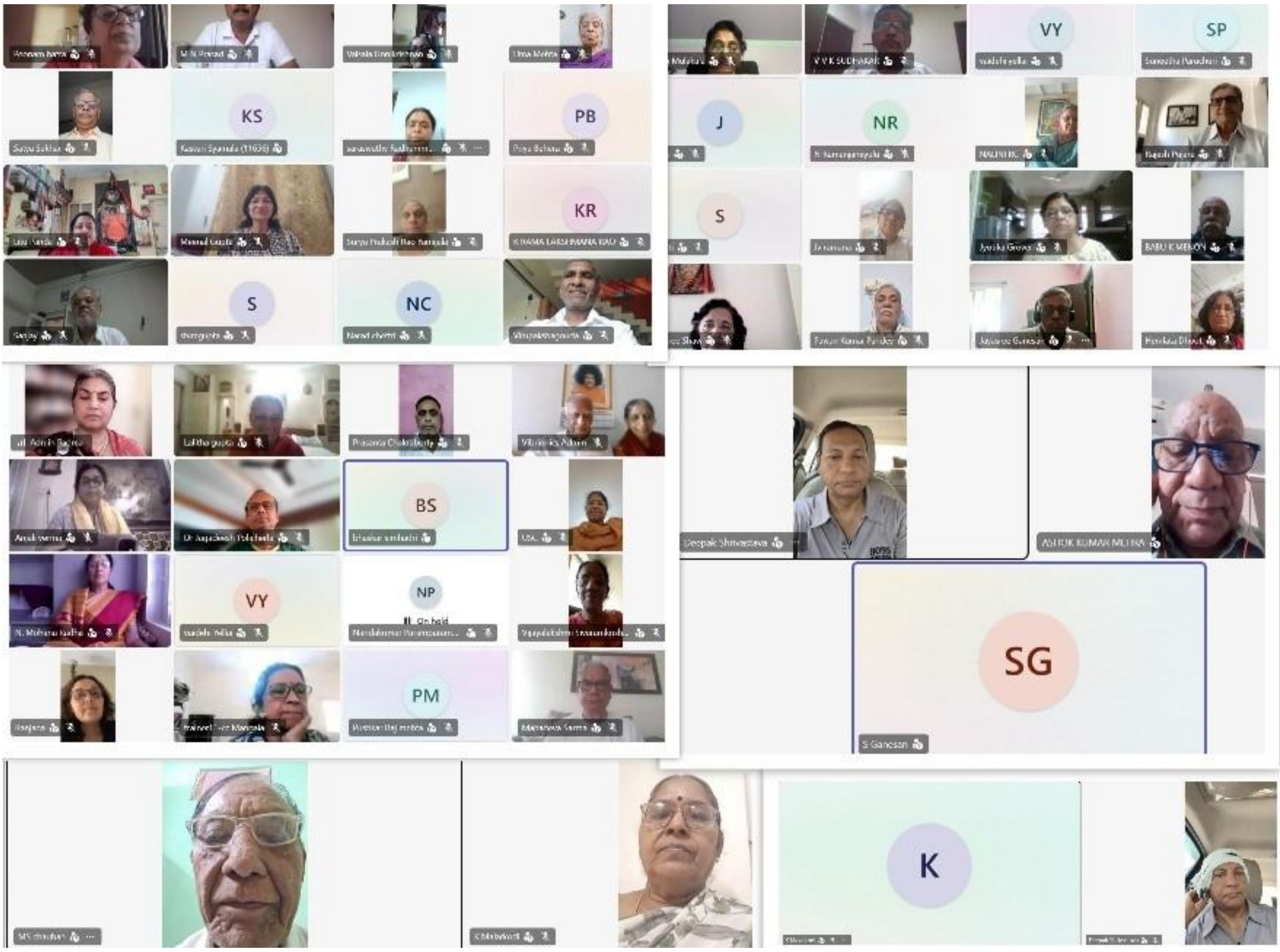
The programme concluded with an interactive question-and-answer session, during which participants received clarity on the evolving, open approach to treating patients who may also be using homoeopathic or ayurvedic remedies. There was also discussion on including study time for enhancing vibrionics knowledge within the monthly reporting hours.











3. Camps & clinics

SSS Seva Samithi, Aundh, Pune, Maharashtra, 8 June 2026

Practitioner [10375] conducted a special two-and-a-half-hour vibrionics camp at the venue of the Sri Sathya Sai Prema Pravahini Rath. Eleven patients were treated for various ailments, including herpes, warts, psoriasis, lipoma, arthritis, and addictions. Vibrionics pamphlets and flyers were distributed to numerous devotees, generating considerable interest. Several attendees subsequently scheduled appointments to consult the practitioner at her clinic.

4. Anecdote

From the Diary of Dr Jit Aggarwal - Padukas in the Suitcase: Silent Sentinels at the Border

It was July 1999, the month when Swami sent us for our first workshop across four Balkan countries. The region was still trembling in the aftermath of the Yugoslav wars; memories of atrocities were painfully fresh, and every border crossing between the newly independent nations felt like stepping into a zone of suspicion. Armed checkpoints were tense, intimidating, and unforgiving.

We had chosen to drive from Slovenia into Croatia, carrying with us a suitcase full of SRHVPs, harmless but unfamiliar devices that could easily be misunderstood. Our Slovenian organiser, Natasha, was visibly anxious. She feared that customs officers, already on edge, might mistake the potentisers for some kind of weapon. After much discussion, we agreed on a simple strategy: pack all the devices into one specific suitcase, bury them under clothes, and avoid drawing any attention to them. The night before our departure, while rearranging our luggage, my wife Hem moved the potentisers into a different suitcase, a decision she made on the spot and forgot to mention to me. I had no idea anything had changed.

As expected, we were stopped at the border. An officer ordered us to open the boot. With a gun pointed directly at one suitcase, he barked, “What is in this?” I answered honestly and calmly, “Clothes.” He didn’t open it. Only Hem knew that this was the very suitcase containing all the potentisers and Swami’s Padukas. She exhaled a silent, enormous sigh of relief. Then the guards turned to another suitcase and opened it. My heart dropped. I was certain this was the one hiding the devices. But when they unzipped it, they found only clothes neatly folded inside.

It was only later that I learned about the last-minute switch. Hem’s spontaneous decision, unknown to me, had spared us from what could have been a very difficult and potentially dangerous interrogation. Thank you, Swami. *A sequel to this episode follows in the next issue…*

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5. In Memoriam

With loving remembrance, we pay tribute to our dear practitioner **Božica Belec** [01272...Croatia], who left her mortal coil on 19 May 2026 at the age of 73. Božica came into Swami’s fold in 1995 and became a vibrionics practitioner in 1997. For nearly three decades, she lovingly provided treatment to family members, friends, neighbours, and all those who sought her help. Blessed with Baba's darshan during visits to Puttaparthi in 2007 & 2008, she drew strength from her faith throughout her life, including during her long battle with chronic myeloid leukemia and later breast cancer. Despite these challenges, she always gave emotional support to her patients and everyone around her, and was a source of priceless advice for them. She is deeply missed by family and friends and vibrionics fraternity who remember her as a shining spiritual light whose love and generosity touched many lives. We offer our heartfelt prayers for eternal peace for her noble soul.

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Om Sai Ram!