



**SGP**  
Sai Ganga  
Panakeia





## Sai Ganga Panakeia (SGP) Project Executive Summary

**Introduction** Sai Ganga Panakeia (SGP) spearheads Poly Scientific Ayurveda (PSA), an innovative integration of translational Ayurvedic medical research knowledge with modern clinical practices and digital technologies. Founded by Dr. Ravisankar Polisetty, a cardiovascular surgeon with extensive experience in Ayurveda, SGP aims to revolutionize healthcare by merging traditional and contemporary scientific approaches to treat chronic and terminal illnesses.

**Project Vision and Objectives** SGP is driven by the vision to establish PSA as the global leader in clinical biotechnology and personalized medicine. The project's mission focuses on innovative research, developing new PSA based algorithmic natural and life style combinations, and leveraging digital technologies to enhance clinical outcomes. Objectives include the revival of Ayurvedic practices through Poly Scientific Ayurveda (PSA), reduction of national mortality rates, and improvement in the affordability and accessibility of health services, to become a global leader in personalized healthcare by targeting a \$1.2 trillion market.

**Innovations and Methodologies** SGP has developed a novel method called Poly Scientific Ayurvedic (PSA) approach, utilizing Dr. Polisetty's translational research. This method combines Ayurvedic principles with advanced digital tools such as AI and ML to optimize patient outcomes in those excluded from conventional clinical interventions. The project has successfully forged collaborations with leading global institutions like MIT and Johns Hopkins to enhance its research and operational capabilities.

Sai Ganga Panakeia (SGP) has progressed through several significant phases since its conceptual inception in 1992, focusing on merging Ayurveda with digital technology. The initial phase involved foundational research and development from 1992 to 2011, including the digitization of Ayurvedic concepts. This was followed by the establishment of Sai Ganga Panakeia Pvt Ltd in 2011, marking the company's formal operational start. Subsequently, SGP launched Panacea Nova in 2012 to expand its technological base and market reach.

The period between 2011 and 2024 was critical, with the development and refinement of Docture-Poly™, a key technological innovation aimed at enhancing clinical outcomes through automated diagnostics and treatment protocols. Expansion efforts continued with the establishment of Novadigm Health Inc in 2017 in the United States, enhancing SGP's research capabilities.

SGP also focused on international growth, planning to establish partnerships and franchises across Europe, Latin America, Russia, and the Middle East. Domestically, the company plans to launch the Nodal Poly Clinic in Hyderabad and Mobile Poly Clinics across Andhra Pradesh, significantly impacting over 28,000 patients with diverse medical conditions through its Poly Scientific Ayurveda approach. This comprehensive integration of traditional and modern medical practices underpins SGP's aim to transform healthcare globally.

**Operational Model and Expansion Plans** SGP operates through a hub-and-spoke model, planning to establish a network of PSA hospitals across India. This network will consist of Integrative Clinical and Research Institutions (ICRIBs) serving as hubs with associated nodal and poly clinics as spokes. This structure is designed to provide specialized care and manage extensive patient data effectively, facilitating personalized treatment plans.

The company is strategizing to broaden its operational footprint through a franchisee-based approach. This expansion encompasses various franchise models tailored to accommodate different healthcare service levels, including polyclinics, nodal polyclinics, and hospitals. The overarching vision entails the establishment of a comprehensive healthcare infrastructure capable of serving a population of approximately 4 crore individuals. This infrastructure blueprint entails the deployment of one 200-bed hospital, 70 polyclinics, 14 nodal polyclinics, and 14 mobile polyclinics.

Each polyclinic is projected to manage a maximum of 20 patients per day. To facilitate the efficient functioning

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of these healthcare facilities, the company intends to leverage its proprietary B2B model, Docture Poly. This platform is designed to automate various operational aspects of polyclinics, nodal polyclinics, mobile polyclinics, and potentially, hospitals in the future. By implementing this model, the company aims to streamline healthcare delivery, enhance patient experiences, and optimize resource utilization across its franchise network.

**Market Reach and Impact** SGP addresses significant challenges in healthcare, such as misdiagnosis and accessibility to specialized care. By integrating PSA in its operational model, SGP targets a substantial market of terminally ill and chronically disabled patients. The model not only focuses on treatment but also emphasizes education and training for healthcare professionals in PSA methodologies.

### **Technology and Innovation**

- **Patents:** SGP has secured multiple patents related to tissue regeneration, technology, APIs, and more, with additional patents planned. This intellectual property is central to maintaining competitive advantage and innovation.
- **Digital Solutions:** The pitch discusses the development of digital technologies and infrastructure to support its health solutions, including software development, QA, system administration, data science, and more.

### **Team and Advisory Board**

- **Core Team:** Includes experienced leaders like Dr. Ravishankar Polisetty, along with experts in various fields necessary to drive the company's mission.
- **Advisory Board:** Comprised of prominent figures with diverse backgrounds in healthcare, technology, and business, contributing to strategic direction and credibility.

### **Infrastructure and Manufacturing**

SGP outlines plans for an extensive setup of nodal polyclinics and hospitals using a hub and spoke model to maximize outreach and efficiency. They also detail a sophisticated manufacturing setup for personalized medicine involving advanced technology like robotic systems and conveyor belts.

**Financial Overview and Projections** SGP has outlined comprehensive financial plans indicating robust revenue streams from various services, including consultations, herbal medications, and franchising of clinic operations. The financial projections suggest a significant increase in revenue and profitability over the next five years, supported by detailed income statements and balance sheets.

## SALES

UNITS SALES	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Patients	72,000	3,60,000	5,40,000	6,75,000	6,75,000
Docture Poly / Docture Poly - CEW	3,96,000	9,90,000	29,70,000	66,15,000	1,64,02,500
Consultation & Contract Research	-	-	-	-	-
Franchise Units	-	100	200	250	750
Doctors Training	-	192	240	720	720

SALES REVENUES	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Patients	24,88,32,000	1,24,41,60,000	1,86,62,40,000	2,33,28,00,000	2,33,28,00,000
Docture Poly / Docture Poly - CEW	27,83,04,000	69,57,60,000	2,08,72,80,000	5,28,87,60,000	14,40,66,60,000
Consultation & Contract Research	-	-	-	-	-
Franchise	-	1,15,00,000	1,95,33,333	3,26,50,000	7,05,50,000
Total/USD	52,71,36,000	1,95,14,20,000	3,97,30,53,333	7,65,42,10,000	16,81,00,10,000
Total/INR	42,17,08,80,000	1,56,11,36,00,000	3,17,84,42,66,667	6,12,33,68,00,000	13,44,80,08,00,000

AVERAGE UNIT PRICE	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Patients	3,456	3,456	3,456	3,456	3,456
Docture Poly / Docture Poly - CEW	424	424	424	424	424
Docture Poly / Docture Poly - CEW	999	999	999	999	999
Consultation & Contract Research	265	273	281	290	299
Franchise	75,000	75,000	75,000	75,000	75,000

## COST OF GOODS

AVERAGE UNIT COST	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Patients	720	720	720	720	720
Docture Poly / Docture Poly - CEW	220	220	220	220	220
Consultation & Contract Research	191	197	203	209	215
Franchise	-	-	-	-	-

**Go-To-Market Strategy:** SGP plans to penetrate markets through a mix of B2B and B2C strategies, emphasizing data acquisition, optimization, and extensive use of digital marketing and physical engagements like trade shows and seminars.

**Financial Goals:** The company has set ambitious revenue targets, aiming to achieve up to \$4.076 billion by the fifth year of operation. They plan to invest 10% in R&D, 60% in sales and growth, and 20% in operations to support this growth.

**Conclusion** SGP is poised to make a transformative impact on global healthcare by blending ancient and modern medical practices. With strategic partnerships, innovative methodologies, and a scalable business model, SGP is well-positioned to achieve its vision of making India a leader in global health services and transforming it into the "Health Capital of the World."

## 1 Financials and the explanations

The business plan for SGP revolves around establishing a hub-and-spoke model designed to address the healthcare needs of end-stage patients across India, with eventual expansions internationally. Here's an outline of the structure and financials:

### 1.1 General Structure

- **Central Hub:** A hospital dedicated to end-stage patients featuring an intensive integrative regenerative care unit. This facility will be compliant with IEC standards and registered with the CTRI of India.
- **Supporting Network:**
  - **70 Polyclinics**
  - **14 Mobile Polyclinics**
  - **14 Nodal Polyclinics** (direct suppliers to the hospital)
    - Each Nodal Polyclinic oversees 5 Polyclinics.
    - Staffing per Nodal Polyclinic: 4 doctors, 4 paramedical staff, 4 technical staff (handling hardware, software, and ERP systems).
    - Each Nodal Polyclinic houses a Panchakarma center.

Cases not manageable at the Polyclinic level will be escalated to the Nodal Polyclinic and, if necessary, further to the hospital.

- **The final goal:** Setup 34 centers across 34 geographic regions in India to serve a population of approximately 1.45 billion, including 37 million end-stage patients.

### 1.2 Geographical Reach and Patient Load at this stage of the Venture:

- **Daily Operations:** Each of the 10 initially planned polyclinics aims to handle 20 patients per day; Right now, we are catering to about 45-60 patients per day, but we are open only to patients on about 10 calendar days a month currently.

### 1.3 Revenue Calculations

#### 1.3.1 India:

- **Patient Volume:** 21 patients/day x 6 polyclinics = 126 patients/day.
- **Monthly Patient Volume:** 126 patients/day x 6 days/week x 52 weeks = 39312 patients'/month.
- **Annual Revenue from Service:** 2,400 patients x 12 months x ₹120,000 = ₹4.72 billion (approximately ₹472 crores).

#### 1.3.2 International:

- **Clinics:** 2 in the US, 1 in London, 1 in Russia.
- **Billing Rate:** Approximately 4 times the rate in India.

- **Revenue Calculation:** 4 clinics x 30 patients/day x 6 days x 4 weeks x 12 months x \$(400 – 600 pm \* 12) = USD 165m - USD 250m Revenue from international clinics.

### 1.3.3 Product Sales

- **Device Sales:** Each patient requires a Docture Poly aka Nadi Pariksha device.
- **Projected Device Sales Volume:** 71,000 devices/year in all the clinics that were established in the first year
- **Device Price:** \$425/device.

### 1.3.4 Marketing Strategy

- **Target Market:** 17 crore high-profile subscribers via partnerships with India Today, Times Now, and major newspapers.
- **Marketing Budget:** ₹2-3 crores/month for the first 9 months.
- **Conversion Rates:** Assuming a conservative conversion of 0.1% from aggressive marketing campaigns, resulting in significant device sales both domestically and internationally.
- **In India:** About 17k DPs shall be sold per month which could generate a revenue of about 17k \* 34000 \* 12 = INR 693 crores = USD 85 million
- **In the USA:** Focusing exclusively on the niche market of 4 million Indian Americans, we anticipate reaching approximately 5% of this demographic. This strategy is projected to yield significant returns, with the potential to generate around \$200 million from 200,000 individuals at \$1,000 each, within the 18th to 22nd months of operation.

### 1.3.5 Facility and Staffing Requirements

- **Hospital Needs:** A 200-bed hospital with 12 disciplines, initially requiring 200 PSA doctors, scaling to 800 within two years.
- **Construction Requirements:** Approximately 540,000 sq. ft. required for the hospital, with construction costs estimated at ₹5,000 per sq. ft. The Hospital can start running once we would have built 100k sft. The rest of the monies for the further construction of the hospital is assumed to be coming from the revenues.

### 1.3.6 Land and Building Costs

- **Land Acquisition:** Seeking 20-50 acres near Hyderabad, estimated cost ₹20-50 crores. We will pay an advance of 20 crores and the remaining 30 crores shall be paid upon receipts from the operations.
- **Construction Budget for Initial Setup:** ₹50 crores for 100,000 sq. ft. functional space within 9-12 months.

### 1.3.7 Manufacturing and Raw Material Costs

- **Annual Raw Material Needs:** For 40,000 patients, approximating 80 tons.
- **Cost per Patient:** ₹3,600 (materials, extraction and processing). And for a 6 months stock we would need to spend about 7.2 crores
- **Manufacturing Setup:** In-house robotic manufacturing on a dedicated acre, additional investment of ₹20 crores.

- **The Docture Poly costs** – An average of INR 12000 shall be spent on each device and we need about a stock of 1 months and by applying JIT rules of process with the lead time being 35-40 days. And this will cost us about 36 crores which will be in the form of revolving credit

Investing in the future of healthcare, our hospital project promises a state-of-the-art facility designed to provide exceptional medical services. With an extensive bed allocation and thoughtfully planned areas, we are setting the stage for unparalleled patient care. Our hospital will feature 24 ICU beds spread across 6480 square feet, 66 general beds within 17820 square feet, and 10 private rooms covering 2700 square feet, ensuring that patients receive the specialized attention they deserve.

Our commitment to quality healthcare extends beyond infrastructure; we are investing heavily in a top-tier medical team. Leading the charge will be our Medical Director, with a salary of ₹1,500,000, amounting to ₹13,500,000 for six months. Supporting him will be four directors, each earning ₹800,000 for a combined total of ₹7,200,000 over the same period. Our team of 28 PSA doctors, with individual salaries of ₹840,000, will collectively cost ₹7,560,000, while our seven senior doctors will earn ₹245,000 each, totaling ₹2,205,000 for six months.

The hospital will also feature dedicated spaces such as a 2700 square feet Panchakarma area, a 3500 square feet reception, and waiting area each, along with a 5000 square feet storage facility. An auditorium spanning 6000 square feet and a 500 square feet pharmacy will cater to various needs. Additionally, 40 wash areas, 10 DMO rooms, 20 junior doctors' rooms, and 5 office rooms will ensure smooth operational flow. The parking facility, encompassing 100,000 square feet, will accommodate staff and visitors with ease.

Construction costs are meticulously planned, with ₹44,73,75,000 allocated for hospital construction and ₹7,00,00,000 for parking construction. This comprehensive budget ensures that our facility is built to the highest standards, ready to serve the community.

Our investment in human resources is equally robust. We will employ 50 nurses, each earning ₹1,100,000, totaling ₹9,900,000 for six months. 12 technicians, with salaries of ₹300,000 each, will cost ₹2,700,000. Pharmacy staff of 21 will earn ₹525,000 each, amounting to ₹4,725,000. Additional paramedical staff, administrative staff, housekeeping, and marketing teams are all included in our detailed salary breakdown, reflecting our commitment to maintaining a well-rounded and efficient workforce.

In addition to these foundational elements, we have allocated ₹13,50,00,000 for marketing costs (PR and Ads) and ₹24,21,54,000 for working capital, ensuring the hospital's operational stability and growth potential.

The total cost of construction and setup stands at ₹145,00,00,000 (₹145 crores). This comprehensive investment plan showcases our dedication to building a premier healthcare institution, making it an attractive opportunity for investors looking to make a significant impact in the healthcare sector. Join us in this transformative journey to deliver exceptional healthcare and make a lasting difference in the community.

## 1.4 **Summary**

To finance our comprehensive project, we require a total of approximately 141 crores. The breakdown of this requirement is as follows:

### 1. **Term Loans:**

- **Land Acquisition and Construction:** We need 50 crores as a term loan to finance the investment in land acquisition and the construction of the hospital.



- **Robotic Manufacturing Arm:** An additional 20 crores is needed as a term loan to set up the robotic manufacturing arm.
2. **Working Capital:**
- We require 24 crores to cover six to eight months of salaries and marketing costs.
3. **Inventory Financing:**
- **Herbal Manufacturing Raw Material:** Approximately 7.5 crores will be allocated for the procurement of herbal raw materials.
  - **Electronic Hardware:** We need 40 crores to purchase electronic hardware essential for building Doctor Polly.

In summary, our total funding requirement is 141 crores. We are planning to raise 40% to 50% in the form of equity, with the remaining amount to be secured through debt financing. This structure may be adjusted as necessary based on further financial strategy discussions.

This comprehensive plan integrates healthcare services with high-tech solutions, aiming to position SGP as a leader in integrative care while ensuring robust financial performance through both service provision and medical device sales.



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