A ForMedEx Development
NEWS REVIEW 6
Forensic Medicine & Toxicology Perspectives

Date: June 22–25, 2026
Category: Forensic Haematology / Pharmaceutical Crime / Supply Chain Fraud
Location: Changodar, Ahmedabad Dist., Gujarat & Maharashtra
Agent: Spurious Blood Plasma (saline + colouring agents + deteriorated plasma)

Fake Blood Plasma Racket Busted in Ahmedabad: Mastermind Among Four Arrested

A Forensic Medicine & Haematology-Toxicology Case Analysis

INVESTIGATION TRIGGER: A USFDA rejection of plasma samples linked to an Ahmedabad pharmaceutical company initiated the complaint that unravelled this inter-state pharmaceutical supply chain fraud.

1. CASE OVERVIEW

In a case that has exposed serious vulnerabilities in India's blood product supply chain, the Ahmedabad Rural Police Special Operations Group (SOG) dismantled an alleged fake blood plasma racket operating across Gujarat and Maharashtra, arresting four individuals on June 22, 2026. The accused are alleged to have systematically substituted genuine blood plasma in pharmaceutical consignments with adulterated material — a mixture of saline water, colouring agents, and deteriorated plasma — before delivery to a pharmaceutical company in the Changodar area of Ahmedabad district. The racket came to light after the United States Food and Drug Administration (USFDA) rejected plasma samples associated with the Ahmedabad pharmaceutical company, triggering a supply-chain audit and subsequent police complaint.

Investigating agency	Ahmedabad Rural Police – Special Operations Group (SOG)
Case registered at	Changodar Police Station → transferred to SOG (inter-state implications)
Trigger	USFDA rejection of plasma samples from Ahmedabad pharmaceutical company
Operation geography	Gujarat (Changodar/Dholka/Banaskantha) and Maharashtra (Washim/Vashi/Mumbai)

Accused (4 arrested)	Dinesh Umabhai Chaudhary (mastermind, 32, Banaskantha, ex-plasma collection executive); Mohan Dajiba Gaikwad (32, Washim, blood bank operator); Rafiqbhai Salambhai (Bavla/Dholka, driver); Jitendrabhai Solanki (Dholka, driver)
Adulteration method	Genuine plasma replaced with saline water + colouring agents + deteriorated/expired plasma
Scale (preliminary)	At least 114 units of spurious plasma sold in ~6 months at ₹5,000 per unit
Seizures	1,140 plasma units (₹11 lakh), deep freezer, 3 chemical bottles, sealing machine, 34 empty plasma bags, transport vehicle (Mahindra Bolero); total seizure value ₹12.06 lakh
Under scrutiny	2 Maharashtra blood banks (Vashi + prominent Mumbai locality) as supply nodes
Government response	Gujarat Health Minister vowed strict action; investigation ongoing with further arrests not ruled out

2. ACCUSED PROFILES & INSIDER EXPLOITATION

The architecture of this racket is typical of insider-facilitated pharmaceutical fraud: the mastermind possessed deep domain knowledge acquired through legitimate employment.

DINESH CHAUDHARY Mastermind	MOHAN GAIKWAD Blood Bank Operator	RAFIQBHAI SALAMBHAI Driver / Logistics	JITENDRA SOLANKI Driver / Logistics
• 32 yrs, Banaskantha, Gujarat • Former plasma collection executive — intimate knowledge of collection, storage, cold-chain logistics • Alleged architect of the swap scheme • Intelligence on plasma unit identification / packaging exploited to avoid detection	• 32 yrs, Vashi, Maharashtra • Operated blood bank; allegedly supplied compromised/deteriorated plasma as raw material for adulteration • Key supply node linking Maharashtra blood banks to Gujarat operation	• Bavla/Dholka, Ahmedabad • Facilitator role in transport and consignment substitution • Alleged use of Mahindra Bolero pick-up for inter-state movement	• Kadipur, Dholka, Ahmedabad • Facilitator role in logistics chain • Role in physical handling and delivery of adulterated consignments

3. FORENSIC HAEMATOLOGY & TOXICOLOGY: WHAT IS 'FAKE PLASMA'?

Genuine blood plasma is a complex biological product containing clotting factors, immunoglobulins, albumin, and other proteins. Replacing it with saline + colouring agents + deteriorated plasma constitutes a profound adulteration that eliminates therapeutic efficacy and introduces multiple patient safety hazards.

Composition of Genuine vs. Adulterated Product

GENUINE BLOOD PLASMA	ALLEGED ADULTERATED SUBSTITUTE
• Plasma proteins: albumin, globulins, fibrinogen • Coagulation factors (I–XIII including Factor VIII/IX for haemophilia therapy) • Immunoglobulins for immunodeficiency treatment • Collected under strict donor screening, sterility testing, cold-chain maintenance • Licensed under Drugs & Cosmetics Act, 1940 and Blood Bank guidelines	• Saline water (NaCl solution) — no therapeutic proteins • Artificial colouring agents — cosmetic mimicry only • Deteriorated/expired plasma — degraded proteins, possible microbial contamination, pyrogens • No sterility guarantee; packaging resealed with seized sealing machine • No valid donor records, no batch traceability

Patient Safety Risks of Adulterated Plasma

- Therapeutic failure: Patients requiring plasma for haemophilia, burns, shock, surgery, or coagulopathies receive no active treatment — a potentially fatal deficiency
- Sepsis risk: Contaminated or deteriorated plasma introduces bacterial endotoxins and viable pathogens; the USFDA rejection likely detected bioburden or endotoxin exceedances
- Transfusion reactions: Extraneous colouring agents and degradation products can trigger febrile, allergic, or anaphylactic responses
- Volume overload without colloid benefit: Saline substitutes deliver volume without oncotic pressure, risking oedema in compromised patients
- Disease transmission: Deteriorated stored plasma from unscreened sources raises residual risk for transfusion-transmitted infections (TTI)

How the USFDA Detected It

The USFDA rejection of plasma samples associated with the Ahmedabad company was the critical forensic trigger. USFDA-standard plasma quality assessment includes protein concentration and purity assays, coagulation factor activity testing, sterility and bioburden testing, endotoxin assays, electrophoretic protein profiling, and cold-chain temperature documentation. Any or all of these would fail for a saline-colouring agent-deteriorated plasma mixture. The rejection prompted the pharmaceutical company to trace source consignments — a supply-chain audit that is now the model for domestic investigation.

4. INVESTIGATIVE & FORENSIC SCIENCE DIMENSIONS

PHYSICAL EVIDENCE	DIGITAL / DOCUMENTARY	BIOLOGICAL EVIDENCE
• 1,140 plasma units — authentic vs. spurious differentiation by protein assay • Sealing machine — forensic comparison with resealed bags • 3 chemical bottles — chemical identification of colouring agents • Deep freezer — temperature logs and bio-contamination swabs • Transport vehicle — GPS data, blood/plasma residue traces	• Blood bank licensing records (Gaikwad's Vashi operation) • Plasma collection and dispatch records across Maharashtra and Gujarat • Financial records — ₹5,000/unit × 114 units minimum • Communication records between accused and pharma company • Supplier-to-buyer traceability chain for all plasma consignments	• Protein profile / HPLC of seized plasma units • Sterility and endotoxin testing of seized material • DNA/genetic markers to link seized plasma to specific donor batches or blood banks • Microbial culture from deteriorated units to identify contaminants • Fingerprint / touch DNA on sealing machine and bags

The 114-Unit Question: Who Received Spurious Plasma?

Investigators have preliminarily established that at least 114 spurious plasma units were sold in the six months preceding the arrests, each at approximately ₹5,000. This is the most urgent public health dimension of the case: tracing the downstream pathway of these 114 units — whether to pharmaceutical manufacturing (where they would be further processed) or directly to hospitals/blood banks — will determine whether any patient has already received adulterated product. Police are actively examining whether any harm has resulted to patients and are pursuing Maharashtra blood bank records to reconstruct the supply chain.

5. MEDICOLEGAL, REGULATORY & LEGAL FRAMEWORK

Applicable Indian Legal Provisions

- Drugs and Cosmetics Act, 1940 — blood products are scheduled drugs; adulteration/spurious manufacture attracts Section 27 (imprisonment up to life, or fine, depending on harm caused)
- Bharatiya Nyaya Sanhita (BNS) provisions relating to cheating, forgery, endangering life or health of others, and causing grievous hurt by negligent act
- Drugs (Control) Act and Blood Bank Guidelines issued under the Drugs and Cosmetics Rules — strict licencing, quality, and cold-chain requirements for plasma
- Potential FSSAI provisions if any product crossed into food/dietary supplement territory
- If patient harm is established: culpable homicide not amounting to murder provisions under BNS

Regulatory Failure Points Under Scrutiny

The operation raises several systemic regulatory questions: How did 114 units pass internal quality control at the receiving pharmaceutical company over six months? Were the two Maharashtra blood banks operating with full documentation and regulatory compliance? Were routine surprise inspections conducted? The 3-member inquiry committee analogy from the Tamil Nadu ammonia case (see News Review 5) is instructive — a rapid, expert committee investigation of blood bank licensing and supply chain audit trails is now indicated.

The USFDA Rejection as a Forensic Instrument

It is a noteworthy irony that it was a foreign regulatory authority — the USFDA — rather than India's own Central Drugs Standard Control Organisation (CDSCO) or State Drug Controllers, that first detected the quality failure. This underscores the need to strengthen domestic post-market surveillance and batch-release testing for biological products, particularly blood components destined for pharmaceutical processing.

6. KEY LESSONS FOR FORENSIC MEDICINE PRACTITIONERS

01	Pharmaceutical supply chain fraud is a forensic medicine concern, not merely a commercial one. When adulterated biological products reach patients, the outcomes are clinical and potentially fatal — making forensic physicians essential participants in harm assessment.
02	Insider knowledge is the most dangerous element of pharmaceutical fraud. Dinesh Chaudhary's familiarity with plasma collection, cold-chain systems, and packaging protocols allowed the racket to persist. Practitioners advising regulatory bodies should flag that background screening for staff handling blood products must match the sensitivity of the product itself.
03	The USFDA rejection model should be domestically replicable. India's CDSCO and State Drug Controllers should implement equivalent protein-profile and bioburden testing as a routine batch-release gate for imported and domestically processed plasma, rather than relying on export destination standards to catch adulteration.
04	Forensic haematology skills are directly applicable to adulterated blood product cases. Protein electrophoresis, coagulation factor assays, and microbial culture are standard forensic laboratory competencies that can definitively characterise spurious plasma for evidentiary purposes.
05	The 114-unit gap is a medical emergency until ruled out. Each unit may have reached a bleeding patient, a burns victim, or a patient in haemorrhagic shock. Clinicians and forensic physicians must be prepared to retrospectively assess patient outcomes linked to suspect consignment batches.
06	Physical evidence from such cases carries high evidentiary value. The seized sealing machine, empty plasma bags, and chemical bottles are crucial — their forensic analysis can establish the manufacturing process of the fake product, proving intent beyond reasonable doubt in criminal proceedings.

7. CURRENT INVESTIGATION STATUS

As of June 25, 2026, the Ahmedabad Rural SOG investigation is active on multiple fronts:

- Four accused in custody; interrogation ongoing to map full network
- Two Maharashtra blood banks (Vashi + Mumbai) under scrutiny for licence status and supply records
- Investigators tracing all 114+ units of spurious plasma distributed in the preceding 6 months
- Determining whether adulterated plasma entered pharmaceutical manufacturing or reached patients directly
- Gujarat Health Minister has pledged transparent and strict action
- Further arrests described as possible as the network is unwound

The central unresolved question: Has any patient already received spurious plasma, and if so, what harm resulted?

T A G S

#BloodPlasmaFraud | #SpuriousDrugs | #ForensicHaematology | #AhmedabadCase | #PharmaCrime | #SupplyChainFraud

#USFDA | #BloodBankCrime | #PatientSafety | #DrugsAndCosmeticsAct | #India2026 | #ForMedEx

#MaharashtraGujaratCase | #InsiderFraud | #BiologicalProduct | #CDSCO | #LegalMedicine | #PublicHealthCrime

Sources: Medical Dialogues, Vibes of India, ProKerala / PTI, Hindustan Times (June 2026)