

A Case of Yoga Prana Vidya Healing Treatment of an Endometriosis Female Patient: Successful Outcome of Normal Pregnancy and Child Birth

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ABSTRACT

Introduction: Endometriosis is a difficult to diagnose condition, and chronic disease of the females associated with severe, debilitating pain during periods, sexual intercourse, bowel movements and/or urination, pelvic pain, abdominal bloating, nausea, fatigue, with likely consequential anxiety, depression and infertility. Several therapeutic options are available for patients which are time consuming and with varying results. This paper presents a case of Yoga Prana Vidya system healed patient, who achieved success overcoming endometriosis, conceived normally and delivered a healthy baby.

Method: This is an in-depth case study going through patient's full details before and through long-term YPV intervention, medical test reports and patient feedback.

Results: The patient was given continued YPV healings over a period of 3 years and 8 months, from diagnosis to confirmed pregnancy, conceived normally without need of IVF. She delivered a healthy baby, and a follow up after 2 years confirmed that the mother had no pain, nor other health issues, and the baby too found healthy without any health issues.

Conclusions: It is noted from this study that long-term application of YPV system protocols have worked well in eliminating endometriosis, achieving natural pregnancy with trouble free delivery. With decades of experience, YPV system has been established as a no-drug no-touch and safe modality with holistic health of patients. There is a need for more research and awareness globally to ensure effective prevention, early diagnosis, and improved management of endometriosis.

KEYWORDS: Yoga Prana Vidya System ®, YPV ®, Endometriosis, infertility, pregnancy

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INTRODUCTION

Endometriosis

Endometriosis is a condition of the female reproductive system which manifests as a tissue that grows outside the uterus similar to its lining leading to pain and/or infertility (1). Endometriosis affects roughly 10% (190 million) of reproductive age of women and girls globally (2). Being a chronic condition, its symptoms include severe pain - during periods and sexual intercourse, urination, bowel movements, pelvis- and associated abdominal bloating, nausea, fatigue, and causing depression, anxiety, and eventual infertility. The symptoms of endometriosis are so varying that it is not easily diagnoseable, and many patients continue to suffer due to

lack of right information and awareness of the condition. This usually results in a lengthy process of assessment and delayed correct diagnosis.

Endometriosis is difficult to diagnose and no biomarkers to detect or rule out endometriosis are available. [2]. As of now, there is no certain cure for endometriosis, and controlling symptoms appears to be the only treatment option at hand. People in low and middle income countries find it difficult to access early diagnosis and effective treatment of endometriosis. The pathogenesis is unclear. Hormonal therapy controls symptoms in some women; others require surgery, which may not be effective.[2] Multidisciplinary expertise is needed in the management of endometriosis

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involving several organs such as the bowel, bladder, ureters, or extrapelvic structures and cases with overlapping pain conditions. Nearly 50% of female patients with endometriosis have recurrent symptoms over a period of 5 years, regardless of the treatment approach. [2]

Currently, therapeutic options include pharmacologic treatment, including analgesic, anxiolytic, and antidepressant agents and membrane stabilizers, pelvic physical therapy and cognitive behavioral therapy.[2]

Yoga Prana Vidya (YPV) System

YPV is an integrated system which works to effectively treat sick people holistically. Field experience gained over several decades shows that it has been successfully applied as complementary and also as alternative medicine to cure variety of illnesses. YPV system of healing consists of three parts – the first one is a set of self-practice modules the patients are required to practice, while the second part is energy healing which is given to the patient by a trained healer, or alternatively, the patient can perform self-healing after learning healing techniques from qualified YPV trainers. The third and equally important part of YPV is saltless, balanced and controlled diet, with abundant use of fruits and vegetables, to maintain healthy physical body and its metabolism with sufficient energy levels.

It is known from ancient texts that human existence has a physical body and also an energy body or pranamaya kosha, surrounding the contour of the physical body and interpenetrating it. Modern science recognises the energy body as “bio-plasmic body”, which is commonly known as Aura. This energy is known as ‘Prana’ or ‘life force’ since ages. The structure of the energy body consists of Chakrams (wheels) and Nadis (channels) for receiving and distributing abundantly available Pranic energy to the physical body. In YPV practice the main chakrams addressed are eleven, and also some minor chakrams are addressed as needed (see Figure 1). Energy Healing consists of cleansing the chakrams and body parts having dirty or used -up energy, and energising the chakrams and body parts with fresh Pranic energy by the healer acting as a channel (See figure 2). A disorder in the energy body has a corresponding effect on the physical body and vice versa. Usually, an illness begins to strike the energy body and it causes affecting the corresponding physical body part/s. Typical visualisations of the energy body of a healthy person and a sick person are as shown in Figures 3 and 4 respectively, and the differences are noticeable. A trained healer can scan a Chakram with sensitised hands to check the condition whether it is weak or strong, which in turn correlates with the clinical condition of the patient.

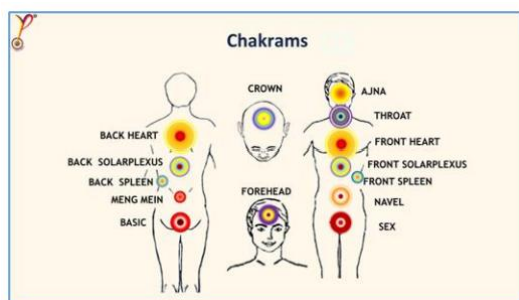


Fig 1: Chakrams

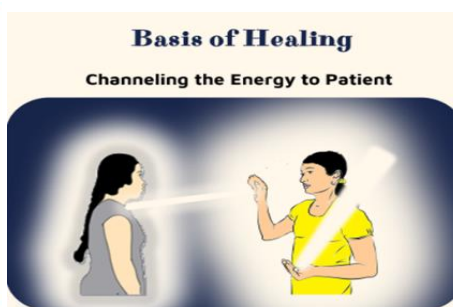


Fig 2: Channelling Pranic energy

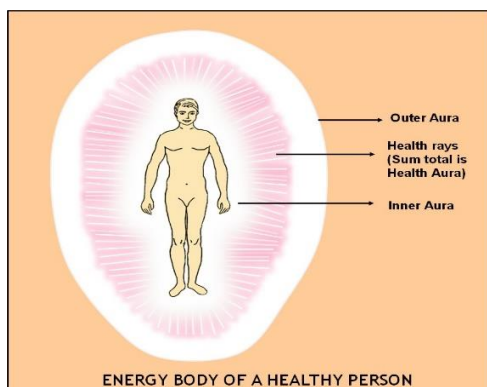


Fig 3: Energy body of a healthy person

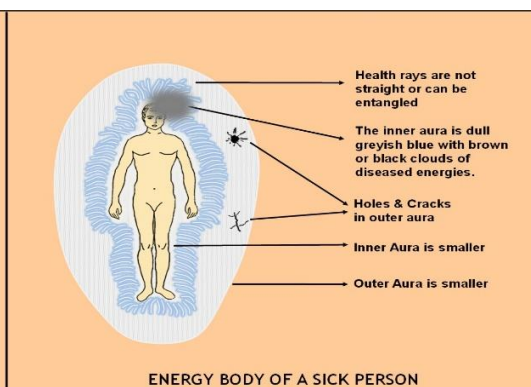


Fig 4: Energy body of a sick person

Literature search shows there are more than 50 publications of research articles on successful applications of YPV healing of human patients. It is noted that published successful case reports include, treatment of difficult medical cases [3], Diabetes management & control [4], removing arterial block

in heart without surgery [5], vision improvements for participants of an Eye Camp [6], improvements in holistic wellbeing and immunity of participants in a one-month YPV intensive programme [7], Role of Yoga Prana Vidya in first aid and emergency [8], improvements of health and immunity

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of senior citizens [9], speedy recovery of COVID patients [10], treatment of hypothyroidism [11], Lowering academic anxiety and enhancing academic performance of high school children [12], saving life of a snake-bitten human female [13], improvements in the cognitive abilities and social behaviour of mentally challenged children [14], managing the pain and side effects of a Hodgkin Lymphoma patient undergoing chemotherapy [15], healing treatment of a female patient suffering from kneecap dislocation [16]. A review of published literature shows some experimental studies also conducted with successful outcomes such as improvements in the wellbeing of prisoners [17], and corporate employees [18].

METHODS

This is an in-depth case study going through patient's full details before the YPV treatment, and details of the subsequent long-term YPV intervention, medical test reports and patient feedback.

Case report:

Patient's background information

The patient was a female 24 years old in 2014, and was resident in Mumbai, when her monthly cycle was irregular and then pain started and turned acute. Her Gynecologist suspected that it might be Urine infection but all tests showed normal. Then it was suspected that it might be appendix. But even that was ruled out after scanning. The gynec had also restrictions for scanning as she was unmarried at that time. Finally, the medical opinion felt that It may go off once she gets married, with hormonal changes. later in 2016 she got married and within 2 months again that pain started getting acute, and it was diagnosed to be Polycystic ovaries (See Annexure 1)

Then after multiple scanning, and advanced scanning she was diagnosed with endometriosis in 2018 with severe pain in abdomen during her monthly cycle, and she was getting into mental stress the moment she was approaching her monthly cycle. It was also difficult for her to have intercourse due to pain. Subsequently, in the lengthy advanced internal scannings, she was told that it's endometriosis (See Annexure 2). It had started connecting the bladder too which was more painful, so whenever there were contractions in the uterus the contractions were with bladder too which was pulling effect. So her monthly cycle was causing mental stress and trauma which she was going through every month. She was losing weight too because of the acute pain. She was told that pregnancy is the only option to get rid of this endometriosis, but the challenge was that people with endometriosis will have only 10 percent chances of getting pregnant.

Her Gynecologist indicated an option to try IVF, because experience showed that a subject with endometriosis case had not conceived naturally. The patient and her husband both were not willing to go through IVF, and alternatively wanted to try YPV healings.

YPV intervention

The subject approached the team of two YPV healers during Feb 2016, and they started conducting YPV healing sessions to her. Everyday 30 to 40 minutes of YPV healings were given to the subject.

The healers used the following YPV healing protocols: psychological healing, blood cleansing, internal organ cleansing technique, cleaning and energising the affected area with color prana (level 5 healing). In addition the patient self-practiced Rhythmic breathing, forgiveness and meditation. The patient also learnt YPV healing courses of Levels 1,2,3. Also, she attended a one-week healing camp at YPV Ashram. Since then, the healers were healing her continuously, for nearly 3 years and eight months, and she conceived normally in 2019. During pregnancy she practiced breathing exercises and forgiveness Sadhana regularly. Her gynecologist was totally surprised with this miraculous achievement of getting conceived despite severe endometriosis. The gynecologist then discontinued further medications and asked the subject to continue healings.

RESULTS

The pregnancy was confirmed in October 2019. (See Annexure 3). She had normal delivery in June 2020. The results were miraculous, as observed by the consulting gynecologist. The subject is now 33 years old, healthy and her child is about 2 years and is very healthy. She is no longer experiencing any pains.

DISCUSSION

It is observed that current surgical and medical approaches to endometriosis are not effective for most women, and in cases found effective, they are likely to be accompanied with complications and morbidity. Further to it, hormonal treatments of endometriosis are not found appropriate for women who intend to conceive. Therapeutic approaches without use of hormones to target the subphenotype of endometriosis are required for improved outcomes. [2].

It is felt that improvements in awareness, education and action are long overdue to deal with the high prevalence of endometriosis, its cumulative effects on health and well-being and the associated high costs. Individualized therapeutic approaches such as YPV that maximize effective treatment and potentiate cure, as well as preventive measures, require definitive clinical attention. Biomarkers and new therapeutics are required that target the varied physiological pathways related to the development and progression of endometriosis and the persistence of symptoms. Progress can be achieved only through sufficiently powered, collaborative multidisciplinary research, facilitated by funding bodies with prioritization of endometriosis as an important public health issue. [2].

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CONCLUSION

Through this in-depth case study, it is noted that YPV system protocols have worked well in eliminating endometriosis, and achieving natural pregnancy with trouble free delivery. With decades of experience, YPV system has been established as a no-drug no-touch and safe modality with holistic health of patients. There is a need for more research and creating awareness globally to ensure effective prevention, early diagnosis, and improved management of the disease.

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Conflicts of interest

None

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Nil

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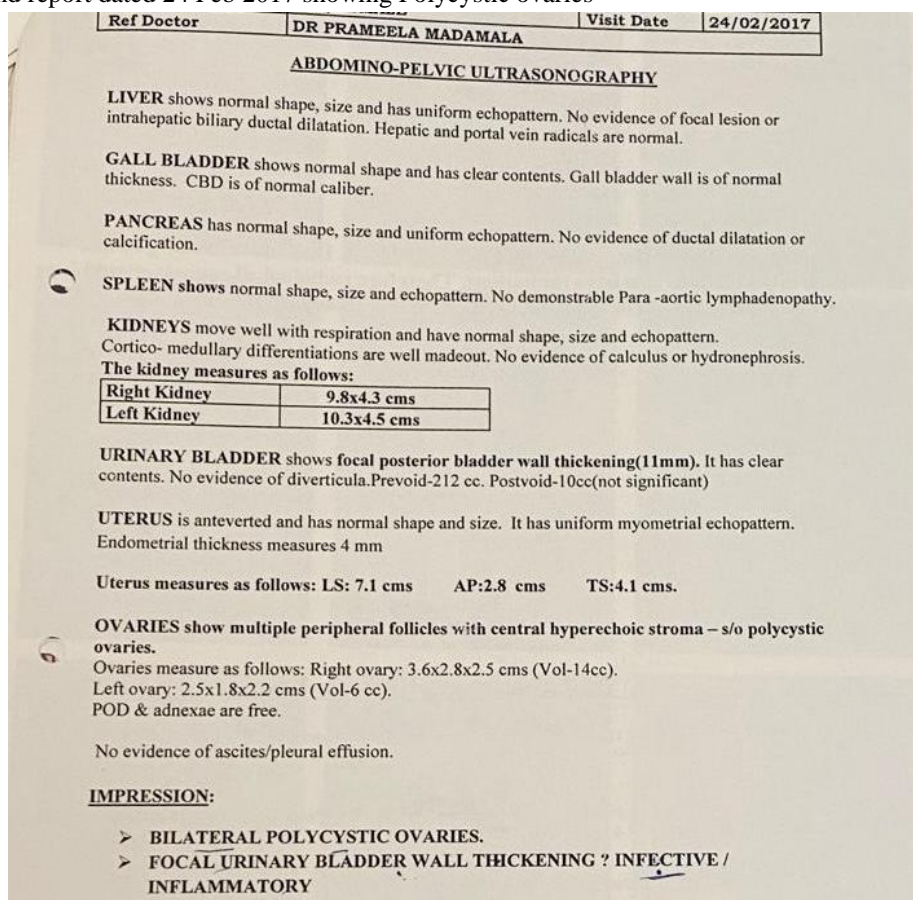
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DIP:18.01.047/20200803, DOI:10.25215/0803.047

Annexure 1 Ultrasound report dated 24 Feb 2017 showing Polycystic ovaries



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Annexure 2 Ultrasound report dt 12 sept 2018 indicating endometrium.

Indication(s)
Scan done on 17/04/2018 showed fibroid, bilateral PCO and PO cyst. Took treatment for 3 months. Tab. Fibrestal. Scan to reassess the same.
Real time B-mode Ultrasonography of Pelvis done
Hosp no: 2474327
LMP: 10/09/2018 MC: 27-28 days, regular ML: 2 1/2 yrs Nulligravida

KUB
Right kidney measured 9.3 X 4.7 X 1.4 cms.
Left kidney measured 9.0 X 4.9 X 1.8 cms.
No hydronephrosis seen.

Pelvis
Transabdominal and Transvaginal sonography of the pelvis done
Uterus measured 7.4 X 3.3 X 4.6 cms.
Anteverted uterus.
Myometrium shows coarse echotexture and endometrial margins were poorly defined raising a suspicion of mild diffuse adenomyosis.
There was poorly circumscribed mass seen in the myometrium of the mid corpus measuring 2.1 x 1.8 x 2.0 cms (Vol - 4.2 cc). This had a cystic area within with hyperechoic margins measuring 0.4 x 0.3 x 0.3 cms. Flow (RI) of 0.78 and PSV of 13.8 cms) was seen along the periphery. This mass is probably an adenomyoma. Distance from the mucosa was 5.4 mm and distance from the serosa was 1.4 mm.
There was a posterior wall, mid corpus, subserous seedling fibroid to the right of midline measuring 0.5 x 0.4 x 0.6 cms.
Endometrium showed complex and echogenic. Two layer thickness measured 5.2 mm.
There was a small circumscribed hyperechoic area just lateral to the endometrium below the right cornua, most probably an endometrial island secondary to adenomyosis. It measured 0.3 x 0.4 x 0.4 cms.
Cervix to the extent seen appeared normal.
Right ovary measured 3.1 X 2.2 X 3.1 cms. (Volume = 10.99 cc)
Left ovary measured 2.9 X 1.6 X 2.6 cms. (Volume = 8.27 cc)
Both ovaries showed multiple small follicles suggestive of polycystic ovaries.
There was a cyst seen medial to the left ovary measuring 1.5 x 1.1 x 1.3 cms, suggestive of left sided paraovarian cyst.
There was an irregular complex mass seen protruding into the bladder, suggestive of a lesion of bladder DIE. It measured 2.1 x 1.7 x 2.1 cms (Vol - 5.2 cc). The mass was lying between the uterine body and bladder. It measured 2.1 x 1.3 x 2.0 cms (Vol - 3.0 cc). It showed a cystic space seen within measuring 0.4 x 0.2 x 0.3 cms. Flow was seen in this area with colour score of 3.4 (RI) of 0.63 and PSV of 9.4 cm/sec. This mass appeared continuous with uterine wall. The communication between the uterus and bladder DIE was 1.8mm, just anterior to the uterus and at the level of the internal os. Out line of the DIE was irregular.
The right ureter was seen opening into the bladder, just below and to the right of bladder DIE lesion. The left ureter was about 1.9cms away from the left lower end of DIE nodule. Distance of the urethral opening (in the bladder) to the DIE nodule above it was 2.7cms. The right ureter appeared a little narrow in its lower part. Left ureter was normal.

Impression
Anteverted uterus with complex echogenic endometrium of 5.2 mm and suspicion of diffuse adenomyosis.
There was poorly circumscribed mass seen in the myometrium of the mid corpus on the right side (Vol - 4.2 cc), most probably an adenomyoma.
There was a posterior wall, mid corpus, subserous seedling fibroid to the right of midline.
There was a small circumscribed hyperechoic area just lateral to the endometrium below the right cornua most probably endometrial tissue (island) secondary to adenomyosis.
Bilateral polycystic ovaries noted.
There was a left sided small paraovarian cyst.
There was an irregular complex mass seen protruding into the bladder (Vol - 5.2 cc, suggestive of a bladder DIE lesion (details in text above).

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Annexure 3: 8-week pregnancy report. Dt 22-09-2019

Date :22/09/2019

Doctor's Note / advice :

H/O Lower Abdominal Pain, mod-severe, colicky since 1 day

h/O Vomiting, multiple episodes

no H/O chest pain,giddiness,urinary disturbances,fever,shortness of breath

in day 2 of menses.similar complaints 1 month back when in menses

no known allergies

K/c Adenomyosis/Endometriosis
?Endometiosis Bladder

H/o Similar complaints on & off since 4 yrs
Patient under Rx with her Gynecologist outside

bp:110/70MMHG
pulse:90bpm
SPO2:98%
Temp:98*f

RS-AEBE, clear
CVS-S1S2+
PA-Soft, mild lower Abdominal Tender+
GCS-15,15
GRBS 107mg/dl

Imp- Pain Abdomen for Evaluation ?Endometriosis

Rx
Inj Diclofenac 75mg IV stat
Inj Pan 40mg IV stat
Inj Emetet 40mg IV stat
IVF NS 500ml IV
Inj.Hyocine 20mg slow IV stat

patient reassessed at 12.08pm
HR-75/min
BP-122/78mmhg
SpO2-99%RA

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OB - Early pregnancy Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transvaginal

Intrauterine gestation

Maternal
Cervix measured 3.9 cms in length.

Fetus

Survey
Gestational Sac seen. Sac margins appeared regular
Yolk sac present
Fetal activity present
Cardiac activity present
Fetal heart rate - 158 bpm

Fetal Biometry
CRL - 15.45 mm (8W 1D) Hadlock

Left ovary shows corpus luteum
No evidence of subchorionic haemorrhage

Impression
Intrauterine gestation corresponding to a gestational age of 8 Weeks
Gestational age assigned as per biometry (CRL)
Menstrual age 8 Weeks
Corrected EDD 26-06-2020
****Suggested NT scan between 12-13 weeks.**

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Annexure 4: Subject's feedback on recent follow up

Subject: A Big thank you !
Date: 06-May-2022 at 10:57:55 PM
To: `@gmail.com

This mail is intended to thani _____, for the healings what they have done to me and the results were nothing but just a miracle as my gynec said

I was diagnosed with endometriosis in 2018 with severe pain in abdomen during my monthly cycle , i was evrytime getting into mental stress the moment I am approaching my cycle then later in the advanced scanning i was told that it's endometriosis and it has started connecting the bladder too which was more painful , i was told that pregnancy is the only option to get rid of this . The challenge was people with endometriosis will have only 10 percent chances of getting pregnant

_____ started working on my case since then they were healing me continuously and i was conceived in 2019 and delivered normally without any complications

A Big thank you to both of them for this healing which was a miracle to us