



Research Article

A Rare case of pulmonary embolism and Renal Artery embolism treated successfully using Yoga Prana Vidya (YPV) Healing as Complementary therapy

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Abstract

Introduction: Pulmonary embolism (PE) is a vital cause of morbidity and mortality in hospitalised cases of patients. This paper presents a case of bilateral PE with renal artery embolism in a 29-year Old young male patient following acute appendicitis for which he had undergone laparoscopic appendicectomy. The complications were diagnosed in the immediate post-operative period. YPV Healing intervention was sought to prevent the progression of the disease.

Method: This paper uses case study method going through patient case records before and after YPV intervention used as complementary treatment alongside conventional thrombolysis and anticoagulant therapy.

Results: Within 5 days of YPV healing the patient showed recovery and was discharged from the hospital. After YPV intervention, the entire period was peaceful, the progression of the thrombo-embolic phenomenon ceased, and the patient became calmer and restful.

Conclusion: YPV Healing is an effective complementary therapy for emergency treatment along with conventional treatment to improve the physical, psychological and mental condition of the patient with speedy recovery enabling normal overall health of the patient. This case is a good example of how YPV healing can successfully be used in the management of Renal and Pulmonary embolism as a complementary therapy with life saving results. Further research is recommended to validate the results on an appropriate sample size.

Keywords: Yoga Prana Vidya System ®, YPV ®, Complementary therapy, Renal Artery Embolism, Pulmonary Embolism.

Introduction

Acute pulmonary embolism (PE) is a frequent cause of death and serious disability. Recently, an epidemiological model derived from six European countries with a total population of 310.4 million

yielded a PE incidence rate of 98 cases per 100,000 person-yrs. Recent registries and cohort studies suggest 10% death rate of patients with acute PE within the first 3 months after diagnosis.^[1]

PE is a relatively common vascular disease with potentially life-threatening complications in the short term. General symptoms of PE are: Pleuritic chest pain, Shortness of breath, Tachycardia and Hypoxemia^[2].

Shock caused by sudden mechanical occlusion of a significant part of the pulmonary vascular bed with potentially removable clots undoubtedly justifies higher risk treatment, even if it only allows for partial recovery of pulmonary flow, and at the same time a systemic flow, thereby saving a patient's life^[3].

Recommendations can now be formulated based on the results of the Prospective Investigation of Pulmonary Embolism Diagnosis II (PIOPED II) and other studies, and reliance on the physician's judgment. ^[4]. Management is driven by the clinical presentation, timing and location of the occlusion. Various management options include anticoagulation, systemic thrombolysis, catheter directed thrombolysis or surgical thrombectomy, which is associated with high morbidity and mortality^[5,6]. Failure to restore renal perfusion as quickly as possible may lead to high risk of renal dysfunction^[6].

Diagnostic modalities include Computed tomography (CT) magnetic resonance imaging (MRI) or radioisotope scans. However renal angiography remains the gold standard to establish the diagnosis and determine the etiologies leading to renal infarction.

This paper presents a case of one young 29-year male patient of acute renal artery thrombosis along with bilateral sub-massive pulmonary artery embolism developed following laparoscopic appendicectomy for acute appendicitis, treated with combination use of YPV Healing along with conventional intra-arterial thrombolysis at a very early stage.

Yoga Prana Vidya System

Yoga Prana Vidya System is a no-touch and a no-drug energy healing modality which also works at a distance and can cure many physical or psychological problems. It is an integrated and a

holistic system which promotes happiness and good health at physical, emotional and mental levels using breathing, healing techniques, meditation and yoga etc. In the healing techniques, the healer removes the diseased, dirty or the used-up energy from the affected part or the affected chakrams of the patient and fills it up with fresh energy. The main advantage of using Yoga Prana Vidya healing techniques is, firstly that the patient need not be physically present in front of the healer as the healing can be done from a distance, and secondly, it can cure many psychological ailments too which are emotional or mental in nature and main cause of most ailments.

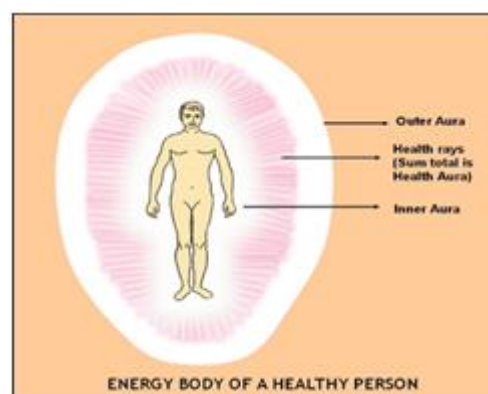


Fig 1: Energy body of a healthy person

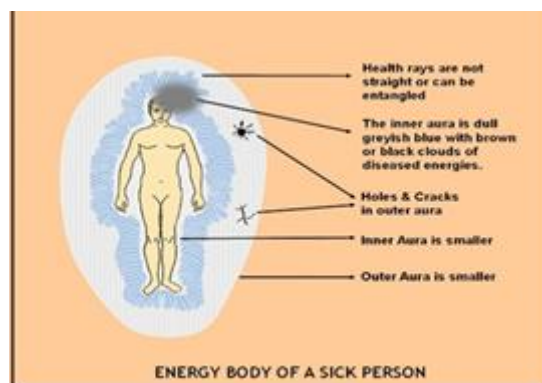


Fig 2: Energy body of a sick person

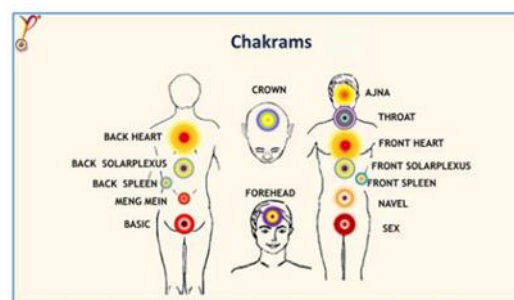


Fig 3: Major Chakrams in the energy body

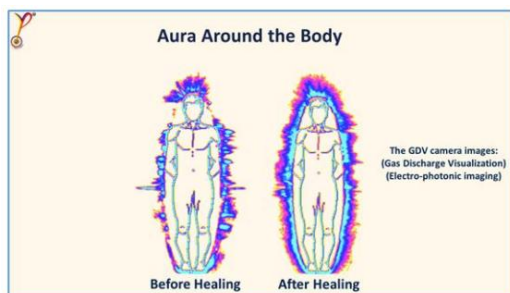


Fig 4: GDV camera Images of energy body

The energy body, also known as aura of a being, surrounds the physical body, and it consists of an inner aura, an outer aura and health rays connecting these two (See figures 1 & 2).

The energy body consists of *chakrams* (see figure 3) and *nadis* for receiving and distributing the Pranic energy, also known as life force. The healing process consists of several basic and advanced techniques of cleansing the chakrams and affected parts and energizing the same for desired results. Published literature of over 40 articles shows that, by using Yoga Prana Vidya (YPV) healing techniques, many cases have been successfully treated such as, some difficult medical cases^[7], Diabetes management & control^[8], removing arterial block in heart without surgery^[9], vision improvements for participants of an Eye Camp^[10], improvements in holistic wellbeing and immunity of participants in a one-month YPV intensive programme^[11], Role of Yoga Prana Vidya in first aid and emergency^[12], improvements of health and immunity of senior citizens^[13], speedy recovery of COVID patients^[14], treatment of hypothyroidism^[15], Lowering academic anxiety and enhancing academic performance of high school children^[16], saving life of a snake-bitten human female^[17], improvements in the cognitive abilities and social behaviour of mentally challenged children^[18], managing the pain and side effects of a Hodgkin Lymphoma patient undergoing chemotherapy^[19].

Case Report

A 29 year male patient presented with severe episode of acute abdominal pain accompanied with an episode of vomiting and fever, followed

by persistent severe right lower abdominal pain. He was admitted in the Hospital. On Investigations, total WBC was found to be high at 13,400/cu mm and differential count was revealing P 84, L 7.1, M 8.1, E 0.9, B 0.3. Present and past history were not significant. His vital signs revealed that the blood pressure was 164/113 mmHg, the pulse was 97/min, afebrile and the respiratory rate 18/min. The rest of the physical examination revealed only right flank tenderness. Laboratory analysis revealed that his serum creatinine increased to 129 µmol/L (normal range: 40-106 µmol/L), LDH was 328 U/L (normal range: 248 U/L), and showed microscopic hematuria.

CT scan Abdomen revealed enlarged appendix approx 10mm with presence of faecolith. Considering the intolerable pain and size of the appendix, the patient was subjected to emergency Laparoscopic appendicectomy on 28/02/22. The patient well tolerated the procedure, post-operatively the patient was monitored at the HDU (High dependency care unit) in view of the fall of oxygen saturation and breathlessness. In view of worsening of hypoxia and requiring 6-8 litre of oxygen, and 2D-echo revealed RV and RA dilatation, severe PAH. CTPA was done in view of increased suspicion of pulmonary embolism. D-Dimer was positive (3460) which was suggestive of bilateral pulmonary artery embolism at the level of secondary bifurcation. On CTPA, decreased enhancement of the Rt Kidney was observed. Bedside Renal Doppler revealed decreased blood supply to the Rt kidney and had undergone CT Angio-Abdomen which was suggestive of Rt Renal Artery thrombosis. Rt Renal Artery Thrombectomy and Pulmonary CDT were done on 01/03/22 along with thrombolysis using inj Alteplase. Both the procedures were uneventful. Post-procedure he was continued on alteplase and heparin infusion at 1500 units/hr & minimal oxygen support on nasal prongs only.

YPV healing intervention

A close relative of the patient approached the YPV Healer in the midnight on 01/03/22 and YPV healing was started as a complementary therapy to control the disease and to prevent the further progression of the disease.

YPV Healing protocols used: Generalized sweeping was done to remove the disease and dirty energies from the aura and to seal the cracks and holes in the aura. Blood purification technique was done to purify the blood and disintegrate the blood clots from the circulation by cleansing and energizing the Heart, lungs, spleen, kidneys and liver. All related chakras are also cleansed and energized for regeneration of both the lungs and Right kidney.

YPV Psychotherapy was done to boost the positivity of the patient as he was fully aware and getting panicky and restless as doctors were asking after operation, investigations one after the other and thrombolysis for pulmonary and Renal vessels (after investigations). Renal and pulmonary vessels were localized with gold color prana and cleansed by disintegrating the thrombi and energized to strengthen the vessels.

Initially healing was done three times a day till 03/03/22. When the patient was shifted to the ward then it was done once in a day and continued for a month. The patient was discharged from the hospital on 05/03/22. After the YPV intervention of 5 days, the entire period was uneventful, the progression of the thromboembolic phenomenon ceased, the patient became calmer and cooperative.

During the anticoagulant therapy period in HDU, the laparotomy wound became haemorrhagic and surgeon was planning for re-exploration. The surgical wound as seen in fig 5, was healed by thorough cleansing and energized to seal the bleeding vessels. The next day wound was better than before, so planning and preparation for re-exploration was cancelled.



Fig 5: Haemorrhagic post-op Laparoscopic wound

He restarted his routine life within 15 days after discharge. The patient was followed-up for 3 months, and was found without any complications.

Discussion

According to a 2006 study by Stein^[4], recommendations can be formulated based on the results of the Prospective Investigation of Pulmonary Embolism Diagnosis II (PIOPED II) and other studies, besides continued reliance on the physician's judgment. Obtain a D-dimer rapid ELISA if clinical assessment is low or intermediate probability. CT angiography/CT venography is recommended by most PIOPED II investigators as the first imaging tests. No further testing is required if D-dimer is normal in a patient with a low probability clinical assessment. An abnormal D-dimer indicates the need for further testing if pulmonary embolism is suspected. The majority of PIOPED II investigators preferred the combination of contrast-enhanced multidetector computed tomographic pulmonary angiography (CT angiography) and venous phase imaging of the proximal leg veins (CT venography). A CT angiogram had a sensitivity of only 83% in PIOPED II^[4].

However, in their study of 2015, Dalal et al., stated that Indian guidelines for the diagnosis and treatment of acute PE were not yet formulated and it was suggested to form a PERT (PE Response Team) composed of specialists from various fields.^[20] In this context it is observed that YPV

healing process is an effective and safe modality of treatment in emergency on the basis of emergency symptoms. As seen in the Literature, there are a number of institutions which are offering training courses in Yoga based First Aid. The need for emergency aid is ever growing and YPV healing process being integrated and holistic, offers a much greater scope to heal patients' physical and mental conditions beyond first stage, and helps to improve the quality of life.

Conclusions

Acute pulmonary embolism (PE) is a frequent cause of death and serious disability and Acute renal artery thrombosis is a rare condition with a high risk of renal dysfunction. Early diagnosis and treatment of Acute Renal Artery embolism is essential to preserving the renal function, and the combined use of YPV Healing along with the conventional treatment is safe and effective for the restoration of renal perfusion in treating patients with acute renal artery thrombosis, and at the same time improving the morbidity and mortality following sub massive pulmonary embolism. Yoga Prana Vidya (YPV) System has been established as a very useful therapy complementary to mainstream medicine and further research is recommended on an appropriate sample size to throw more light on its efficacy.

Abbreviations

YPV - Yoga Prana Vidya,
 VTE -Venous thrombo-embolism
 PE - Pulmonary Embolism
 PIOPED -Prospective Investigation of Pulmonary Embolism Diagnosis.
 RV -Right ventricle
 RA -Right Atrium
 PAH - Pulmonary artery hypertension
 HDU - High Dependency care unit
 CTPA -CT Pulmonary Angiogram
 CDT - Catheter directed thrombolysis

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References

1. Lankeit M, Konstantinides, S. Is it time for home treatment of pulmonary embolism? *Eur Respir J* .2012; 40: 742–749. DOI: 10.1183/09031936.00216811
2. Kaiser Foundation Health Plan of Washington. 2017:1-28. Available <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-codes/2018/brochures/73-012.pdf>
3. Kurzyna M, Pietrasik A, Opolski G, Torbicki A. Contemporary methods for the treatment of pulmonary embolism — is it prime-time for percutaneous interventions? *Kardiologia Polska* 2017; 75(11): 1161–1170; DOI: 10.5603/KP.a2017.0125.
4. Stein PD, Woodard PK, Weg JG, Wakefield W et. al. Diagnostic Pathways in Acute Pulmonary Embolism: Recommendations of The PIOPED II Investigators. *The American Journal of Medicine*. 2006;119(12):1048-55.
5. Hassanein M, Saleh Y, Randhawa M, Karve M. Renal artery embolism successfully managed by ultrasound enhanced catheter directed thrombolysis. *The Egyptian Heart Journal*. 2018; 70:447–450.
6. Zhang N, Xiong G, Pan Y, Shao C, Wang J, Chen B, Liu Z. Acute renal artery thrombosis treated with combination use of multiple interventional techniques. *J Cardiovasc Med Cardiol* 6(4): 088-091. DOI: <https://dx.doi.org/10.17352/2455-2976.000099>.
7. Neravetla J, Nanduri VS. A study into the successful treatment of some difficult Medical cases using Yoga Prana Vidya (YPV) Healing System as alternative

- medicine. *Int J Sci Eng Res*, 2019, 10 (7):882-8877.
8. Rajagopal AH, Ramya A, Nanduri VS. Diabetes Management and Control Using Yoga Prana Vidya (YPV) Healing System, *Journal of Biology and Life Science ISSN* . 2019; 10(2):2157-6076.
 9. Ramya A, Nanduri VS. Cardiac Case Study: Successful Healing Treatment of a 48-Year-Old Male with Block in Heart, Using Yoga Prana Vidya (YPV) Healing System. *Saudi J Nurs Health Care*, Nov 2019; 2(11): 353-356. <https://www.yogapranavidya.com/aboutypvresearch/publications/successful-healing-treatmentof-a-48-year-old-male-with-block-in-heart-usingypv/>
 10. Nanduri VS, Chaitra N. How the participants of a Yoga Prana Vidya (YPV) Eye Camp experienced vision improvements: A Case study. *The Journal of Community Health Management*. 2019; 6(4): 139- 146. DOI: <https://doi.org/10.18231/j.jchm.2019.028>
 11. Neravetla J, Nanduri VS. A study of the effects of Yoga Prana Vidya one-month intensive residential programme for participants on their physical health, psychological well-being and improved immunity. *International Journal of Research and Analytical Reviews (IJRAR)*, 7(2), 18-27.
 12. Neravetla J, Nanduri VS. Role of Yoga Prana Vidya (YPV) Healing Techniques in Emergency and First Aid: A Summary of Case Reports. *International Journal of Medical Science and Health Research*. 4(3), 133-146
 13. Nanduri VS. Effectiveness of Yoga Prana Vidya practice protocols for health improvements and boosting immunity of seniors – A review. *J.Bio.Innov* 9(4), pp: 583-588, 2020 |ISSN 2277- 8330 (Electronic).
 14. Nanduri VS, Karnani V. Successful and speedy recovery of COVID patients using Yoga Prana Vidya (YPV) Healing. *Covid-19.2020*;1(4):78-82. Doi: <http://doi.org/10.18231/j.covid.2020.005>
 15. Revathi R, Janani N, Nanduri VS. Successful healing treatment of Hypothyroidism using Integrated Yoga Prana Vidya (YPV) healing approach as complementary medicine: Case reports. *J Prev Med Holistic Health* 2020;6(1):1-7.
 16. Ramya A, Kraleti P, Gopal KVT, Nanduri VS. Efficacy of Planetary Peace Meditation (PPM) of Yoga Prana Vidya (YPV) System in Enhancing Academic Performance of High School Children: A Case study. *Indian Journal of Psychology and Education*, 10 (2), July 2020, 59-64. ISSN -2231- 1432
 17. Ramya A, Ashwin V, Divya D, Nanduri VS. Serious snake bite case: successful treatment using yoga prana vidya (YPV) healing system. 2021; 5 (01):101-110 <http://dx.doi.org/10.51505/ijmsmr.2021.5111> DOI: 10.51505/ijmsmr.2021.5111
 18. Rajkumari K, Bembalkar S, Nanduri VS. A Pilot Study of the Effects of Yoga Prana Vidya (YPV) protocols on social behaviour, cognitive abilities and IQ of mentally challenged children, *Pediatric Review – International Journal of Pediatric Research*-2021;8(1):7-15. Available From <https://pediatrics.medresearch.in/index.php/ijpr/arti cle/view/653>
 19. Jain V, Bindal S, Bhatia PK, Nanduri VS. Managing pain and side effects of a Hodgkin lymphoma female patient undergoing Chemotherapy using Yoga Prana Vidya System as complementary medicine: A case report. *International Journal of Medical Sciences and Academic Research*, 2021;2(5).
 20. Dalal JJ, et al. Management acute Pulmonary Embolism: Consensus statement for Indian patients. *Journal of the association of Physicians of India*, 2015;63 Available <https://www.japi.org/q284a444/management-of-acute-pulmonary-embolism-consensus-statement-for-indian-patients>