

Case Report

A Case of 52 Years Old Female Patient with Gastroesophageal Malignancy: Successful Healing Treatment Using Yoga Prana Vidya (YPV) System Protocols As Complementary Medicine

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Received: 16 August, 2022

Accepted: 17 September, 2022

Published: 20 September 2022

Abstract:

Introduction: Esophageal malignancy is among cancers of the gastrointestinal tract, and multidisciplinary team care and treatment approaches are used in treating gastric cancer. This paper presents a case of 52 years old house wife diagnosed with esophageal cancer who had undergone chemotherapy and used YPV healings as complementary medicine to recover speedily, and reduce pain and other side effects.

Methods: Case study method is used in this paper by going through the detailed medical records of the patient, healer's record of healings rendered and feedback from the patient and her family.

Results: After 2 months of healings, the PETCT scan reports revealed normal and positive condition with no sign of cancer. After that, further radiation treatment was given by the doctor during March 2022, and accordingly the YPV healings were continued for one more month. A follow up after two months revealed that the patient was found in normal good health and feeling confident. She regained lost body weight as she was able to take normal diet. There was no pain or repulsiveness.

Conclusions: There is immense scope for further research using appropriate sample size and research methodology to establish the results on a wider scale for helping people with less-expensive and effective treatment process of YPV. It is recommended that a working knowledge of YPV healings will be highly beneficial for medical personnel such as doctors and nurses and other frontline healthcare workers to holistically treat patients, and also include it effectively in disease prevention protocols.

Keywords: Gastroesophageal, upper gastrointestinal, cancer, tumour, Yoga Prana Vidya System®, YPV®

Introduction

Gastroesophageal Malignancy

Esophageal malignancy is one of the common cancers of the gastrointestinal tract (GI). According to World Health Organization Globocan 2020 statistics for India, esophageal cancer is the 5th most common cancer with incidence of 6.2% in males. [1] The male to female ratio in India is 2.4:1.[2] Multidisciplinary care and treatment remain at the core of treating gastric cancer. Such treatment relies upon an effective multidisciplinary network including surgical, medical, and radiation oncologists; gastroenterologists; pathologists; radiologists (for interventional and nuclear medicine); nurse specialists, and palliative care physicians. It is highly recommended that all new cases should be discussed and treatment strategy to be confirmed at the multidisciplinary team meetings. In most patients with localised disease, resection will be the treatment of choice, and adjuvant chemotherapy or CRT following resection will be considered on the basis of the histopathology. More commonly, in India,

Patients present with locally advanced disease (evident on imaging). According to an ICMR document of 2014, in these cases, the use of pre-operative chemotherapy should be considered. [3]

Supportive care is recommended to provide support at all stages of a person's experience with cancer. The primary aim of treatment is to bring about symptomatic benefit and improvement in the quality of life of patients with incurable malignancies and support patients while receiving chemotherapy. Common problems encountered by patients with gastric cancer include: pain, nausea and vomiting, poor appetite, bowel obstruction, anxiety, emotional distress, or depression, chemotherapy-related toxicities, nutritional depletion, the optimal control of which often requires input from specialist teams [3]

Primary prevention of gastric cancer focuses on the modifiable risk factors for gastric cancer. Strategies that have been evaluated include eradication of *H. pylori* infection and dietary/lifestyle interventions. Eradication of *H. pylori*

prevents the development of pre-neoplastic changes of the gastric mucosa (Level 1B, recommendation grade A) and has the potential to reduce the risk of gastric cancer development (Level 1C, recommendation grade B 12). A population ‘test and treat’ strategy for *H. pylori* infection in communities with a high incidence of gastric cancer can be considered for gastric cancer prevention (Level 2A, recommendation grade B). Improvement of public health, community sanitation, and hygiene can also be a preventive strategy to reduce the burden of *H. pylori* in the population. Dietary interventions include increased intake of fresh fruits and vegetables, which can ensure adequate vitamin C and dietary fibre, and avoidance of increased salt intake. Tobacco and alcohol consumption are other risk factors that can be targeted by lifestyle modifications. Secondary prevention mainly involves screening of high-risk populations using endoscopy with targeted biopsies.[3]

Yoga Prana Vidya (YPV) System

YPV system is integrative and holistic in approach, and evidence gathered from experience shows that it is successfully applied as complementary and alternative medicine for a wide range of illnesses. YPV consists of three aspects – one is a set of self-practice modules the patients have to practice, while the second aspect 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 aspect of YPV is saltless, balanced and controlled diet including fruit diet and raw diet to help the physical body to be healthy and to maintain 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, interpenetrating and surrounding the contour of the physical body. The energy body is also known as bio-plasmic body, known as Aura. This energy is stated as ‘Prana’ or ‘life force’ in ancient texts. The energy body contains a mechanism with Chakrams (wheels) and Nadis (channels) for receiving and distributing Pranic energy to the physical body, which is available abundantly in nature. In YPV practice the main chakrams addressed are eleven, and also some minor chakrams are addressed as needed (see Figure 1). Energy Healing implies, 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 disturbance in the energy body affects the physical body and vice versa. An illness strikes the energy body at first and it affects the corresponding physical body part/s. Diagrammatic representation of energy body of a healthy person and a sick person are given 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.

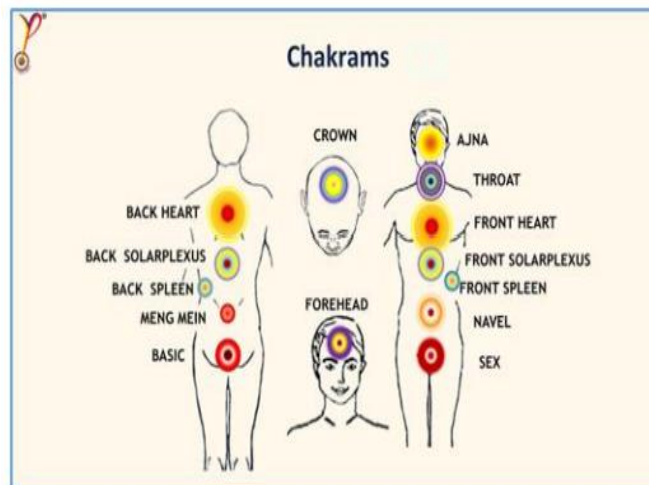


Fig 1: Chakrams

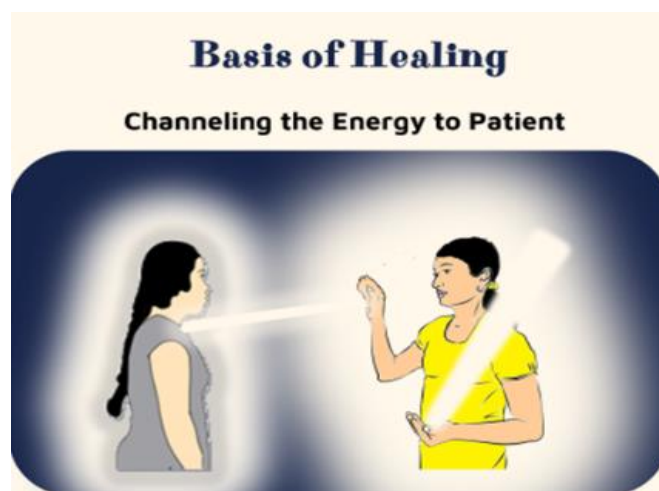


Fig 2: Channelling Pranic energy

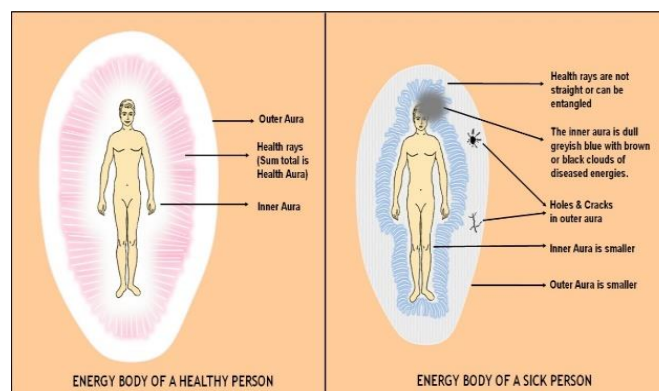


Fig 3: Energy body of a healthy person

Fig 4: Energy body of a sick person

Literature 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 [4], Diabetes management & control [5], removing arterial block in heart without surgery [6], vision improvements for participants of an Eye Camp [7], improvements in holistic wellbeing and immunity of participants in a one-month YPV intensive programme [8], Role of Yoga Prana Vidya in first aid and emergency [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], significant reduction in anxiety and depression in corporate employees [18], De-addiction cases [19], and a case of breast cancer successfully treated [20].

This paper presents a case of Gastroesophageal malignancy treated successfully using Yoga Prana Vidya System protocols as complementary medicine.

Method

This paper uses case study method of analysing case details going through patient's medical history, lab reports, YPV healer's records and patient feedback.

Case report

Patient information

A female aged 52, a home maker and resident of central India.

Pre-YPV medical condition

Starting from November 2021 and till 1st Week of December 2021, the patient was unable to swallow food, feeling restricted in the throat. She threw back whatever solid foods she was eating. Even home food like chapati and vegetables she could not eat. She managed swallowing using water and preferred only semi solid foods. She had frequent stomach aches and throat aches. There was considerable loss of energy and weight as well. She started vomiting and weight loss was more than 5 kgs in this span. All these symptoms continued, and also, she started having chest pain which was caused by severe gastric irritation. It was after chest pain that the family members took her for medical intervention with tests.

Doctors diagnosed her condition to be dysphagia and asked PET CT scan for detailed investigation of her condition. A PET CT Scan test was taken on 10-12-2021 (Annexure 1) and the findings were suggestive of FDG avid asymmetric circumferential wall thickening involving the gastroesophageal junction and cardia of stomach closely abutting the descending thoracic aorta – a likely benign tumour or cancer, of primary neoplastic etiology with gastrohepatic lymph nodal metastases. After knowing the medical test reports, the patient was seriously concerned about her condition leading to emotional fears and depressive thoughts.

Following the diagnosis, chemotherapy was started for the patient. She was put on liquid diet as advised by her doctor and she was on bedrest for some time due to weakness.

YPV intervention

The patient's niece approached a YPV healer for rendering YPV healings while simultaneously the patient started

undergoing chemotherapy.

Healings were given on continuous basis from December 14, 2021 to 30 March 2022 (approx. 3 months) and regular feedbacks were shared on everyday basis. Two healing sessions of 20 minutes each were conducted every day.

YPV Protocols used:

- YPV Standard psychotherapy, HDP 1 protocol
- internal organ cleaning, blood cleansing
- affected part (malignancy) - localise and wrapped - medium blue, soak with medium green, medium orange and medium brilliant violet
- Cleanse thoroughly and energise - medium blue (wrap) and energise medium green, medium orange and medium brilliant violet
- Throat and secondary throat chakra - clean -green and violet and energise with light blue Additionally -
- Solar & Mengmein Chakrams: clean with green blue and energise light blue

Basic and Perinium clean with green and energised light whitish blue sometimes initially later white

- Stomach, small intestine and large intestine, navel clean thoroughly with green and energised with green, blue and violet (for loose motion)
- Front Heart and back heart chakrams: clean with green and violet
- And localised cleaning on chest pain area
- Energise back heart green violet
- Throat and esophagus: clean green and violet and energy green and blue violet
- For treatment of weakness - hand minor and soul minor chakrams: clean green and orange n energise gold
- Applied general sweeping 3 times!

Patient was practicing forgiveness Sadhana and rhythmic breathing exercises, as prescribed, which helped her to overcome physical pains and emotional issues of feeling low, lethargic, energyless, irritated and so on.

Due to chemotherapy during the 1st week, she had burning sensations in the body inside and outside, developed chest pain and also had loose motions continuously. She had issues in swallowing and had throat pain and she was continued on complete liquid diet. As a result of daily healings, she was relieved of loose motion and stomach pain. Her chest pain and throat pain also reduced to some extent. During the 2nd week, the YPV healings helped and relieved her of stomach and chest pain due to gastric irritation, though some throat pain persisted. During the 3rd week, she was relieved of back pain and other body pains through healings given. She was feeling some weakness in body. She started taking semi solid diet. During the 4th week she was experiencing some gastric problems and back pain and had too much of weakness. However, the pains reduced due to the healings given. She started eating solid food and her throat and gastric system accepted the normal solid food. Emotionally she was feeling better and more confident about the progress she was making. During the 5th week, 2nd chemotherapy was done. She

experienced burning sensation in chest and in body, and also felt uneasy in entire body. The healings continued and her back pain and stomach pain reduced. Throat issues (inability to swallow food) and Gastric issues were also relieved. Plus, during the 6th week her weakness reduced and she started doing her normal household routine with sufficient rest. Her overall condition improved.

By the end of the 7th week, gastric irritation eliminated completely, and the patient was relieved of stomach pain and back pain. Body strength improved, throat pain reduced, no burning sensation and she continued eating normal food but also with some semi solid food.

During the 8th week, she did not have any pain and was able to eat and swallow normal home food. She started to feel better and confident, her body weight also started regaining.

Results

After about 2 months of healings (on 18 Feb 2022) her new PETCT scan reports (Annexure 2) revealed normal and positive with no sign of cancer. Then onwards, the healings were reduced for the next 15 days. After that, further radiation treatment was given by the doctor during March 2022, and accordingly the healings were continued for one more month.

After a two month follow up during May, 2022, the patient was found in much better condition and confident. She regained body weight and maintained it. She was taking normal diet. There was no pain or repulsiveness. She continued with regular YPV breathing and forgiveness Sadhana.

Discussion

Esophageal carcinoma is a disease with poor prognosis and most of the patients present with unresectable or metastatic disease. In most of the cases, modification of lifestyle with avoidance of addictions may be an attractive strategy in the prevention of this dreaded and mostly incurable disease. A nationwide campaign is required to generate public awareness about this dreaded disease along with identifying the high-risk population. [2]

Published literature shows that YPV healings in the past achieved complete relief to patients, without using drugs, to complementarily treat cancer cases such as Hodgkin Lymphoma [15] and breast cancer [20] in reducing pain and other side effects of chemotherapy treatment, besides reducing fear, anxiety and mental stress.

Conclusion

YPV healing system has been proven to work effectively as complementary medicine in the treatment of cancer cases, and also a variety of other medical conditions providing an effective system of alternative medicine without use of drugs and also when the patient is located far away distantly as it happened during COVID 19 pandemic lockdowns globally. YPV offers immense scope for further research using appropriate sample size and research methodology to establish the results on a wider scale for helping mankind with less-expensive and effective treatment process. Recommendations

include spreading and imparting working knowledge of YPV healings among medical personnel such as doctors and nurses and other frontline healthcare workers to holistically treat patients, and also include it effectively in disease prevention protocols.

Acknowledgements

Grateful thanks to Sri Ramana Trust for using their copyright terms Yoga Prana Vidya System ®, and YPV®, and also to the patient and her family for sharing the case details in confidence.

Conflicts of interest

None

Funding

Nil

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Annexure 1:



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F18-FDG WHOLE BODY POSITRON EMISSION TOMOGRAPHY WITH CONTRAST ENHANCED CT SCAN

Clinical Details: History of dysphagia and loss of weight. UGI endoscopy (08.12.2021) – suggestive of CA GE junction. MDCT whole abdomen (08.12.2021) – Moderate circumferential wall thickening involving GE junction & gastric cardia – infiltrative gastroesophageal malignancy.
Indication: For diagnosis.

TECHNIQUE:
PET and contrast enhanced CT images (Vertex to mid-thigh) were acquired 45-60 min after the injection of 18F FDG on GE DISCOVERY MIDR PET-CT 128 slice scanner. Fused images were reconstructed to obtain transaxial, coronal and sagittal views. A semi quantitative analysis of FDG uptake was performed by calculating SUV value (g/ml) corrected for dose administered and patient body weight. The blood sugar at the time of tracer injection was 109 mg/dl.

PET-CT Scan findings:
Physiological uptake of radiotracer is noted in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvic/lyceal system and bladder.

Brain: No obvious abnormality detected. Further evaluation may be done with MRI if clinically indicated.

Head and Neck:
Non-FDG avid subcentimetric bilateral level II & left level IV cervical lymph nodes are noted - likely reactive.
Non to faint FDG avid subcentimetric left supraclavicular (6.0mm MSAD, SUV max 1.8 Vs 1.7 in delayed images) lymph node is noted -likely reactive.
Nasopharynx and oropharynx are normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis aryepiglottic folds and pyriform sinuses are normal. Supra glottis, glottis and subglottic larynx appears normal. Major salivary glands appear normal. Paranasal sinuses and mastoids appear normal. Thyroid gland appears normal.

Annexure 2:

Chest:
 Few non-FDG avid subcentimetric bilateral level I axillary lymph nodes with preserved hilum are noted -likely reactive.
 The heart and the mediastinal vascular structures are well opacified with I/V contrast. The trachea and main bronchi appear normal. Both lung fields are showing normal attenuation. No focal abnormal FDG uptake is noted in the lung parenchyma. No evidence of pleural thickening or effusion. Bilateral breasts are unremarkable. There is no focal abnormal FDG uptake noted in the chest.

Abdomen and Pelvis:
 Intensely FDG avid asymmetric circumferential wall thickening (Maximum thickness - 2.0cm, SUV max 11.1 Vs 12.7 in delayed images, 3.6cm craniocaudal extension) is noted involving the gastro-esophageal junction and cardia of stomach. Posteriorly the lesion is noted closely abutting the descending thoracic aorta (Picus angle >90 degree). Anteriorly the lesion is noted abutting the adjacent segment II of liver with preserved fat planes.
 Faint FDG avid subcentimetric gastrohepatic (6.7mm MSAD, SUV max 2.9 Vs 3.0 in delayed images) lymph node is noted.
 Liver appears enlarged measuring approx. 17.7cm craniocaudally.
 Uterus appears retroverted.
 Gall bladder, pancreas, spleen, kidneys and adrenals appear normal with no abnormal FDG uptake seen in relation to them. Bowel loops appear normal. There is no ascites.


Musculoskeletal system:
 No evidence of any lytic sclerotic lesion.
 There is no focal abnormal FDG uptake in the skeleton on PET.

Impression:
¹⁸F-FDG PET/CT findings are suggestive of FDG avid asymmetric circumferential wall thickening involving the gastro-esophageal junction and cardia of stomach closely abutting the descending thoracic aorta (as described above) -likely primary neoplastic etiology with gastrohepatic lymph nodal metastases.
 No evidence of distant metastases.

Dr. Sarin Krishna
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Annexure 3:


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CR No.	229142102015846	NM NO	NMPET301/WB271/22	Date	18.02.2022

F18-FDG WHOLE BODY POSITRON EMISSION TOMOGRAPHY WITH CONTRAST ENHANCED CT SCAN

Clinical Details: Known case of carcinoma GE Junction. PET/CT (10.12.2021): FDG avid asymmetric circumferential wall thickening involving the gastro-esophageal junction and cardia of stomach closely abutting the descending thoracic aorta -likely primary neoplastic etiology with gastrohepatic lymph nodal metastases. No evidence of distant metastases. Post 3 cycles chemotherapy (last on 30.01.2022).

Indication: For therapy response.

TECHNIQUE:
 PET and contrast enhanced CT images (Vertex to mid-thigh) were acquired 45-60 min after the injection of 18F FDG on GE DISCOVERY MIDR PET-CT 128 slice scanner. Fused images were reconstructed to obtain transaxial, coronal and sagittal views. A semi quantitative analysis of FDG uptake was performed by calculating SUV value (g/ml) corrected for dose administered and patient body weight. The blood sugar at the time of tracer injection was 86 mg/dl.

PET-CT Scan findings:
 Physiological uptake of radiotracer is noted in the visualized brain parenchyma, tonsillar region, vocal cords, myocardium, gut, pelvic/lyceal system and bladder.

Brain: No obvious abnormality detected. Further evaluation may be done with MRI if clinically indicated.

Head and Neck:
 Non-FDG avid subcentimetric bilateral level Ib, II & bilateral level IV cervical lymph nodes are noted -likely reactive.
 Non FDG avid subcentimetric right supraclavicular lymph node is noted -likely reactive.
 Nasopharynx and oropharynx are normal. There is no obvious nasopharyngeal mass. Bilateral valleculae, epiglottis aryepiglottic folds and pyriform sinuses are normal. Supra glottis, glottis and subglottic larynx appears normal. Major salivary glands appear normal. Paranasal sinuses and mastoids appear normal. Thyroid gland appears normal.