A Case Study of Treatment of Nephrotic Syndrome Using Yoga Prana Vidya (YPV) Integrated Holistic System as Complementary Medicine

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Abstract

Background: Nephrotic syndrome (NS) is not a disease but needs to be treated. This case study discusses the successful treatment of Nephrotic Syndrome (NS) using techniques of Yoga Prana Vidya (YPV) as complementary medicine. This paper further explores the patient traits of self-management and control needed to sustain the improvements through changes in habits and lifestyle.

Materials and Methods: Case study method is used with collection of data of a 22-year-old female patient diagnosed with Nephrotic Syndrome, monitoring and evaluation of their health conditions based on lab reports, changes in medicinal dosages and overall wellbeing before and after Yoga Prana Vidya system intervention.

Results: Within two months of YPV intervention, the nephrotic syndrome was brought in control, as seen in the lab test reports that showed absence of Albumin in urine, elimination of bacteria and increase of haemoglobin level, and this enabled reduction in dosage of medication. Besides controlling nephrotic syndrome, the YPV intervention enabled positive changes in overall health.

Conclusions: It follows from this case study that YPV can be used as an effective healing tool for complementary treatment of Nephrotic Syndrome and overall holistic health of the person. YPV produces best results, when integrated approaches such as physical and breathing exercises and meditation techniques are followed in practice with self-management. There is ample scope to conduct further research on the application of Yoga Prana Vidya as a cost-effective, safe and complementary/alternative medicine for treatment of nephrotic syndrome and various other medical conditions.

Keywords: energy healing, nephrotic syndrome, yoga prana vidya system ®, YPV ®

1. Introduction

1.1 Nephrotic Syndrome

Nephrotic syndrome (NS) which is frequently observed in paediatric population and in adults is an acute renal disorder. It is characterized by concentrations of high protein in urine and
generalized oedema, low serum albumin, enough albuminuria and hyperlipidemia (Kakar et al. (2017). It occurs globally, and can develop in a patient at any age. But it has been observed to occur usually in the preliminary stage of life, around four or five years of age (Bagga et al. 2008; Hendrickse & Adeniyi 1979). There has been no definite cause which has been identified till now although many etiologic factors exist for it, making the renal pathology vary for each case. NS has also been defined as high protein levels in urine which exceeds 3.5 g per 1.73 m2 of body-surface area per day. In the beginning of the century, clinicians differentiated a nephritic syndrome which was of inflammatory origin and a nephrotic syndrome of presumed degenerative origin. Today these concepts are obsolete, but the term "nephrotic syndrome" is universally accepted, clinically useful and has been persistent for centuries. This is because of "heavy proteinuria, irrespective of its origin, is associated with a spectrum of clinically important sequelae, particularly sodium retention, hyperlipoproteinemia, and thromboembolic and infectious complications" as concluded by Orth and Ritz (1998). It is often observed in Nephrotic syndrome patients that they are supported by immunosuppressive treatment despite having side effects, which may lead to renal disease (acute or severe) (Kakar et al., 2017).

1.2 Yoga Prana Vidya System ® (YPV) ®

Yoga Prana Vidya (YPV), which is a no-touch and no-drug energy healing procedure, has been applied successfully to heal patients having various ailments such as diabetes, Hypothyroidism and difficult and multiple medical conditions (Rajagopal et al, 2019), (Neravetla & Nanduri, 2019), (Ramya, Nanduri, 2019), (Sachdeva & Nanduri, 2019). It is integrated and holistic approach that combines a set of simple physical exercises, fruit and no added salt or low-salt vegetarian diet, Rhythmic Yogic Breathing (RYB) or Pranic Breathing, and certain meditation techniques. Regular practice of YPV aids as a preventive action from diseases for normally healthy people, and further helps in keeping fit through ageing (Sachdeva, Nanduri, 2019) Different kinds of healing practices have been existing since ages (Yoga Prana Vidya Rese. Arch, 2019). It is in recent times that, because of the simplicity and merits, these techniques have been adapted to help people gain relief in conditions ranging from simple pain to various physical and psychological ailments (Sui MCK, 2015). Yoga Prana Vidya emphasises that for cure one must tackle the root cause. The founders of YPV have systemized “Prana (known as bio-energy)” concepts and formulated a series of comprehensive documented techniques to pass on its healing efficacy to a learner or healer, who will then be able to provide relief to the clients/patients. (YPV Ashram, 2018 a & b).

Yoga Prana Vidya System is not intended to replace the systems like Ayurveda, Homoeopathy, and Allopathy etc. It works complementary to these systems to enhance the natural healing power within our bodies to heal at a faster rate with remarkable effect. YPV primarily involves the healing of the Energy Body (known as pranamaya kosha) which interpenetrates and extends beyond the physical body by several inches. It is relevant as most modern ailments are considered psychosomatic, and YPV addresses this very well through its techniques of psychological healing also besides physical healing. YPV is applied to heal a wide range of physical and psychological ailments of people through energy healing process and some simple techniques for self-practice. Also, it is proven to enhance academic performance of students.
Some mental health conditions that YPV can heal are, Anxiety, Fear, Stress, Depression, Lack of self-esteem, Lack of self-confidence, addictions, relationship issues etc.

1.3 Relevant literature

1.3.1 The concept of energy in YPV

The energy body in humans comprises of a physical body, surrounded by an inner aura. This inner aura, which is a mould alike to the physical body, is in turn surrounded by outer aura. The health rays which connect the inner and outer Aura are straight in a healthy person. (See Fig 1)

Figure 2 represents sick persons energy body and it can be seen that the health rays are entangled and twisted, and small and dull inner aura which is indicative of unhealthy aura with diseased energy. There are holes and cracks in the outer aura. These defects can be sensed using hands by a trained and skilled healer. A scientific picture (Fig 3) of this aura can be obtained using GDV (Gas discharge visualisation) camera technique.

Fig. 1 Energybody of a healthy person       Fig. 2 Energybody of a sick person

Fig. 3: Picture of Aura taken Using GDV Camera
Chakrams or energy centres

As shown in Figure 4, there are eleven energy centres or chakrams. These chakrams (also known as chakras) keep rotating and distributing energy through channels or meridians to various parts of the body. Also, the eleven chakrams actively control various body functions, organs and nervous system. Each one of the Chakrams has a uniquely assigned task/duty to take care of an important aspect of human body.

Fig 4: Chakrams (Energy centres)

1.3. 2 Healing types –individual, group, distant, and Self-healing

In individual healing, a trained healer heals the patient while in face-to-face position. When the patient is at a distance from the healer, like in a different town, a trained healer can perform distance healing to the patient. Group healing is given to the entire group of people who participate in the group session. A trained healer can heal himself or herself through practice.

1.3.3 Safety features

YPV is totally a safe process, as there is no drug nor any physical touch between the healer and the patient. [12] The training of healers is conducted by qualified trainers and the entire process of healing is a safe and secure method without any side-effects to the patient or the participant.

1.4 The Urinary system in Yoga Prana Vidya

The meng mein chakra, sex chakra, and basic chakra mainly control the urinary system. This meng mein chakra controls and energises the kidneys. The Basic chakra and Meng mein control and energise the kidneys adrenal gland. The solar plexus chakra, especially back solar also affects the Meng mein and therefore controls the kidneys. The Sex chakra also controls and influences the functioning of urinary system especially, urinary bladder and micturition. Because the Solar plexus chakra affects the Meng mein and indirectly Basic chakras; therefore, it also affects the adrenal glands. The Heart chakra and thymus gland help the Ajna chakra harmonise the upper major and minor chakras and their corresponding organs and immunity. The upper
Chakras are those above the Solar plexus chakra. The Navel chakra indirectly helps the Ajna chakra (once Heart chakra is activated) regulate the lower major and minor chakras and their corresponding organs. The lower chakras are the Meng mein chakra, Sex chakra, Basic chakra, and the lower minor chakras. The organs having minor chakras are adrenal glands left and right one each; kidney minor chakra one each on left and right, one urinary bladder minor chakra. The perineum Minor chakra also controls urinary system to some extent.

The meng mein chakra controls and energises both the kidneys. A dirty and congested front Solar plexus chakra affects back solar plexus chakra, which in turn effects the meng mein chakra. The healer would scan or feel these chakras and normalize their functionality over a healing intervention of several sessions, spread over two to three weeks, to few months, depending upon the severity. The healer would choose to heal and normalize the network of major chakras appropriately, so that the inflammation in the kidneys regulated and release of proteins in urine is normalised. If the patient suffers from severe migraine headache due to the kidney malfunction, the healer can normalise the energy congestion/condition through balancing the various chakras involved in it.

1.5 This paper presents an indepth documented case of a young adult female nephrotic syndrome patient who was healed successfully using Yoga Prana Vidya system protocols as complementary treatment procedure.

2. Method

Case Report

A 22 years aged female had been suffering from Nephrotic Syndrome over the period of 21 years (diagnosed at 8 months age). The symptoms she had been exhibiting since long time from here childhood were proteinuria, bouts of headache, nausea, intolerance to certain food. The lifestyle which she maintained was usually of low salt diet, with more of boiled and less spice food, since her childhood. But with time and as she grew up, certain lifestyle changes had occurred in her life including intolerance to citrus fruits, diet slowly shifting to less salt one, excluding boiled food, proteinuria persisting. She was under medical treatment from 2017. The tablet which was prescribed to her in August 2017 (01.08.2017) which continued for over a year (31.08.2018) was Tacoren 2.5 mg, twice. The patient continued with the same medication from October 2018 to November 2019. Then, it was discontinued due to side effects.

Pre-YPV Medical Status

Before YPV Healing Procedure began, the patient was diagnosed with Nephrotic Syndrome. Lab tests were done in January 2020 where the Chemical Analysis had shown the presence of Albumin in Urine Sample and the Microscopic Analysis revealed Pus cells to be present as (1-3)/HPF, Epithelial Cells (2-4)/HPF, Hyline (0-1)/HPF and bacteria was also observed to be present. Haemoglobin was observed to be 9.4 gm (normal range 11.5-16.5) in blood sample. Lab tests showed Serum Urea and Creatinine to be in normal range but Serum Cholesterol was observed to be in Borderline high i.e 234 mg/dL (normal range <200 mg/dL). During this time period, the patient was advised to take OMNACORTIL 50 mg medication which she continued.
3. Results

Post-YPV Medical Status

After YPV Healing was started in early February, the lab tests were carried out after nearly an end of the month. The tests results showed the absence of Albumin. Pus cells were also low in number (0-2), whereas Epithelial Cells were 2-4. Haemoglobin in blood, which was previously low, had shown significant increase in concentration with now, being 11 gms. The previous dosage of medication OMNACORTIL 50 mg was being followed during this period. Lab Tests were also carried out the next Month, i.e March 2020 and the continuous absence of Albumin in Urine was observed with even lower number of Pus cells (0-2) and Epithelial cells (1-3). As Yoga Prana Vidya Healing Technique was continued on the patient and progressive good changes were observed, the dosage of OMNACORTIL 50 mg was brought down to OMNACORTIL 40 mg. The patient was advised to continue this dosage till April 2020, initially for a month, and then it was lowered down to 30 mg. With continuous YPV Healing Technique and regular practicing of Forgiveness, Meditation, Pranic or Rythmic Yogic Breathing, the dosages of the medication was altered more and brought back down to 20 mg, (and later on discontinued under medical advice). Lab test carried out on the Month of June also yielded the same record of No Albumin in Urine and lower number of Pus cells (0-2) and Epithelial cells (1-3). The lab test results are presented in Table 1. With significant amount of positive observations and progress due to continuous YPV Healing, the dosage of OMNACORTIL 50 mg was finally brought down to 5 mg in a span of 6 months, and as prescribed by the doctor on the month of June 2020, it was continued to be taken by the patient.

Table 1: Lab reports from January 2020 to June 2020

<table>
<thead>
<tr>
<th>Parameter</th>
<th>17-Jan-20</th>
<th>12-Feb-20</th>
<th>16-Mar-20</th>
<th>25-Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>(+) Positive</td>
<td>nil</td>
<td>nil</td>
<td>nil</td>
</tr>
<tr>
<td>Pus cells</td>
<td>1-3/HPF</td>
<td>0-2</td>
<td>0-2</td>
<td>0-2</td>
</tr>
<tr>
<td>Epithelial Cells</td>
<td>2-4/HPF</td>
<td>2--4</td>
<td>1--3</td>
<td>1--3</td>
</tr>
<tr>
<td>Casts</td>
<td>Hyline (0-1)/ HPF</td>
<td>nil</td>
<td>nil</td>
<td>nil</td>
</tr>
<tr>
<td>Bacteria</td>
<td>(+)</td>
<td>nil</td>
<td>nil</td>
<td>nil</td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>9.4gm%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Cholestc</td>
<td>234 mg/dl</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

January 2020 onwards her condition was better, after reducing salt and maintaining proper diet.

Follow up in the next 6 months

A follow up was conducted from July 2020 onwards till December 2020. Table 2 shows the principal parameters from Lab reports. It is observed that the patient did not sustain the changes
in lifestyle as per YPV protocols and guidelines and as a result the patient relapsed to original condition of Albumin present in test samples.

Table 2: Lab reports from August 2020 to December 2020

<table>
<thead>
<tr>
<th>Parameter</th>
<th>12-Aug-20</th>
<th>01-Sep-20</th>
<th>21-Nov-20</th>
<th>02-Dec-20</th>
<th>09-Dec-20</th>
<th>20-Dec-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>(+)</td>
<td>(+)</td>
<td>(+)</td>
<td>(+)</td>
<td>(+)</td>
<td>+</td>
</tr>
<tr>
<td>Pus cells</td>
<td>1--2</td>
<td>0--2</td>
<td>1--3</td>
<td>1--3</td>
<td>1--3</td>
<td></td>
</tr>
<tr>
<td>Epith Cells</td>
<td>2--4</td>
<td>1--3</td>
<td>2--4</td>
<td>4--6</td>
<td>2--4</td>
<td></td>
</tr>
<tr>
<td>Casts</td>
<td>nil</td>
<td>nil</td>
<td>nil</td>
<td>nil</td>
<td>nil</td>
<td></td>
</tr>
<tr>
<td>Bacteria</td>
<td>nil</td>
<td>(+)</td>
<td>nil</td>
<td>(+)</td>
<td>(+)</td>
<td></td>
</tr>
<tr>
<td>Haemoglobin</td>
<td></td>
<td></td>
<td></td>
<td>9.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

June 2020 onwards the patient did not observe dietary restrictions due to marriage in family, travel, consuming normal salted diet, not practicing forgiveness, and family get-togethers, and as a consequence her condition deteriorated.

4. Discussion

Nephrotic syndrome is not a disease and is treatable. Usual medications prescribed in practice are: blood pressure lowering for lowering protein in blood, cholesterol lowering pills, blood thinners, and low salt diet (Webmed 2019). The role of integrated YPV System which includes low or no-salt diet has the effect of reducing blood pressure, lowering cholesterol and simultaneously supporting psychological health has produced positive results as complementary medicine, reducing medication levels and improving overall wellbeing for the patient in this case. It is confirmed that successful results for patients when using YPV are possible with patient self-discipline in practicing YPV protocols continuously even after treatment is completed and patient returned to normal. However, a follow up of this patient during the next 6 months has revealed (Table 2) that there is a relapse into pre-intervention levels with high protein levels in urine. The patient in this event confirmed that she discontinued YPV practices and was consuming usual salted diet, because of several other issues in family and friends. It is important to note that effectiveness of any treatment system depends on patient sustaining the needed changes in practice. Patients with chronic conditions have to make right decisions to self-manage their illnesses. According to Bodenheimer et al (2002) the new chronic disease management paradigm is patient-professional partnership involving collaborative care and self-management.
education. Self-management education for chronic illnesses is becoming an integral part of primary healthcare system. The entire philosophy of Yoga Prana Vidya System is patient-centred, and every patient is educated and trained in turn to be a healer and empowered to self-manage physically, mentally, emotionally and spiritually, as well as acquire healing skills necessary to heal, educate and train others to self-manage themselves.

It is observed in this case report that, the YPV system worked well in normalising nephrotic syndrome condition of the subject, indicated by reduction in proteinuria. It shows that YPV Healing is a non-invasive and non-touch, no-drug system which is effective for a receptive and self-managing patient in treatment of this ailment through the results shown. In most cases of YPV healing, the patients get empowered to maintain themselves subsequently. Many of them even learn and become effective healers themselves in course of time.

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Conflicts of interest
Nil

References


