



Sustained remission of sciatica (left lumbar radiculopathy) through Yoga Prana Vidya healing as alternative therapy: A 9-year follow-up case study

Mohandas Baliga¹, Venkata Satyanarayana Nanduri²

¹ YPV Certified Healer and Senior YPV Trainer, Mangalore, Karnataka, India

² Consultant, Research and Publications, YPV Ashram, Sri Ramana Trust, Thally, Tamil Nadu, India

Abstract

Background: Sciatica, often resulting from lumbar radiculopathy, is a debilitating condition characterized by radiating pain along the sciatic nerve. Conventional treatments include analgesics, physiotherapy, and surgery, yet long-term remission remains challenging. This case study explores the role of Yoga Prana Vidya (YPV), a non-touch, no-drug energy healing modality, in achieving sustained remission.

Case Presentation: A 44-year-old male presented with severe left-sided sciatica due to lumbar radiculopathy, confirmed by clinical and radiological findings during December 2015. He experienced persistent pain, restricted mobility, and sleep disturbances. Medical consultations suggested a surgical operation. Being a competent YPV healer, the patient opted for YPV healing as an alternative therapy instead of conventional treatments.

Intervention and Outcome: The patient received regular YPV healing sessions over 2-1/2 month's period, initially from his Mentor, followed by self-healing. He regularly practiced YPV modules of exercises, Yogic breathing and meditations. As a result, there was complete improvement in his condition and was fully normal. He continued self-healing for another 5 months for maintenance and to avoid relapse. A 9-year follow-up during November 2025 revealed sustained remission, with no recurrence of symptoms and with improved quality of life.

Conclusion: This case highlights the potential of Yoga Prana Vidya healing as a safe, non-invasive, and effective alternative therapy for managing sciatica. The long-term remission observed encourages to conduct further clinical studies to evaluate its efficacy in chronic neuropathic pain conditions.

Keywords: Sciatica, lumbar radiculopathy, Yoga Prana Vidya, energy healing, long-term remission

Introduction

Left radiculopathy, or sciatica, is a significant cause of low back pain (LBP) and related disability globally, characterized by pain radiating down the back of the leg along the sciatic nerve's path. While often used interchangeably with general leg pain, true sciatica involves specific nerve root compression or irritation in the lumbosacral spine, typically at the L4-L5 or L5-S1 levels [1, 3]. This condition represents a considerable healthcare burden, with an estimated lifetime incidence ranging from 13% to 40% and an annual incidence in the general population of approximately 1% to 5% [3].

Symptoms of left radiculopathy typically include sharp, burning, or stinging pain radiating from the lower back or buttock down the back of the left thigh and leg, often accompanied by numbness, tingling, or muscle weakness in the affected limb. The diagnosis is primarily established through a thorough patient history and physical examination, where specific tests can help pinpoint the involved nerve root. Imaging studies, such as magnetic resonance imaging (MRI), are generally reserved for patients with "red flag" symptoms (e.g., bowel or bladder changes) or when surgical intervention is being considered due to persistent, severe symptoms.

Management of sciatica typically follows a conservative approach initially, as most cases are self-limiting and resolve within a few weeks.

▪ **Conservative Management:** This includes rest, over-the-counter pain medications (NSAIDs), hot or cold packs, physical therapy, and activity modification.

- **Interventional Options:** For symptoms refractory to initial measures, epidural corticosteroid injections may provide relief.
- **Surgical Intervention:** In cases of severe, persistent neurological deficits or intractable pain unresponsive to conservative care, surgical options like discectomy may be explored, which often provide quicker pain relief than non-surgical methods in the short term.

Understanding the nuances of left radiculopathy is critical due to its high prevalence and significant socioeconomic impact, including substantial direct and indirect costs from healthcare utilization and lost productivity [1, 3]. The condition disproportionately affects individuals in their working-age years (30-50 years old), underscoring its relevance in occupational health [3].

Yoga Prana Vidya (YPV) system

The YPV system of energy healing and integrative practice protocols have been found to treat several diseases successfully as a Complementary and Alternative Medicine. Trained and certified healers conduct healing sessions either proximally or distantly, achieving miraculous results for patients. From some examples in the literature, it has been observed that YPV healing protocols for patients are highly popular for pain reduction without the use of medications or painkillers [4, 8].

This case research paper will explore a specific presentation of left radiculopathy, examining the clinical trajectory from initial symptoms to definitive management strategies,

highlighting the intricate diagnostic process and the importance of tailored treatment plans using Yoga Prana Vidya (YPV) protocols in improving patient outcomes.

Method

Case presentation

Patient information: male 44 years aged at the time of first onset of symptoms in 2015. At that time he was based at the YPV Ashram, Thalli in Tamil Nadu.

Pre-ypv medical condition of the patient

In 2011, he had mild back injury. He fell backwards and had pain. He took proper rest for a month to heal and recovered from the pain. He did not take any medical treatment or x-ray after that there was no trace of any pain or discomfort.

He was diagnosed on 29 December 2015 with a condition known as sciatica (Left Radiculopathy)

Medical consultations suggested a surgical operation.

Symptoms

Pain was very severe while sitting and standing. Unable to sleep. However, there was no pain while walking. Nerve pulling and pain sensation in thigh and calf muscle. Suffered sleeplessness for about a month.

He is a YPV healer, and at that time he was attending a one-year YPV spiritual intensive program from 19.3.2015 to 19.3.2016. His Mentor helped him in the beginning with healing, and he got substantial relief. Also, he did self-healing.

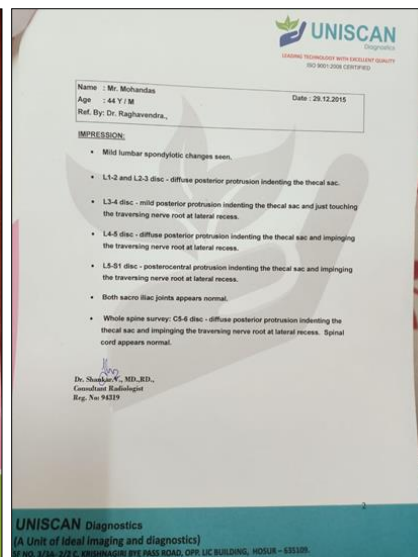
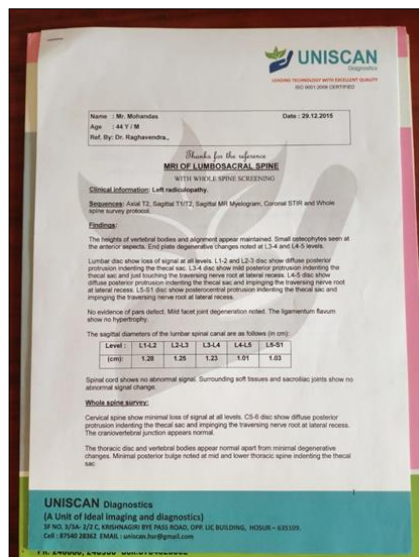
YPV healing intervention

Started from 29.12.2015, using the following YPV protocols

- a. YPV Level-5 healing
- b. Psychotherapy using YPV- Level-3. Removing stress energy from his system
- c. YPV Level-2
- d. HDP Level-1
- e. Rhythmic yogic breathing 6-3 6-3
- f. Barefoot walking

The Total number sessions of healings is 330 (75 days twice a day; after that, one healing per day), each session was of half an hour duration.

Annexure 1 MRI report in December 2015



Patient progress with patient response

He practiced YPV sadhana components daily (from the free YPV Sadhana App), which included specific practices like rhythmic yogic breathing 5 times a day and PPM (Planetary Peace Meditation). He did barefoot walking on the ground to receive ground energy.

After one month of healing twice a day, his pain reduced about 60%

After 2 and a half months, about 70% reduced.

By 20th March 2016 there was complete improvement in his condition and fully normal. He continued self-healing for another 5 months for complete relief and to avoid relapse.

On 20th March 2016, his one year spiritual intensive program concluded, and he returned to his hometown and continued healing for another 5 months, and he completely got healed. He did not take any medicine throughout the process. This achievement made him very happy and he started promoting YPV healing to his family and friends.

The YPV intervention ended on 12th August 2016. Thus the treatment with yoga prana vidya healing took a total period of seven and a half months.

Results Summary

Follow up in 2025

It has been almost 9 years; he has not experienced any relapse of sciatica symptoms. He is now age 54 and maintained healthy life style doing regular exercises, morning walking and feeling very healthy.

As per the medical opinion comparing the MRI reports of 2025 and 2015 (Annexures 2 and 1), the evidence of Sciatica Resolution is presented below.

- No nerve root impingement in 2025.
- Disc protrusions have regressed to mild bulges.
- Spinal canal diameters have improved, reducing compression risk.
- No clinical mention of radiculopathy in 2025.

These findings strongly suggest that the sciatica symptoms present in 2015 have resolved.

Annexure 2 MRI report in December 2025

DEPARTMENT OF RADIODIAGNOSIS & IMAGING	
Patient Name: K. SRIHARAN RAJAN	Age: 67
Patient ID: 10000000000000000000	DOB: 10/01/1958
REFERRING PHYSICIAN: DR. SRIHARAN RAJAN	Location: 10000000000000000000
REFERRING DEPARTMENT: Ortho	Performed on: 10/10/2025 14:02:24
STUDY NAME: LUMBAR MRI	EXAMINATION DESCRIPTION: LUMBAR MRI
CLINICAL DETAILS: L4-L5 spondylosis.	
<p>Observations:</p> <ul style="list-style-type: none"> Lumbosacral spine curvature: Straightening. Type 2 modic endplate changes along the adjoining endplates of all lumbar levels with osteophytes. Significantly reduced intervertebral disc spaces at D12-L1, L1-L2 and L4-L5 levels. Pre and postvertebral soft tissues appear normal. Ligamentum flavum and facet joints appear normal. 10th sacrum normally is seen on the disc aspect of left 9 post. Spinal cord ends at L1 upper end plate. Signal intensities are within normal limits. Intervertebral disc signal intensities: <ul style="list-style-type: none"> L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1 - Disc desiccations. Intervertebral disc contour: <ul style="list-style-type: none"> L4-L5, L5-S1, L4-L5 and L5-S1 - Disc osteophyte complexes indenting anterior thoracic sac. No nerve root compression. L5-S1 - Disc bulge indenting anterior thoracic sac causing right lateral recess narrowing. Bony canal canal dimensions are within normal limits. Surveying of rest of the spine: <ul style="list-style-type: none"> Cervical spine: <ul style="list-style-type: none"> Spondylitic changes with disc bulges at C3-C4, C4-C5, C5-C6 and C6-C7 levels. Thoracic spine: <ul style="list-style-type: none"> Spondylitic changes with mild disc bulges at all thoracic levels. IMPRESSION: <ul style="list-style-type: none"> Lumbar spondylosis. Disc bulge at L4-L5 level indenting anterior thoracic sac causing right lateral recess narrowing. Left sacroiliitis. 	
REPORTED BY: DR. SRIHARAN RAJAN	DATE WRITTEN: 10/10/2025 17:30:00
APPROVED BY: DR. SRIHARAN RAJAN, M.D.	DATE APPROVED: 10/10/2025 17:30:00
TYPED BY: DR. SRIHARAN RAJAN	REPORT STATUS: Done

Patient final feedback

"I am very comfortable. My body is flexible. I do stretch exercises too. I feel no strain when I drive long hours on road. No recurrence of Symptoms in the past 9 years. I am continuing to practice all components of the YPV sadhana exercise: PPM, breathing, forgiveness and also barefoot walking, etc."

Lifestyle for sustainable wellbeing

He adheres to the following schedule for sustaining well-being.

- Morning 5:30 am to 6:45am Exercise, Breathing exercise, Arhat meditation and stretch Exercise.
- 1 hour walking in a park bare foot.
- Morning breakfast with fruits
- Salads before lunch
- Rhythmic Yogic Breathing 5 times a day.
- Forgiveness sadhana 1 time a day
- IRFR (Inner reflection & Firm Resolution) one time a day
- Doing minimum 4-5 hours daily healing for his clients in his Healing Centre.

Discussion

This study has shown that YPV Healing protocols along with a relevant and strictly adhered lifestyle have enabled successful healing of sciatica without any relapse in the follow up period of 9 years.

Complementary therapies for sciatica include acupuncture, chiropractic care, massage therapy, yoga/stretching, heat/cold therapy, Unani, Homeopathy and herbal remedies, focusing on pain relief, reducing inflammation, and restoring movement, with evidence suggesting acupuncture and spinal manipulation can be effective, while movement and specific supplements (like omega-3s) also support healing [9, 14]. Integration of Ayurveda with Physiotherapy for sciatica is presented in a case study p15]. Use of Vermam Treatment in Siddha System is available in a study [16]. However, research on Pranic Energy healing for sciatica is scanty. Several studies and meta-analyses have shown that other complementary therapies like acupuncture are more effective than conventional medicine for sciatica pain relief. Reiki, another form of energy healing, has also shown effectiveness in reducing lower back pain compared to drug therapy in specific studies.

Conclusions

This study with a follow up of 9 years has shown that Consistent improvement of sciatica condition has been achieved with YPV healing therapy and maintain a healthy life style for holistic health. Further studies are recommended with appropriate sample and methodology.

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Conflicts of resolution

There are no conflicts of interest in conducting this study

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