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A Case of Swine Flu (H1N1) Complicated by Acute Respiratory Distress Syndrome and Elevated Creatinine Resolved Successfully using Yoga Prana Vidya (YPV) Healing Intervention: A Case Report

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ABSTRACT: Background: Swine Flu (H1N1) is a viral respiratory illness that can progress to severe complications such as Acute Respiratory Distress Syndrome (ARDS) and multi-organ dysfunction. Conventional treatment often involves intensive care and antiviral therapy, but outcomes remain guarded. Yoga Prana Vidya (YPV), an integrative energy-based healing system, has been reported to support recovery in critical conditions. Objective: This case report documents the intervention of YPV healing in a 53-year-old female diagnosed with H1N1 influenza complicated by ARDS and elevated creatinine levels. Case presentation: The patient was admitted with only a 40% chance of survival. YPV healing protocols, including psychotherapy, Healer Development Level 1 (HDPL1) healing for lungs and kidneys, and regeneration techniques for oral bruises, were administered daily for 31 days. Results: Within 23 days, creatinine levels normalized (Annexures 3–4), and by 31 days, H1N1 tests turned negative (Annexures 1–2). The patient regained mobility, oral lesions healed, and she was discharged in stable condition. Follow-up confirmed sustained recovery. Conclusion: This case highlights the potential role of YPV healing as a complementary therapy in critical viral infections, warranting further systematic investigation.

KEYWORDS: Swine Flu, H1N1, Acute Respiratory Distress Syndrome, Yoga Prana Vidya System®, YPV®, Complementary Healing

INTRODUCTION

Swine Flu (H1N1)

Swine Flu (H1N1) is a subtype of influenza A virus that emerged in 2009, causing a global pandemic with an estimated 284,400 deaths worldwide. It is transmitted via respiratory droplets and can lead to severe complications such as ARDS, pneumonia, and multi-organ dysfunction. Clinical features include fever, cough, sore throat, myalgia, and in severe cases, respiratory failure. Vaccination and antiviral therapy remain the mainstay of prevention and treatment, but mortality persists in critical cases.

Swine flu, primarily caused by the **Influenza A (H1N1) pdm09** virus, continues to be a significant public health challenge in India [1,2]. Since its initial pandemic emergence in 2009, which resulted in nearly 50,000 cases and over 2,700 deaths, the virus has transitioned into a seasonal respiratory pathogen with periodic outbreaks [2,4].

Recent epidemiological studies indicate a high prevalence of infection, particularly during monsoon and winter seasons [5]. Western and southern states, including Maharashtra, **Gujarat, Rajasthan, and Delhi**, have consistently been identified as high-burden "hotspots" [3,4]. While the virus traditionally affects younger adults, recent data show significant vulnerability in middle-aged and older populations, often associated with severe acute respiratory illness (SARI) and acute respiratory distress syndrome (ARDS) [3,5].

Clinically, patients typically present with high-grade fever, cough, and breathlessness [5]. A notable feature of the Indian outbreaks is the high morbidity among individuals with **co-morbidities** such as diabetes and chronic respiratory diseases [4,5]. Management strategies focus on early diagnosis via RT-PCR and prompt administration of antiviral drugs like **oseltamivir**, ideally within 48 hours of symptom onset [2,5]. Despite available treatments, significant mortality rates (up to 22.7% in tertiary care settings) highlight the need for strengthened year-round surveillance and expanded vaccination policies for high-risk groups to mitigate future epidemics [3,5].

Yoga Prana Vidya (YPV)

Yoga Prana Vidya (YPV) is a non-touch, energy-based healing system rooted in yogic traditions, emphasizing cleansing, energizing, and balancing of the body's subtle energy fields. It integrates ancient pranic concepts with structured protocols for physical and

psychological well-being. Recent literature highlights its role as a complementary therapy across diverse conditions. Case studies have documented successful outcomes in chronic illnesses such as psoriasis, liver cirrhosis, sciatica, and respiratory disorders, demonstrating improved recovery rates and quality of life when YPV was integrated with conventional care [6-9].
Systematic reviews and scoping analyses suggest that YPV enhances autonomic regulation, stress resilience, and immune function, aligning with broader evidence on pranic healing and yogic energy practices [10,11]. Clinical applications extend to neurological conditions such as transverse myelitis and scoliosis, where YPV facilitated functional recovery and long-term remission [12,13]. Reports also indicate benefits in psychosomatic disorders, with improvements in anxiety, depression, and overall well-being [14]. Theoretical frameworks situate YPV within the continuum of yogic sciences, drawing parallels with pranayama, meditation, and Ayurvedic energy concepts [15]. While most evidence is case-based, the growing body of peer-reviewed publications underscores its potential as an integrative modality. Future directions include randomized controlled trials and mechanistic studies to establish efficacy and broaden acceptance in mainstream healthcare**.**

OBJECTIVE

The objective of this study is to document the role of Yoga Prana Vidya healing in the recovery of a patient with Swine Flu (H1N1) complicated by ARDS and elevated creatinine levels.

CASE PRESENTATION

- **Patient:** A 53-year-old female, a housewife.
- **Diagnosis:** Swine Flu (H1N1) with ARDS (26 Jan 2019); elevated creatinine (29 Jan 2019).
- **Condition:** ICU admission, Doctors assess 40% survival chance, bedridden, oral bruises, immobility.
- **Complementary Intervention:** An Associate Certified YPV healer initiated YPV healing on 28 Jan 2019, for lungs, kidneys, and oral lesions.

YPV INTERVENTION

- **Protocols Used:**
  - YPV Psychotherapy for mental stability and emotional resilience.
  - HDPL1 healing for lungs and kidneys.
  - HDPL1 regeneration for tongue bruises.
- **Healing Schedule:**
  - Daily full sessions for 31 days for 30–40 mins each (in addition lungs: 2 times/day for 10 minutes each).
  - Additional Kidney healing, once daily for 10 min for 23 days.
- **Progress:**
  - Creatinine normalized within 23 days (Annexures 3–4).
  - H1N1 test negative after 31 days (Annexures 1–2).
  - Oral bruises healed in 5 days.
  - Patient regained mobility with physiotherapy support.
- **YPV Healing End Date:** 6 March 2019.

RESULTS

- Negative H1N1 test result as per Annexure 2 (28 Feb 2019) compared to positive H1N1 test at Annexure 1 (28 Jan 2019):
- Normalized creatinine level as per Annexure 4 (20 Feb 2019) compared with Elevated creatinine at Annexure 3 (29 Jan 2019):
- Sustained recovery confirmed on follow-up.

Patient feedback

Here is an excerpt from patient's feedback:
"I was admitted to hospital on account of Swine Flu. Doctors had assessed that there was only 40% chances of my survival. On 28-01-2019 an Associate Certified YPV healer started my healing. Healing was done for 31 days. After the healing 80% improvement was seen.

DISCUSSION

This study has found that YPV complementary healing enabled fast recovery (within 31 days) in this high risk (40% survival chance) H1N1 patient having Acute Respiratory Distress Syndrome (ARDS).Comparable YPV case studies demonstrate fast recovery in

conditions such as sciatica, transverse myelitis, liver cirrhosis, , psoriasis, and kidney dysfunction [8.12,16,17] . This case adds evidence of YPV's potential role in acute viral infections. YPV has been found very effective in treating several cases of COVID during the pandemic [18-20].

A case of H1N1 virus combined with Acute Respiratory Distress Syndrome (ARDS). is life-threatening. ARDS relates to severe lung injury that causes fluid to leak into the lung's air sacs (alveoli), blocking oxygen from entering the bloodstream. It causes severe, rapid-onset breathing difficulties and low blood oxygen, often requiring ICU care. Common causes include severe infections. A study observed that in patients of swine flu with severe pneumonia, hypoxemia and lung injury needing intensive support, chances of survival decreased significantly [21].

While conventional medicine remains primary in the treatment, YPV served as a complementary modality to enhance recovery, reduce complications, and improve patient quality of life.

CONCLUSION

YPV healing contributed to significant recovery in a critically ill patient with Swine Flu and ARDS. This case underscores the need for controlled clinical studies to evaluate YPV's efficacy in infectious diseases.

ACKNOWLEDGMENTS

We thank the patient and her family for consenting to share this case details maintaining anonymity. Our thanks are also to Sri Ramana Trust (Thally-635118, Tamil Nadu) for permission to use their copyright terms Yoga Prana Vidya system® and YPV®.

ETHICS STATEMENT

Informed consent was obtained from the patient and her family for documentation and publication without revealing patient's identity.

CONFLICTS OF INTEREST

None declared.

FUNDING STATEMENT

No funding was received for this study.

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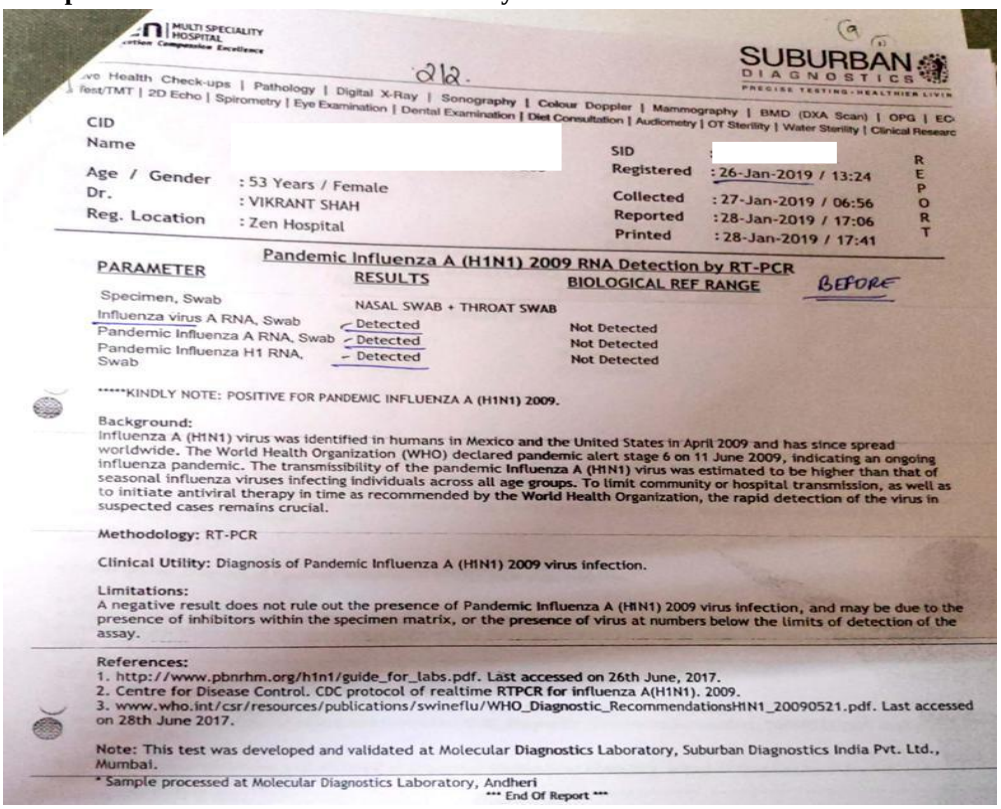
Annexures

Annexure 1: Before report of Swine flue condition 28 January 2019



MULTI SPECIALITY HOSPITAL

SUBURBAN DIAGNOSTICS

Health Check-ups | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG
Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID
Name
Age / Gender : 53 Years / Female
Dr. : VIKRANT SHAH
Reg. Location : Zen Hospital

SID
Registered : 26-Jan-2019 / 13:24
Collected : 27-Jan-2019 / 06:56
Reported : 28-Jan-2019 / 17:06
Printed : 28-Jan-2019 / 17:41

REPORT

Pandemic Influenza A (H1N1) 2009 RNA Detection by RT-PCR — BEFORE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
Specimen, Swab	NASAL SWAB + THROAT SWAB	
Influenza virus A RNA, Swab	Detected	Not Detected
Pandemic Influenza A RNA, Swab	Detected	Not Detected
Pandemic Influenza H1 RNA, Swab	Detected	Not Detected

*****KINDLY NOTE: POSITIVE FOR PANDEMIC INFLUENZA A (H1N1) 2009.

Background:
Influenza A (H1N1) virus was identified in humans in Mexico and the United States in April 2009 and has since spread worldwide. The World Health Organization (WHO) declared pandemic alert stage 6 on 11 June 2009, indicating an ongoing influenza pandemic. The transmissibility of the pandemic Influenza A (H1N1) virus was estimated to be higher than that of seasonal influenza viruses infecting individuals across all age groups. To limit community or hospital transmission, as well as to initiate antiviral therapy in time as recommended by the World Health Organization, the rapid detection of the virus in suspected cases remains crucial.

Methodology: RT-PCR

Clinical Utility: Diagnosis of Pandemic Influenza A (H1N1) 2009 virus infection.

Limitations:
A negative result does not rule out the presence of Pandemic Influenza A (H1N1) 2009 virus infection, and may be due to the presence of inhibitors within the specimen matrix, or the presence of virus at numbers below the limits of detection of the assay.

References:
1. http://www.pbnrhm.org/h1n1/guide_for_labs.pdf. Last accessed on 26th June, 2017.
2. Centre for Disease Control. CDC protocol of realtime RTPCR for influenza A(H1N1). 2009.
3. www.who.int/csr/resources/publications/swineflu/WHO_Diagnostic_RecommendationsH1N1_20090521.pdf. Last accessed on 28th June 2017.

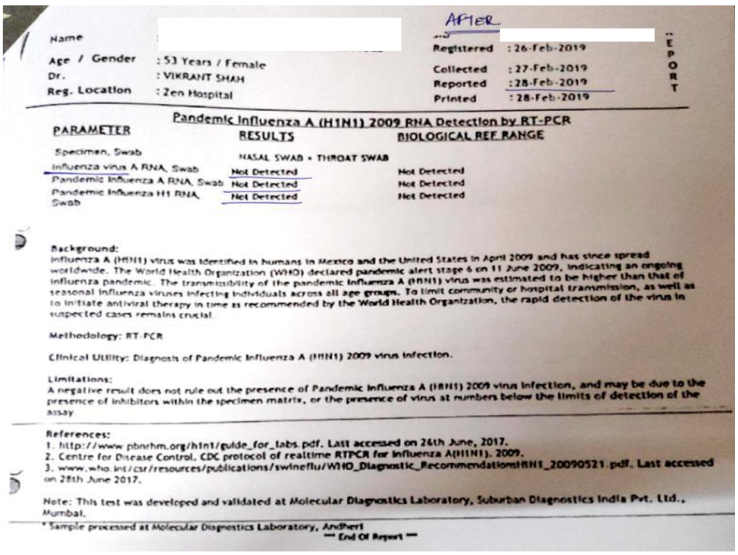
Note: This test was developed and validated at Molecular Diagnostics Laboratory, Suburban Diagnostics India Pvt. Ltd., Mumbai.

* Sample processed at Molecular Diagnostics Laboratory, Andheri

*** End Of Report ***

A Case of Swine Flu (H1N1) Complicated by Acute Respiratory Distress Syndrome and Elevated Creatinine Resolved Successfully using Yoga Prana Vidya (YPV) Healing Intervention: A Case Report

Annexure 2: After Report dt 28 Feb 2019 swine flue condition



AFTER

Name

Age / Gender : 53 Years / Female
Dr. : VIKRANT SHAH
Reg. Location : Zen Hospital

Registered : 26-Feb-2019
Collected : 27-Feb-2019
Reported : 28-Feb-2019
Printed : 28-Feb-2019

REPORT

Pandemic Influenza A (H1N1) 2009 RNA Detection by RT-PCR

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
Specimen: Swab	NASAL SWAB + THROAT SWAB	
Influenza virus A RNA, Swab	Not Detected	Not Detected
Pandemic Influenza A RNA, Swab	Not Detected	Not Detected
Pandemic Influenza H1 RNA, Swab	Not Detected	Not Detected

Background:
Influenza A (H1N1) virus was identified in humans in Mexico and the United States in April 2009 and has since spread worldwide. The World Health Organization (WHO) declared pandemic alert stage 6 on 11 June 2009, indicating an ongoing influenza pandemic. The transmissibility of the pandemic influenza A (H1N1) virus was estimated to be higher than that of seasonal influenza viruses infecting individuals across all age groups. To limit community or hospital transmission, as well as to initiate antiviral therapy in time as recommended by the World Health Organization, the rapid detection of the virus in suspected cases remains crucial.

Methodology: RT-PCR

Clinical Utility: Diagnosis of Pandemic Influenza A (H1N1) 2009 virus infection.

Limitations:
A negative result does not rule out the presence of Pandemic Influenza A (H1N1) 2009 virus infection, and may be due to the presence of inhibitors within the specimen matrix, or the presence of virus at numbers below the limits of detection of the assay

References:
1. http://www.pbnrhm.org/h1n1/guide_for_labs.pdf. Last accessed on 26th June, 2017.
2. Centre for Disease Control. CDC protocol of realtime RTPCR for Influenza A(H1N1). 2009.
3. www.who.int/csr/resources/publications/swineflu/WHO_Diagnostic_RecommendationsH1N1_20090521.pdf. Last accessed on 28th June 2017.

Note: This test was developed and validated at Molecular Diagnostics Laboratory, Suburban Diagnostics India Pvt. Ltd., Mumbai.
* Sample processed at Molecular Diagnostics Laboratory, Andheri
*** End Of Report ***

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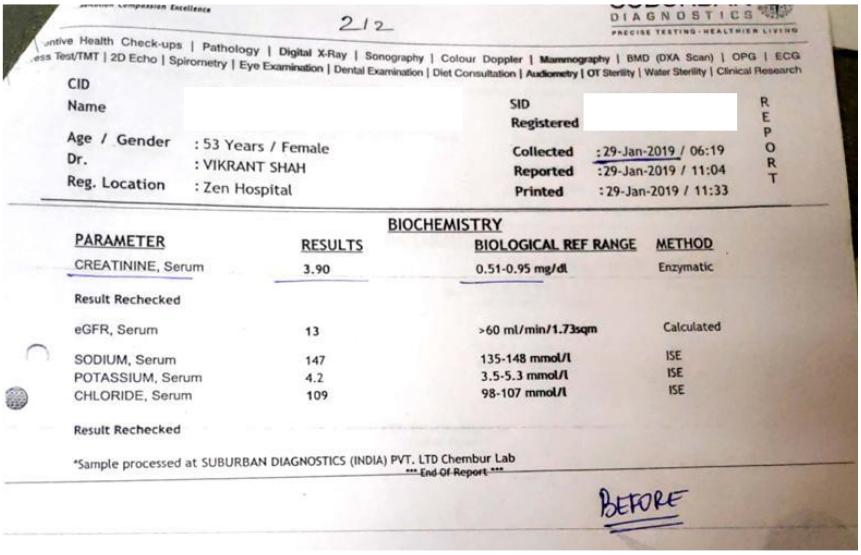
Annexure 3: Before report of Creatinine dt 29 Jan 2019



2/2

DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

...ntive Health Check-ups | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG
...ess Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID
Name
SID
Registered

Age / Gender : 53 Years / Female
Dr. : VIKRANT SHAH
Reg. Location : Zen Hospital

Collected : 29-Jan-2019 / 06:19
Reported : 29-Jan-2019 / 11:04
Printed : 29-Jan-2019 / 11:33

REPORT

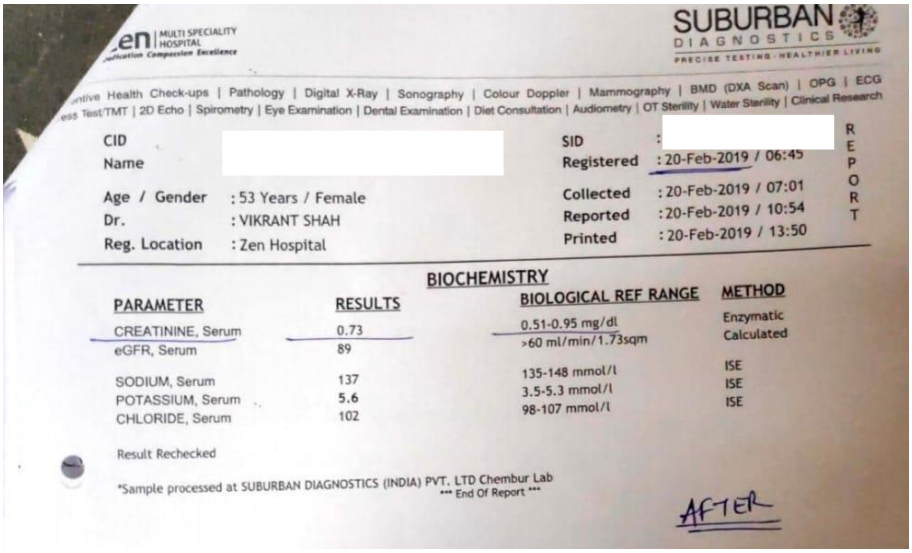
BIOCHEMISTRY

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CREATININE, Serum	3.90	0.51-0.95 mg/dl	Enzymatic
Result Rechecked			
eGFR, Serum	13	>60 ml/min/1.73sqm	Calculated
SODIUM, Serum	147	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	109	98-107 mmol/l	ISE
Result Rechecked			

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Chembur Lab
*** End Of Report ***

BEFORE

Annexure 4: After report of Creatinine dt 20 Feb 2019



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PRECISE TESTING · HEALTHIER LIVING

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...ess Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID
Name
SID :
Registered : 20-Feb-2019 / 06:45

Age / Gender : 53 Years / Female
Dr. : VIKRANT SHAH
Reg. Location : Zen Hospital

Collected : 20-Feb-2019 / 07:01
Reported : 20-Feb-2019 / 10:54
Printed : 20-Feb-2019 / 13:50

REPORT

BIOCHEMISTRY

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	5.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE
Result Rechecked			

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Chembur Lab
*** End Of Report ***

AFTER