



A Case of Acute Appendicitis Treated Successfully Without the Need for Surgery Using Yoga Prana Vidya (YPV) Healing Protocols as an Alternative Treatment

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Abstract: Introduction : Healthcare providers perform an abdomen CT to determine if the appendicitis is uncomplicated. Surgery may be avoidable in cases of acute uncomplicated appendicitis that can possibly be treated appropriately with an antibiotic course. This paper describes a case of 17 years old boy diagnosed with Acute Appendicitis (AA), and treated successfully using Yoga Prana Vidya (YPV) Energy Healing protocols without need of surgery, or medicines such as antibiotics and pain killers.

Method: Case study method is used for this study by collecting patient medical data, YPV healers' records and patient feedback. Results: After conducting 4 energy healing sessions each of 40 minutes duration by a team of two certified YPV healers, spread over 4 days, the patient's appendix fully recovered to normal condition as confirmed by an ultrasound test report. Conclusions: It is concluded from this study that YPV healing protocols have helped an AA patient to recover successfully without the use of surgery, antibiotics or pain killers. Further studies are recommended using appropriate methodology and sample

Keywords - *Acute Appendicitis, Energy healing, Yoga Prana Vidya System ®, YPV ®.*

I. INTRODUCTION

Acute appendicitis

Acute appendicitis (AA) is a medical condition whose classification is listed by the WHO under the range of digestive system diseases. Acute appendicitis (AA) is among the most common causes of acute abdominal pain. Diagnosis of AA is still challenging and some controversies on its management are still present among different settings and practice patterns worldwide [1].

Findings from the patient's history, physical examination, and laboratory studies aid in diagnosing AA. Right lower quadrant pain, abdominal rigidity, and periumbilical pain radiating to the right lower quadrant are the confirmatory signs for ruling in acute appendicitis in adults [2]. Scoring tools such as the Alvarado score, Pediatric Appendicitis Score, and Appendicitis Inflammatory Response score incorporate common clinical and

laboratory findings to stratify patients as low, moderate, or high risk and can help in making a timely diagnosis and treatment plan [2].

When AA is suspected, medical imaging is mandatory. The CAA (Classification of Acute Appendicitis) separates uncomplicated from complicated forms of AA allowing nonoperative management in selected patients with uncomplicated forms of AA [3].

For decades, the standard medical practice was the open appendectomy for the treatment of appendicitis. Contemporary management of appendicitis is more sophisticated and nuanced. The laparoscopic appendectomy has surpassed open appendectomy in usage. Some patients with perforated appendicitis may benefit from initial antibiotic therapy followed by interval appendectomy. Several trials have even suggested that it is feasible to treat uncomplicated appendicitis nonoperatively with antibiotics alone. Although the mortality rate is low, postoperative complications are common in complex diseases [4].

According to Babu (2017) [5] the lifetime prevalence of AA (acute appendicitis) is approximately 7%. The AA is the most common cause of abdominal pain requiring surgical intervention during childhood, accounting for 1-8% of children who present to the pediatric emergency room with acute abdominal pain [5].

In a study by Rajesh Kumar et al (2020) [6] it is revealed that in a sample of 50 patients, AA is found more common among males than females, and between 10 to 30 years of age. The most common presenting features were pain in the abdomen, anorexia, nausea, and vomiting. The most common signs were tenderness, rebound tenderness, and guarding. The rate of accuracy of clinical examination found in this study was 86% [6].

Some studies have shown that antibiotics can treat some mild and uncomplicated cases of acute appendicitis without surgery [7].

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 [8–12]. It is commonly known that the YPV system plays a crucial role in the effective treatment of metabolic disorders [13–15]. Trained YPV healers have effectively used YPV system protocols to treat cancer cases, giving patients significant respite from the negative effects of chemotherapy [16–21].

This paper presents the case of a 17-year-old boy who was diagnosed with AA and treated successfully using YPV healing protocols instead of a surgical treatment proposed by the doctor.

II. CASE REPORT

Patient information

The patient is a 17 years aged boy.

Medical intervention before YPV healing

He showed symptoms of severe pain in the abdomen, tiredness, vomiting, and a transabdominal scan (TAS) was done on 03 June 2023. The scan report stated that the Appendix is dilated, measures 8.7mm, and has mild inflammatory changes with probe tenderness in the RIF region. It was a condition of AA (Acute Appendicitis).

The doctor suggested for surgical intervention.

YPV Intervention

The patient's parents approached a team of two YPV-certified healers to conduct healing sessions as an alternative to surgical intervention.

The YPV healing intervention consisted of sessions of 40 minutes each daily for 4 days commencing 03-june-2023.

The YPV Protocols included YPV Psychotherapy, Infection, and Appendicitis protocols.

The healers took patient feedback every day to watch the progress.

It is observed that after the 1st session of the YPV healing session, his pain reduced to 60%. His tiredness reduced and vomiting also stopped completely.

The YPV intervention was concluded after 4 days, i.e., after the end of the 4th session of healing.

III. RESULTS

His abdominal pain reduced completely. All other symptoms also disappeared.

A CT scan taken on 6 June 2023 stated that there were no signs of inflammation, and no evidence of acute appendicitis. There was no need for surgery.

The respective Ultrasound and CT scan Reports are attached as Appendix 1 and Appendix 2.

A follow-up after one and a half years revealed that the patient was completely normal without any recurrence of symptoms of appendicitis.

IV. DISCUSSION

This study has revealed a case of AA healed completely within 4 days of healing without the need for surgery. A search of the literature has not revealed any article with nonsurgical treatment of appendicitis using energy healing.

Healthcare providers, as a normal procedure, perform an abdomen CT to determine if the appendicitis is uncomplicated. While surgery may still be necessary, acute uncomplicated appendicitis can possibly be treated with a 10-day antibiotic course [22]

V. CONCLUSION

This study has documented evidence of YPV healing protocols helping an AA patient to recover within 4 days successfully without the use of surgery, antibiotics or pain killers. Further studies are recommended using appropriate methodology and sample.

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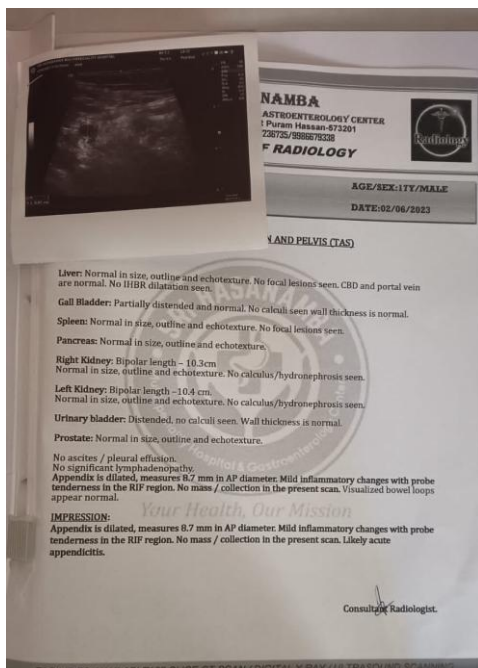
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Annexure 1



Annexure 2

Patient Name	S RIPADA	Patient ID	11203/23/CT
Age/D.O.B	17	Gender	M
Referring Doctor	DR.SHANKAR LAL	Date	6 Jun 23

CT ABDOMEN & PELVIS PLAIN AND CONTRAST(MALE)

History

h/o right side abdomen pain since 1 week old report attached

Protocol

Volume scan of the whole abdomen was performed from Xiphisternum to Pubis before and after I.V administration

Observations

Liver- Is normal in size and shows uniform density. No focal lesion is seen. No abnormal enhancement is seen. The intrahepatic biliary radicles are normal. Portal and hepatic veins are normal.

CBD is not dilated

GB- No Radio opaque calculi

Pancreas- Is normal in size and density. No calcification, mass or peripancreatic fluid collection seen. The pancreatic duct is not dilated.

Spleen- Is normal in size and density.

Both adrenals- - Appear normal in size and shape

Right kidney- Measures 9.6 x 1.4 (cms). Pelvicalyceal system not dilated.

Ureter is not dilated. No calculus is seen. The vesico-ureteric junction appears normal.

Left kidney- Measures 9.8 x 1.5 (cms). Pelvicalyceal system not dilated.

Ureter is not dilated. No calculus is seen. The vesico-ureteric junction appears normal.

There is no mass or lymphadenopathy seen in the retro peritoneum.

No free fluid is seen in the peritoneal cavity.

No obvious bowel wall thickening / dilatation seen.

Appendix is paracecal in location and measures 6mm in luminal diameter. No signs of inflammation seen.No evidence of acute appendicitis.

The bladder is normal. No evidence of diverticulum or calculus.

Prostate is normal.

No lytic or sclerotic lesion is seen in visualized bones.

Visualized lung fields are clear. No pleural effusion.

Abdominal wall appears normal.

Impression

No free fluid in abdomen. No bowel wall thickening / dilatation seen.

No abdominal mass or significant lymphadenopathy.

No evidence of appendicitis. No renal calculi or hydrourteronephrosis.


Diagnosis

No free fluid in abdomen. No bowel wall thickening / dilatation seen.

No abdominal mass or significant lymphadenopathy.

No evidence of appendicitis. No renal calculi or hydrourteronephrosis.

Reported By,



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