

Yoga Prana Vidya Healing (YPV) as a Complementary Approach in Localised Ileal Perforation: A Case Study of a 31 Years Old Female

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ABSTRACT

Background: Localised Ileal Perforation (L.I.P) is a gastrointestinal disorder often requiring surgical intervention. Complementary therapies may offer additional support for speedy recovery.

Case Presentation: A 31-year-old female software engineer in London presented with severe abdominal pain, vomiting, and food allergies. She was hospitalized on 27 July, 2025, with a recommendation after investigations for a surgical intervention. Food allergy was also suspected. The patient opted for medication, and complementary YPV Healing without surgery.

Intervention: Yoga Prana Vidya (YPV) distant healing was initiated by a YPV Certified & Level 5 healer. Protocols included YPV psychotherapy, blood cleansing, cord cutting, environmental cleansing, and targeted healing of the abdominal region. Healing was administered three times daily for 15 days, alongside patient practice of YPV breathing exercises.

Results: Pain reduction was reported after the first session, with vomiting subsiding by the second day. By the third day, the surgical team re-evaluated and concluded that surgery was unnecessary and further discharged. Medical evaluation after 1 month revealed good recovery of patient, concluding no need for surgery. Continued daily one healing over three months resulted in complete resolution of symptoms, normalization of colonoscopy and laboratory reports, and elimination of food allergies.

Conclusion: This case highlights the potential of YPV healing as a complementary modality in L.I.P management, preventing surgical intervention and facilitating sustained recovery.

KEYWORDS: Localised Ileal Perforation (LIP), Yoga Prana Vidya, complementary medicine, energy healing

ARTICLE DETAILS

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CASE PRESENTATION

Case details

A 31-year-old female software engineer, resident of London, presented with severe abdominal pain, vomiting, and food allergies. She was hospitalized and investigated on 27 July 2025, She suspected food allergy, such as eggs which she consumed that day.

Investigations led to medical opinion that she had an episode of localised ileal perforation (L.I.P) (annexure 1), with a recommendation for surgical intervention. The patient preferred to go on medication and try YPV healing from a senior Certified YPV healer whom she approached through her relative based in India at that time.

YPV intervention

The YPV healer started giving distant healing sessions immediately from day 1(27 July 2025). Healer followed YPV level 5 healing protocols, Environment cleaning, medicine cleaning, cord cutting, YPV Psychotherapy, blood cleansing and special protocol for the affected abdominal part daily.

Patient progress

After 1st healing, pain reduced and after 2nd healing, patient found relief in pain and vomiting..

On 2nd day, there was substantial improvement with no pain and no vomiting.

The Doctors were planning to do surgery on 3rd day, and they conducted all tests including ultrasound. After tests, they finally decided that surgical operation was not necessary, and only with medicines the patient could be treated. They

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wanted to wait and see and, if there was no improvement, they would consider surgery option.

For the next 15 days, the healer conducted daily healing sessions three times – morning, afternoon and night. On her part, the patient was daily doing breathing exercises as per YPV Sadhana App..

RESULTS

Subsequently, the patient visited her doctor on 19 August 2025 for medical evaluation. As per the medical report (Annexure 2), she made an excellent recovery and avoided emergency surgery and was feeling completely well herself and asymptotic. The medical opinion was that this episode was either a severe Gastroenteritis with small bowel perforation or less likely, a newly formed inflammatory bowel disease IBD).

Healing sessions continued for 3 months with daily one healing. The patient reported that there was no pain no vomiting.. and no allergy to any food. Patient and her husband were happy, and messaged the healer that all reports looked good.

Medical review dated 9 December 2025 (Annexure 3) states that in view of the colonoscopy results no further treatments are needed.

Follow up

A follow up was done on 17 January 2026 and the patient reported she was keeping well and her feedback is at Annexure 4.

DISCUSSION

In summary, it is observed that the patient in this case reported pain reduction after the first healing session. By the second day, vomiting subsided and abdominal pain resolved. On the third day, the surgical team re-evaluated her condition with ultrasound and laboratory tests, concluding that surgery was unnecessary. Daily healings continued for 15 days, with progressive improvement. By October and December 2025, all medical reports were normal. Colonoscopy performed on November 5, 2025, confirmed resolution of inflammation. By January 2026, the patient reported no pain, no vomiting, and no food allergies. She continued YPV breathing exercises daily, consolidating her recovery.

This case demonstrates the potential of YPV healing in preventing surgical intervention in Gastrointestinal system. The rapid improvement in symptoms and normalization of diagnostic reports suggest that energy-based interventions may modulate inflammation, enhance immune regulation, and promote gastrointestinal healing.

Localised Ileal Perforation (L.I.P)

The doctors in this case were of the opinion that the diagnosis was indicative of Localised Ileal perforation. A small ileal perforation is a life-threatening surgical emergency where infection causes a hole, leaking contents into the abdomen, leading to peritonitis and sepsis. Symptoms include sudden,

intense pain, high fever, rigid abdomen, nausea, and vomiting. Immediate surgery and IV antibiotics are required [1]. Typhoid fever is a leading cause, followed by tuberculosis, non-specific inflammation, foreign body ingestion, and medication-induced toxicity (e.g., iron tablets). Primary closure with surgery is often used, especially if the bowel is healthy. Supportive treatment includes fluid resuscitation, intravenous antibiotics, and nutritional support [2-4]. But still cases of ileal perforation cause a significant morbidity and mortality that persists despite the significant changes in health care over the years [5].

Yoga Prana Vidya System

Yoga Prana Vidya (YPV) is an integrative healing system focusing on pranic energy regulation, chakra cleansing, and psychosocial practices such as forgiveness and breathing exercises. Published case reports demonstrate YPV's role in accelerating recovery in diverse conditions including psoriasis, alopecia areata, bacterial infections, osteoporotic pain, and gastrointestinal disorders.

YPV healing protocols involve cleansing diseased energy, energizing affected organs with specific pranic colours, and addressing psychological stressors. Patients are encouraged to practice YPV sadhana daily, which includes rhythmic breathing, forgiveness and meditation. These practices may enhance immune function, reduce stress, and promote faster tissue healing.

Efficacy of YPV system

In the above background of the presented case management, it is observed that Yoga Prana Vidya (YPV) system of Healing had a successful role as complementary and Alternative Medicine (CAM) in treating various diseases and health conditions. An important feature of YPV healing is its ability to deliver healing energies to patients located distantly away from the Healer, even thousands of Kilometres away, because human body's energy fields are inside earth's energy field. Literature shows over 160 published research articles with documented data and results showing YPV's efficacy in its role as CAM. An example similar to this case is a study by Neravetla et al (2020) [6] that documented many cases of support in first aid and emergency situations. YPV healing helped a cardiac patient to recover without surgery [7], normalised several diabetes patients [8], and saved the lives of several patients suffering from difficult to resolve medical conditions [9]. When COVID was rampant, hundreds of affected patients were supported with recovery[10-12]. Other notable studies related to rapid recovery from Gastro-intestinal illnesses healed successfully by the application of YPV protocols are: Irritable Bowel Syndrome (IBS) [13], Gastroesophageal malignancy [14], esophageal cancer stage 2 [15], Reflux esophagitis [16], anal fissures [17], Acute Appendicitis [18], Acute Pancreatitis [19] and Small Intestine Bacterial Overgrowth (SIBO) [20].

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CONCLUSION

YPV healing may serve as a valuable complementary modality in Gastrointestinal management, expediting recovery, preventing surgery, and improving patient well-being when integrated with conventional care. Future research should explore controlled trials to evaluate YPV's efficacy in IBD and other gastrointestinal disorders. Standardized protocols and larger patient cohorts could validate these promising outcomes.

Acknowledgments

The authors acknowledge the patient for her cooperation and feedback maintaining anonymity, and healer for providing YPV intervention data. The authors thank Sri Ramana Trust (Thally-635118, Tamil Nadu) for permission to use their copyright terms Yoga Prana Vidya System ®, and YPV ®.

Conflicts of Interest

None declared.

Funding

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Annexures 1 to 4

Annexure 1: Emergency investigation report dt 27 July 2025, pages 1, to 3

Croydon Health Services NHS

Croydon Health Services
530 London Road
Croydon
CR7 7YE

Dr: Rybinski , Paul 59 ADDISCOMBE
ROAD CROYDON CR0 6SD

Emergency Department
Switchboard :020 8401 3000
Direct Fax :020 8401 3656
Date:27 JUL 2025

Dear Dr Rybinski , Paul

Name: SHRIVASTAVA, AYUSHI D.O.B: 04/Feb/1994 Gender: Female	MRN Number: 5390605 NHS Number: 728 991 7081 Home Telephone: Mobile Telephone: 07867063877 Ethnicity: Asian or Asian British - Indian
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Address: Flat 2701 100A George Street CROYDON CR0 1GP

Previous ED attendances in the last 24 months: 4

Your patient attended the Emergency Department on: 26/Jul/2025 12:17:00

Discharge Destination: Ward

Discharged by: Kyriakides , Charis

Outcome: Treatment complete

Reason for Visit: Abdominal Pain

Gap Checking:

Diagnosis: Abdominal pain

Investigations: Oximetry / sats, Vital signs,

Source of Referral: 111/111online

Incident occurred at:

Examined by: Scaria , SherinSundaresan , PoornimaSefa ,
Papa Akwasi

EDHIV, EDHepB, EDHepC, UE, VBG, LFT, FBC, CRP, LIPA, CT Abdomen and pelvis with contrast, VBG, GS, GS, MRSA

Treatments & Procedures: Medication TTO's, Recording Vital Signs, Guidance Verbal,

This prescription is for the:

Prescriptions:

Allergies: Active: NKA

Weight: No measured or estimated weight recorded

Height: No measured or estimated height recorded

BSA: 0.00 m²

Date: 27-Jul-2025	Prescriber (Smartcard ID):	Contact Number:
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Pharmacy Use Only		
Screened by:	Dispensed by:	Checked by:
Taken in by / Time:	Given out by / Time:	

Dear GP, Please review the following information and consider any suggestions made for any additional review or further actions as you deem appropriate.

Clinician Comments:

Document Has Been Revised

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SHO review

Patient: **SHRIVASTAVA, MRS AYUSHI** MRN: 5390605 FIN: 5040631

Age: 31 years Sex: Female DOB: 04/Feb/1994

Associated Diagnoses: None

Author: Silva Torres , Jose Alonso

General Surgery review - SHO Silva Torres

Seen in Majors 14 at 02:25

PC

Abdominal pain

HPC

Please see Dr Anietie's clerking

Investigations

Comparison:

No previous studies are available for comparison.

Technique:

CT abdomen and pelvis with contrast.

Report:

Lung bases are grossly unremarkable.

An ongoing inflammatory process is noted at the centre of the pelvis with diffuse wall thickening of a small bowel loop adjacent to the terminal ileum associated with extraluminal air suggestive of bowel perforation along with diffuse fat stranding of the regional mesenteric fat. Unremarkable appearance of the appendix with no convincing evidence of acute appendicitis.

The liver is of average size with no focal lesion. No dilated intrahepatic biliary radicles.

The gallbladder, pancreas, adrenals, spleen, kidneys and urinary bladder are grossly unremarkable.

The uterus is unremarkable. Bilateral adnexal cysts are noted at both sides of the uterus likely ovarian cysts.

Small para-aortic and mesenteric lymph nodes are noted.

No ascites.

No destructive bony lesion.

Impression:

An ongoing inflammatory process involving distal ileal loop adjacent to the terminal ileum with extraluminal air suggestive of perforation.

No convincing evidence of acute appendicitis.

For surgical consultation.

Plan

- Admit

- NBM

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- x2 G&S
- Urine catheter
- Monitor UO strictly
- Analgesia
- IV abx
- VBG
- VTE -not for enoxa until post procedure
- Booked for laparotomy ?

JosÃ© Alonso Silva Torres

General Surgery SHO

8007830

899

Result type: General Surgery Assess.

Result date: 27 July 2025 02:24 BST

Result status: Modified

Result title: SHO review

Performed by: Silva Torres , Jose Alonso on 27 July 2025 02:30 BST

Verified by: Silva Torres , Jose Alonso on 27 July 2025 02:30 BST

Encounter info: 5040631, Croydon NHS, Inpatient, 26/Jul/2025 -

Yes consent to send D/C summary to GP

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Annexure 2: Medical report dt 27 Aug 2025

27 AUG 2025

Private and Confidential

19-AUG-2025

Clinic Date: 19 AUG 2025

MRN: 5390605

REF: PP/sh/Voice Recognition

Dr Paul Rybinski
EAST CROYDON MEDICAL CENTRE
59 ADDISCOMBE ROAD
CROYDON
CR0 6SD

Croydon Health Services 
NHS Trust

Croydon University Hospital
530 London Road
Croydon
CR7 7YE
Switchboard Tel: (020) 8401 3000
Dr Parth Paskaran BSc MB ChB
MBA FRCP
Consultant Physician &
Gastroenterologist
Gastroenterology Department
Tel No : (020) 8401 3975
CH-TR.gastro@nhs.net



Dear Dr Rybinski

Re: **AYUSHI SHRIVASTAVA** DOB 04-FEB-1994 (31 Years) NHS No.728 991 7081
Flat 2701 100A George Street CROYDON CR0 1GP
TELEPHONE:

I saw this 31-year-old software engineer and her husband in clinic today. She had an emergency admission with what looked to be localised ileal perforation at the end of July. It was a very acute onset phenomenon on occurring 45 minutes or so after an evening meal. She made an excellent recovery and avoided emergency surgery and is now feeling completely well herself and asymptomatic. There is no background symptoms of concern although she has had episodes 2 or 3 times in the past 10 years of severe pains which were put down to an egg allergy or intolerance. I think those are distinct episodes and not related to what she experienced 3 weeks ago which was either a very severe gastroenteritis with small bowel perforation or less likely newly formed inflammatory bowel disease. I am arranging for her to have an MRI scan in an open scanner and also a colonoscopy to assess further but upfront I have reassured Mr and Mrs Shrivastava that it is unlikely that we will uncover any lingering pathology of concern. The tests are definitely worth doing however and I will review the results when available.

Yours sincerely

This letter was created by voice command software and electronically signed to avoid delay.

Dr Parth Paskaran
Consultant Gastroenterologist

CC:
Mrs **AYUSHI SHRIVASTAVA**
Flat 2701
100A George Street
CROYDON
CR0 1GP

P12764183.000090.1/2

Yoga Prana Vidya Healing (YPV) as a Complementary Approach in Localised Ileal Perforation: A Case Study of a 31 Years Old Female

Annexure 3: Medical report dt 9 December 2025

Croydon Health Services NHS NHS Trust	
Private and Confidential 09-DEC-2025 Clinic Date: 09 DEC 2025 MRN: 5390605 Ref: PP/rb/voicerecognition	Croydon University Hospital 530 London Road Croydon CR7 7YE Switchboard Tel: (020) 8401 3000
Dr Paul Rybinski EAST CROYDON MEDICAL CENTRE 59 ADDISCOMBE ROAD CROYDON CR0 6SD	Dr Parth Paskaran BSc MB ChB MBA FRCP Consultant Physician & Gastroenterologist Direct Line: (020) 8401 3975 CH-TR.gastro@nhs.net

Dear Dr Rybinski

Re: **AYUSHI SHRIVASTAVA** - DOB 04-FEB-1994 (31 Years) NHS No.728 991 7081
Flat 2701 100A George Street CROYDON CR0 1GP
TELEPHONE:

This 31-year-old woman is recent colonoscopy was entirely normal which is very reassuring. My suspicion was that she experienced an acute gastroenteritis in July of this year with some toxic features of ileal inflammation and possibly a contained perforation. The overall suspicion for inflammatory bowel disease was very low given the very short history and there does not seem to be any evidence based on the recent endoscopic examination. She was also meant to have an MRI small bowel study for completion but due to claustrophobia she has not been able to do it and to be honest given the results of the colonoscopy I do not think it is required if she continues to be well. If anything changes please let us know otherwise I am not arranging anything further in secondary care.

This letter was created by voice command software and electronically signed to avoid delay.

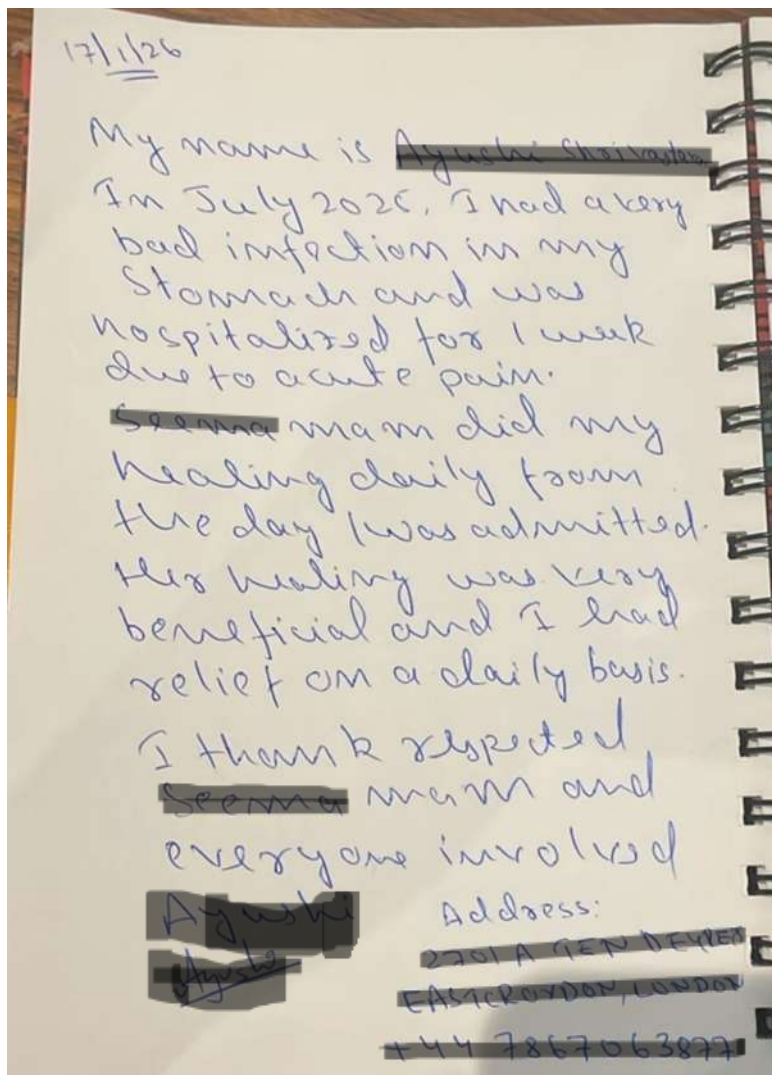
Yours sincerely

Parth Paskaran
Consultant Gastroenterologist

CC:
Ms AYUSHI SHRIVASTAVA
Flat 2701
100A George Street
CROYDON
CR0 1GP

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Annexure 4: Patient feedback on follow up: Dt 17/1/26



....Transcript....

“ My name is Ayushi Shrivastava.

In July 2025, I had a very bad infection in my stomach and was hospitalized for 1 week due to acute pain.

Seema ma'am did my healing daily from the day I was admitted.

Her healing was very beneficial and I had relief on a daily basis.

I thank respected Seema ma'am and everyone involved

Ayushi

Address: LONDON