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YOGA PRANA VIDYA HEALING (YPV) AS COMPLEMENTARY THERAPY IN A RARE CASE OF RUPTURED APPENDIX: A CASE STUDY

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ABSTRACT

Background: Appendicitis is a common surgical emergency, with rupture often requiring immediate intervention. Rarely, spontaneous sealing of a ruptured appendix occurs. Complementary therapies such as Yoga Prana Vidya (YPV) have been reported to support recovery alongside medical care. Case Presentation: A 32-year-old female presented with severe abdominal pain suggestive of appendicitis. Despite repeated advice to seek medical attention, medical consultation was delayed. During this period, multiple YPV healing sessions were administered, focusing on the gastrointestinal and appendix regions. The patient experienced intermittent relief, with symptoms subsiding after vomiting episodes. Intervention: YPV healing protocols (YPV L2, Healer Development Program Level 1) were applied over seven days, with dietary modifications advised. Healing sessions were frequent initially, then tapered. Results: Diagnostic imaging revealed a ruptured appendix that had spontaneously sealed. The patient was managed conservatively with medications and observation. Follow-up scan confirmed normalization. She resumed normal activities without surgical intervention. Discussion: This case highlights the potential role of YPV healing as a supportive modality in acute abdominal conditions. While medical management was crucial, YPV healing appeared to provide symptomatic relief and may have contributed to recovery. Literature suggests integrative approaches can enhance patient outcomes in gastrointestinal and surgical conditions. Conclusion: YPV healing, when used alongside medical treatment, may offer complementary benefits in rare cases of ruptured appendicitis. Further systematic studies are warranted.

KEYWORDS: Yoga Prana Vidya System®, YPV®, Appendicitis, Ruptured Appendix, Complementary Healing.

INTRODUCTION

Appendicitis is one of the most common acute abdominal emergencies worldwide, with lifetime risk estimated at 7–8%. A study by Mishra et al (2017)[1] found that Male female ratio was 1.94: 1. The age group in which appendicitis occurred commonly was 13-40 years. Mean age in our study was 32.7 years. Pain was the commonest symptom and has been observed in all cases (100%).[1] The cause remains poorly understood, with few advances in the past few decades. To obtain a confident preoperative diagnosis is still a challenge, since the possibility of appendicitis must be entertained in any patient presenting with an acute abdomen.[2] Rupture of the appendix typically necessitates urgent surgical intervention due to risks of peritonitis and sepsis. However, rare cases of spontaneous sealing of ruptured appendices have been documented, challenging conventional understanding of disease progression.[3] A study by Vons et al. (2011)[4] found that Amoxicillin

plus clavulanic acid was not non-inferior to emergency appendicectomy for treatment of acute appendicitis.

Complementary and integrative therapies are increasingly recognized for their role in symptom management and holistic recovery.[5-6] A study concluded that while some patients still require urgent surgery, the majority can be treated successfully with antibiotics, and in some the disease has even been shown to resolve spontaneously.[7] Yoga Prana Vidya (YPV) is an energy-based healing system that integrates pranic cleansing, energizing, rhythmic breathing, and meditation practices [8]. Previous case reports have documented YPV's supportive and therapeutic role in chronic conditions, psychosomatic disorders, and acute medical situations.[9-14] Previously, a case of appendicitis was resolved Using YPV healing therapy without using surgical option.[15]

This case study presents a rare instance of ruptured appendicitis managed with YPV healing intervention, and conservatively with medical treatment, alongside. It highlights the potential of integrative approaches in enhancing patient outcomes.

CASE PRESENTATION

Patient: A 32-year-old female, housewife, residing in Karnataka. Initial Symptoms: Severe abdominal pain below the navel, vomiting episodes, and recurrent pain despite temporary relief.

Medical Findings: Ultrasound and CT scan revealed a ruptured appendix that had spontaneously sealed, along with a uterine cyst. Conservative management with medications was advised.

Table 1: Tabulated Treatment Course.

Date	Clinical Events & Symptoms	Medical Actions	YPV Healing Sessions
04-12- 2025	Severe abdominal pain, vomiting	Advised medical consult (delayed)	~16 short sessions (10 min each, every 15 min)
05–07-12-2025	Pain episodes, intermittent relief	No medical consult yet	2 sessions/day, 15 min each
08–10-12-2025	Pain subsiding gradually	Still awaiting medical consult	1 session/day, 20 min
11-12- 2025	Ultrasound & CT scan	*Ruptured appendix sealed*, uterine cyst detected; medications prescribed	Healing continued
Date	Clinical Events & Symptoms	Medical Actions	YPV Healing Sessions
Jan 2026	Follow-up scan	Normal findings	No further healing required

YPV INTERVENTION

Healing protocols applied included YPV Level 2 and Healer Development Program Level 1. Sessions were intensive during the acute phase, with multiple short interventions on the first day, tapering to fewer sessions over subsequent days. Dietary advice was given to avoid spicy, oily, and hard foods, which the patient followed diligently.

The healer reported focusing energy cleansing and energizing on the appendix region, with additional systemic balancing. Patient feedback indicated symptomatic relief after vomiting episodes and progressive improvement.

RESULTS

- Symptom Relief: Pain reduced after healing sessions, with vomiting episodes followed by noticeable relief.
- Medical Imaging: Initial scan confirmed ruptured appendix sealed spontaneously; Antibiotic course given. (See Annexures 1 and 2)
- Functional Recovery: Patient resumed household and office work without difficulty.
- Patient Feedback: Expressed gratitude, reported complete recovery, and recommended YPV healing to family and friends. (see Annexure 3)

DISCUSSION

This case illustrates a rare clinical phenomenon of spontaneous sealing of a ruptured appendix, managed without surgical intervention. Literature suggests that while appendectomy remains the gold standard, conservative management with antibiotics is increasingly considered in selected cases.[15] previously Ashwin et. al.,[15] reported similar case of Appendicitis

healed using YPV therapy without any need of surgery.

The role of YPV healing in this case appears to have been supportive, providing symptomatic relief and possibly aiding recovery through energy regulation. Mechanistically, YPV practices may influence autonomic balance, reduce inflammation, and enhance systemic resilience, as suggested in prior studies on energy healing and yoga-based interventions.

Integrative approaches combining medical management with complementary therapies can improve patient satisfaction, adherence, and holistic outcomes.

CONCLUSION

This case highlights the potential of Yoga Prana Vidya healing as a complementary modality in acute abdominal conditions. While medical management was essential, YPV healing provided symptomatic relief and may have contributed to recovery. The rarity of spontaneous sealing of ruptured appendicitis underscores the need for further documentation and research. Integrative healthcare models that combine conventional and complementary practices may offer enhanced patient outcomes. Controlled studies are recommended to establish efficacy and mechanisms.

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Conflicts of Interest

None Declared

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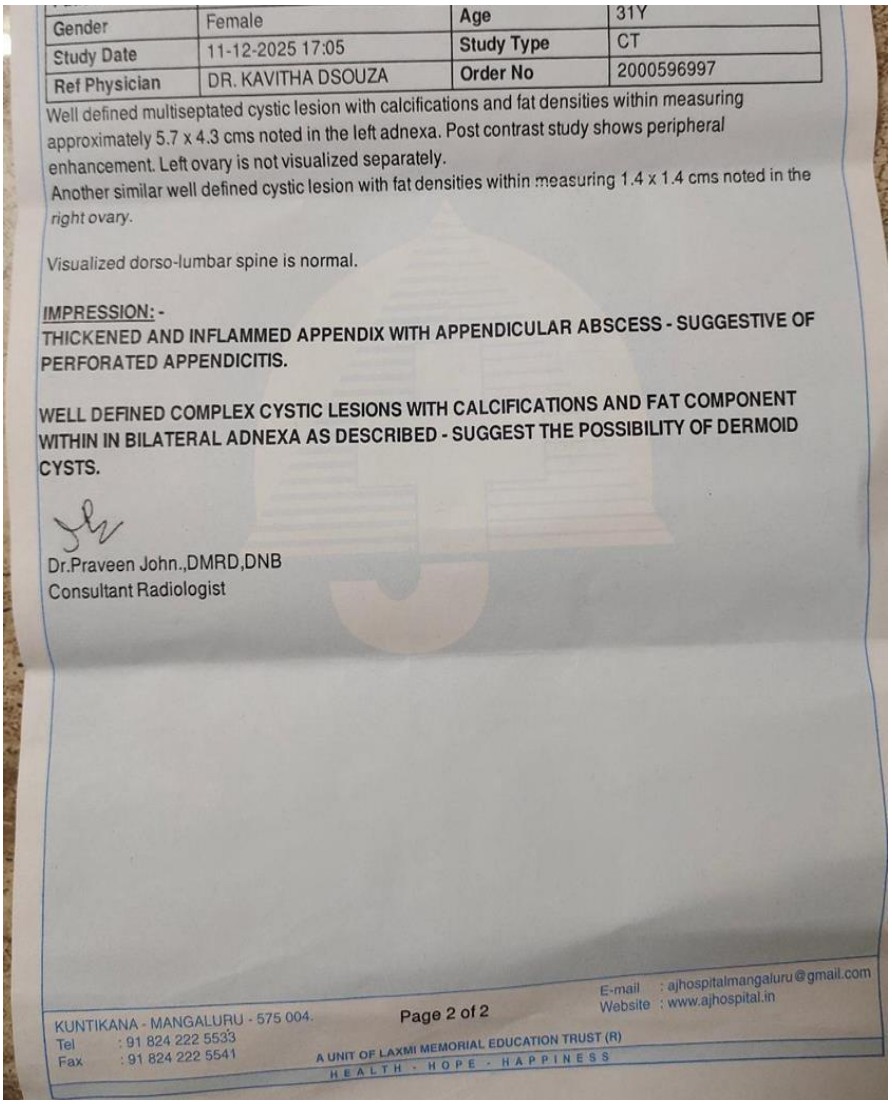
Annexures

Annexure 1: CT Scan dated 11 December 2025



Gender	Female	Age	31Y
Study Date	11-12-2025 17:05	Study Type	CT
Ref Physician	DR. KAVITHA DSOUZA	Order No	2000596997

Well defined multiseptated cystic lesion with calcifications and fat densities within measuring approximately 5.7 x 4.3 cms noted in the left adnexa. Post contrast study shows peripheral enhancement. Left ovary is not visualized separately.

Another similar well defined cystic lesion with fat densities within measuring 1.4 x 1.4 cms noted in the right ovary.

Visualized dorso-lumbar spine is normal.

IMPRESSION: -

THICKENED AND INFLAMMED APPENDIX WITH APPENDICULAR ABSCESS - SUGGESTIVE OF PERFORATED APPENDICITIS.

WELL DEFINED COMPLEX CYSTIC LESIONS WITH CALCIFICATIONS AND FAT COMPONENT WITHIN IN BILATERAL ADNEXA AS DESCRIBED - SUGGEST THE POSSIBILITY OF DERMOID CYSTS.

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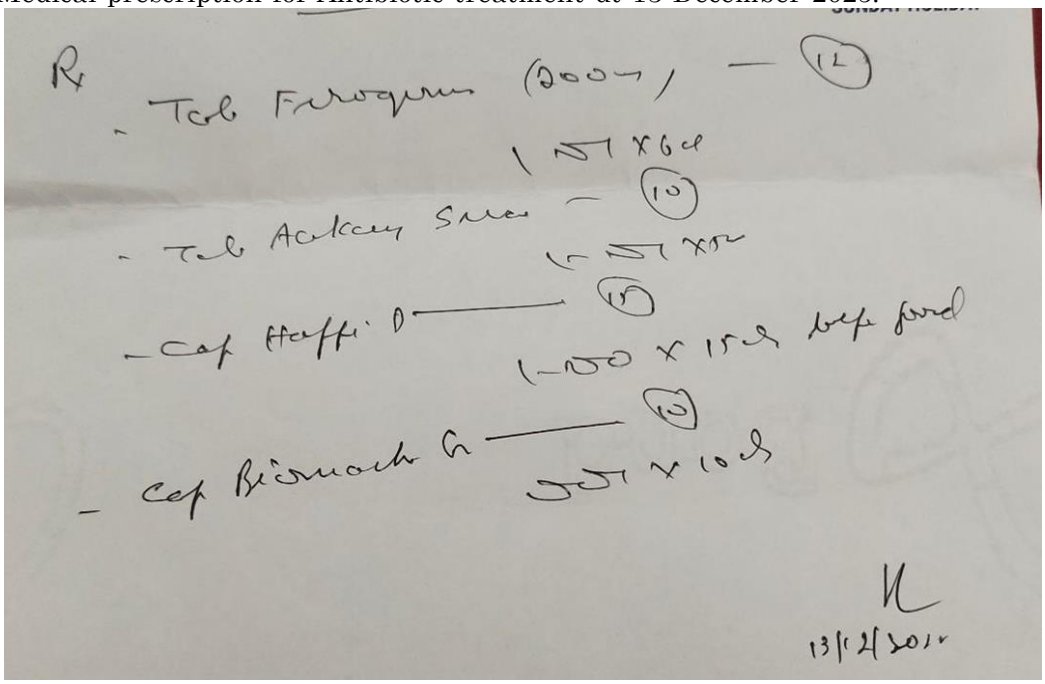
Annexure 2: Medical prescription for Antibiotic treatment dt 13 December 2025.



Annexure 3: Patient message dt 9 Feb 2026:

—On 04-12-2025, I experienced severe abdominal pain. I immediately contacted Healer Sir, and he started healing sessions right away. He performed healing multiple times throughout the day—approximately 15 or more sessions. During this period, I vomited 2–3 times, and after each episode, I felt noticeable relief. He also advised me to avoid spicy and oily food, which I strictly followed.

On 11-12-2025, I underwent an ultrasound scan and CT scan. After reviewing the reports, the doctor was surprised and informed me that it was a case of appendicitis where the appendix had burst, but a layer had formed, and the wound had sealed on its own. He mentioned that it was a rare case. The doctor prescribed medication for 10 days and advised me to continue eating light food, which I followed diligently.

After one month, I underwent another scan. Upon reviewing the report, the doctor confirmed that everything was normal.

Now, I am feeling completely healthy. I am deeply grateful to Healer Sir for his healing support. I sincerely recommend my family members and friends to learn healing or take healing sessions from him.‖

With gratitude,

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