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Speedy Recovery from Transverse Myelitis through Yoga Prana Vidya (YPV) Healing as Complementary Therapy: A Case Study

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Abstract

***Background*:** Transverse myelitis (TM) is a rare neuroinflammatory disorder of the spinal cord, often leading to severe motor and sensory deficits. Conventional treatment involves corticosteroids, plasma exchange, and rehabilitation, with recovery timelines ranging from months to years.

***Objective*:** To document the clinical recovery of a 34-year-old female patient diagnosed with TM following integrative Yoga Prana Vidya (YPV) healing interventions.

Methods: The patient underwent 89 YPV healing sessions over three months, including psychotherapy, internal organ cleansing, and energy-based spinal regeneration techniques. Clinical progress was tracked through patient feedback and functional recovery milestones.

Results: Within one month, the patient regained sensory functions and balance. By the third month, she achieved independent ambulation, normalized menstrual cycles, and resumed daily activities. Recovery was significantly faster than the medical prognosis of 1–2 years.

***Conclusion*:** This case highlights the potential role of YPV healing as a complementary modality in accelerating recovery from TM, warranting further controlled studies.

Keywords: Transverse myelitis, Yoga Prana Vidya System ®, YPV®, energy healing, integrative medicine

Introduction

Transverse Myelitis

Transverse myelitis (TM) is a rare acquired neuroimmune disorder characterized by spinal cord inflammation, leading to motor, sensory, and autonomic dysfunction. Depending on the etiology, 1–4 new cases per 1 million people are observed annually. It affects men and women equally, occurring most frequently in people aged 20–40 years [1].

For diagnosis, standard procedures include MRI, cerebrospinal fluid analysis, and serological tests. Conventional medical treatment usually consists of Corticosteroids, plasma exchange, immunotherapy, and rehabilitation are common. Prognosis varies. Some patients recover fully, while others face permanent disability.

Psychological Considerations towards TM patients are extremely important. In patients presenting for the first time with TM, consultation with a professional is valuable in addressing its understandably devastating impact on the patient's Quality of Life (QOL). A recent study found that almost 90% of parents of children with TM perceive a need for psychiatric care but only a quarter receive it [2] The loss of functional independence, along with sphincter and sexual dysfunction, would be expected to negatively affect the patient's psychological constitution and adversely affect future expectations. [2]

Yoga Prana Vidya (YPV)

YPV is an integrative energy healing system combining pranic energy techniques, meditation, physical exercises and breathing practices, and forgiveness sadhana. Research demonstrates its efficacy in improving physical health, psychological well-being, and immunity.

- More than 140 Studies show YPV's role in chronic disease management, stress reduction, and accelerated recovery. A comprehensive review [3] summarizes YPV's applications across chronic disease, mental health, and integrative medicine
- The YPV system of energy healing includes cleansing, energizing, and regenerating affected organs and Chakra systems.

For example, literature shows documented evidence of YPV's role as Complementary and Alternative Medicine (CAM) in successfully treating psychosomatic disorders [4], Cases of Ovarian Cysts [5], UTI (Chronic fungal urinary tract infection) [6], Complementary treatment of HIV [7], Acute appendicitis [8], Acute pancreatitis [9], Trigeminal neuralgia [10]; cancer cases such as Stage 4 Lung Cancer [11], and a case of Acute demyelinating illness [12].

Method

This study uses case study method through collecting patient's medical record data, patient feedback and the YPV healer's records.

The patient was a 34-year-old female yoga teacher.

Interpretation of Medical Investigations (Annexures 1 to 5)

1. Initial Clinical Presentation

Sudden loss of thermal sensation (unable to perceive hot/cold stimuli) following an accident in April 2025.

Progressive neurological deficits: inability to walk, loss of motor control below the neck, absent bowel/bladder control, amenorrhea, and loss of touch sensation.

These symptoms strongly suggested a central nervous system pathology involving the spinal cord.

2. Laboratory and Imaging Findings

Vitamin B12 deficiency treatment trial: No improvement, ruling out nutritional neuropathy as the primary cause.

MRI Revealed *transverse myelitis* — inflammation across a segment of the spinal cord with demyelination of the myelin sheath.

This explains the widespread motor and sensory deficits, autonomic dysfunction (bowel, bladder, sweating), and menstrual irregularities.

*Hospital admissions and steroid therapy***:**

Multiple courses of corticosteroids (standard first-line therapy for TM) were administered. Despite high-dose steroids, no significant improvement was noted, suggesting either refractory or severe TM.

*Other investigations (blood tests, viral markers***)** **r**eported as normal, supporting an idiopathic or post-infectious etiology rather than a systemic autoimmune disease.

3. Medical Prognosis

Neurologists estimated that the recovery would take 1–2 years, consistent with typical TM outcomes where remyelination and functional recovery are slow and often incomplete. The absence of early improvement despite steroids indicated a guarded prognosis.

4. Functional Status Pre-YPV Intervention

The patient was bedridden, unable to move lower limbs, dependent for all activities of daily living. She suffered severe impairment of quality of life, with both physical and autonomic dysfunction.

5. Integration of Findings

Taken together, the investigations confirm:

*Diagnosis***:** Transverse myelitis with extensive spinal cord involvement.

Severity: Severe, refractory to conventional steroid therapy.

Prognosis (medical): Poor to guarded, with expected recovery over 1–2 years, if at all.

The Clinical gap*:* Conventional medicine offered limited improvement, necessitating exploration of complementary approaches.

Clinical Significance

The investigations establish TM as the underlying pathology, explain the multisystem deficits, and highlight the limitations of conventional therapy in this case.

At this juncture, the family of the patient requested for YPV healing services from a known Senior YPV Healer. This sets the stage for evaluating the impact of YPV healing, which facilitated rapid recovery far beyond the expected medical trajectory.

Yoga Prana Vidya (YPV) intervention

- ***Intervention*****:** The Senior YPV Healer conducted 89 YPV healing sessions (30 minutes each) spread over three months.
- ***Techniques:*** The Senior YPV Healer used YPV protocols of Psychotherapy, organ cleansing, spinal and nervous system regeneration.
- ***Data Collection*****:** Includes medical reports, Healer records and patient mobility videos before and after, post-recovery interview, and functional milestones,

Results

- ***Week 1:*** Patient Regained toe movement.
- ***Month 1*****:** Restored sensory functions and balance.
- ***Month 2*****:** Ambulated with callipers.
- ***Month 3*****:** Independent walking, normalized menstrual cycles, resumed routine activities.
- ***Outcome:*** Complete recovery achieved in 3 months versus medical prognosis of 1–2 years.

Discussion

This case demonstrates accelerated recovery from TM with YPV healing. It is observed that

- Conventional recovery timelines are substantially longer. Ginting and Ritarwan (2021) [13] found in their study that the patient outcome with conventional steroidal treatment was poor. And that many previous studies reported slight improvement after 6 months. But several studies reported that longer time of follow-up was related to better functional outcomes, suggesting that recovery can continue even over several years.
- Energy healing complemented medical care by enhancing neuroregeneration
- Similar integrative approaches have shown benefits in chronic neurological and autoimmune conditions [10].

Studies show that YPV is also found effective to improve psychological wellbeing [14], and bringing transformative changes in participants of intensive YPV programmes [15].

Conclusions

YPV healing facilitated speedy recovery in a TM patient, far exceeding conventional expectations. This case underscores the need for systematic clinical trials to further validate YPV's role in neurorehabilitation.

Acknowledgments

We thank the patient, and the YPV healer for sharing the case details on condition of anonymity. Our thanks are also to Sri

Ramana Trust (Thally-635118, Tamil Nadu) for copyright permission of the terms used -Yoga Prana Vidya System ® and YPV ®.

Conflicts of Interest

None declared.

Funding

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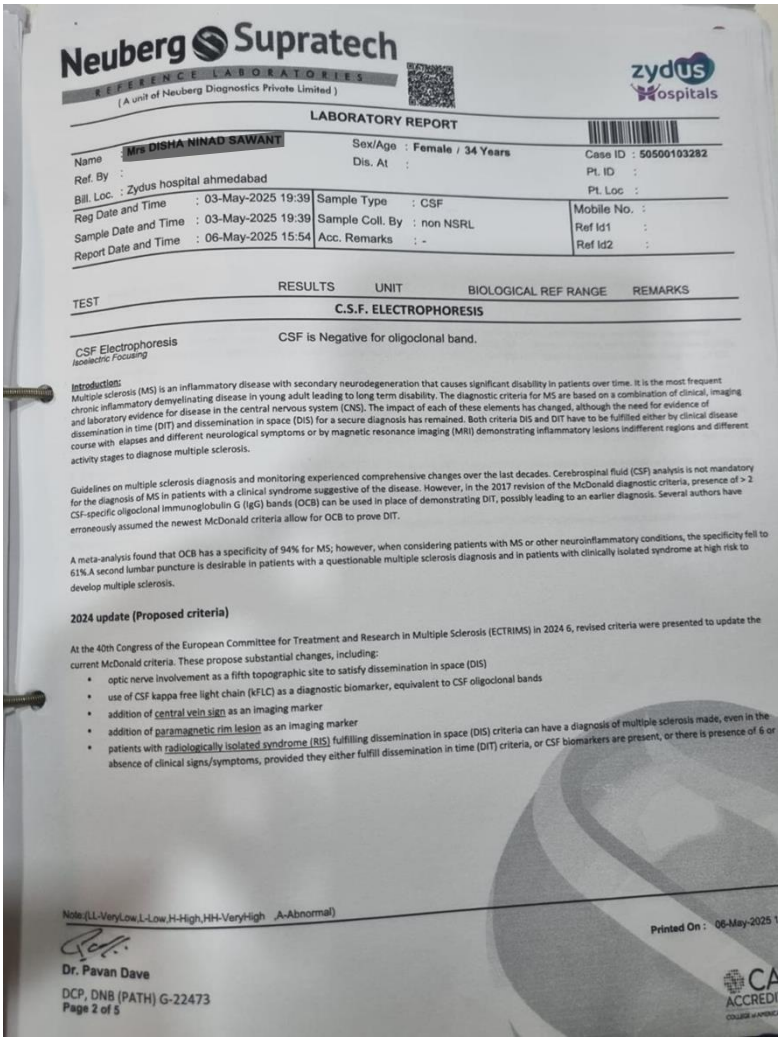
Annexures 1 to 6

Annexure 1 CSF Electrophoresis



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REFERENCE LABORATORIES
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zydus Hospitals

LABORATORY REPORT

Name : Mrs DISHA NINAD SAWANT		Sex/Age : Female / 34 Years	Case ID : 50500103282
Ref. By :		Dis. At :	Pt. ID :
Bill. Loc. : Zydus hospital ahmedabad			Pt. Loc :
Reg Date and Time : 03-May-2025 19:39	Sample Type : CSF		Mobile No. :
Sample Date and Time : 03-May-2025 19:39	Sample Coll. By : non NSRL		Ref Id1 :
Report Date and Time : 06-May-2025 15:54	Acc. Remarks : -		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

C.S.F. ELECTROPHORESIS

CSF Electrophoresis (Isoelectric Focusing) — CSF is Negative for oligoclonal band.

Introduction:
Multiple sclerosis (MS) is an inflammatory disease with secondary neurodegeneration that causes significant disability in patients over time. It is the most frequent chronic inflammatory demyelinating disease in young adult leading to long term disability. The diagnostic criteria for MS are based on a combination of clinical, imaging and laboratory evidence for disease in the central nervous system (CNS). The impact of each of these elements has changed, although the need for evidence of dissemination in time (DIT) and dissemination in space (DIS) for a secure diagnosis has remained. Both criteria DIS and DIT have to be fulfilled either by clinical disease course with elapses and different neurological symptoms or by magnetic resonance imaging (MRI) demonstrating inflammatory lesions indifferent regions and different activity stages to diagnose multiple sclerosis.

Guidelines on multiple sclerosis diagnosis and monitoring experienced comprehensive changes over the last decades. Cerebrospinal fluid (CSF) analysis is not mandatory for the diagnosis of MS in patients with a clinical syndrome suggestive of the disease. However, in the 2017 revision of the McDonald diagnostic criteria, presence of > 2 CSF-specific oligoclonal immunoglobulin G (IgG) bands (OCB) can be used in place of demonstrating DIT, possibly leading to an earlier diagnosis. Several authors have erroneously assumed the newest McDonald criteria allow for OCB to prove DIT.

A meta-analysis found that OCB has a specificity of 94% for MS; however, when considering patients with MS or other neuroinflammatory conditions, the specificity fell to 61%.A second lumbar puncture is desirable in patients with a questionable multiple sclerosis diagnosis and in patients with clinically isolated syndrome at high risk to develop multiple sclerosis.

2024 update (Proposed criteria)

At the 40th Congress of the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS) in 2024 6, revised criteria were presented to update the current McDonald criteria. These propose substantial changes, including:

- optic nerve involvement as a fifth topographic site to satisfy dissemination in space (DIS)
- use of CSF kappa free light chain (kFLC) as a diagnostic biomarker, equivalent to CSF oligoclonal bands
- addition of central vein sign as an imaging marker
- addition of paramagnetic rim lesion as an imaging marker
- patients with radiologically isolated syndrome (RIS) fulfilling dissemination in space (DIS) criteria can have a diagnosis of multiple sclerosis made, even in the absence of clinical signs/symptoms, provided they either fulfill dissemination in time (DIT) criteria, or CSF biomarkers are present, or there is presence of 6 or

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Printed On : 06-May-2025

Dr. Pavan Dave
DCP, DNB (PATH) G-22473
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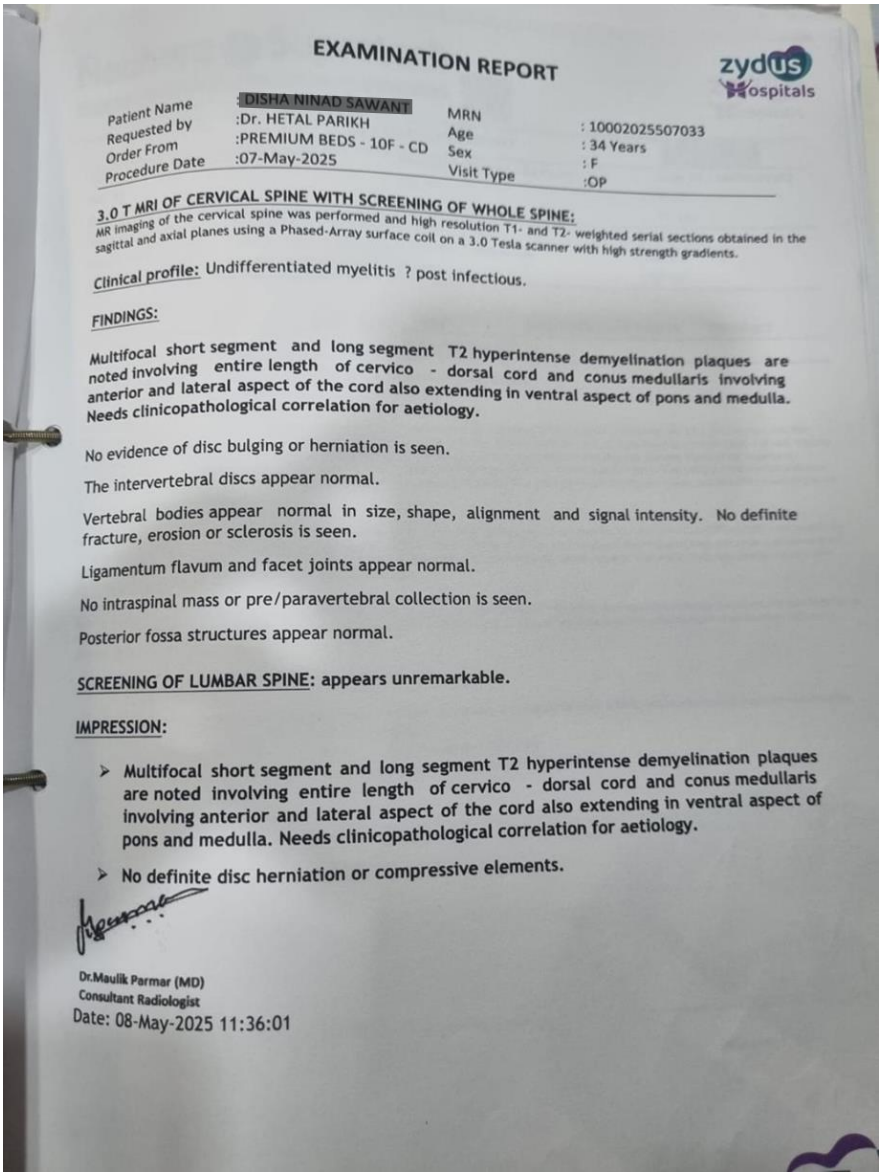
Annexure 2 MRI of Cervical Spine



EXAMINATION REPORT

zydus Hospitals

Patient Name	:DISHA NINAD SAWANT	MRN	: 10002025507033
Requested by	:Dr. HETAL PARIKH	Age	: 34 Years
Order From	:PREMIUM BEDS - 10F - CD	Sex	: F
Procedure Date	:07-May-2025	Visit Type	:OP

3.0 T MRI OF CERVICAL SPINE WITH SCREENING OF WHOLE SPINE:

MR imaging of the cervical spine was performed and high resolution T1- and T2- weighted serial sections obtained in the sagittal and axial planes using a Phased-Array surface coil on a 3.0 Tesla scanner with high strength gradients.

Clinical profile: Undifferentiated myelitis ? post infectious.

FINDINGS:

Multifocal short segment and long segment T2 hyperintense demyelination plaques are noted involving entire length of cervico - dorsal cord and conus medullaris involving anterior and lateral aspect of the cord also extending in ventral aspect of pons and medulla. Needs clinicopathological correlation for aetiology.

No evidence of disc bulging or herniation is seen.

The intervertebral discs appear normal.

Vertebral bodies appear normal in size, shape, alignment and signal intensity. No definite fracture, erosion or sclerosis is seen.

Ligamentum flavum and facet joints appear normal.

No intraspinal mass or pre/paravertebral collection is seen.

Posterior fossa structures appear normal.

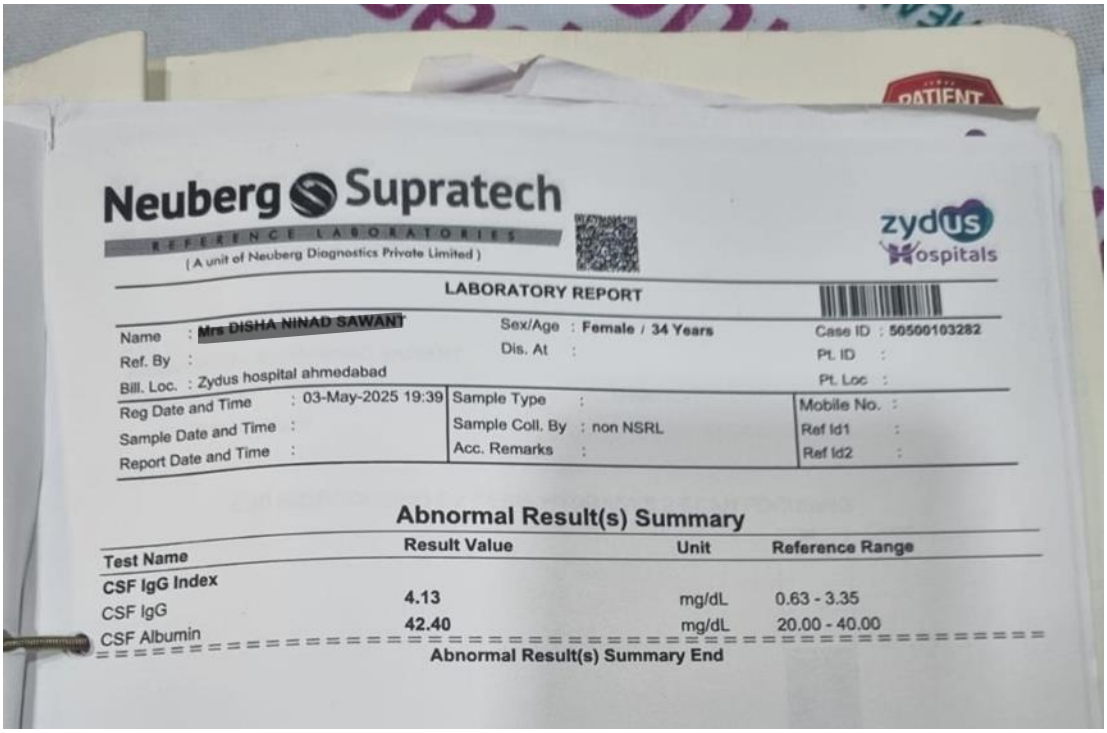
SCREENING OF LUMBAR SPINE: appears unremarkable.

IMPRESSION:

- **Multifocal short segment and long segment T2 hyperintense demyelination plaques are noted involving entire length of cervico - dorsal cord and conus medullaris involving anterior and lateral aspect of the cord also extending in ventral aspect of pons and medulla. Needs clinicopathological correlation for aetiology.**
- **No definite disc herniation or compressive elements.**

Dr.Maulik Parmar (MD)
Consultant Radiologist
Date: 08-May-2025 11:36:01

Annexure 3 Lab Report



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zydus Hospitals

LABORATORY REPORT

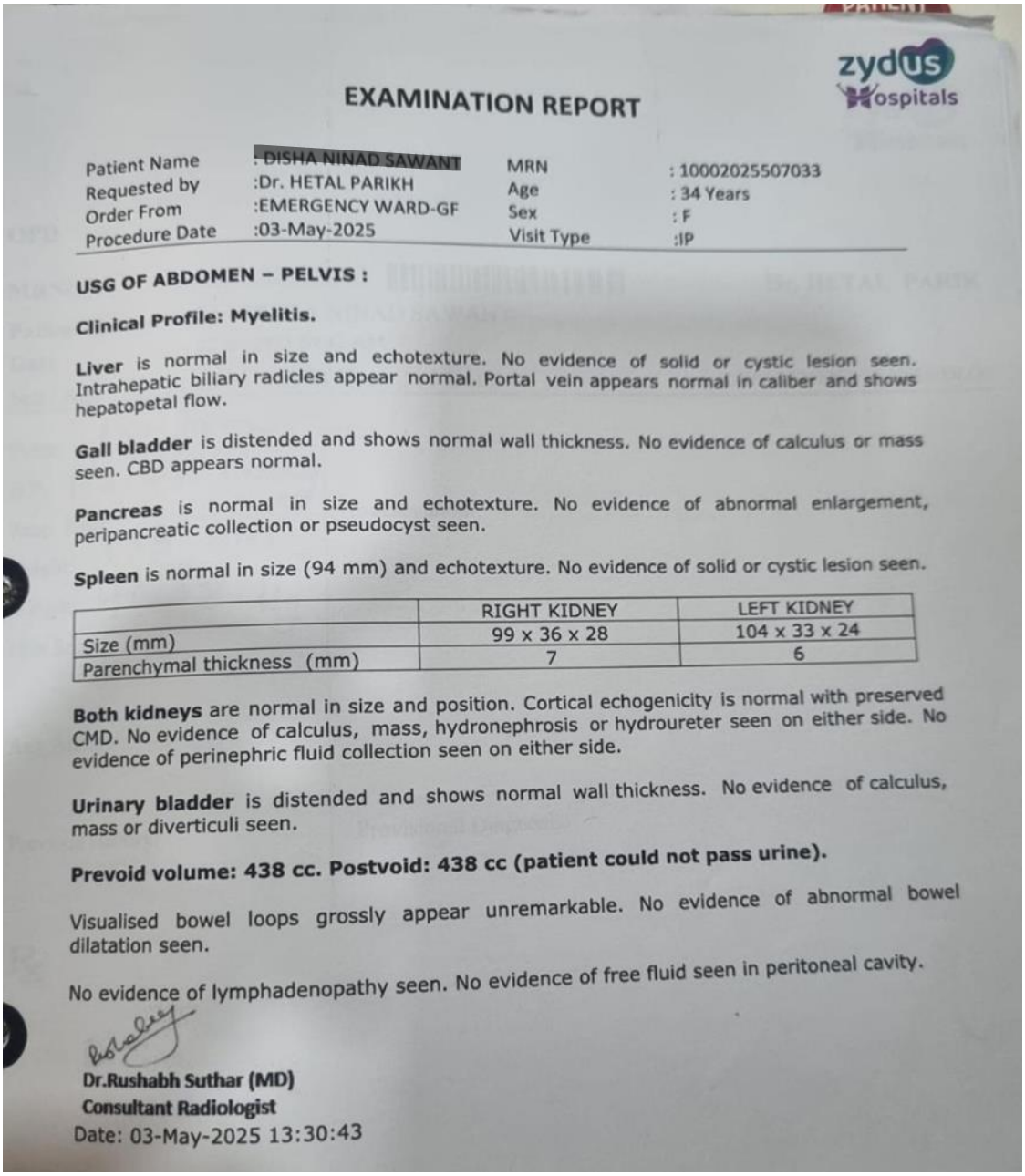
Name	: Mrs DISHA NINAD SAWANT	Sex/Age	: Female / 34 Years	Case ID	: 50500103282
Ref. By	:	Dis. At	:	Pt. ID	:
Bill. Loc.	: Zydus hospital ahmedabad			Pt. Loc	:
Reg Date and Time	: 03-May-2025 19:39	Sample Type	:	Mobile No.	:
Sample Date and Time	:	Sample Coll. By	: non NSRL	Ref Id1	:
Report Date and Time	:	Acc. Remarks	:	Ref Id2	:

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CSF IgG Index	4.13	mg/dL	0.63 - 3.35
CSF IgG	42.40	mg/dL	20.00 - 40.00
CSF Albumin			

Abnormal Result(s) Summary End

Annexure 4 USG of Abdomen and Pelvis



zydus Hospitals

EXAMINATION REPORT

Patient Name	: DISHA NINAD SAWANT	MRN	: 10002025507033
Requested by	:Dr. HETAL PARIKH	Age	: 34 Years
Order From	:EMERGENCY WARD-GF	Sex	: F
Procedure Date	:03-May-2025	Visit Type	:IP

USG OF ABDOMEN – PELVIS :

Clinical Profile: Myelitis.

Liver is normal in size and echotexture. No evidence of solid or cystic lesion seen. Intrahepatic biliary radicles appear normal. Portal vein appears normal in caliber and shows hepatopetal flow.

Gall bladder is distended and shows normal wall thickness. No evidence of calculus or mass seen. CBD appears normal.

Pancreas is normal in size and echotexture. No evidence of abnormal enlargement, peripancreatic collection or pseudocyst seen.

Spleen is normal in size (94 mm) and echotexture. No evidence of solid or cystic lesion seen.

	RIGHT KIDNEY	LEFT KIDNEY
Size (mm)	99 x 36 x 28	104 x 33 x 24
Parenchymal thickness (mm)	7	6

Both kidneys are normal in size and position. Cortical echogenicity is normal with preserved CMD. No evidence of calculus, mass, hydronephrosis or hydroureter seen on either side. No evidence of perinephric fluid collection seen on either side.

Urinary bladder is distended and shows normal wall thickness. No evidence of calculus, mass or diverticuli seen.

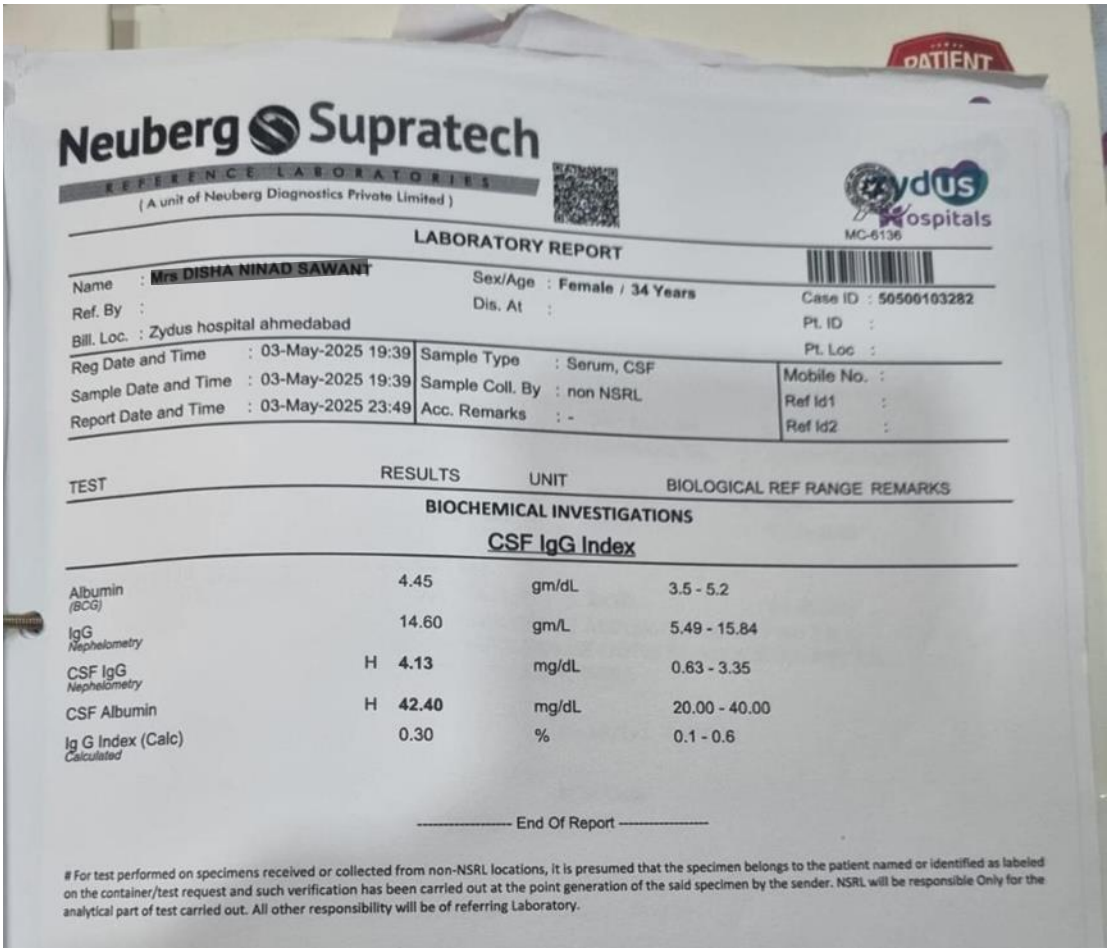
Prevoid volume: 438 cc. Postvoid: 438 cc (patient could not pass urine).

Visualised bowel loops grossly appear unremarkable. No evidence of abnormal bowel dilatation seen.

No evidence of lymphadenopathy seen. No evidence of free fluid seen in peritoneal cavity.

Dr.Rushabh Suthar (MD)
Consultant Radiologist
Date: 03-May-2025 13:30:43

Annexure 5 Lab report of CSF IgG



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MC-6136

PATIENT

LABORATORY REPORT

Name : Mrs DISHA NINAD SAWANT
Sex/Age : Female / 34 Years
Case ID : 50500103282
Ref. By :
Dis. At :
Pt. ID :
Bill. Loc. : Zydus hospital ahmedabad
Pt. Loc :
Reg Date and Time : 03-May-2025 19:39
Sample Type : Serum, CSF
Mobile No. :
Sample Date and Time : 03-May-2025 19:39
Sample Coll. By : non NSRL
Ref Id1 :
Report Date and Time : 03-May-2025 23:49
Acc. Remarks : -
Ref Id2 :

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
CSF IgG Index					
Albumin (BCG)		4.45	gm/dL	3.5 - 5.2	
IgG Nephelometry		14.60	gm/L	5.49 - 15.84	
CSF IgG Nephelometry	H	4.13	mg/dL	0.63 - 3.35	
CSF Albumin	H	42.40	mg/dL	20.00 - 40.00	
Ig G Index (Calc) Calculated		0.30	%	0.1 - 0.6	

---------- End Of Report ----------

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Annexure 6 Patient post-recovery interview transcript

Patient feedback interview transcript is given below.

---Start of audio---

"My name is [redacted]. I live in Baroda. My age is 35.I am a Yoga Teacher. During April 2025, I began losing my body sensations. I realised when I fell down. Then I tried hot pack, but I could not sense the heat. Then I thought I should see a Doctor. Initially the Doctor thought that I was short of B12 vitamin in my body.

Towards the end of April, I was losing sensation. I consulted another Doctor in Ahmedabad. He said my condition was Transverse Myelitis., which means inflammation in spine. The nerve is affected, that is why I was having imbalance.

He asked me to get admitted in the hospital for 5 days for investigations and reports to know the root cause of this. If the reports do not give any clue to the diagnosis, then it will be probably due to viral infection.

Accordingly, I was admitted on 2nd May 2025 and discharged on 8th May. I was informed that the reports were normal. Then they gave me steroids. After this, my condition was getting worse. By the end of May, my legs were unmovable. Then they said, there was no other treatment, and it will take time like 90 days. Some other doctors said it may take a year to become normal.

I was admitted in the hospital for the third time. Steroid higher dose injection was given to me, and I was told that its influence will be seen after 3 weeks. But even after 3 weeks, there was no improvement in my condition.

Then they said there is another higher dose injection and if it doesn't work, there is no other treatment available. Then they gave me this injection, and said its effect will be felt after one month. However, I was not experiencing any improvement even with this injection.

At that stage we got in touch with the YPV healer MR [redacted]. MY mother knew about him. He then said he will start healing me, started from July.

As he started healing me, gradually I was regaining sensation in my body. In August I gained movement. The healer said he would cure me completely by 22nd of September 2025. I remembered that the doctor told me on 22 August that it will take a year for me to fully recover.

Exactly as the Healer said, on 22 September I was able to start moving with a walker, leaving the orthotic calliper. Now I am able to walk without walkers.

I gained maximum movement in September, contrary to what all doctors I consulted stated it will take a year or two to fully recover. …"time lagega…time lagega…" was their opinion.

Because of Pranic energy healing, the injections, and blessings of all, I am now able to walk smoothly after 3 months.

The YPV healer maintained continuous healing throughout these 3 months.

I started regaining my periods.

I am highly thankful to the YPV and the Healer for helping me regain my normal condition.

I am now able to do all my work by myself. Previously, all of my lower part of the body, waist to toes, was completely immobilised. I could not move at all, needed assistance from others to carry me physically.

I was able to recover fast because of YPV and the healer who treated me with healing energy. “

___End of Audio…__

…End of Transcript…….