

Managing pain and side effects of a Hodgkin lymphoma female patient undergoing Chemotherapy using Yoga Prana Vidya System as complementary medicine.

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ABSTRACT

Introduction: Hodgkin lymphoma (HL) is a curable form of cancer that occurs most commonly in the 20-34 years age group, in 31% of new cases across all age groups. Several approaches and combinations are used for treatment of HL, and Chemotherapy is one among them. Some chemotherapy drugs cause painful side effects, and this type of pain can last long after treatment ends. Medicines are often used but cannot effectively relieve pain. This paper presents a case of HL patient healed successfully using Yoga Prana Vidya protocols without medicines to relieve pain completely and to help accelerated recovery.

Methods: This is an in-depth case study method analyzing medical reports and data pre and post healing, and detailed feedback from the patient.

Results: After 1 1/2 months of healing, the patient experienced great reduction in pain, and also all tumors disappeared. PET/CT scan report was obtained and a comparison made with previous PET/CT scan, and medical assessment found good metabolic response to treatment. Healing was still being continued, as the doctors advised preventive chemo to continue.

Conclusion: Management of pain and other side effects of chemotherapy have been a matter of major concern of patients and treating medical teams. It is observed from this case report that Yoga Prana Vidya distance healing and self - practice protocols were found effective to relieve pain caused by chemotherapy of a HL patient. YPV has been known to have successfully healed thousands of patients suffering from various illnesses, when used as complementary and/or alternative medicine without drugs or without touching the patient. There is great scope for further research using YPV with appropriate sample sizes.

Key Words: Yoga Prana Vidya System[®], YPV[®], Hodgkin Lymphoma, Chemotherapy, side effects.



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INTRODUCTION

Hodgkin lymphoma (HL)

Hodgkin lymphoma (HL) is considered one of the most curable forms of cancer, that is most commonly diagnosed in the 20-34 years age group, accounting for 31% of new cases but can be seen across the age spectrum from adolescents to the elderly.[1]. Doctors use several types of approaches and treatment combinations for adults and children with Hodgkin lymphoma, such as, Chemotherapy and drug therapy, Radiotherapy also known as "radiation therapy", Stem cell transplantation and Clinical trial. [2]

Cancer cells tend to grow fast, and chemo drugs kill fast-growing cells. But because these drugs travel throughout the body, they can affect normal, healthy cells that are fast-growing, too. Damage to healthy cells causes side effects. Side effects are not always as bad as you might expect, but it's normal to worry about this part of cancer treatment.

The normal cells most likely to be damaged by chemo are:

- Blood-forming cells in the bone marrow
- Hair follicles
- Cells in the mouth, digestive tract, and reproductive system
- Some chemo drugs can damage cells in the heart, kidneys, bladder, lungs, and nervous system. Sometimes, you can take medicines with the chemo to help protect your body's normal cells. There are also treatments to help relieve side effects.

Treatment and side effects

Doctors try to give chemo at levels high enough to treat cancer, while keeping side effects at a minimum. They also try to avoid using multiple drugs that have similar side effects. It also happens that every patient does not get every side effect, and some may get few, if any. [3]

Some chemotherapy drugs can cause painful side effects, such as aching in the muscles and joints, headaches and stomach pains. Pain may be felt as burning, numbness, tingling or shooting pains in the hands and feet (called peripheral nerve damage). This type of pain can last long after treatment ends. The

healthcare team will tell you what medicines to use to relieve the pain. [4]

Some of the more common side effects caused by chemotherapy are: fatigue, easy bruising and bleeding, hair loss, infection, anemia (low red blood cell counts), nausea and vomiting, appetite changes and constipation. [4] Supportive care and treatments for relieving pain and side effects vary widely and often consist of: social support through trained social workers or groups, medication for physical effects, nutritional changes by dietitians, emotional support from an appropriate support group, psychological support from professional workers and cancer survivors, spiritual support from related faith or spiritual group, yoga groups for relaxation techniques etc.

Yoga Prana Vidya System

Yoga Prana Vidya System integrates the science of breathing, healing, meditation and yoga etc., to provide a holistic wellness solution. It works around all four aspects of being –Physical, Emotional, Mental and Spiritual. YPV empowers an individual to self-heal and unleash their full potential by enabling them to overcome any blocks, tapping into their unexplored and un-actualized resources. The participants are taught techniques such as – Simple physical exercises, Rhythmic Yogic Breathing, forgiveness and peace meditation, values and principles of the practice of healing techniques. Thus, YPV is an integrated and holistic system of healing and evidence shows that it has been used successfully as complementary and alternative medicine to treat hundreds of cases of several physical and psychological illnesses including some difficult medical cases. [5],[6] [7] [8] [9] [10] [11] [12] Yoga Prana Vidya system is no-touch no-drug healing process which can be delivered by a trained healer to not only proximally seated patient, but also one who is situated at a distance of hundreds or even thousands of Kilometers away. Some simple techniques of YPV have become very popular with patients because of the simplicity and ease with which pain reduction in any part of the body is achieved quickly and with sustained results for patients. This case study presents a patient case of Hodgkin Lymphoma based in Singapore, who has been healed successfully by a team of three YPV healers based in different locations in India.

MATERIALS AND METHOD

This is a case study method analyzing medical reports data pre and post healing, and detailed feedback from the patient.

Case report

A 31 years aged female patient in Singapore was diagnosed with Hodgkin lymphoma on 14 April 2021 as per the PET/CT scan report (Annexure 1) and overall finding is Lymphoma. The name of the patient is withheld for reasons of confidentiality. Histological correlation was advised. As per the Histopathology report (Annexure 2) of 19 April 2021, the diagnosis was confirmed to be Classical Hodgkin lymphoma, a type of blood cancer that develops when lymphocytes, a type of white blood cells, become out of control. It was a case of stage 2A Hodgkin lymphoma. Medical treatment with Chemotherapy was carried out from April to June 2021.

The patient based in Singapore contacted a YPV Healing team in India through known contacts around the 10th of May, 2021 for healing service as she was facing severe pain and associated troubles due to the chemotherapy she was undergoing at that time. YPV Healing by the team started from 12th May 2021.

She did not know about YPV earlier - she was introduced to YPV by her friend who had good healing experience previously. The healers guided her to do the YPV practices. She practiced daily 3 to 4 times, breathing, 2 to 3 times forgiveness, meditation once in a day. Also, she participated in the online group healing session that goes online daily from 10 to 10-15 am IST. Three healers Initially did 3 times healing a day, then after couple of weeks they made it 4 times a day. The healing protocols used were:

1. Psychotherapy- (Using Level 3 YPV Healing): Patients in such situation suffer due to immense pain in the vein and entire hand where Chemotherapy drug is being injected. Irritation levels are very high, not being able to do much makes them feel sad/depressed too. So, every session started with Level 3 YPV healing which includes healing on emotional and mental aspects. All kind of energies of stress, irritation, anger, fear, anxieties, depression etc. are removed from different energy centers using a combination of brilliant Violet and Blue Energies. This makes patient feel relaxed, calm, and happier.

2. Physical body becomes too weak during this process and suffers various side effects due to medication, especially steroids. The next healing protocol being applied is full-body healing using Level 2 YPV healing which includes using various color energies like Green, Blue, Orange, Red, Violet, Gold and sometimes White. Blood Purification, Internal Organs, Musculoskeletal system, Respiratory system all are treated in this protocol.
3. Once entire physical body is healed - the 3rd level of treatment is focused on reduction of pain in the veins and entire hands through which chemo drug is injected. They are thoroughly cleansed to remove all pain energy and then fresh soothing energies are projected to relieve the pain as well as regenerate the veins to recover from the damage happening due to drugs.
4. The Cancer nodes are treated in next stage where they are first of all localized by wrapping them into preventive energy coat which ensures that energies used for dissolving those nodes is not affecting other healthy organs of the body. Combination of high intensity color energies are used for treating these nodes to make them dissolve.
5. Pre-chemo Preventive Healing - Before Chemotherapy the veins supposed to be used are healed by projecting soothing energies and protective energies which reduces damage in vein due to drugs and also healing is done to strength the body and protect delicate organs.

RESULT

After 1 1/2 months of healing, the patient experienced great reduction in pain, and also all tumors disappeared. On 24 June 2021 PET/CT scan report (Annexure 3) was obtained and a comparison was made of previous PET/CT scan of 14 April 2021. A Medical assessment was carried out and overall finding showed good metabolic response to treatment. Healing is still being continued, as the doctors advised preventive chemo to continue. Given below is patient feedback indicating how the patient experienced YPV healing, and how it helped pain reduction and faster recovery.

PATIENT'S FEEDBACK

"I originate from India and I am based in Singapore. I am 31½ yrs old and I am a mother to a 13-month-old toddler. In April 2021, 2 months back I was diagnosed

with Hodgkin's lymphoma which is a stage 2 blood cancer, mine is stage 2. It was just a lump that I noticed and I was lucky enough to get diagnosed on time. I feel like even our body needs certain supplements, right, so, like, with food sometimes at this age we need iron supplements. Similarly, treatment should also be supplemental in nature. So there's full-fledged chemotherapy that's going on for me which you can see a certain impact of it. But this is the only you can see because I was lucky enough to meet a friend who happens to be my neighbor and she after my first chemotherapy session met me and I was facing a lot of side effects related to weakness and pain and everything and she introduced me to yoga prana vidya healing. She gave me the contact of my healing master who is Mr. xxxxx and when I contacted him I mean I had that feeling in me that this will work for me because somehow this is how to trust I had in my friend and the way she convinced me the way she explained things to me I had that confidence the day the first time I talked to him. Talking about how it works so basically when you explain your full medical condition to them including the reports and everything they actually come up with a customized healing plan for you. Which is with respect to your healing condition. So for me, because it's chemotherapy, the side effects are too high. My daily healing sessions are nearly 4, which involve multiple healers which is the entire single group they manage and apart from that it's not a one-way process. There are certain things, small things, that are expected from you but trust me when u do it u feel so good. So when they come up they have this app (YPV Sadhana), where you can do rhythmic yogic breathing. You can do the forgiveness sadhana and I can say that when I do it, I feel so good. I feel so positive. My entire house is fragrant with positivity these days, I can't explain. And the healing is so effective on me because the standard side effects of weakness, of the overall pain, the body troubles ...everything is gone. Of Course, the hair loss is gonna happen because there's the drug involved that does that but trust me I m not fully gone. I think some part of the healing has left those few amounts of hair on my head still and it's the level of positivity that I have gained during this healing that I happily can stay like this in my skin I don't need a bandana anymore. I'm happy like this the whole day even when I go for my sessions, chemo sessions, yes. And finally, I will say I'm so mind positive due to this that I recommend anyone not just such big medical conditions even if you have some emotional conditions, don't hesitate, go ahead with this. It's gonna be really helpful for you

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because it's all connected. Your physical and emotional thing is connected and it really really works, trust me. Just an additional testimonial on this, I have a drug for my condition called dacarbazine which is very painful, and whichever hand it is injected in normally causes a lot of pain. So until my healing had not started I was dying of that pain. The painkillers didn't work, right. But ever since my healing has started that pain is so manageable and the healing masters always seek for those minute details that u know where is that pain happening. you send them a picture on WhatsApp and your next healing session they do and it's gone. Trust me. And I cannot explain how the graph of pain has gone from literally 90 to 0.5 and that 0.5 is so mild, in fact, u wouldn't even get to know but that's expected because the impact of that medicine is so high. So it really really works for people. It really works. The most important thing is just don't lose your trust when you sign up with them. Thank you Bye... (20th June 2021)

“ We talked before also and I'm going to a treatment for Hodgkin's lymphoma stage 2 cancer. I just had my pathscan recently after 4 chemos, total being 12. And I am PET negative, which means that my cancer is almost gone. Actually, not almost gone, because PET negative means very good progress. The treatment continues for all 12. They keep monitoring with pathscans after the 8th and after the 12th, so I am on the right track. And I really wanna thank my healers xxxxxx for all their support for my pain management and chemo side effect management. I am very very grateful to them. They are so responsive on whatsapp, they always message me before healing and asking about me for my specific pains. They are the best people I have met recently. And above all, thank you xxxji, for bringing me the best healors. Thank you! (1st July 2021 }

DISCUSSION

Management of pain and other side effects of chemo therapy has been a matter of concern to patients and treating medical teams. Usually, medication such as pain killers are administered to patients to reduce pain. YPV distance healing in this case produced very satisfying reduction in pain to patient without using of any medication. Also, the YPV healing enabled faster recovery. YPV teams have been having experiences of several cases of cancer patients in the past, and this case is documented by the team with patient's concurrence.

CONCLUSION

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Yoga Prana Vidya distance healing and self - practice protocols have been found to have worked well to thousands of patients as complementary and/or alternative medicine without drugs or without touching the patient. There is evidence of a variety of medical conditions that have been successfully handled by YPV healing teams, such as medically difficult cases, diabetes, hypertension, thyroidism, reduction of obesity; psychological cases such as anxiety, depression and other mental health conditions; and also hundreds of COVID patients found faster recovery and relief at low cost and less time. It is recommended that targeted research may be conducted using large samples for scientifically correlating and validating the results for greater generalizable benefits to mankind.

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Annexure 1

F-18 FLUORODEOXYGLUCOSE PET/CT STUDY

CLINICAL HISTORY

M. is a 31 years old lady with bilateral cervical nodes. ? Lymphoma. Her FNA of Apr 2021 was negative for malignancy. PET/CT to assess.

TECHNIQUE

Positron emission tomographic (PET) images, coupled with multi-slice low-dose CT scan were acquired 56 minutes after intravenous administration of approximately 346 MBq of F-18 Fluorodeoxyglucose (blood glucose 4.4 mmol/l). CT was used for attenuation correction and anatomical correlation.

FINDINGS

There are multiple mild to intensely FDG-avid right level II, III, IV and V cervical nodes (maxSUV 15.5, largest measuring 30mm), left level II, III, IV and V cervical nodes (maxSUV 19.9, largest measuring 20mm), right supraclavicular nodes, left supraclavicular and retroclavicular nodes.

The 20mm intensely FDG-avid nodule in the right parotid gland (maxSUV 25.4) is most likely an intra-parotid node. A moderately FDG-avid right axillary node (maxSUV 7.0) is seen.

There is an 85mm anterior mediastinal mass containing a few discrete moderately FDG-avid foci within it; the largest discrete moderately FDG-avid focus within the anterior mediastinal mass measures 22mm on PET and has a maxSUV of 8.8.

Multiple mild to intensely FDG-avid anterior mediastinal prevascular nodes, nodes lateral to the aortic arch, bilateral upper paratracheal nodes, bilateral lower paratracheal nodes, aortopulmonary window nodes (maxSUV 11.6), subcarinal nodes and left hilar nodes are noted.

The other bilateral cervical nodes and bilateral submandibular nodes of negligible to low-grade activity as well as the non FDG-avid subcentimeter submental nodes are compatible with reactive nodes. The other bilateral axillary nodes of negligible to low-grade activity are also compatible with reactive nodes.

Below the diaphragm, the mildly FDG-avid subcentimeter left inguinal node (maxSUV 3.9) is more likely to be inflammatory in origin. There are no FDG-avid intra-abdominal, retroperitoneal or pelvic nodes.

The other subcentimeter ileocolic nodes, subcentimeter superior mesenteric nodes, subcentimeter aortocaval node, subcentimeter para-aortic nodes, bilateral subcentimeter external iliac nodes and bilateral inguinal nodes are either non FDG-avid or of negligible to low-grade activity and they are more in keeping with reactive nodes.

The bone marrow shows diffuse mildly increased FDG activity that is non-specific. No discrete abnormal FDG-avid skeletal focus is detected.

No abnormal FDG-avid focus is detected in the cerebral hemispheres or cerebellum. The paranasal sinuses and mastoids are clear. The low-grade to intensely increased FDG activity involving both sides of the nasopharynx, bilateral palatine tonsils, bilateral vocal cords, the left parotid gland and bilateral submandibular glands is more likely to be physiological or inflammatory in origin. No abnormal FDG-avid focus is seen in the thyroid gland.

Low-grade to mild physiological glandular FDG uptake is seen in both breasts but no abnormal FDG-avid focus is noted within them. No abnormal FDG-avid focus is detected in both lungs. The subcentimeter nodule in the left lower lobe is too small to be accurately resolved on PET and is indeterminate. No pleural effusion or pericardial effusion is seen.

The mildly increased gastric activity is most likely physiological in origin or due to gastritis. The segmental low-grade to mildly increased activity along the caecum, ascending colon, transverse colon, descending colon, sigmoid colon, rectum and small bowel loops is more in keeping with physiological bowel uptake.

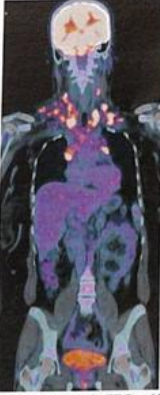
No ascites or FDG-avid peritoneal nodule is seen. No abnormal FDG-avid focus is noted in the liver, spleen, pancreas, adrenal glands and uterus. No hydronephrosis is present.

CLINICAL IMPRESSION

There are multiple FDG-avid bilateral cervical nodes, right intra-parotid node, bilateral supraclavicular nodes, mediastinal nodes, right axillary node and left hilar nodes. A FDG-avid anterior mediastinal mass is also seen.

Below the diaphragm, the mildly FDG-avid subcentimeter left inguinal node is more likely to be inflammatory in origin. There are no FDG-avid intra-abdominal, retroperitoneal or pelvic nodes. No FDG-avid extra-nodal focus of disease is detected elsewhere.

Overall finding is suggestive of lymphoma but histological correlation is advised. The cervical nodes are most accessible for biopsy.



Annexure 2

GROSS DESCRIPTION:

The specimen is received in formalin, labelled with patient's data, and designated "right neck node". It consists of one lymph node measuring 1.8 x 1.8 x 1.3cm. Cut section shows solid white tissue. (A1 to A4; no reserve)

MICROSCOPIC DESCRIPTION:

All material has been submitted for histologic examination. Sections show lymph nodal tissue showing largely effaced architecture by a nodular lymphoproliferation, due to fibrotic thickening of the nodal capsule and thick internal fibrous trabeculae encircling cellular nodules. Within the lesional nodules, there are numerous large atypical cells, sometimes forming aggregates. Many of these large cells show large atypical nuclei and reside within a lacunar space, in keeping with lacunar variants of Reed-Sternberg cells. Mononuclear forms and more classic, bilobed forms with inclusion like nuclei are also noted. The background shows a polymorphous admixture of neutrophils, eosinophils, histiocytes, plasma cells and small lymphocytes.

Within adjacent small lymph nodes, residual conserved nodal tissue is present, showing reactive germinal centers and patent sinuses. Where involved, Reed-Sternberg cells are seen to reside in interfollicular zones.

No evidence of metastatic tumour is seen. Epithelial marker MNF116 and germ cell marker SALL4 are negative.

Immunohistochemical stains confirm the Reed-Sternberg cells to be immunoreactive for CD30, with a subset also showing expression of CD15 (which is of weaker intensity and present in larger cells, compared to more intense staining in surrounding granulocytes). They are negative for CD45/LCA, CD20 as well as CD79a, while showing positivity for B-cell specific activator protein (BSAP/PAX-5 gene product), in keeping with the truncated B-lineage phenotype of Reed-Sternberg cells in classical Hodgkin lymphoma. The neoplastic cells are often located in perifollicular regions and demonstrate weaker immunoreactivity as compared to small CD20(+) PAX5(+) B-lymphocytes in residual primary follicles, with which they form no maturation spectrum, hence being appropriate in population structure for Hodgkin lymphoma. The RS cells also display strong positivity for MUM-1, in keeping with post germinal center derivation. EBV-encoded small RNA (EBER) by in-situ hybridisation is negative (discounting spurious cytoplasmic staining in granulocytes), in the presence of viable mRNA as well as a working external positive control. Positive staining for PAX5 also negates an anaplastic large cell lymphoma, in conjunction with negative staining for ALK.

CD3(+) T-lymphocytes are relegated to interfollicular regions and are predominantly small in size with few activated forms, lacking overt atypia. The proliferation fraction in this population with Ki67 is low, approximately 10 to 20%, with Ki67 instead highlighting predominantly the neoplastic Reed-Sternberg cells. No prominent rosetting of RS cells by proliferative CD3(+) T-cells is evident.

CD21-immunoreactive follicular dendritic meshworks, although attenuated and compressed hence irregular, are limited to residual CD20(+) B-follicles with relative circumscription, lacking overt tentacular enwrapment of high endothelial venules, altogether without evidence of an angioimmunoblastic T-cell lymphoma.

Comment for immunohistochemistry and in-situ hybridisation: Positive and/or negative controls are acceptable.

Annexure 3

F-18 FLUORODEOXYGLUCOSE PET/CT STUDY

CLINICAL HISTORY

Ms Maini is a 31 years old lady with a history of stage 2A Hodgkin's Lymphoma. She is status post chemotherapy from Apr till Jun 2021. PET/CT to assess disease status.

TECHNIQUE

Positron emission tomographic (PET) images, coupled with multi slice low-dose CT scan were acquired 52 minutes after intravenous administration of approximately 314 MBq of F-18 Fluorodeoxyglucose (blood glucose 4.5 mmol/l). CT was used for attenuation correction and anatomical correlation.

FINDINGS

Comparison was made with the previous PET study of 14 April 2021.

The residual anterior mediastinal density is currently indistinguishable from background physiological mediastinal FDG uptake and is more in keeping with treated disease (Deauville score 2).

The previously noted FDG-avid cervical nodes, right intra-parotid node, supraclavicular nodes, right axillary node, mediastinal nodes and left hilar node have resolved on PET.

The bilateral cervical nodes and left supraclavicular node of negligible to low-grade activity as well as the non FDG-avid subcentimeter submental nodes and bilateral submandibular nodes are more in keeping with reactive nodes or resolving/treated nodes.

The anterior mediastinal nodes, nodes lateral to the aortic arch, bilateral upper paratracheal nodes, bilateral lower paratracheal nodes and aortopulmonary window nodes of negligible to low-grade activity are more in keeping with resolving or treated nodes.

The bilateral axillary nodes of negligible to low-grade activity are compatible with reactive nodes.

Below the diaphragm, there are currently no FDG-avid intra-abdominal, retroperitoneal, pelvic or inguinal nodes.

The subcentimeter ileocolic nodes, subcentimeter superior mesenteric nodes, subcentimeter aortocaval node, subcentimeter para-aortic nodes, bilateral subcentimeter external iliac nodes and bilateral inguinal nodes are either non FDG-avid or of negligible to low-grade activity and they are more in keeping with reactive nodes.

The bone marrow shows diffuse mildly increased FDG activity that is due to recent chemotherapy. No discrete abnormal FDG-avid skeletal focus is detected. The low-grade to mildly increased activity adjacent to bilateral greater trochanters is most likely inflammatory in origin.

No abnormal FDG-avid focus is detected in the cerebral hemispheres or cerebellum. The paranasal sinuses and mastoids are clear. The low-grade to moderately increased FDG activity involving both sides of the nasopharynx, bilateral palatine tonsils, bilateral vocal cords, bilateral parotid glands and bilateral submandibular glands is more likely to be physiological or inflammatory in origin. No abnormal FDG-avid focus is seen in the thyroid gland.

No abnormal FDG-avid focus is seen in both breasts. No abnormal FDG-avid focus or nodule is detected in both lungs. No pleural effusion or pericardial effusion is seen.

The low-grade to mildly increased gastric activity is most likely physiological in origin. The segmental low-grade to moderately increased activity along the caecum, ascending colon, sigmoid colon, rectum and small bowel loops is more in keeping with physiological bowel uptake.

No ascites or FDG-avid peritoneal nodule is seen. No abnormal FDG-avid focus is noted in the liver, spleen, pancreas, adrenal glands and uterus. No hydronephrosis is present. Moderately FDG-avid foci are seen in the right ovary (maxSUV 5.3) and left ovary (maxSUV 4.6).

CLINICAL IMPRESSION

The FDG-avid nodes previously noted above the diaphragm have resolved on PET. The bilateral cervical nodes, left supraclavicular node and mediastinal nodes of negligible to low-grade activity are more in keeping with resolving/treated nodes.

The residual anterior mediastinal density is currently indistinguishable from background physiological mediastinal FDG uptake and is more in keeping with treated disease (Deauville score 2).

Below the diaphragm, the previously noted mildly FDG-avid subcentimeter left inguinal node has resolved on PET.

The FDG-avid foci in bilateral ovaries are more likely to be benign or physiological in origin in the reproductive age group. Nevertheless, follow-up with ultrasound is advised.

No FDG-avid extra-nodal focus of disease is detected elsewhere.

Overall finding shows good metabolic response to treatment.

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