

## **Pranic Healing as a Complimentary Therapy in averting Multiple Organ Failure: A Case Report**

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### **Abstract:**

The case report has been presented to demonstrate the response to Pranic Healing intervention by a patient with Acute Respiratory Distress Syndrome (ARDS), heading towards multiple organ failure, triggered by secondary haemophagocytic lymphohistiocytosis (HLH)

The 29 yr old patient had been on ventilator support, immunocompromised and in a critical state with multiple diagnosis and multiple hospitalizations for nearly eight months. He had stopped responding to conventional medicine and acupuncture. Complimentary Therapy in the form of Pranic Healing, a no touch, no drug energy therapy was provided to the patient for three months. Pranic Healing along with standardised medical care helped the patient recover rapidly and he was discharged within six weeks of starting Pranic Healing therapy. The case study provides a promising example of Pranic Healing intervention in averting multiple organ failure and promoting regeneration of vital organs.

**Keywords: Pranic/Energy Healing, Multiple organ failure, Adult Respiratory Distress Syndrome, Secondary Haemophagocytic Lymphohistiocytosis, Cell Regeneration**

### **Case Report**

#### **Introduction**

The most common cause of death for patients admitted to a contemporary intensive care unit (ICU) is a clinical condition that owes its existence to the development of the ICU i.e multi organ failure. The *Multiple Organ Dysfunction Syndrome (MODS)* can be defined as the development of potentially reversible physiologic derangement involving two or more organ systems not involved in the disorder that resulted in ICU admission, and arising in the wake of a potentially life-threatening physiologic insult<sup>1</sup>.

### **Case Report**

Due to confusing and unclear symptoms, inconclusive medical reports and intolerance to certain drugs, the patient, a 29 year old male, had been gradually deteriorating for nearly eight months. In the eighth month of illness, the patient was started on antibiotics, nebulisation and bronchodilators, Oxygen and other supportive treatments. A presumptive diagnosis of Bilateral Pneumonia and atypical chest infection was made and treatment initiated. Patient was put on high flow oxygen via NRBM but was desaturating and tachypneic. The subject was shifted to ICU and medicine review taken in view of persisting fever. His breathlessness had worsened and he was electively intubated. CT Thorax revealed diffused ground glass opacities with subtle septal prominence in the bilateral lungs. Serial monitoring showed decreasing TLC, Hemoglobin and platelet levels. His lungs were not functioning and he was totally dependent on the ventilator. His immunity was low and he was heading towards multiple organ failure.

It was at this stage, that the patient's relatives requested for Pranic Healing, a no touch, no drug, energy based system of complimentary healing<sup>2</sup> for the patient. The healers were only informed that the patient was admitted in the ICU, on ventilator, not responding to medicines or acupuncture. Pranic Healing sessions; initially 6 sessions of 30 minutes each in a day and later; as the patient recovered, 2 healings a day for three months were provided.

On the fourth day of Pranic Healing, the patient started responding. In the first week of healing, the patient's blood pressure was fluctuating but overall, he was stable, though lungs were yet not completely functional. On the tenth day, his Hb was dipping and he again stopped responding to medicines but was stable. Fever and infection persisted and finally, haematology and rheumatology references showed features of secondary HLH. His ventilator requirement was still high and tracheostomy was done.

In the third week of Pranic Healing, the dose of sedatives was reduced a little and his condition was stable. A few Pranic Psychotherapy sessions were given in addition to regular healing, to induce a sense of peace and calm in the patient<sup>3</sup>. In the 4th week of healing, the patient was off the ventilator; but on Oxygen on SOS basis and started showing improvement and started food intake and speaking softly. However, there was stiffness in the lungs for which Pranic Healing was continued.

In the second month of Pranic Healing, the patient gradually improved symptomatically and was shifted to an isolation room from ICU. IV antibiotics were stopped and he started normal food intake. He was able to maintain saturation on T piece with low flow oxygen and decannulation was done.

The patient was discharged exactly six weeks after Pranic Healing treatment started. The healings continued as his lungs were not yet completely healed, though he was able to maintain saturation on room air. Physiotherapy treatment was also started. He gained weight rapidly and gradually improved.

Healers depended heavily on their scanning of the aura, organs<sup>4</sup> and *chakras* (energy centres) of the patient with sensitive fingers and information from the family in the first three weeks of Pranic Healing intervention. From the fourth week of healing, the patient was aware and receptive to the healings. Through the course of the healings, the *chakras* of the patient grew more active, clean and

balanced. The Outer Aura, Health Aura, Inner Aura<sup>2</sup> and Activation and Energy Levels of the chakras<sup>5</sup> and organs were scanned by the healers and results interpreted. The Pranic Healers worked on the liver and spleen and regeneration of the lungs, other than building the strength and immunity of the entire body. Pranic Healing protocols, including Cell regeneration techniques, Divine and Instructive Healing<sup>5</sup> were followed. There have been two follow ups after discharge. The first follow up took place a month after discharge and antibiotics were stopped. He was advised to continue multivitamins and physiotherapy for foot drop. The second follow up took place four months after discharge and the patient was fully recovered and all medication and treatment stopped.

### **Discussion:**

Pranic Healing, is an ancient science and art of healing which utilizes *prana*, or ki or vital energy to heal the whole body. Healers believe that man's whole physical body is composed of two parts: the visible physical body and the *invisible energy body* or *bioplasmic* body, interpenetrating the visible physical body and extending beyond it by 4" to 5". The energy body contains the major, minor and mini chakras. Major chakras are whirling energy centres and control and energise the major and vital organs of the physical body. It is by cleansing or removing the diseased bioplasmic matter from the affected chakra (energy centre) and the diseased organ and energizing them with sufficient *prana* or vital energy that healing is accomplished<sup>2</sup>. The no touch, no drug energy-based intervention: in person and distance healing: has been known to help in various simple and complex conditions, including palliative care in cancer<sup>6</sup>, CoPD<sup>7</sup>, stress, depression<sup>8</sup>, insomnia<sup>9</sup> and many other common and rare clinical conditions. Dr Hazel Wardha, a certified Senior Pranic Healer and Cell regeneration specialist from Australia mentions that "Thought, when combined with strong intention and specific techniques, can direct powerful energy to alter the programmes and information in the cells and get positive results." <sup>10, 15</sup>

According to a Neurosurgeon practising Pranic Healing, it enables surgery to be easier for surgeons as well as patients. Pranic Healing reduces pain, blood loss, ICU and hospital stay, faster wound healing, improved neurological outcomes and overall improvement of daily living/quality of life.<sup>11</sup>

Thus, in conditions like ARDS where multiple organ failure and mortality rates are unacceptably high, (ranging from 34 to 64%<sup>12</sup>) especially within a year<sup>13</sup> and timely care is crucial<sup>14</sup>; Pranic Healing can be used as a Complimentary Therapy. It can also be used as a Complimentary Therapy to treat the patient by working on the energy body and chakral condition even when the underlying cause is not identified. Further studies looking into the role of Pranic Healing in treatment of ARDS are required to augment the findings of the current study.

## **Conclusion**

Pranic Healing as a Complimentary Therapy helped in complete recovery of the subject who had been unwell for almost eight months with multiple hospitalizations and negative culture tests. It can be recommended as a complimentary therapy in multiple organ failure and other critical conditions that might involve rare and complicated medical conditions.

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