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Case Report

Successful management of status epilepticus with yoga prana vidya healing as a complementary therapy: A case study of atypical febrile seizure

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ABSTRACT

Introduction: Epilepsy is one of the most common disorders of the nervous system and affects people of all ages, races, and ethnic backgrounds, and seen more commonly in children. Atypical febrile seizure with Status epilepticus is a disorder known for significant morbidity and mortality. Despite newer antiepileptic drugs, 30 % of subjects are refractory to the conventional treatment with a risk of recurrence and neuro-developmental disorder. This paper presents one such case of a child handled successfully by Yoga Prana Vidya (YPV) Energy healing complementarily to conventional therapy.

Materials and Methods: This is a prospective case study of a 2-month-old infant, an emergency case of atypical febrile seizures with status epilepticus, where YPV Healing intervention was done from the beginning while admitting doctors had given a guarded prognosis.

Result: This case study reports the normal physical, mental & psychological development of the subject following YPV Healing with 3-year follow up, and the subject was observed to be normal without any recurrence of the disease or neuro-developmental abnormality.

Conclusion: Although the use of Complementary and Alternative Medicine (CAM) has been evaluated globally, there are few studies available on the use of Energy healing in various ailments. YPV Healing has been emerging as an effective modality of treatment for various physical, psychological ailments without any side effects. It can be effectively used from distance even without physically examining the subject. It has been used as a complementary or alternative modality of treatment in some severe life-threatening emergency conditions, and further studies may be conducted with appropriate sample sizes.

1. Introduction

1.1. Epilepsy

Studies from India on prevalence of epilepsy suggest that it is similar to that in developed nations, yet there is less awareness of treatment possibilities. The overall prevalence (3.0-11.9 per 1,000 population) and incidence (0.2-0.6 per 1,000 population per year) data from recent studies in India on general population are comparable to the rates of high-income countries.[1] Epilepsy is one of the most common disorders of the nervous system and affects people of all ages, races, and ethnic backgrounds. Epilepsy is amongst the most common neurological disorders seen in children which has incidence rates ranging from 33.3–82 cases per 100,000 per year. The incidence is highest in the first year of life and decreases in the teen years. Over the last two decades, there has been a rapid expansion in the number and types of available antiepileptic drugs (AEDs) that is increasing concern amongst parents and carers about AED's unwanted side effects. The risk of an adverse effect from an AED ranges from 7% to 31%.[2]

A seizure is a sudden disruption of normal brain activity, which may cause jerking, unusual movements, odd feelings, changed behaviour, or impaired consciousness. It can be caused by a high fever, low blood sugar, alcohol or drug withdrawal, or a brain concussion. A seizure may involve both sides of the brain (generalized onset seizure) and a

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small part of the brain (focal onset seizure).[2,3] when a person has two or more recurrent unprovoked seizures, he or she is considered to have epilepsy.

Epilepsy is primarily a clinical diagnosis based on a detailed description of the events before, during, and after remission. The number of seizures in the 6 months after the first presentation is an important predictive factor for both early and long-term remission of seizures. In adults and children with epilepsy, most (70%) will enter remission (being seizure-free for five years on or off treatment) but 30% develop chronic epilepsy.[3]

Febrile seizures (FS) are the most common paroxysmal episode during childhood, affecting up to one in 10 children. They are a major cause of emergency facility visits and a source of family distress and anxiety. Over time, we have learned that the benign nature of FS should be carefully rethought, as there are several atypical presentations with variable outcomes.[4]

Diagnostic Evaluation

Diagnosis of epilepsy is dependent on case history, physical and neurologic examination, laboratory testing as indicated, and electroencephalography (EEG) and neuroimaging (MRI) findings. The history should include events directly preceding the seizure, the number of seizures in the past 24 hours, the length and description of the seizure, focal aspects, and length of the postictal period. Electroencephalography should be used to confirm, but not to exclude, a diagnosis of epilepsy. Epileptiform abnormalities on EEG also predict a high risk of recurrence (60% over 10 years), as does abnormal brain imaging or a nocturnal seizure.

The finding of interictalepileptiform activity on EEG can be used to help confirm the clinical diagnosis of an epileptic seizure. A negative EEG cannot be used to rule out the clinical diagnosis of an epileptic seizure.

Treatment

The main purpose of treatment is to prevent cerebral damage. As this is, at least in part,

caused by the direct effect of seizure activity, it is imperative to control overt and electrographic seizure discharges. The risk of cerebral damage increases progressively after 1–2 hours of continuous status. If seizures are not controlled within this period, the patient should be considered to be in refractory status and general anaesthesia should be instituted. The prognosis in status requiring anaesthesia is much poorer, and there is a high risk of mortality and morbidity.[5]

The antiepileptic drugs are the mainstay of treatment, Up to 30% of patients with epilepsy can have medically refractory epilepsy. These patients have continued seizures despite appropriate AED therapy. Surgical resection of the seizure focus in appropriately selected patients often results in decreased frequency or elimination of seizures with improvement in the quality of life. Seizure freedom is achieved in up to 76% of patients after resection. However, some cognitive deficits occur occasionally following surgery and depending on the site of the resection. Other adverse effects include neurologic deficits (5%), medical complications (e.g., intracerebral infection, hydrocephalus; 1.5%), cerebrospinal fluid leak (8.5%), aseptic meningitis (3.6%), and noncerebral bacterial infections (3%). Other medical problems such as hemorrhage, pneumonia, and deep venous thrombosis are uncommon (2.5%).[1] Non-pharmacological treatment of epilepsy includes surgery, vagal nerve stimulation, ketogenic diet, and other alternatives/complementary therapy

Other Non-pharmacologic Treatment approaches may be useful adjuncts in patients with difficult-to-control seizures or who find medication difficult to tolerate. They require a team-based approach for implementation. Vagus nerve stimulation may increase seizure-free time in patients with medically refractory epilepsy who are not candidates for surgery or in whom surgery has been ineffective. Another approach is responsive neurostimulation to treating medically refractory partial-onset seizures.

1.2. Yoga prana vidya (YPV) healing

It has been observed that Yoga Prana Vidya, (YPV), which is a non-touch non-drug bio-energy healing method has been used successfully to heal patients having difficult and multiple medical conditions.

The purpose of yoga is to achieve union and manifest greatness on earth. The incarnated soul or Jeevatma has 3 vehicles.

1. The Energy body is called the Pranamaya kosha
2. beyond that is The Emotional body which is called Kama kosha
3. beyond that is The Mental body, the Manomaya kosha

To maintain our physical body involves maintaining the energy body because the energy body is the basic mold of the physical body, which science now recognizes as a bio-Plasmic body. Anything that happens to the physical body, happens to the etheric body. This etheric body is referred to as “etheric double” in theosophy. Any ailment in the physical body has its effect on the etheric body.

Healing is the process by which the energy body can be renewed thus bringing change in the physical body because the former interpenetrates the latter. Used up the energy or diseased energy can be removed and the energy body can be impregnated with fresh energy. All biological life on earth can heal itself. Energy follows thought and energy accelerates the healing process. So the energy is used in healing, to accelerate the healing process. Healing consists of two processes:

1. Cleansing- removal of the used-up energy
2. Energizing- giving fresh energy

In YPV, the healer becomes a channel of energy, who receives and transfers energy. Yoga Prana Vidya (YPV) is a revolutionary form of" energy medicine". It is an ancient science and art that has been revived in a new form that is easily adaptable and in tune with a modern-day busy life.

The air around us contains a special life force that keeps us alive. This life force is also known as "prana" ("Breath of Life"). YPV reveals various techniques of using prana to better and promote good health. It is primarily used as a non-touch, drugless, healing system, complementary (along with) with other healing modalities like Allopathy, Ayurveda, and Homeopathy. However, there are numerous instances where the application of YPV healing alone has been sufficient to alleviate the ailment/ disease (physical, emotional, and psychological).[6,7,8,9]

2. Materials and Methods: Case report

2.1. Case background

A 2 months old male child was suffering from fever for one day, he stopped taking feeds, despite taking antipyretic medicine, fever not responded & next day child had severe jerky movements of the whole body with the rigidity of limbs & trunk for an hour. The child was admitted immediately and intranasal Oxygen therapy, antiepileptic treatment was started. The generalized tonic-clonic seizure was diagnosed. He remained in NICU for 7 days as seizures continued for 3 days after admission. Detailed case background revealed that he was a premature baby boy born after 33 weeks delivered by LSCS due to premature rupture of the membrane and was underweight, his weight was only 1.5 kg.

Initially, an intranasal spray of midazolam was given. Due to lack of response Intravenous midazolam was started. As there was no response then intravenous sodium valproate was started. As his condition was not improving despite the I/v administration of AED, the consulting paediatrician had given a guarded prognosis with the risk of mortality and the child may have a neurological deficit with retarded neurological development.

On investigation, MRI Brain revealed few small poorly defined hyperintense signals on flair images with subtle restricted diffusion on DW images in bilateral occipito-parietal lobes white matter- perinatal Hypoxic-ischemic injury. EEG done after 1 month, revealed bilateral Parieto-temporal region epileptiformactivity(multifocal). And, again one year after the attack, EEG revealed epileptiform activity in the subcortical vertex region

2.2. YPV Healing intervention

Considering the grave prognosis as the child was prematurely born (8months 10 days), underweight, atypical febrile seizures, refractory to the conventional drugs, recurrence within the days, the parents of the child had approached the author for YPV healing and it was started immediately, initially on the 1st-day healing was continued with multiple sittings till the seizure stopped Same protocol continued for 2 more days till the seizures were fully controlled. Once the seizures were controlled, healing continued 3 times a day till the discharge from the hospital. After 7 days the child was shifted to the ward and then discharged after 3 days.

The YPV healing was continued once a day for further 3 months. Within this period there was no recurrence. After 3 months, the frequency of healing is reduced to 3 times a week for one year. Apart from the initial attack of seizure, there was no recurrence throughout the year. After 1 year, healing was stopped, the child was followed up for three and a half years, and was found completely free of seizures throughout. Meanwhile, any acute illness during this period was managed by intensive YPV healing to avoid any rise of temperature with possibility of recurrence of the seizures.

3. Results Summary

After three years, his final EEG revealed no epileptiform activity in the brain, the antiepileptic treatment is administered in the tapering dose for discontinuation as per paediatrician opinion. The milestones of the child were delayed for 1-2 months but the child has no neurological deficit, normal speech development, mental intelligence is normal as per the parents' opinion. The child's IQ was found to be 95 by Vineland social maturity scale (VSMS), DQ 93, as assessed by a clinical psychologist.

4. Discussion

The present case study demonstrated a significant role of YPV in the improvement of physical and developmental health of the child following atypical febrile seizures with

status epilepticus. Associated risk factors were: premature birth with prolonged stay in the NICU, underweight, atypical febrile seizure with status epilepticus with an epileptiform abnormality in the EEG, Ischaemic Hypoxic injury to the brain on the MRI brain, refractory to AED. Despite all these factors which strongly point towards the possibility of recurrence of epilepsy and neuro developmental abnormality, these are prevented in this case by active YPV Healing intervention.

It is worthwhile to note that a detailed guideline is available for clinical practice of epilepsy.[10] In this document the importance of the provision of information for people with epilepsy and their carers is stressed. It is expected that with successful implementation of these recommendations, there will be a great improvement in the care of people with epilepsy.[10]

5. Conclusion

Yoga Prana Vidya (YPV) has been emerging as a very valuable system of healing various physical and psychological ailments with no side effects. It is an effective scientifically based ancient art that can be used as a complementary therapy in emergency, high-risk cases associated with significant morbidity & mortality and can bring about improvement in the quality of the life. Further research may be conducted to evaluate the results and scientifically validate in a significant number of cases.

6. Source of Funding

None.

7. Conflicts of Interest

None

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