

Role of Yogic Healing as a Complimentary Treatment in Patients with Gastrointestinal Symptoms in Covid era: A Case Series

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ABSTARCT

Introduction: In 2020, the global impact of COVID induced stress and panic, leading to increased visits to the OPD with exacerbated GI symptoms, revealed a significant portion (60-80%) attributed to COVID-related fear and stress. The profound effect of the pandemic on mental well-being, often referred to as Corona-phobia, has been inadequately addressed in literature, with sparse research on its psychological symptoms and impact on individuals, including those with underlying psychosis. This case series highlights the role of Yogic healing, a no-touch, drugless therapy based on the Panchakosha concept, in addressing the mental and emotional aspects contributing to GI symptoms, emphasizing the importance of holistic interventions for rapid recovery and improved quality of life.

Case presentation: Six individuals presented in the outpatient department (OPD) with gastrointestinal (GI) symptoms associated with anxiety and phobia. These GI complaints were found to worsen during the COVID era, highlighting the significant contribution of mental and emotional factors to somatic symptoms. The patients received comprehensive care, including proton pump inhibitors, anxiolytics, and Yogic healing-a biofield therapy. In our clinical experience, these individuals demonstrated remarkable and enduring improvement compared to other patients. Despite the availability of various support options, there are still gaps in our system in addressing the unmet needs required for facilitating accelerated recovery.

Conclusion: In essence, this case series underscores the vital role of incorporating complementary therapies, especially in conditions linked to the gut-brain axis like Functional Gastrointestinal diseases. It highlights the need for a comprehensive approach to address distinct psychological morbidity independently, with allopathic doctors actively endorsing Biofield therapy, Yogic healing, and counselling-a testament to a commitment to holistic healthcare. Recognizing Yogic healing as a biofield therapy in both Western and Eastern practices strengthens the shift towards a holistic and integrative model of patient care.

Keywords: Covid fear; Covid stress; Unnathi Yogic Healing; Biofield therapy; Yogic relaxation techniques; Complementary therapy; Covid and GI symptoms; Panchakosha vidya

INTRODUCTION

Covid was a scenario of stress, panic and alarm for mankind in 2020. No one was exempt from it from layman to doctors. During this time lots of patients visited the OPD with exacerbations of GI Symptoms. Many patients presented with GI symptom mimics, secondary to COVID fear/stress which accounted for 60- 80% of the cases. The quality of life a person leads will depend on his internal milieu. Any change in homeostasis via mental or emotional stress can hamper the homeostasis of body / internal organ and the axis related to GI symptoms. The present COVID scenario has changed the mental status of persons and has pushed human beings to lead a life with fear of getting infection, death and grief. Many population-based studies have shown that Corona-phobia has troubled people a lot and anxiety is a prominent symptom.

Literature regarding psychological symptoms due to Corona phobia are sparse. Even people with underlying psychosis exhibit waxing waning of symptoms during this period. It has caused lot of damage and impact on quality of health which needs to be addressed and more research is needed on this.

Yogic healing is no touch drugless therapy based on panchakosha vidya concept, where person is no more just a physical being- rather a multilayered being having different body. Each body like physical body, mental body, emotional body so on exist and work independently and synchronously for the health of person. Yogic healing includes sharing knowledge about Panchakosha, energy-based healing, yogic breathing techniques and guided yogic meditations.

This case series focuses on patients who presented with GI symptoms' and on the evaluation done and how the mental wellbeing is important and lack of mental and emotional wellbeing can manifest as psychosomatic disease, anxiety, stress, panic symptoms etc. By intervening in the vicious cycle of fear and symptom complex one can enhance the rapid recovery and quality of life care [1,2].

CASE PRESENTATION

A total of 6 cases have been described who presented with varied gastric symptoms and difficulty in breathing with the background of covid 19 fear. The cases were as follows.

Case 1: A 48-year-old lady came with complaints of gripping sensation in epigastric region for the past week associated with difficulty in breathing, H/O abdominal discomfort and increased frequency of stools without any rashes. She also complained of palpitations and decreased sleep. Routine blood tests, ECG and ultrasound was normal in the patient. Further questioning elicited the information that one of her family members was in ICU as she was suffering from COVID. She was reassured about her general condition. She was sent home after teaching yogic relaxation methods, meditation and medications. She was assigned a trainer/ counsellor for continuous support and monitoring. Follow up after 2 weeks, showed great improvement and she was bubbling with joy.

Case 2: A 25-year-old man came to OPD with history of worsening of gastritis (as per patient) and treated outside with Multiple proton pump inhibitors. On arrival at the outpatient, he was anxious about his symptoms and complaining of chest pain and multiple body pains. Detailed history revealed that the symptoms resembled anxiety rather than dyspepsia. Instead of just prescribing medication. a small session of counselling along with reassurance

and breathing exercises were taught. He was made to practice the yogic breathing and stress relieving exercises, immediately which relieved >50% of his symptoms. He was put on a short course of anxiolytics and continued proton pump inhibitors for 2 weeks. Follow up after 2 weeks and 2 months showed the patient to be asymptomatic. Hence, the drugs were withdrawn, and he was taught Yogic relaxation techniques in view of type A personality.

Case 3: This patient was a 35-year-old male, IT professional without any co-morbid illnesses. He came with complaints of chest pain, shallow breathing, and palpitation. He had been evaluated twice by a cardiologist and was found to be normal. Detailed history and examination showed that he had non cardiac chest pain and no dyspeptic symptoms. All work-up was negative. He was counseled and reassured for same. But while examining, he was found to have an abnormal breathing pattern. He was taught proper yogic breathing technique during OPD consultation and sent with anxiolytics. Follow up patient was asymptomatic and stopped medications.

Case 4: A 27-year-old male came with complaints of constipation, and inability to pass motion despite of having sensation of passing stool and straining, a subgroup of constipation. He had consulted multiple doctors for the same with partial improvement but was not satisfied. Even his parents were frustrated because of his condition and multiple hospital visit, without any positive outcome. But during covid time his symptoms increased. He was diagnosed to have dys-synergic defecation, for which he was put on biofeedback therapy, other laxatives and prokinetics. On several occasions along with stool retention, he encountered urinary retention requiring drainage via rubber catheter due to anxiety. The patient was made to understand how mind plays a role in disease i.e. GUT-Brain. The similarity in Panchakosha Vaidya where Manomaya kosha influences the physical body and person's vitality was explained to him. He was taught methods to control his thoughts, and techniques to handle the anxiety (yogic psychotherapy) and how to overcome fear associated with covid scenario along with continuing biofeedback. He was assigned trained yogic healer for continuous monitoring and helping him through relaxation, meditation and distant Yogic Healing by certified yogic healer. He became better within span of 1 month and able to pass stools normally demonstrated by balloon expulsion and simultaneous manometric recordings. Later all medications were stopped, and he was able to handle himself. For the last two months he has been asymptomatic and helping his family.

Case 5: A 38-year-old lady was referred by a physician for endoscopy in view of her gastrointestinal reflux disease symptoms. On enquiring about symptoms, patient said that she had been having the symptoms for a long time for which she was taking proton pump inhibitors. However, during April 2020 her symptoms worsened, and she came to me for the same. Endoscopy did not show any high-risk features. Routine blood examination and other tests were within normal limits. The relation between worsening of symptoms with emotions and panic symptoms as a response to heights of fear/anxiety and the part played by autonomic nervous system was explained to her. She was started on Anxiolytics in consultation with a psychiatrist and specific yogic healing therapy applied by trained healer and also with the help of self-healing techniques given to the patients to change the pattern or traits of thinking, along with medicine. She showed drastic improvement in a span of 2-3 days and led her life in a better way. She continued her follow up for 6 months. After the first two months, all medications were reduced and after three months discontinued including proton pump inhibitor. She has remained asymptomatic.

Case 6: A 33-year-old man, reported to casualty in middle of night with chest pain, sweating and breathing difficulty and pain abdomen. Evaluation with blood tests and ECHO was normal. In view of abdominal pain gastroenterology reference was given. On examination, his symptoms were nonspecific, and the mild dyspeptic

symptoms could not explain his casualty visit in the middle of night. He was given symptomatic medication and asked him to come back for follow up. On OPD visit, further questioning about aggravation of symptoms on the previous day revealed the death of one of his relatives due to COVID and that the person was also suffering from chest pain and breathing difficulty. On testing, he was COVID negative. He mentioned about the increased stress due loss of job and lack of income during lockdown period after a rapport was established. He was also suffering from depressive symptoms which were not addressed in his previous visit with family physicians. He was treated with antidepressants and other supportive medications. Later extra support given by Yogic healer by applying distant yogic healing therapy and also self-healing techniques were taught to the patient. These helped him to come out of his stress and depression. Currently he is on lowest possible dose of medications and able to handle himself.

Table 1: Summary of 6 cases.

Sl no	Age in years	Gender	Complaints	Interventions used	Time for recovery	Percentage of improvement	Complete recovery & follow up
1	48	Female	Epigastric pain Difficulty in breathing Abdominal discomfort Increased frequency of stool Evaluation- Normal Family member in ICU-Covid Duration: 1 week Diagnosis: APD-panic symptoms/GAD	Yogic breathing technique Short mediation Medications	2-5 min	70%- Epigastric pain 90%- Difficulty in breathing 40%- Abdominal discomfort	2 weeks 100% recovery
2	27	Male	Constipation (despite of multiple laxative) Urinary retention (episodes of catheter drain) Multiple doctor visit Duration: > 2 years Diagnosis: Obstructive defective dyssynergia.	Yogic distant healing treatment. Panchakosha-multimodal existence of human being Yogic relaxation methods Yogic breathing technique Anxiolytics/medications for 4 weeks	2 weeks Partial recovery: >60% Able to pass stools comfortable by 2 weeks	>60%- constipation >80%-urinary retention Doctor visit reduced by >50%	4 weeks- 100% with medicine 6 weeks- Off medications - 100% recovery Able to handle himself
3	35	Male	chest pain,	Yogic breathing technique	2 min	100%	Out of OPD at index visit and

			shallow breathing, palpitation. Co-morbidity- IT profession/Google search Evaluated by cardiologist twice- NCCP	Medication for 1 week			Sustained the complete recovery despite of stopping medicine for 15 days Continued breathing techniques
4	25	Male	Worsening of gastritis (as per patient) and treated outside with Multiple proton pump inhibitors. anxious chest pain and multiple body pains	Yogic breathing and stress relieving exercises Medication- 2 weeks	3-5 min	>50%- Chest pain >20%- Dyspepsia 60%- Epigastric discomfort	At 2 weeks- Complete recovery And sustained response at 2 months follow up without medications.
5	38	Female	Referred for endoscopy in view of GERD and was on PPI for long time and worsened since 2 weeks. Anxiety/fear Autonomic symptoms Endoscopy was merely normal. Other work up- Normal	Psychiatrist Distant yogic healing treatment Yogic self-healing techniques Yogic breathing techniques Medicine including Proton pump inhibitors.	2-3 days Same day(one day)	40-50%- GERD symptoms >50% -panic symptoms	Complete recovery- 2 months Stopped all medicines in tapering mode including proton pump inhibitors. At 6 months follow up- Asymptomatic /Off medication- 3 months
6	33	Male	Landed in emergency room-chest pain, sweating and breathing difficulty and pain abdomen- Evolution was normal. GI symptoms- Non specific Comorbidity- loss of job/Stress/Finance	Distant yogic healing treatment Yogic self-healing techniques Yogic breathing techniques Learnt the yogic healing course Medicine including Proton pump inhibitors.	1 day 20 min	30%- Chest pain 50%- Breathing difficulty	Complete recovery took 3 months Required medicine for total 3 months Taper medicines after 3 months 1 year follow up- Sustained response.

DISCUSSION

COVID has contributed to stress and psychosis to human race to a great extent. The fear it has created has led to many functional diseases and exacerbation of pre-existing disease. COVID has contributed increased morbidity to a great extent, affected the quality of life and led to loss of finance/ workplace. Before COVID, our OPD was a mixture of all cases and few functional ailments were seen. COVID scenario has changed all the case patterns of visiting OPD and referrals. But during this COVID time, majority of cases were associated with COVID fear. Almost 60-80% of those who visited with GI symptoms had COVID- associated stress and anxiety. Majority of GI cases were Acid peptic disease, GERD, IBS, exacerbation of IBD, Nonspecific abdominal pain etc. In above case scenarios I have mentioned a few sample cases about their presentation and how different approach using complimentary therapy can change outcome instantaneously.

WHO (world health organization) says health has many dimensions including mental, emotional, spiritual many more. As allopathic practitioners see the patient, evaluate, diagnose, and send the patient back with medicines. We also know triggers and mental traits which can affect patient's health. During our training period, emphasis was not given on how to counsel, how to understand their inner status and to address it. Time constraints also restrict us from such enquiries. After analyzing these types of cases, the missing element in our practice is understanding the different dimensions, which gives us the clue about existence of manomaya kosha and pranamaya kosha (role of energy) as mentioned in panchakosha vidya. Along with understanding the fear psychosis, anxiety and how it influences our physical body/ disease, use of breathing techniques, biofield therapy like yogic healing therapy, Yoga etc. can give the better cure or treatment in a holistic way.

As seen in the above case scenarios, other than routine organic disease like IBD, cancers etc. - exacerbation of symptoms were associated with fear/stress and all work up for precipitating events including COVID test were negative. This has led us to think about the contribution of mental/ psychological elements in Symptom mimics of GI disease.

Even though in our patients' presentations were different anxiety, fear, and stress was a common theme requiring intervention with medications, yogic healing and counselling.

Panchakosha vidya is a base model to understand the root cause and its relation with gut brain axis. As we know we treat physical body by medicines and try to modulate the neurotransmitters, but a psychologist modify by making the rationale to understand to patient. Panchakosha vidya explain the very basic existence of physical body as Annamayakosha, mental/emotional body ie Manomayakosha which we feel, vijnamaya kosha as a source of knowledge, Anandamaya kosha as a body of bliss and all the above can be modulated by pranamaya kosha to enhance our inner health/peace. All these kosha or body are interrelated and can be used to augment the recovery.

The theme which has been highlighted in these cases is the psychopathology being related to COVID-19 fear and role of our mental and emotional health.

A recent review of the impact of pandemics on psychosis reported ranged from 0.9% to 4%. Psychosis was associated with isolation, morbidity, media coverage, viral exposure, treatments used to manage the infection, and psychosocial stress [3].

The interplay between the between COVID- 19 and psychosis is a topic that needs research and acknowledging the existence of various axes involving brain and GUT, Cardiovascular system etc. Now we understood various forms GUT-Brain axis misalignments leading to various GI diseases including gut dysbiosis which is the root

cause of GI and liver related disease. There is a need for further research at this level to elucidate how our thoughts and emotions affect GUT motility and bacterial species alteration, which has vast implication in disease modification.

COVID has taught other dimensions of health which we need to be addressed. With this article, it is my personal view that if allopathy practitioners understand the Panchakosha vidya which explains the impact of Manomaya kosha and Pranamaya kosha on physical body management becomes easier.

As per the experimental models explained with GUT-Brain axis, we can provide answers and permanent solution for all sorts of functional disease and rapid recovery from diseases.

In the presented case series, several noteworthy observations emerge:

- **Embracing Complementary Therapies for Enhanced Recovery:** Medical professionals exhibiting an open-minded approach towards complementary therapies, particularly in conditions involving the gut-brain axis such as Functional Gastrointestinal (GI) diseases, demonstrate potential for expediting the recovery process. This holistic approach is instrumental in addressing the profound impact of these conditions on patients' quality of life.
- **Psychological Morbidity as an Independent Entity:** The psychological morbidity observed, characterized by fear, panic symptoms, anxiety, stress, and mood fluctuations, appears distinct from the physiological outcomes of the disease itself. Recognizing and addressing these aspects independently contribute to a more comprehensive understanding of patient well-being.
- **Age Demographics and Productivity Impact:** Notably, all patients within the case series fell within the age bracket of 20 to 50 years, representing the productive population of our country. This demographic insight underscores the societal implications of addressing health concerns within this age group.
- **Holistic Care and the Role of Complementary Therapies:** The proactive engagement of allopathic doctors in referring patients to complementary therapies such as Biofield therapy, Yogic healing, and counselling is indicative of a commitment to holistic healthcare. Far from a sign of weakness, this approach reflects an open-minded commitment to exploring diverse dimensions of health for more effective patient outcomes.
- **Yogic Healing as a Recognized Biofield Therapy:** Highlighting Yogic healing as a Yoga-based Panchakosha biofield therapy, it is worth noting its acceptance in Western countries and its acknowledgment as a specialty by the National Institutes of Health (NIH) since 1994. In Eastern practices, it is recognized as yogic healing or energy healing therapies under various nomenclatures.
- These insights collectively contribute to the growing body of knowledge aimed at fostering a more holistic and integrative approach to patient care.

CONCLUSION

In conclusion, this case series highlights the significance of embracing complementary therapies, especially in the realm of gut-brain axis-related conditions like Functional Gastrointestinal diseases. The distinct psychological morbidity observed, separate from the physiological aspects of the diseases, underscores the need for a comprehensive approach that independently addresses mental well-being in patient care. The active involvement of allopathic doctors in recommending Biofield therapy, Yogic healing, and counseling demonstrates a

commitment to holistic healthcare, challenging any perceived weakness and emphasizing a dedication to exploring diverse dimensions of health for more effective outcomes. Lastly, recognizing Yogic healing as a recognized biofield therapy in both Western and Eastern practices contributes to the evolving knowledge base that advocates for a holistic and integrative paradigm in modern patient care.

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