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EXCESSIVE BODY WEIGHT AND FAT: A STUDY OF THE EFFECTS OF YOGA PRANA VIDYA PROTOCOLS AND TECHNIQUES IN REDUCING BODY WEIGHT AND WAIST CIRCUMFERENCE SAFELY WITHOUT MEDICINES OR SURGERY

[1]N. Jayachander Reddy, [2]Vishakha Karnani and [3]*Venkata Satyanarayana Nanduri

[1]President & Founder, Yoga Prana Vidya System, YPV Ashram, Sri Ramana Trust, Thally-635118, TN.
[2]Senior Arhat & YPV trainer and Level 6 Healer, Indore, Madhya Pradesh, India.
[3]Consultant, Research & Publications, YPV Ashram, Sri Ramana Trust, Thally-635118, TN.

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***Corresponding Author: Venkata Satyanarayana Nanduri**
Consultant, Research & Publications, YPV Ashram, Sri Ramana Trust, Thally-635118, TN.

ABSTRACT

Introduction: This paper discusses alarming health concerns of excessive body weight and fat, and presents how Yoga Prana Vidya (YPV) healing Protocols and Techniques reduce body weight and Fat safely without medicines or Surgery. **Method:** This is an interventional study of YPV healing protocols for weight loss and waist reduction in adults conducted as a one-day workshop at 3 different times, and locations and to investigate for consistency of outcomes. The number of participants was 41, 42 and 26 respectively, from the YPV community of healers who volunteered. The procedures included YPV self-healing protocols and techniques with crystals. Data on these parameters were collected before and after the single session of 33-minute intervention and analysed using statistical techniques. **Results:** Statistical analyses showed a significant reduction in the body weight and waist circumference in the Pune sample. In the case of Mangalore and Lucknow samples, there was marginally significant weight reduction, while the waist circumference reduction was statistically significant. Further analyses using BMI values indicated that a greater proportion of those who were overweight and obese responded more effectively to the YPV protocols used in this intervention. **Conclusions:** The results obtained in this one-day workshop using a single session at three different locations and samples showed consistent results in waist circumference reduction. Concerning weight reduction, one location sample showed statistically significant results, while the other two location samples showed marginally significant results. The results indicate that when conducted for several sessions, it is possible to reduce obesity and overweight to the normal range of BMI for a healthy life. The YPV Protocols achieved these goals without any need for medicines or surgery. Further research is recommended using appropriate samples and methodology.

KEYWORDS: Body weight, Waist size, Adiposity, Body fat, Visceral fat, Yoga Prana Vidya System ®, YPV ®.

INTRODUCTION

Yoga Prana Vidya(YPV) System

The Integrated and Holistic YPV system offers a range of established and proven protocols for the successful treatment of several illnesses and diseases as Complementary and Alternative Medicine.[1] A literature search shows over 100 published research papers comprising original research and case reports that show evidence of successfully healed and recovered sick persons who suffered from physical, mental, and emotional health issues.[2] Some of these publications are, for example**, S**ome Difficult medical cases treated through Long-term YPV Interventions[3], Diabetes Management and Control[4], Arterial block in the Heart[5], Vision Improvements of Patients in an Eye Camp[6], treatment of high blood cholesterol and asthma[7], Emergency and First Aid cases[8], Speedy recovery of COVID-19 patients[9] [10] [11], Hypothyroidism[12], Anxiety and depression of corporate employees[13], Enhancing the academic performance of High School children[14], improving psychological well-being and reduction of criminal attitude of under-trial prisoners[15], improving social behaviour and cognitive abilities of mentally retarded children[16]; pediatric cases of nocturnal enuresis[17], Bronchopneumonia[18], and Cytomegalovirus[19], etc To address alarming concerns of adult overweight and obesity, particularly in India, several YPV practice protocols have been developed and tried out through interventions on selected sample participants in field workshops and in-house

programmes, with encouraging outcomes. The essential features of YPV protocols are non-medical and non-surgical body-shaping procedures, with no side effects or adverse effects. This paper presents the documented data analysis results of three such interventions.

In this context, the relevant concepts of excessive body fat, Overweight/Obesity, Body Mass Index (BMI), Metabolic health risks, Weight / Obesity reduction strategies, Challenges of sustaining changes, Waist circumference, and Waist-to-Hip Ratio are briefly discussed in the following paragraphs.

Excessive body fat/Adiposity

Excessive body fat and its metabolic consequences are worldwide epidemics. In the United States alone, more than two-thirds of adults are overweight or obese. The adverse health consequences of excessive body fat are especially correlated to the dysfunctional deposition of adipose tissue, in that abdominal adiposity measures are directly and significantly associated with mortality.[20]

The term "fat" may refer to lipids as well as the cells and tissue that store lipid (i.e., adipocytes and adipose tissue). "Lipid" is derived from "lipos," which refers to animal fat or vegetable oil. The word "*Adiposity"* refers to body fat and is derived from "adipo," referring to fat.

Adipocytes and adipose tissue store the greatest amount of body lipids, including triglycerides and free cholesterol. Adipocytes and adipose tissue are active from an endocrine and immune standpoint. Adipocyte hypertrophy and excessive adipose tissue accumulation can promote pathogenic adipocyte and adipose tissue effects known as "adiposopathy", resulting in abnormal levels of circulating lipids, with dyslipidemia being a major atherosclerotic coronary heart disease risk factor. It is therefore incumbent upon lipidologists to be among the most knowledgeable in the understanding of the relationship between excessive body fat and dyslipidemia.[20]

Overweight/Obesity

According to recent studies, there are 650 million obese individuals and over 1.9 billion overweight adults worldwide. It is estimated that being overweight or obese causes 2.8 million deaths annually. The developing world is particularly vulnerable to the negative effects of obesity, such as diabetes and ischemic heart disease, because of the intake of energy-dense foods (i.e., bad eating habits), sedentary lifestyles, and a lack of financial assistance and healthcare facilities. Over 135 million persons in India suffer from obesity. Age, gender, location, socioeconomic position, and other factors all affect the incidence of obesity in India. The prevalence rates of obesity and central obesity (also known as Abdominal or visceral Fat) range from 11.8% to 31.3% and 16.9% to 36.3%, among men and women respectively, according to the 2015 ICMR-INDIAB research. One of the main risk factors for cardiovascular disease (CVD) in India is abdominal obesity. Numerous investigations have demonstrated that women were far more likely than males to be obese.[21]

According to another study, the prevalence of obesity in India is increasing and ranges from 8% to 38% in rural and 13% to 50% in urban areas.[22]

Body Mass Index (BMI)

Weight that is higher than what is considered healthy for a given height is described as overweight or obesity. Body Mass Index (BMI) is a screening tool for overweight and obesity. BMI is a person's weight in kilograms divided by the square of height in meters. A high BMI can indicate high body fatness. BMI is a screening tool, and it does not diagnose body fatness or health. A trained healthcare provider performs appropriate assessments to evaluate an individual's health status and risks. It is indicated that BMI of less than 18.5 is underweight, 18.5 to <25 is considered healthy, and 25 to <30 is overweight. If the BMI is above 30 it indicates obesity.[23]

Obesity is frequently subdivided into three categories.

- Class 1: BMI of 30 to < 35
- Class 2: BMI of 35 to < 40
- Class 3: BMI of 40 or higher. Class 3 obesity is sometimes categorized as "severe" obesity.

Interpretations of BMI for children are different from adults, and in the same way, the BMI of women is interpreted differently than men.

The relationship of BMI(Body Mass Index) to the prevalence of metabolic diseases, such as diabetes mellitus, hypertension, and dyslipidemia derived from the National Health and Nutrition Examination Survey (1999–2002) is shown in Figure 1, which explains the risk of being obese and having excess body weight.

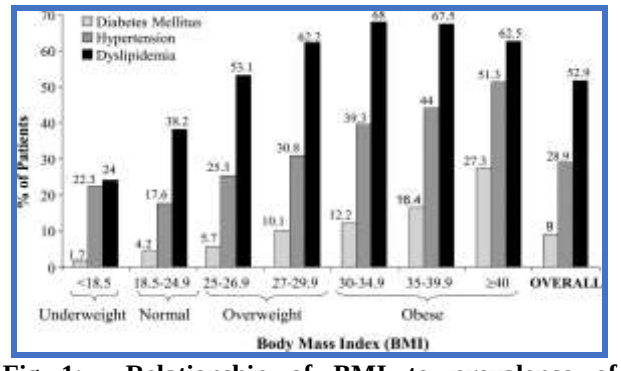

Fig 1: Relationship of BMI to prevalence of metabolic diseases derived from the National Health and Nutrition Examination Survey (1999–2002).[20]

Diagnosis of overweight and obesity is done using Body Mass Index (BMI) cut-offs of ≥23 kg/m^2 and ≥25 kg/m^2, respectively, as per Consensus Guidelines for Asian Indians.[22]

Overweight / Obesity reduction strategies

It is a patient-centred condition in which the affected individuals seek treatment through a variety of commercial, medical, and/or surgical approaches. Considering obesity as a chronic medical disease condition, three approaches are generally available to weight management. Primarily, a patient should be counselled on evidence-based lifestyle approaches that include diet, physical activity, and behaviour change therapies. At the next level, some pharmacological agents are available as adjuncts to lifestyle modification. At the next level, bariatric surgery has been the one effective and long-term treatment for individuals with severe obesity or moderate obesity complicated by co-morbid conditions that are not responsive to non-surgical approaches.

Challenges of Sustaining the Changes

Substantial weight loss is possible across a range of treatment modalities, but long-term sustenance of lost weight is much more challenging, and weight regain happens very often. In a meta-analysis of 29 long-term weight loss studies, more than half of the lost weight was regained within two years, and by five years more than 80% of lost weight was regained. See figure 2.[24]

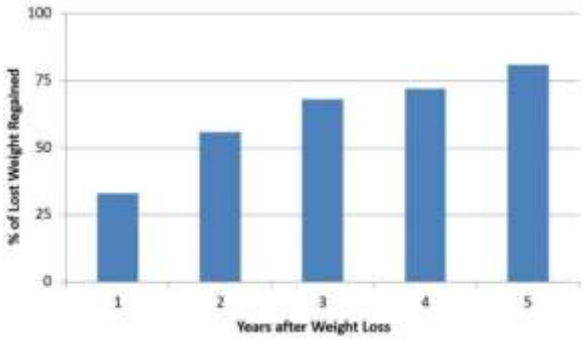

Fig 2: Weight regain after weight lost in treatment.[24]

Waist Circumference(WC)

Numerous studies demonstrate a statistical association between waist circumference (WC) and mortality and morbidity. The measurement of waist circumference is not routinely obtained in clinical practice despite decades of clear evidence that waist circumference provides both independent and additive information to BMI for predicting morbidity and risk of death. The Consensus Statement (Ross et al., 2020)[25] proposes that measurements of waist circumference afford practitioners an important opportunity to improve the management and health of patients.

It is argued that BMI alone is not sufficient to properly assess or manage the cardiometabolic risk associated with increased adiposity in adults and provide a thorough review of the evidence that will empower health practitioners and professional societies to routinely include waist circumference in the evaluation and management of patients with overweight or obesity.

Ross et al. (2020) recommend that decreases in waist circumference are a critically important treatment target for reducing adverse health risks for both men and women, based on the evidence at hand. A team of 18 scientific investigators recommends that health professionals be trained to properly perform this simple measurement and consider it as an important 'vital sign' in clinical practice.[25]

A study by Lalitha et al (2016) found that the Waist - hip ratio (WHR), identified a higher prevalence rate in men (89%) compared to women (76%) and WHR was a sensitive index compared to WC.[26]

A consensus statement on the cutoffs of WC states that for diagnosis of abdominal obesity in Asian Indian males and females, the cutoffs are ≥90 cm and ≥80 cm, respectively, and WHR cut-offs in males and females are 0.88 and 0.80, respectively.[22]

The next section is on methodology with details of the YPV interventional protocols, sample of participants, data collected, and data analysis. The Results are stated and discussed in the subsequent sections followed by conclusions.

METHOD

This is an observational study with a one-day YPV intervention in the form of workshops conducted at 3 different times, locations, and samples.

The first workshop was conducted at Mangalore in February 2019 for a group of 41 Practicing YPV healers. This was replicated and conducted in October 2023 at Pune for a group of 42 practicing YPV healers, and further replicated and conducted in Lucknow in December 2023 for a group of 26 participants. The title of this workshop is “Yoga Prana Vidya Facial, Body Sculpting, and Weight Loss Workshop”

Sample

The total sample was 109 in three separate groups of locations as shown in Table 1. All participants were qualified in YPV Energy Healing techniques.

Table 1: Sample profile.

	Workshop Location	Date	No.of Participants			Age range	Mean age
			Total	Male	Female		
1	Mangalore	24 February’19	41	8	33	20-62	43.4
2	Pune	18 October’23	42	nil	42	19-57	42.9

3	Lucknow	2 December'23	26	1	25	16-67	40.5
			109	9	100		

YPV interventional Workshop

Each workshop was of duration 8 hrs. with one hour break in between. The workshop started with 10-minute physical exercises followed by a 24-minute meditation which included psychological healing {Planetary Peace Meditation(PPM) with psychological healing}. This was followed by a 5-minute stretching exercise.

This workshop was conducted in 3 parts.

(1) Weight Loss and waist size (Circumference) loss, which is the topic of this paper,
(2) Body Sculpting, and (3) Pranic Facial.

The participants of the workshop applied YPV Crystal healing techniques using crystals to augment healing power for producing rapid results safely.

The workshop was conducted by a senior Healer with a detailed explanation of each of the concepts using a PowerPoint presentation of YPV techniques with examples of successful results obtained previously. Visuals along with feedback from the past helped the present participants to grasp the knowhow fully.

The topic of Weight loss (weight reduction) was discussed initially in the group. The discussion was centred around various factors causing fat gain and weight gain in the body, such as stress or psychological condition, lack of awareness on an appropriate diet, when to eat, and how much to eat, etc., how the chakras and organs of our energy bodies can be healed for weight loss, how to become aware of the signal the body sends when the stomach is full. It included guidelines on water intake, chewing food well, having a balanced diet with more vegetables and fruits, reducing salt intake, doing rhythmic yogic breathing regularly to handle stress, and doing physical exercise and PPM regularly.

The weight loss protocol, which is an elaborate 16-step time-controlled protocol using various colour Prana techniques to disintegrate the stored excess fat in the body, was applied in the self-healing modality using Healing Crystals by each participant to oneself for 33 minutes.

Data Collection

Before the commencement of the workshop, the following parameters of the participants were measured and recorded, besides noting the demographic details.

1. Weight in kg using a scale
2. Waist size (Circumference) measured in inches with a measuring tape.

Then the weight loss protocol intervention, described above for 33 minutes, was applied. Immediately after that, the weight and waist Circumference (WC) of each participant were measured and documented.

As an example for the reader, the data of the WC and Weight and age information collected from the 42 participants of the interventional workshop at Pune is given in Annexures 1 & 2.

Data analysis

Weight Loss

Statistical analysis of this weight data using a two-tailed t-test using EXCEL t-test tools with a probability of 95% for comparing the means, was carried out to know whether there was a significant reduction in each of the samples.

(A) Mangalore workshop

Table 2 below shows the statistical analysis. The P value is 0.056. When P is <0.10 and >0.050, the result is marginally significant.

Table 2: t-Test Output.

t-Test: Paired Two Sample for Means of weight data		
	Variable 1	*Variable 2*
Mean	66.33171	66.25122
Variance	181.6737	179.8256
Observations	41	41
Pearson Correlation	0.999822	
Hypothesized Mean Difference	0	
df	40	
t Stat	1.960434	
P(T<=t) one-tail	0.028468	
t Critical one-tail	1.683851	
P(T<=t) two-tail	0.056936	
t Critical two-tail	2.021075	

(B) Pune Workshop

The result of this t-test is shown in Table 3 below. The P value is <0.05. There is a statistically significant change in weight loss.

Table 3: t-Test output.

t-Test: Paired Two Sample for Means of weight measurements			
	Variable 1	*Variable 2*	
Mean	69.675	69.64762	
Variance	201.492	201.0948	
Observations	42	42	
Pearson Correlation	0.999983		
Hypothesized Mean Difference	0		
df	41		
t Stat	2.106249		
P(T<=t) one-tail	0.020674		
t Critical one-tail	1.682878		
P(T<=t) two-tail	0.041348		P<0.05
t Critical two-tail	2.019541		

(C) Lucknow Workshop

The result of this t-test is shown in Table 4 below. The P value is 0.10475, a borderline value close to 0.10, and greater than 0.05. There is a marginally significant change in weight loss.

Table 4: t-test.

t-Test: Paired Two Sample for Means of weight measurements			
	Variable 1	*Variable 2*	
Mean	68.73462	68.48269	
Variance	316.397	318.3742	
Observations	26	26	
Pearson Correlation	0.999088		
Hypothesized Mean Difference	0		
df	25		
t Stat	1.683382		
P(T<=t) one-tail	0.052375		
t Critical one-tail	1.708141		
P(T<=t) two-tail	0.10475		
t Critical two-tail	2.059539		

Waist Circumference reduction

(A) Mangalore workshop

Waist reduction (WC) occurred for 28 out of the 41 participants (68.3%). The Mean Value of the reduction in the waist circumference was 0.8 inch (2 cm). Statistical analysis from Table 5 shows there was a statistically significant reduction in WC, since the P value is <0.05, applying 95 % probability which is the normal practice.

Table 5: t-test for WC.

t-Test: Paired Two Sample for Means			
	Variable 1	*Variable 2*	
Mean	37.86585	37.06585	
Variance	26.8753	22.1628	
Observations	41	41	
Pearson Correlation	0.988311		
Hypothesized Mean Difference	0		
df	40		
t Stat	5.736098		
P(T<=t) one-tail	5.55E-07		
t Critical one-tail	1.683851		
P(T<=t) two-tail	1.11E-06		P=<.05
t Critical two-tail	2.021075		

(B) Pune workshop

Waist reduction occurred for 38 out of the 42 participants (90.5%). The Mean Value of the reduction in the waist circumference was 1.84 inches (4.67cm), which works out to 4.6%.

Table 6 below is the output from the statistical analysis carried out and the P value is <0.05 which shows that the reduction in WC in the Pune workshop is statistically significant.

Table 6: Statistical Analysis of the WC data.

t-Test: Paired Two Sample for Means		
	Variable 1	*Variable 2*
Mean	38.83571	37.04286
Variance	29.25796	28.60105
Observations	42	42
Pearson Correlation	0.970871	
Hypothesized Mean Difference	0	
df	41	
t Stat	8.940444	
P(T<=t) one-tail	1.77E-11	
t Critical one-tail	1.682878	
P(T<=t) two-tail (<0.05)	3.53E-11	
t Critical two-tail	2.019541	

(C) Lucknow Workshop

Waist reduction occurred for 14 out of the 26 participants (53.8%). The Mean Value of the reduction in the waist circumference was 0.625 inch (1.5 cm).

Table 7 below is the output from the statistical analysis carried out and the P value is <0.05 which shows that the reduction in WC in the Lucknow workshop is statistically significant.

Table 7: Statistical Analysis of the WC data.

t-Test: Paired Two Sample for Means		
	Variable 1	*Variable 2*
Mean	34.03269	33.41154
Variance	27.52059	25.41706
Observations	26	26
Pearson Correlation	0.988963	
Hypothesized Mean Difference	0	
df	25	
t Stat	4.004289	
P(T<=t) one-tail	0.000245	
t Critical one-tail	1.708141	
P(T<=t) two-tail	0.00049	
t Critical two-tail	2.059539	

Exploring the Effect of YPV Protocols and BMI (Body Mass Index) of Participants

For this purpose, the data from the Pune workshop is considered which will give sufficient clues to explore the effects of YPV healing protocols considering the BMI of participants.

Weight Measurements Analyses Considering BMI

Table 8 below shows the BMI categories of the 42 participants in this sample. There were 12 in the normal & below normal BMI range (28.6%), out of which the intervention caused a change in weight for 2 out of 12 (16.7%). In the overweight range, there were 20 (47.6%),

of which changes occurred to 9 (45%). There were 10 in the obese range (23.8%), of which 5 (50%) experienced changes.

Table 8: BMI Categories and No of Participants who experienced Weight change.

BMI Range		WT - No Change	WT Change	Total number of participants
Normal & Below	17-24	10	2	12
Overweight	25-29	11	9	20
Obese	30-42	5	5	10
				42

The above analysis is represented graphically in Fig 3 below for visualization**.**

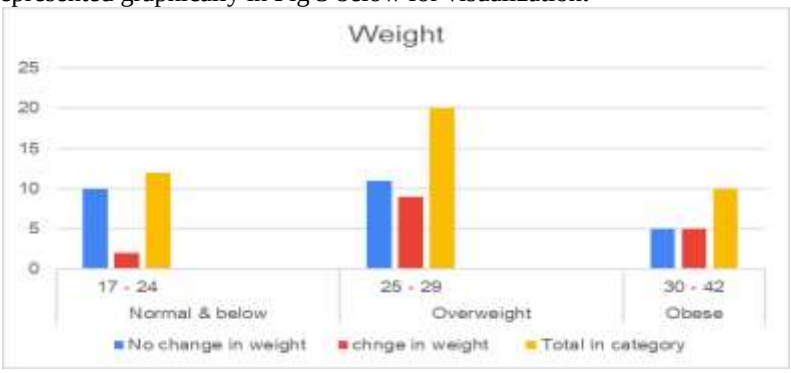

Fig 3: Graphical visualization of the data from Table 8.

From Figure 3 it is evident that this intervention caused weight reduction more effectively in the categories of overweight and obese samples because they have excessive body fat which needed to be reduced compared with those in the category of normal and below normal BMI.

Waist measurements analyses Considering BMI

Table 9 and Figure 4 below show the BMI range vis-à-vis the number of participants who experienced a reduction in waist circumference**.** It is observed that most of those in the normal and below-normal BMI range (83.3%) did not experience a change in WC. However, 90% of the overweight sample and 100% of the obese sample experienced WC reduction**.**

Table 9: BMI Range and number of sample with affected WC change.

WC				
BMI Range		No change	chnge	Total
Normal & below	17 - 24	10	2	12
Overweigh	25 - 29	2	18	20
Obese	30 - 42	0	10	10
	Total number of participants			42

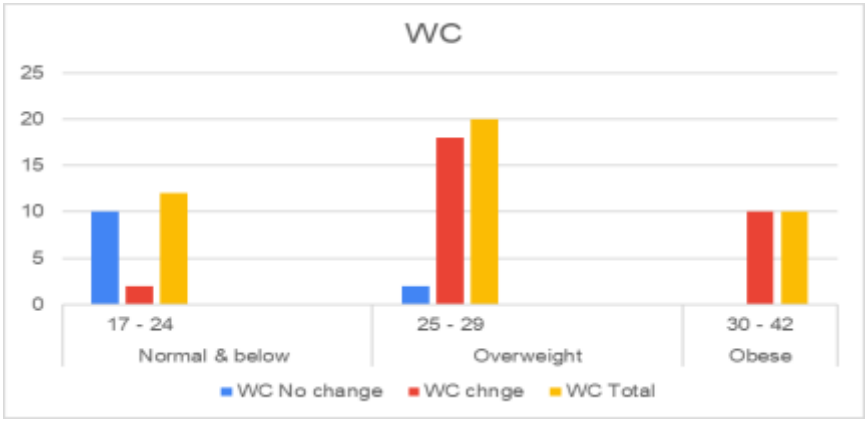

Fig 4: Graphical visualization of WC changes Vs. BMI categories.

RESULTS SUMMARY

In the above paragraphs, this paper has presented how YPV healing protocols achieved weight and waist reduction of participants in the workshops within a single healing session of 33 minutes. A comparison of the outcomes is presented in Table 10.

Table 10: Comparison of the outcomes of the three workshops.

	Location	Body Weight Reduction	Waist Circumference Reduction
1	Mangalore	Marginally Significant	Significant
2	Pune	Significant	Significant
3	Lucknow	Marginally Significant	Significant

Exploring the outcomes for the BMI categories, an analysis using BMI values in the Pune sample reveals that most of those in the normal (healthy BMI) and below the normal range in the sample have not experienced weight changes, obviously because there is very little excess fat in their bodies. The majority of those in the overweight range, experienced weight changes, and all in the obese range experienced weight changes.

Further analyses of WC changes using BMI values show that most of the overweight sample and all the obese sample experienced noteworthy reductions in waist circumference, indicating that the YPV protocols worked very effectively in reducing adiposity and visceral fat.

DISCUSSION

The results shown above are obtained after a YPV protocol single session of 33 minutes duration in a one-day workshop conducted in 3 different locations at different times using a different sample.

It is therefore observed that the YPV weight and waist reduction one-day programmes showed consistent results with three separate samples from different locations.

A literature search showed a similar study found a statistically significant reduction in waist circumference in a sample of 49 participants achieved after a 60-minute pranic healing session.[27]

Previously, the long-term YPV interventions, spread over 12 months of the one-year spiritual intensive programmes conducted at the YPV Ashram have recorded evidence of body weight reduction from obesity/overweight to the normal range achieved by most of the participants. For example, the data from the 2019-20 batch of 22 participants is shown in Figure 5 below with the weight in Kg on the Y-axis, plotted against time in months on the x-axis.

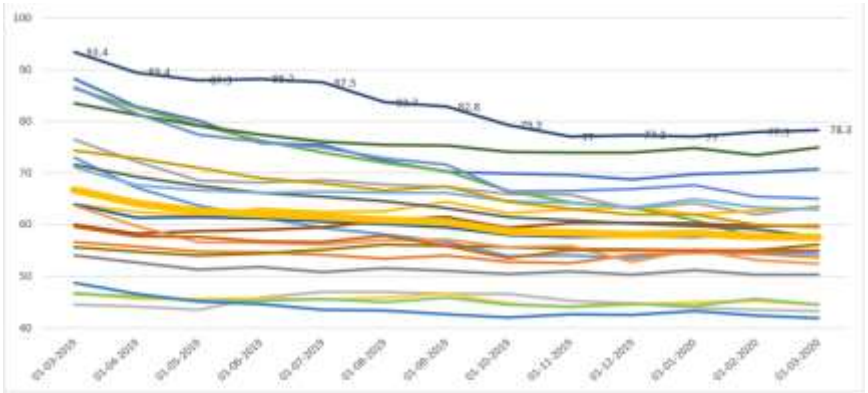

Figure 5: Body Weight measurements of One-year programme participants taken at 1-month intervals.

Similarly, the BMI values of those 22 individuals are plotted as shown in Figure 6. It can be observed from these graphs that long-term intervention of 6 to 7 months duration impacted obese and overweight persons very effectively in reducing weight and BMI. After the 7 months' time, the curves almost flattened indicating that the excess fat in the obese and overweight persons reduced substantially. The one-year programmes have a combination of the right diet which is saltless and vegetarian, physical exercises, and several frequent meditation practices which enable the participants to stay focused on their scheduled activities and stay healthy and active with high energy levels.

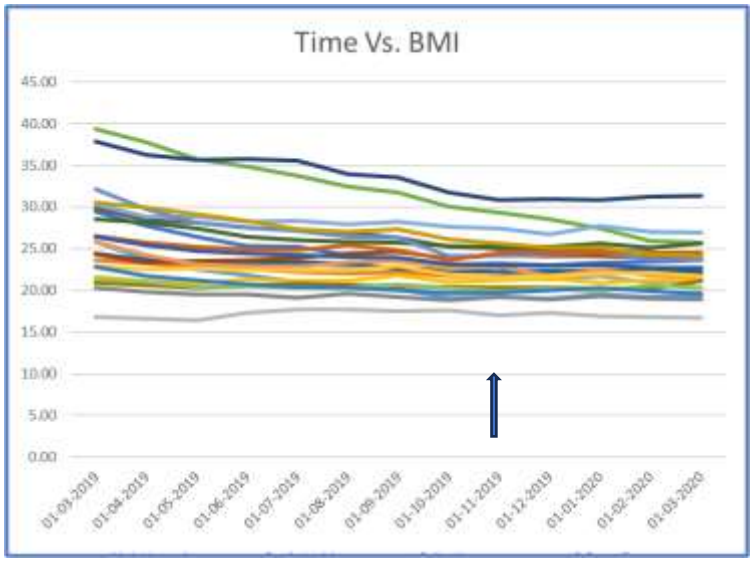

Fig 6: BMI at 12 monthly intervals of 22 One-year participants. The arrow shows the approximate time when the curves turn flat. The yellow line in the centre shows group mean values.

Follow up

An online follow-up session of the Pune workshop session was held 6 days after the workshop where the weight loss protocol was again practiced. It was attended by 26 participants and a few of them experienced even further inch loss around the waist, a few around the arms. During the 6 days, few who were practicing regularly shared they had further inch loss around the waist.

Behavioural/Lifestyle changes

Weight-loss-specific behaviours associated with long-term success—such as regular self-monitoring and self-weighing, calorie restriction, smaller and more frequent meals and snacks throughout the day, increased physical activity, consistently eating breakfast, more frequent at-home meals compared to the restaurant and fast-food meals, decreasing screen time, and use of portion-controlled meals or meal substitutes—are equally important to adopting appropriate behavioural strategies for the initiation of weight loss. Patients may develop insight for long-term management, foresee difficulties and make backup plans, mitigate behavioural weariness, and view the inevitable lapses and relapses of any long-term engagement with the use of weight maintenance-specific behavioural skills and techniques.[24]

Sustaining changes

Studies show that Weight management programs with a focus on maintenance of lost weight demonstrate improved long-term weight loss (red curve) compared to programs without maintenance visits (blue curve) (See figure 7).[24]

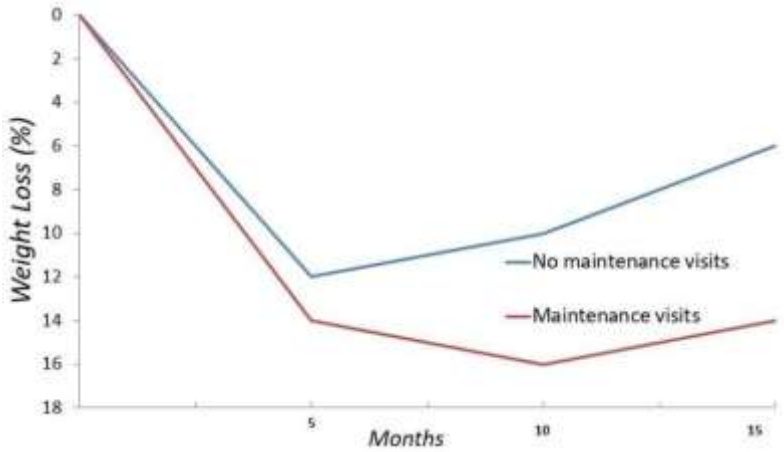

Fig 7: Effects of maintenance of Weight loss Vs. Time.

This explains the importance of patient self-management to continue with the maintenance of weight loss. YPV practices help the people towards this goal to maintain overall health as well.

In addition to the weight loss protocols, the YPV system has healing protocols for body Sculpting and Pranic facial treatments which are non-invasive processes. Body Sculpting involves reducing the accumulation of excess body fat in certain parts of the body, such as arms,

thighs, and hips, and how that can be removed. In the current intervention presented in this paper, there were few among the participants who experienced a reduction in excess fat around the arms. Body sculpting can be done alongside weight loss protocol or Pranic facial and can take 10 – 15 minutes.

CONCLUSIONS

It is observed that there was a noteworthy and statistically significant reduction in the body weight and waist circumference measurement for most participants in this study samples using YPV protocols without medicines or surgery. It is worth noting that the YPV weight loss protocol is helpful to general populations, besides patients with diabetes, liver issues, kidney issues, heart issues, skeletal and muscular issues etc by reducing unhealthy excess fat and weight from the body, improving overall health including mental health and emotional health besides physical health. Further research to know the effects on the general population and long-term effects is recommended using appropriate methodologies and samples.

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Conflicts of Interest

There are no conflicts of interest.

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