



Conservative Management of CVJ anomaly and High Cervical disc prolapse using Yoga Prana Vidya as alternative modality: A case study

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Date of Submission: 25-12-2020

Date of Acceptance: 10-01-2021

ABSTRACT: Introduction: CVJ (Craniovertebral junction) anomalies are rare but cause troublesome health issues for patients. Complex surgical procedure or conservative management of this condition is the usual medical solution. This case study documents the process and effective outcome of Yoga Prana Vidya Healing as an alternative conservative treatment.

Prior medical investigations: A 54 year old Patient with severe debilitating pain consulted a neurosurgeon and a spine surgeon. CT scan and MRI scan revealed CVJ anomalies such as C1 - C2 fusion with Os –odontoideum, cervical disc prolapse with narrowing of foramen magnum without any neurological deficit, but associated with debilitating sub-occipital cervical spasmodic pain, causing limitation of movements of Head & Neck.

Therapeutic intervention: The patient tried the Yoga Prana Vidya system which include physical exercises, breathing exercise, planetary peace meditation and advanced YPV healing techniques. Only local analgesic spray and limited systematic pain killers were used.

Result: The YPV therapy made her asymptomatic within 10-15 days, the severity of pain reduced after one week, spasm of the neck muscle reduced gradually between 2nd and 3rd months. She regained complete relaxation, painless free movement of head and neck within 3 months.

Conclusion: YPV healing therapy worked effectively for controlling the pain associated with torticollis and sub-occipital headache in CVJ abnormalities, and restore the normal movements of the Neck and Head without using conventional analgesic and traction therapy. CVJ anomalies can be safely managed conservatively by the yoga prana Vidya (YPV) therapy.

KEYWORDS: CVJ anomaly, pain management, YPV healing, Dens dysplasia, Os-Odontoideum, C2-C3 cervical disc prolapse

I. INTRODUCTION

CVJ Anomalies:

CVJ is a collective term that refers to the foramen magnum, adjacent occipital bone (basiocciput), atlas C1 Cervical vertebra, axis C2 cervical vertebra. This involves a transition between a mobile cranium & a relatively rigid spinal column. It encloses soft tissue structures of cervico-medullary junction (spinal cord, medulla, lower cerebellum, lower cranial nerves) and anomalies may be defects of development & not necessarily congenital & so may not manifest at birth [1]. Anomalies of CVJ include several pathologies, mostly developmental. Anomalies alone may not always cause symptoms. Associated basilar invagination Atlantoaxial (A-A) subluxation are the most common symptomatic lesions involving CVJ. Anomalies seen were either singly or in combination. The most common anomaly was basilar invagination (BI) seen in 23.8% of cases. BI was seen in combination with Atlanto-occipital assimilation, occipital condylar hypoplasia, ponticulus posticus, and atlantoaxial assimilation. The resulting compression and destruction of the neuraxis as well as the vertebrobasilar tree leads to a constellation of symptoms and signs that often complicate the diagnosis of these disorders in children as well as in adults. The commonest symptoms were a weakness of extremities, neck pain, paresthesia, torticollis and gait disturbances [2]. Adequate reduction, if necessary with anterior decompression and stabilization are widely employed with a good outcome.

Os-odontoideum is an uncommon abnormality of the CVJ. Os-odontoideum is an anatomical abnormality in which the tip of the odontoid process lacks continuity with the body of



C-2. It appears as a smooth margined, apical osseous segment separated from the base of the odontoid process by an obvious gap. [3, 4], which is derived from the proatlas centrum [3]. Its genesis and natural history have been debated, and its proper treatment remains uncertain.

Despite recommendations for initial conservative treatment and management, some patients may select surgery for cervical IDH with the main aim of alleviating radiating pain in neuropathy and preventing the progression of neurological damage in myelopathy [6]. Although studies on the effect of conservative treatment in cervical IDH patients have occasionally been reported, whether it is effective is yet a matter of controversy. Most patients with symptomatic cervical disc herniation with radiculopathy initially present with intense pain and moderate levels of disability [7]. Neck pain was the most common symptom (64%), and 56% of patients presented after traumatic injury [8]. It was believed that patients with Os-odontoideum are at risk for future spinal cord compromise. Forty-four percent of their patients [8] had myelopathic symptoms at referral, and three had significant neurological deterioration when a known Os-odontoideum was left untreated. This risk of late neurological deterioration should be considered when counselling patients. Os-odontoideum may be discovered as part of a workup for neck pain and/or neurological symptoms, but it is also often found incidentally [9].

Patients with a high cervical disc herniation can present with headache, neck pain, and unilateral numbness and weakness. Diagnostic tests such as non-contrast computed tomography (CT) of the brain and angiogram of the neck are commonly utilized to rule out cerebral vascular accident (CVA) and/or carotid artery dissection [10]. A prospective case series observational study of long term follow-up of cervical intervertebral disc herniation inpatients treated with integrated complementary and alternative medicine [CAM] indicated patient recovery but did not however give conclusive results [11].

The CVJ anomalies are more common in young adults, almost equal in both sexes. The congenital (68%) are more common than acquired but clinical features are delayed often in 2nd or 3rd decades since they are subtler and often missed. Atlantoaxial dislocation is the most common congenital anomaly, Arnold Chiari malformation is the most common soft tissue anomaly. [12] The clinical effects of a small foramen magnum vary from asymptomatic individuals to those with weakness, apneic spells, hyperreflexia,

hydrocephalus, and abnormal somatosensory-evoked potentials and/or polysomnograms.

Symptomatic cervical intervertebral disc herniation (IDH) presenting as neck pain accompanied by arm pain is a common affliction whose prevalence continues to rise. Neck pain is a common complaint whose point prevalence is estimated at 10–18 %, with lifetime prevalence reaching 30–50 %. The prevalence of neck pain in populations aged 40 or older is approximately 20 %. Neck pain is also related to restricted neck movement and frequently accompanied by headache, dizziness, visual impairment, tinnitus, and autonomic nervous system dysfunction. Frequent concurrent symptoms include upper extremity pain and neurological disorders, and neck pain symptoms also persist in many cases leading to work loss due to discomfort. Neck-related disability is generally more serious in patients with radiating pain than pain limited to the neck area. [12]. CVJ anomalies are more frequently found in the Indian subcontinent than anywhere else in the world. Even in India, these anomalies are more frequently documented from Bihar, UP, Rajasthan, Gujarat. [12]

Clinical features

The most interesting feature is the diversity of clinical features as a result of the compromise of the lower brainstem, cervical spinal cord, cranial nerves, cervical roots, and vascular supply. The most frequent symptom is suboccipital neck pain, radiating to the cranium (85%). Myelopathic features like wasting of muscles, monoparesis, hemiparesis, paraparesis & ascending pattern of quadriparesis. Sensory symptoms of posterior column involvement and cranial nerves involvement IX, X, XI, XII (20%). Vascular in 15% as a transient attack of vertebra-basilar insufficiency. Cerebellar symptoms and signs are Nystagmus, ataxia, intention tremor & dysarthria.

The cervical herniated disc is common especially in the C5-C6 and C6-C7 lower segment [13, 14], as for the C2-C3 segment, it occurs in the elderly and results in common clinical symptomatology. Its diagnosis and management remain delicate. Indeed, as it is difficult to perform the C2-C3 disc exposure, this leads to an obsession for surgeons. [4] Spondylitic changes and a loss of soft-tissue volume in the middle and lower cervical spine make these regions less mobile in elderly patients, overloading the upper levels during cervical movement [14]

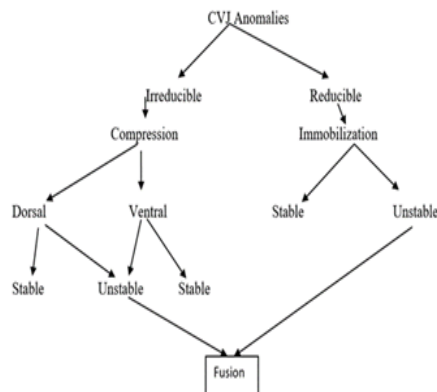


Fig 1: Diagram showing CVJ anomalies management

Diagram at Figure 1 shows general management of CVJ anomalies. Overall, the surgical management is complex due to relative difficulty in accessing the region, vital neurovascular structures and intricate biomechanical issues involved, that gives ample scope to explore viable alternatives in non-surgical treatment modalities.

II. YOGA PRANA VIDYA (YPV)

According to the founder of Yoga Prana Vidya, the concept of Yoga has to be understood in a broader and deeper sense. [15] Yoga in recent times is used to refer to asanas (Postures) and sometimes even to pranayama (a form of breathing). These are parts of yoga and not completely yoga. If viewed from the yogi Patanjali point of view, it is known as Ashtang (eight parts) Yoga. There are many levels of yoga in practice and yoga means all of this. Each of the steps is very important.

It is the soul using this physical body but the body is an important vehicle of the soul. This vehicle is so important in the physical world to be maintained, sustained, and used for the Divine. 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. Above that is The Emotional body which is called Kama kosha.
3. Above that is The Mental body, the Manomaya kosha.

To maintain our physical body it involves maintaining the energy body because the energy body is the basic mould 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 & vice versa.

We use the term Prana Vidya. Prana is Life Force or Energy used for the maintenance of the energy body and Vidya is the technology of how to do so. The technology of maintaining the energy body is Yoga Prana Vidya. Thus YPV gives techniques for maintaining the physical and energy body and also maintain the etheric connectivity with the higher self which involves meditations.

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 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 and the body heals itself.

The 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 that 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 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 for using prana to better and promote good health. Yoga Prana Vidya has been used as a tool to deal with psychological and emotional issues also to remedy everyday work and financial stresses of life. It is primarily used as a non-touch, drug-less, healing system, complementary (along with) with other healing modalities like Allopathy, Ayurveda, and Homeopathy, which can be used as Alternative therapy also under medical supervision. However, there are numerous instances where the application of YPV healing alone has been sufficient to alleviate the ailment/ disease (both physical & psychological) [15].

III. CASE STUDY

A 54 year female suddenly developed a severe spasm in the neck associated with severe radiating excruciating pain in the neck and back head region. Due to the spasm of the neck muscles, she was unable to move the Neck and Head. The pain was so severe in intensity that she had neurogenic shock twice. She had tried local therapy

with hot fomentation, massage, a local analgesic spray which gave her relief for short period, the pain recurred within a few hours.

On examination, there was no neurological deficit, no features of myelopathy. Hoffmann sign negative, restricted neck movements due to spasm of neck muscles, deep tendon reflex exaggerated, and plantar reflex downwards. MRI and CT scan of neck and CV Junction was done which revealed fusion of C1& C2 cervical vertebrae with disc prolapsed at C2-C3 level, CV junction anomaly with significant narrowing of foramen Magnum, with anterior margin of which is making an acute angle with anterior margin of the spinal cord but no cord signal changes seen. So- odontoid fused with the lower end of clivus causing acute angle at foramen magnum and lower end of the medulla is slightly indented by both and gross degenerative change at C1 –C2 joint with secondary fusion.

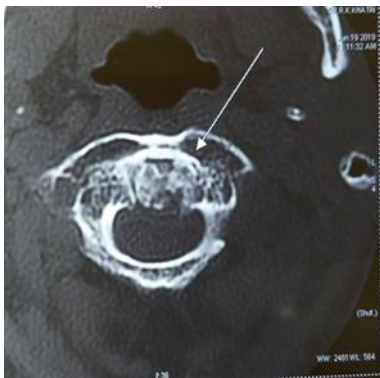


Fig 2: CT scan

Cervical spine and CV Junction revealing C1-C2 Fusion



Fig 3: MRI

MRI reveals C2-C3 disc severe posterior extrusion extending superiorly, sharp indentation of C2-C3 disc shows severe posterior central and left par central focal extrusion with extruded

fragment extends superiorly for about 8 mm to reach closer to C2 body. The post herniated disc is severely indenting on the left half of the spinal cord pushing it to right spinal cord at CVJ.

The C6 – C7 Disc shows mild right poster-lateral focal protrusion & mild compression seen at the right exit nerve root.



Fig 4: Dynamic CT Scan of CVJ revealing significant stenosis of foramen magnum and OS-odontoid which is fused with Occipital bone.

The medical specialists' assessment of the case and prescription is shown at Figure 5.

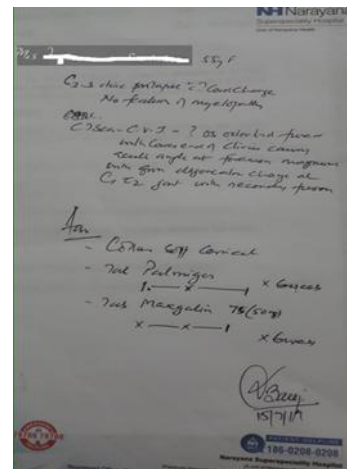


Fig 5: Specialist assessment & Prescription

-C2C3 DISC PROLAPSE with ? Spinal CORD CHANGE. No features of myelopathy (disease of the spinal cord) CT scan cvj ? Os-odontoid fused with lower end of clivus causing acute angle at foramen magnum with gross degenerative change at c1 –c2 joint with secondary fusion.

-collar soft cervical; Tab palmiges 2 per day for 6 weeks Regulates neuropathic pain; Tab Maxgalin 75 (50 mg) 1 per day for 6 weeks Treatment of neuropathic pain.



Yoga Prana Vidya Intervention

During this period the patient had tried the Yoga Prana Vidya which include physical exercises, breathing exercise, planetary peace meditation and YPV healing which made her asymptomatic within 10-15 days, the severity of pain was there for only 1 week, spasm of the neck muscle was reduced gradually between 2-3 months and she regained complete relaxation, painless free movement of head and neck within 3 months. During this period she has used only local analgesic spray and systematic pain killers only twice, as she was prone to developing the side effects of the allopathic medicine. She consulted a neurosurgeon and a spine surgeon, some advised her to go for Neurosurgery for the decompression of the spinal cord, and others advised not to go for surgery if she is asymptomatic with this therapy and no neurological deficit.

Advanced YPV Healing & psychotherapy protocol was followed. Initially healing was done three times a day, but after getting relief from the severity of pain and spasm, the frequency of healing was reduced to once in a day. Healing was continued for 3 months when she became completely symptom-free.

Apart from YPV healing, she continued YPV techniques of physical and breathing exercises, and planetary peace meditation once daily. Also she practiced Rhythmic yogic breathing 2-3 times a day to improve the energy level whenever she felt uncomfortable or weak due to the severity of pain.

The YPV healing protocols applied included:

- Generalized sweeping to clean aura and seal if any cracks & holes in the aura.
- YPV Psychotherapy to eliminate any psychic element associated with Pain and spasm.
- Localized sweeping of cervical spine especially C1, C2, C5 & C6 vertebrae and their discs were cleansed thoroughly with green, violet & brilliant violet prana. The spine was energized with Green and bluish violet and the disc was energized with Greenish violet, greenish-yellow and gold to regenerate the disc.

The foramen Magnum was drilled out with brilliant violet Prana to widen the opening and reduce the pressure over the spinal cord. The spinal cord in the cervical region was also cleansed thoroughly with Green, violet and brilliant violet and then energized with green & bluish-violet to reduce swelling. The patient continued physical exercises, breathing exercises and planetary peace meditation practices daily to keep physically,

mentally and emotionally healthy to avoid any stress associated with the illness. Throughout the period of YPV healing, despite the pain, the subject remained peaceful, calm and happy, with no panic reaction due to illness. (Patient testimonial attached at Annexure).

Patient outcome: In our present case study, the subject started getting the relief of pain within a week and got complete relief of pain within 15 days but a spasm of neck muscles leading to torticollis was relieved completely within 2-3 months. During the subsequent follow up of the subject for 15 months, it was revealed that there was no recurrence of pain or limitation of neck movements.

IV. DISCUSSION

There is a paucity of studies on the effect of complementary and alternative medicine (CAM) for this condition of CVJ, a collective term that refers to the foramen magnum, adjacent occipital bone (basiocciput), atlas C1 Cervical vertebra, axis C2 cervical vertebra. The authors have come across one study [11] of 165 patients of cervical disc herniation, the effect of conventional and Korean medicine integrative treatment with CAM as the main modality a prospective observational study. This study found neck pain, radiating pain, and Neck Disability all decreased significantly at discharge and long-term follow-up compared to baseline (admission). However the study could not conclude whether the suggested CAM integrative treatment is superior to active control (e.g. surgery, conventional non-surgical intervention) or the natural course of the disease, and the study was limited by the heterogeneity of the patient groups and treatment composition. Although CAM treatment is gaining widespread popularity in the West, CAM is usually limited to “complementary” rather than “alternative” medicine and is generally practiced by conventional practitioners as an adjunctive to conventional treatment after education on acupuncture/naturopathy/etc. However, no literature is available for the use of independent alternative therapy for the successful management of High cervical disc herniation.

The range of available medical treatments for cervical IDH is vast, spanning conservative treatments to various surgical modalities [12, 13, 14, 16], reviews [7]. Conservative treatments include NSAIDs, oral steroids, steroid injections, patient education, rest, Thomas collars, and physical therapy [4] (9). Surgical treatment may be considered when conservative treatment fails. Neuropathy from spinal cord compression is an absolute indication for surgery. Other indications



include nerve root compression signs and related motor and sensory loss. Relative indications may involve decreased quality of life due to prolonged chronic pain. While surgical treatment may benefit some patients suffering severe neurological symptoms, most studies on neuropathic pain of the spine state that the long term effects are not significant. There is no consensus about which approach is safe for the approach to this area. However, substantial improvements tend to occur within the first 4 to 6 months post-onset. Time to complete recovery ranged from 24 to 36 months in approximately 83% of the patients. Although the evidence base of conventional conservative and surgical treatments for cervical IDH weighing the benefits and harms is somewhat insufficient, the area has been extensively studied, while there is a distinct paucity of correlative studies on CAM. [6] This risk of late neurological deterioration should be considered when counselling patients. [8]

Os-odontoideum may be discovered as part of a workup for neck pain and/or neurological symptoms, but it is also often found incidentally [9]. Patients with incidentally discovered Os odontoideum should be considered for surgery on a case-by-case basis. Though separate cases of high cervical disc herniation and Os-odointeum are present in the literature combined abnormality was not observed in any of the cases, that too a rare abnormality which was managed successfully & effectively in a short period as compared to the usual course of disease of 6-12 months. Early diagnosis & management by YPV helps in preventing the development of neurological deficits. Fortunately, in our case there was atlantoaxial stability, due to complete fusion of the C1-C2 vertebrae by degenerative changes & there was no neurological deficit. The degenerated cervical vertebrae, prolapsed disc, spinal cord & edges of foramen magnum were regenerated by YPV healing & regular physical exercises & breathing exercises were done to improve the vitality of the tissue to facilitate the regeneration. Along with this planetary peace, meditation was practiced daily, to improve vitality & hence maintaining physical, emotional & mental health.

The mean AP diameter of the foramen magnum was 3.1 cm, with a range of 2.5–3.7 cm. The mean horizontal diameter was 2.7 cm, with a range of 2.4–3.5 cm. One study [17] found that the average AP diameter of the foramen was 35 mm and the average horizontal diameter was 30 mm. It is generally accepted that when the normal diameter of the foramen magnum (35 mm) is reduced to approximately 19 mm, symptoms may manifest.

The narrow Foramen magnum was an incidental finding though congenital but asymptomatic. No literature is available for narrow foramen magnum in adults, usually, it manifests early in childhood & with symptoms of weakness, apnoeic spells, hyperreflexia, hydrocephalus, and abnormal somatosensory-evoked potentials and/or polysomnograms and even sudden death.

With the severe disabling pain which was managed successfully without using high doses of analgesics, no surgical intervention was required in this case but was managed successfully by conservative alternative therapy of Yoga Prana Vidya followed for 15 months with no recurrence of pain or any neurological deficit.

V. CONCLUSION

CVJ anomalies are rare but, when they occur, cause troublesome health issues for patients. To prevent long-term neurological problems, early diagnosis, and treatment of bony CVJ anomalies is important. Yoga Prana Vidya (YPV) which is a no-drug no-touch Pranic energy process, and it is emerging as a very valuable system of healing various physical and psychological ailments with no side effects. This case report documents evidence gathered on the effective use of YPV in healing a case of CVJ anomaly successfully. YPV uses a combination of approaches, such as (1) physical exercises including rhythmic breathing, (2) Meditation techniques, and (3) YPV healing protocols practiced by well-trained healers, besides participation in group healing, as well as self-healing by the patient. This study reveals that there is vast scope for further research in this field for scientifically testing the suitability of YPV to treat and cure various other ailments and with all age groups of people.

ACKNOWLEDGEMENTS

Sri Ramana Trust, and Yoga Prana Vidya Ashram, Thally- PIN 635118, Krishnagiri District, Tamilnadu for permission given to use their copyright terms Yoga Prana Vidya TM and YPV [©]

FUNDING

Nil

CONFLICTS OF INTEREST

Nil

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Annexure

Patient Testimonial

In June 2019, I have developed severe pain in the back of my neck and backhead region. I have tried some topical analgesic treatment and hot fomentation and physiotherapy after consultation with an orthopaedic surgeon but pain recurred & keep on increasing in severity day by day with complete limitation of the neck movements within 10-15 days. I was not able to move the neck sidewise, forward, or backward.

Investigations CT and MRI scan of cervical neck & CV Junction were done where CVJ anomaly was detected. Meanwhile, I have tried the Holistic approach of energy Healing by YPV Healing which has given relief to my pain & the severity of the pain started reducing. I have continued YPV healing for 3 months and completely relieved of pain, and movements restored fully with no limitation. No recurrence of the pain for one & a half years till now.

I am highly thankful to the master of Yoga Prana Vidya who has revealed a fantastic technique of maintaining and sustaining good health despite having a severely debilitating condition