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A Case of Renal Calculi and Cholelithiasis Successfully Healed in the same Individual Using Feed The Soul (FTS) Energy Healing Techniques as a Complementary Therapy

[1]Gariiimaa, [2]V Priyadharsini

[1]Certified Healer, Feed The Soul Energy Healing, Ludhiana, Punjab, India

[2]Healer and Trainer at Feed The Soul Energy Healing, Delhi, India

ABSTRACT

This case report presents the successful resolution of concurrent gallbladder and kidney stones in a 65-year-old female patient through the use of Feed The Soul (FTS) Energy Healing techniques as a complementary therapy. Conventional medical options were declined by the patient, who instead opted for a holistic, non-invasive approach. Over a four-month period, the patient received regular remote energy healing sessions, supported by self-care practices including rhythmic abdominal breathing, yoga, forgiveness sadhana, and meditation for peace and Illumination. Follow-up imaging showed complete resolution of kidney stones and significant improvement in gallbladder condition, including the disappearance of calculi and reduction in wall thickening. These outcomes were achieved without surgical or pharmacological interventions. This case highlights the potential of FTS Energy Healing as an effective complementary therapy for complex conditions like cholelithiasis and renal calculi, warranting further investigation through controlled clinical studies.

Keywords: Feed The Soul (FTS) Energy Healing, Complementary Therapy, Kidney Stones, Gallbladder Stones, Renal Calculi, Cholelithiasis

1 | INTRODUCTION

Kidney & Gallbladder Stone:

Gallbladder stones (cholelithiasis) and kidney stones (renal calculi) are common health conditions caused by the formation of solid deposits in the body due to various metabolic imbalances **[1][2]**. Although they affect different organs, both can coexist in some individuals, complicating diagnosis and treatment **[3]**. Understanding their causes, symptoms, treatment options, and preventive measures is crucial for effective management.

Kidney stones develop in the kidneys when substances such as calcium, oxalate, or uric acid crystallize in concentrated urine. Dehydration is one of the leading causes, as insufficient water intake increases the concentration of these minerals **[4]**. Other factors include dietary habits, genetic predispositions, and certain medical conditions **[5]**. Kidney stones come in different types, including calcium oxalate stones (the most common), calcium phosphate stones, uric acid stones, struvite stones (associated with infections), and cystine stones, which result from a rare genetic disorder **[6].** Similarly, gallstones form in the gallbladder due to an imbalance in bile components, often resulting in the crystallization of cholesterol or bilirubin. Contributing

factors include obesity, high-fat diets, rapid weight loss, and hormonal changes during pregnancy or estrogen therapy **[7]**. Gallstones are classified as cholesterol stones, the most common type, and pigment stones, which are made of bilirubin **[8]**.

The prevalence of these conditions varies across age groups and genders. Kidney stones are more common in men, particularly between the ages of 30 and 50 **[9]**. However, rising incidences among women are attributed to changes in dietary habits and lifestyle **[10]**. In contrast, gallbladder stones primarily affect women, especially those over 40 years old. Hormonal factors, such as pregnancy and estrogen use, significantly increase the risk, leading to the commonly cited "4 Fs" of gallstone risk: female, fertile, fat, and forty **[7]**.

Both kidney and gallbladder stones cause significant discomfort and complications if untreated. Kidney stones typically present with severe, sharp pain in the back or side (renal colic), blood in the urine, nausea, vomiting, and difficulty urinating **[6]**. Gallstones, on the other hand, often cause upper right abdominal pain, particularly after consuming fatty meals, along with nausea, vomiting, and sometimes fever if inflammation is present [8].

Diagnosis for both conditions relies on imaging techniques such as ultrasound, CT scans, or X-rays, which help determine the size, location, and composition of the stones **[3]**. Blood and urine tests are also used to identify abnormal mineral levels or infections **[4]**.

Treatment for kidney stones depends on their size and symptoms. Small stones, typically less than 5 mm, often pass naturally with increased hydration and pain management, usually within days to weeks **[4]**. Larger stones may require medical interventions such as extracorporeal shock wave lithotripsy (ESWL), which uses sound waves to break the stones, ureteroscopy to retrieve or fragment the stones, or surgical options for severe cases **[6]**. Preventive measures include maintaining proper hydration, reducing dietary sodium and oxalate-rich foods, and, in some cases, using medications like thiazide diuretics or allopurinol to prevent recurrence **[5]**.

Gallbladder stones, in contrast, are usually treated with surgical removal of the gallbladder (cholecystectomy), especially if symptoms are severe or complications arise **[7].** For individuals who cannot undergo surgery, medications like ursodeoxycholic acid may be used to dissolve cholesterol stones, although this process can take months and is not always effective **[8]**.

When both kidney and gallbladder stones coexist, managing the more urgent condition takes priority. For instance, a kidney stone causing obstruction or infection may require immediate intervention, while gallbladder stones causing mild symptoms can often be managed conservatively until the kidney issue is resolved **[3]**. In such cases, collaboration between urologists and gastroenterologists is essential to ensure comprehensive care **[9]**.

If left untreated, both conditions can lead to serious complications. Kidney stones can cause recurrent infections, kidney damage, or, in severe cases, kidney failure **[6]**. Gallstones, if not managed, may result in gallbladder inflammation (cholecystitis), bile duct blockages, pancreatitis, or even rupture of the gallbladder **[7]**. Therefore, early diagnosis and treatment are vital. Regular imaging and check-ups are recommended for individuals with a history of stones, along with preventive strategies such as drinking 2-3 L of water daily, maintaining a healthy weight, and following a balanced diet low in sodium, oxalates, and fats **[4]**.

While gallbladder and kidney stones can significantly affect quality of life, timely diagnosis, appropriate treatment, and lifestyle modifications can reduce the risk of complications and improve long-term outcomes. For those with both conditions, prioritizing immediate concerns while planning comprehensive care is key to effective management **[10]**.

Feed the Soul Energy Healing:

Feed The Soul (FTS) Energy Healing is a non-contact healing technique that does not involve medication or physical intervention. It is based on the principle that the human body has inherent self-healing capabilities, which can be enhanced by regulating the flow of energy, or prana, within the system. Additionally, disease can be understood in terms of energy imbalances in the inner aura. A lack of energy, known as depletion, or an excess of energy, referred to as congestion, disrupts the body's natural harmony. The only way to address these imbalances is to clean out dirty or stagnant energy and replenish it with fresh, vital energy.

FTS Energy Healing is a complementary therapy and does not aim to replace conventional medical treatments. Instead, it serves as an integrated approach to managing physical and psychological ailments. This holistic

practice combines multiple techniques, including breathing exercises to optimize energy flow, physical exercises to support overall well-being, forgiveness practices to release emotional burdens, and Meditation for Peace and Illumination to foster inner peace and clarity. Energy healing is central to this approach, targeting imbalances within the energy body to restore harmony and health.

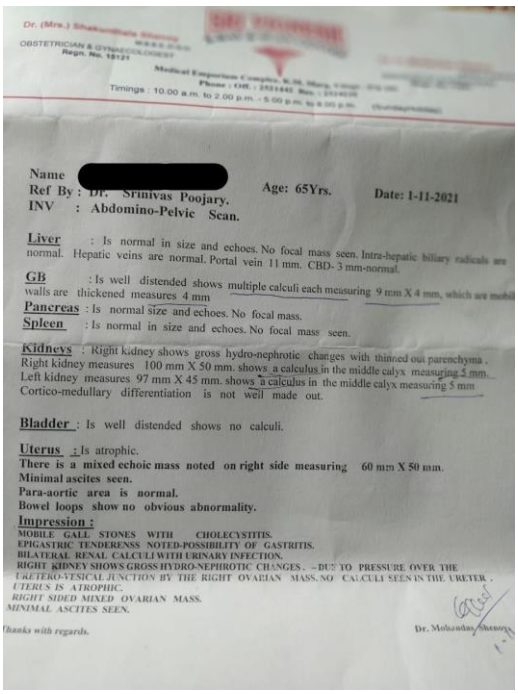
The healing process in FTS Energy Healing focuses on cleansing and replenishing the body's energy centers, or chakras. Chakras are believed to regulate physical, emotional, and spiritual health. Cleansing involves the removal of diseased, dirty, or depleted energy from the chakras, while replenishing restores vitality by infusing fresh energy from the environment. These practices serve both preventive and curative purposes, helping to build resilience against potential health issues and addressing existing conditions.

A unique feature of FTS Energy Healing is its ability to operate remotely. Healing sessions can be conducted without physical proximity between the healer and the subject, making the practice accessible to individuals in remote or underserved areas. This adaptability ensures that healing assistance can reach people worldwide. FTS Energy Healing has demonstrated success in treating a wide range of physical and psychological conditions. Documented cases include improvements in hemorrhagic cerebral contusions **[11]** and Salivary Gland Stones **[12]**. There are several documented yet unpublished case studies on Lymphoma, cellulitis, uterine wall thickening, hyperthyroidism, etc. Also, there are a lot of undocumented and unpublished cases on lifestyle diseases like stress, anxiety, cholesterol, epilepsy, migraine etc.. It has also proven effective in addressing other challenging medical cases that have shown resistance to conventional treatments. By addressing both the energetic and physical aspects of health, FTS Energy Healing offers a transformative path toward overall well-being.

2| CASE PRESENTATION

Patient Background:

Mrs. Shakti (*Alias used for confidentiality purposes*), a 65-year-old woman residing in Mangalore, Karnataka, presented with sharp abdominal pain. On medical evaluation, an abdomino-pelvic scan teken on 1st November 2021 revealed a distended gallbladder containing multiple calculi, each measuring 9 mm × 4 mm, with thickened walls measuring 4 mm. Additionally, her right kidney showed gross hydronephrotic changes with thinned-out parenchyma and a calculus in the middle calyx measuring 5 mm. The left kidney also exhibited a calculus of similar size (5 mm) in the middle calyx. **[Annexure 1]**



Timings : 10.00 a.m. to 2.00 p.m. - 5.00 p.m. to 8.00 p.m.

Name [redacted] Age: 65Yrs. Date: 1-11-2021
Ref By : Dr. Srinivas Poojary.
INV : Abdomino-Pelvic Scan.

Liver : Is normal in size and echoes. No focal mass seen. Intra-hepatic biliary radicals are normal. Hepatic veins are normal. Portal vein 11 mm. CBD- 3 mm-normal.

GB : Is well distended shows multiple calculi each measuring 9 mm X 4 mm, which are mobile walls are thickened measures 4 mm

Pancreas : Is normal size and echoes. No focal mass.

Spleen : Is normal in size and echoes. No focal mass seen.

Kidneys : Right kidney shows gross hydro-nephrotic changes with thinned out parenchyma. Right kidney measures 100 mm X 50 mm. shows a calculus in the middle calyx measuring 5 mm. Left kidney measures 97 mm X 45 mm. shows a calculus in the middle calyx measuring 5 mm Cortico-medullary differentiation is not well made out.

Bladder : Is well distended shows no calculi.

Uterus : Is atrophic.
There is a mixed echoic mass noted on right side measuring 60 mm X 50 mm.
Minimal ascites seen.
Para-aortic area is normal.
Bowel loops show no obvious abnormality.

Impression :
MOBILE GALL STONES WITH CHOLECYSTITIS.
EPIGASTRIC TENDERENSS NOTED-POSSIBILITY OF GASTRITIS.
BILATERAL RENAL CALCULI WITH URINARY INFECTION.
RIGHT KIDNEY SHOWS GROSS HYDRO-NEPHROTIC CHANGES. - DUE TO PRESSURE OVER THE VESICO-VESICAL JUNCTION BY THE RIGHT OVARIAN MASS. NO CALCULI SEEN IN THE URETER.
UTERUS IS ATROPHIC.
RIGHT SIDED MIXED OVARIAN MASS.
MINIMAL ASCITES SEEN.

Thanks with regards.

Annexure 1. *Abdomino-Pelvic scan (1st November 2021)*

FTS Energy Healing Intervention:

Mrs. Shakti, who had prior experience with energy healing and meditation, reached out to Ms. Gariiimaa, a certified FTS Energy Healer based in Ludhiana, through a social media platform. Despite her background in energy healing and higher-level meditative practices, Mrs. Shakti reported feeling physically weak and unable to perform self-healing techniques. She sought assistance specifically for managing her gallbladder and kidney stones.

At the time of consultation, Mrs. Shakti was under ayurvedic and homeopathic treatment but declined any invasive medical interventions. She expressed a strong belief in the efficacy of energy healing and opted to explore it as a primary approach to address her condition.

Ms. Gariiimaa provided regular energy healing sessions to Mrs. Shakti. Complementary to these sessions, the patient engaged in specific self-care practices, including:

1. Rhythmic Abdominal Breathing: A technique aimed at improving energy flow and organ function.
2. Forgiveness Sadhana: A meditative practice intended to release emotional blockages and promote inner harmony.
3. Yoga: To enhance physical well-being and support relaxation.
4. Meditation for Peace and Illumination: Performed occasionally to strengthen overall energy balance.

Mrs. Shakti's confidence in energy healing, combined with her disciplined practice of complementary techniques, highlights her commitment to a holistic approach for managing her condition.

3|Results

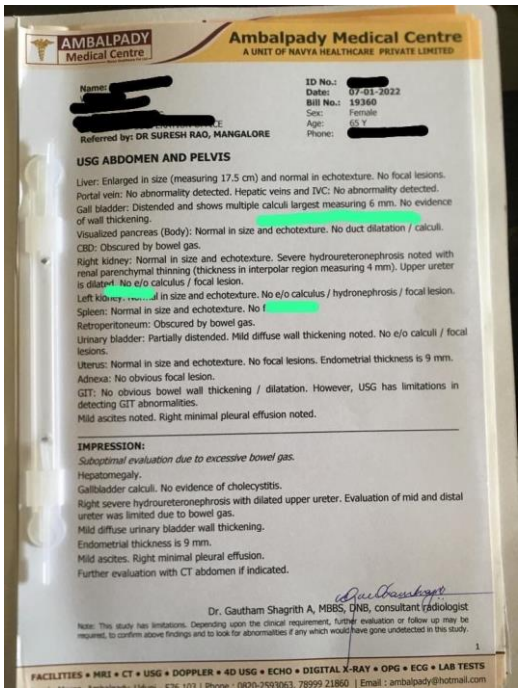
A series of follow-up ultrasonography (USG) scans demonstrated significant improvement in Mrs. Shakti's condition following approximately four months of continuous FTS energy healing sessions.

Initial Follow-Up (45 Days Post-Healing):

A USG of the abdomen and pelvis conducted on 7th January 2022 **[Annexure 2]** revealed:

Gallbladder: Distention persisted, but the largest calculi reduced in size, measuring 6 mm. The previously observed wall thickening (4 mm) was no longer present.

Kidneys: No evidence of calculi in either the right or left kidney, with resolution of the hydronephrotic changes and the 5 mm stones initially observed in the middle calyces.



AMBALPADY Medical Centre

Ambalpady Medical Centre
A UNIT OF NAVYA HEALTHCARE PRIVATE LIMITED

Name: [redacted]
ID No.: [redacted]
Date: 07-01-2022
Bill No.: 19360
Sex: Female
Age: 65 Y
Phone: [redacted]
Referred by: DR SURESH RAO, MANGALORE

USG ABDOMEN AND PELVIS

Liver: Enlarged in size (measuring 17.5 cm) and normal in echotexture. No focal lesions.
Portal vein: No abnormality detected. Hepatic veins and IVC: No abnormality detected.
Gall bladder: Distended and shows multiple calculi largest measuring 6 mm. No evidence of wall thickening.
Visualized pancreas (Body): Normal in size and echotexture. No duct dilatation / calculi.
CBD: Obscured by bowel gas.
Right kidney: Normal in size and echotexture. Severe hydroureteronephrosis noted with renal parenchymal thinning (thickness in interpolar region measuring 4 mm). Upper ureter is dilated. No e/o calculus / focal lesion.
Left kidney: Normal in size and echotexture. No e/o calculus / hydronephrosis / focal lesion.
Spleen: Normal in size and echotexture. No f[redacted]
Retroperitoneum: Obscured by bowel gas.
Urinary bladder: Partially distended. Mild diffuse wall thickening noted. No e/o calculi / focal lesions.
Uterus: Normal in size and echotexture. No focal lesions. Endometrial thickness is 9 mm.
Adnexa: No obvious focal lesion.
GIT: No obvious bowel wall thickening / dilatation. However, USG has limitations in detecting GIT abnormalities.
Mild ascites noted. Right minimal pleural effusion noted.

IMPRESSION:

Suboptimal evaluation due to excessive bowel gas.
Hepatomegaly.
Gallbladder calculi. No evidence of cholecystitis.
Right severe hydroureteronephrosis with dilated upper ureter. Evaluation of mid and distal ureter was limited due to bowel gas.
Mild diffuse urinary bladder wall thickening.
Endometrial thickness is 9 mm.
Mild ascites. Right minimal pleural effusion.
Further evaluation with CT abdomen if indicated.

Dr. Gautham Shagrith A, MBBS, DNB, consultant radiologist

Note: This study has limitations. Depending upon the clinical requirement, further evaluation or follow up may be required, to confirm above findings and to look for abnormalities if any which would have gone undetected in this study.

1

FACILITIES • MRI • CT • USG • DOPPLER • 4D USG • ECHO • DIGITAL X-RAY • OPG • ECG • LAB TESTS

Annexure 2. *Abdomino-Pelvic scan (7th January 2022)*

Symptom Resolution:

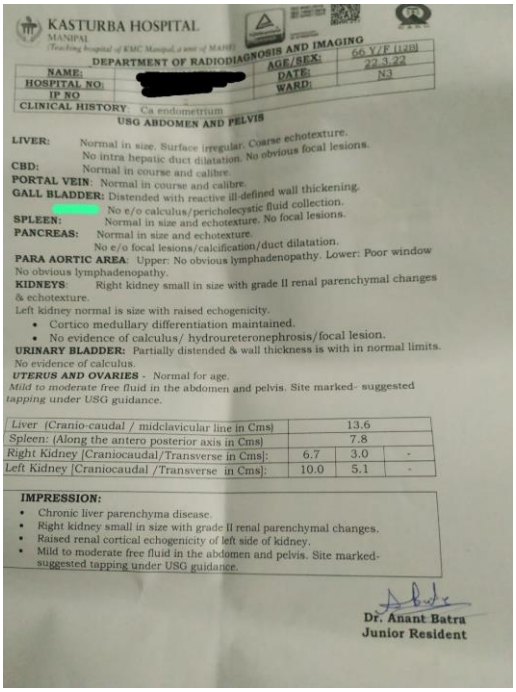
During the healing period, episodes of abdominal pain and acidity were reported by the patient. These symptoms resolved promptly following FTS energy healing sessions administered by Ms. Gariiimaa, supporting the immediate symptomatic benefits of the intervention.

Final Follow-Up (4 Months Post-Healing):

A subsequent USG performed on 22nd March 2022 **[Annexure 3]** revealed:

Gallbladder: While it remained distended, the walls displayed reactive, ill-defined thickening with no calculi detected.

Kidneys: Both kidneys were completely free of calculi, confirming the resolution of the condition.



KASTURBA HOSPITAL
MANIPAL

DEPARTMENT OF RADIODIAGNOSIS AND IMAGING

NAME: [redacted] AGE/SEX: 66 Y/F (12th)
HOSPITAL NO: DATE: 22.3.22
IP NO WARD: N3
CLINICAL HISTORY: Ca endometrium

USG ABDOMEN AND PELVIS

LIVER: Normal in size. Surface irregular. Coarse echotexture. No intra hepatic duct dilatation. No obvious focal lesions.
CBD: Normal in course and calibre.
PORTAL VEIN: Normal in course and calibre.
GALL BLADDER: Distended with reactive ill-defined wall thickening. No e/o calculus/pericholecystic fluid collection.
SPLEEN: Normal in size and echotexture. No focal lesions.
PANCREAS: Normal in size and echotexture. No e/o focal lesions/calcification/duct dilatation.
PARA AORTIC AREA: Upper: No obvious lymphadenopathy. Lower: Poor window No obvious lymphadenopathy.
KIDNEYS: Right kidney small in size with grade II renal parenchymal changes & echotexture.
Left kidney normal is size with raised echogenicity.
- Cortico medullary differentiation maintained.
- No evidence of calculus/ hydroureteronephrosis/focal lesion.

URINARY BLADDER: Partially distended & wall thickness is with in normal limits. No evidence of calculus.
UTERUS AND OVARIES - Normal for age.
Mild to moderate free fluid in the abdomen and pelvis. Site marked- suggested tapping under USG guidance.

Liver (Cranio-caudal / midclavicular line in Cms)		13.6	
Spleen: (Along the antero posterior axis in Cms)		7.8	
Right Kidney [Craniocaudal/Transverse in Cms]:	6.7	3.0	-
Left Kidney [Craniocaudal /Transverse in Cms]:	10.0	5.1	-

IMPRESSION:
- Chronic liver parenchyma disease.
- Right kidney small in size with grade II renal parenchymal changes.
- Raised renal cortical echogenicity of left side of kidney.
- Mild to moderate free fluid in the abdomen and pelvis. Site marked- suggested tapping under USG guidance.

Dr. Anant Batra
Junior Resident

Annexure 3. *Abdomino-Pelvic scan (22nd March 2022)*

By the end of the four-month period, the patient's gallbladder and kidneys were entirely clear of calculi. The reduction in calculi size, disappearance of kidney stones, and resolution of gallbladder wall thickening occurred without surgical or invasive medical interventions. This case demonstrates the potential efficacy of FTS energy healing as a complementary therapy for managing and resolving gallbladder and kidney stones.

4|DISCUSSION

This case report presents a unique instance where FTS Energy Healing was employed to address a complex health challenge involving concurrent gallbladder and kidney stones. The patient, Mrs. Shakti, exhibited significant improvement following a regimen of FTS energy healing sessions, accompanied by self healing practices like rhythmic abdominal breathing, forgiveness sadhna, yoga, and meditation for peace and illumination. The observed reduction in gallbladder stone size, complete resolution of kidney stones, and alleviation of associated symptoms suggest a potential positive impact of FTS Energy Healing on this specific case. While the exact mechanisms underlying these effects remain to be fully elucidated, the principles of FTS Energy Healing, which emphasize the restoration of energy balance within the body, may have played a crucial role.

It is hypothesized that energy healing may have facilitated improved cellular function, reduced inflammation, enhanced detoxification, and stress reduction. By enhancing energy flow, FTS energy healing may have stimulated cellular repair and regeneration, aiding in the breakdown and elimination of stones. Inflammation is a common factor in the formation and persistence of stones, and FTS Energy Healing may have helped to modulate the inflammatory response, creating a more conducive environment for stone dissolution and healing. By supporting the body's natural detoxification processes, FTS energy healing may have assisted in the removal of metabolic waste products that contribute to stone formation. Furthermore, the combination of

FTS energy healing from a distance and self healing practices like meditation and forgiveness may have helped to reduce stress levels, which can significantly impact overall health and contribute to the development of certain health conditions.

Future Research Directions

Further research, including larger-scale studies with robust control groups, is necessary to establish a stronger evidence base for the efficacy of FTS Energy Healing in managing gallbladder and kidney stones. Investigating the specific mechanisms through which energy healing may exert its effects is crucial. Exploring the potential of combining energy healing with conventional medical treatments to enhance patient outcomes is also warranted. Finally, developing standardized protocols for the application of FTS Energy Healing in different health conditions would be beneficial for future research and clinical practice.

5|CONCLUSION

This case report provides preliminary evidence suggesting the potential benefits of FTS Energy Healing in addressing a challenging health condition involving gallbladder and kidney stones. While further research is warranted to confirm these findings and elucidate the underlying mechanisms, this case highlights the importance of exploring complementary therapies like Feed the Soul energy healing techniques as potential adjuncts to conventional medical care.

Acknowledgements

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No Conflict of Interest

The authors declare no conflicts of interest.

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