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Integrative Healing of Pediatric Renal Disorders: Case Studies on Nephrotic Syndrome and Hydronephrosis Using Feed the Soul Energy Healing System

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ABSTRACT

Nephrotic syndrome and hydronephrosis are serious renal conditions in early childhood, often requiring intensive allopathic interventions. However, in recent years, complementary therapies have gained traction for their holistic approach to healing. This study explores the therapeutic impact of the "Feed the Soul" (FTS) Energy Healing system in two pediatric cases—one with recurrent nephrotic syndrome and another with antenatal hydronephrosis. FTS, a holistic and integrative modality, works through the cleansing and energization of the bio-energetic body, including chakras and nadis. Its healing framework also incorporates self-practices such as breathing techniques, forgiveness sadhna, and energy transmission, thereby addressing underlying karmic and energetic imbalances. The successful recovery in both cases—documented by clinical tests and imaging—highlights FTS's potential in complementing conventional treatments. These outcomes suggest a strong correlation between energetic harmony, parental involvement in self-practice, and pediatric health, positioning FTS as a viable adjunct in managing complex pediatric renal disorders.

Keywords: nephrotic syndrome, hydronephrosis, pediatric nephrology, energy healing, Feed the Soul system, complementary medicine, holistic healing, chakra cleansing, karmic healing, pranayama, alternative therapy, spiritual healing, congenital kidney disorders, integrative health, childhood renal disease.

1|INTRODUCTION

1.1 Nephrotic Syndrome

Nephrotic syndrome in newborn infants and younger children is a rare but serious condition characterized by excessive protein loss through the urine, leading to hypoalbuminemia, edema, and hyperlipidemia. It is often caused by congenital or genetic abnormalities affecting the kidney's filtering units, the glomeruli. A notable genetic mutation associated with nephrotic syndrome is in the NPHS1 gene, which encodes nephrin, a crucial protein for maintaining the filtration barrier. Other implicated genes include NPHS2 and WT1, which also contribute to structural or functional abnormalities in the glomerular filtration system [1][2]. This syndrome may manifest at birth or during the first year of life, with males being slightly more affected than females [3].

The condition is particularly prevalent in specific populations with genetic predispositions. For instance, Finnish-type congenital nephrotic syndrome, caused by NPHS1 mutations, is notably common among individuals of Finnish ancestry [4]. In younger children, secondary nephrotic syndrome may develop due to systemic diseases like infections or autoimmune conditions, although primary or idiopathic cases, such as minimal change disease, are more frequent [5][6].

Nephrotic syndrome is associated with various health complications. Persistent proteinuria and low serum albumin levels can lead to severe swelling, particularly in the face, abdomen, and extremities. The loss of immunoglobulins through the urine impairs immunity, predisposing affected children to recurrent infections, including pneumonia and sepsis [7]. Hypercoagulability due to clotting factor imbalances increases the risk of thromboembolism, while hyperlipidemia can contribute to early vascular complications [8]. If left untreated, the condition may progress to chronic kidney disease or end-stage renal failure, significantly reducing life expectancy and quality of life [9].

Medical intervention is critical for the management of nephrotic syndrome, especially in neonates and young children. Treatment typically involves corticosteroids to reduce proteinuria in idiopathic cases, although congenital forms often require specialized management, including angiotensin-converting enzyme inhibitors to reduce protein loss and diuretics to alleviate edema [10][11]. In severe or refractory cases, immunosuppressive agents or even kidney transplantation may be necessary [12]. Without timely intervention, the prognosis is grim, as complications such as infections, malnutrition, and kidney failure can lead to fatal outcomes [13].

It is unlikely that nephrotic syndrome can be effectively managed without medical aid. While dietary modifications, such as reducing sodium and ensuring adequate protein intake, can provide some symptomatic relief, they cannot address the underlying pathophysiology. For congenital forms, genetic counseling is essential for families at risk, as prenatal diagnosis may allow for early intervention and better outcomes [14]. Thus, early recognition and comprehensive medical care are vital in improving the prognosis for children with nephrotic syndrome.

1.2 Hydronephrosis

Hydronephrosis in infants is a relatively common condition characterized by the dilation or swelling of one or both kidneys due to urine buildup, typically caused by obstruction or reflux within the urinary tract. The condition may be detected prenatally during routine ultrasound scans, often in the second trimester, and is referred to as antenatal or prenatal hydronephrosis. While some cases resolve spontaneously, others may require medical or surgical intervention depending on severity and underlying cause [15][16].

Hydronephrosis can result from various etiologies, including ureteropelvic junction (UPJ) obstruction, vesicoureteral reflux (VUR), posterior urethral valves (in males), and less commonly, ureterocele or duplication anomalies. UPJ obstruction is the most frequent cause, where the connection between the renal pelvis and ureter is narrowed or blocked, preventing normal urine flow [17]. Infections or congenital anomalies may exacerbate the condition, and it can affect one (unilateral) or both (bilateral) kidneys. The prevalence of antenatal hydronephrosis is estimated at 1–5% of all pregnancies [18].

The clinical course of hydronephrosis in infants is highly variable. Mild cases often resolve after birth without the need for treatment. Moderate to severe hydronephrosis may lead to complications such as urinary tract infections (UTIs), reduced renal function, or renal scarring if left untreated [19]. Diagnostic evaluation after birth typically includes a renal ultrasound, voiding cystourethrogram (VCUG) to detect VUR, and a renal scan to assess drainage and functional capacity of the kidneys. The Society for Fetal Urology (SFU) grading system is commonly used to classify the severity of hydronephrosis based on imaging findings [20].

In infants, hydronephrosis can be asymptomatic or may present with symptoms such as poor feeding, fever (in the case of a UTI), abdominal mass, or failure to thrive. When associated with UTIs, it may indicate underlying VUR or obstruction and warrants immediate investigation [21]. Surgical intervention, such as pyeloplasty, is considered when hydronephrosis is severe, progressive, or causing loss of renal function. The goal is to relieve obstruction and preserve renal health [22].

Management strategies vary based on the severity and cause. Observation with regular follow-up imaging is the mainstay for mild cases. In cases involving infection or progressive renal damage, prompt medical treatment or surgery is necessary. Antibiotic prophylaxis may be prescribed to prevent UTIs, particularly when VUR is present [23]. In recent years, minimally invasive surgical techniques have improved outcomes and recovery time for infants requiring operative correction [24].

The long-term prognosis of hydronephrosis largely depends on the underlying cause, severity at diagnosis, and timeliness of intervention. Most infants with mild to moderate hydronephrosis have favorable outcomes, especially when closely monitored. However, severe or untreated cases may progress to chronic kidney disease or impaired renal function [25]. Early diagnosis, appropriate grading, and individualized treatment planning are essential to ensure optimal health outcomes for affected infants [26].

1.3 Feed the Soul Energy Healing (FTS) System

The FTS system is integrative and holistic in approach, and evidence gathered from experience shows that it is successfully applied as complementary and alternative medicine for a wide range of illnesses. FTS consists of aspects: one is a set of self-practice modules the patients have to practice, while the second aspect is energy healing given to the patient by a trained healer, or alternatively, the patient can perform self-healing after learning healing techniques from qualified FTS trainers.

It has been known for ages that human existence has both a physical body and an energy body, also referred to as the *pranamayakosha*. This energy body interpenetrates and surrounds the contour of the physical body. Often referred to as the "bio-plasmic body" or simply the "Aura," this energy is described as "Prana" or "life force" in ancient texts. The energy body contains mechanisms with Chakras (wheels) and Nadis (channels) for receiving and distributing Pranic energy to the physical body, which is abundantly available in nature. **(Fig. 1)**

In FTS practice, eleven main chakras are addressed, alongside minor chakras as needed. Energy healing involves cleansing chakras and body parts of dirty or used-up energy, followed by energizing them with fresh life force energy. A disturbance in the energy body affects the physical body and vice versa, as illness begins with the energy body and subsequently impacts the physical body.

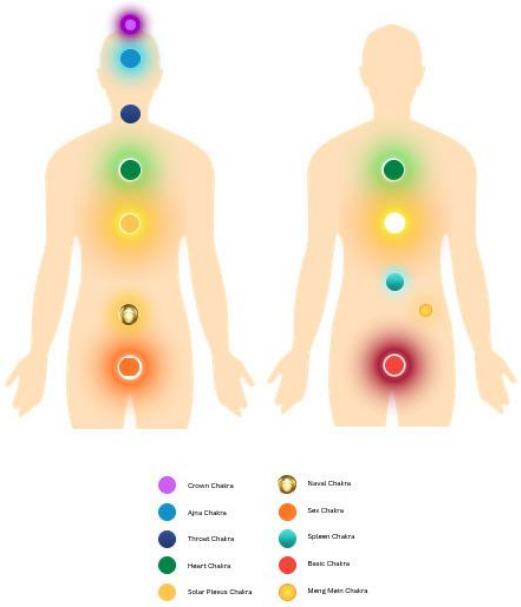


Fig. 1: *The eleven major chakras in our energy body.*

FTS healers are trained to scan chakras with sensitized hands to assess their condition, correlating the findings with the patient's clinical state. This system has been applied successfully to manage physical, mental, and emotional ailments holistically, ensuring overall well-being and health recovery.

CASE REPORT 2.1. *Recurring nephrotic syndrome in a young girl.*

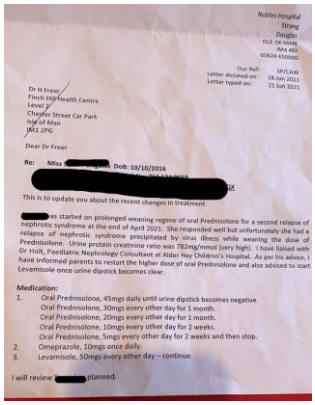
A 4-year-8-month-old female child, Sanya (Alias used), residing in the Isle of Man, UK, was diagnosed with nephrotic syndrome on October 8, 2020. The initial presentation included periorbital swelling, prompting her parents to seek medical attention. Urinalysis performed by the general practitioner (GP) indicated proteinuria (4+), along with the presence of blood and glucose on a dipstick test. Consequently, the patient was referred to a hospital for further evaluation.

Blood tests revealed significantly low serum albumin levels, confirming nephrotic syndrome. As per the treatment protocol, the patient was started on Prednisone at a dose of 45 mg daily for one month, followed by a tapering regimen of 30 mg on alternate days for another 30 days. A notable clinical response was observed, with proteinuria resolving by the seventh day of steroid therapy. The first course of steroids was completed on December 4, 2020.

Following the discontinuation of steroids, the patient remained in remission from December 4 to December 27, 2020. Urine protein levels were monitored biweekly at home using dipstick tests. However, on December 28, 2020, proteinuria (2+) was detected, despite the absence of any concurrent illness or symptoms. Given the recurrence, steroids were reintroduced on January 21, 2021, following a waiting period. The same regimen of Prednisone 45 mg daily was administered until proteinuria resolved for three consecutive days, which occurred on the fifth day of treatment. The tapering schedule of 30 mg on alternate days for 30 days was subsequently followed.

During this period, the parents incorporated Ayurvedic treatment, specifically Detox V tablets, administered three times daily. The second steroid course was completed on February 27, 2021, while the patient continued to receive Detox V tablets as an adjunct therapy.

On March 28, 2021, proteinuria recurred (2+), prompting a modification in the Ayurvedic regimen. The parents introduced Sanjeevini tablets, a homemade preparation from Kerala, India, with unknown ingredients. However, no significant improvement in proteinuria was observed. Consequently, on May 1, 2021, Prednisone was restarted at 45 mg daily until proteinuria resolved for three consecutive days, which occurred on the fifth day of therapy. The tapering regimen of 30 mg on alternate days for 30 days was followed once again. **(Fig. 2)**



Noble's Hospital
Strang
Douglas
ISLE OF MAN
IM4 4RD
01624 650000

Our Ref: SP/CAW
Letter dictated on: 18 Jun 2021
Letter typed on: 21 Jun 2021

Dr H Freer
Finch Hill Health Centre
Level 2
Chester Street Car Park
Isle of Man
IM1 2PG

Dear Dr Freer

Re: Miss [redacted] DoB: 10/10/2016
[redacted]

This is to update you about the recent changes in treatment.

[redacted]es started on prolonged weaning regime of oral Prednisolone for a second relapse of nephrotic syndrome at the end of April 2021. She responded well but unfortunately she had a relapse of nephrotic syndrome precipitated by virus illness while weaning the dose of Prednisolone. Urine protein creatinine ratio was 782mg/mmol (very high). I have liaised with Dr Holt, Paediatric Nephrology Consultant at Alder Hey Children's Hospital. As per his advice, I have informed parents to restart the higher dose of oral Prednisolone and also advised to start Levamisole once urine dipstick becomes clear.

Medication:
1. Oral Prednisolone, 45mgs daily until urine dipstick becomes negative.
   Oral Prednisolone, 30mgs every other day for 1 month.
   Oral Prednisolone, 20mgs every other day for 1 month.
   Oral Prednisolone, 10mgs every other day for 2 weeks.
   Oral Prednisolone, 5mgs every other day for 2 weeks and then stop.
2. Omeprazole, 10mgs once daily.
3. Levamisole, 50mgs every other day – continue.

I will review [redacted] planned.

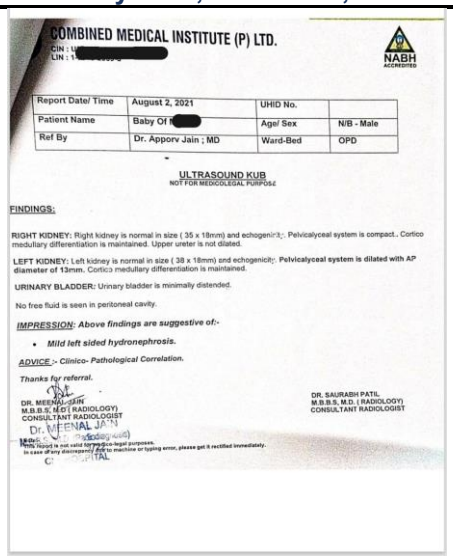
Fig. 2: *Review by doctor after checking Sanya's blood reports and the allopathic treatment implemented. This report was taken before the healing intervention started.*

The parents expressed a preference for natural healing approaches over prolonged medication use and continued to explore alternative treatments. Despite the introduction of Ayurvedic therapy, the patient experienced multiple relapses necessitating the reintroduction of steroids.

CASE REPORT 2.2. *Hydronephrosis of the left kidney in an infant*

In the fourth month of pregnancy, doctors identified that the baby had hydronephrosis. However, the doctor explained that this condition often resolves on its own while the baby is still in the womb. In many cases, it also normalizes within a month after birth as the infant's digestive system clears out and they begin to pass stool. As such, there is generally no medical treatment available for this condition during pregnancy, and the parents decided to wait until after the child was born.

After birth, a sonography taken on August 2, 2021, revealed mild swelling due to hydronephrosis, measuring around 13 mm**(Fig.3a)**. The doctor advised the parents to monitor the condition, expecting it to normalize within a month. However, towards the end of the month, a scan taken on August 28, 2021, showed an increase in the swelling to 19 mm **(Fig.3b)**, which is considered a moderate condition. At this stage, doctors informed the parents that allopathic medicine had no treatment for the issue, and the only recommended step was to conduct a renal scan to evaluate the function of each kidney. Surgery was presented as the only solution.



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Report Date/ Time	August 2, 2021	UHID No.	
Patient Name	Baby Of [redacted]	Age/ Sex	N/B - Male
Ref By	Dr. Apporv Jain ; MD	Ward-Bed	OPD

ULTRASOUND KUB
NOT FOR MEDICOLEGAL PURPOSE

FINDINGS:

RIGHT KIDNEY: Right kidney is normal in size (35 x 18mm) and echogenicity. Pelvicalyceal system is compact.. Cortico medullary differentiation is maintained. Upper ureter is not dilated.

LEFT KIDNEY: Left kidney is normal in size (38 x 18mm) and echogenicity. Pelvicalyceal system is dilated with AP diameter of 13mm. Cortico medullary differentiation is maintained.

URINARY BLADDER: Urinary bladder is minimally distended.

No free fluid is seen in peritoneal cavity.

IMPRESSION: Above findings are suggestive of:-

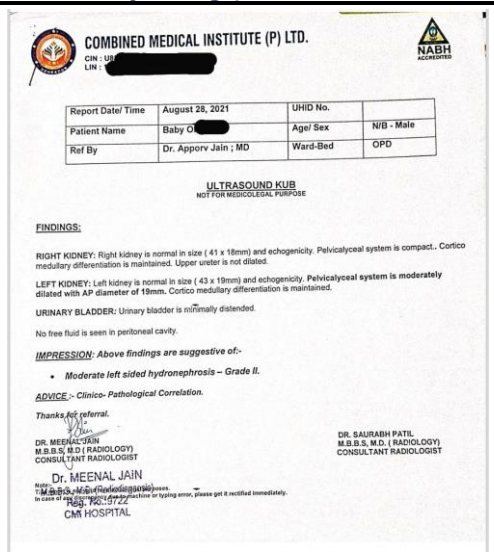
- Mild left sided hydronephrosis.

ADVICE :- Clinico- Pathological Correlation.

Thanks for referral.

DR. MEENAL JAIN
M.B.B.S, M.D (RADIOLOGY)
CONSULTANT RADIOLOGIST

DR. SAURABH PATIL
M.B.B.S, M.D. (RADIOLOGY)
CONSULTANT RADIOLOGIST



COMBINED MEDICAL INSTITUTE (P) LTD.

Report Date/ Time	August 28, 2021	UHID No.	
Patient Name	Baby O[redacted]	Age/ Sex	N/B - Male
Ref By	Dr. Apporv Jain ; MD	Ward-Bed	OPD

ULTRASOUND KUB
NOT FOR MEDICOLEGAL PURPOSE

FINDINGS:

RIGHT KIDNEY: Right kidney is normal in size (41 x 18mm) and echogenicity. Pelvicalyceal system is compact.. Cortico medullary differentiation is maintained. Upper ureter is not dilated.

LEFT KIDNEY: Left kidney is normal in size (43 x 19mm) and echogenicity. Pelvicalyceal system is moderately dilated with AP diameter of 19mm. Cortico medullary differentiation is maintained.

URINARY BLADDER: Urinary bladder is minimally distended.

No free fluid is seen in peritoneal cavity.

IMPRESSION: Above findings are suggestive of:-

- Moderate left sided hydronephrosis – Grade II.

ADVICE :- Clinico- Pathological Correlation.

Thanks for referral.

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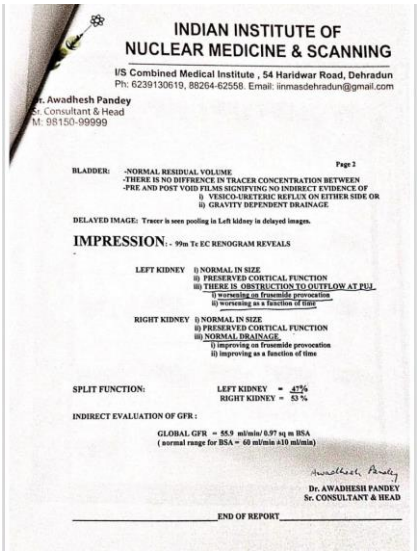
CONSULTANT RADIOLOGIST

Dr. MEENAL JAIN
Reg. No.:5722
CMI HOSPITAL

Fig.3a: *The results of the ultrasound scan conducted on August 2, 2021.* ***Fig.3b:*** *The results of the ultrasound scan conducted on August 28, 2021.*

This was a difficult experience for the first-time parents. For the renal scan(on August 30, 2021), the infant needed to pass urine, but despite their efforts—feeding, placing the child in a cooler environment, and other methods—the baby was unable to do so, showing how blocked the urinary system was. The scan itself was distressing, as the infant was held in an uncomfortable position. Results showed the right kidney was functioning normally, while the other had impaired function. **(Fig.4a & 4b)**



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Dr. Awadhesh Pandey
Sr. Consultant & Head
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Page 2

BLADDER: -NORMAL RESIDUAL VOLUME
-THERE IS NO DIFFENCE IN TRACER CONCENTRATION BETWEEN
-PRE AND POST VOID FILMS SIGNIFYING NO INDIRECT EVIDENCE OF
i) VESICO-URETERIC REFLUX ON EITHER SIDE OR
ii) GRAVITY DEPENDENT DRAINAGE

DELAYED IMAGE: Tracer is seen pooling in Left kidney in delayed images.

IMPRESSION:- 99m Tc EC RENOGRAM REVEALS

LEFT KIDNEY i) NORMAL IN SIZE
ii) PRESERVED CORTICAL FUNCTION
iii) THERE IS OBSTRUCTION TO OUTFLOW AT PUJ.
i) worsening on frusemide provocation
ii) worsening as a function of time

RIGHT KIDNEY i) NORMAL IN SIZE
ii) PRESERVED CORTICAL FUNCTION
iii) NORMAL DRAINAGE.
i) improving on frusemide provocation
ii) improving as a function of time

SPLIT FUNCTION: LEFT KIDNEY = 47%
RIGHT KIDNEY = 53 %

INDIRECT EVALUATION OF GFR :

GLOBAL GFR = 55.9 ml/min/ 0.97 sq m BSA
(normal range for BSA = 60 ml/min ±10 ml/min)

Dr. AWADHESH PANDEY
Sr. CONSULTANT & HEAD

END OF REPORT

Fig. 4a: *Final impressions of the renal scan taken on August 30, 2021. The report shows that the right kidney functions more efficiently than the left kidney.* ***Fig. 4b:*** *The imaging of Renal scan showing the efficiency of both the kidneys.*

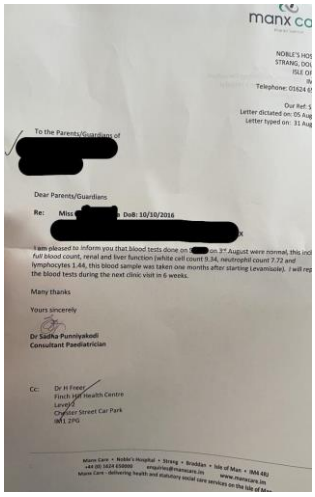
Although surgery was recommended, the mother was hesitant and sought a second opinion. However, the other doctor confirmed that surgery was the only viable option. Around this time, she connected with Lakshmi Ma'am and began energy healing through FTS. Both Aditi Ji and Lakshmi Ma'am initiated the healing sessions promptly.

3. RESULTS

3.1 Recovery of recurring nephrotic syndrome in a young girl.

In mid-June 2021, Sanya's mother approached Gariiima, a certified FTS Energy Healer based in Ludhiana, following her daughter's second relapse of nephrotic syndrome. She had discovered FTS Energy Healing through a Facebook post shared by Gariiima. Healing sessions commenced shortly thereafter.

Within a month and a half—by August 3, 2021—Sanya underwent several blood and organ function tests, all of which returned normal results. The doctor confirmed her recovery in a feedback letter (**Fig. 5**).



Dear Parents/Guardians

Many thanks

Yours sincerely

Dr Sudha Punniyakodi
Consultant Paediatrician

Review by doctor after checking Sanya's blood reports after 1 & ½ months

FTS Energy Healing Intervention:

As part of the intervention, Gariiima guided and encouraged the parents to regularly practice key techniques, including physical exercises, Rhythmic Abdominal Breathing, Forgiveness Sadhana, and the Meditation for Peace and Illumination. These practices significantly improved the parents' energy levels, emotional stability, and mental clarity, creating a more harmonious and supportive home environment.

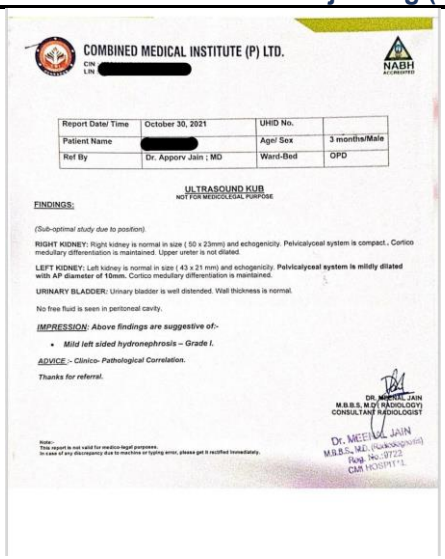
This positively impacted Sanya's recovery, enabling a faster and more complete healing process. Even her recurring coughs and colds diminished over time, indicating a strengthened immune system—an effect attributed to both the energy healing and the self-healing techniques adopted by her parents.

In such cases, where kidney function is frequently compromised, the Meng Mein chakra often requires targeted treatment. Moreover, when young children face serious health challenges, it is sometimes considered a manifestation of karmic patterns involving the parents. Through the consistent practice of Forgiveness Sadhana and the Meditation for Peace and Illumination, the parents were able to balance their karma more rapidly than would typically be expected.

3.2 Hydronephrosis of the left kidney in an infant

One of Shweta's(the mother's, *Alias used*) gynecologists also referred her to a contact at AIIMS Rishikesh. Upon visiting, the doctors there stated that a renal scan wasn't necessary, as the child's kidneys were functioning above 50%. They suspected the issue might be related to the consumption of hard water. Consequently, the family moved from the paternal grandparents' home in Dehradun to the maternal grandparents' home in Jaipur, where the water was softer.

The healings played a pivotal role in guiding the family toward the right diagnosis and support. Since allopathy offered no cure, the parents opted for Ayurvedic and homeopathic treatments alongside the energy healings. Over the course of about one and a half months, the inflammation reduced from 19 mm to 10 mm**(Fig.6)**. This improvement occurred while they were in Dehradun, and the condition remained stable even after moving to Jaipur.



COMBINED MEDICAL INSTITUTE (P) LTD.

NABH

Report Date/ Time	October 30, 2021	UHID No.	
Patient Name	[redacted]	Age/ Sex	3 months/Male
Ref By	Dr. Apporv Jain ; MD	Ward-Bed	OPD

ULTRASOUND KUB
NOT FOR MEDICOLEGAL PURPOSE

FINDINGS:

(Sub-optimal study due to position).

RIGHT KIDNEY: Right kidney is normal in size (50 x 23mm) and echogenicity. Pelvicalyceal system is compact., Cortico medullary differentiation is maintained. Upper ureter is not dilated.

LEFT KIDNEY: Left kidney is normal in size (43 x 21 mm) and echogenicity. Pelvicalyceal system is mildly dilated with AP diameter of 10mm. Cortico medullary differentiation is maintained.

URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal.

No free fluid is seen in peritoneal cavity.

IMPRESSION: Above findings are suggestive of:-

- Mild left sided hydronephrosis – Grade I.

ADVICE :- Clinico- Pathological Correlation.

Thanks for referral.

DR. MEENAL JAIN
M.B.B.S., M.D. (RADIOLOGY)
CONSULTANT RADIOLOGIST

Dr. MEENAL JAIN
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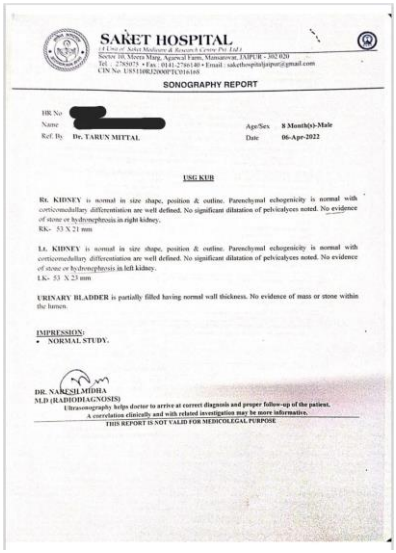
Regd. No. 0723
CMI HOSPITAL

Note:-
This report is not valid for medico-legal purposes.
In case of any discrepancy due to machine or typing error, please get it rectified immediately.

Fig. 6: *Ultrasound report dated October 30, 2021, showed a significant reduction in the swelling due to hydronephrosis in the left kidney.*

After the swelling reduced to 10 mm, the mother discussed the progress with Lakshmi Ma'am, who suggested that while healing had helped immensely, further improvement would require clearing karmic imbalances. In March 2022, during a spiritual retreat in Goa, further purification was done through mantras. Following this, a sonography on April 6th showed zero inflammation and no sign of hydronephrosis **(Fig.7a & 7b)** -a miraculous outcome.



SAKET HOSPITAL

SONOGRAPHY REPORT

HR No: [redacted]
Name
Ref. By: Dr. TARUN MITTAL
Age/Sex: 8 Month(s)-Male
Date: 06-Apr-2022

USG KUB

Rt. KIDNEY is normal in size shape, position & outline. Parenchymal echogenicity is normal with corticomedullary differentiation are well defined. No significant dilatation of pelvicalyces noted. No evidence of stone or hydronephrosis in right kidney.
Rk- 53 X 21 mm

Lt. KIDNEY is normal in size shape, position & outline. Parenchymal echogenicity is normal with corticomedullary differentiation are well defined. No significant dilatation of pelvicalyces noted. No evidence of stone or hydronephrosis in left kidney.
Lk- 53 X 23 mm

URINARY BLADDER is partially filled having normal wall thickness. No evidence of mass or stone within the lumen.

IMPRESSION:
- NORMAL STUDY.

DR. NARESH MIDHA
M.D (RADIODIAGNOSIS)
Ultrasonography helps doctor to arrive at correct diagnosis and proper follow-up of the patient.
A correlation clinically and with related investigation may be more informative.
THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE

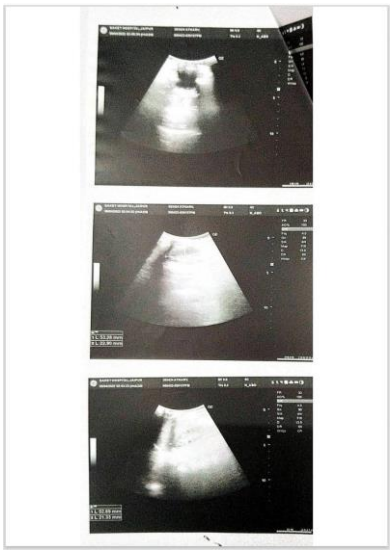


Fig. 7a: *Ultrasound report dated April 6, 2022, showing no signs of hidronephrosis.* ***Fig. 7b:*** *Ultrasound image of the kidneys showing zero inflammation.*

This experience deeply strengthened the family's faith and emotional strength. From the first postnatal sonography showing persistent hydronephrosis, through the most challenging period in August 2021, when surgery was advised, to the initiation of healing and the final resolution by early April 2022, the journey was transformational. The condition was ultimately resolved at the root level.

4. DISCUSSION

The cases documented reveal the multifaceted benefits of the Feed the Soul (FTS) system in pediatric nephrology. In the first case, a child with frequently relapsing nephrotic syndrome experienced repeated remissions and relapses under standard steroid therapy. Despite adjunct Ayurvedic interventions, sustained improvement was limited until the initiation of FTS healing. Once FTS practices—such as Rhythmic Abdominal Breathing, Forgiveness Sadhana, and guided meditation—were incorporated, there was a marked and lasting improvement in the child's health. Not only did her proteinuria resolve, but her general immunity improved, suggesting systemic balance.

In the second case, an infant diagnosed with prenatal hydronephrosis, for whom surgery seemed imminent, showed progressive healing without surgical intervention. The reduction in renal swelling from 19 mm to complete normalization within months, alongside parallel energy healing, underscores the relevance of subtle energy treatments. This progress coincided with the family's environmental shift (e.g., softer water) and deeper engagement in karmic purification through spiritual retreats and mantra healing.

These cases highlight a significant, often underappreciated, aspect of healing: the energetic and karmic dimensions of disease. According to FTS philosophy, illness is not only a physical dysfunction but also a reflection of energetic imbalances in the chakras. In these children, the Meng Mein chakra—a vital energy center associated with kidney function—was a focus of healing. Additionally, the role of karmic entanglements, especially those involving parental energies, was brought to light. Through consistent spiritual practices like Forgiveness Sadhana, not only was the child's healing accelerated, but the karmic debt potentially contributing to the illness was also addressed.

While conventional medicine treats the symptoms and physiological mechanisms, FTS operates on the premise that healing begins in the energy body and cascades into the physical. These outcomes suggest a synergistic potential when modern and energetic medicine are practiced together, particularly in chronic or congenital conditions where treatment options are limited or invasive.

5| CONCLUSION

The integration of the Feed the Soul (FTS) Energy Healing system in the management of nephrotic syndrome and hydronephrosis in young children demonstrates a transformative model of care—one that bridges physical, energetic, and karmic realms. In both cases, what was initially managed only partially through allopathy found more complete resolution when combined with energy healing, chakra cleansing, and karmic rebalancing practices. These outcomes affirm the interdependence between the energy body and the physical body, with chakral and karmic disturbances playing a potentially pivotal role in the manifestation and persistence of disease.

As the medical community increasingly explores integrative approaches, the evidence from these cases advocates for the inclusion of structured energy healing modalities like FTS, not as replacements but as essential complements to conventional care. Future research may benefit from further empirical studies on the role of energy medicine in pediatric nephrology and other complex chronic conditions, particularly when conventional pathways reach their therapeutic limits.

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