



Yogic management of trauma- based Phantom Limb Pain: Envisioning Phantom Limb Pain as obstructed Pranic flow through restoring bioenergetics Pranic imprints

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Abstract

Phantom limb pain (PLP) is a high occurrence condition in case of amputees. It is experienced by 50-80% of persons who undergo amputations. This condition is found to be challenging to address under available neuroanatomical models which are purely based on the physical insights. This paper proposes yogic management for trauma based PLP through qualitative model as viewing obstructed pranic flow—blocked vital bioenergetics flow (Prana) in the subtle pranic body when traumatic amputation is done. Interconnecting subtle pranic energy perspectives, PLP arises from obstructed bioenergetics stream flow in Nadis and Pranic areas, magnified by disturbing emotional trauma. Adaptive and Customized yoga practices (Shatkarmas, Yogic Asanas, Pranayama, and Dhyana) theoretically rebalance flow, release pranic flow, and enhance holistic reintegration. This theoretical model highlights treatment-resistant areas of PLP and proposed yoga's superiority and efficacy in establishing bioenergetics layers beyond cortical reorganization.

Keywords: Phantom Limb Pain, yoga, Prana, Yogic Asanas, amputees

Introduction

Phantom limb pain (PLP) is a condition that is found in the amputees. It collectively denotes to painful perceptions felt in an amputated limb. These painful sensations often consisted of burning, tingling, cramping, itching and stabbing, existing for long periods in many cases. The occurrence estimates range from 51-80%, with associated impact factors of life quality, depression, self-distorted image and social isolation. Traditional neuroanatomic models emphasize deviations in proper cortical reorganization after surgical deafferentation, where adjacent cortical tissues encroach the deafferented areas, or persistent limb existence leading to erroneous signaling to the brain.

Relevant factors like neuroma formation and central sensitization also hold responsibility and contribute to this condition. However, these models are unable to explain the onset of anomalous features, such as extra local sensations, rapid rise of post-trauma, or suitability of energy-based therapeutic interventions.

Energy based models reassess and envision PLP as an energetic factor effect of amputation trauma similar to post traumatic stress condition that is encoded in the subtle pranic body. Pioneering works in this arena presents PLP as Obstructed energy patterns or flow from traumatic incidences, distorting the flow of pranic force. Yogic philosophy guides and says that prana (vital energy) propagates through subtle nadis (subtle channels in the pranic body), sustaining the whole body. Amputation may hamper not only the physical existence but also the pranic continuity, making blockages that manifest as pain. This paper builds an integrative composite model envisioning PLP as obstructed pranic imprints, with yoga balancing and restoring bioenergetics pranic flow for relief of pain enhancing the feeling of wholeness in the amputees.

The Bio Energy framework involved in PLP

Some qualitative models like Leskowitz's energy model presents PLP as a form of post-traumatic stress effects, where emotional trauma resulting from amputation causes bioenergetic blockages in the human bio-field, beyond neural pathway mechanisms. Subtle energy experts describe prana as the vital life force. Sound health requires uninterrupted free flow without the illness inducing blockage. In amputation cases, sudden onset of severance imprints trauma bio-energetically. It becomes, "stuck" in residual areas or nadis belonging to the lost amputated limb. It sees analogous to the incident of "phantom leaf" in Kirlian kind of photography where lost severed leaf areas exhibit energetic continuity. In a similar way, human phantoms may exhibit extra local subtle somatic memory.

Trauma exacerbates these overall conditions: amputation generally involves emotional shock, loss, sudden violence, freezing and stopping autonomic self-responses and trapping bioenergy. This aligns in accordance with the physical views of trauma as incomplete self-survival responses accumulated bodily. PLP's resistance to the involvement of neurosurgery supports makes it difficult for fast healing. Here the non-neurological approaches like energy therapies (e.g., Marma Therapy, Reiki) show remarkable success by addressing phantom areas and streams directly, even in non-contact scenarios.

Yogic Subtle Body Framework

In the yogic treatises, the find ample discussion about pranic energy and its importance. In yoga, the subtle body (sukshma sharira) includes various types of prana, nadis (thousands of pranic flow channels), chakras, and five koshas (sheaths: physical to bliss). Among the Nadia, there are three most important nadis- Ida, Pingla and Sushumna. The pranic subtle body contains six chakras- Muladhara, Swadhisthana, Manipur, Anahat, Agya and Sahastrar. These

chakras are the junction points of Nadi channels. Prana propagates via vayus (flows) in the Nadis. When this flow is obstructed, blockages are formed that cause imbalance. Amputation disengage and disrupts annmaya (physical) and pranamaya (bioenergetic) koshas, creating stagnation of pranic energy in severed nadis or chakras. For example, in lower limb amputation, pranic flow in Muladhara chakra is disrupted.

PLP while depicting as "stuck pranic flow" posits traumatic energy stagnation at the defined severance point, sustaining anomalous sensations. Dissimilar to the cortical models, this shows clear perception in absent or distorted anatomy via non-local subtle areas. Yogic texts describe prana organizing in some instances in physical form and it can be linked with post-amputation incidents where imprints exhibit "ghost" patterns related with the phantom limb.

Yoga's Role in Restoring Bioenergetic Flow

Yoga is an ancient science which originated in India. It aims to establish a harmony between mind, body and soul by the application of various yogic means. It can be customized as per our individualistic needs and can be practiced by all. Especially in the case of the differently abled persons, yoga has much significance. Adaptive yoga aims at the restoration of the distorted body image in the mind. When somebody suffers with traumatic amputation, the body image stored in the mind remains intact for a time being in spite of the actual loss of the limb. This condition interferes in our self-body perception and causes disparity between perception and reality. This can be resolved utilizing a yogic protocol consisting of yogic pranayama, asana, bandhas and other yogic means.

Pranayama is a way of regulating and manipulating our breath pattern. Attainment of the capacity of breath control enhances vagal tone, repairs and regulates autonomic dysregulation in trauma induced PLP as well as clears nadis to establish uninterrupted pranic flow. Pranayama balances the pranic flow in the subtle body. It rejuvenates the body by replenishing the prana in those areas having less pranic energy.

Yogic Asanas have prominent importance in the practice of yoga. Anybody posture that can be utilized to sit comfortably for the long duration, is basically an asana. Yoga scriptures mention the main 84 asanas. Among those, many asanas can be customized to cater the individual issues of the differently abled persons depending on nature of their handicap. Yogic Asanas (pre-defined postures), modified and customized for amputees, enhance somatic release, promote interception as well as recalibrate energy in subtle manner.

Meditation promotes non-dual self-awareness, dissipating duality of intact and lost body and rewiring the mental imprints. It enhances the will power to accept the disability in realistic scenario thus empowering the disabled person to move on in life.

Practices like bandhas (yogic locks) and visualization enhance the flow of prana to affected areas. In yogic treatises, there are three types of bandhs- Mool bandha, Jalandhar bandha and uddiyan bandha. These have specific characteristics and uses.

Feasibility studies establish that yoga reduces PLP-associated distress, improves the overall quality of life by applying deep relaxation, breath control and self-body awareness. Many incidents related with energy flow and psychology cases show remarkable and fast relief by releasing blocked emotions. Yoga builds the effective bridge between peripheral trauma and core neural

processing in a holistic way. Yoga is a strong and effective mean to transform disability into different ability since it works simultaneously on all aspects of personality.

Implications, Limitations and scope of future research

This qualitative model complements the existing neuroplasticity models by the addition of energetic layers. It explains bioenergy intervention efficacy and proposes protocols integrating physical rehabilitation and yoga. Limitations of this study includes its speculative approaches which need empirical testing by means of lab trials and bioenergy measurements by scientific instruments. The future of this study rests in the application of mixed-methods studies validating pranic theory models related to the subtle body.

Conclusion

Conceptualizing and releasing phantom limb pain as obstructed pranic imprints gives a multidimensional scope of establishing yoga as key for repairing and restoring bioenergetic pranic flow and building up the sense of wholeness in post-amputation phase.

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