

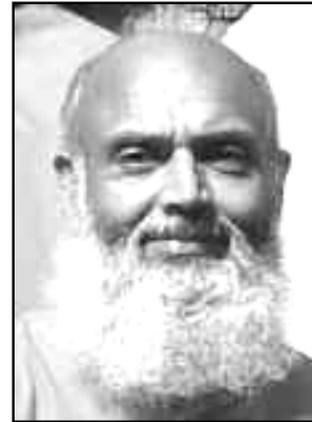
# Surgical interventions vs. Kriyayoga

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*An American Medical Doctor*

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**I**, a physician of Indian origin who lived and practiced medicine in the USA for 30 consecutive years, underwent many surgeries during my stay abroad. Following each of these surgical interventions except those listed below as No. 8 and 9, I experienced long-lasting complications (**listed in bold text**). The list is as follows:



1974- Sphincterotomy of external anal sphincter at Luton & Dunstable Hospital, Luton, Beds., England for relief from internal and external hemorrhoids. **Persistent leakage from rectum causing intractable Candida infection around anus lasting for 30 years until I started to practice Kriyayog seriously.**

1984- Lumbar laminectomy for herniated disc L4-5 for left sciatica by Douglas Martin, M.D., who performed partial superior and inferior hemilaminectomy at L 4-5 on 2/10/84 at the Bethesda Memorial Hospital, 2406 S. Seacrest Blvd. Boynton Beach, FL 33435. **Residual neurological symptoms including hypersensitivity to touch, loss of sensation over the leg and other similar neurological sensations persisting ever since.**

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1986- Vasectomy performed by a renowned urologist at Boynton Beach, FL. It was complicated by post-surgical atrophy of right testis. 14 years later this testis became necrotic and had to be removed.

1999- Nasal turbinectomy for obstruction and deviated septum. Stela Tudoran, M.D., performed a functional septoplasty with turbinotomy and cryotherapy on 1/15/1999 at the Boca Raton Community Hospital, 800 Meadows Road, Boca Raton, FL 33486. **Intermittent nasal obstruction remained a problem for many years until I started to practice Kriyayog seriously.**

1999- Medial meniscectomy left knee twice by Peter Schosheim, M.D., at the Boca Raton Outpatient Surgery and Laser Center, 501 Glades Road, Boca Raton, FL 33432. Last surgery was performed on 2/11/2000 comprising of arthroscopy for debridement of post surgical meniscal cyst and removal of posterior horn of left medial meniscus. **Pain and limp of the left knee have persisted ever since the first operation despite pre, inter and post surgical intense physiotherapy.**

2001- 3 vessel cardiac by-pass surgery for unstable angina by Geoffrey Lynn, M.D., on 1/27/2001 at the Delray Medical Center, 5352 Linton Boulevard, FL 33484. The surgery comprised of left internal mammary artery to the left anterior descending coronary artery, saphenous vein graft to the diagonal, and the posterior descending arteries. **The bypass was inadequate to relieve the symptoms; therefore stents had to be inserted within a few months of this open heart surgery.**

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**Many post-surgical complications followed: sensation of chill to the core lasting for five days; pain in the chest lasting for months; keloid formations with intense hypersensitivity to touch and persisting itch; neurological symptoms; depression and other problems. Although many of these complications gradually abated yet some of them are persisting even now.**

2001 - Lumbar laminectomy for fragmented disc L4-5 for left sciatica performed by Joel Falik, M.D., on 6/19/2001. His address is 7257 B. Hanover Parkway, Greenbelt, MD 20770. **Following each lumbar surgery there were many residual neurological symptoms arising from entanglements of nerves because of post surgical fibrosis.**

2001- 2 vessel cardiac angioplasty for unstable angina. PTCA/stent performed by Pradeep Srivastava, MD on 9/20/2001 at Prince George's Community Hospital Center, Maryland.

2001- Right radical orchiectomy for necrosis in an atrophied testis. A radical Orchiotomy of right testis was performed by Mark Licht, MD on 12/7/2001 at the Boca Raton Community Hospital.

### **In Conclusion**

As one can well imagine each of these surgeries had many inherent risks resulting from the procedure as well as the anesthesia. Not to mention additional down-time from work and regular life, tremendous expenses, long-lasting and/or everlasting residual physical problems and complications. Therefore, as a medical doctor who has been on both sides of the "knife", I conclude, based upon the previous experiences that surgery is an incomplete science.

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If I knew what I now know personally about Kriyayog in hundreds of practitioners, I would not have undergone any one of these surgical procedures. I would have cured myself completely without any after effects or expenses through regular practice of Kriyayoga. It is no point pussy-footing while presenting the above facts to both the medical as well as non-medical communities as to the benefits of learning and regularly practicing Kriyayoga. The public, the employer and the government will not only save down-time, money and community resources but also tremendously improve satisfaction and quality of life because in this spiritual science the gains are simultaneously in the physical, mental and spiritual realms. Each of these gains starts at a personal level and radiate into family, community, country and internationally inculcating the joy, peace and prosperity all-around. Let us not beat about the bush because of our fear of what is unknown to us. Instead, take to the challenge of overcoming this fear and reaping the benefits in our own lives by attending the free course and learning the complete spiritual science of Kriyayoga sincerely for 1 week.

**Shantanand Dr Anil Kumar**



**“ Kriyayoga Science**

**Is A Pure Science**

**That Employs**

**A Systematic Approach**

**To Bring About**

**A Desired Result...”**

**- Swami Shree Yogi Satyam**

*Kriyayoga Master & Scientist*

