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Non-Surgical Resolution of Ovarian Cysts Using Yoga Prana Vidya (YPV) Healing: a Case Study

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ABSTRACT ARTICLE DETAILS

Background: Ovarian cysts are common gynaecological conditions often managed through pharmacological or surgical interventions. Integrative therapies like Yoga Prana Vidya (YPV) offer non-invasive alternatives.

Case Presentation: A 40-year-old female teacher presented with irregular menstruation, excessive bleeding, and pain. Imaging revealed bilateral ovarian cysts. Hysterectomy was advised.

Intervention: The patient opted for YPV intervention. She received 52 YPV healing sessions spread over 4.5 months, including psychotherapy, internal organ cleansing, forgiveness, and meditation. Daily YPV sadhana and breathing practices were followed.

Outcomes: Pain reduced within one month. Menstrual cycles normalized by 2.5 months. Sonography confirmed complete resolution of cysts. No surgery or medication was used.

Conclusion: YPV healing has offered a safe, non-invasive alternative for managing ovarian cysts. Controlled studies are advised to generalize these findings. The results suggest that integrative approaches may offer viable alternatives for patients seeking non-invasive care. Clinical trials are recommended to further validate these findings and explore the underlying mechanisms

KEYWORDS: Ovarian cysts, Yoga Prana Vidya system ®, YPV®, Complementary and https://ijpbms.com/ alternative medicine

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INTRODUCTION

Bulky uterus and ovarian cysts are prevalent gynaecological conditions affecting women of reproductive age, often leading to symptoms such as menorrhagia, pelvic pain, and infertility [1,2]. Conventional treatment modalities include hormonal therapy, analgesics, and surgical interventions like hysterectomy or cystectomy [3]. However, these approaches may carry risks such as infection, hormonal imbalance, and psychological distress [4].

Recent years have seen growing interest in integrative and non-invasive therapies, including energy healing and mind-body interventions [5]. Yoga Prana Vidya (YPV) is one such modality that combines guided meditation, breathing techniques, and energy healing protocols to promote holistic healing [6]. Studies have shown that YPV can positively influence physiological parameters, reduce stress, and improve quality of life in chronic conditions [7,8].

The role of emotional health in gynaecological disorders is increasingly recognized, with unresolved psychological

stress contributing to hormonal dysregulation and uterine abnormalities [9]. YPV incorporates forgiveness practices and emotional cleansing, which may help address these underlying factors [10].

Evidence from case reports and observational studies suggests that YPV healing has been effective in managing conditions such as diabetes, hypertension, and autoimmune disorders [11–13]. Its application in gynaecological health has also been explored [14-15].

This case study aims to document the successful resolution of ovarian cysts using YPV healing, highlighting its potential as a complementary therapy in gynaecological care.

CASE PRESENTATION

Patient background

A 40-year-old female teacher from Gujarat presented with irregular menstruation, excessive bleeding, and pelvic pain. Sonography (Annexure 1) revealed uterus with 8 mm

Non-Surgical Resolut i n of Ovarian Cysts Using Yoga Prana Vidya (YPV) Healing: A Case Study

endometrial thickness and bilateral ovarian cysts. Her physician recommended hysterectomy.

YPV intervention

She opted for YPV healing, administered by a certified Level 1–3 YPV trainer. The intervention included:

- YPV Psychotherapy to raise to higher emotional state and for mental stability
- Internal organ cleansing and energizing
- Treating the affected organs and lower chakras by cleansing and energising with appropriate colour pranas.
 - Daily YPV sadhana. breathing exercises. forgiveness and meditation

A total of 52 healing sessions were conducted over 4.5 months.

RESULTS

- After 1 month: Pain significantly reduced
- After 2.5 months: Menstrual cycles normalized
- After 3.5 months: Complete cessation of pain
- Follow up in January 2025: Sonography (Annexure

2) confirmed absence of cysts

No pharmacological or surgical treatments were used during this period.

DISCUSSION

This study presented a case of one 40-year-old female patient with irregular menstruation, excessive bleeding, and pain resolved successfully using Yoga Prana Vidya (YPV) techniques without need of surgery. The observed outcomes align with emerging literature on energy-based healing modalities. YPV healing integrates physical, emotional, and spiritual dimensions, potentially influencing neuroendocrine and immune pathways [6]. Studies have shown that meditation and breathwork can regulate cortisol levels and improve hormonal balance [9].

The forgiveness component of YPV played a role in reducing psychological stress, which is known to exacerbate gynaecological symptoms [10, 14,15]. This case supports the hypothesis that integrative therapies can complement conventional care, especially for patients seeking noninvasive options.

Despite being a single case study, the complete resolution of symptoms and imaging findings suggest a strong therapeutic effect.

Furthermore, longitudinal studies could help assess sustained benefits and recurrence rates. Incorporating patient-reported outcomes may offer deeper insights into quality-of-life improvements. Comparative analyses with standard treatments could clarify relative advantages. Interdisciplinary collaboration will be key to advancing research in this domain. Ultimately, YPV healing may contribute meaningfully to personalized, holistic women's health strategies.

CONCLUSION

Yoga Prana Vidya (YPV) healing has demonstrated promise as a safe, non-invasive modality for the management of ovarian cysts. Preliminary outcomes indicate its potential to complement conventional care, especially for patients seeking alternatives to surgical or pharmacological interventions. To establish broader applicability, welldesigned controlled studies are recommended. These findings underscore the relevance of integrative healthcare models in addressing gynaecological conditions.

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Conflicts of Interest

The authors declare no conflicts of interest.

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Non-Surgical Resolut i n of Ovarian Cysts Using Yoga Prana Vidya (YPV) Healing: A Case Study

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Annexure 1



