



Integrated clinical and complementary management of polytrauma: A case report of multisystem injuries and Yoga Prana Vidya Healing

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Abstract

Introduction: Polytrauma (multiple injuries) remains a major challenge in trauma care, requiring multidisciplinary intervention. Road traffic accidents are a major cause globally despite strong legislative measures.

Case presentation: A 41-year-old male sustained severe multisystem injuries following a road traffic accident, including Grade III splenic laceration with hemoperitoneum, multiple rib fractures with flail chest, clavicle and scapular fractures, facial fractures with left facial nerve palsy, and mild acute subdural haemorrhage. Conventional hospital management involved intensive care, antibiotics, analgesics, intercostal drain, and conservative monitoring of splenic injury. Despite stabilization, persistent facial palsy and hearing loss remained. Complementary Yoga Prana Vidya (YPV) energy healing was initiated by certified healers, employing protocols such as YPV Psychotherapy, cord cutting, blood cleansing & strengthening, chakra balancing, and group healing.

Results: Over three weeks, pain reduced, respiratory function improved, and hearing partially recovered. By one month, ultrasound confirmed resolution of splenic injury, with only residual facial palsy requiring physiotherapy. The patient resumed work within six weeks and achieved full recovery by three months.

Conclusions: This case highlights the potential role of YPV healing as an adjunct to conventional trauma care, supporting faster recovery and improved functional outcomes. Further controlled studies are warranted to evaluate YPV's efficacy in polytrauma rehabilitation.

Keywords: Polytrauma, splenic laceration, flail chest, facial nerve palsy, Yoga Prana Vidya System, YPV

Introduction

Polytrauma is defined as injuries to multiple systems with potential life-threatening consequences [1]. Road traffic accidents remain a leading cause globally. The WHO Global Status Report on Road Safety 2018 highlights a growing public health crisis: road traffic deaths reached 1.35 million annually. The WHO report underscores that road traffic injuries are the leading cause of death for children and young adults aged 5–29 years [2]. Conventional management focuses on stabilization, surgical or conservative treatment, and rehabilitation [3]. Complementary health approaches (CHA) have the potential to fill an important gap in trauma-based care. Encompassing a wide range of modalities and approaches generally aimed at enhancing overall wellbeing and targeting some of the same symptoms commonly experienced by trauma sufferers, CHA offers a low-risk entry into trauma care. Complementary therapies, including energy-based healing, are increasingly explored for recovery support [4, 5].

Yoga Prana Vidya (YPV) is a structured system of energy healing shown to benefit chronic conditions and trauma recovery [6, 11]. We present a composite case integrating hospital-based trauma care with YPV healing.

Case Presentation

A 41-year-old male from Bangalore rural district sustained polytrauma on 25th April 2025 after a fall from a two-wheeler.

Medical intervention

CT and radiology investigations revealed Grade III splenic laceration, hemoperitoneum, multiple rib fractures with flail

chest, clavicle and scapular fractures, facial fractures with left facial palsy, and mild subdural haemorrhage. He was admitted to ICU, managed conservatively, and discharged on 1 May 2025 (Annexure 1). Persistent facial palsy and hearing loss were noted.

CENTRE OF EXCELLENCE FOR MULTI SPECIALITY - SURGICAL			
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Discharge Summary			
Name	Mr. NARENDRA H	Age/Gender : 41 Yrs 3 Mths 1 Days/Male	UHD : 700959165 IP No. : 25/11434
Address	PINDAKURATHIMANNAHALLI, SHIVAPURA POST, DODDABALLAPURA TQ., Bangalore, Karnataka, India, 561203		
Consultant	Dr. Vinay Bhat	DOA : 25/04/2025	DOD : 01/05/2025
Payor	: SELF-ACMI		
REASON FOR ADMISSION :			
Road Traffic Accident			
DIAGNOSIS :			
Polytrauma			
Blunt Trauma Abdomen - Grade 3 Splenic Laceration with Hemoperitoneum			
Blunt Trauma Chest with Multiple Rib Fractures - Lung Contusion and Hemothorax			
Left Clavicle and Left Scapular Fracture			
Multiple Facial Fractures (Squamous part of left temporal; lateral wall of left ethmoid, left pterygoid process) with Left Facial Palsy			
Head Injury - Mild SDH			
DRUG ALLERGY :			
No known drug allergies			
HISTORY :			
41/M			
Alleged history of skid and fall from a 2 wheeler around 8 PM on 25th April 2025 near Government Hospital, Doddaballapura			



Name: NARENDRA H Age/Gender: 41 Yrs 3 Mths 1 Days/Male UHID: 700959165 IP No.: 25/11434
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 Payer: SELF-ACMI

Injury sustained to the head, face, chest, abdomen and all limbs
 Headache present prior to injury and after the injury
 Chest pain present, no dyspnea
 Pain left abdomen
 Able to walk with difficulty

No comorbidities
 No known drug allergies

Admitted via ER to ICU - Left ICD inserted in ER

CLINICAL EXAMINATION:
 GCS 15/15
 HR 103/min BP 135/76mmHg SpO2 99%
 Head - Left ear bleed
 Face - Bony tenderness around the nose and jaw, no facial asymmetry
 RS reduced breath sounds left side; ICD in situ - column moving - blood ++ around 100ml
 PA soft, minimal tenderness left upper abdomen
 Multiple abrasions over the face, both lower limbs and left upper limb

INVESTIGATIONS:
 Enclosed

COURSE IN HOSPITAL:
 Mr Narendra H was admitted via ER with history of Polytrauma and injuries to face, chest and abdomen. Left ICD was inserted in the ER. Patient was shifted to ICU. CTVS consultation was taken in view of Multiple rib fractures and Left Hemothorax. Neurosurgery consultation was taken in view of Head Injury. ENT consultation was taken in view of Ear bleed and Facial nerve palsy. Orthopedics consultation was taken in view of Clavicular and scapular fracture and need for Clavicular Brace. Plastic Surgery consultation was taken in view of Facial fractures and need for intervention.

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steroids. Patient was shifted out from ICU to ward on 28th April 2025. ICD was removed on 30th April 2025. He was treated with IV antibiotics (Ceftriaxone), IV analgesics and IV fluids. Plastic surgery and ENT teams opined that surgical intervention for the facial fractures cannot be done and steroids to be started for the facial nerve palsy. At the time of discharge he is on a soft diet and has complete left facial nerve palsy (LMN). The possibility of permanent facial nerve palsy has been explained to the patient.

CONDITION AT DISCHARGE:
 Stable - Left Facial Nerve Palsy

ADVICE ON DISCHARGE:
 Soft diet
 Wound care as advised

Tab Dolo 650mg 1-1-1 for 5 days
 Tab Nuroxina 90mg 1-0-0 for 3 days
 Tab Sompraz 40mg 1-0-0 for 7 days
 Tab Levepil 500mg 1-0-1 to continue under supervision
 Tab Wysolone 10mg 8-0-0 for 1 day THEN 6-0-0 for 4 days THEN 4-0-0 for 2 days THEN 2-0-0 for 2 days
 Syb Lactihep Plus 20ml at night for 2 weeks
 Mupirocin ointment local application to the superficial skin abrasions twice a day for 7 days
 Moist eye drops left eye as advised for 2 weeks

FOLLOW UP DATE:
 Review in Surgical Gastroenterology and GI Oncology OPD on 6th May 2025 with prior appointment
 Review in ENT OPD on 7th May 2025 for Pure Tone Audiometry
 Orthopedics review after 6 weeks

WHEN TO OBTAIN URGENT CARE:

Annexure 1: Discharge summary DT 01 May 2025, pages 1 to 3

YPV Intervention

YPV energy healing was initiated by certified healers using YPV Psychotherapy, cord cutting, blood cleansing & strengthening, chakra balancing, and group healing. Sessions were conducted every five hours initially, then tapered. Improvement was noted in pain, respiratory function, and hearing. By 29 May 2025, ultrasound showed resolution of splenic injury (Annexures 2 & 3). Physiotherapy was added for facial palsy.

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NAME	NARENDRA H	STUDY	29-05-2025 10:35:1
AGE/GENDER	41Y 3M 1D M	UHID	700959165
ACC NO	70357714	MOD	US
REFERER	Dr. Vinay Bhat	REPORT	29-05-2025 10:47:2

ULTRASOUND ABDOMEN AND PELVIS

LIVER: Normal in size (11.9cm) and echotexture. No obvious focal lesion seen. IHHR appear normal. Por appears normal.

GALL BLADDER: Well-distended, no calculus seen. Wall thickness within normal limits. No pericholecyst seen. CBD appears normal in caliber.

PANCREAS: Normal in size and echotexture to the extent visualized. No focal lesions.

SPLEEN: Normal in size (11.1cm) and echotexture. No focal lesions.

KIDNEYS: Both the kidneys are normal in size, shape and position. Corticomedullary differentiation well maintained. No obvious calculus / hydronephrosis seen.
 Right kidney measures 9.5cm. Parenchymal thickness 1.4cm.
 Left kidney measures 10.0cm. Parenchymal thickness 2.1cm- Simple cortical cyst measuring 2.0 x 1.5cm in lower pole.

URINARY BLADDER: Well distended with clear contents. Wall thickness within normal limits.

PROSTATE: Normal in size (volume-21.5cc) and echotexture. No focal lesion.

No ascites. Visualized bowel loops appear normal.

IMPRESSION:
 > Left simple renal cortical cyst.
 > No other significant sonographic abnormality.

*Suggested clinical correlation

Dr. Alshwarya P
 Specialist Radiologist
 Reg NO: KMC 127723

Annexure 2: Ultrasound test report DT 29 May 2025

Dr. Vinay Bhat
 KMC NO: 71482
 MBBS,MS,DNB(Surgery),DNB(Surgical Gastroenterology)Senior Consultant-
 Surgical Gastroenterology & GI Oncology

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Out Patient Summary

Aster ID:	700959165	Patient Name:	NARENDRA H	Visit Date/Time:	29/05/2025 9:01AM
Gender/Age:	Male/41 Yrs 3 Mths 29 Days	Doctor:	Dr. Vinay Bhat	Department:	SURGERY and ALLIED SPECIALTIES

ALLERGIES
 No Allergies.

DIAGNOSIS
DOCTOR PROGRESS NOTE
 Seen by Vinay / Sahana

41M
 Road Traffic Accident 25th April 2025

- Blunt Trauma Abdomen - Grade 3 Splenic Laceration with Hemoperitoneum
- Blunt Trauma Chest with Multiple Rib Fractures - Lung Contusion and Hemothorax
- Left Clavicle and Left Scapular Fracture
- Multiple Facial Fractures (Squamous part of left temporal; lateral wall of left ethmoid; left pterygoid process) with Left Facial Palsy
- Head Injury - Mild SDH

Currently:
 1. No pain abdomen or vomiting
 2. No dyspnea or cough
 3. On Shoulder brace - Ortho advice 6 weeks
 4. Left Facial Palsy - LMN - Received tapering dose steroids - currently on physiotherapy

Examination:
 PA soft

Inv:
 Hb 11.8
 TLC 5770
 Platelets 1.8 lacs
 USG Spleen normal; left renal cortical cyst simple 2cm

Plan:
 Reassured
 Review SOS
 Follow up with ENT / Ortho

Aster CMI Hospital No. 432, New Airport Road NH 7, Dr. Puneeth Rajkumar Rd., Sahakar Nagar, Bengaluru, Karnataka 560092. Tel: +91-80-46474647, Emergency Care: +91-80-46474647, emergency.cmi@asterhospital.in, www.asterhospital.in

Annexure 3: Hospital review report DT 29th May 2025

Results

- **Clinical recovery:** Splenic injury resolved; chest stabilized; fractures healing.
- **Residual issues:** Facial palsy and hearing loss improved with physiotherapy and YPV energy healing.
- **Functional outcome:** Patient resumed work and normal activities fully within six weeks.
- **Final status:** Complete recovery by three months, i.e., by July 2025. Feedback from patient's brother is at Annexure 4.

Annexure 4: Detailed Feedback letter from brother of patient

"One evening in the YPV ashram after a fantastic day filled with meditation, nurturing and evening healing session one phone call came from native relative; I received the call in happy mood wishing him and asking about his wellbeing. From that end of the phone came the information which shattered my body and speechless. That was about my brother met with a terrible self-accident, that is, he speedily ran over the newly made speed breaker in my village road in Doddaballapur. I was speechless and shocked. Then he informed about the situation and my brother was shifting to the hospital. Then I immediately ran towards the, founder of YPV, with full of fear and anxiety. I told about the news. I got the blessings from Sir and madam. And ma'am told by feeling the energy of brain, there is no such damage to the brain. I and my wife travelled back to the Bangalore to see his condition. By looking at him in the hospital bed, I got shocked because the blood was all over his head. After all the procedures and scanning reports, it was confirmed that no injuries in the brain because he wore a helmet on his head at the time of accident. After all the reports doctors called us for the consultation and informed us about the fractures in the rib cage, clavicle bone, ear bone, facial nerve was ruptured, back side of the lung was wounded, spleen had a grade III wound, scratching wounds at elbow and knees. Doctor told me that based on his condition he need one week of ICU treatment, we agreed, but after seeing 2 days of ICU billing amount about 3 lakh rupees, we were shocked. I requested Sir's blessings about the financial condition. Then the magic started to happen, after 2 days of group blessings and healings his lung wound has recovered rapidly so that doctor decided to shift him out of the ICU very next day. It was a big relief because he did not have ESI insurance coverage. Somehow managed and paid 2 days bill. By grace of GURU and group blessings and healings his recovery was so fast, that on 5th day he discharged from hospital without any surgeries for face or rib cage. Later he was suggested to take the 2 months of bed rest and physiotherapy for face. His recovery was so fast that he went to the office very next week. After a month he could ride the bike on his own. Now he recovered from all the injuries and fractures. All thanks to Divine, Guru, and all the healers.

Discussion

Conventional trauma care successfully stabilized life-threatening injuries. However, persistent deficits such as facial palsy and hearing loss required prolonged rehabilitation. YPV healing appeared to accelerate recovery, reduce pain, and support emotional stability, consistent with prior reports of YPV in trauma and chronic illness [6, 11]. Energy healing complements conventional care by

enhancing patient resilience and recovery speed [12, 13]. Controlled studies are needed to validate these findings. According to Koenig (2004) [13] a growing body of scientific research suggests connections between religion, spirituality, and both mental and physical health. The findings are particularly strong in patients with severe or chronic illnesses who are having stressful psychological and social changes, as well as existential struggles related to meaning and purpose. Recent studies indicate that religious beliefs influence medical decisions, such as the use of chemotherapy and other life-saving treatments, and at times may appear conflicting with medical care [13]. According to Dossett (2020) [14], meditation and other mind-body practices, such as yoga and mindfulness, are growing in popularity, with 14% of the U.S. adult population reporting having used these techniques within the previous year [14].

Psychosocial Rehabilitation

Due to the improvement in philosophy of trauma care from early total care to prompt individualized safe management, use of early advanced trauma life support, improved quality in healthcare services, advancement in management options and more stringent traffic rules and safety, the overall survival rates after polytrauma are increasing. However long-term and short-term burden such as problems in mobility, self-care, activity of daily living, work-related disability continues to have impact on socioeconomic and quality-of-life in many patients. Recovery from these trauma-related problems is dependent upon severity of the injury as well as psychosocial factors. Although psychosocial intervention did not change the recovery of physical function; these interventions should not be abandoned because the greatest gains in function occurs early in recovery after trauma, which is the key time in transition to home placement [15].

Conclusion

This case demonstrates integrated management of polytrauma using conventional hospital care and YPV healing. Complementary YPV protocols supported faster recovery and functional restoration. Such integrative approaches may enhance trauma rehabilitation outcomes.

Acknowledgments

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