



Role of Yoga Prana Vidya Healing in High-Risk Pregnancy: A successful Case of 37 years old Female

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ABSTRACT:

Background: High-risk pregnancies complicated by chronic hypertension, hypothyroidism, recurrent pregnancy loss, and failed assisted reproductive techniques often result in poor outcomes. Complementary therapies such as Yoga Prana Vidya (YPV) have shown promise in reducing stress and supporting maternal well-being.

Case Presentation: A 37 years old married woman, with a history of chronic hypertension, hypothyroidism, right kidney surgery, and recurrent miscarriages, conceived spontaneously after failed IVF attempts. At 19 weeks, fetal ultrasound revealed mild bilateral renal pelvic dilatation, necessitating close monitoring. She sought YPV healing at 5 months gestation.

YPV intervention: Over four months (May–September 2025), she received 120 YPV healing sessions (YPV Psychotherapy L3, YPV L2, HDP L1, stress energy removal, blessings). She practiced daily YPV sadhana including breathing, forgiveness meditation, and exercises from YPV Sadhna App. Clinical monitoring showed stabilization of blood pressure (maintained at ~140/100 mmHg), improved thyroid function, and resolution of fetal renal dilatation by repeat scans.

Results: At 29 weeks, maternal BP and thyroid remained controlled. She delivered a healthy male infant via C-section at 37 weeks without complications. Postpartum, her BP normalized (120/80 mmHg) and TSH



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reduced to 3.2. The patient reported reduced stress, improved well-being, and expressed gratitude for YPV healing.

Conclusion: This case highlights the potential role of YPV healing as an adjunct in managing high-risk pregnancies, supporting maternal-fetal outcomes, and reducing stress. Further controlled studies are recommended.

Keywords: Yoga Prana Vidya System ®, YPV ®, high-risk pregnancy, recurrent pregnancy loss, hypertension,

INTRODUCTION:

Chronic hypertension is present in 0.9-1.5% of pregnant women and may result in significant maternal, fetal, and neonatal morbidity and mortality [1]. High-risk pregnancies are associated with maternal comorbidities such as hypertension, hypothyroidism, and recurrent pregnancy loss, which increase risks of fetal growth restriction, preterm labour, and congenital anomalies [2–4]. Assisted reproductive techniques (ART) often fail in such contexts, leading to psychological distress [5]. Integrative approaches, including yoga-based interventions, have demonstrated benefits in reducing maternal stress, stabilizing blood pressure, and improving pregnancy outcomes [6–9].

Yoga Prana Vidya (YPV) is an integrative energy healing system combining breathing techniques, forgiveness meditation, physical exercises, and specific healing protocols [10–12]. Previous studies have reported its effectiveness in managing chronic conditions, enhancing recovery, and improving psychosocial well-being [13–16]. Its application in pregnancy care remains underexplored, warranting documentation through case studies.

CASE PRESENTATION:

A 37 years old woman presented with chronic hypertension (on antihypertensives for 18 years), hypothyroidism (on thyronorm 12.5 mg), and prior right kidney surgery (2005). Obstetric history

included two miscarriages (2014, 2017), septate uterus surgery (2024), and two failed IVF attempts. She conceived spontaneously in early 2025. At 19 weeks, ultrasound revealed mild bilateral renal pelvic dilatation in the fetus. She sought YPV healing at 5 months gestation.

Yoga Prana Vidya (YPV) Treatment

Between May–September 2025, she underwent 120 YPV healing sessions (30 minutes each, daily). Protocols included Psychotherapy Level 3, YPV Level 2, Healer Development Program Level 1, stress energy removal, and blessings. She practiced YPV sadhana including breathing, forgiveness meditation, and exercises daily from YPV Sadhana App.

Patient Progress

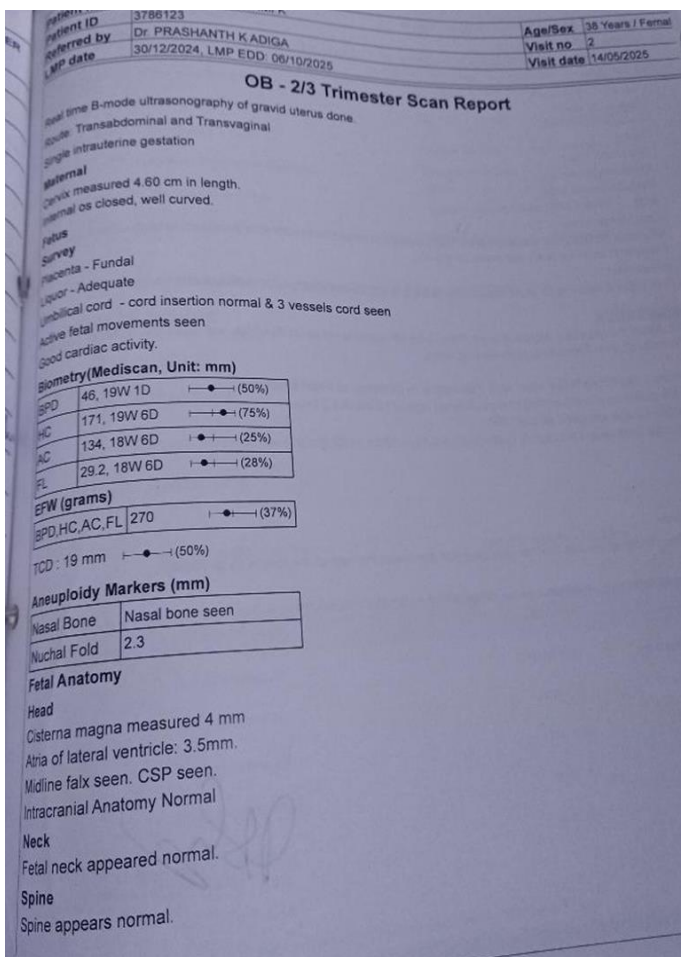
The patient reported feeling stress-free, with reduced vomiting and improved energy. Repeat scans confirmed normalization of fetal kidneys and ureters. At 29 weeks, mild BP elevation was managed with continued healing. She delivered a healthy male infant via C-section at 37 weeks. Postpartum, BP normalized (120/80 mmHg) and TSH reduced to 3.2.

The following is the timeline.

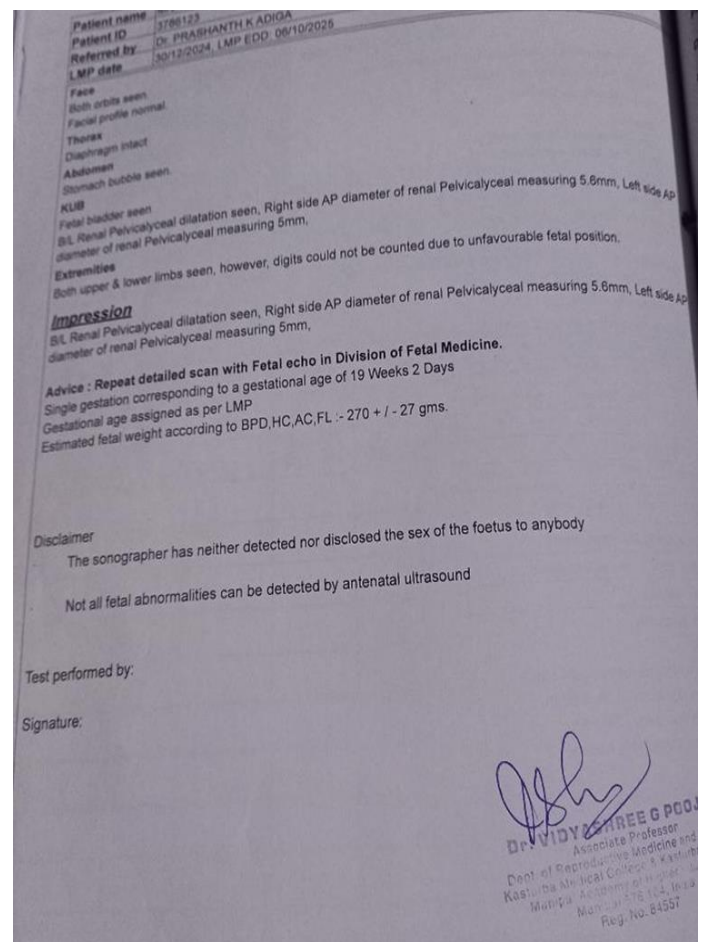
- **Early 2025:** Spontaneous conception after failed IVF.

- **19 weeks:** Bilateral fetal renal pelvic dilatation diagnosed.
 - **At 5 months:** Initiation of YPV healing sessions.
 - **28–30 weeks:** Resolution of renal dilation, maternal BP stabilized.
 - **37 weeks:** Full-term C-section delivery of healthy baby boy.
 - **Postpartum:** BP normalized, TSH improved, mother stress-free.
- Figures 1 to 4 show scan reports.

Figure 1: Ultrasound date 14 May 2025; Pages 1 & 2

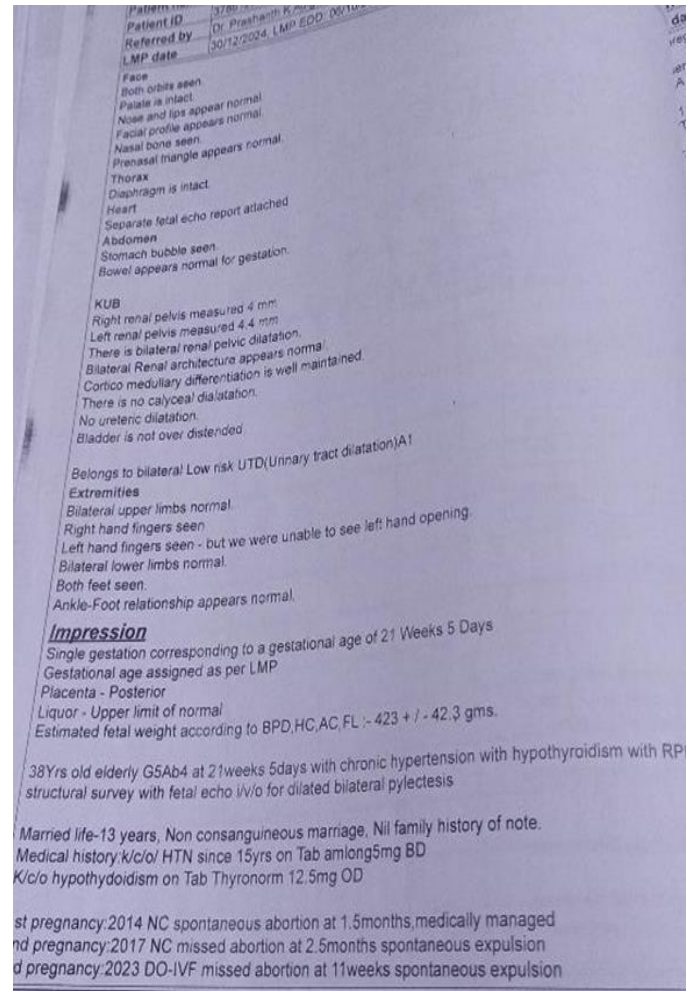
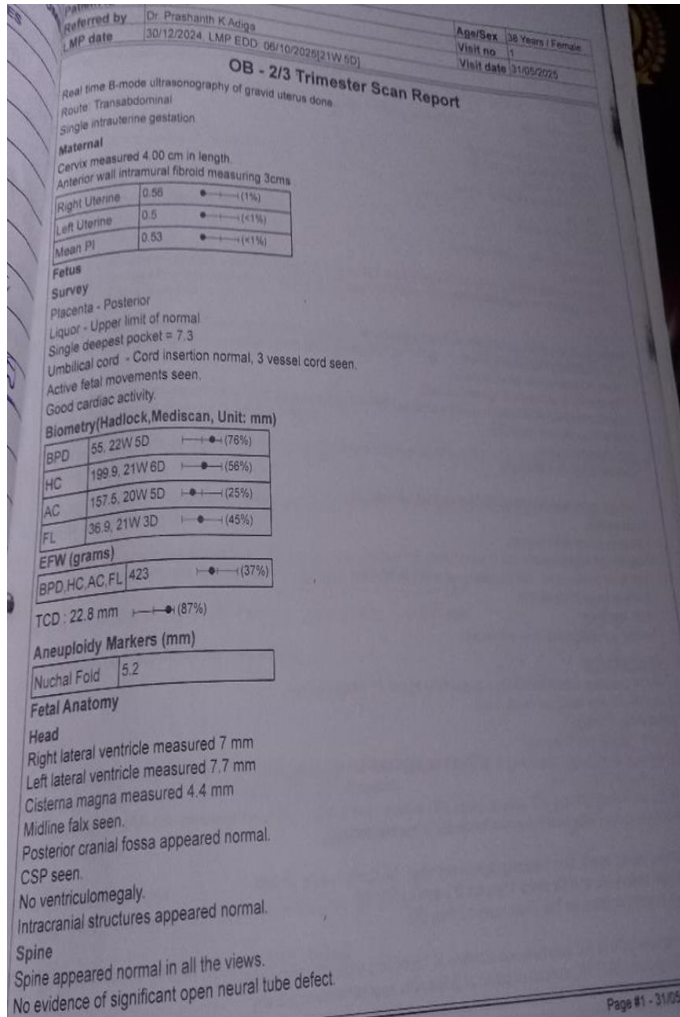


Finding: No evidence of growth restriction



The main concern is mild bilateral renal pelvic dilatation, which is relatively common and often resolves spontaneously but requires monitoring.

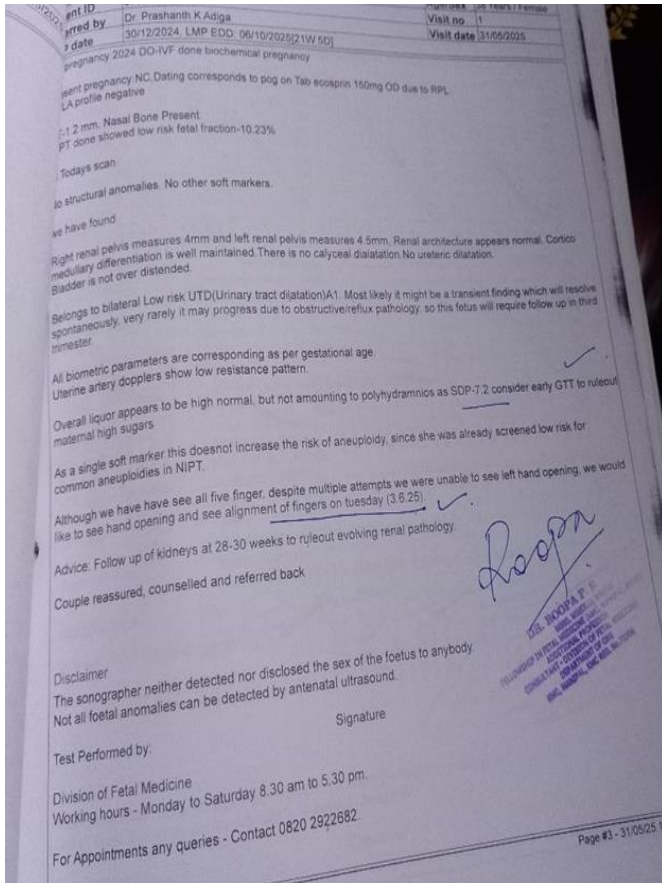
Figure 2: Ultrasound date 31 May 2025; Pages 1 & 2



This scan is largely reassuring. Continued routine antenatal care is advised

This is a reassuring scan overall, with **low-risk urinary tract dilatation** as the only notable finding.

Figure 3: Divisional of Fetal Medicine report date 31-05-2025



- Key finding: Bilateral mild renal pelvic dilatation (UTD A1, low risk).

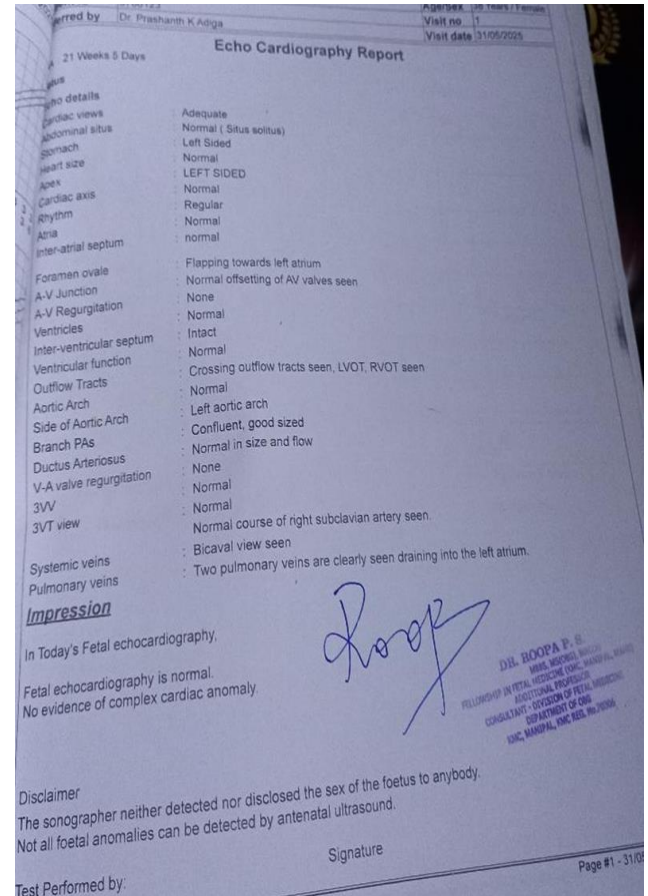
Patient perspective (Patient feedback):

“...My name is ..., I am a BP patient consuming BP tablets 5mg from last 18 years. Before that I had major surgery for right kidney in 2005 for PUJ obstruction.

I got married in 2011 in November. After one year me and my husband were trying for a baby.

I had two miscarriages, one in 2014 and the other in 2017. Later I had septate uterus surgery in 2024 July 19th, after my gynec doctor suggested for IVF. Two times IVF also got failed. So, I lost all hopes so I manifested to get Pregnant by using

Figure 4: Fetal Echocardiography Report dt 31-05-2025



- Fetal echocardiography is normal.

some ayurvedic medicine. Miracle happened immediately after failing IVF; within two months I got pregnancy. But doctor told there is risk due to cervix. It may get open (I had laparoscopy; due to that reason cervix may shorten)

When I was Pregnant at 5th month, I planned to go for YPV healing. Till 5th months my conditions were ok. At 5th month scanning, my scanning reports showed my baby's both kidneys including ureter showed mild dilation. Even I am having same.

After two weeks, same scanning had to be repeated as suggested by my Radiologist.

When I was 5 months pregnant, healing was started. Day by day I was feeling stress free, less vomiting. Before I had gastritis and vomiting in pregnancy. B P also ok 130 / 90.

After two weeks repeated scanning in 5th months of pregnancy, Baby's kidneys and ureter dint show dilation. Both kidneys were in normal condition.

In 29th week I had a problem; BP was getting high, and even I had hypothyroidism that also going bit high (due to IVF I used to take thyronorm 125 MG my TSH level was in border)

After healing till delivery BP condition was maintained to 140 / 100, even in TSH level too till delivery.

The treatment involved yoga prana vidya healing for 4 months. I was instructed to practice YPV Sadhana components daily which included specific practices like Rhythmic breathing, forgiveness meditation and exercise. I followed the instructions diligently.

The YPV Healing intervention ended on 16th September 2025.

I had delivered a (without any stress) healthy baby boy on 16th September through C- section.

Without healing it was impossible to me become stress free. Whenever there was any health issues regarding pregnancy I believed only in healing, and my healer and YPV trainer.

Healing is a such great miracle to me, after delivery my TSH level also coming normal to 3.2 after a month BP also now in normal condition 120/ 80.

Really I am always thankful to my Trainer throughout my lifetime for great healing and for blessing . He is a great Healer, well-wisher, moral

supporter. I am always thankful to God, and my parents to have such a great Healer.”

DISCUSSION:

Initial concern of the patient was the finding of mild bilateral renal pelvic dilatation. After treatment, follow-up scans showed normalization of fetal kidneys, stable growth, and liquor at upper limit of normal. Cardiac evaluation showed normal fetal echocardiography. BP and thyroid stabilized with YPV support.

This case demonstrates the role of YPV healing in high-risk pregnancy management. Similar yoga-based interventions have shown benefits in reducing maternal stress, improving cardiovascular parameters, and supporting fetal outcomes [17–20]. Experience shows that YPV's structured protocols complement medical care by enhancing maternal resilience and stabilizing physiological parameters.

The findings highlight the clinical progression: initial renal pelvic dilatation resolved by follow-up scans, liquor levels remained at the upper limit of normal, and fetal echocardiography confirmed normal cardiac development. These reassuring outcomes coincided with consistent YPV practice, suggesting a supportive role in maternal-fetal health.

While anecdotal, this case adds to emerging evidence supporting integrative approaches in obstetrics. Controlled trials are needed to validate these findings and explore mechanisms by which YPV may influence stress physiology, endocrine balance, and maternal-fetal outcomes.

A summary of the achievements in this case are:

- Successful delivery of healthy infant despite high-risk maternal profile.
- Resolution of fetal renal findings.

- Stabilization of maternal BP and thyroid function.
- Improved psychosocial well-being and stress reduction.

CONCLUSION:

YPV healing contributed to favourable maternal and fetal outcomes in a high-risk pregnancy. Its role as an adjunctive therapy requires further exploration in clinical research.

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Conflicts of interest:

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AI Use Declaration Statement:

The authors declare that no generative AI tools were used.

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