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Yoga Prana Vidya Healing as an Adjunct in Post-Surgical Recovery of Stage II Breast Cancer: A Case Report

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ABSTRACT

Background: Breast cancer is the most common malignancy among women worldwide. Conventional treatment involves surgery, chemotherapy, radiotherapy, and hormone therapy. Integrative approaches such as Yoga Prana Vidya (YPV) healing have shown promise in improving patient outcomes by reducing stress, pain, and enhancing recovery.

Case Presentation**:** A 48-year-old female, diagnosed with Stage II multifocal invasive ductal carcinoma of the left breast underwent modified radical mastectomy with sentinel lymph node biopsy. Histopathology confirmed malignancy, but lymph nodes were negative. Prognostic assessment using CanAssist Breast placed her in the low-risk category for recurrence.

YPV Intervention**:** The patient received 112 healing sessions over 55 days (twice daily, 15–20 minutes each), alongside daily practice of breathing, forgiveness, meditation, and exercises, from the YPV Sadhana App. Healing protocols included psychological healing, affected organ healing, internal organ cleansing, and blood purification.

Results: Within two sessions, sleep improved from two to four hours. After 20 sessions, pain reduced by 30–40%. By 70 sessions, stiffness and pain reduced by 80–90%, enabling household work. At completion, medical tests confirmed chemotherapy was not required. The patient was placed in the low-risk recurrence category and advised hormone therapy only.

Conclusion**:** YPV healing contributed to significant improvements in sleep, pain reduction, stress management, and functional recovery. This case highlights the potential of YPV as an integrative adjunct to conventional breast cancer management.

KEYWORDS: Breast cancer, Yoga Prana Vidya System ®, YPV ®, Integrative oncology, Post-surgical recovery

ARTICLE DETAILS

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INTRODUCTION

Breast Cancer

Breast cancer remains a leading cause of morbidity and mortality among women globally, with over 2.3 million new cases diagnosed annually [1]. Standard treatment modalities include surgery, chemotherapy, radiotherapy, and hormone therapy, which, while effective, often result in significant physical and psychological side effects [2,3].

Integrative medicine approaches are increasingly recognized for their role in improving quality of life and treatment outcomes. Yoga-based interventions have demonstrated benefits in reducing stress, improving sleep, and enhancing immune function in cancer patients [4–6].

Yoga Prana Vidya (YPV)

YPV is an energy-based healing system that incorporates breathing techniques, forgiveness, meditation, physical exercises, and pranic healing protocols. Previous studies have reported its effectiveness in managing chronic illnesses, psychological distress, and enhancing recovery in complex medical conditions [7–10]. Published literature shows several cases of various types of Cancer, such as, Multiple myeloma (2026), pancreatic cancer (2026), Stage 4 lung cancer (2025), B-cell lymphoma (2025), Breast cancer (2023), Esophageal cancer stage 2 (2022), Meta static Breast cancer (2022), Hodgkin lymphoma (2021) have been successfully treated with YPV healing interventions as complementary medicine/Therapy [11-18].

This case report presents the role of YPV healing in the recovery of a patient with Stage II breast cancer following surgical intervention, highlighting improvements in pain, sleep, stress, and overall well-being.

CASE PRESENTATION

A 48-year-old female housewife presented with nipple inversion and a palpable lump in the left breast. Diagnostic imaging and biopsy confirmed multifocal invasive ductal carcinoma, Stage II. She had a history of hypothyroidism, irregular menstruation, and familial cancer predisposition. Her husband had died of mouth cancer in 2020.

Medical Course

On 4 September 2025, she underwent modified radical mastectomy with sentinel lymph node biopsy. Histopathology (Annexure 1) confirmed malignancy, but lymph nodes were negative. Post-operative recovery was uneventful.

The patient was admitted for surgery and underwent re-exploration for bleeding on the same day. Post-operative management (Annexure 2)included antibiotics, analgesics, and drain care. She was discharged in stable condition. Subsequent medical tests (Annexure 3) confirmed low recurrence risk, and she was placed on hormone therapy without chemotherapy.

YPV INTERVENTION

YPV healing commenced on 30 August 2025 when the cancer incidence was diagnosed first time, and continued until 24 October 2025. A total of 112 sessions were conducted, twice daily for 55 days, each lasting 15–20 minutes. Healing protocols included psychological healing, internal organ cleansing, blood purification, and targeted energy healing for the breast and shoulder regions.

The patient was instructed to practice YPV sadhana daily, including rhythmic breathing, forgiveness, meditation, and physical exercises. She adhered diligently to these practices throughout the intervention period.

RESULTS

Within two sessions, sleep improved from two to four hours per night. After 20 sessions, pain reduced by 30–40%, with greater relaxation. By 30 sessions, chest and shoulder stiffness reduced by 30–40%. After 50 sessions, stiffness reduced by 60–70%, enabling light walking. By 70 sessions, stiffness reduced by 80–90%, allowing household work. At the end of 112 sessions, medical tests confirmed chemotherapy was not required, and the patient was classified as low risk for recurrence.

The patient reported improved sleep, reduced stress, enhanced energy, and emotional stability. She expressed gratitude for YPV healing, noting its role in her recovery and positive outlook.

FOLLOW UP: A follow up during May 2026 (Annexure 4) revealed stable and non-recurrence of symptoms**.**

DISCUSSION

This case demonstrates the potential of YPV healing as an adjunct to conventional breast cancer treatment. Previous YPV energy-based interventions have been shown to modulate stress responses, improve sleep, and enhance immune function and reduced pain[11-18]. Yoga and meditation practices are associated with reduced cortisol levels, improved quality of life, and better treatment adherence in cancer patients [19-20].

YPV healing integrates pranic energy techniques with psychological practices, offering a holistic approach. Previous reports have documented its effectiveness in managing chronic conditions such as diabetes, hypertension, and mental health disorders [7-10]. In this case, YPV contributed to pain reduction, improved sleep, and emotional resilience, complementing surgical management.

The avoidance of chemotherapy, based on low recurrence risk, further underscores the importance of integrative approaches in reducing patient anxiety and enhancing recovery. While this is a single case, it highlights the need for larger clinical studies to evaluate YPV's role in oncology care.

CONCLUSIONS

YPV healing significantly improved sleep, pain, stress, and functional recovery in a patient with Stage II breast cancer. It served as a valuable adjunct to conventional treatment, supporting physical and emotional well-being. Further research is warranted to establish its efficacy in broader oncology populations.

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ETHICS STATEMENT

Written informed consent was obtained from the patient for publication of this case report.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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ANNEXURE 1: HISTOPATHOLOGY REPORT DT 04 SEPT 2025

Transcription of the original document:

HISTOPATHOLOGY

BIOPSY NO: R-5532/23

CLINICAL DIAGNOSIS: C/o Left Breast Lump for 02 weeks, 3 × 3 cm hard mass palpable at 9–11 "O" clock. Ca left B/reast – C7ZNOMO

MRI: Left breast

There is evidence of a lobulated lesion showing irregular and spiculated margins in periareolar region in upper inner quadrant measuring 3.1 × 3.1 × 3.0 cm (CCxAPxTR). The lesion appears hypointense on T1 & T2W images and shows restricted diffusion with heterogeneous post-contrast enhancement. The distance from skin to anterior margin of the lesion is 6 mm and distance from posterior margin of the lesion to anterior chest wall is 36 mm. Another similar character lesion is seen in the antero-lateral aspect of the above-mentioned lesion measuring 1.2 × 1.1 × 1.1 cm (CCxTRxAP) involving nipple. There is associated thickening of areola with retraction of nipple.

Type-III kinetic curve is seen in the above-mentioned lesions.

IMPRESSION

Left breast reveals lobulated lesion in periareolar region in upper inner quadrant with irregular and spiculated margin and shows restricted diffusion, heterogeneous enhancement and type-III kinetic curve. Another similar character lesion involving nipple with associated areolar thickening and nipple retraction as described above – likely suggestive of mitotic lesions (BIRADS-5).

ANNEXURE 2: POST OPERATIVE CASE SUMMARY DT 06 SEPT 2026

Post-Operative Case Summary

Patient: [Name withheld for privacy] **Procedure Date:** 04 September 2025 **Hospital:** [name withheld] **Surgeon:** [name withheld]

1. Surgical / Therapeutic Procedures

Operation: Left Modified Radical Mastectomy + SLNB Axilla under General Anaesthesia **Indications:**

Carcinoma Left Breast (cT2N0M0), ER positive, PR positive , Her-2 neu negative **Skin Preparation:** Povidone Iodine **Incision:** Elliptical including NAC **Findings:** Hard mass 3 × 3 cm extending till base of NAC at 9–11 o'clock left breast; 4 nodes (1 blue node sent for FSB, all n egative for malignancy).

Procedure Details:

- 1.5 ml Methylene Blue dye injected in periareolar location i ntradermally at 12 and 3 o'clock positions; massage given f or 5 minutes.
- Incision made; upper and lower subcutaneous flaps raised.
- Breast tissue excised off the pectoralis major fascia.
- Axillary sentinel lymph nodes sent for FSB and reported ne gative.
- Haemostasis achieved; wound washed.
- 16F Romovac drain placed (one limb in upper flap, one nea r axilla).
- Closure with 3-0 nylon interrupted mattress sutures; pressu re dressing applied.

2. Re-Exploration for Bleeding (04 September 2025)

Findings:

Diffuse ooze and clots; arterial spruter identified near lateral c hest wall – ligated.

Closure:

Subcutaneous tissue closed with 3-0 Vicryl; skin closed with staplers.

3. Course of Treatment in Hospital

Patient was admitted for the above procedure. With proper co nsent, she underwent Left Modified Radical Mastectomy + S LNB Axilla on 04/09/2025.

Post-procedure, she was shifted to ward. High-output hemorr hagic drain was noted; re-exploration performed under gener al anaesthesia on the same day.

Post-operative period was uneventful.

Condition at Discharge:

Hemodynamically stable, drain in situ.

4. Discharge Advice

- Drain care as taught and documented in post-operative ma nual.
- Gentle arm exercises.
- **Medications:**
  - Tab. Tranexa 500 mg twice daily × 5 days (after wound)
  - Tab. Rantac 150 mg twice daily × 2 days and stop
  - Tab. Paracetamol 500 mg twice daily × 5 days (after woun d)
  - Tab. Ultracet SOS for pain

ANNEXURE 3:

Here's the full transcription and interpretation of the medical report:

Transcription

Patient Name: [Withheld] **Age / Gender:** 48 Years / F **Block ID:** H/5543/23-2K **Lab ID:** CAN/0206/25 **Received On:** 24-10-2025 16:10:17 **Ref. Doctor:** [Name withheld **Accepted On:** 27-10-2025 13:17:08 **Ref. Hospital:** [Name withheld] **Reported On:** 30-10-2025 14:15:30

Sample Description

Received 2 blocks bearing number H/5543/23-2K along with histopathology & IHC report.

Clinicopathologic parameters mentioned below have been ex tracted from patient's histopathology & IHC report.

Diagnosis:

Multifocal Invasive Ductal Carcinoma NST of Left Breast

Tumor Size: 3.3 × 3.0 × 2.7 cm
Pathological Stage: mT2N0M0
Grade: 2
Receptor Status: ER Positive, PR Positive, HER2/neu Negative (0)
Patient referred for prognostic assessment by CanAssist Breast Test to aid treatment planning.
Test Result
CanAssist Breast Risk Score: 5.5
Risk Category: Low Risk of Recurrence
(Cut-off value for high risk = 15.5; score of 5.5 falls well below this threshold.)
5-Year Probability of Distant Recurrence.
With Hormone Therapy and Prescribed Local Radiotherapy: 3 %
Probability of distant recurrence derived from 800+ samples validation study is represented in the graph.
Low risk ≤ 15.5 and High risk > 15.5 are shown as separate curves.
Interpretation

- The **CanAssist Breast Test** is a validated prognostic assay used to estimate the likelihood of distant recurrence in hormone-receptor-positive, HER2-negative early breast cancer after surgery.
- A **risk score of 5.5** places the patient **well within the low-risk category**, meaning the chance of cancer returning in distant organs within 5 years is **approximately 3 %** when standard hormone therapy and local radiotherapy are given.
- The **pathological stage (mT2N0M0)** indicates a tumor > 2 cm but ≤ 5 cm with no lymph-node involvement and no metastasis.
- **ER/PR positivity** and **HER2 negativity** further support a favorable prognosis and responsiveness to endocrine therapy.
- Clinically, this result suggests that **chemotherapy may not be required**, and **hormone therapy alone** could be sufficient for long-term disease control, consistent with low-risk stratification.

ANNEXURE 4: PATIENT FEEDBACK DATED 29 MAY 2026

"Myself XXXX

During the Corona period, my husband passed away due to mouth cancer on 30th August 2020. While getting a facial done, I noticed that the nipple of my left breast was inverted. When I saw this, I got scared. I showed it to my mother, and immediately we went to see a doctor. Because of my husband's illness, we already knew a cancer specialist.

After the tests, it was confirmed that I had Stage 2 breast cancer. The report came on 30 August 25 and we were told that surgery would be required.

I knew YPV Healer XXXX. During the entire time when I was in the hospital, I continued taking online healing sessions twice a day. After two healing sessions my sleep patterns improved. Before healing, I could sleep only for two hours at night. After starting healing, I was able to sleep for four hours at night.

The thing I was most afraid of was chemotherapy, because I had seen my husband's condition during chemotherapy. I also shared this fear with my YPV Healer.

After 10 healing sessions on 4 September 25 (surgery date), I was anxious before the operation. Surgery went very well and I felt relaxed and positive about life.

After 20 healing sessions my pain reduced by 30–40 percent with greater relaxation and less stress. After 30 healing sessions my stiffness in the chest and shoulder reduced by 30–40 percent with increased relaxation, better sleep, and reduced stress. After 40 healing sessions the stiffness in the chest and shoulder reduced by 50–60 percent and I could perform very light exercises. Better sleep and reduced stress. After 50 healing sessions the stiffness and pain in the chest and shoulder reduced by 60–70 percent and I could perform very light exercises: started light walk, better sleep patterns, and reduced stress. After 60 healing sessions stiffness and pain in the chest and shoulder reduced by 70–80 percent. I could perform light shoulder exercises. Started breathing exercises twice a day. Better sleep and reduced stress. After 70 healing sessions the stiffness and pain in the chest and shoulder reduced by 80–90 percent. I could perform shoulder exercises. Started light household work. Felt good from within. After 80 healing sessions I started regular routine. Better sleep patterns and stress reduced a lot.

On 24 October, tests were done to check whether chemotherapy was needed. Healing sessions were continued. The test results showed that chemotherapy was not required. I was placed in the low-risk category for recurrence.

Only hormone therapy was advised, which means I only need to take medicines for some time.

I feel truly blessed to have received healing sessions through YPV. Thanks to YPV healing techniques.