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Case Study

Resolution of Right Bundle Branch Block and Associated Symptoms through Yoga Prana Vidya Healing as complementary therapy: A Case Study

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ABSTRACT:

Background: Right Bundle Branch Block (RBBB) is a conduction abnormality of the heart characterized by delayed activation of the right ventricle. It is often associated with aging, ischemic heart disease, or degenerative conduction system disorders. Conventional management is largely observational, with limited curative interventions. Complementary therapies such as Yoga Prana Vidya (YPV) have shown promise in improving autonomic regulation and cardiovascular health.

Case Presentation: A 72-year-old retired male presented with dizziness, giddiness, hypotension, and epigastric burning sensations. Routine ECG on 21 July 2023 confirmed RBBB across repeated recordings. Pharmacological treatment was initiated, and simultaneously the patient sought YPV healing through his family.

Intervention: The patient received daily YPV healing sessions (20 minutes each) for 70 consecutive days. Level-5 protocols were applied, focusing on cleansing and energizing the heart, solar plexus, liver, pancreas, spleen, and head chakras. Rhythmic Yogic Breathing was practiced concurrently to support autonomic balance.

Results: Follow-up ECG on 4 October 2023 demonstrated complete resolution of RBBB. Acidity and burning sensations were fully relieved, while dizziness and giddiness reduced by 90%. Sustained improvement was confirmed on follow-up, with no recurrence of symptoms.

Conclusion: This case highlights the potential of YPV healing as a complementary modality in resolving RBBB and associated systemic symptoms. While spontaneous resolution of RBBB is rare, the observed improvements suggest YPV may enhance cardiac conduction and systemic wellbeing. Controlled clinical studies are warranted to validate these findings.

Keywords: Right Bundle Branch Block, Yoga Prana Vidya System ®, YPV®, Energy Healing, Integrative Health

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INTRODUCTION:

Right Bundle Branch Block (RBBB):

The Right Bundle Branch Block (RBBB) is a conduction abnormality characterized by delayed activation of the right ventricle due to interruption in the right bundle branch of the His-Purkinje system [1]. On electrocardiogram (ECG), it manifests as widened QRS complexes (>120 ms), riser' patterns in lead V1, and slurred S waves in leads I and V6. While often considered benign in asymptomatic individuals, RBBB may indicate underlying structural heart disease, ischemia, or degenerative conduction system disorders. Its prevalence increases with age, affecting up to 11% of individuals over 80 years old[2].

Meta-analyses [2] suggest that RBBB is associated with modest increases in all-cause mortality and a higher risk of pacemaker implantation, though its independent prognostic significance remains debated. Clinical presentations vary, ranging from incidental findings to associations with arrhythmias, syncope, or heart failure, complicating diagnostic and therapeutic decision-making[3].

Yoga Prana Vidya (YPV):

Yoga Prana Vidya (YPV) is an integrative healing system rooted in ancient yogic science of Prana Vidya, emphasizing regulation of vital energy (prana) through cleansing, energizing, and balancing chakras, combined with rhythmic breathing and meditation [4]. Classical yogic texts describe prana as the life force sustaining physiological and psychological health, while modern research situates YPV within frameworks of biofield science and psychoneuroimmunology [5,6].

Clinical studies demonstrate that pranic practices, including YPV, improve autonomic regulation, heart rate variability, vagal tone, and reduce cortisol levels, thereby supporting cardiovascular and psychosomatic health[7-10]. Rhythmic Yogic Breathing (RYB), a core component of YPV Sadhana App, confirms significant reductions in stress, anxiety, and symptom severity in mental health disorders, highlighting its therapeutic potential.

YPV has been applied in managing chronic pain, hypertension, cardiovascular dysfunctions, and psychosomatic conditions, with case reports and preliminary trials reporting positive outcomes [11-13]. Its holistic approach integrates physical, emotional, and spiritual dimensions of healing, making it a promising complementary modality in integrative healthcare [14-15].

CASE PRESENTATION:

The Patient was a 72-year-old male, retired, residing in a Western Indian City.

He experienced symptoms of giddiness, dizziness, hypotension, epigastric burning.

Diagnostic Findings are as shown below:

Initial ECG (21 July 2023): The patient's ECG demonstrated a Right Bundle Branch Block (RBBB) pattern, confirmed across three consecutive recordings within a 30-minute interval. The findings included widened QRS complexes (>120 ms), rest' morphology in lead V1, and broad slurred S waves in leads I and V6. These are classical features of complete RBBB, indicating delayed right ventricular depolarization.

Clinical Correlation: The conduction abnormality was associated with symptoms of dizziness, giddiness, hypotension, and epigastric burning sensations. These systemic manifestations suggest autonomic imbalance and possible reduced cardiac efficiency

Medical Course: Regular cardiac monitoring and pharmacological intervention were initiated (Annexure1)

YPV Intervention:

A certified YPV healer initiated YPV healing course starting on 21 July 2023.

Protocols applied:

a.) Level-5 healing

b.) Initially few days physical heart clean. Energise

c.) After a week for regeneration heart localize with blue, soak, Clean. Energise with colour prana combinations

d.) Mengmein chakra- clean - energise

e) Liver - soak Clean and energise

f) Stomach, Pancreas – soak – Clean – energise. stomach Energise pancreas, Spleen and head area treated.

- Duration: 20 minutes daily for 70 days.
- Patient followed self-Practice of Rhythmic Yogic Breathing from YPV Sadhana App..

RESULTS:

Post-Intervention ECG was taken on 4 October 2023 (See report at Annexure 2. The findings are:

- The ECG showed resolution of RBBB, with normalization of QRS duration and disappearance of the rsR' pattern in V1.
- The absence of conduction delay indicates restoration of synchronous ventricular activation.

- This normalization is clinically significant, as RBBB is typically persistent and rarely resolves spontaneously, especially in elderly patients.

Symptomatic Outcomes

- Gastrointestinal Symptoms: Complete resolution of acidity and burning sensations, suggesting improved autonomic regulation of gastrointestinal function.
- Neurological Symptoms: Dizziness and giddiness reduced by approximately 90%, with only occasional mild episodes reported.
- Sustained Improvement: On follow-up, the patient reported no recurrence of RBBB-related symptoms, and continued practice of Rhythmic Yogic Breathing contributed to long-term stability.

DISCUSSION:

This case demonstrates the resolution of Right Bundle Branch Block (RBBB) following Yoga Prana Vidya (YPV) healing intervention as complementary medicine. Spontaneous resolution of RBBB is uncommon, as conduction abnormalities are typically persistent and often progressive with age. The observed normalization of ECG findings suggests that YPV may have contributed to improved autonomic regulation and cardiac conduction together with the medications.

Energy-based healing modalities, including YPV, are increasingly recognized within integrative medicine frameworks. Studies on pranayama and biofield therapies indicate beneficial effects on heart rate variability, vagal tone, and reduction of sympathetic overactivity, all of which are relevant to conduction system stability [16,17]. YPV's structured protocols—chakra cleansing, energizing, and rhythmic breathing—may enhance parasympathetic activity and reduce systemic stress markers such as cortisol, thereby supporting cardiovascular function.

Furthermore, YPV has been reported to improve outcomes in psychosomatic conditions, hypertension, and metabolic disorders, suggesting systemic regulatory effects beyond localized cardiac conduction. The patient's concurrent resolution of gastrointestinal symptoms (acidity, burning sensation) highlights YPV's holistic impact on multiple organ systems.

While this case provides promising evidence, limitations include the absence of a control group and reliance on single-patient data. Controlled clinical trials are necessary to establish reproducibility, mechanisms of action, and long-term outcomes. Nonetheless, this case adds to the growing body of literature supporting YPV as a complementary modality in cardiovascular care.

CONCLUSIONS:

YPV healing assisted complementarily the resolution of RBBB and associated systemic symptoms in this patient. This case underscores the potential of YPV as a complementary therapy in cardiac conduction abnormalities, warranting further clinical research.

DECLARATIONS:

Ethical Approval / Informed Consent: The study was approved; Informed consent has been obtained from the patient for case data without revealing patient's identity.

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Conflict of Interest: The authors declare that no conflict of interest exists.

Data availability statement: The dataset presented in this study is available on request from the corresponding author.

AI Use Disclosure: No generative AI tools were used in the writing or data analysis. AI tools were limited to language assistance. The authors remain fully responsible for the content.

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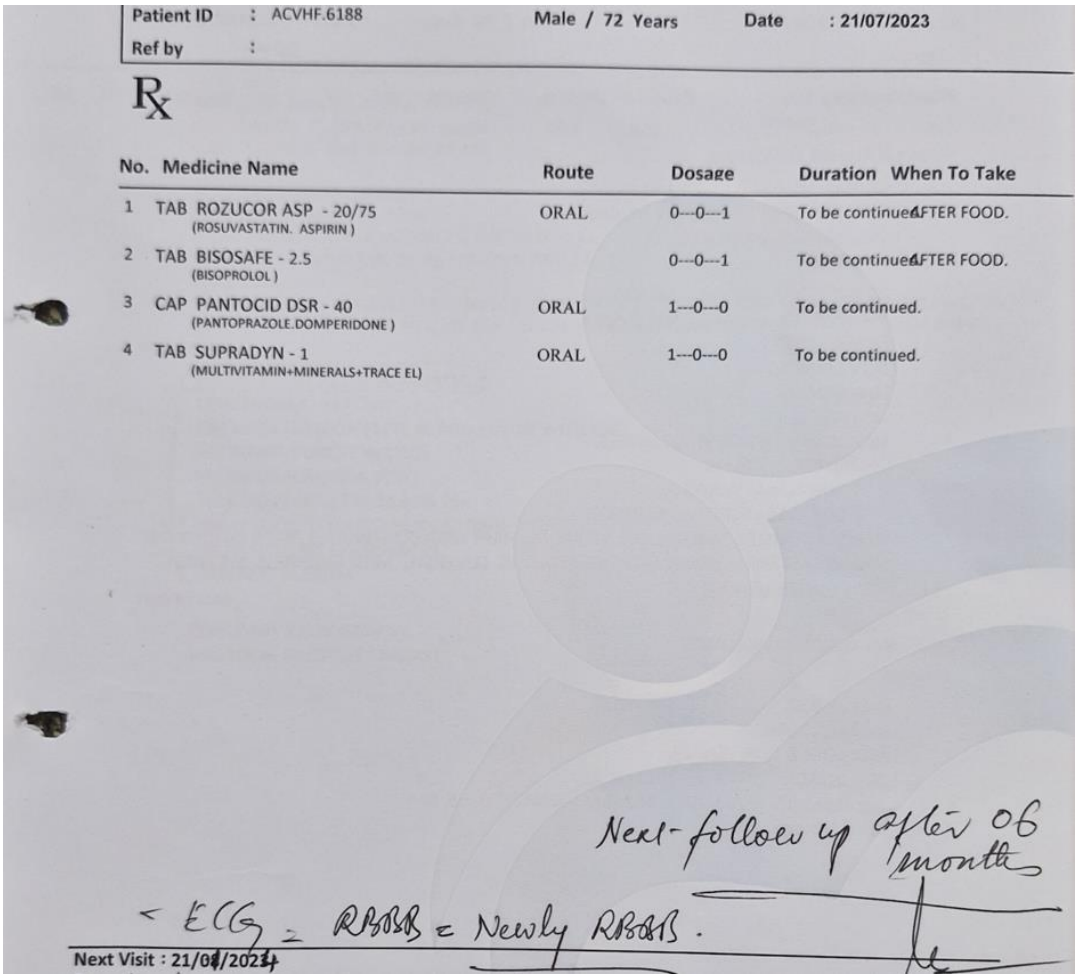
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Annexures 1 &2

Annexure1: Clinical diagnosis and treatment dt 21-07-2023



Patient ID : ACVHF.6188 Male / 72 Years Date : 21/07/2023

Ref by :

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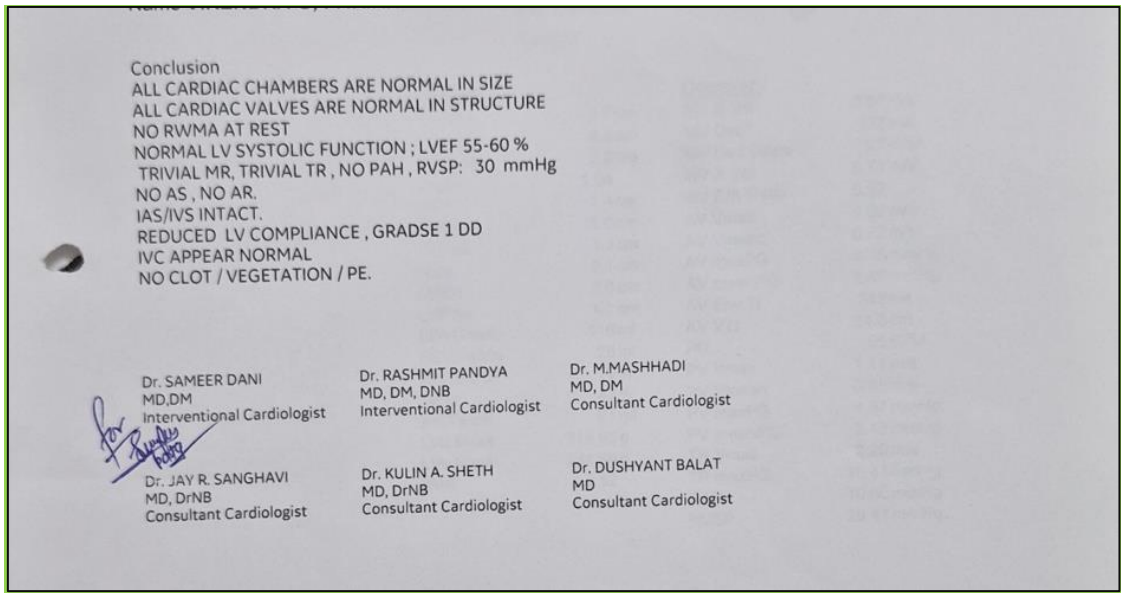
No.	Medicine Name	Route	Dosage	Duration	When To Take
1	TAB ROZUCOR ASP - 20/75 (ROSUVASTATIN. ASPIRIN)	ORAL	0---0---1	To be continued	AFTER FOOD.
2	TAB BISOSAFE - 2.5 (BISOPROLOL)		0---0---1	To be continued	AFTER FOOD.
3	CAP PANTOCID DSR - 40 (PANTOPRAZOLE.DOMPERIDONE)	ORAL	1---0---0	To be continued.	
4	TAB SUPRADYN - 1 (MULTIVITAMIN+MINERALS+TRACE EL)	ORAL	1---0---0	To be continued.	

Next follow up after 06 months

ECG - RBBB - Newly RBBB.

Next Visit : 21/08/2023

Annexure 2: Test report dt 04-10-2023



Conclusion

ALL CARDIAC CHAMBERS ARE NORMAL IN SIZE
ALL CARDIAC VALVES ARE NORMAL IN STRUCTURE
NO RWMA AT REST
NORMAL LV SYSTOLIC FUNCTION ; LVEF 55-60 %
TRIVIAL MR, TRIVIAL TR , NO PAH , RVSP: 30 mmHg
NO AS , NO AR.
IAS/IVS INTACT.
REDUCED LV COMPLIANCE , GRADSE 1 DD
IVC APPEAR NORMAL
NO CLOT / VEGETATION / PE.

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