

Complementary Application of Yoga Prana Vidya (YPV) Healing in an Endometriosis Patient with Recurrent IVF Failure: A Case Report

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DOI: <https://doi.org/10.36348/sijog.2026.v09i09.002>

| Received: 07.07.2026 | Accepted: 01.09.2026 | Published: 07.09.2026

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Abstract

Infertility affects a significant proportion of reproductive-age couples worldwide, with multifactorial etiologies including hormonal imbalance, structural abnormalities, endometriosis, and psychosocial stress. Despite advancements in assisted reproductive technologies such as in vitro fertilization (IVF), repeated implantation failure remains a major clinical concern, often associated with both physiological and psychological determinants. This case report describes a 31-year-old female with primary infertility and underlying endometriosis who experienced two unsuccessful IVF cycles. Prior to a subsequent IVF attempt, corrective hysteroscopic intervention for cervical factors was performed. In addition, Yoga Prana Vidya (YPV), a non-touch, biofield-based complementary therapy, was introduced alongside conventional treatment. The YPV intervention included structured energy-based protocols aimed at emotional regulation, stress reduction, and targeted energizing of reproductive-related energy centers. During this cycle, the patient demonstrated improved psychological stability and reduced perceived stress. The third IVF cycle resulted in successful conception. The observed temporal association suggests that YPV may have a supportive role in modulating psychophysiological parameters relevant to implantation success.

Keywords: Yoga Prana Vidya System®, In Vitro Fertilization (IVF), Endometriosis, Repeated Implantation Failure, Complementary Therapy, Energy Healing, Primary Infertility.

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INTRODUCTION

Endometriosis is a common, chronic, estrogen-dependent gynecological disorder affecting approximately 10% of women of reproductive age worldwide. It is characterized by the presence of endometrial-like tissue outside the uterine cavity [1]. The etiology of endometriosis is multifactorial, involving genetic predisposition, metabolic and microbiomic influences, immune dysfunction, endocrine disruption, and environmental factors [2-4]. The most common presenting symptoms include chronic pelvic pain and infertility, along with additional symptoms depending on the organs involved [5].

The prevalence of endometriosis ranges from 2% to 10% among women of reproductive age, increasing to 20%–50% in infertile populations [6-9]. Based on anatomical and pathological features,

endometriosis is broadly classified into ovarian/adnexal endometriomas (OMAs), superficial peritoneal endometriosis, and deep infiltrating endometriosis (DIE) [10]. More than 20% of affected women are estimated to have DIE, which is considered the most severe form and often requires complex clinical management.

Deep infiltrating endometriosis is defined by the infiltration of endometrial tissue more than 5 mm beneath the peritoneal surface [11]. It commonly involves the rectovaginal septum, uterosacral and utero-ovarian ligaments, and the muscular walls of pelvic organs. Bowel involvement occurs in approximately 3.8% to 37% of cases [12, 13]. Ovarian endometriomas are also prevalent and significantly impact quality of life, fertility, and may increase the risk of malignancy [14].

The classification of DIE remains challenging but is essential for accurate diagnosis, surgical planning,

and effective communication among multidisciplinary teams [15]. Management of DIE should be individualized based on symptom severity, fertility desires, and associated comorbidities. Medical treatment options include combined oral contraceptives, progestogens, and gonadotropin-releasing hormone (GnRH) agonists or antagonists. These therapies aim to create a hypoestrogenic environment, induce atrophy or suppression of endometriotic lesions, and reduce chronic inflammation [16].

However, surgical intervention is often considered the primary treatment for symptomatic DIE, particularly in cases with bowel involvement. The primary objective of surgery is to restore normal pelvic anatomy through complete excision of endometriotic lesions [17]. Laparoscopic cystectomy remains the gold standard for the definitive management of ovarian endometriomas [18, 19]. Nevertheless, its use is controversial due to the potential risk of iatrogenic damage to ovarian reserve. Systematic reviews indicate that laparoscopic cystectomy is associated with a 38% reduction in anti-Müllerian hormone (AMH) levels postoperatively, with bilateral cystectomy increasing the risk of premature ovarian insufficiency by approximately 2.9-fold [20, 21].

Although current evidence supports cystectomy-related decline in ovarian reserve, it remains unclear whether ovarian endometriomas themselves contribute to diminished ovarian reserve (DOR) through chronic inflammation-induced follicular apoptosis [22]. Furthermore, multiple systematic reviews have shown that performing cystectomy prior to in vitro fertilization/intracytoplasmic sperm injection (IVF/ICSI) does not significantly improve reproductive outcomes [23-25].

Yoga Prana Vidya (YPV) System as an Alternative/Complementary Modality:

“In recent years, there has been increasing interest in integrative and non-invasive therapeutic approaches, including energy healing and mind-body interventions, as complementary strategies in clinical management [26].” Yoga Prana Vidya system of healing has been found to be effective in treating various human

ailments owing to its holistic and integrated nature [27]. Yoga Prana Vidya is derived from an ancient art and science of energy healing, as an integrated holistic system without any drugs or touch. Besides applying energy healing techniques, it includes physical exercises, breathing techniques, forgiveness sadhana, diet, and meditation [28]. The energy body, often referred to in traditional yogic literature as the *Pranamaya Kosha*, is described as an energetic field that interpenetrates and extends beyond the physical body, as illustrated in Figures 1 and 2. This model conceptualizes the energy body as comprising an inner aura, an outer aura, and health rays that are believed to connect these layers. A comparison of Figures 1 and 2 is intended to illustrate differences in the energy field patterns between individuals described as healthy and those experiencing illness.

Within this framework, the energy body is proposed to consist of energy centers, commonly termed chakras, along with nadis (channels) that are believed to facilitate the distribution of vital energy to different regions of the body (Figure 4). Figure 3 presents an image obtained using Gas Discharge Visualization (GDV) technology, which has been explored in some studies as a method for assessing biofield-related parameters, although its clinical validity and reliability remain subjects of ongoing investigation.

Yoga Prana Vidya (YPV) healing is described as a biofield-based complementary practice that involves techniques such as energy scanning, cleansing, and energizing of the aura and chakras by trained practitioners. It is hypothesized that such interventions may help modulate perceived energy imbalances, which are suggested, within this framework, to be associated with physical or psychological conditions.

Reported outcomes from practitioners and observational reports indicate that some individuals experience symptomatic relief following YPV sessions. Healing sessions typically last 10–20 minutes and may be administered once or multiple times per day, depending on practitioner assessment and individual condition [29].

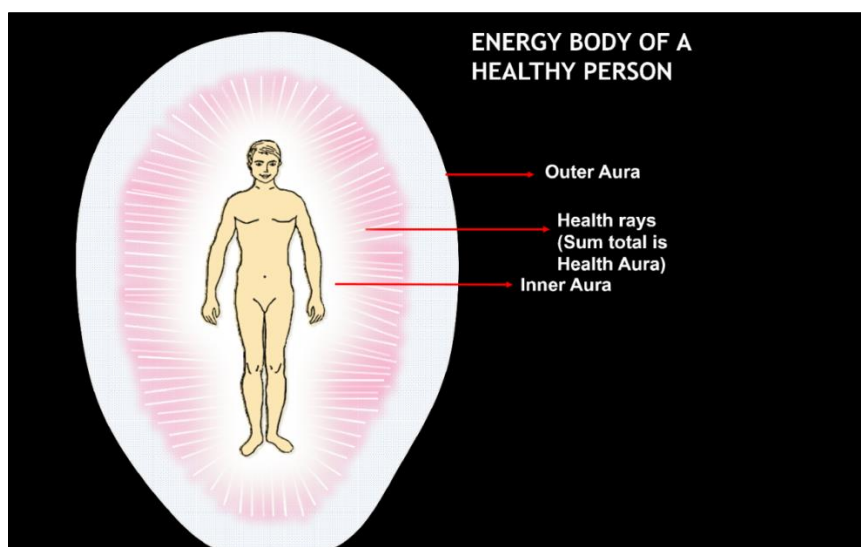


Fig: 1. energy body of a healthy person

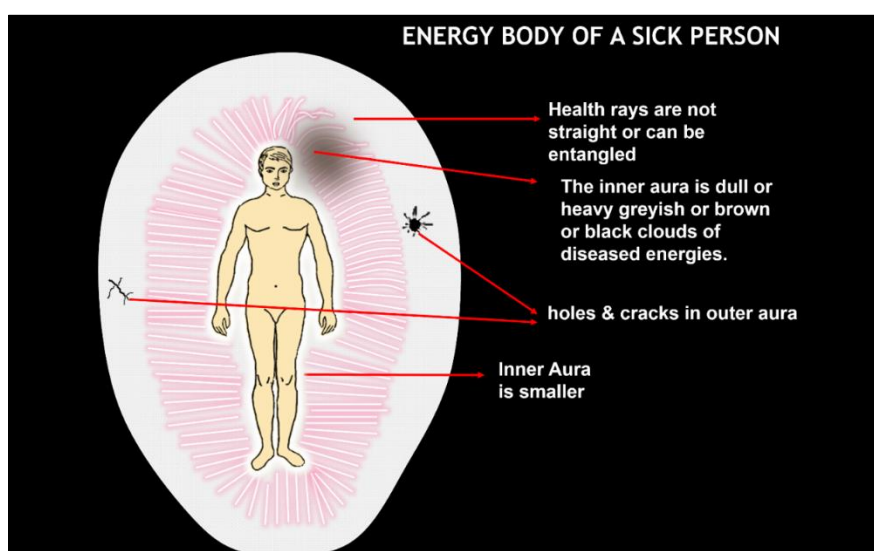


Fig. 2: showing energy body of an Unhealthy person

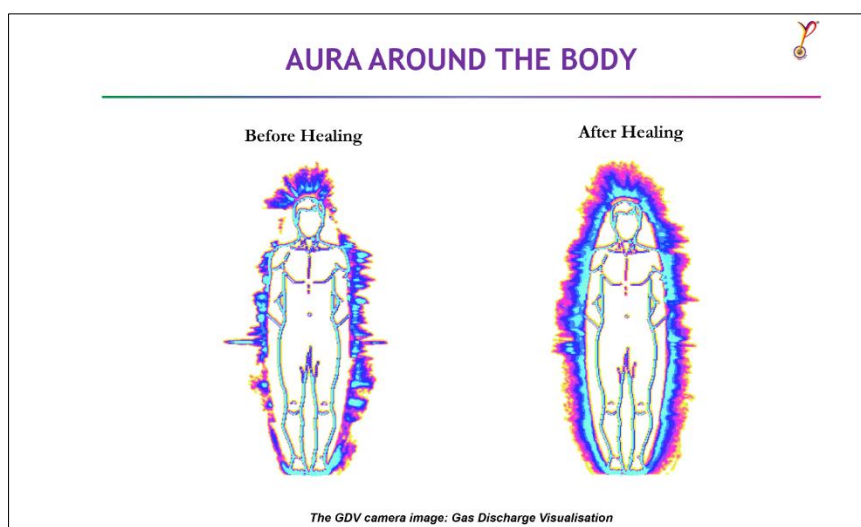


Fig. 3: Picture of energy taken using GDV camera

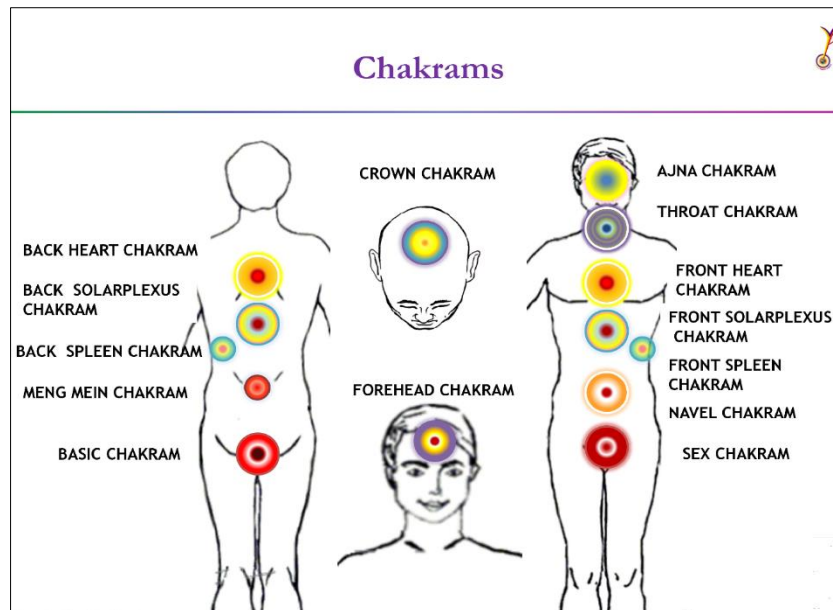


Fig. 4: Chakras (wheels) in the energy body

CASE HISTORY

A 31-year-old female with 8 years of married life presented with primary infertility and a known history of endometriosis. She sought complementary support through Yoga Prana Vidya (YPV) healing while undergoing her third in vitro fertilization (IVF) cycle. The clinical details were obtained from the patient's medical records with consent.

She had regular menstrual cycles and no significant medical comorbidities. Autoimmune screening (ANA, APLA, anti-TPO) was negative. Her surgical history included laparoscopic bilateral endometriotic cystectomy with adhesiolysis in 2021, followed by laparoscopic adhesiolysis, radical excision of deep infiltrating endometriosis (DIE), ureterolysis, and bilateral salpingectomy in 2022. As part of the infertility workup prior to subsequent IVF attempts, she was found to have cervical factors requiring correction. Accordingly, she underwent hysteroscopic internal os resection in 2024 and a repeat hysteroscopic internal os resection in October 2025 to improve cervical access and facilitate embryo transfer during future IVF cycles.

In 2022, she underwent her first IVF cycle (6 embryos), followed by two failed frozen embryo transfers (FET). In March 2023, a second IVF cycle (4 embryos) with two FET attempts also failed. In November 2025, donor oocyte IVF was initiated, and the first donor oocyte FET (DO-FET) failed.

She was subsequently planned for a second DO-FET cycle with hormonal endometrial preparation (estradiol, progesterone), along with adjunct medications including low-dose aspirin and vitamin E. G-CSF gel was initiated on 18/01/2026. She was admitted on 20/01/2026, and on 21/01/2026, two Day-3 embryos were transferred under monitored anesthesia care.

At presentation, the patient reported significant anxiety related to conception. Physical examination findings were within normal limits. Alongside ongoing conventional treatment, she opted for YPV healing as a complementary intervention.

YPV Healing Intervention Protocol: The patient received Yoga Prana Vidya (YPV) healing as a complementary intervention alongside conventional IVF treatment. Healing sessions were administered by Associate certified YPV Healer with frequency adjusted based on clinical status and patient-reported condition.

Initially, the patient underwent daily healing sessions for 10 consecutive days, followed by 14 sessions conducted on alternate days. During early pregnancy, the patient developed choriodecidual separation, following which the frequency of healing was increased to daily sessions for 20 days. After clinical resolution of this condition, healing sessions were continued on an alternate-day basis as a maintenance approach.

The healing protocol comprised structured components of YPV, including YPV Psychotherapy, YPV Advanced Healing utilizing color prana techniques, and special protocol from the Healer Development Program (HDP) Level 1. These interventions were delivered as complementary support alongside ongoing conventional medical management.

Psychotherapy was considered a foundational component of the intervention to address stress and emotional imbalance. The protocol involved systematic cleansing and energizing of key chakras, including the back heart (front heart, only cleansing), front and back solar plexus, throat, ajna, crown, sex, and basic chakras. This approach was consistently applied during all

healing sessions to support emotional regulation and overall well-being.

Advanced Healing Techniques:

Advanced healing methods, including the use of color prana (prior to pregnancy confirmation), were applied to enhance the intervention. These included general energy body cleansing, blood cleansing techniques, internal organ healing, and thorough cleansing, energizing, and balancing of relevant chakras. Special emphasis was given to healing and energizing the female reproductive organs.

Healer Development Program (HDP) – Level 1

As part of HDP Level 1, a specialized colour prana combinations for regeneration was applied to the patient. This technique was incorporated into all healing sessions with the objective of supporting reproductive organ recovery.

RESULTS

During the course of Yoga Prana Vidya (YPV) healing, the patient reported progressive improvements in both physical symptoms and emotional well-being, as documented through structured feedback collected after healing sessions. In the initial phase, the patient reported relief from pelvic discomfort, noting a reduction in cramps and absence of lower abdominal pain. Early feedback also indicated improved emotional state, with the patient describing a sense of calmness and reduced stress. As healing sessions progressed, further improvements were observed. The patient reported better sleep quality, reduced fatigue, and increased energy levels. Gastrointestinal discomfort, including sensations of heaviness and uneasiness, also showed improvement. The patient additionally noted a subjective sense of lightness and overall well-being. During subsequent sessions, the patient reported absence of vomiting, nausea, and abdominal pain, which had been present earlier. Emotional stability continued to improve, with reduced irritability and better stress tolerance. Sleep patterns normalized, and the patient reported feeling more relaxed and peaceful. Following conception, the patient experienced an episode of choriodecidual separation, during which healing frequency was increased. Subsequent feedback indicated stabilization of symptoms and improvement in overall condition. The patient continued to report a sense of physical comfort and emotional reassurance. At later stages, the patient reported reduced anxiety, improved mood, and a sustained sense of calmness. She expressed feeling more secure during pregnancy and attributed her emotional stability to the ongoing healing sessions. At the time of reporting, the patient had successfully conceived twins and continued with maintenance healing sessions. Overall, the observations suggest an association between YPV healing sessions and improvements in patient-reported physical symptoms and psychological well-being. However, these findings are based on subjective

feedback and concurrent medical treatment, and causal relationships cannot be definitively established.

DISCUSSION

Endometriosis is a complex, chronic gynecological disorder characterized by the ectopic presence of endometrial-like tissue outside the uterus, frequently associated with chronic pelvic pain, adhesions, ovarian cysts, and infertility. The disease adversely affects reproductive potential through distorted pelvic anatomy, inflammatory changes, impaired implantation, and altered ovarian reserve. Studies have shown that women with moderate to severe endometriosis often experience significantly reduced spontaneous conception and IVF success rates compared to unaffected women [30, 31]. Several studies have highlighted the negative influence of psychological stress, anxiety, and depression on reproductive outcomes and assisted reproductive techniques. Stress-related neuroendocrine dysregulation may impair ovulation, implantation, and pregnancy maintenance. Therefore, supportive mind-body interventions aimed at improving emotional well-being and stress reduction are increasingly being explored as adjunctive approaches during fertility treatment [32, 33].

In the present case, Yoga Prana Vidya (YPV) healing was administered alongside conventional IVF management. YPV is a biofield-based complementary practice involving non-touch techniques such as scanning, cleansing, and energizing of the aura and chakras by trained practitioners. Previous Yoga Prana Vidya (YPV) case reports have documented supportive outcomes in several female reproductive health conditions, including PCOS [29-34], endometriosis [35], adenomyosis [36], ovarian cysts [27-37], infertility, recurrent miscarriages [38], and IVF-associated conception [39]. These reports suggest that YPV protocols may contribute to improved emotional well-being, stress reduction, and supportive reproductive health management when used as a complementary approach alongside conventional medical treatment. However, the currently available evidence is largely observational and based on individual case studies, warranting further controlled clinical research.

In this patient, subjective improvements were observed in stress levels, emotional stability, sleep quality, and overall mental well-being during the healing period. Considering the chronic nature of endometriosis and the history of repeated IVF failures, achieving successful conception in such cases is often clinically challenging. However, because YPV healing was administered concurrently with standard medical and IVF treatment, no direct causal relationship can be established between YPV intervention and successful pregnancy outcome. Larger controlled clinical studies are necessary to scientifically evaluate the efficacy, mechanisms, and reproducibility of YPV as a

complementary supportive therapy in endometriosis-associated infertility.

CONCLUSION

This case report suggests that Yoga Prana Vidya (YPV) healing may serve as a supportive complementary approach alongside conventional IVF treatment in a patient with endometriosis and recurrent implantation failure. The patient reported improvements in emotional well-being, stress reduction, and overall comfort during the treatment course. While a successful twin conception was achieved, these observations highlight the potential role of integrative approaches in enhancing patient-centered care and psychological support during fertility treatment. Further systematic research is warranted to explore its clinical applicability.

Patient Consent: Written informed consent was obtained from the patient for publication of this case report and the accompanying images.

Funding: The authors received no financial support or funding for this study.

Conflicts of Interest: The authors declare that they have no conflicts of interest related to this work.

Authorship: All authors attest that they meet the current authorship criteria of the International Committee of Medical Journal Editors.

Acknowledgements

The authors are grateful to the patient for consenting to share the case details and feedback while maintaining anonymity. The authors also thank Sri Ramana Trust (Thally-635118, Tamil Nadu, India) for granting permission to use the copyrighted term Yoga Prana Vidya System®.

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