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# Complementary Yoga Prana Vidya (YPV) Healing in Grade 4 Vestibular Schwannoma: A Case Report

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## Abstract

**Background:** Vestibular schwannoma (VS) is a benign tumor of the vestibulocochlear nerve, often requiring surgical excision in advanced stages. Complementary therapies may support symptom management and recovery.

**Case Presentation:** A 53-year-old male engineer presented with progressive left-sided hearing loss, imbalance, facial sensory loss, and visual disturbances. MRI revealed a grade 4 vestibular schwannoma (4 × 4 × 3 cm) in the left cerebellopontine angle with ventriculomegaly and VII–VIII nerve involvement. Yoga Prana Vidya (YPV) healing was initiated preoperatively, with sessions every 8 hours by three YPV healers. The patient reported reduced headache, improved balance, and decreased fear of surgery. He underwent left retro-mastoid, retro-sigmoid suboccipital craniectomy with gross total excision. Postoperatively, YPV healing continued alongside physiotherapy and medical care. Recovery was accelerated: wound healing was faster, vomiting resolved, independent ambulation resumed within 2 weeks, and blood pressure normalized complementarily with medication. Follow-up MRI at 8 months showed no recurrence.

**Conclusion:** YPV healing served as an effective complementary therapy, reducing pre-surgical anxiety and enhancing post-surgical recovery. This case suggests potential benefits of integrative approaches in managing complex neurosurgical conditions.

**Keywords:** Vestibular schwannoma, Yoga Prana Vidya System®, YPV®, Complementary therapy, Integrative healing

## Introduction

Vestibular schwannoma (VS), also known as acoustic neuroma, is a benign tumor arising from Schwann cells of the vestibulocochlear nerve. Large tumours (Koos grade 4) often present with cranial nerve deficits, imbalance, and raised intracranial pressure, requiring surgical excision [1]. While surgery remains the gold standard, recovery can be prolonged and complicated by neurological deficits.

The techniques that were developed for avoidance of complications are reported in a study by Samii et al (1997). The analysis identifies preexisting severe general and/or neurological morbidity, cystic tumor formation, and major caudal cranial nerve deficits as relevant risk factors [2]. A study by Betka et al. (2014) [3] demonstrates that despite the benefits of advanced high-tech equipment, refined microsurgical instruments, and highly developed neuroimaging technologies, there are still various and significant complications associated with vestibular schwannomas microsurgery. Complementary therapies such as Yoga Prana Vidya (YPV) healing have been reported to support symptom relief and enhance recovery in chronic and complex conditions [4-21]. This case report documents the integrative role of YPV healing in a patient with grade 4 VS.

## Case Presentation

A 53-year-old male engineer from Udupi presented with progressive symptoms beginning in November 2024: left-sided mixed hearing loss, headache, imbalance, tinnitus, hemifacial sensory loss, and visual disturbances. MRI (Annexure 1 ) revealed a 4 × 4 × 3 cm contrast-enhancing lesion in the left cerebellopontine angle, consistent with grade 4 VS, with ventriculomegaly and VII–VIII nerve involvement. The patient was fearful of impending surgery.

**Preoperative YPV Intervention:** From 09 May 2025, YPV healing sessions of 30 minutes duration were administered every 8 hours by three YPV Certified healers. Protocols included YPV Level 5 healing, cord cutting, blood cleansing, chakra balancing, internal organ cleansing, and Healer Development Program Level 1 (HDPL1) healing. The patient reported reduced headache, improved balance, and decreased fear of surgery.

**Surgical Management:** On 10 June 2025, the patient underwent left retro-mastoid, retro-sigmoid suboccipital craniectomy with gross total excision of the tumor. Postoperatively, complications included hypertension, vomiting, and incomplete left eye closure due to nerve damage, managed with lateral tarsorrhaphy and medications.

**Postoperative Recovery:** YPV healing continued twice daily for one week and later once daily for two months. The patient practiced rhythmic yogic breathing, forgiveness sadhana, facial exercises, and incentive spirometry. Recovery milestones included:

- Faster wound healing (sutures removed 23 June 2025)
- Independent ambulation within 2 weeks
- 80% restoration of eye closure within 2 months
- Normalization of blood pressure complementarily with medication
- Full independence in daily activities

**Follow-up:** MRI (February 2026) (Annexure 2) showed no recurrence. Maintenance healing continued on alternate days until 17 February 2026. The patient reported gratitude and described his recovery as “a new life.”

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## Discussion

This case demonstrates the potential of YPV healing as a complementary therapy in neurosurgical care. Preoperatively, YPV reduced anxiety and symptom burden. Postoperatively, it appeared to accelerate wound healing, restore functional independence, and normalize physiological parameters. While causality cannot be established, integrative approaches may enhance patient resilience and recovery. Similar reports of YPV benefits in chronic conditions support its role in holistic healthcare [4-21].

It was found from studies that most post-surgical complications are the consequence of inadequate surgical manoeuvres, with vascular complications carrying the most significant rate of severe morbidity and potential mortality. Appropriate selection of cases, meticulous surgical technique, and careful postoperative care are crucial to lower the rate of all complications of vestibular schwannoma microsurgery [3].

## Conclusion

Grade 4 vestibular schwannoma requires surgical excision, but recovery can be prolonged. In this case, YPV healing complemented conventional management, reducing pre-surgical distress and accelerating post-surgical recovery. Integrative approaches like YPV may hold promise in complex neurosurgical care.

### Patient Perspective

To quote the patient - "It is a new life for me. I am grateful to the healers, YPV system, and its founder for blessings."

### Follow up

A follow up 8 months later revealed normal functioning of patient. His written feedback is at Annexure 3.

## Acknowledgments

The authors are thankful to the patient for sharing his case experiences assured of anonymity. We are thankful also to Sri Ramana Trust for permitting their copyright terms Yoga Prana Vidya System® and YPV®.

### Conflicts of interest

None declared

### Funding

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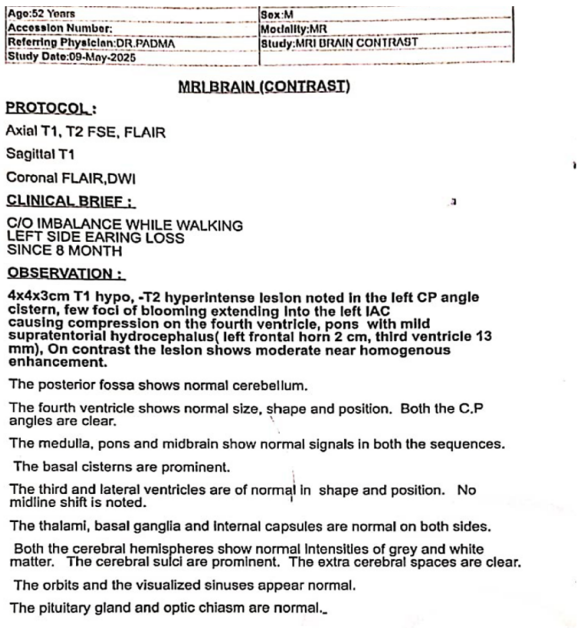
*Annexure 1 MRI report pages 1 &2 before surgery dt 09 May 2025*



| Age:52 Years | Sex:M |
|---|---|
| Accession Number: | Modality:MR |
| Referring Physician:DR.PADMA | Study:MRI BRAIN CONTRAST |
| Study Date:09-May-2025 | |

**MRI BRAIN (CONTRAST)**

**PROTOCOL :**

Axial T1, T2 FSE, FLAIR

Sagittal T1

Coronal FLAIR,DWI

**CLINICAL BRIEF :**

C/O IMBALANCE WHILE WALKING
LEFT SIDE EARING LOSS
SINCE 8 MONTH

**OBSERVATION :**

**4x4x3cm T1 hypo, -T2 hyperintense lesion noted in the left CP angle cistern, few foci of blooming extending into the left IAC causing compression on the fourth ventricle, pons with mild supratentorial hydrocephalus( left frontal horn 2 cm, third ventricle 13 mm), On contrast the lesion shows moderate near homogenous enhancement.**

The posterior fossa shows normal cerebellum.

The fourth ventricle shows normal size, shape and position. Both the C.P angles are clear.

The medulla, pons and midbrain show normal signals in both the sequences.

The basal cisterns are prominent.

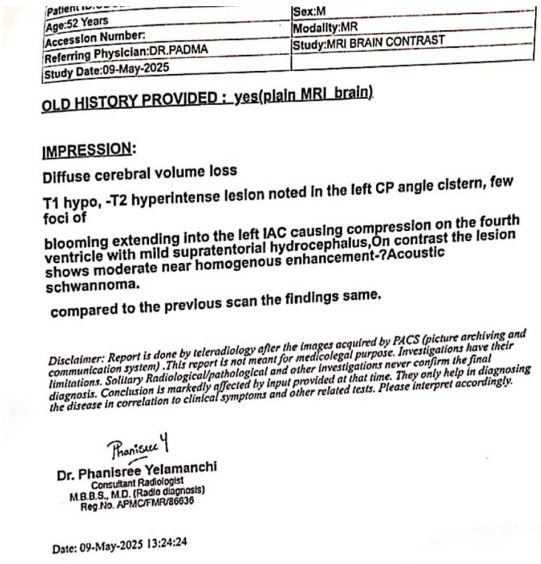
The third and lateral ventricles are of normal in shape and position. No midline shift is noted.

The thalami, basal ganglia and internal capsules are normal on both sides.

Both the cerebral hemispheres show normal intensities of grey and white matter. The cerebral sulci are prominent. The extra cerebral spaces are clear.

The orbits and the visualized sinuses appear normal.

The pituitary gland and optic chiasm are normal.



| Patient ID: | Sex:M |
|---|---|
| Age:52 Years | Modality:MR |
| Accession Number: | Study:MRI BRAIN CONTRAST |
| Referring Physician:DR.PADMA | |
| Study Date:09-May-2025 | |

**OLD HISTORY PROVIDED : yes(plain MRI brain)**

**IMPRESSION:**

**Diffuse cerebral volume loss**

**T1 hypo, -T2 hyperintense lesion noted in the left CP angle cistern, few foci of**

**blooming extending into the left IAC causing compression on the fourth ventricle with mild supratentorial hydrocephalus,On contrast the lesion shows moderate near homogenous enhancement-?Acoustic schwannoma.**

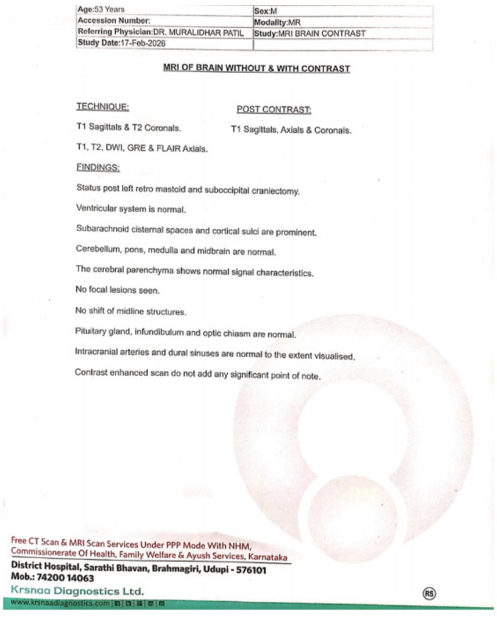
**compared to the previous scan the findings same.**

*Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) .This report is not meant for medicolegal purpose. Investigations have their limitations. Solitary Radiological/pathological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.*

Dr. Phanisree Yelamanchi
Consultant Radiologist
M.B.B.S., M.D. (Radio diagnosis)
Reg No. APMC/FMR/86636

Date: 09-May-2025 13:24:24

*Annexure 2 MRI report pages 1 & 2- Post surgery Recovery*



| Age:53 Years | Sex:M |
|---|---|
| Accession Number: | Modality:MR |
| Referring Physician:DR. MURALIDHAR PATIL | Study:MRI BRAIN CONTRAST |
| Study Date:17-Feb-2026 | |

**MRI OF BRAIN WITHOUT & WITH CONTRAST**

TECHNIQUE:

T1 Sagittals & T2 Coronals.

T1, T2, DWI, GRE & FLAIR Axials.

POST CONTRAST:

T1 Sagittals, Axials & Coronals.

FINDINGS:

Status post left retro mastoid and suboccipital craniectomy.

Ventricular system is normal.

Subarachnoid cisternal spaces and cortical sulci are prominent.

Cerebellum, pons, medulla and midbrain are normal.

The cerebral parenchyma shows normal signal characteristics.

No focal lesions seen.

No shift of midline structures.

Pituitary gland, infundibulum and optic chiasm are normal.

Intracranial arteries and dural sinuses are normal to the extent visualised.

Contrast enhanced scan do not add any significant point of note.

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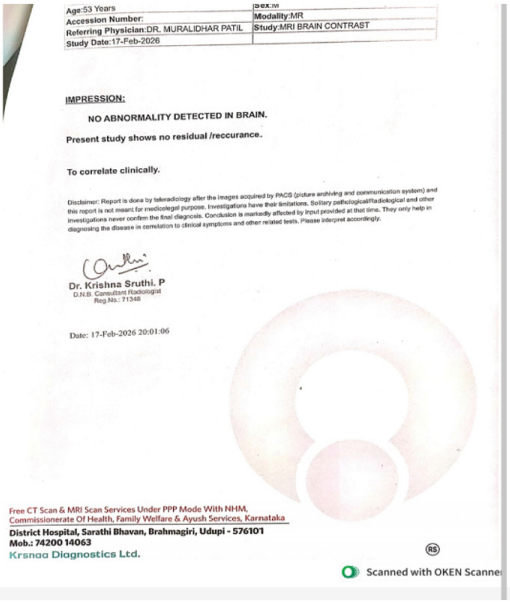

| Age:53 Years | Sex:M |
|---|---|
| Accession Number: | Modality:MR |
| Referring Physician:DR. MURALIDHAR PATIL | Study:MRI BRAIN CONTRAST |
| Study Date:17-Feb-2026 | |

**IMPRESSION:**

**NO ABNORMALITY DETECTED IN BRAIN.**

**Present study shows no residual /reccurance.**

**To correlate clinically.**

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Dr. Krishna Sruthi. P
D.N.B. Consultant Radiologist
Reg.No.: 71348

Date: 17-Feb-2026 20:01:06

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Scanned with OKEN Scanner

*Annexure 3: Patient feedback dated 24 March 2026*

"Namaste myself XX

Before surgery: I had Headache, Eyes strain, Body imbalance, Feeling falling while walking, Darkness while closing eyes, Cannot listen through left ear.

All these I had before Head surgery. This happened around 8 Months before surgery. I got Head surgery on 10th of June 2025.

So, I had gone to District hospital Ajjarakadu Udupi testing and doctor advice. After CT scan and MRI scan, doctor informed me that there is tumor in head, have to be removed. After that, I got operated ( 10/06/2025). I was in hospital around 10 days and discharged on 16/6/2025

After surgery:
Immediately after surgery facial paralysis has started. Head surgery successfully completed. Immediately after head surgery my health conditions was not so good. After medical treatment and YPV healing my health improved. It took minimum 3 months to recover. Now I am facing little eye blurriness. and little deviation in face. My BP is normal now. Above mentioned problem got cured.

YPV teacher, sister Miss… XX … have helped me a lot by healing during surgery and now also. Now I am doing face exercise and YPV Sadhana daily. Thanks