



Received: 16 January 2026

Revised: 09 February 2026

Accepted: 26 March 2026

Published: 29 April 2026

Page No - 165-171

DOI - 10.55640/ijmsdh-12-04-18

Article Citation: Pandey, K., & Nanduri, V. S. (2026). Yoga Prana Vidya (YPV) Healing in Post-Bypass Surgery Recovery with Complications of Epiglottis Flap Dysfunction and Infected Vein-Harvest Wound: A Case Report. *International Journal of Medical Science and Dental Health*, 12(04), 165-171. <https://doi.org/10.55640/ijmsdh-12-04-18>

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Yoga Prana Vidya (YPV) Healing in Post-Bypass Surgery Recovery with Complications of Epiglottis Flap Dysfunction and Infected Vein-Harvest Wound: A Case Report

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Abstract

Background: Post-bypass surgery complications such as epiglottis flap dysfunction and infected vein-harvest wounds severely impair recovery, especially in elderly patients. Conventional rehabilitation often struggles to address multidimensional recovery needs. Integrative approaches like Yoga Prana Vidya (YPV) healing may offer complementary benefits.

Case Presentation: A 73-year-old male with hypertension, prior cardiac stenting (2018), brain tumor (2022), paralysis (2023), and recent bypass surgery (January 2026) developed severe complications: epiglottis dysfunction causing loss of speech and feeding tube dependence, pus formation in the leg wound from vein harvesting, immobility, and depression. YPV healing was initiated on 10 February 2026, using protocols such as soaking, cleansing & energising, psychotherapy, blood strengthening, internal organ healing, and group blessings. Sessions were conducted twice daily for 30 minutes over 30 days.

Results: Speech clarity improved within 48 hours. Oral feeding resumed by day 10, and the feeding tube was removed by day 20. The infected leg wound showed progressive healing, with reduced pus and improved strength. By day 15, the patient began assisted walking, and by day 24, walker-supported ambulation



was possible. Psychological well-being improved, with reduced depression and increased positivity.

Conclusion: YPV healing facilitated rapid recovery in swallowing, speech, wound healing, mobility, and emotional health. This case highlights the potential of integrative energy healing in complex post-surgical recovery. Further research with controlled studies is recommended.

Keywords: Yoga Prana Vidya System ®, YPV ®, epiglottis dysfunction, vein-harvest wound infection, bypass surgery recovery, integrative healing

Introduction

Coronary artery bypass grafting (CABG) is a standard intervention for advanced coronary artery disease, but complications remain common. The most common complications include paralytic ileus, gastrointestinal bleeding, and bowel ischemia [1]. Dysphagia due to epiglottis dysfunction is rare yet debilitating, often leading to aspiration pneumonia, malnutrition, and prolonged dependence on feeding tubes. A Study reported In 182 patients examined, imaging confirmed inefficient swallowing (residue) in 52% of patients and unsafe swallowing in 94% in post-cardiac surgery patients, with significant impact on quality of life [2].

The Saphenous Vein runs from the foot to the groin, and its harvesting for CABG (Heart Bypass surgery) is associated with wound complications, including infection, pus formation, and delayed healing [3]. These complications prolong immobility, increase hospital readmissions, and impair rehabilitation outcomes [4]. Conventional management includes antibiotics, wound care, physiotherapy, and speech therapy, but recovery is often slow and incomplete. The integration of multidisciplinary care, early mobilization, and long-term follow-up supports a holistic, patient-centred recovery [5]

Integrative therapies such as yoga and energy healing have shown promise in accelerating recovery of patients undergoing treatment [6]. An important area is the application of yoga (and indeed, lifestyle change), in the rehabilitation of patients with coronary artery disease [7]. Yoga Prana Vidya (YPV) is a structured energy healing modality that has demonstrated benefits in cardiovascular health [8], wound healing [9 -10], and psychosomatic disorders [11]. Prior case series have documented YPV's role in reducing anxiety, improving functional recovery, and complementing medical care [12-15]. This case report highlights YPV's application in a patient with dual complications—epiglottis flap

dysfunction and infected vein-harvest wound—following bypass surgery.

Case Presentation

The 73-year-old patient with a history of multiple percutaneous coronary interventions (stents) presented with a myocardial infarction in January 2026. Due to extensive coronary blockages unsuitable for further stenting, the patient underwent Coronary Artery Bypass Grafting (CABG). While the cardiovascular procedure was successful, it was complicated by perioperative nerve injury—likely involving the recurrent laryngeal nerve or vagus nerve—resulting in vocal cord paralysis and severe dysphagia (difficulty swallowing). These complications necessitated the use of a feeding tube upon discharge. Current management remains conservative due to surgical risks and prognostic uncertainty regarding spontaneous nerve recovery. In summary, the patient condition was:

- **Epiglottis dysfunction** → loss of speech, feeding tube dependence.
- **Leg wound infection** → pus formation and delayed healing at vein-harvest site.
- **Other comorbidities** → hypertension, prior stenting (2018), brain tumor (2022), paralysis (2023), depression.

The Medical course:

- January 2026: Bypass surgery complicated by epiglottis dysfunction. Feeding tube inserted. See Annexure 1 endoscopy report
- February 2026: Persistent pus in leg wound, immobility, bedridden status.

YPV intervention:

The patient's family contacted a YPV HEALER, for complementary healing to resolve the epiglottis problem and the pus problem in the leg.

- Start date of the intervention: 10 Feb 2026
- Details of the intervention:

YPV Protocols Used:

- a) Soaking all affected areas, cleansing & energising.



- b) Psychotherapy
- c) Blood strengthening
- d) Internal organ technique
- e) Physical heart and brain healing
- f) Blessing after every healing and 10 AM divine group healing.
- g) Blessing in groups
- Details of healing sessions

Total number of healing sessions is 60, with each session of half an hour twice a day

- Family involvement: forgiveness sadhana, meditation, and supportive presence during sessions.
- End date of the Intervention: 09 March 2026

Progress:

- Speech clarity improved within 48 hours.
- Oral feeding resumed by day 10; feeding tube removed by day 20.
- Leg wound showed progressive healing; pus reduced.
- Mobility improved: assisted walking by day 15, walker-supported ambulation by day 24.
- Psychological well-being improved, with reduced depression and increased positivity.

Summarised Results

- **Speech:** Improved within 48 hours; fully clear by day 17.
- **Feeding:** Oral intake resumed by day 10; feeding tube removed by day 20.
- **Leg wound:** Pus reduced; stitches healed progressively; mobility improved.
- **Mobility:** Assisted walking by day 15; walker-supported ambulation by day 24.

- **Psychological health:** Depression reduced; patient became positive and engaged.

Latest Follow-Up (29 March 2026)

By late March 2026, the patient had resumed independent activities. He was able to walk with support, engage in daily routines, and expressed strong positivity. Family reported that he was “completely fine now” and had begun encouraging relatives to adopt YPV practices. The patient no longer required hospital consultations for wound care, and his speech and swallowing remained stable. The full testimonial is at annexure 2.

Discussion

This case illustrates the potential of YPV healing in addressing dual post-surgical complications. In view of scanty literature, a comparison with similar studies has not been possible. Conventional rehabilitation for epiglottis dysfunction typically involves speech therapy, swallowing exercises, and prolonged feeding tube dependence. Recovery is slow, with high risk of aspiration. In contrast, YPV facilitated rapid speech recovery and oral feeding within 10 days.

Similarly, wound infections after vein harvesting are medically managed with antibiotics, dressings, and physiotherapy. Healing often takes weeks to months, with persistent immobility. In this case, YPV accelerated wound healing, reduced pus, and restored mobility within 3 weeks.

The mechanisms may involve modulation of bioenergetic fields, improved circulation, reduced inflammation, and enhanced psychological resilience. Integrative healing also provided emotional support, reducing depression and fostering positivity, which are critical for recovery.

A study by Prabhakaran et al (2020) [16] sought to evaluate the effects of yoga-based Cardiac Rehabilitation (CR) on major cardiovascular events and self-rated health in a multi-centre randomized controlled trial. The study concluded that Yoga Care improved self-rated health and return to pre-infarct activities after acute myocardial infarction. Yoga methods may be an option when acceptable to individuals and also in cases when conventional CR is unavailable.

Limitations of this study include reliance on family-reported outcomes, and single-case design. Nonetheless, the rapid improvements observed suggest YPV may complement conventional rehabilitation. Future controlled studies should



evaluate YPV's efficacy in post-surgical recovery, particularly in swallowing dysfunction and wound healing.

Conclusion

YPV healing contributed to significant improvements in swallowing, speech, wound healing, mobility, and psychological well-being in a post-bypass surgery patient. Integrative approaches like YPV may serve as valuable adjuncts in complex post-surgical recovery scenarios.

Acknowledgments

The authors thank the patient and family for their cooperation and sharing case details on condition of confidentiality. Our thanks are also to Sri Ramana Trust (Thally-635118, Tamil Nadu) for permission to use their copyright terms Yoga Prana Vidya System ®, and YPV ®.

Conflicts of Interest

The authors declare no conflicts of interest.

Funding Statement

No funding was received for this study.

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Annexures

Annexure 1: Endoscopy test report 28 January 2026

DIRECT LARYNGOSCOPY/ FIBROPTIC LARYNGOSCOPY/ VIDEO LARYNGOSCOPY			
Base Tongue			(n)
Vallecula	Right	(n)	Left (n)
Epiglottis	-Lingual Surface -Laryngeal Surface		(n)
A-E Folds	Right	(n)	Left (n)
Pyramidal Fossa	Right	slough (n) Left (n)	
Arytenoids	Right	(n)	Left (n)
Inter Arytenoids:-		(n)	
False Vocal Cord	Right	(n)	Left (n)
True Vocal Cord	Right	(n) TVC	Left (n) fixed
Anterior Commissure:-	Right	(n) partially mobile	
Subglottic Area:-	Right	(n)	Left (n)

Endoscopic view of the larynx (voice box)



Findings:

- **True vocal cords (TVC):** One cord fixed, other partially mobile
 The critical finding is impaired cord mobility and phonatory function
- **Subglottic area:** Slough noted. Presence of slough (dead skin) suggests inflammation, infection, or necrotic tissue . Indicates possible airway risk



Annexure 2: Transcript of Audio feedback from family – dt 29 March 2026

“...My father-in-law was completely bedridden, and had to go for the bypass surgery. When his bypass surgery was done, he was fine with the surgery. But during the surgery, he had a nerve issue due to which, his epiglottis, which is a flap between the windpipe and the food pipe, became open. Due to which, his voice was gone.

He could not even eat food. He used to eat food fed from the food pipe when he was discharged from the hospital. Now the doctors have shown him a lot of uncertainty. They have said that he could not go for the surgery because he could be fine by 2 months, or 5-6 months. Otherwise, he would have to go for another surgery.

He would not go for the surgery. I sought this energy healing. I contacted the YPV healer. She guided me a lot. She told me about healing process, and how we have to be involved in it, how we have to attend forgiveness sessions. There were some special forgiveness sessions as well, which I think were around Shivaratri.

My father-in-law was not in proper condition at that time. He could not accept it, so he went into a lot of depression. At that time, he was not able to speak, he was unable to eat anything. He had to be given everything to him in the form of a liquid, which was very difficult for him. When he was not able to move, I saw his ordeal. Because doctors did not tell him the certainty, so he did not know when he would be cured and become normal.

And there is no treatment for it, it is auto recovery. But as soon as our YPV healing started, I saw changes in him, I mean positive things started to happen. There was some positivity as well, the most important thing.

After that slowly and slowly, his intake, and his voice was clear as before. When his voice was clear, the doctor gave an indication that when his voice was clear, we would get this indication that the epiglottis problem has started to be solved. And maybe he will be able to take his diet slowly.

So, when his voice was clear, we started giving him a little oral diet. The maximum diet was going on since that time, but we gave him 1 spoon or 2 spoons. Just to test if he is able to take it. When he was able to take it, then we gave him 2-3 spoons or 4 spoons. He was doing semi-solid first, then he started giving him some solid diet. Then gradually, he started improving a lot. So, in the meantime, at that time, his food pipe was totally removed and he started taking food normally. So, I felt a lot of impact of YPV healing in this. The changes in him; he has become completely positive; His behaviours, maybe his thoughts, everything.

And now he is totally fit and fine.

In his surgery, veins were taken from his legs. So, he also got pus in it. I kept telling healer that there are problems. So, we give healer regular updates so that she can heal accordingly. So, in that too, we did not really need to consult a doctor.

So gradually, he got improved. He is completely fine now. But yes, he has started doing his work. And I will definitely recommend YPV healing to others as well. In fact, I am doing it. I have contacted a few more people. Thank you so much. ...”