

Yoga Prana Vidya (YPV) Healing in the Management of Varicocele: A Case Report

Ritesh Kataria¹, Venkata Satyanarayana Nanduri^{2*}

¹YPV Healer and Trainer, Disa, Gujarat, India

²Consultant, Research & Publications, YPV Ashram, Sri Ramana Trust, Thally-635118, Tamil Nadu, India

Email address: shamanuru21@gmail.com, vsnanduri@yahoo.com

Abstract—Background: Varicocele is a common scrotal pathology associated with pain, swelling, and potential infertility. Conventional management often involves surgical intervention. Complementary therapies such as Yoga Prana Vidya (YPV) healing have shown promise in alleviating symptoms and reducing the need for invasive procedures. **Case Presentation:** A 20-year-old male student presented with acute scrotal pain and swelling. Ultrasound findings suggested varicocele, and surgery was advised. The patient opted for YPV healing instead, and received eight sessions of YPV healing, including YPV psychotherapy, internal organ techniques, and targeted energy healing of the scrotal and pubic regions. **Results:** After the first session, pain subsided significantly. Following eight sessions, repeat ultrasound demonstrated resolving bilateral varicosities (Grade 1). The treating physician confirmed that surgery was no longer required. **Conclusion:** This case highlights the potential role of YPV healing as a non-invasive adjunct in managing varicocele, reducing pain, inflammation, and avoiding surgical intervention. Further controlled studies are recommended to validate these findings.

Keywords— Varicocele, Yoga Prana Vidya System ®, YPV ®, Complementary therapy, Case report, Integrative medicine.

I. INTRODUCTION

Varicocele

Varicocele, the abnormal dilation of the pampiniform venous plexus, affects approximately 15% of men, and is a leading cause of male infertility. It is observed to be the cause affecting up to 81% of men with secondary infertility. While pathophysiology involves scrotal hyperthermia and oxidative stress, microsurgical varicocelectomy remains the gold standard for treatment, offering improved semen parameters and higher pregnancy rates [1].

Clinical manifestations include scrotal pain, heaviness, and swelling. Standard management ranges from conservative measures (scrotal support, analgesics) to surgical correction (varicocelectomy, embolization). While surgery remains the gold standard, recurrence and complications are reported, prompting exploration of non-invasive alternatives [2- 5]. Varicoceles cannot always be cured completely with medication, but they can be effectively treated and often resolved with procedures like microsurgical varicocelectomy or embolization, which seal off the faulty veins, relieve symptoms, and improve fertility; while home remedies manage discomfort, medical intervention offers a long-term anatomical fix, though recurrence is possible [6]. This paper presents a case of Varicocele of a patient aged 20 Years treated with YPV healing

Yoga Prana Vidya (YPV)

Yoga Prana Vidya (YPV) is an integrative energy healing system that emphasizes pranic energy regulation, meditation, and lifestyle practices to restore homeostasis and promote wellbeing [7]. Rooted in yogic traditions, YPV has been increasingly studied for its role in managing chronic and complex medical conditions [8]. The system combines physical exercises, breathing techniques, and pranic energy

healing protocols aimed at balancing the body's energy fields, thereby supporting holistic physiological and psychological recovery [9].

Several studies highlight the efficacy of YPV in reducing stress, improving cardiovascular parameters, and enhancing immune function. Clinical case reports have documented improvements in conditions such as diabetes, hypertension, and psychosomatic disorders following YPV interventions [10-12]. The mechanism is proposed to involve modulation of autonomic nervous system activity, reduction of oxidative stress, and improved pranic energy circulation, which collectively contribute to symptom relief and functional recovery.

Literature shows documented evidence of YPV healing efficacy in several cases of female reproductive health [13-15]. Similarly, in the context of men's reproductive health, energy healing modalities like YPV may offer adjunctive benefits by reducing pain, improving circulation, and supporting hormonal balance. While direct evidence on varicocele management is limited, parallels can be drawn from YPV's documented success in alleviating vascular and inflammatory conditions. Case studies suggest that YPV can complement conventional medical approaches, offering non-invasive, cost-effective, and culturally adaptable strategies for patient care [16].

II. CASE PRESENTATION

A 20-year-old male student from Gujarat, presented with acute scrotal pain on 26 October, 2025. Ultrasound revealed swelling and inflammation suggesting varicocele (Annexure 1).

Medical notes stated that the symptoms were:

- Pain in lower abdomen (especially evenings)
- Pain in right groin region
- No vomiting

- No nausea
- Constipation

The consulting physician recommended surgical intervention and advised the conventional treatment plan as follows.

- *Scrotal elevation* → supportive care for scrotal/testicular discomfort.
- *Medications* → analgesics/anti-inflammatory (Trauma + Para), possibly supportive pain reliever (Jeck Moral).

Recommended Investigations → semen analysis to check reproductive function

The patient, himself an Arhat Yoga practitioner, however, opted for YPV healing and approached a certified healer and trainer for conducting YPV healing sessions for him.

YPV Intervention

YPV intervention began the same evening, with psychotherapy, internal organ techniques, and targeted energy healing of the scrotal and pubic regions. Sessions lasted 30 minutes each, with a total of eight sessions administered in the next 4 days.

III. RESULTS

- *Immediate response:* Pain subsided after the first session.
- *Progressive improvement:* By the eighth session, inflammation had reduced significantly.
- *Follow-up ultrasound* (3 November 2025) (Annexure 2) showed bilateral resolving varicosities (Grade 1).
- *Physician's assessment:* Surgery was deemed unnecessary.

IV. DISCUSSION

This case demonstrates the potential of YPV healing in acute varicocele management. Conventional literature emphasizes surgical correction as the definitive treatment, yet complementary approaches may offer symptom relief and reduce invasive procedures.

Energy healing modalities, including YPV, have been reported to influence physiological processes by modulating bioenergetic fields. Studies on integrative medicine suggest benefits in pain reduction, inflammation control, and psychosomatic balance. While anecdotal, this case aligns with prior reports of YPV efficacy in diverse clinical conditions [8-16].

Limitations include the single-case design, lack of objective biochemical markers, and absence of long-term follow-up. Controlled clinical trials are necessary to establish reproducibility and mechanisms of action.

V. CONCLUSIONS

The growing body of literature underscores the need for systematic clinical trials to validate YPV's role in specific conditions such as varicocele. Nevertheless, existing evidence supports its potential as a safe and effective integrative therapy, warranting further exploration in reproductive and vascular health management. YPV healing may serve as a supportive, non-invasive intervention in varicocele management, offering pain relief and reducing the need for surgery. This case underscores the importance of integrative approaches in urological conditions.

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Conflicts of Interest

None declared.

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ANNEXURES

Annexure 1: Ultra sound test report dt 26 October 2025



Name: Divyangbhai Chauhan, 20Y/M 26 October 2025
Ref by: Rudra Hospital

Clinical Profile: Evaluation for right scrotal pain.

U.S.G. SCROTUM:

Both testes are normal in size and echotexture.
No evidence of torsion of testis at present.
No evidence of any focal lesion is seen.
No evidence of epididymis are normal in size and echotexture.
No evidence of significant fluid collection noted in tunica vaginalis on either side.
No evidence of herniation of peritoneal contents on either side.
There are seen dilatation of pampiniform plexus of veins on both side. There are further increased in diameter on valsalva maneuver. On right side maximum diameter is 4.3 mm and on left side maximum diameter 2.9 mm.

IMPRESSION:

- Grade III varicocele on right side & Grade II varicocele on left side.

Clinical correlation suggested.

SONOGRAPHY - DIGITAL X-RAY - PORTABLE X-RAY

Annexure 2: Ultrasound test report dated 3 November 2025

POOJA
XRAY & SONOGRAPHY CLINIC

Opp. Gayatri Mandir, Highway,
DEESA-385535(B.K.)
Mo. 99 24 92 09 32, 88 66 40 83 33

PT. NAME	DIVYANG CHAUHAN	DATE:	3-11-25
REF DR.	SELF		

SONOGRAPHY INGUINOSCROTAL REGION:

RIGHT TESTES.
Size- Normal
Echotexture - Normal
Vascularity- normal.
Position -normal.

LEFT TESTES.
Size- Normal
Echotexture - Normal
Vascularity- normal.
Position -normal.

EPIDIDYMITIS.
BILATERAL EPIDIDYMITIS APPEAR BULKY AND ENLARGED WITH TENDERNESS, P/O RESOLVING EPIDIDYMITIS.
BILATERAL MILD RESOLVING VARTICOCTITIES SEEN
RIGHT SIDE DIAMETER 2.3 MM.
LEFT SIDE DIAMETER 2.5MM.
S/O IMPROVEMENT.

SCROTAL WALL.
No edema seen.

INGUINAL REGION.
Normal.

DR. RAVINDRA, B. SOLANKI MBBS, DMRD	DR. G. J. VAGHELA MD, DMRE
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Dr. Ravindra B. Solanki
M.B.B.S., D.M.R.D.
CONSULTING RADIOLOGIST & SONOLOGIST

Dr. Guruprasadsinh J. Vaghela
M.D., D.M.R.E.
CONSULTING RADIOLOGIST & SONOLOGIST

> This investigation has been carried out as per the request of referring Doctor
> The Sonologist of this clinic is a qualified medical practitioner to have an idea of disease, if any and to be
> normal and abnormal structures and hence has got limitations.
> The Sonologist is not a general medical practitioner to have an idea of disease, if any and to be
> confirmed with clinical findings and laboratory investigations.
> The Sonologist is not a general medical practitioner to have an idea of disease, if any and to be
> confirmed with clinical findings and laboratory investigations.
> when required
> Subject to State Jurisdiction