



Treatment of a Congenital CMV (Cytomegalovirus) Case in an Infant by the Application of Yoga Prana Vidya Healing Methods: an in-depth case study

Authors

Sumani Mallipeddi¹, Madhavi Sunkari², Venkata Satyanarayana Nanduri^{3*}

¹YPV Healer, Visakhapatnam-530017, Andhra Pradesh

²Certified YPV Healer and Trainer, Visakhapatnam, Andhra Pradesh

³Consultant, Research & Publications, Yoga Prana Vidya Ashram, Sri Ramana Trust, Thally 635118, Krishnagiri District, Tamilnadu

*Corresponding Author

Venkata Satyanarayana Nanduri

Abstract

Introduction: Congenital Cytomegalovirus (CMV) infection is one common intra-uterine infection causing neurological injury to brain of the growing fetus, and further non-genetic hearing loss, and neurodevelopmental delay. Despite medical treatments performed, the improvement was slow and not significant. This paper presents a case of Congenital CMV infected 17 months old male infant treated successfully by Yoga Prana Vidya (YPV) healing protocols.

Method: This report uses case study method analyzing diagnostic reports of neurodevelopmental delay, and case recovery details of the YPV intervention performed by a senior YPV trainer, and the boy's mother and grandmother who became YPV healers and further healed the child.

Results: Steadily through healings and learning lessons, the child began to recover from 21 months of age progressing through the course of the next three years, and need for other the rapies was not felt. Continued YPV healings together with using streamlined home-based approaches, such as auditory stimulation and trunk strengthening exercises, enabled 90% recovery for the child, improving speech and gross motor skills significantly.

Conclusion: Congenital CMV is one common viral infection affecting pregnant women and new borns leading to long-term serious complications. Timely health screening of new-borns for sight, hearing loss, developmental assessment etc. are essential for diagnosis and appropriate treatment. In this case YPV healing treated the child with congenital CMV successfully. Further research using YPV with appropriate number of such congenital CMV cases is recommended to throw more light on treatment and normalization of this condition for the benefit of the society at large.

Keywords: Yoga Prana Vidya System ®, YPV ®, Congenital Cytomegalovirus (CMV), complementary and alternative medicine.

Introduction

Congenital CMV Infection

When a baby is born with Cytomegalovirus (CMV) infection, the condition is called

congenital CMV, a common virus that can infect people of any age, and weakened immunity. In healthy individuals, it does not cause any illness due to strong immune responses, so they would

not show any symptoms or sometimes show up mild symptoms such as fever, fatigue, sore throat etc. CMV, once infected, lives in the body for life and can reactivate later when immunity weakens. During pregnancy, the mother's immunity weakens. If the mother happens to get infected with CMV during any trimester, though she may or may not show any significant symptoms of infection, it passes through the placenta and infects the growing fetus, who might then experience symptoms of developmental abnormalities right from or after birth. CMV spreads from one person to another through body fluids like saliva, urine, tears—from direct contact with babies and young children—breast milk, semen, blood etc.^[1]

Signs and Symptoms of Congenital CMV infection

Some new born babies with congenital CMV infection show symptoms at the time of birth, such as rash, jaundice, low birth weight, microcephaly, seizures, retinitis, hearing loss, developmental and motor delay. Others may develop symptoms later during infancy or childhood. In case of severe infection during pregnancy, CMV causes death of unborn baby.^[2]

Effect of Congenital CMV on New Born Brain Development

CMV causes neurological injury in the brain of the growing fetus causing permanent disabilities such as mental retardation, cerebral palsy, and sensorineural hearing loss (SNHL). Of these, hearing loss is the most common long-term disability. CMV specifically effects the normal cellular differentiation in neuronal cells governing auditory and speech centers in the brain, thereby leading to neurodevelopmental delay.^[3]

Early diagnosis helps to administer anti-viral drugs such as **ganciclovir (GCV)**, **valganciclovir (VGCV)**, **foscarnet (FOS)**, and **cidofovir (CDV)** for active infection in the new born. These drugs help to improve developmental delay to some extent but cannot reverse the intra-uterine fetal brain damage already caused by it.^[4]

Yoga Prana Vidya (YPV) System

Yoga Prana Vidya (YPV) framework is a holistic and alternative healing approach that can be used as a complementary medicine for treatment of physical, psychological, mental and emotional illnesses. YPV is based on bio-plasmic energy or prana that involves no-touch & no-drug treatment principle. YPV helps to heal the ailments in the physical body by dealing with energy body of an individual. The energy body, also known as Pranamayakosa, interpenetrates and extends beyond (surrounds) the physical body and consists of an inner aura, an outer aura and health rays connecting the inner aura and the outer auras. The energy body consists of energy centers or chakrams (wheels) and Nadis (channels) to distribute the energy to various chakrams and body parts. Trained and certified healers practice the skills of scanning the wheels (energy centers) and aura and carry out cleansing and energizing the wheels and affected body parts of the sick person. Patients usually experience recovery and relief from illness within a few healings given by the healer. Depending upon an individual's health condition, a healing session may last for 10 to 30 minutes, and one or more sessions per day as decided appropriately by the healer.

Thus, YPV system uses ancient techniques of energy healing and its protocols are structured for systematic healing of patients for treating various illnesses. More than 35 published research articles show consistent results of recovery for patients with various physical, psychological and mental illnesses.^[5]

The literature shows that, by using Yoga Prana Vidya (YPV) healing techniques, many cases have been successfully treated such as, some difficult medical cases ^[6], Diabetes management & control ^[7], removing arterial block in heart without surgery ^[8], vision improvements for participants of an Eye Camp ^[9], improvements in holistic wellbeing and immunity of participants in a one-month YPV intensive programme^[10], Role of Yoga Prana Vidya in first aid and emergency^[11], improvements of health and immunity of senior

citizens^[12], speedy recovery of COVID patients^[13], treatment of hypothyroidism^[14], Lowering academic anxiety and enhancing academic performance of high school children^[15], saving life of a snake-bitten human female^[16], improvements in the cognitive abilities and social behaviour of mentally challenged children^[17], managing the pain and side effects of a Hodgkin Lymphoma patient undergoing chemotherapy^[18], healing treatment of a female patient suffering from kneecap dislocation^[19]. A review of published literature shows some experimental studies also conducted with successful outcomes such as improvements in the wellbeing of prisoners^[20], and significant reduction in anxiety and depression in corporate employees^[21].

This paper presents a case of an infant with congenital CMV infection who initially received healing from a senior healer and later on continued to receive healing from the mother for a period of three years with persistent effort and self-belief to cope with developmental delay and join his peers.

Method

This paper uses case study method going through detailed and complete case information including medical records, YPV protocols used and feedback from the patient's family.

Patient background information:

The mother had a healthy pregnancy with no complications identified during the various ultrasound scanning procedures. During the 37th week in the last trimester, she had oligo-hydroamniosis (less amniotic fluid) condition due to which a cesarean delivery procedure was performed. She delivered a healthy male child on January 22, 2018. The baby birth weight and other blood vitals at the time of birth were normal. Also, until the boy was 5 months old there were no major complications identified.

Medical History

During the 5th month, the boy had poor neck control. The parents waited patiently, since each baby might take their own time to achieve their

age-specific developmental milestones. However, when the boy was 8 months 15 days old, the parents noticed that the boy still had poor neck control and rolling and creeping milestones were not achieved. They consulted a neonatologist in October 2018, and were advised for a **MRI-Brain [Plain]** scan.

Patient Name:	M. ADVAAY	AGE / SEX :	8 MN / MCH
Ref. By Dr :	DR. K. T. V. LAKSHMAN KUMAR		
BILL / IP NO :	PI - 11788	DATE:	29.10.2018

M.R.I - BRAIN [PLAIN]

FINDINGS:

- Patchy T2W / FLAIR hyperintense signal in periventricular white matter of bilateral parieto-occipital region and extending around the bodies of bilateral lateral ventricles.
- Mild relative prominence of frontal horn of left lateral ventricle.
- Rest of the brain parenchyma appear within normal limits.
- Rest of the ventricular system, Cortical sulci and Basal cisterns appears within normal limits.
- There is no evidence of midline shift.

IMPRESSION :

- PATCHY T2W / FLAIR HYPERINTENSE SIGNAL IN PERIVENTRICULAR WHITE MATTER OF BILATERAL PARIETO-OCCIPITAL REGION AND EXTENDING AROUND THE BODIES OF BILATERAL LATERAL VENTRICLES - SEQUELAE OF PERINATAL HYPOXIC ISCHEMIC INSULT.
- MILD RELATIVE PROMINENCE OF FRONTAL HORN OF LEFT LATERAL VENTRICLE.

(KINDLY CORRELATE CLINICALLY)

Fig. 1 MRI Brain (Plain) Scanning Report

The findings, as shown in Fig. 1, were inferred as “patchy T2W / Flair hyperintense signal in periventricular white matter of bilateral parieto-occipital region and extending around the bodies of bilateral lateral ventricles—sequelae of perinatal hypoxic ischemic insult”.

The doctor explained that the boy would show gross motor developmental delay and so advised for early intervention with physiotherapy. The doctor also suggested a hearing assessment [BERA], however, the parents decided to ignore at that time since the boy was responding to sounds well. There were no signs of hearing loss at this time.

As advised, the parents began occupational physiotherapy in Indore, Madhya Pradesh for the boy and continued till 15 months that is, till April 2019. They noticed very gradual improvement in gross motor skills. The occupational therapy

techniques and list of exercises followed at that time are as shown in Fig.2.

On Examination:-
 we found that child has hypotonicity present in all ULS & LIS.
 • Rom - Fair PRom GU ULS and LIS
 • VMC - Fair
 • hand function - Fair gross grasp
 • DTR's - ++/++
 • environmental milestones were not age appropriate.

For neck problem we used techniques and facilitatory approaches.
 1) general neck movements
 2) Rood's facilitatory approaches - i.e. Joint Impression
 3) trunk strengthening exercises
 4) developmental training
 5) sit ups.
 6) hand activities
 # home program was also provided to the mother i.e. developmental training.

Fig.2 Occupational Therapy Report & Techniques

Diagnosis of Congenital CMV Condition in the patient

After few months of occupational therapy, during April-May 2019, the physiotherapy team suggested the parents to consult a neuro-pediatrician regarding the case. The neuro-pediatrician advised CT-Brain [Plain] and the findings were consistent with intra-uterine congenital infection, as shown in Fig. 3.

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UNIT ID : 11677043 VISR ID : 10000330410
 Patient Name : MAST, ADVAY MALLIPEDDI
 Age / Sex : 1 Y 3 M / MALE
 Consultant : DR. TEAM EMERGENCY
 Ref. By :
 Order Date : 23/05/19 08:1
 Report Date : 23/05/19 08:4

**COMPUTERIZED TOMOGRAPHY,
 CT-BRAIN (PLAIN)**

Technique:- Only plain (non-contrast) MDCT of the brain was performed.

Imaging findings :
 Diffuse white matter change (hypodensity) noted involving bilateral cerebral hemispheres , most severely involving bilateral frontal & parietal lobes.
 Focal tiny calcification noted in region of left caudate nucleus .
 Not other abnormality detectable in cortical & deep grey matter (basal ganglia-thalamus) .
 Brainstem and cerebellum - no detectable abnormality.
 No midline shift.
 Mild prominence of frontal horn of left lateral ventricle . rest of the ventricular system normal.
 No extraxial lesion and the basal cisterns are clear.
 No abnormality detected in skull bones, no abnormality in sutures , anterior fontanelle opened AP skull diameter - 150 mm.
 Transverse max skull diameter - 120 mm.
 Impression : Findings are consistent with intrauterine -congenital infection / perinatal birth asphyxia .

Fig. 3 CT-Brain (Plain) Scanning Report

The doctor also advised for TORCH tests (a group of blood tests designed to check for several different infections in a new born). The results as shown in Fig 4 & Fig 5 respectively, reveal significant CMV IgG levels supporting the fact that both child and the mother were infected with CMV in the past (probably during pregnancy).

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DEPARTMENT OF PATHOLOGY

PAGE: 1

NAME : SHANT ADVAY MALLIPEDDI REC NO. : 190224874
 AGE : 16 MONTHS SEX : MALE REC DATE : 23/05/2019
 CATEGORY : CASI
 REFERRED BY : DR. RACHANA GUPTA
 PRINTED BY : JITENDRA JOSHI PRINT DATE : 23/05/2019 PRINT TIME : 04:22:30 P

TORCH - IgG	RESULT	UNIT	SIGNIFICANT LEVEL
TOXOPLASMA IgG ANTIBODY TEST			
Antibody Test For Toxoplasma (IgG) Specific By Elisa	REACTIVE		BLOOD
Toxoplasma IgG Antibodies:	2.0	IU/ml	< 1.6 - Nonreactive 1.6-3.0 - Equivocal > 3 - Reactive
MURELLA IgG ANTIBODY TEST			
Antibody Test For Murella (IgG) By Elisa	REACTIVE		BLOOD
Murella IgG Antibodies:	427.6	IU/ml	< 5.0 - Nonreactive 5- 10 - Equivocal > 10 - Reactive
CMV IgG ANTIBODY TEST			
Antibody Test For C.M.V. IgG (Specific)	REACTIVE		BLOOD
CMV IgG Antibodies:	246.2	AD/ML	Value<15-Nonreactive >15- Reactive
HERPES I & II IgG ANTIBODY TEST			
Antibody Test For Herpes (IgG Sp. specific) By Elisa	NONREACTIVE		BLOOD
Herpes IgG Test Value:	0.182	Absorbance Val	vs
Herpes IgG Cutoff (CO) Value:	1.088	Value	

Fig. 4 Infant's TORCH Test Report showing CMV IgG levels

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DEPARTMENT OF PATHOLOGY

PAGE: 1

NAME : SHANT MALLIPEDDI REC NO. : 190224874
 AGE : 28 YEARS SEX : FEMALE REC DATE : 23/05/2019
 CATEGORY : CASI
 REFERRED BY : DR. RACHANA GUPTA
 PRINTED BY : JITENDRA JOSHI PRINT DATE : 23/05/2019 PRINT TIME : 04:22:30 P

TORCH - IgG	RESULT	UNIT	SIGNIFICANT LEVEL
TOXOPLASMA IgG ANTIBODY TEST			
Antibody Test For Toxoplasma (IgG) Specific By Elisa	NONREACTIVE		BLOOD
Toxoplasma IgG Antibodies:	0.1	IU/ml	< 1.6 - Nonreactive 1.6-3.0 - Equivocal > 3 - Reactive
MURELLA IgG ANTIBODY TEST			
Antibody Test For Murella (IgG) By Elisa	NONREACTIVE		BLOOD
Murella IgG Antibodies:	0.1	IU/ml	< 5.0 - Nonreactive 5- 10 - Equivocal > 10 - Reactive
CMV IgG ANTIBODY TEST			
Antibody Test For C.M.V. IgG (Specific)	REACTIVE		BLOOD
CMV IgG Antibodies:	>250	AD/ML	Value<15-Nonreactive >15- Reactive
HERPES I & II IgG ANTIBODY TEST			
Antibody Test For Herpes (IgG Sp. specific) By Elisa	NONREACTIVE		BLOOD
Herpes IgG Test Value:	0.182	Absorbance Val	vs
Herpes IgG Cutoff (CO) Value:	1.088	Value	

Fig. 5 Mother's TORCH Test Report showing CMV IgG levels

Also, a hearing assessment [BERA] was done which revealed bilateral severe-profound hearing loss. Based on these reports, the boy was

diagnosed positive with intra-uterine CMV infection which could have led to these growth abnormalities. Therefore, for overall developmental training, along with occupational therapy, the doctor immediately advised for early intervention using hearing aids regularly for both the ears, followed by auditory verbal therapy, speech and language stimulation at home.



Fig. 6 Developmental History of Infant showing delayed milestones

Pre-YPV Condition of the patient:

Due to congenital CMV infection, the 17 months old boy, was confirmed with the following conditions:

1. Gross motor developmental delay due to truncal hypotonia. Fig.6 depicts the list of delayed developmental milestones in the boy.
2. Severe-Profound sensori-neural bilateral hearing loss
3. Speech delay due to hearing loss

It was hard for the boy’s parents and family to accept this truth since there were no significant symptoms during pregnancy or early infancy. However, they did not lose hope and also consulted acupressure experts in Mumbai. However they did not find feasible and effective treatment methods particularly for the hearing

loss-induced speech delay. They also consulted various renowned ENT experts and audiologists to understand if cochlear implant (CI) surgery works. However, the prerequisite for this surgery is that a pair of external hearing aids showed some amount of hearing improvement in the individual. After consultation with three different audiologists, they went for a free trial and then finally decided to go for external hearing aids for both ears. Followed by this, they intensively continued speech and language stimulation at home with the help and guidance of Speech & Language Pathologists (SLP) in Hyderabad. For improving gross motor skills, they continued occupational therapy (OT) at Child Development Center (CDC) in Hyderabad. The improvement was positive, however, slow.

YPV Intervention

In June 2019, the parents of the boy consulted a Certified YPV Healer & Trainer in Hyderabad and started taking healings for the boy from July 10, 2019. The healer helped the boy greatly through advanced healings and also constantly nurtured his mother by explaining the importance and benefits of YPV course. She further trained both the boy’s mother and grandmother to pursue YPV foundation course and upgrade into higher courses. She guided them to start healing the boy at home daily using the healing techniques learnt. Along with the boy’s mother, the grandmother, being a long-time practitioner, also contributed significantly to healing the boy’s condition. The healer healed for about seven to nine months and gradually, the mother and grandmother accompanied her.

Gradually through YPV healings, the boy began to recover from October 2019, and showed significant improvement from December 2019 onwards. They stopped going to child development centers for the therapies from January 2020 and intensively healed the boy at home. The boy’s mother and grandmother were part of daily YPV group practices and this helped them not only in self-purification but also for

manifesting healing energies for the boy to a large extent. The mother did meditations, breathing exercises, forgiveness sadhana and divine healing on regular basis for self-purification and then regularly healed the boy at home. Her practices helped her develop patience, tolerance and compassion, and in turn, she could effectively streamline home-based approaches for the boy's overall developmental training, viz., auditory stimulation using high and low frequency sounds, trunk strengthening exercises such as bridging, sit-backs, sit-ups etc. for improving speech and gross motor skills respectively. The following YPV healing protocols were followed:

1. Deep thorough cleaning of brain, its lobes, the neuronal cells and myelin sheath production, in particular — the effected region of the brain that controls gross motor muscular movements, speech and hearing.
2. Deep thorough cleaning of all the major and minor chakras- crown, forehead, back head, ajna, throat, secondary throat chakra, front heart, back heart, front solar plexus, back solar plexus, front spleen, back spleen, navel, sex, basic, mengmein chakras.
3. Deep thorough cleaning of external earlobe, internal ear, cochlea, auditory canal, nerve cells that connect them to the brain, ear minor chakras and other minor chakras in the body including temple and jaw minor chakras, hand and sole minor chakras.
4. Divine healing for the entire body including each and every organ, musculature, trunk, legs with divine golden energy.
5. Daily blessing for healing rapidly and properly on all levels after meditation.
(Keeping in mind the infant's age, no color was used in YPV healing.)

Results

After YPV Intervention

YPV intervention has not only helped the boy's mother to heal him to a great extent, but also helped her evolve as an individual with confidence, a positive outlook and acceptance

towards life's situations. She did YPV level I, II, III courses in August 2019, followed by Achieving Union with Atma (AUWA) and Preliminary Arh at Yoga courses and self-upgraded herself during 2020-2021. This helped her for deeper healing of self and family, and the boy. Consequently, below are the results in the boy's condition after YPV healing:

- **October-December 2019:** The neck control considerably improved. He was able to hold his neck upright and look either way with regulated movements. He got exposed to various sounds during the stimulation at home and was keen on observing them over and over again.
- **December 2019:** He was able to stand with support. He also began responding to various high frequency sounds like door bell, cooker whistle etc. and began startling at loud voices (which he previously never responded to).
- **January 2020:** At the age of 24 months, he was able to stand without support, taking little steps forward. He started communicating with actions and pointing fingers. All the other therapies were stopped at this point of time, and only the home therapies and YPV healings were in progress.
- **February 2020-April 2020:** His walking ability drastically improved and was able to walk by himself for a few meters. He showed more interest in nature, toys, people and the sounds around him, started enjoying them as he began to understand them.
- **May 2020-July 2020:** He began making own choices and voiced them out in his own ways using a few set of sounds. He began understanding low frequency sounds and also started learning a couple of slokas and practiced them daily for clear pronunciation. Only the mother and father could understand his speech.
- **August 2020-December 2020:** His speech improved and he began uttering words with clarity. Any person he would talk to could

understand his language to some extent. He was able to ride a tricycle with help.

- **January 2021-March 2021:** He began framing short 2-3 word sentences to express his wants. His cognitive thinking, logical thinking and reasoning improved significantly. He was also able to ride a tricycle without help.

The boy's parents were joyous upon this improvement. The graph only raised day-by-day. They were filled with gratitude towards having the opportunity to be able to learn YPV, understand how it works. The improvement continued and in April 2021, the boy got an admission directly into LKGata notable school Visakhapatnam. (He never had an exposure to play school or nursery, earlier, due to covid-19 situation).

Feedback from the boy's Family

Gradually, with consistent healing, auditory support with use of external hearing aids and through own efforts, the boy improved on his gross motor and fine motor skills, speech and language dramatically. He fared reasonably well and passed his LKG and got promoted to UKG in April 2022. The parents and family say, "No one believes the boy had a serious speech and gross motor delay until someone tells them. He almost coped up with his peers. We are all so blessed to see him evolve. He is the most loved in the family!"

Discussion

Congenital CMV is a rare condition affecting the brain development in new borns. ^[2] Besides attempting medical treatment of this condition, one may consider various options carefully. As an alternative modality, YPV offers great scope to treat this condition, as seen in this case, because of its simplicity of no-drug and no-touch modality and a painless and non-invasive process to the patient. In case the patient has not acquired sufficient skills and competencies for self healing, an external healer can render required services of

appropriate YPV protocols and techniques to fully treat the patient.^[5]

Conclusion

Congenital CMV is one of the common viral infections affecting pregnant women and new borns leading to long-term serious complications, such as hearing loss, if not given due care and attention. Timely new-born health screening methods primarily for sight, hearing loss, developmental assessment etc. are a must in every healthcare center to help with diagnosis of such rare conditions and to facilitate proper treatment. Further research using YPV with appropriate number of such congenital CMV cases such as this is recommended to throw more light on treatment and normalization of this condition to give renewed life and long-term good health to patients in the society at large.

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Conflicts of Interest: None

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