

Complete Remission of Stage IV Lung Cancer, Asthma and Septic Shock in the right limb Using Yoga Prana Vidya (YPV) Healing as complementary medicine: A Case Report

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ABSTRACT

Background: Stage IV lung cancer with systemic metastasis and concurrent septic shock presents a critical prognosis with limited survival. Integrative therapies such as Yoga Prana Vidya (YPV) offer complementary support in such complex cases.

Case Presentation: A 62-year-old male Primary school Principal in Malaysia was diagnosed with Stage IV right lung cancer in 2020, and later on spread as metastasis to the spine, brain, and ribs. Medical treatment with medication for cancer was ongoing with slow progress. In December 2024, he developed septic shock and cellulitis in the right leg, requiring ICU admission. Conventional treatment yielded limited improvement. In January 2025, he commenced YPV healing under a certified practitioner using HDP-1 (Healer Development Level 1) and cancer-specific protocols.

Intervention: Healing was administered over eight months, with intensive sessions in the initial phase and tapering frequency thereafter. Protocols addressed cancer, infection, respiratory distress, and systemic vitality.

Results: By March 2025, PET scans showed complete remission of cancer. A second PET scan in July 2025 confirmed sustained remission. The cellulitis in right limb was completely resolved within two months of YPV healing. The patient regained mobility, discontinued assistive devices, and resumed normal life activities. Weekly follow-ups indicated stable health and improved quality of life.

Conclusion: This case demonstrates the potential of YPV healing as a complementary modality in managing advanced cancer and septic complications. Further clinical studies are warranted to validate efficacy and mechanisms.

Keywords: Lung Cancer, Cellulitis, Septic shock, Asthma, Yoga Prana Vidya System ®, YPV®

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1. INTRODUCTION

Lung cancer remains one of the leading causes of cancer-related mortality worldwide, with Stage IV disease associated with poor prognosis and limited therapeutic options [1]. The presence of systemic metastases and complications such as septic shock due to cellulitis in right limb further diminishes survival rates [2]. In Malaysia, lung cancer is the second most common cancer in men, and the third most common cancer in women. Approximately 95% of all lung cancer cases in the country are detected at advanced stages (III or IV), where treatment options are limited and rates of survival are poorest [3].

The Yoga Prana Vidya (YPV) system of energy healing therapy consists of integrated and holistic treatment protocols, known as Complementary and Alternative Medicine (CAM), in the treatment of several diseases including cancer, to overcome trauma and side effects of cancer treatment. Previous studies show evidence of successful YPV therapy as complementary in the healing of cancer cases such as Hodgkin Lymphoma [4], breast cancer [5-6], esophageal cancer [7-8], Adnexal mass with malignant cells [9] and B-cell Lymphoma [10].

This case report documents the complete remission of Stage IV lung cancer and septic shock in a patient treated with YPV healing as complementary therapy, highlighting its potential role in integrative oncology.

Case Presentation

Patient details

The patient is a 62-year-old male Government primary school principal in Malaysia. During December 2024, he met A certified YPV Healer in India and later sought healing intervention him, to resolve his multiple health complications in Jan 2025.

Pre-YPV medical condition of the patient

The multiple health challenges he was facing were:

1. Septic shock and cellulitis complication in the right leg (See Fig 1) experienced in December 2024, requiring ICU admission (from 20th to 29th December 2024, Annexure 1), and intravenous antibiotics. Despite aggressive medical management, his condition remained critical.
2. Stage IV right lung cancer he was earlier diagnosed with in 2020.
From that time, he began receiving targeted medical therapy treatment orally (tegrisso or tepotinib). After a year, it was found that the cancer cells began to spread to the liver. The Oncologist sent him to a Hospital in Kuala Lumpur. There, the oncologist conducted several examinations including biopsy, blood tests, Pet scan and MRI. After confirming that the cancer had spread, the doctor added another targeted therapy, Tepotinib. From then on, he has been continuing the targeted therapy. From 2022, the percentage of cancer cells began to decrease, though slowly. Imaging revealed metastases to the spine, brain, and ribs. Annexure 2 shows the PET Scan report dated 15 November 2024.
3. Asthma
He started having asthma problems since he was 6 years old. He still continues with inhaler and nebulizer treatment with vantolin and respolin. The doctor confirmed to him that the main problem he often had with asthma is caused by rhinitis infection and cold.

YPV Intervention

In January 2025, the patient sought YPV healing from the Certified YPV Healer whom he met in India in December 2024. Healing sessions were conducted remotely, focusing on cancer-specific protocols, infection control for cellulitis, and systemic vitality enhancement.

The YPV intervention included:

- HDP-1 protocol for advanced cancer including Psychological Healing
 - Specific protocols for septic shock, cellulitis, and respiratory distress
 - Daily sessions for the first month, gradually reduced to weekly sessions
 - Use of salt water baths, breathing exercises, and forgiveness sadhana from YPV Sadhana App as adjunct practices
- Healing logs documented progressive improvement in wound healing, respiratory function, and overall vitality. Total number of healing sessions were 86 from January to August 2025.

2. RESULTS

Lung cancer

The patient reported reduced pain, improved sleep, and enhanced emotional well-being. PET scan conducted in March 2025 (Annexure 3) revealed complete remission of cancer. A follow-up PET scan in July 2025 (Annexure 4) confirmed sustained remission.

Septic shock – Cellulitis in right limb

YPV healing was started from 2 January 2025. Within two months, the affected right leg fully healed as shown in Fig 2. The patient regained full mobility, discontinued use of walking aids, and resumed teaching and social activities. Weekly follow-ups indicated stable health, with no recurrence of infection or malignancy.



Fig 1: Cellulitis in RT limb before healing

Fig 2: RT Limb After complete Healing

Asthma

After undergoing YPV healing sessions and breathing exercises, the frequency of asthma attacks decreased from daily attacks to once or twice a week.

Patient feedback

The following is the verbatim written feedback obtained from the patient.

He narrated his Septic shock experience as follows.

"On 20/12/2024 in the morning at 8.00 am after finishing yoga activities, suddenly my body felt tired and cold. My blood pressure dropped to 50/70. I was short of breath. My legs could not move at all. With the help of my family members, I was rushed to the hospital. There my vision became blurry and my blood pressure dropped again to 40/60. Emergency treatment with oxygen, sodium, glucose and a few injections was given. I was admitted to the HDU ward for a thorough examination. On the third day, my legs began to swell and become swollen and painful. Since the first day, two types of antibiotics, Unasyn and Clindamycin, were given. However, my leg condition worsened. The doctor advised me to stay in the ward for another 10 days. Even after 10 days, my legs had not fully recovered. I asked for permission to go home. On 29/12/2024 I returned home but I still could not walk and my legs were still swollen. On 2/1/2025 I contacted Yoga Prana Vidya Healer and told him about my condition. Since that day, The Healer has given healing therapy treatment with detailed tips. After a week, the wound and pus have decreased. After three weeks, almost 70% of my disease has improved. I have completely recovered after 2 months. All medications have been stopped. The Healer has continued the healing process continuously."

His experience of cancer and treatments is narrated below.

"I was first diagnosed with stage 4 lung cancer (92%) by an Oncologist at Johor Specialist Hospital Johor Bahru in September 2020. At that time, I began receiving targeted therapy treatment orally (tegrisso or tepotinib). After taking it for a year, the cancer cells began to spread to the liver. The Oncologist sent me to Pantai Hospital Kuala Lumpur. There, the oncologist conducted several examinations including biopsy, blood tests, Pet scan and MRI. After confirming that the cancer had spread, the doctor added another targeted therapy, Tepotinib. I continued the targeted therapy until today. Since 2021, the percentage of cancer cells began to decrease. At the beginning of 2024, the percentage of cancer cells in my body was 50%. After I underwent a YPV class under the supervision of Brother --x---, the rate of decrease was dramatic, and in March 2025 there were no more cancer cells in my body."

His Asthma condition was nearly a life time ordeal. He narrated about this illness as follows.

"I started having asthma problems since I was 6 years old. I still continue with inhaler and nebulizer treatment with vantolin and respolin. The doctor confirmed to me that the main problem I often have with asthma is caused by rhinitis infection and cold. After undergoing YPV classes and breathing exercises, the frequency of asthma attacks has decreased from daily attacks to once or twice a week."

3. DISCUSSION

This case illustrates the potential of YPV healing in managing complex medical conditions. The mechanisms of YPV may involve modulation of the biofield, enhancement of immune function, and reduction of systemic inflammation [5–7]. In previous studies, energy healing modalities of YPV system have shown promise in improving quality of life in cancer patients [8–10].

This documented remission and recovery case offers scope for further investigation through controlled clinical trials. Several studies [11–15] found strong evidence for biofield therapies reducing pain intensity in populations, particularly those with pain, and evidence in hospitalized and cancer populations. These reviews identified biofield therapies as complementary medicine modalities that are used by many patients.

YPV's structured protocols and practitioner training offer a reproducible framework for integrative care. The findings and clinical recovery provide compelling evidence for further exploration.

CONCLUSION

YPV healing has served as a valuable complementary therapy in advanced cancer, Asthma and septic shock due to cellulitis. This case supports its integration into holistic care models and calls for further rigorous research to validate its efficacy and mechanisms.

Acknowledgments

We thankfully acknowledge the cooperation of the patient in sharing all details pertaining to this case on condition of anonymity. We are thankful to Sri Ramana Trust (Thally-635118) for permission to use their copyright terms Yoga Prana Vidya system® and YPV®.

Conflicts of interest

There are no conflicts of interest

Funding

There is no funding in conducting this study.

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Annexures 1 and 2 are here

Annexures 3 to 4 are in a separate document file.

Annexure 1

 KPJ JOHOR SPECIALIST HOSPITAL		(A Member of KPJ Healthcare Berhad Group) 39-B, Jalan Abdul Samad, 80100 Johor Bahru Johor Tel: 07-225 3190
INPATIENT DISCHARGE SUMMARY		
NAME : ENCIK GNANASEKARN A/L S MARUTHAMUTHU		
MRN : 00452340	DOB/SEX : 21.02.1963 / Male	
WARD : GENERAL WARD		
AGE : 61		
Date of Admission : 20/12/2024	Date of Discharge : 29/12/2024	Admitting Doctor/ Primary Doctor : DR MUHAMMAD REDZWAN S. RASHID ALI
Clinical Summary (History Physical Findings): SEPTIC SHOCK DUE RT LIMB CELLULITIS --ADMIT HDU SINGLE DOSE INOTROPES AND STEROIDS IV ROCEPHINE--CHANGE EMPIRICAL MONEM AND VACOMYCIN CRP RAISED --IMPROVED PARTIALLY --TRANSFER WARD RT BULLOUS CELLULITIS --BLOOD C/S STREPTOCOCCUS CHANGED TO IV UNASYN 3 G 6HLY RT LIMB MAX--ELEVATION, PAIN RELIEF, ORTHO--DRESSIGN POT PERMANGANATE ID RV--TO COMPLETE ABX 2 WEEKS--UNAYSN AND CLINDAMYCIN ORTHO RV PRN PLT ON DISCHARGE 131--LOWEST 57 --TO RESUME BACK TAGRISSO NORMAL DOSE, TEPOTINIB LATER ONCE FULLY RESOLVED (PREMORBID LUNG CA ON TARGETED THERAPY)		
Final Diagnosis : (Specific disease / injury) RT LIMB CELLULITIS-SEPTIC SHOCK (STREPTOCOCCUS BACTEREMIA)		
Summary of Treatment Procedure: IV INOTROPIC AGENT IV STEROID HDU IV ROCEPHINE-MONEM AND VANCOMYCIN IV UNASYN AND CLINDAMYCIN ORTHO/ID RV DRESSING RT LIMB DAILY		
Discharge Status: Home		
Medication(s) on Discharged (TTH): (CREAM) daktaRIN (MICONAZOLE) 2% 15GM 1 BD 1W (TAB) (REPARIL) AESCIN 20MG 2 TDS 1W (TAB) NexIUM (ESOMEPRAZOLE) 40MG 1 om 1w (Tab) UNASYN (SULTAMICILLIN) 375MG TAB 2 BD 5D CLINDAMYCIN (DALACIN-C) 150MG CAP 4 TDS 5D		
Discharge Plan / Follow up plan / Special Order on Review : TO COMPLETE ABX RT L;IMB DRESSING DAILY--POT PERMANGANATE		

Annexure 2 Chest CT scan dt 15 Nov 2024

PANTAI HOSPITAL
Kuala Lumpur

Radiology Report

Name:	GNANASEKARN A/L S MARUTHAMUTHU	MRN:	3300344316
Age / Sex:	61 / Male	RN No:	PHKL24OP11015827
DOB:	21/02/1963	Accession No:	33R1814736
IC No:	630221016249	Referring Dr:	THO LYE MUN
Exam Date / Time:	15/11/2024 15:38	Ward / Room / Bed:	--
Report Date / Time:	19/11/2024 18:38		

Service Request Date and Definition
15/11/2024 13:58 - CT ABDOMEN & PELVIS (CONTRAST)

Report Details
CT CHEST

Enhanced scan.
Comparison is made with previous study dated 28.8.2024

There is a right perihilar mass measuring 2.3 x 1.3 x 1.9cm (previously 2.2 x 1.3 x 2.1cm) (AP x W x CC) in the right upper lobe. The mass appears to abut the hilum which is similar.
Surrounding atelectasis/fibrosis remains unchanged.
Right apical pleural thickening.

Mild thickening of the oblique fissure seen.

A tiny granuloma is seen along the oblique fissure which is similar compared to the previous study.

Subcentimeter mediastinal lymph nodes remain unchanged in size and appearance.

No pleural effusions

Sclerotic foci are seen in the sternum, right 9th rib, C7, T1,T3,T5,T9,T10,T12 and L1 vertebrae in keeping with metastases.
No compression fracture.
Sclerosis is seen in T7 vertebra, bilateral 3rd rib, right 5th and left 2nd, 4th and 7th ribs.

Stenosis along the right subclavian vein associated collaterals in the right side of the neck, similar in appearance.

CONCLUSION:

1. Mass in the right upper lobe in keeping with malignancy is similar in size.
2. Subcentimeter mediastinal lymphadenopathy, unchanged.
3. Multiple bone metastases, similar.
4. Stenosis along the right subclavian vein associated collaterals in the right side of the neck, similar

CT ABDOMEN AND PELVIS

Oral and IV contrast.


"PLEASE CONSULT YOUR DOCTOR FOR ADVICE"
THIS IS A COMPUTER-GENERATED DOCUMENT. NO SIGNATURE REQUIRED

PATIENTS NAME: GNANASEKARN A/L S MARUTHAMUTHU	PATIENTS MRN: 3300344316	APPROVED
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RECORD NO: 33R1814736

PAGE NO: 1

Annexure 3 PET Scan dt 19 March 2025 – page 1

	
Patient Name: [REDACTED]	Patient's Age: 62 Y 26 D
Patient ID: 1129565	Patient Gender: Male
Accession No: BH25194020	Study Date: 19/03/2025

CLINICAL HISTORY

Known right lung carcinoma with bone metastases. On Tepotinib and Osimertinib. PET/CT scan for re-staging.

TECHNIQUE

Positron emission tomography (PET) scan, coupled with a correlative non-contrast CT scan was performed from the vertex of the skull to the upper thighs at 60 minutes after intravenous administration of 6.3 mCi of F-18 Fluorodeoxyglucose (FDG). CT data was used for attenuation correction and anatomical localization. Oral vallium and intra-venous lasix were given. Fasting blood glucose = 4.0 mmol/l.

FINDINGS

Comparison with previous external PET/CT scan on 21.12.2021 and CT TAP on 15.11.2024.

There is normal physiologic localisation of FDG in the brain, heart, tonsils, kidneys and bladder. No FDG-avid mass seen in the nasopharynx/post-nasal space. No abnormal FDG uptake is noted at the oropharynx, hypopharynx and larynx. There are no FDG-avid lymph nodes in the neck. Bilateral parotid, submandibular and thyroid glands are unremarkable. No FDG-avid lymphadenopathy in both supraclavicular fossae.

No FDG-avid lymphadenopathy in both axillae. The chest wall appears normal.

Previously seen FDG-avid mass at right lung perihilar region has reduced in size and resolved in metabolic activity, measuring 2.3 cm x 1.3 cm x 1.9 cm (AP x W x CC) in size now vs 3.2 cm x 3.7 cm in size before. Surrounding atelectasis/fibrotic changes are noted. It remains stable in size, in comparison with recent CT TAP on 15.11.2024.

No FDG-avid focal lung nodules. Both lung fields are clear otherwise. No bilateral pleural effusion.

No significant FDG-avid mediastinal or hilar lymphadenopathy.

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Annexure 3 PET Scan dt 19 March 2025 –Page 2

Complete Remission of Stage IV Lung Cancer, Asthma and Septic Shock in the right limb
Using Yoga Prana Vidya (YPV) Healing as complementary medicine: A Case Report



Patient Name:	Gnanasekarn A/L S Maruthamuthu	Patient's Age:	62 Y 26 D
Patient ID:	1129565	Patient Gender:	Male
Accession No:	BH25194020	Study Date:	19/03/2025

Physiological tracer uptake is seen at the bowel and urinary tract.

Previously seen small FDG-avid liver lesion at segment V/VI has resolved. No FDG-avid focal liver nodule presently.

Pancreas, spleen, gallbladder and adrenals appear normal.
No FDG-avid paraaortic / paracaval / portocaval nodes.
No mesenteric/ retroperitoneal FDG-avid lymph-nodes noted.
Both kidneys and bladder are unremarkable.
No FDG-avid bowel related mass.
No FDG-avid omental/peritoneal lesions. No ascites.
No FDG-avid mass or lymph nodes in the pelvis.
No abnormal FDG increase seen in the prostate.

The brain shows no abnormal FDG-avid focus (brain metastases are better resolved with MRI in view of the high normal uptake of FDG in the brain).

Previously seen multiple FDG-avid bone metastases at multiple vertebrae, sternum, bilateral ribs and bilateral pelvic bones have all resolved. No FDG-avid metastases are seen in the skeletal system presently.

IMPRESSION

Hypermetabolic right lung perihilar mass has reduced in size and resolved in metabolic activity. It remains stable in size, in comparison with previous CT TAP on 15.11.2024.

Hypermetabolic bone metastases have all resolved.

Hypermetabolic liver lesion at segment V/VI has resolved.


No hypermetabolic nodal or distant metastases presently.

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Transcribed by Dr. Lingeswaran Kasilingam, MMC No:44308
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MD(USM), M.Med(Nuclear Medicine)(USM),
AM(Mal), Fellowship in Nuclear Oncology(Australia)

Beacon Hospital Sdn Bhd

Complete Remission of Stage IV Lung Cancer, Asthma and Septic Shock in the right limb Using Yoga Prana Vidya (YPV) Healing as complementary medicine: A Case Report



寶康醫院
BEACON HOSPITAL
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Patient Name:	CHANDRASEKARAN A/L S MARUTHAMUTHU	Patient's Age:	62 Y 4 M 24 D
Patient ID:	1129565	Patient Gender:	Male
Accession No:	BH25220905	Study Date:	15/07/2025

PET/CT WHOLE BODY
CLINICAL HISTORY

Known right lung carcinoma with bone metastases. On Tepotinib and Osimertinib. PET/CT scan for re-staging.

TECHNIQUE

Positron emission tomography (PET) scan, coupled with a correlative non-contrast CT scan was performed from the vertex of the skull to the upper thighs at 68 minutes after intravenous administration of 5.1 mCi of F-18 Fluorodeoxyglucose (FDG). CT data was used for attenuation correction and anatomical localization. Oral valium and intra-venous lasix were given. Fasting blood glucose = 4.3 mmol/l.

FINDINGS

Comparison with previous PET/CT scan on 19/3/2025.

There is normal physiologic localisation of FDG in the brain, heart, tonsils, kidneys and bladder. No FDG-avid mass seen in the nasopharynx/post-nasal space. No abnormal FDG uptake is noted at the oropharynx, hypopharynx and larynx. There are no FDG-avid lymph nodes in the neck. Diffuse reactive FDG uptake in both parotid glands. Bilateral submandibular and thyroid glands are unremarkable. No FDG-avid lymphadenopathy in both supraclavicular fossae.

No FDG-avid lymphadenopathy in both axillae.
The chest wall appears normal.

An irregular non-FDG avid mass lesion in right lung upper lobe perihilar region is stable in size measuring about 2.6 x 1.3 cm in size. Surrounding atelectasis/fibrotic changes are noted. No FDG-avid focal lung nodules. No bilateral pleural effusion.

No significant FDG-avid mediastinal or hilar lymphadenopathy.

Physiological tracer uptake is seen at the bowel and urinary tract.

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寶康醫院

Member of ASIA HEALTHCARE

Patient Name: [REDACTED] KARNAIL S MARUTHAMUTHU	Patient's Age: 62 Y 4 M 24 D
Patient ID: 1129565	Patient Gender: Male
Accession No: BH25220905	Study Date: 15/07/2025

No FDG avid focal liver lesion. Biliary ducts are not dilated.
Pancreas, spleen, gallbladder and adrenals appear normal.
No FDG-avid paraaortic / paracaval / portocaval nodes.
No mesenteric/ retroperitoneal FDG-avid lymph-nodes noted.
Both kidneys and bladder are unremarkable.
No FDG-avid bowel related mass.
No FDG-avid omental/peritoneal lesions. No ascites.
No FDG-avid mass or lymph nodes in the pelvis.
No abnormal FDG increase seen in the prostate.

The brain shows no abnormal FDG-avid focus (brain metastases are better resolved with MRI in view of the high normal uptake of FDG in the brain).

Multiple non FDG-avid treated sclerotic bone metastases at multiple vertebrae, sternum, bilateral ribs and bilateral pelvic bones similar as before. No FDG-avid metastases are seen in the skeletal system presently.

IMPRESSION

Right lung upper lobe perihilar ametabolic mass lesion is stable in size.

No new hypermetabolic lung nodules.

No hypermetabolic nodal or distant metastases.

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Transcribed by Dr. Ho Keng Leng, MMC No: 34998
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