International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 10 Issue 4, Jul-Aug 2026 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

Clinical Assessment of Detox Churnam in the Management of Functional Digestive Disorders: An Open-Label Clinical Study

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ABSTRACT

Background: Functional digestive disorders, including dyspepsia, abdominal bloating, regurgitation, heartburn, reduced appetite, and constipation, are frequently encountered in clinical practice and can significantly impair overall health and quality of life. These conditions are often associated with metabolic disturbances such as weight gain. Traditional systems of medicine, including Ayurveda and Siddha, have extensively utilized polyherbal formulations to improve digestive function, enhance metabolism, and facilitate the elimination of accumulated metabolic waste, thereby promoting gastrointestinal health.

Aim: To evaluate the clinical efficacy of Detox Churnam in relieving symptoms of functional digestive disturbance and associated weight gain in adult patients.

Materials and Methods: An open-label clinical study was conducted over a duration of three months involving fifteen patients (n=15) presenting with c digestive complaints. Patients received Detox Churnam (10 g) at night after food with warm water, along with individualized dietary counseling and a structured yoga protocol. Clinical assessment was based on symptom-wise severity grading (0–3 scale) before and after treatment, recorded through scheduled follow-up reviews.

Results: Out of the 15 patients, 1 person (6.67%) recovered completely, 10 people (66.67%) showed marked improvement, and 4 people (26.67%) did not respond to treatment.Bloating and weight gain were the two most common complaints, each affecting 10 patients, and both showed strong, statistically significant improvement ($p \leq 0.001$) - severity dropped by an average of 60.0% for bloating and 40.0% for weight gain.

Indigestion, seen in 7 patients, also improved significantly, with a 42.86% reduction in severity ($p = 0.001$).Other complaints- regurgitation, heartburn, loss of appetite, and constipation- showed real, meaningful improvement as well, but the results didn't reach statistical significance. This is likely because too few patients had these specific complaints to draw statistically firm conclusions, not because the treatment wasn't working for them.No side effects were reported by any patient during the study.

Conclusion: Detox Churnam demonstrated encouraging efficacy in relieving symptoms of functional digestive disturbance when combined with individualized dietary and yogic lifestyle measures. The formulation may serve as a useful adjunctive intervention in the management of chronic indigestion-related complaints, though the modest sample size and the four non-responding cases warrant further controlled study.

KEYWORDS: *Functional Digestive Disorders, Detox Churnam, Ajirna, Agnimandya, Indigestion, Herbal Medicine.*

How to cite this paper: Dr. S. Jayakar | Dr. Aiswarya Balagopal | Dr. Monisha Ravi | Dr. S. Shreeram | Dr. Shalidev. B. G "Clinical Assessment of Detox Churnam in the Management of Functional Digestive Disorders: An Open-Label Clinical Study" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-10 | Issue-4, August 2026, pp.945-953, URL: www.ijtsrd.com/papers/ijtsrd142128.pdf

IJTSRD142128

INTRODUCTION

Functional digestive disorders remain among the most frequently encountered complaints in both traditional and modern clinical practice. They are characterized by a cluster of symptoms- indigestion, bloating, regurgitation, heartburn, loss of appetite, and altered bowel habit- that, while rarely life-threatening in isolation, significantly impair quality of life and frequently coexist with secondary weight gain and metabolic sluggishness.

Population-based observations suggest that functional dyspepsia and related upper gastrointestinal complaints affect a substantial proportion of adults at some point in their lives, with many experiencing recurrent or chronic symptoms that prompt repeated clinical visits, dietary restriction, and long-term reliance on symptomatic medication. The chronic, relapsing nature of these disorders, combined with their frequent association with unintentional weight gain and reduced metabolic efficiency, makes them a considerable burden on both patients and healthcare systems, even though they are rarely associated with serious structural pathology.

Modern gastroenterology attributes these complaints to a combination of dietary indiscretion, delayed gastric emptying, altered gut motility, and disturbances of the gut microbiome. However, many patients seek complementary approaches that address the root cause of digestive impairment with fewer adverse effects than prolonged use of antacids or prokinetics.

Conventional pharmacological management - typically involving proton pump inhibitors, H2-receptor antagonists, prokinetic agents, and antacids- offers symptomatic relief but is often required over extended periods, raising concerns about long-term adverse effects such as nutrient malabsorption, altered gut flora, and rebound symptoms on discontinuation. This has renewed clinical and scientific interest in traditional systems of medicine such as Ayurveda, which conceptualize digestive disorders not merely as isolated symptoms but as manifestations of an underlying disturbance in digestive and metabolic capacity (Agni), and which offer multi-herb formulations designed to correct this disturbance rather than simply suppress individual symptoms.

Detox Churnam is a proprietary polyherbal formulation containing herbs traditionally recognized for their digestive-stimulant (Deepana), digestion-promoting (Pachana), mild laxative (Bhedana), carminative, hepatoprotective, and metabolism-supporting properties. This study was undertaken to evaluate the clinical efficacy and tolerability of Detox Churnam, administered alongside standardized dietary and yogic measures, in adult patients presenting with chronic functional digestive complaints, with the broader aim of generating preliminary clinical evidence to support its role as a safe, accessible, and holistic adjunct to conventional digestive care.

AYURVEDA VIEW

Ayurveda attributes the maintenance of gastrointestinal health to the proper functioning of Agni (digestive and metabolic capacity). Disturbance of Agni, particularly Mandagni (diminished digestive capacity) and Vishamagni (irregular digestive function), results in incomplete digestion of food and the formation of Ama, a metabolically toxic by-product that initiates disease processes. This derangement, coupled with the vitiation of Vata and Pitta Doshas, forms the basis of many upper gastrointestinal disorders.

The clinical manifestations of indigestion and bloating closely resemble the Ayurvedic concepts of Ajirna and Adhmana/Anaha, characterized by impaired digestion, abdominal fullness, gaseous distension, heaviness, and discomfort. Heartburn and sour regurgitation correspond predominantly to Amlapitta, a condition resulting from aggravated Pitta associated with impaired digestive function, presenting with symptoms such as acid eructation, burning sensation in the chest and throat, nausea, and indigestion. Chronic reflux symptoms comparable to GERD can be understood as persistent Urdhwaga Amlapitta, wherein vitiated Pitta, along with abnormal movement of Vata, ascends toward the upper gastrointestinal tract, producing recurrent reflux and retrosternal burning.

Ayurvedic management emphasizes identifying and correcting the underlying disturbances rather than merely suppressing symptoms. Restoration of Agni, elimination of Ama, pacification of vitiated Doshas, adherence to appropriate dietary and lifestyle measures (Pathya), and the use of suitable herbal and therapeutic interventions constitute the cornerstone of treatment. This holistic and individualized approach not only provides symptomatic relief but also addresses the root cause, thereby promoting long-term gastrointestinal health and reducing recurrence.

SIDDHA VIEW

Siddha medicine similarly regards digestive impairment as the root of a majority of diseases,

terming the condition Seriyamai. This disorder is characterized by abdominal discomfort, belching, flatulence, altered bowel habit, and loss of appetite, arising from a derangement of the digestive factors- Anal Pitham (digestive fire), Kizhagam, and Samana Vayu- which in turn disturbs the coordinated function of Udana and Abana Vayu governing upper and lower gastrointestinal movement.

Siddha management of Seriyamai emphasizes regulation of Mukkutram (Vali, Azhal, Iyam) through appropriate herbal formulations, dietary correction, and lifestyle modification, restoring digestive strength and preventing the secondary disorders that prolonged indigestion is believed to precipitate.

MATERIALS AND METHODS

Study Design: An open-label, single-arm clinical study conducted over a period of 3 months at Dr. Shreevarma's Wellness.

Inclusion & Exclusion Criteria

Inclusion: Adult patients (age 38–77 years) of both genders presenting with chronic functional digestive complaints (indigestion, bloating, regurgitation, heartburn, loss of appetite, and/or constipation) of ≥ 1 year duration, with or without associated weight gain, willing to provide informed consent.

Exclusion: Organic gastrointestinal pathology requiring separate intervention, pregnancy and lactation, and serious systemic illness.

Intervention Protocol

- Detox Churnam: 10 g, once daily at night after food, with warm water.
- **Diet Advice (Common to All Patients)**

In addition to the formulation, all patients were advised a common set of dietary measures aimed at supporting Agni (digestive fire) and reducing recurrence of symptoms.

Recommended Foods and Practices

- Soft, well-cooked rice or porridge, oats and barley, vegetable soups, and steamed (alkaline) vegetables
- Probiotics such as buttermilk, particularly for patients with IBS-type presentation
- Eat at fixed times and avoid skipping meals
- Adequate dietary protein, with gradual increase in dietary fiber intake
- 2–3 litres of water daily unless medically restricted, sipped warm through the day rather than taken in large quantities at once
- Last meal 2–3 hours before lying down, with a short walk after meals rather than lying down immediately

Foods and Practices to be avoided

- Spicy, fried, oily, and very sour foods (tamarind, vinegar, pickles, citrus)
- Deep-fried, processed, and refined-carbohydrate or sugary foods; artificial sweeteners (sorbitol, xylitol)
- Excess tea/coffee, carbonated beverages, alcohol, and smoking
- Very hot or very cold food and drink
- Heavy, hard-to-digest foods late at night; long gaps between meals; overeating (smaller, more frequent meals preferred over 2–3 large meals)
- Raw salads and gas-forming foods (rajma, chana, cabbage, excess raw onion) where bloating is prominent
- Lying down immediately after eating

Yoga Advice (Common to All Patients)

A standard set of asanas, pranayama, and relaxation practices was recommended across the cohort to support digestive and metabolic function.

Asanas

- Surya Namaskar (for patients with weight gain)
- Vajrasana
- Pavanamuktasana
- Bhujangasana
- Makarasana
- Balasana

Pranayama

- Deep Diaphragmatic Breathing
- Nadi Shudhi Pranayama
- Bhramari Pranayama
- Sheetali Pranayama (for burning sensation or excess body heat)
- Sheetkari Pranayama (for burning sensation or excess body heat)
- Anulom Vilom Pranayama

Relaxation / Meditation

- Shavasana
- Yoga Nidra

Detox Churnam-Ingredient Composition

Ingredient (Botanical Name)	Quantity (mg)
Cassia angustifolia	500
Mangifera indica	500
Croton polyandrus	100
Cissus quadrangularis	400
Allium sativum	750
Ferula foetida	250
Vitis vinifera	500
Rumex vesicarius	500
Embelia ribes	500
Solanum nigrum	500
Cuminum cyminum	500

Table 1: Ingredient Composition of Detox Churnam (per 10 g dose)

Subjective Symptom Grading Matrix

- Grade 0 (Absent): No symptoms present.
- Grade 1 (Mild): Symptoms present but do not interfere with normal daily activities.
- Grade 2 (Moderate): Symptoms cause noticeable discomfort and partially interfere with daily routines.
- Grade 3 (Severe): Continuous, severe symptoms that significantly incapacitate normal activities.

Symptoms Assessed: Indigestion, Bloating, Regurgitation, Heartburn, Loss of Appetite, Weight Gain, Constipation.

RESULTS & STATISTICAL CLASSIFICATION

Detox Churnam-Clinical Assessment in Patients with Functional Digestive Disorders (n=15)

1. Age Distribution of the Study Cohort

The study cohort comprised 15 patients presenting with chronic digestive complaints, treated with Detox Churnam for a period of 3 months.

Parameter	Value
Total Patients (n)	15
Mean Age± SD (years)	53.33± 11.22
Age Range (years)	38 – 77

Table 2: Age Profile of Study Cohort (n=15)

Figure 1: Age Distribution of Study Cohort (n=15)

Age Group (years)	No. of Patients	Percentage
30–39	1	6.67%
40–49	7	46.67%
50–59	3	20.00%
60–69	2	13.33%
70–79	2	13.33%

Table 3: Age-Wise Distribution of Study Cohort (n=15)

2. Sex Distribution of the Study Cohort

Parameter	Value
Male, n (%)	9 (60.0%)
Female, n (%)	6 (40.0%)

Table 4: Sex Distribution of Study Cohort (n=15)

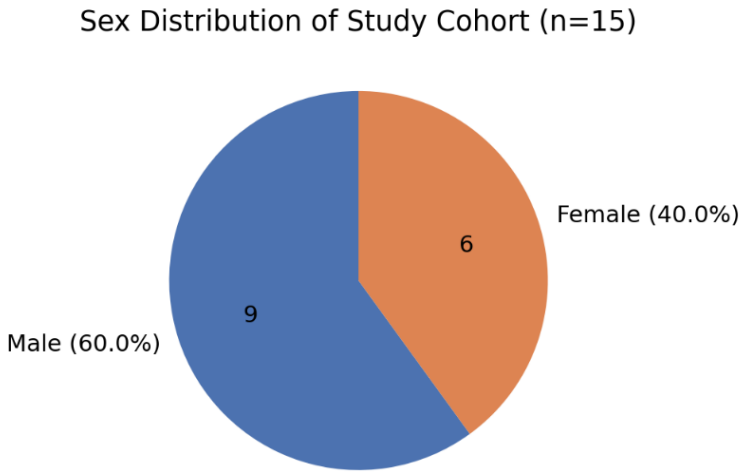


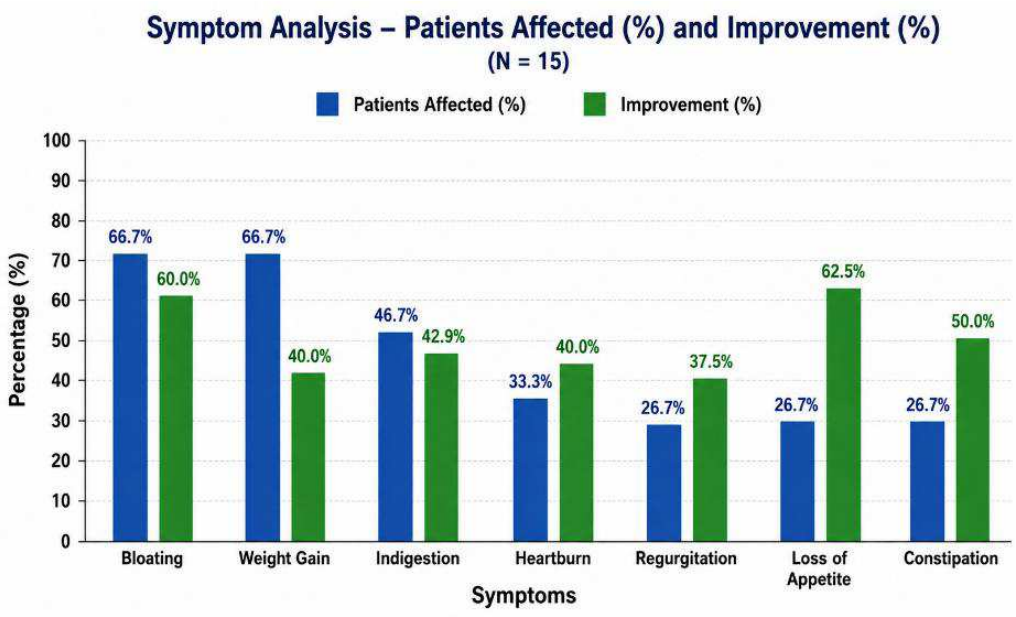
Figure 2: Sex Distribution of Study Cohort (n=15)

3. Subjective Symptom Score Analysis

Each presenting symptom was evaluated for how frequently it occurred across the cohort and the extent of improvement observed following Detox Churnam treatment, summarized both qualitatively and as a percentage improvement for each symptom.

Symptom	Total Patients (N=15)	Patients with Symptom (n)	Patients Affected (%)	Overall Improvement	Improvement (%)
Bloating	15	10	66.7	Excellent Improvement	60.0
Weight Gain	15	10	66.7	Good Improvement	40.0
Indigestion	15	7	46.7	Good Improvement	42.9
Heart burn	15	5	33.3	Good Improvement	40.0
Regurgitation	15	4	26.7	Moderate Improvement	37.5
Loss of Appetite	15	4	26.7	Excellent Improvement	62.5
Constipation	15	4	26.7	Good Improvement	50.0

Table 5: Frequency of Common Digestive Symptoms, Overall Clinical Improvement, and Improvement Percentage Following Detox Churnam Treatment (N=15)



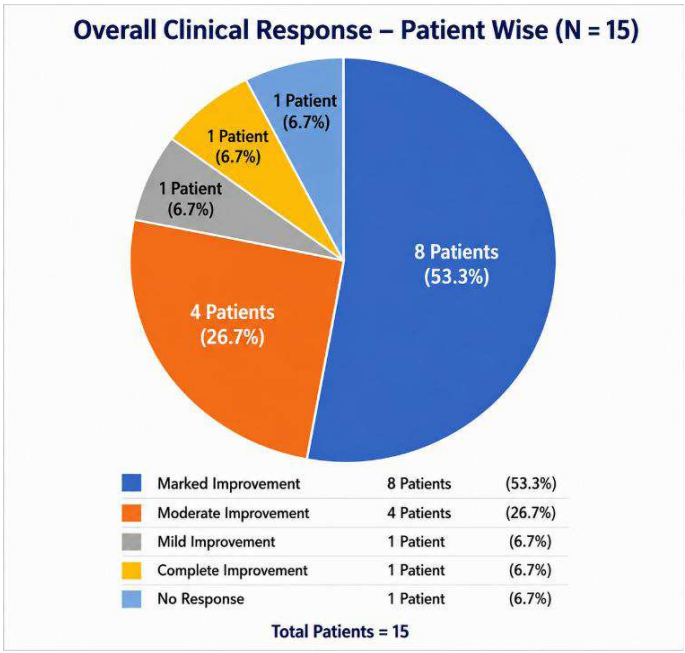
Explanation: The study included 15 patients. Bloating and weight gain were the most common symptoms, each affecting 66.7% of the cohort. Improvement was observed in all symptoms following Detox Churnam treatment: loss of appetite (62.5%) and bloating (60.0%) showed excellent improvement; constipation (50.0%), indigestion (42.9%), weight gain (40.0%), and heartburn (40.0%) showed good improvement; while regurgitation (37.5%) showed moderate improvement.

4. Patient-Wise Symptom Severity Scores

To make the case-level results easy to read, each patient's main problems before treatment and condition after treatment are summarized in plain, descriptive terms below, along with the overall result. Patient identity is not shown; patients are numbered only.

Patient No.	Age / Sex	Main Problems Before Treatment	Condition After Treatment	Overall Result
1	48 / M	Indigestion, bloating, weight gain	Symptoms reduced; digestion improved	Marked Improvement
2	60 / F	Bloating, regurgitation	No noticeable change	No Response
3	49 / F	Indigestion, loss of appetite, weight gain	Appetite and digestion improved	Marked Improvement
4	77 / M	Bloating, loss of appetite, weight gain	Most symptoms improved	Marked Improvement
5	46 / F	Indigestion, heartburn	Symptoms remained the same	No Response
6	57 / M	Indigestion, bloating, constipation	Symptoms almost completely relieved	Marked Improvement
7	74 / F	Indigestion, regurgitation, weight gain	Symptoms reduced	Marked Improvement
8	46 / M	Bloating, heartburn	All symptoms resolved	Complete Improvement
9	62 / M	Indigestion, bloating, weight gain	Good improvement in digestion	Marked Improvement
10	49 / M	Heartburn, loss of appetite, constipation	No significant improvement	No Response
11	54 / F	Bloating, heartburn, weight gain	Symptoms reduced	Marked Improvement
12	46 / M	Indigestion, regurgitation, weight gain	Symptoms improved	Marked Improvement
13	54 / M	Bloating, heartburn	Symptoms reduced	Marked Improvement
14	38 / M	Bloating, regurgitation, loss of appetite, weight gain	Most symptoms improved	Marked Improvement
15	40 / F	Bloating, constipation	No noticeable change	No Response

Table 6: Simplified Patient-Wise Clinical Improvement Following Detox Churnam Treatment (n=15)



5. Overall Clinical Response Classification

Response criteria were categorized based on the percentage reduction in each patient's total composite symptom severity score (sum of grades across all presenting symptoms, pre-vs. post-treatment):

- Complete Response: 100% resolution of all presenting symptoms.
- Marked Response: ≥50% but <100% reduction in composite symptom score.
- Moderate Response: 1–49% reduction in composite symptom score.
- No Response: 0% reduction (no perceptible change).

Response Tier	Total No. of Patients	No. of Subjects	Percentage Distribution
Complete Response	15	1	6.67%
Marked Response	15	10	66.67%
Moderate Response	15	0	0.00%
No Response	15	4	26.67%
Total Cohort	15	15	100.00%

Table 7: Distribution of Overall Clinical Response Categories (n=15)

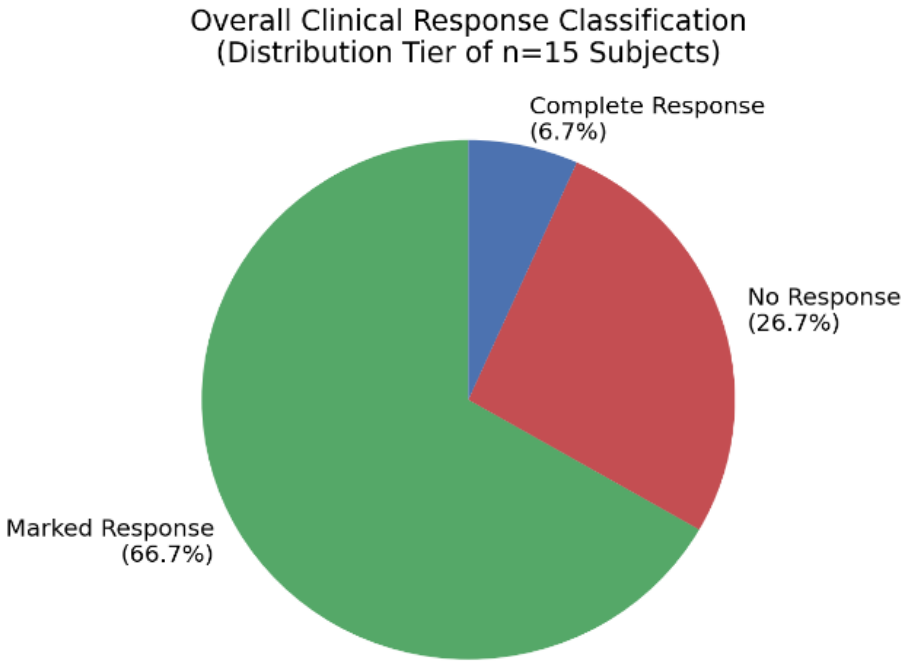


Figure 5: Overall Clinical Response Classification (Distribution Tier, n=15 Subjects)

Key Observation: 73.3% of patients (11 of 15) demonstrated a Marked or Complete Response, indicating clinically meaningful symptom relief in the majority of the cohort. The four patients classified as No Response reported no perceptible change across any tracked symptom on either follow-up visit, suggesting either non-response to the formulation or inadequate adherence to the concurrent dietary and yoga protocol- explored further in the Discussion below.

6. Clinical Profile Associated with Disease Susceptibility

Reviewing the case-level results in Table 6 alongside the age and symptom data above, the combined presentation of indigestion, bloating, and weight gain-occurring mainly in patients above 45 years of age-emerged as the most common presenting profile in this cohort, and it was also the profile most consistently associated with Marked or Complete Response. This suggests that individuals with this symptom pattern, consistent with the Ayurvedic concept of Agnimandya (impaired digestive fire) and reduced metabolic function, are both more prone to this type of functional digestive disturbance and are good candidates for Detox Churnam therapy. Clinically, this indicates that patients presenting with this profile of chronic indigestion, bloating, and associated weight gain can be identified early and offered this treatment with a reasonable expectation of benefit.

DISCUSSION

The therapeutic management of functional digestive disorders using Detox Churnam appears to involve multiple complementary mechanisms-carminative and digestive-stimulant action, mild laxative effect, hepatoprotective and antioxidant support, and correction of the metabolic sluggishness that underlies associated weight gain.

Cassia angustifolia and Rumex vesicarius possess established mild laxative and bowel-regulating properties, likely contributing to the relief observed in constipation and bloating. Allium sativum and Ferula foetida are well-recognized carminatives that reduce intestinal gas formation and support healthy gut motility, which may explain the relief seen in bloating and regurgitation. Cuminum cyminum has traditionally been used as a digestive stimulant that promotes gastric secretions and eases post-prandial discomfort.

Cissus quadrangularis and Mangifera indica are traditionally associated with metabolic and weight-supportive properties, which may account for the consistent improvement in weight gain observed across the cohort. Embelia ribes and Solanum nigrum provide hepatoprotective and digestive support, while Vitis vinifera contributes antioxidant activity that may reduce oxidative stress associated with chronic digestive dysfunction.

The significant reduction observed in bloating and weight gain-the two most prevalent complaints-reflects meaningful improvement in overall digestive and metabolic function. The relief seen in indigestion further supports restoration of digestive strength consistent with the Ayurvedic concept of Agnimandya correction and the Siddha concept of regulating Anal Pitham.

The four patients classified as No Response is a notable finding. Reviewing their records suggests no distinguishing pattern by age or sex; a plausible explanation, consistent with the individualized diet and yoga advice given to every patient, is variable adherence to the concurrent lifestyle measures-a limitation the open-label design cannot fully account for. This warrants closer documentation of compliance in any follow-up study.

Combined with individualized diet and a structured yoga practice, the formulation demonstrated meaningful improvement in both subjective symptom burden and overall clinical response classification in the majority of patients.

CONCLUSION

The present open-label clinical study suggests that Detox Churnam may be beneficial in the management of functional digestive disorders, including indigestion, bloating, regurgitation, heartburn, loss of appetite, and constipation, along with associated weight gain. Administration of the formulation for a period of three months, combined with individualized dietary and yogic measures, was associated with meaningful symptom relief in 73.3% of the cohort.

The treatment protocol was well tolerated throughout the study period, and no adverse effects were reported. However, as this was an open-label study with a limited and heterogeneous sample-where not every patient presented with every tracked symptom-the subgroup analyses for regurgitation, heartburn, loss of appetite, and constipation were underpowered to reach statistical significance despite showing clinically meaningful relief.

The findings support the potential role of Detox Churnam as a safe and effective adjunctive option in the management of chronic digestive complaints.this is a small sample cohort study, Further randomized controlled trials involving larger, more homogeneous populations, standardized adherence tracking for the accompanying diet and yoga protocol, and extended follow-up periods are recommended to establish efficacy more conclusively.

The study also indicates that patients presenting with the combined profile of chronic indigestion, bloating, and weight gain, particularly beyond 45 years of age, are more prone to this pattern of functional digestive disturbance and are well suited to be identified and treated with Detox Churnam.

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