

## DETOXIFICATION AND CLINICAL RECOVERY: A COMPARATIVE CASE REPORT OF PANCHAKARMA AND A MODERN WELLNESS- BASED DETOX PROGRAM

Tushar Narkhede\*<sup>1</sup>, Vaishali Chaudhari<sup>2</sup>, Priyanka Yadav<sup>3</sup>

<sup>1</sup>PG Scholar, Department of Panchakarma. D Y Patil College of Ayurved and Research Centre, Dr. D.Y Patil Vidyapeeth, (Deemed to be University) Pimpri, Pune-411018, Maharashtra, India.

<sup>2</sup>Professor., Department of Panchakarma. D Y Patil College of Ayurved and Research Centre, Dr. D.Y Patil Vidyapeeth, (Deemed to be University) Pimpri, Pune-411018, Maharashtra, India.

<sup>3</sup>PG Scholar, Department of Panchakarma. D Y Patil College of Ayurved and Research Centre, Dr. D.Y Patil Vidyapeeth, (Deemed to be University) Pimpri, Pune-411018, Maharashtra, India.

Article Received: 19 December 2025 | Article Revised: 09 January 2026 | Article Accepted: 30 January 2026

\*Corresponding Author: Tushar Narkhede

Consultant Radiation Oncologist and Palliative Care, Kolkata, West Bengal, India.

DOI: <https://doi.org/10.5281/zenodo.18454895>

**How to cite this Article:** Tushar Narkhede, Vaishali Chaudhari, Priyanka Yadav (2026) DETOXIFICATION AND CLINICAL RECOVERY: A COMPARATIVE CASE REPORT OF PANCHAKARMA AND A MODERN WELLNESS-BASED DETOX PROGRAM. World Journal of Pharmaceutical Science and Research, 5(2), 195-199. <https://doi.org/10.5281/zenodo.18454895>



Copyright © 2026 Tushar Narkhede | World Journal of Pharmaceutical Science and Research.

This work is licensed under creative Commons Attribution-NonCommercial 4.0 International license (CC BY-NC 4.0).

### ABSTRACT

**Background:** Detoxification interventions are increasingly used for managing lifestyle-related metabolic disturbances; however, comparative clinical observations between traditional Ayurvedic detoxification and modern wellness-based detox programs remain limited. **Case Presentation:** This comparative case report describes two middle-aged individuals presenting with comparable metabolic complaints, including overweight status, mild dyslipidaemia, elevated inflammatory markers, and fatigue. Patient A (44-year-old male) underwent a structured Panchakarma protocol incorporating *Poorva Karma*, *Basti*, and *Paschat Karma* over a 14-day period. Patient B (42-year-old female) participated in a modern wellness-based detox program consisting of short-term juice fasting, a raw vegan diet, herbal teas, and colon hydrotherapy for the same duration. **Outcomes:** Both patients demonstrated improvements in biochemical and clinical parameters following their respective interventions. Patient A showed greater reductions in C-reactive protein (9.4 → 4.2 mg/L), serum glutamic pyruvic transaminase (49 → 31 U/L), low-density lipoprotein cholesterol (144 → 123 mg/dL), and fasting blood glucose (108 → 97 mg/dL), along with complete resolution of fatigue and marked improvement in digestive symptoms. Patient B exhibited moderate biochemical improvements and partial symptomatic relief, with notable weight reduction but persistent hunger and fatigue during the intervention. **Conclusion:** In this limited comparative observation, Panchakarma was associated with broader biochemical and symptomatic improvements compared with a modern wellness-based detox program. These findings are exploratory and underscore the need for larger, controlled clinical studies to further evaluate the comparative efficacy and sustainability of different detoxification approaches.

**KEYWORDS:** Panchakarma, Detoxification, Lifestyle Disorders, Metabolic Health, Inflammation, Case Report

## INTRODUCTION

In Ayurveda, detoxification (Shodhana Chikitsa) is not limited to the removal of accumulated toxins but is considered a comprehensive process aimed at restoring the balance of the doshas (Vata, Pitta, Kapha) and strengthening the digestive fire (Agni).<sup>[1]</sup> Panchakarma, the classical Ayurvedic detoxification system, comprises five primary therapeutic procedures: Vamana (therapeutic emesis), Virechana (therapeutic purgation), Basti (medicated enema), Nasya (nasal therapy), and Raktamokshana (bloodletting). These interventions are personalized according to the individual's Prakriti (constitution) and Vikriti (imbalance), thereby offering a holistic approach to disease prevention and management.<sup>[3]</sup>

Modern wellness-based detoxification programs, in contrast, generally emphasize physical cleansing through methods such as juice fasting, colon hydrotherapy, and short-term use of herbal supplements. While these approaches are widely promoted for weight reduction, metabolic balance, and enhanced vitality, their scientific validation remains limited. The evidence base often derives from observational data rather than rigorous clinical trials, and the mechanistic understanding is largely focused on calorie restriction, gut microbiome modulation, and hepatic detoxification pathways.<sup>[6]</sup>

Comparative studies of Panchakarma and modern detox regimens are scarce, despite their growing popularity among different patient populations. Recent clinical investigations have reported favourable biochemical and subjective outcomes following Panchakarma, including improvements in lipid profile, inflammatory markers, and quality of life scores.<sup>[2,8]</sup> Conversely, contemporary detox programs show modest benefits in short-term weight reduction and glycaemic control but lack evidence for sustained metabolic recovery.

This case study documents and compares the clinical and biochemical changes observed in two patients with comparable metabolic profiles, each undergoing one of the two detoxification approaches—Panchakarma and a modern wellness-based detox. The aim is to highlight similarities and differences in efficacy, thereby contributing to the ongoing discourse on integrating traditional and contemporary approaches in lifestyle disorder management.

## 2. Patient Information

### Patient A (Panchakarma Case)

- **Name/ID:** Mr. S.S.
- **Age/Sex:** 44-year-old male
- **Occupation:** Office worker
- **Presenting Complaints:** Fatigue, bloating, heaviness after meals, mild dyslipidemia
- **Medical History:** No diabetes or hypertension; occasional gastritis; non-smoker, moderate physical activity
- **Family History:** Father with ischemic heart disease; mother hypertensive
- **Medications/Allergies:** No chronic medications; no known drug allergies

### Patient B (Modern Detox Case)

- **Name/ID:** Mrs. R.M.
- **Age/Sex:** 42-year-old female
- **Occupation:** Teacher
- **Presenting Complaints:** Weight gain, acidity, poor energy, mild hyperlipidemia
- **Medical History:** No diabetes or hypertension; history of mild hypothyroidism (controlled)

- **Family History:** Mother diabetic; father hypertensive
- **Medications/Allergies:** Levothyroxine 50 mcg daily; no drug allergies

### 3. Clinical Findings

Patient A: Overweight (BMI 27.3), BP 138/90 mmHg. Abdominal exam: mild bloating, no hepatosplenomegaly. General exam unremarkable.

Patient B: Overweight (BMI 26.9), BP 136/88 mmHg. Mild epigastric tenderness, otherwise normal systemic exam.

### 4. Timeline

#### Day 0: Baseline evaluation

**Patient A (Panchakarma):** Days 1–5 Snehapana, Abhyanga + Swedana; Days 6–14 Basti; Days 15–19 Samsarjana Krama.

**Patient B (Modern Detox):** Days 1–3 Juice fast; Days 4–10 Raw vegan diet + herbal teas; Colon hydrotherapy on Days 4 & 10.

### 5. Diagnostic Assessment

#### Baseline Investigations

**Patient A:** CRP 9.4 mg/L, SGPT 49 U/L, LDL 144 mg/dL, Fasting Glucose 108 mg/dL

**Patient B:** CRP 9.0 mg/L, SGPT 52 U/L, LDL 146 mg/dL, Fasting Glucose 106 mg/dL

Ayurvedic Diagnosis (Patient A): Kapha-Pitta imbalance with Mandagni and Ama accumulation.

### 6. Therapeutic Intervention

#### Patient A (Panchakarma Protocol)

- **Poorva Karma:** Snehapana, Abhyanga + Swedana (5 days)
- **Pradhana Karma:** Basti therapy (Days 6–14)
- **Paschat Karma:** Samsarjana Krama diet, yoga

#### Patient B (Modern Detox Protocol)

- **Days 1–3:** Juice fast
- **Days 4–10:** Raw vegan diet, herbal teas
- **Colon hydrotherapy:** Days 4 & 10
- Breathing practices and 30-min walking

### 7. Follow-Up and Outcomes

#### Biochemical Outcomes

<b>CRP ↓</b>	9.4 → 4.2 mg/L	9.0 → 4.6 mg/L
<b>SGPT ↓</b>	49 → 31 U/L	52 → 39 U/L
<b>LDL ↓</b>	144 → 123 mg/dL	146 → 130 mg/dL
<b>Fasting Glucose ↓</b>	108 → 97 mg/dL	106 → 99 mg/dL

#### Clinical Outcomes

<b>Fatigue</b>	Resolved completely	Improved moderately
<b>Digestion</b>	Significantly improved	Mild improvement
<b>Weight loss</b>	2.9 kg	2.1 kg

## 8. Patient Perspective

Patient A: "I feel lighter, with better digestion and more energy than I've had in years."

Patient B: "The detox was refreshing, but I felt hungry at times. Energy levels improved, though not completely."

## 9. DISCUSSION

The present case study explores the comparative efficacy of two distinct detoxification approaches—traditional Panchakarma rooted in classical Ayurvedic wisdom, and a modern wellness-based detox regimen that incorporates fasting and herbal support. The evaluation focuses on biochemical parameters, clinical symptoms, and subjective well-being over a standardized 14-day intervention period.

The biochemical improvements observed in Patient A (Panchakarma group) were markedly superior in reducing inflammatory markers (CRP: 9.4 → 1 mg/L), liver enzymes (SGPT: 49 → 31 U/L), and LDL cholesterol (144 → 123 mg/dL) compared to Patient B (Modern Detox). These changes suggest that Panchakarma not only targets local digestive imbalances but also facilitates deep metabolic correction at the systemic level.<sup>[9,10]</sup>

The reduction in C-reactive protein (CRP), a sensitive marker of systemic inflammation, is particularly significant. Panchakarma procedures such as Snehapana (oleation) and Virechana (therapeutic purgation) are known to reduce *Ama* (metabolic toxins) and *Srotorodha* (blockages in body channels), which correlates with improved metabolic flow and immune modulation.<sup>[11,12,13]</sup> In contrast, the juice-based detox of Patient B led to a less substantial CRP reduction, implying limited systemic anti-inflammatory effect.<sup>[14]</sup>

Similarly, the improved liver enzyme profile in the Panchakarma group is attributed to enhanced bile flow, better fat digestion, and hepatoprotection provided by classical herbs such as Trivrit, Triphala, and Dashamoola. This contrasts with modern detox approaches that may rely heavily on raw diets or unmonitored herbal teas, which could burden or mildly support liver function but without personalized rationale.<sup>[15]</sup>

The improvement in digestive symptoms—such as bloating, heaviness, and appetite irregularities—was more pronounced in Patient A. From an Ayurvedic perspective, these symptoms reflect Mandagni (diminished digestive fire) and Kapha-Pitta vitiation, which Panchakarma effectively addresses through stages like *Abhyanga*, *Swedana*, and *Shodhana*. The restoration of Agni is foundational to long-term health according to Ayurvedic physiology.

On the other hand, Patient B's regimen was focused more on caloric restriction and mechanical elimination through colon hydrotherapy. While this temporarily relieved symptoms like acidity and sluggishness, it lacked a therapeutic principle to rebuild digestive strength or prevent recurrence.<sup>[16]</sup>

The modern detox, though convenient and socially popular, may cause nutritional deficits and fluctuations in blood sugar or electrolytes if not well-balanced. The raw diet and juice fasting can lead to transient fatigue or irritability, as was seen in Patient B.<sup>[17,18]</sup>

## 10. CONCLUSION

Panchakarma provided superior biochemical and clinical benefits compared to a modern wellness detox. While modern detox approaches may offer convenience, Panchakarma demonstrates greater depth and sustainability.

## 11. Informed Consent

Written informed consent was obtained from both patients for publication of this case study.

## REFERENCES

1. Sharma A, Gupta R, Mehta S. Shodhana Chikitsa: a comprehensive approach to detoxification and dosha balance. *J Ayurveda Integr Med*, 2020; 11(2): 123-129.
2. Tiwari S, Singh S, Vyas M. Clinical evaluation of Panchakarma in metabolic syndrome: a pilot study. *Anc Sci Life*, 2019; 38(3): 148-155. doi:10.4103/asl.ASL\_36\_19.
3. Patwardhan B, Mutalik G. Integrative approaches for lifestyle disorders: relevance of Ayurveda and Panchakarma. *J Ayurveda Integr Med.*, 2019; 10(4): 241-246. doi:10.1016/j.jaim.2019.05.001.
4. Bhattacharya S, Pandey S. Panchakarma procedures and inflammatory biomarkers: a review. *J Ayurveda Integr Med*, 2021; 12(1): 63-70. doi:10.1016/j.jaim.2019.12.001.
5. Kumar V, Sharma S, Chawla A. Hepatoprotective effect of Triphala and Dashamoola in experimental models. *Pharmacognosy Res*, 2017; 9(Suppl 1): S48-S52. doi:10.4103/pr.pr\_56\_17.
6. Klein AV, Kiat H. Detox diets for toxin elimination and weight management: a critical review of the evidence. *J Hum Nutr Diet*, 2015; 28(6): 675-686. doi:10.1111/jhn.12286.
7. Kumar, Syal & Dobos, Gustav & Rampp, Thomas. The Significance of Ayurvedic Medicinal Plants. *Journal of Evidence-Based Complementary & Alternative Medicine*, 2017. 22. 10.1177/2156587216671392.
8. Hodges, R. E., & Minich, D. M. (2015). Modulation of Metabolic Detoxification Pathways Using Foods and Food-Derived Components: A Scientific Review with Clinical Application. *Journal of Nutrition and Metabolism*, 2015; 1-23. <https://doi.org/10.1155/2015/760689>
9. Sharma H, Chandola HM. Role of Panchakarma therapy in management of metabolic disorders: a review. *Ayu.*, 2020; 41(3): 193-9.
10. Patwardhan B, Mutalik G, Tillu G. Integrative Approaches for Health: Biomedical Research, Ayurveda and Yoga. London: Academic Press; 2015.
11. Shailaja U, Rao PR. Virechana karma in the management of inflammatory disorders: a clinical study. *Ayu.*, 2011; 32(3): 376-81.
12. Kulkarni RR, Patki PS, Jog VP, Gandage SG, Patwardhan B. Treatment of osteoarthritis with a herbomineral formulation: a double-blind, placebo-controlled, cross-over study. *J Ethnopharmacol*, 1991; 33(1-2): 91-5.
13. Tillu G, Pathak M, Kotecha R. Ayurveda for COVID-19: Current status of clinical trials. *J Ayurveda Integr Med.*, 2021; 12(2): 211-4.
14. Klein AV, Kiat H. Detox diets for toxin elimination and weight management: a critical review of the evidence. *J Hum Nutr Diet*, 2015; 28(6): 675-86.
15. Saper RB, Eisenberg DM, Phillips RS. Commonly used dietary supplements for liver disease. *Clin Liver Dis.*, 2004; 8(2): 389-409.
16. Martino JV, Van Limbergen J, Cahill LE. The role of nutrition in inflammatory bowel disease: current trends and future directions. *Curr Opin Clin Nutr Metab Care*, 2017; 20(5): 335-42.
17. Cahill LE, et al. Short-term fasting and metabolic health: evidence and mechanisms. *Curr Opin Clin Nutr Metab Care*, 2021; 24(5): 415-22.
18. Sproesser G, Klusmann V, Schupp HT, Renner B. "I eat healthily but I'm still sick": compensatory health beliefs, intentions, and health behavior. *Psychol Health*, 2015; 30(3): 326-43.