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**INTERNATIONAL JOURNAL OF DIAGNOSTICS AND RESEARCH****The Effect of Detox Drink and Malasana in Ayurvedic Care of Malabaddha: A Single Case Study****Dr. Krishna P. Thorat Kullooli<sup>1</sup>, Dr. Vivekanand Mohan Kullooli<sup>2</sup>**

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**Abstract****Background:**

*Malabaddha* (constipation) is a commonly encountered *Annavaha* and *Purishvaha* *Srotodushti* in Ayurvedic clinical practice. It primarily arises due to *Vata prakopa*, particularly *Apana Vata vaigunya*, associated with *Agnimandya* and *Ruksha guna* predominance in *Pakvashaya*. Modern medicine correlates this condition with *functional constipation*, significantly affecting quality of life.

**Objective:**

To evaluate the combined effect of a morning *Detox Drink* regimen along with *Malasana* in the management of *Malabaddha*.

**Methods:**

A single observational case study was conducted on a 37-year-old female patient presenting with chronic *Malabaddha*. The intervention included daily morning intake of selected *Deepana–Pacana–Vatanulomana jala* preparations followed by *Malasana* practice for 7 days. Assessment was done on Day 0, Day 3, and Day 7 using bowel frequency, Bristol stool scale, degree of straining, *Udaragaurava*, *adhmana*, and subjective wellbeing.

**Results:**

Significant improvement was observed in bowel frequency (once in 2–3 days to daily), stool consistency (Type 1–2 to Type 4), reduction in straining, and complete relief from *Udaragaurava* and *Adhmana*. No adverse events were reported.

**Conclusion:**

The integrative *Ayurvedic* and *Yogic* approach effectively corrected *Apana Vata gati*, improved *Agni*, and relieved *Malasanchaya*. The intervention appears safe, economical, and sustainable for lifestyle management of *Malabaddha*.

**Keywords:** *Malabaddha*, *Apana Vata*, *Vatanulomana*, *Malasana*, *Constipation*

## Introduction :

*Vibandha*, *Puriṣa Sangraha*, and *Apana Vata duṣṭi* are elaborately discussed. *Charaka Samhita* explains that *Vata prakopa* due to *Rukṣa*, *Laghu*, *Alpa ahara* and *Vegadharana* leads to *Vibandha* and *Baddha Puriṣa*<sup>[1]</sup>. *Ashtanga Hridaya* describes that derangement of *Apana Vata* causes difficulty in *mala pravṛtti*<sup>[2]</sup>.

## Ayurvedic Samprapti of Malabaddha

- *Nidana*: *Rukṣaa ahara*, *Alpa jala sevana*, *Vegadharana*, *Alasya*
- *Doṣa*: *Vata pradhana*
- *Duṣya*: *Puriṣa*
- *Agni*: *Mandagni*
- *Srotas*: *Puriṣavaha Srotas*
- *Adhiṣṭhana*: *Pakvashaya*
- *Samprapti*: *Rukṣa guṇa vridhhi* → *Apana Vata saṅga* → *Mala sancaya* → *Vibandha*

In modern medicine, functional constipation is defined by reduced stool frequency, excessive straining, and hard stools without organic pathology<sup>[3]</sup>. Chronic laxative use may cause dependency, electrolyte imbalance, and colonic atony<sup>[4]</sup>.

*Ayurveda* emphasizes:

- *Vatanulomana*
- *Agni dipana*
- *Mridu Rechana*
- *Snehana*
- *Pathya ahara* and *vihara*

Thus, simple daily regimens like *Uṣṇodaka sevana* and *Yogasana* may provide effective non-pharmacological management.

**Aim:** To evaluate the effect of *Detox Drink* regimen and *Malasana* in *Malabaddha*.

## Materials and Methods:

### Study Design :

Single observational case study.

### Patient Information :

- Age: 37 years
- Gender: Female
- *Prakṛti*: *Vata-Pitta*
- *Koṣṭha*: *Krura*
- *Agni*: *Mandagni*
- *Vihara*: *Sedentary*
- *Jala sevana*: *Inadequate*

### Chief Complaints :

- *Mala pravṛtti* once in 2–3 days
- *Kathina puriṣa*
- *Atipravṛtta prayatna* (excessive straining)
- *Udaragaurava*
- *Adhmana*
- *Aprasannata* in morning
- No systemic pathology detected.

### Intervention :

#### 1. Ayurvedic Detox Drink Regimen

Sequential daily use of selected *jala* preparations based on patient *bala* and *koṣṭha*.

#### Components and Classical Actions

Preparation	Ingredients	Ayurvedic Karma
<i>Uṣṇodaka</i>	Warm water	<i>Agni dipana</i> , <i>Srotoshodhana</i>
<i>Nimbu–Madhu Jala</i>	Lemon + <i>Madhu</i>	<i>Pachana</i> , <i>Ama hara</i>
<i>Saindhava Jala</i>	<i>Saindhava</i> + warm water	<i>Vatanulomana</i> , <i>Sukṣma</i>
<i>Triphala Jala</i>	Soaked <i>Triphala</i>	<i>Mridu Rechana</i>
<i>Jiraka Jala</i>	<i>Cuminum cyminum</i>	<i>Dipana</i> , <i>Grahi</i>
<i>Eraṇḍa Sneha Jala</i>	Castor oil + milk	<i>Vatashamaka</i> , <i>Rechaka</i>
<i>Dhanyaka Jala</i>	<i>Coriandrum sativum</i>	<i>Pachana</i> , <i>Pittashamaka</i>

## 2. Malasana (Yogic Squatting Posture)

- Duration: 3–5 minutes
- Frequency: Daily morning
- Duration: 7 days

### Assessment Criteria :

Assessment on Day 0, 3, 7.

Sr. No.	Parameter	Ayurvedic Term	Clinical Rationale	Grading Criteria (0–3)	Method of Assessment	Day 0	Day 3	Day 7
1	Bowel Frequency	Mala Pravrtti Sankhya	Reflects Apana Vata gati and Purisha nirgamana	0 = Once daily 1 = Once in 2 days 2 = Once in 3 days 3 = >3 days	Patient diary & interview			
2	Stool Consistency	Purisha Rupa	Indicates Ruksha guna & Vata prakopa	0 = Type 3–4 (Normal) 1 = Type 2 2 = Type 1 3 = Hard pellets with difficulty	Bristol Stool Chart correlation			
3	Straining	Atipravrtta Prayatna	Shows Apana Vata saṅga & Srotorodha	0 = No straining 1 = Mild 2 = Moderate 3 = Severe with discomfort	Patient self-report			
4	Abdominal Heaviness	Udaragaurava	Due to Mala sanchaya & Mandagni	0 = Absent 1 = Occasional 2 = Persistent 3 = Severe	Clinical questioning			
5	Bloating	Adhmana	Caused by Vata saṅga & Ajirna	0 = Absent 1 = Mild 2 = Moderate 3 = Severe visible distension	Inspection & patient feedback			
6	Digestive Comfort	Laghava & Prasannata	Sign of Samagni & Vatanulomana	0 = Excellent freshness 1 = Mild improvement 2 = No change 3 = Persistent discomfort	Subjective reporting			

### Objective Parameters :

- Bowel frequency
- Bristol Stool Chart

### Subjective Parameters :

- Degree of straining
- Udaragaurava
- Ādhmāna
- Lāghava anubhūti

### Observations on Day 0, Day 3 and Day 7 :

Sr. No.	Parameter	Ayurvedic Term	Day 0 (Baseline)	Day 3 (Interim)	Day 7 (Final)	Clinical Interpretation
1	Bowel Frequency	Mala Pravrtti Sankhya	Once in 2–3 days (Grade 2)	Once in 2 days (Grade 1)	Once daily (Grade 0)	Gradual correction of Apana Vata gati
2	Stool Consistency	Kathina Purisa (Type 1–2)	Type 1–2 (Hard pellets) (Grade 2)	Type 2–3 (Softer but formed) (Grade 1)	Type 4 (Soft, smooth) (Grade 0)	Reduction in Ruksha guna and improved Mala vilayana
3	Straining	Atipravrtta Prayatna	Severe straining (Grade 3)	Mild–Moderate straining (Grade 1–2)	Minimal to none (Grade 0–1)	Apana Vata anulomana achieved
4	Abdominal Heaviness	Udaragaurava	Persistent heaviness (Grade 2)	Occasional heaviness (Grade 1)	Absent (Grade 0)	Mala sanchaya reduced
5	Bloating	Adhmana	Moderate distension (Grade 2)	Mild bloating (Grade 1)	Absent (Grade 0)	Vata saṅga relieved
6	Digestive Comfort	Laghava & Prasannata	No freshness (Grade 3)	Improved freshness (Grade 1)	Good morning lightness (Grade 0)	Samagni restoration

## Results :

Sr. No.	Parameter	Ayurvedic Term	Day 0	Day 3	Day 7	% Improvement (Day 0–7)
1	Bowel Frequency	Mala Pravrtti Sankhya	Once in 2–3 days (Grade 2)	Once in 2 days (Grade 1)	Once daily (Grade 0)	100% normalization
2	Stool Consistency	Kathina Purisha	Type 1–2 (Grade 2)	Type 2–3 (Grade 1)	Type 4 (Grade 0)	100% normalization
3	Straining	Atipravrtta Prayatna	Severe (Grade 3)	Mild–Moderate (Grade 1–2)	Minimal (Grade 0–1)	~80–100% reduction
4	Abdominal Heaviness	Udaragaurava	Persistent (Grade 2)	Occasional (Grade 1)	Absent (Grade 0)	100% relief
5	Bloating	Adhmana	Moderate (Grade 2)	Mild (Grade 1)	Absent (Grade 0)	100% relief
6	Digestive Comfort	Laghava	Absent (Grade 3)	Improved (Grade 1)	Marked lightness (Grade 0)	~90–100% improvement

### Discussion :

Malabaddha fundamentally represents *Apana Vata saṅga* in *Pakvaśhaya*. *Ruksha* and *Śheeta guṇa* dominance leads to *shoṣhaṇa* of mala, making it *kathina* and *alpamatra*.

### Role of Uṣṇodaka

*Uṣṇa* and *Drava guṇa* counteract *Rukṣhata*. Classical texts describe warm water as:

- *Ama pachaka*
- *Vata-Kapha hara*
- *Srotovishodhana* [5]

Modern physiology correlates warm water with stimulation of *gastrocolic* reflex.

### Role of Saindhava Lavana:

Described in *Lavana Varga* as:

- *Snigdha*
- *Sukṣhma*
- *Vatanulomana* [6]

It reduces colonic dryness and promotes smooth evacuation.

### Role of Nimbu–Madhu :

*Madhu* is:

- *Yogavahi*
- *Lekhana*
- *Samṣkara anuvartana*

Lemon provides *Amla rasa* stimulating digestive secretions.

**Role of Triphala:.**

*Bhavaprakasha Nighantu* describes *Triphala* as:

- *Rasayana*
- *Mridu virecaka*
- *Tridoṣa shamaka*<sup>[7]</sup>

Modern research confirms mild laxative and antioxidant effects<sup>[8]</sup>

**Role of Jiraka and Dhanyaka:**

Both act as:

- *Dipana–Pachana*
- *Adhmana hara*
- *Grahi*

They regulate *Mandagni* and reduce fermentation.

**Role of Eraṇḍa Sneha:**

*Eraṇḍa* is considered best for *Vatavyadhi* and *Vibandha*:

- *Rechana*
- *Snehana*
- *Vātaśamana*

Its *ricinoleic acid* stimulates intestinal motility<sup>[9]</sup>.

**Role of Malasana :**

Biomechanically:

- Straightens *anorectal angle*
- Reduces need for straining

Study by *Sikirov*<sup>[10]</sup> demonstrated decreased straining in squatting posture.

*Ayurvedically*:

- Facilitates *Apana vata gati*
- Removes *Puriṣha avarodha*

**Integrated Mechanism :**

*Detox* drink:

- Corrected *Agni*
- Softened *Mala*
- Lubricated colon
- Restored *Vatanulomana*

*Malasana*:

- Enhanced physiological defecation reflex
- Reduced abdominal pressure strain

Thus, both functional and *Doṣhika* correction occurred.

**Conclusion :**

The present single case study demonstrates that a structured regimen consisting of *Uṣṇodaka*-based *Detox* Drink preparations combined with *Malasana* practice offers significant therapeutic benefit in the management of *Malabaddha* (functional constipation). The intervention produced marked improvement within seven days, reflected by normalization of *mala pravṛutti*, correction of stool consistency, reduction in straining, and complete relief from *Udaragaurava* and *Adhmana*. From an *Ayurvedic* perspective, *Malabaddha* is primarily a manifestation of *Apana Vata vaiguṇya*, associated with *Rukṣa guṇa* predominance, *Mandagni*, and *Mala sanchaya* in *Pakvashaya*.

**The detox drink regimen acted through multiple mechanisms: ॥**

- ***Agni Dipana and Pachana*** – by stimulating digestive fire and reducing *ama*.
- ***Vatanulomana*** – by restoring the natural downward movement of *Apana Vata*.
- ***Snehana and Mala Vilayana*** – by counteracting *Rukṣhata* and softening the accumulated stool.
- ***Srotoshodhana*** – by clearing obstruction in *Puriṣavaha Srotas*.

Simultaneously, *Malasana* contributed mechanically and physiologically by improving the *anorectal angle*, reducing straining effort, and

facilitating effortless evacuation. In *Ayurvedic* terms, the posture supported *Apana Vata gati*, minimized *Srotorodha*, and enhanced natural mala *nirgamana*. The progressive reduction in total symptom score (approximately 85–90% improvement within 7 days) indicates that this intervention does not merely provide symptomatic relief but addresses the underlying *Samprapti ghatakas*, including *Doṣa*, *Duṣya*, *Agni*, and *Srotas* involvement. The absence of adverse effects further supports the safety and tolerability of this lifestyle-based approach.

Importantly, this regimen is:

- Non-pharmacological
- Economical
- Easily adoptable in daily routine
- Suitable for long-term lifestyle modification
- Free from laxative dependency risks

In the context of rising prevalence of functional constipation due to sedentary habits, improper dietary patterns, and inadequate hydration, such integrative *Ayurvedic*–*Yogic* interventions provide a sustainable and root-cause-oriented management strategy. However, as this study represents a single case observation with short duration, larger randomized controlled clinical trials with extended follow-up are recommended to validate the efficacy and establish standardized protocols.

Overall, the combined practice of *Detox Drink* regimen and *Malasana* can be considered an effective, safe, and holistic modality in the *Ayurvedic* management of *Malabaddha*, promoting restoration of *Samagni*, normalization of *Apana Vata*, and achievement of *Laghava* and *Prasannata* in daily life.

The *Uṣṇodaka*–*Saindhava* based detox regimen combined with *Malasana* effectively relieved *Malabaddha* by correcting *Apana Vata gati*, improving *Agni*, and reducing *Rukṣata* in *Pakvaśhaya*. The intervention is safe, economical, and suitable for long-term lifestyle modification.

## References :

1. Acharya YT. Charaka Samhita. Sutrasthana 5/12. Varanasi: Chaukhambha; 2014.
2. Murthy KR. Ashtanga Hridaya. Sutrasthana 12/7. Varanasi: Chaukhambha; 2012.
3. Rao SSC, et al. Functional constipation. *Gastroenterol Clin North Am.* 2010;39(3):561-581.
4. Bharucha AE, et al. AGA medical position statement on constipation. *Gastroenterology.* 2013;144(1):211-217. Acharya YT.
5. Charaka Samhita. Sutrasthana 5/12. Varanasi: Chaukhambha; 2014.
6. Bhavamishra. Bhavaprakasha Nighantu. Lavana & Haritakyadi Varga. Varanasi: Chaukhambha; 2015.
7. Acharya YT. Charaka Samhita. Sutrasthana 5/12. Varanasi: Chaukhambha; 2014.

8. Peterson CT, et al. Triphala: A traditional Ayurvedic formulation. J Altern Complement Med. 2017;23(8):607-614.
9. Peterson CT, et al. Triphala: A traditional Ayurvedic formulation. J Altern Complement Med. 2017;23(8):607-614.
10. Sikirov D. Comparison of straining during defecation in three positions. Dig Dis Sci. 2003;48(7):1201-1205.

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