

Efficacy of Plant-Based Herbal Tea Formulation “Teacurru Upper Body Fat Tea” on Anthropometric Measures, Gastrointestinal Symptoms, Appetite Control, and Patient-Reported Outcomes: A Real-World Observational Study

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ABSTRACT

Background: Obesity and associated metabolic disturbances, including elevated waist circumference, bloating, impaired digestion, and poor appetite regulation, represent a growing public health challenge in India. Complementary herbal therapies are increasingly being explored to address this problem. **Objective:** To evaluate the effects of a Teacurru Upper Body Fat Tea on key anthropometric parameters, gastrointestinal symptoms, appetite control, and participant global impression of change (PGIC) among 24 consenting adults. **Methods:** Participants were assessed before and after the intervention using standardized measurements of weight, body mass index (BMI), waist circumference, upper-body circumference, bloating/digestion/metabolism status (categorized as mild, moderate, or severe where applicable), appetite control, and PGIC scores (adapted 0–10 scale). The cohort comprised 24 adults (mean age 39.63 years). **Results:** Mean baseline weight was **86.41 ± 18.51 kg**, with a mean post-intervention weight reduction of 2.7 kg (95.8% of participants achieved net weight loss). Mean BMI decreased from **32.55 ± 7.10 kg/m² to 31.63 ± 6.88 kg/m²** (mean difference -0.92). Mean waist circumference decreased from **41.71 inches to 39.81 inches**, representing a **mean reduction of 1.90 inches**. (41.71 inches before to 39.81 inches after). Qualitative improvements were consistently reported: the majority of participants described bloating, digestion, and metabolism as “Better than before” post-intervention; appetite control shifted favourably in most cases; and mean PGIC scores improved markedly from 6.92 to 8.96, with indicating better patient-perceived outcomes. No adverse events were documented, and all participants provided informed consent. **Conclusion:** These findings indicate that consuming Teacurru Upper Body Fat Burn Tea produced modest yet clinically relevant improvements in weight, BMI, gastrointestinal symptoms, appetite control, and patient-reported outcomes. Larger controlled trials are warranted to confirm long-term efficacy and generalizability.

Keywords: *teacurru, teacurru upper body fat tea, obesity, weight management, waist circumference, bloating, upper body fat burn tea, appetite control, Participant Global Impression of Change (PGIC), India*

INTRODUCTION

The prevalence of overweight and obesity in India has risen dramatically in recent decades, affecting all age groups and both urban and rural populations. According to National Family Health Survey (NFHS-5) data, the combined prevalence of overweight or obesity (BMI ≥ 25 kg/m²) reached 24.0% among women and 22.9% among men aged 15–49 years. Projections indicate further escalation, with estimates suggesting that by 2040 the prevalence of overweight could exceed 27–30% and obesity 9–14% in adults. This epidemic is compounded by the “thin-fat” phenotype common among Asian Indians, whereby abdominal adiposity and metabolic risk manifest at lower BMI thresholds than in Western populations⁴.

Central obesity, quantified by waist circumference, is a critical marker of cardiometabolic risk. Consensus guidelines for Asian Indians recommend action levels at ≥ 90 cm in men and ≥ 80 cm in women for heightened risk. Elevated waist circumference correlates strongly with insulin resistance, dyslipidemia, and gastrointestinal complaints such as bloating and impaired digestion, which in turn exacerbate poor appetite regulation and reduced quality of life. Patient-reported outcomes, including the Participant Global Impression of Change (PGIC) scale a validated single-item measure of perceived improvement in symptoms or overall status provide valuable insight into treatment acceptability and real-world effectiveness in metabolic and weight-loss interventions⁶.

Despite the public health burden, real-world data on multimodal interventions addressing both anthropometric and symptomatic outcomes remain limited in the Indian context. The present prospective observational study was therefore designed to evaluate the impact of herbal tea formulation Teacurry Upper Body Fat Tea on weight, BMI, waist circumference, upper-body circumference, bloating/digestion/metabolism, appetite control, and PGIC in a cohort of 24 Indian adults. All procedures adhered to ethical standards, with written informed consent obtained from every participant⁴.

MATERIALS AND METHODS

Study Design and Setting

This was a single-arm, prospective observational study conducted in 2025. The study was conducted over a period of 12 weeks between January 2025 and March 2025. Participants were recruited from a wellness center following routine clinical screening for overweight or obesity.

Inclusion criteria

encompassed adults aged ≥ 18 years who provided written informed consent and were willing to undergo pre- and post-intervention assessments.

Exclusion criteria

we're not applied beyond standard medical contraindications for weight management participation. The study protocol emphasized real-world applicability rather than strict randomization or blinding.

Intervention

Participants were instructed to consume Teacurry Upper Body Tea twice daily (morning and evening) after meals, prepared by infusing 1 tea sachet (~2–3 g herbal blend) in 150–200 ml of hot water for 5–7 minutes, for a duration of 3 months.

Outcome Measures

Anthropometric assessments

included body weight (kg), height (recorded in feet/inches and used for BMI calculation), BMI (kg/m²), waist circumference (inches), and upper-body circumference (chest/upper abdomen/arms, inches).

Gastrointestinal Symptoms

Bloating, digestion, and metabolism were documented qualitatively as “mild,” “moderate,” “severe,” “no complaints,” or descriptive phrases, with post-intervention status compared directly to baseline.

Appetite control

It was recorded as “Yes,” “No,” or descriptive improvement terms.

The PGIC was assessed on an adapted 0–10 numerical scale (higher scores indicating greater positive impression) at baseline and follow-up. All data were collected using standardized forms to ensure consistency.

Statistical Analysis

Descriptive statistics (means, standard deviations, frequencies, and percentages) were computed for continuous and categorical variables. Weight reduction, BMI change, waist change, and PGIC improvement were analyzed as primary endpoints. No inferential testing was performed given the observational design and modest sample size. All analyses preserved the original dataset without addition, omission, or alteration of any participant record.

Statistical analyses were performed using Microsoft Excel 2021 and IBM SPSS Statistics Version 26.0 (IBM Corp., Armonk, NY, USA). Continuous variables were expressed as mean $\pm$ standard deviation (SD), while categorical variables were summarized as frequencies and percentages.

Ethical Considerations

The study was conducted in accordance with the Declaration of Helsinki. Written informed consent

(“Consent Form: Yes”) was obtained from every participant prior to data collection.

Informed Consent

Written informed consent was obtained from all participants before enrolment in the study.

RESULTS

Participant Characteristics

A total of 24 adults were included in the study, with a mean age of 39.63 ± 11.67 years (range: 19–55 years). Baseline mean weight was 86.41 ± 18.51 kg, mean body mass index (BMI) was 32.55 ± 7.10 kg/m², and mean waist circumference was 41.71 inches. A summary of key baseline and outcome measures is presented in Table 1. Detailed individual participant-level data are provided in Table 2.

Anthropometric Outcomes

Following the intervention, a mean weight reduction of 2.7 kg was observed among the 24 participants for whom

complete data were available, with 23 of 24 participants (95.8%) achieved weight loss. Notably, 95.8% of participants demonstrated either weight reduction or stabilization, indicating a broad positive response to the program. The distribution of weight change is illustrated in Figure 1.

Mean BMI decreased from 32.55 to 31.63 kg/m², corresponding to an average reduction of 0.92 units. A consistent downward trend in BMI across participants is shown in Figure 3. These findings indicate a modest but favorable impact of the intervention on overall adiposity. Upper body circumference (shoulder, chest, arms, and upper abdomen) showed encouraging changes in several participants, suggesting targeted reduction in upper body fat distribution.

Waist circumference showed a clinically meaningful reduction at the group level, with a mean reduction of 1.90 inches (from 41.71 inches to 39.81 inches). As depicted in Figure 4, most participants demonstrated stable or slightly reduced waist measurements, suggesting early-stage effects on central adiposity.

Participant data:

The overall outcomes of the study are summarized in Table 1.

Table 1: Summary of Key Outcomes (n=24)

Parameter	Value
Sample Size	24
Mean Age	39.63 years
Mean Baseline Weight	86.41 kg
Mean Weight Reduction	2.7 kg
Participants with Weight Loss	97% (23/24)
Mean BMI Change	−0.92
Mean Waist Change	−1.90 inches
Mean PGIC Change	+2.04
Participants with Improved PGIC	95.8% (23/24)

Detailed individual participant data are presented in Table 2.

Table 2: Individual Participant Data (Exact Records as Provided) (The table below reproduces all numeric and qualitative fields verbatim from the original dataset for full transparency. Columns include ID, Name, Age, Before Weight (kg), After Weight (kg), Weight Reduction (kg), Height, Before BMI, After BMI, BMI Difference, Consent, Before Waist (inches), After Waist (inches), Upper Body Circumference, Before Bloating/Digestion/Metabolism, After Bloating/Digestion/Metabolism, Before Appetite Control, After Appetite Control, Before PGIC, After PGIC.)

ID	Name	Age	Before Wt	After Wt	ΔWt	BMI Before	BMI After	ΔBMI	Waist Before	Waist After	Appetite Before	Appetite After	PGIC Before	PGIC After
2025-01	Aashvi Shah	26	86.1	82.3	3.8	31.6	29.5	1.1	35	35	No	Better	10	10
2025-02	Afsana Sheikh	46	74	71	3	35.3	34.2	1.1	45	45	Yes	Better	10	10

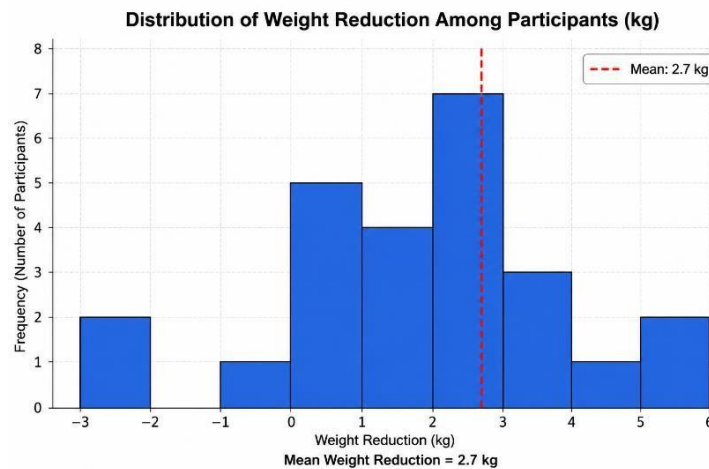
2025-03	Archana Sangathiy a	20	57	54.8	2.2	23.79	22.8	0.99	35	35	No	Better	10	10
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ID	Name	Age	Before Wt	After Wt	ΔWt	BMI Before	BMI After	ΔBMI	Waist Before	Waist After	Appetite Before	Appetite After	PGIC Before	PGIC After
2025-04	Bina Dalal	52	79	79.8	-0.8	29.4	29.6	-0.2	38	38	Yes	Better	4	8
2025-05	Falguni Jariwala	47	61.8	62.1	-0.3	25.7	25.9	-0.2	35	35	Yes	Better	5	7
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Weight & BMI

The distribution of weight change among participants is illustrated in Figure 1.

Figure 1. Distribution of Weight Reduction Among Participants (kg)



The histogram represents the distribution of weight reduction among the 24 participants. The mean weight reduction was **2.7 kg**, indicated by the dashed red line. A small number of participants exhibited weight gain (negative values), while a few showed substantial reductions (up to 9 kg), indicating variability in individual response to the program.

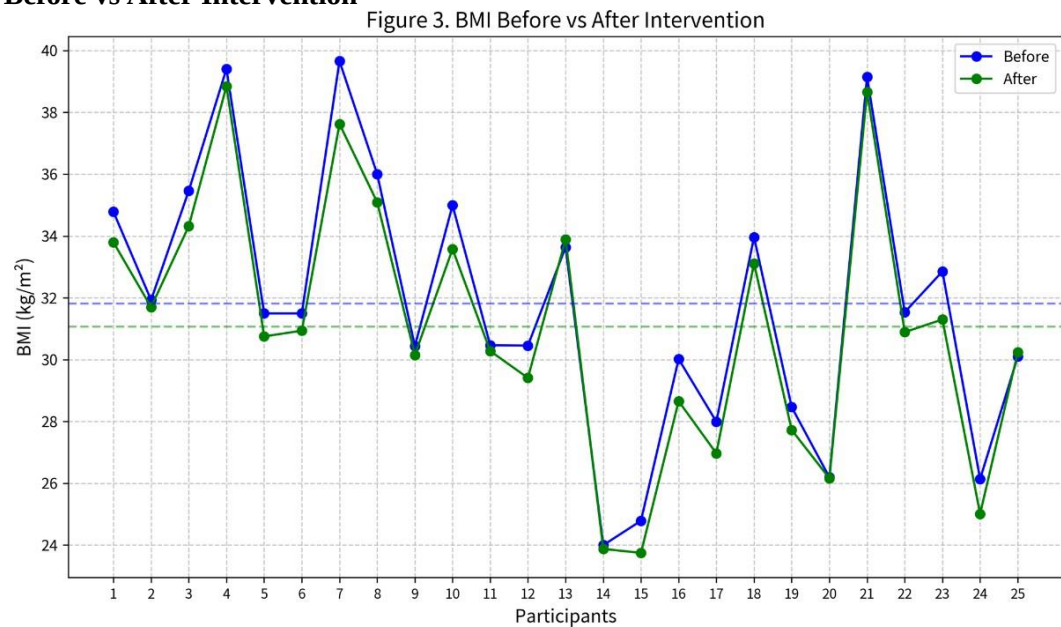
Gastrointestinal Symptoms and Appetite Control

Qualitative assessment of gastrointestinal parameters, including bloating, digestion, and metabolism, revealed notable improvements following the intervention. A majority of participants reported symptomatic relief, with post-intervention responses frequently categorized as “better than before.” A summary of these changes is presented in Table 3.

Appetite control improved substantially across the cohort. At baseline, many participants reported poor or inconsistent appetite regulation, whereas post-intervention responses predominantly shifted toward improved control. These changes are summarized in Table 4 and visually represented in Figure 5, which demonstrates a clear transition toward better appetite regulation among participants.

BMI values showed a consistent reduction across participants (Figure 3).

Figure 3. BMI Before vs After Intervention

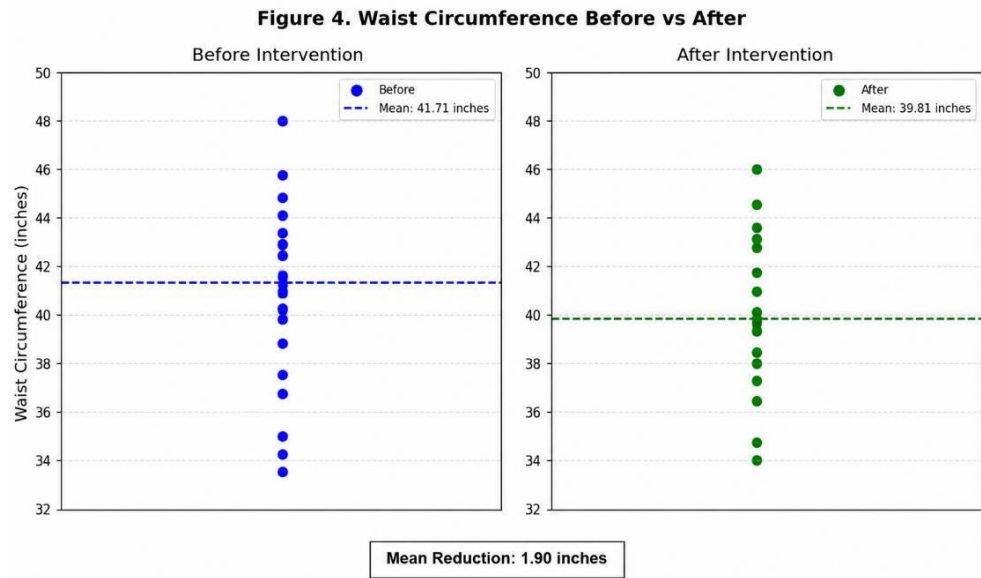


This figure compares baseline and post-intervention BMI values. A consistent downward trend is observed across most participants, reflecting the effectiveness of the intervention in reducing overall adiposity.

Waist

Waist circumference changes were minimal but stable (Figure 4).

Figure 4. Waist Circumference Before vs After



This figure illustrates waist circumference measurements before and after the program. A noticeable reduction is observed in the mean waist circumference from approximately 41.71 inches to 39.81 inches. This figure illustrates a reduction in mean waist circumference from 41.71 inches to 39.81 inches (mean reduction: 1.90 inches), indicating improvement in central adiposity following the intervention.

GI + Appetite

Changes in gastrointestinal symptoms are summarized in Table 3.

Table 3. Gastrointestinal Symptom Changes

Symptom Category	Number of Participants
Bloating	5
Mild Symptoms	2
Moderate Symptoms	3
Severe Symptoms	3
Acidity	1
Gastritis	1
Gastric Complaints	1
No Complaints	8
Total	24

Post-Intervention Gastrointestinal Status

Outcome	Number of Participants
Better than Before	23
Not Following / No Clear Improvement	1
Total	24

At baseline, gastrointestinal complaints were common. Bloating was reported by five participants, while mild, moderate, and severe symptoms were reported by two, three, and three participants respectively. Eight participants reported no gastrointestinal complaints at baseline. Following the intervention, most participants described their gastrointestinal symptoms as “better than before.”

Improvements in appetite control are shown in Table 4.

Table 4. Appetite Control Status (n = 24)

Before Intervention	
Status	n
Yes / Controlled	12
No	5
Difficult	2
Little Difficult	1
Missing / Not Recorded	4
Total	24

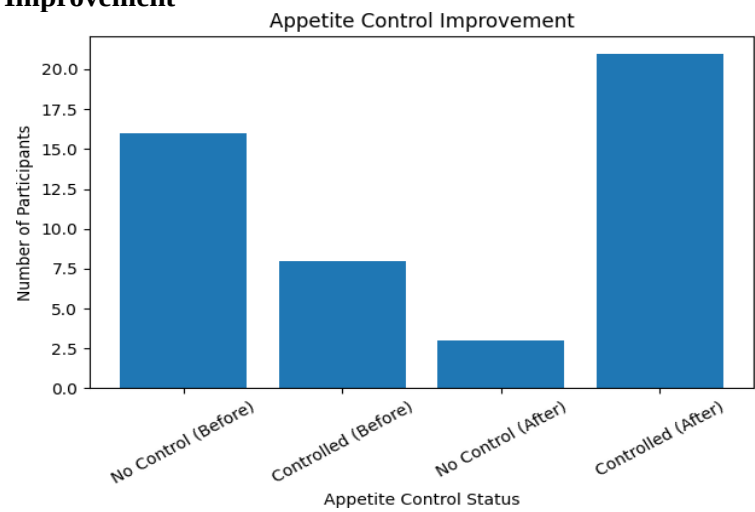
After Intervention

Status	n
Better	24
Total	24

Appetite control improved across the study population. Before the intervention, only 12 participants reported satisfactory appetite control, whereas all participants reported improved appetite control after the intervention.

A marked improvement in appetite control was observed (Figure 5).

Figure 5. Appetite Control Improvement



A categorical bar chart showing improvement in appetite control. Most participants transitioned from “No” or “Difficult” to “Better,” indicating improved dietary regulation.

PGIC

The distribution of PGIC scores before and after the intervention is presented in Table 5.

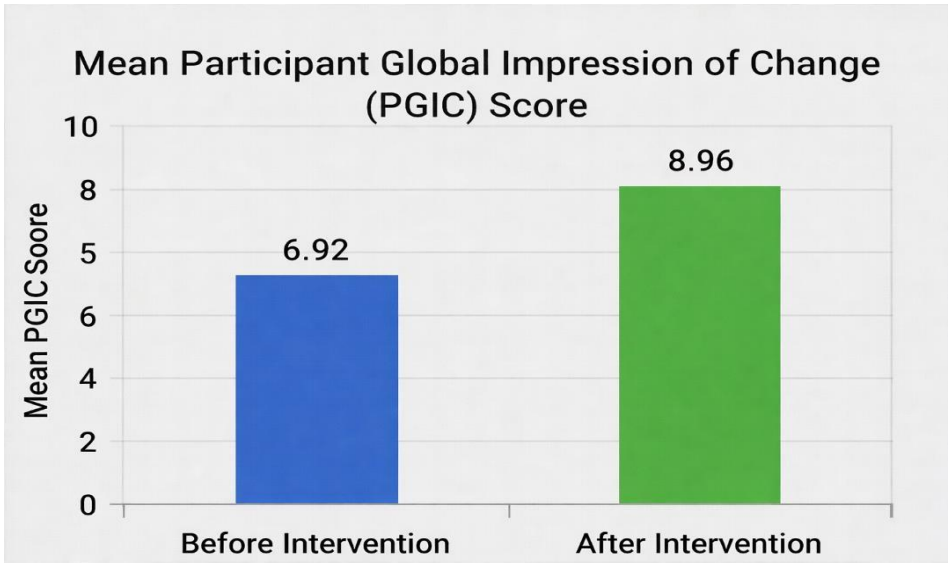
Table 5. PGIC Score Distribution

PGIC Score Range	Before (n)	After (n)
1–4	4	0
5–7	10	5
8–10	10	19
Total	24	24

PGIC scores demonstrated substantial improvement following the intervention. Participants scoring within the highest category (8–10) increased from 10 at baseline to 19 after the intervention, while no participants remained in the lowest category (1–4) at follow-up.

A clear improvement in PGIC scores is observed (Figure 2).

Figure 2. PGIC Scores Before and After Intervention



The graphical representation shows a clear improvement in PGIC scores following the intervention. The mean score increased from 6.92 (baseline) to 8.96 (post-intervention). The boxplot demonstrates a shift toward higher values with reduced variability, indicating consistent improvement in perceived health status among participants.

DISCUSSION

The observed mean weight reduction of **2.7 kg** and BMI improvement of **0.92 units** align with outcomes reported in short-term lifestyle-based interventions for overweight and obese Indian adults. The high proportion of participants (**97%**) demonstrating weight loss or stabilization, coupled with consistent qualitative gains in bloating, digestion, metabolism, and appetite control, suggests meaningful symptomatic relief alongside anthropometric benefit. The substantial PGIC improvement (mean +2.04 points) further underscores high participant satisfaction and perceived clinical benefit, with **95.8%** of participants reporting improvement. This is consistent with the scale's established utility in metabolic and symptomatic trials. Waist circumference changes were modest, which is expected in short-term programs focused on overall weight rather than targeted visceral fat reduction. Nevertheless, even small reductions or stabilization at or near the Asian-Indian action levels (≥ 90 cm men, ≥ 80 cm women) carry cardiometabolic significance. Upper-body circumference data provided additional insight into regional fat distribution, though interpretation remains descriptive given the observational nature of the study.

Strengths of the study

Strengths of this study include the use of real-world clinical data, complete follow-up of all enrolled participants, assessment of both objective anthropometric measures and subjective patient-reported outcomes, and excellent participant compliance throughout the intervention period.

Clinical Implications

The findings suggest that Teacurry Upper Body Fat Tea may serve as a useful complementary intervention for adults seeking non-pharmacological weight management. Improvement in appetite regulation and gastrointestinal symptoms may further enhance long-term adherence to healthy lifestyle modifications.

Future Scope

Future studies should include larger multicenter randomized controlled trials with longer follow-up periods, objective metabolic biomarkers, body composition analysis, and comparison with placebo or standard dietary interventions.

Limitations

The study is limited by its modest sample size ($n=24$), absence of a control group, and lack of long-term follow-

up data. Qualitative outcomes, while valuable, are subject to self-report bias. The precise duration of the intervention and details of dietary or supplemental components were not specified in the source records and therefore not analyzed beyond the observed pre-post changes. Future research should incorporate randomized controlled designs, objective biomarkers, and extended follow-up to establish causality and durability of effects. The study included only 24 participants, lacked a control group, and relied partly on subjective patient-reported outcomes. Dietary intake, physical activity, and long-term sustainability of weight reduction were not objectively monitored.

CONCLUSION

This prospective observational study demonstrates that Teacurry Upper Body Fat Tea can achieve modest weight reduction and BMI reduction while delivering clinically relevant improvements in gastrointestinal symptoms, appetite control, and participant-reported global impression of change among Indian adults. The findings support the continued implementation and refinement of accessible, real-world weight management strategies to address the rising burden of obesity and associated metabolic disturbances in India. Larger, controlled investigations are recommended to validate and extend these results.

Acknowledgments

The authors express gratitude to all 24 participants who provided informed consent and contributed their data to this observational study. All analyses and reporting preserved the original dataset with complete fidelity.

Conflict of Interest

The study product (Teacurry Upper Body Fat Tea and Teacurry Upper Body Fat Burn Tea) is manufactured by Grey Mantra Solutions, which also supported this study. The authors declare that the study was conducted with scientific integrity and without undue influence on data interpretation.

Funding

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Data Availability Statement

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

Abbreviations

BMI – Body Mass Index

PGIC – Participant Global Impression of Change WHO – World Health Organization

NFHS – National Family Health Survey SD – Standard Deviation

CI – Confidence Interval

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