



Case Study

AYURVEDIC MANAGEMENT OF EOSINOPHILIC ESOPHAGITIS (EOE): A COMPREHENSIVE
CASE STUDY FROM AUSTRALIA

Gupta Sahil

CEO, Founder at the Institute of Applied Food Allergy® (IAFA), IAFA Ayurveda, India.

Article info

Article History:

Received: 04-09-2025

Accepted: 10-10-2025

Published: 15-11-2025

KEYWORDS:

Eosinophilic
Esophagitis, EOE,
Food Intolerance,
IAFA, *Aahara*
Amrutam Rasa, EOE
Ayurvedic
treatment,
Amlapitta, Gut-
Immune Axis,
Budesonide, Food
Allergy.

ABSTRACT

This paper presents a structured case study of an EoE patient treated with individualized Ayurvedic protocols at the Institute of Applied Food Allergy® (IAFA). The results demonstrate significant symptomatic relief, improved eosinophil profiles, and normalization of associated conditions. The Ayurvedic approach included *Agnideepana*, *Ama Pachana*, *Dosha Pratyaniak Chikitsa*, and *Rasayana* therapy, supported by dietary and lifestyle guidance. **Objective:** To document and evaluate the outcomes of individualized Ayurvedic management of biopsy-confirmed EoE patients at the Institute of Applied Food Allergy (IAFA), focusing on symptom regression, immunological moderation, digestive correction, and overall quality of life. **Methods:** A longitudinal observational case study was conducted. Clinical presentation, endoscopic and hematologic parameters, food allergy testing, and quality of life were documented. The Ayurvedic diagnosis corresponded with *Amlapitta* (acid reflux disorder) and *Rikshajivha* (Tinea Versicolor). Treatment included herbal formulations like *Aahar Amrutam Ras*, Pitpapra Capsules, *Triphala*, etc., along with dietary regulation and topical applications. The patient was concurrently on Budesonide and proton-pump inhibitors (PPI). **Results:** Over one year, the patient demonstrated progressive clinical resolution, including normalization of eosinophil counts, improvement in food tolerance, and endoscopic evidence of complete esophageal healing by October 2024. No relapse was reported by the September 2025 follow-up. **Conclusion:** This case supports the integrative role of Ayurvedic principles in managing EoE by addressing gut immunity, systemic inflammation, and allergen sensitivity, offering a viable adjunctive approach alongside modern therapies.

INTRODUCTION

The chronic immune condition that is Th-2 mediated and characterized by esophageal eosinophilia and functional impairment, such as dysphagia, GERD, and food intolerance, is known as Eosinophilic Esophagitis (EoE). Conventional management relies on corticosteroids, elimination diets, and biologics with varying efficacy and adverse effects.^[1-4] Ayurveda interprets EoE as a multi-*srotas* (channel) disorder involving *Annavaha*, *Rasavaha*, *Raktavaha*, and *Pranaavaha Srotas* affected due to *Dosha Dushti* (particularly *Pitta-Kapha*), *Ama*,

Agnimandya, and long-term *Ahara-Asatmyata* (incompatible food reactions).^[5-7] Therapeutic goals targeted root-level correction via *Agni*, *Dosha Pratyaniak Chikitsa*, mucosal *Rasayana*, and restoration of *Srotas* blockage.^[8] Various formulations that are full of herbs with immunomodulatory, anti-inflammatory, antihistaminic, and gut-regenerative actions formed the gem of therapy. This paper presents detailed cases from IAFA showcasing comprehensive Ayurvedic treatment protocols that led to sustained improvements in clinical and systemic manifestations.

Case Presentation

Patient Profile

- Demographic and clinical details
- Patient ID: Case 1- Male
- Age/Sex: 19 years / Male
- Location: Australia
- UID (Clinical Record Number): 8031

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v13i10.3821
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

- Date of Case Initiation: 04/09/2023
- Treating Institution: Institute of Applied Food Allergy® (IAFA®), India
- Consent: Written informed consent for case publication obtained from the patient.

Clinical History

- Diagnosed with Autism Spectrum Disorder at age 2.
- Recurrent reflux symptoms from early childhood, initially attributed to milk intolerance.
- 2013: Episode of hematemesis led to endoscopic evaluation, revealing EoE and a nodular lesion at the gastroesophageal junction.
- Periodic dermatological issues identified as *Rikshajivha* (Tinea versicolor).
- Past medications included Siddha therapy and supplements.

Initial treatment taken by patient (Modern Medicine/ Allopathy): Patient was under treatment with Budesonide 2 mg OD and proton pump inhibitors (PPIs).

Diagnostic Workup

Histopathology: Biopsy-confirmed Eosinophilic Esophagitis (EoE)

Modern Investigations and serological findings: [10-12]

- Endoscopy (2013 & 2023): Confirmed mucosal eosinophilic inflammation and esophageal nodularity.

Internal Medications (*Swaras Chikitsa*)

Formulation	Dose/Time	Properties
<i>Aahar Amrutham Ras</i>	15 ml BID after meals	<i>Agnideepana</i> , <i>Ama Pachana</i>
<i>Pitpapara</i> Capsules	1 cap BID before meals	<i>Pitta Shamaka</i> , anti-inflammatory
<i>Triphala</i> Capsules	2 caps HS	<i>Rechana</i> , gut detox, and antioxidant
<i>Saraswatharishtam</i> Gold	10–20 drops OD	Nootropic, <i>Rasayana</i> , neuroimmune modulator

External Medications

AF-7 Bar and Cream: For fungal skin lesions

Pathya-Apathya (Diet and Lifestyle)

- **Avoided:** A comprehensive *Pitta*-alleviating diet was followed, avoiding dairy, citrus fruits, yeast-based products, along with Nightshades (e.g., tomato, brinjal), *Urad dal*, and fermented foods.
- **Included:** Pomegranate, tender coconut water, figs, bottle gourd, broccoli, quinoa, oats, black gram, lentils, virgin coconut and olive oil, etc. are included in the diet.
- **Lifestyle:** Daily regimen included lukewarm water, moderate exercise, and a stress-free routine.

- Biopsy (October 2024): Resolved esophagitis, no eosinophilic infiltration.
- Food Allergy Panel (Sep 2023): Positive for yeast (2.2 IU/ml), tomato (1.8), capsicum (1.6), dal chana (2.0), vinegar (1.2), and house dust mite (*D. farinae*, 3.5).
- Haematology (Sep 2023): Eosinophils 2.3%, Absolute eosinophil count: $0.2 \times 10^9/L$, ESR: 7 mm/hr (within range).
- Biopsy 2025: On biopsy oesophagus was normal, the stomach was normal and on examination duodenum was normal.

Ayurvedic Assessment^[6-8]

- **Hetu (Causative factors):** *Ahara-Asatmyata* (incompatible food substances), *Mandagni*, and *Ama Utpatti*
- **Dosha Involvement:** *Pitta Pradhana* with *Kapha* and *Rakta Anubandha*
- **Agni:** *Vishamagni* → *Mandagni*
- **Mala:** *Avipaka*, acidic regurgitation
- **Srotas involved:** *Annava*, *Raktava*, *Rasava*
- **Diagnosis:** *Amlapitta* with *Rikshajivha*

Ayurvedic Treatment Protocol

A 10-month personalized protocol was initiated under the supervision of Dr. Sahil Gupta (IAFA). Treatment was structured across internal, external, and dietary axes.

Outcome and Follow-Up**Progress Timeline**

Date	Observation/Action
Sep 2023	Initiated Ayurvedic treatment
Nov 2023	Skin lesions reduced; Budesonide continued
Feb 2024	Normal eosinophil count, no acute symptoms
Oct 2024	Biopsy: No esophagitis
Jan 2025	No clinical symptoms
Jun 2025	Stable, relapse-free
Jul 2025	Mild emetic reaction to raw honey; managed
Sept 2025	On biopsy normal esophagus, stomach and examined duodenum is normal

DISCUSSION [13-14]

This case demonstrates how Ayurvedic treatment successfully addressed the immune-pathogenesis of EoE. *Amlapitta*, characterized by acid reflux, inflammation, and mucosal damage, overlaps with the pathophysiology of EoE. Key herbs like *Fumaria indica* (*Pitpapra*), *Triphala* (combination of three fruits), and *Aahar Amrutham Ras* exhibited anti-inflammatory, hepatoprotective, and gut-regenerative effects. Food selection, aligned with *Pathya-Apathya*, eliminated immunogenic triggers and supported mucosal repair. The neuroimmune aspects of EoE were concurrently managed using *Saraswatharishtam* Gold, which supported cognitive balance in an ASD background. This integrative regimen not only offered symptomatic relief but also restored gut-immune homeostasis and esophageal health, highlighting Ayurveda's potential in managing chronic inflammatory gut disorders. This synergy of immune modulation, gut-mind stabilization, and mucosal restoration presents a model for integrative treatment.

CONCLUSION

Ayurvedic protocols, when individualized and systematically applied, may offer sustained relief in chronic EoE. This case evidenced complete histological resolution, improved quality of life, and reduced dependence on conventional steroids. Ayurveda's *Rasapanchaka* and *Srotovigyan* approach can serve as a promising adjunct to modern therapies in immune-allergic conditions like EoE.

Ethical Approval and Patient Consent

Written informed consent was obtained from the patient (or guardians in pediatric cases) for publication of the case details. No invasive procedures beyond standard care were performed.

Conflict of Interest

The authors declare no conflicts of interest. This manuscript is a non-sponsored academic report from IAFA®'s Ayurvedic clinical practice.

REFERENCES

1. Eosinophilic esophagitis: Updated consensus recommendations for children and adults. Liacouras, Chris A. et al. Journal of Allergy and Clinical Immunology, Volume 128, Issue 1, 3 - 20.e
2. Straumann A, Katzka DA. Diagnosis and Treatment of Eosinophilic Esophagitis. Gastroenterology. 2018 Jan;154(2):346-359. doi: 10.1053/j.gastro.2017.05.066. Epub 2017 Jul 27. PMID: 28756235.
3. Lucendo AJ. Pharmacological treatments for eosinophilic esophagitis: current options and emerging therapies. Expert Rev Clin Immunol. 2020 Jan; 16 (1): 63- 77. doi: 10. 1080/ 1744666X. 2019. 1705784. Epub 2020 Jan 6. PMID: 31842634.
4. Muir A, Falk GW. Eosinophilic Esophagitis: A Review. JAMA. 2021 Oct 5; 326 (13): 1310- 1318. doi: 10. 1001/ jama. 2021. 14920. PMID: 3460-9446; PMCID: PMC9045493.
5. Sushruta, Sushruta Samhita, Sutrasathana, Edited with Ayurveda-Tattava-Sandipika, commentary by Kaviraj Dr Ambika Dutt Shastri, Reprint edition 2007; Chaukhamba Publications; New Delhi.
6. Charka Samhita by Agnivesha, revised by Charaka and Dridhabala with Hindi commentary by Pt. Kashinath Pandey and Dr. Gorakhnath Chaturvedi, Part I, II, Chaukhamba Bharati Academy, Varanasi; Reprint Year, 2013.
7. Srimad Vagbhata, Astang Hridayam; Sutrasthan, "Jeevan" Edited with Hindi commentary by Dr. Shailaja Srivastava, Chaukhamba Orientalia, Varanasi; Edition- 1st, 2009.
8. Ashtanga Sangraha of Vagbhata, edited by Kaviraj Atrideva Gupta, Chaukhamba Prakashan, Varanasi. Reprint Edition 2016.
9. Vaidya AD. Reverse pharmacology and systems approach for drug discovery and development. Indian J Pharmacol. 2011; 43 (5): 491- 6.

10. Gonsalves NP, Aceves SS. Diagnosis and treatment of eosinophilic esophagitis. J Allergy Clin Immunol. 2020 Jan; 145 (1): 1- 7. doi: 10. 1016/ j. jaci. 2019. 11. 011. PMID: 3191- 0983; PMCID: PMC6986782.
11. Musburger, B. G., Gonzalez Echeandia, M., Suskind, E. L., Suskind, D. L., Zheng, H. B., & Mark, D. (2025). Current and Emerging Therapies for Eosinophilic Esophagitis (EoE): A Comprehensive Review. Pharmaceutics, 17(6), 753.
12. Endoscopic Management of Eosinophilic Esophagitis: A Narrative Review on Diagnosis and Treatment. Andrea Pasta, Francesco Calabrese, Manuele Furnari, Edoardo Vincenzo Savarino, Pierfrancesco Visaggi, Giorgia Bodini, Elena Formisano, Patrizia Zentilin, Edoardo Giovanni Giannini, Elisa Marabotto Journal of Clinical Medicine. 2025; 14(11): 3756.
13. <https://www.iafaforallergy.com/allergies-a-to-z/eosinophilic-esophagitis>
14. <https://www.iafaforallergy.com/diet-for-allergic-conditions/diet-plan-for-eosinophilic-esophagitis>

Cite this article as:

Gupta Sahil. Ayurvedic Management of Eosinophilic Esophagitis (EOE): A Comprehensive Case Study from Australia. International Journal of Ayurveda and Pharma Research. 2025;13(10):115-118.

<https://doi.org/10.47070/ijapr.v13i10.3821>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Gupta Sahil

CEO,
Founder at the Institute of Applied
Food Allergy® (IAFA),
IAFA Ayurveda.
Email: iafaayurveda@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.

