

Case Report



Ayurvedic Management of Eosinophilic Esophagitis (Amashayagatavata) -A case report

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ABSTRACT:

Background: Eosinophilic Esophagitis (EoE) is a chronic immune-mediated esophageal disorder, often resistant to available standard therapies such as corticosteroids. A condition where a type of white blood cell (eosinophil) builds up in the esophagus, causing inflammation, tissue damage, and dysfunction. It causes chronic swallowing difficulties, food impaction, and pain, often requiring dietary changes, medication, or endoscopic dilation to manage. **Clinical Findings:** A 23year old male patient visited to hospital presented with complaints of dysphagia, epigastric burning vomiting sensation and burping continued since last four years. **Intervention:** Under *Ayurvedic* assessment, this case was taken under spectrum of *Amashayagatavata*, and a combined protocol of *Panchakarma* therapy and internal medication was administered. The patient underwent an 8-day *yogabasti* regimen comprising *Niruhabasti* with *Yashtimadhu Ksheerpaka* and a polyherbal *kalka* including *Guduchi*, *Manjishtha*, and *Shatapushpa*, and *Matra basti* with *Dadimadi Ghrita*. Oral medicines included *Dhanwantaram Vati*, *Kamdudha* with *Mukta*, *Anuloma DS*, and *Vomitab* syrup. **Outcome:** USG after two months was normal; endoscopy revealed resolution of eosinophilic inflammation and sliding hiatus hernia. Eosinophil count dropped from 986 cells/cmm to 330 cells/cmm. Symptom resolution was documented via Patient Relief Scale, endoscopic reassessment, and a Quality of Life (QOL) scale. **Conclusion:** The case illustrates a promising comprehensive approach with *yoga niruha basti* pattern along *shaman yogas* for chronic Eosinophilic esophagitis with a seven days IPD and four months follow ups period without any adverse effect reported during treatment with *Ayurveda* showed patient improvement warranting larger controlled studies.

KEYWORDS: *Amashayagatavata*, Case Report, Eosinophilic Esophagitis, *Panchakarma*, *Yoga Basti*.

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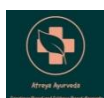
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1. INTRODUCTION

Eosinophilic Esophagitis (EoE) is an antigen-driven, chronic immune-mediated esophageal disease characterized by eosinophilic infiltration of the esophageal mucosa. EoE has a prevalence of approximately 34.4/100 000 worldwide. [1] The global pooled incidence of EoE 5.31 cases per one lakh inhabitant years (95% CI: 3.98-6.63). The incidence is notably higher in males. Overall the incidence has shown a steady increase over the past. [2] Clinically, EoE manifests as progressive dysphagia, food impaction, and upper gastrointestinal discomfort. [3,4] With increasing prevalence in younger adults, its chronicity and relapse after steroid withdrawal pose significant challenges.

In Ayurveda, similar symptoms can be mapped to the clinical condition *Amashayagatavata*, wherein deranged *Vata* localizes in the upper gastrointestinal tract, causing symptoms like *udgar* (Burping), *chardi* (Vomiting), *Shula* (Pain), and *avipaka* (indigestion). As patient was under the continuous influence of fast food, bakery items, excess intake of curd lead *Kostha* with *abhishyandi* property will increase viscosity thus causing sluggishness of GI function and the formation of *Srotorhodha* (functional obstruction). This leads to a decrease in GI motility and an increase in mucus, undigested foods, and gas inside of the intestines. Consequently, the normal function of peristalsis becomes disrupted; resulting in *vayu vimargamana* due to disturbed or retrograde peristaltic movement. If it develops into the dysregulation of the upper GI tract, it then manifests as *Amashayagatavata*. *Vayu vimargamana* in *kostha* causing *samprapti* of *Amashyagatavata*. Further *Amashyagatavata* involves symptomatology of pain in cardiac region, chest region, and in abdomen, frequent eructation, dryness of throat and mouth and often dyspnea. This case provides evidence of clinical resolution through *Ayurvedic Panchakarma* and internal therapies. [5, 6] Promising result was seen in such

autoimmune mediated condition where relapse are high along with that proper adherence in such medical condition. Because of lesser prevalence and immune mediated condition and relapse inflammation this case hold *ayurveda* Potentiality in managing such a complex clinical condition.

2. CASE STUDY

Patient information: A 23-year-old male student presented with a 4-year history of dysphagia for solids and liquids, recurrent cold and cough, burping, vomiting sensation, and epigastric burning. He had no history of weight loss but experienced progressive symptoms despite Budesonide therapy 4 mg. Upper GI endoscopy (Dec 2021, Mar 2022, Oct 2023) confirmed a diagnosis of eosinophilic esophagitis with sliding hiatus hernia (Hill Grade III) and mucosal erythema. On admission, peripheral eosinophil count was 986 cells/cmm.

Family And Psychosocial History: Nothing Significant

Diagnostic Assessment:

Diagnosis was made based on clinical presentation, endoscopy, and eosinophil counts. Ayurvedic diagnosis aligned with symptoms of *Amashayagatavata*. Differential diagnosis considered mentioned in [table no. 1](#).

Diagnostic Challenges: No significant diagnostic challenges were faced as case presented with classical features of *Amashayagatavata* with were coinciding with clinical features of eosinophilic esophagitis along with endoscopic evaluations, and not much overlapping features were seen. So final diagnosis made primarily based on thorough clinical background and with investigations.

Prognosis: Considering the complex immune mediated esophageal condition and continuous usage of corticosteroid therapy prognosis was not favorable. But due to age compliance and timely initiation of treatment along with strict adherence to the treatment given and follow ups prognosis became favorable and showed satisfactory recovery of patient

Table no. 1: Differential diagnosis [7]

Disease	Inclusion criteria	Exclusion Criteria
Eosinophilic gastroenteritis (EGE)	Nausea, vomiting, heartburn	Abdominal pain, Diarrhoea, Vomiting, Weight loss
GERD (Gastroesophageal Reflux Disease)	Nausea, abdominal pain, vomiting	Predominant heartburn, Regurgitation.
Eosinophilic Esophagitis (EoE)	Epigastric pain, Nausea, vomiting, weight loss. Food impaction.	-
Ayurveda Differential Diagnosis		
<i>Amasayagatavata</i>	Epigastric pain, nausea, vomiting, <i>agnimandya</i> , <i>Vata</i> predominance, absence of marked <i>Pitta</i> features	-
<i>Pakvasayagatavata</i>		Lower abdominal pain, constipation, bloating, <i>Vata</i> predominance in <i>pakwashaya</i> (large intestine involvement)

Therapeutic Intervention:

An 8-day inpatient Panchakarma protocol with *Niruha Basti* and *Matra Basti* was planned. Internal medications were continued for two months. Drugs used included: *Yashtimadhu Ksheerpaka*, *Guduchi*, *Manjishtha*, *Shatapushpa*, *Dadimadi Ghrita*, *Kamdudha with Mukta*, *Dhanwantaram Vati*, *Anuloma*

DS, and *Vomitab syrup*. *Nabhi Basti* with *Dhanwantaram Taila* was also used. Intervention given has been outlined in [table no 2](#).

Clinical Assessment and Outcome: These assessments confirmed both subjective and objective improvement.

Table no. 2: Intervention Given

Treatment / Procedure	02 Apr 2025	03 Apr to 08 Apr 2025	09 Apr 2025
<i>Anuvasana</i> (Matra) Basti – <i>Dadimadi</i> (Batch no -Y1BGH) <i>Ghrita</i> (60 ml)	✓	✓	✓
<i>Niruha Basti</i> – <i>Yashtimadhu Ksheerpaka</i> -based -(Batch no – IKLE24-25KLE)	–	✓	–
<i>Nabhi Basti</i> – <i>Dhanwantaram Taila</i> (30 min) (Batch no -TKLE 24-25)	✓	✓	–
Internal Medicines (<i>Dhanwantaram Vati</i> (Batch -KU), <i>Kamdudha Ras</i> (Batch no - 24080023), <i>Anuloma DS</i> (Batch no -BADS2502), <i>Syrup Vomitab</i> (Batch no -SV0075)	✓	✓	✓
Diet & Lifestyle Advice (<i>Pathya Ahara</i>)	–	–	✓

3. FOLLOW-UP AND OUTCOMES:

Follow-up after two months showed complete clinical and endoscopic remission, reduction in eosinophil count, and QOL improvement. Before during and after assessment outlined in [table no 3](#). [15]

Adherence: Adherence to treatment was assessed by daily in patient supervision during admission. After discharge from the hospital, adherence was assessed by self-reporting at follow-up visits up to six weeks. The patient followed the

advised *Panchakarma*, and oral medications with good adherence.

Tolerance: Tolerability was assessed in terms of the absence of discomfort such as drug intolerance, gastrointestinal upset, or exacerbation of symptoms. All treatments, including *Basti*, were well tolerated without any interruption in the treatment plan.

Adverse Events: No adverse reactions were observed during the study period.

Table no 3: Follow up and assessment

Time Point	Phase	Assessment	Observation
Day 0 (02/04/2025)	Before Treatment	Symptom Relief Scale	10/10 (Severe)
		Endoscopic Findings	Erythema with mucosal ridging
		Eosinophil Count	986 cells/cmm
		Quality of Life	Poor appetite, disturbed sleep, low mood
Week 2 (08/04/2025)	During Treatment (Panchakarma Phase)	Symptom Relief Scale	6/10 (Mild improvement)
		Quality of Life	Appetite slightly better
Week 4 (03/05/2025)	During Treatment (Internal Medicines)	Symptom Relief Scale	4/10 (Moderate relief)
		Quality of Life	Improved digestion and sleep
Week 6 (19/05/2025)	After Treatment	Symptom Relief Scale	2/10 (Marked relief)
		Endoscopic Findings	Regression of erythema & ridging
		Eosinophil Count	330 cells/cmm
		Quality of Life	Appetite and mood restored

4. DISCUSSION

The therapeutic goal in Ayurveda, particularly in the context of gastrointestinal disorders such as *Amashayagatavata*, is centered around the pacification of aggravated *Vata*,

restoration of *agni* (digestive fire), and promotion of *dhatu-samyak* (tissue equilibrium) through internal and external interventions. *Samprapti vighatana* is outlined in [table no 4](#).

Table no 4: Given Treatment and *Samprapti Vighatana*

<i>Samprapti</i> Component (Pathogenesis)	Intervention	<i>Samprapti-Vighatana</i> (Mechanism of Action)
<i>Vata Prakopa</i> (<i>Apana Vata Dushti</i>)	<i>Dadimadi Ghrita- Anuvasan basti</i>	<i>Snehana</i> → <i>Vata shamana</i> , restores <i>Apana Vata gati</i> , reduces <i>ruksha guna</i> [8]
	<i>Dhanwantaram Vati</i> - Internal medicine	<i>Vata anulomana</i> , improves Gneuromuscular function [10]
Pitta Dushti (Amlata, Daha, Inflammation)	<i>Kamdudha Ras</i> with <i>Mukta</i>	<i>Pittashamana</i> , reduces <i>amlapitta</i> & mucosal irritation [11]
	<i>Yashtimadhu Ksheerpaka</i> -based: <i>Niruha Basti</i>	<i>Sheeta</i> , anti-inflammatory, pitta pacification
<i>Agnimandya</i> (Impaired Digestion)	Anuloma DS	<i>Deepana</i> + <i>Vatanulomana</i> → restores <i>Agni</i>
	Diet regulation	Maintains <i>Agni</i> and prevents <i>Ama</i> formation
<i>Ama</i> & <i>Srotorodha</i> (Inflammatory blockage)	<i>Ksheerpaka</i> + herbal combination: <i>Niruha Basti</i>	Shodhana → clears <i>Ama</i> , removes <i>Srotorodha</i> [14]
	<i>Guduchi, Manjishtha</i> components	Rasayana + anti-inflammatory action [13]
GI Mucosal Damage / Inflammation	<i>Yashtimadhu, Ghrita</i>	<i>Vrana ropana</i> , mucosal healing
	<i>Dadimadi Ghrita</i>	Lubrication, epithelial protection
<i>Apana Vata</i> Dysregulation (Motility issues)	<i>Dhanwantaram Taila</i>	Regulates <i>Apana Vata</i> , improves gut motility
	<i>Chardi, Udar Shoola</i> (Symptoms)	Syrup Vomitab
<i>DhatuKshaya</i> / Weakness	Combined therapy	<i>Rasayana</i> effect, <i>dhatu poshana</i>
Post- <i>Shodhana</i> Stabilization	<i>Anuvasana Basti</i>	Maintains <i>Vata</i> balance after detox
Diet & Lifestyle	<i>Pathya Ahara</i>	Prevents recurrence, sustains homeostasis

In the present case, the integrative *Ayurvedic* regimen was strategically curated using time-tested classical formulations that target the multifactorial pathogenesis of eosinophilic esophagitis, encompassing inflammation, motility dysfunction, and mucosal disruption. [16] Central to the treatment was the administration of *Yashtimadhu Ksheerpaka basti* (a milk-based formulation prepared from *Glycyrrhiza glabra*) given in *Ayurveda* for its dual *Vatashamaka* and *Pittashamaka* properties, it exerts potent muco-protective effects by enhancing mucus secretion, reducing epithelial inflammation, and modulating local immune responses aligning with contemporary evidence supporting its anti-ulcer and anti-inflammatory pharmacodynamics. Complementing this were *Guduchi* (*Tinospora cordifolia* Linn.) and *Manjishtha* (*Rubia cordifolia* Linn.), both of which are classified as *Rasayana* herbs with documented *Medogna* (anti-inflammatory) and immunomodulatory effects. *Guduchi* tempers cytokine expression and eosinophil activity, while *Manjishtha* exhibits antioxidative and capillary-stabilizing properties essential in reversing the immuno-inflammatory cascade seen in eosinophilic esophagitis. [17, 18] The presence of *Shatapushpa* (*Anethum sowa* Roxb. Ex Flem.) was based on its *Deepana* and *Vatahara* actions, promoting gastric motility, reducing abdominal distension, and facilitating the downward movement of *Vata* (*vatanuloman*) which is often obstructed in *Amashayagatavata*, leading to symptoms like *udgar* (belching) and *chardi* (nausea).

DadimadiGhrita, a medicated ghee preparation, acts as the main *snehana dravya* (unctuous substance), known for its efficacy in pacifying *Vata* in the gastrointestinal tract and nourishing the mucosal lining. It subsidizes to mucosal healing and epithelial regeneration while enhancing the bioavailability of other ingredients in the formulation.

Dhanwantaram Vati, a classical polyherbal formulation mentioned in *Bhaishajya Ratnavali*, was employed due to its multi-pronged activity in managing *Vatavyadhi*, offering neuromuscular support, improving circulation in the abdominal viscera, and acting as stimulant for the gastrointestinal system. To address the coexisting *Pitta* vitiation manifesting as epigastric burning and mucosal erythema on endoscopy.

Kamdudha Ras with *Mukta* was included. This formulation, rich in coral calcium and herbal coolants, exerts *Pittashamaka* action, neutralizing acid hypersecretion, alleviating mucosal irritation, and supporting tissue restoration.

Additionally, *Anuloma DS*, a contemporary *Ayurvedic* formulation with mild purgative and flatus-relieving herbs, was administered at bedtime to support *Apana Vata anulomana* and maintain regular bowel clearance an essential prerequisite in the management of gastrointestinal *Vata* disorders.

Finally, *Vomitab Syrup*, a proprietary polyherbal compound, was utilized for its anti-emetic, antispasmodic, and carminative actions. It includes herbs like *shunti* (*Zingiber officinale* Rosc.), *pippali* (*Piper longum* Linn.), and *putiha* (*Mentha piperita* L.), which reduce nausea, enhance gastric emptying, and prevent emesis reflex via both central and peripheral mechanisms. [19, 20]

This *Ayurvedic* protocol ([Table 2](#)) synergistically addressed the multifactorial pathology of eosinophilic esophagitis by targeting both the functional derangement of *vata* and mucosal inflammation driven by *Pitta*. The observable outcomes including a significant drop in peripheral eosinophil count from 986 to 330 cells/cmm ([Table 3](#)), normalization of esophageal mucosa on endoscopy, Pre and post endoscopic Images outlined in [Figure 1](#) and [Figure 2](#) with changes in anatomical descriptions.

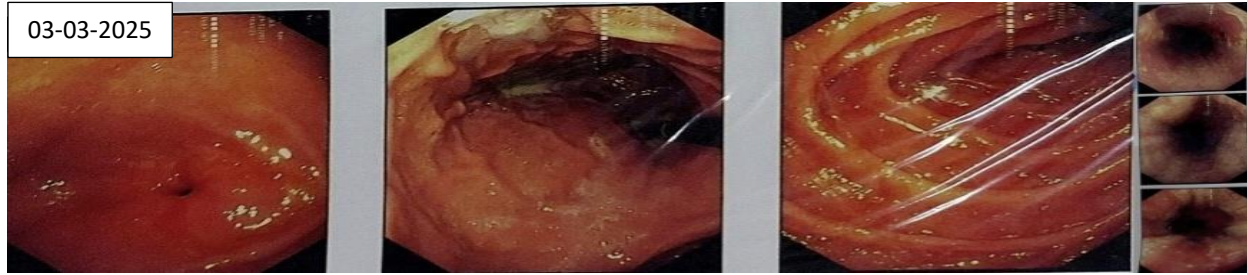


Figure 1: Before Treatment- Showing inflammatory patchy erythema at Gastroesophageal junction

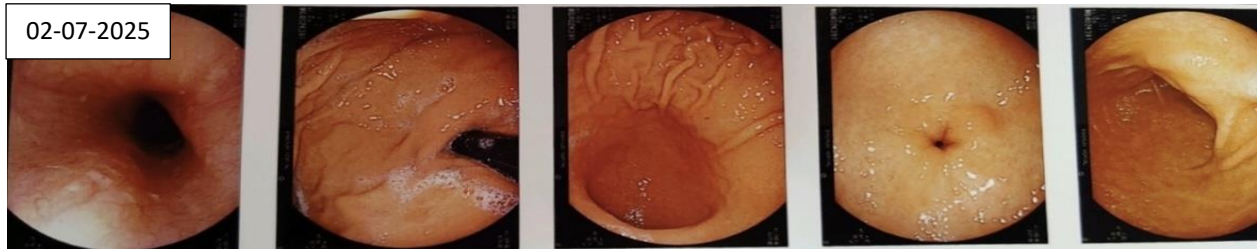


Figure 2: After treatment- Gastroesophageal junction appears normal.

And substantial symptomatic relief as per standardized patient-reported outcome scales strongly suggests the effectiveness of this personalized Ayurvedic approach. Such results not only underscore the therapeutic potential of classical interventions in managing chronic immunogenic esophageal disorders but also opens new viewpoint for incorporating Ayurvedic principles in gastroenterological care.

Limitations: This case study of Eosinophilic Esophagitis demonstrated remarkable results with the Ayurvedic treatment protocol. However, lack of long-term follow-up visits and improper adherence to medications and lifestyle modifications may potentially worsen the condition.

5. CONCLUSION

Ayurvedic management of *Amashayagatavata* is effective at treating eosinophilic esophagitis, as seen in this case. Comprehensive treatment planned with *Yoga basti shirodhara, nabhi basti* along with *shaman* medications. The patient experienced symptoms from last four years but with through management got noticeable subjective improvement, having reported a reduction in Symptom Relief Score (from 10/10 to 2/10), as well as better appetite, sleep, and an overall higher quality of life, along with objective evidence of improvement through an eosinophil count reduction (986 to

330 cells/cmm) and improvement of endoscopic findings (mucosal erythema and ridges). With the inpatient treatment duration of seven days along with four months follow ups patient showed satisfactory recovery without any adverse event noted further. As eosinophilic esophagitis is complex immune medicating inflammatory condition where lesser treatment modalities are available in such complex clinical condition management done with this personalized treatment plan which catered every single symptoms present in patient.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: The patient reported satisfaction with Ayurvedic treatment, stating relief from long-standing symptoms without any adverse effects experienced. Due to long term symptoms patient was unable to perform his daily activities which was disturbing his quality of life too. After admission and follow up at ayurvedic hospital he expressed satisfaction with treatment and showed recovery.

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